Classification, Variation, and Education: The Making and Remaking of the Normal Child in England, c. 1880-1914

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Submitted in partial fulfilment of the requirements of the award of Doctor of Philosophy

September 2013
Abstract

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This thesis seeks to reconstruct the making and remaking of the ‘normal child’ during the period 1880 to 1914 in England. It does so by foregrounding the contested and confused nature of various attempts to define and police the boundaries between the normal child and his or her abnormal counterpart. On the one hand, it highlights how the normal child, as it began to emerge during the late nineteenth century, was subject to multiple articulations, each of them drawing on and mobilizing different conceptions of the normal itself, whether as an assumed average, an explicit average, an average that was by definition inferior, or an optimal condition that was achievable; or again, as a condition that was more or less fixed, or one that was mutable and capable of being moulded. On the other hand – and partly by way of explanation for the above – it seeks to embrace the actions and agency of a wide variety of actors, including officials, professional experts, MPs, philanthropic and voluntary organizations, school boards, teachers, and local authorities.

Certainly conceptions of the normal child were at stake; but this thesis does not seek to provide an intellectual history of the normal child during the period under consideration. Quite the contrary, though it acknowledges and affirms the importance of ideas and idioms, it also seeks to affirm the importance of practices, institutions, and professional interests, as well as considerations which extended much beyond the field of education, narrowly defined – considerations of finance; the health of the nation; and the practicalities of organizing a national education system. Of particular importance in this respect was the advent or a more or less universal system of elementary education during the 1870s and 1880s which provided something like the institutional conditions in which the problem of the ‘normal child’ could flourish and be posed as such. By 1914 – and in contrast to 1880 – the ‘normal child’ was a matter of routine discussion among all those interested in the governance of education; and yet, the problem of the normal child would remain just that: deeply problematic, and engulfed in differing professional-political perspectives.
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Acknowledgements

The production of this thesis would not have been possible without the financial assistance that was afforded to me by the Arts and Humanities Research Council, and I would like to thank them for this. Likewise, without the support and patience of my family, Aideen, Niamh, Ruari, and Conor, this project would not have been possible. In addition, I would like to offer my thanks to the staff of the History Department at Oxford Brookes University. In particular, my Director of Studies, Tom Crook, and my second supervisor, Alysa Levene, were unstinting with their advice, experience, and assistance.
Introduction

From ultrasound scans of the foetus to the use of SAT-tests in primary schooling, scrutinizing children’s mental and physical health is an integral part of contemporary paediatric and educational practice. At the heart of this dense, multi-disciplinary network of expertise is a conception of the ‘normal child’ and a welter of norms, averages, and standards relating to, among other aspects, literacy and numeracy, biological development, home environment, and psychological well-being. But, while carried out in the name of child welfare, it remains deeply controversial. Every aspect is contested, from the efficacy of the latest technological, pharmacological, or pedagogical innovations, to the very morality of seeking to constantly probe, measure, and analyse children’s mental, physical, and emotional health. Though derived from the apparently objective realm of scientific inquiry, the concept and practice of defining the ‘normal child’ in twenty-first century Britain, and the corresponding search for deviance, still remains hugely problematic. Indeed, in spite of the impeccable pedigree of the data, which supports the construction of the ‘normal child’ as a paradigmatic figure, much of the scholarship, within the social sciences, the history of science, and the history of childhood, would suggest that neither constituent element of this composite term represents a stable analytical category. Both terms exist within a state of flux; and, as such, the very idea of a ‘normal child’ remains profoundly unstable.

1 For some interesting recent examples of how this debate has developed within the field of academia, see: Valerie Walkerdine, ‘Violent Boys and Precocious Girls: Regulating Childhood at the End of the Millennium’, Contemporary Issues in Early Childhood, 1:1 (1999): 3-23; and, Kathryn Ecclestone and Dennis Hayes, The Dangerous Rise of Therapeutic Education (London; New York: Routledge, 2009).
The instability that is inherent in contemporary attempts to define the ‘normal child’ was also prevalent in the late nineteenth and early twentieth centuries, when the terminology first flourished and when the problem of the ‘normal child’ was first articulated as such. As the conclusion will re-affirm, the normal child was neither discovered nor invented during this period; rather, it was at this point, building on an institutional and epistemological inheritance that dates from the early Victorian period, when the ‘normal child’ was first explored as a problem – and it proved, as we shall see, an immensely contested one. It is the aim of this thesis to recover and reconstruct the formation of this problem and to recover the agency of the multiple interests, agents, and institutions that made it possible. In so doing, it will demonstrate how current controversies over the assessment of children against a standardized ‘normal’ position, and the use of educational, psychological, and sociological therapeutics have a longer – and more complex – history than is commonly acknowledged, one which dates back to the turn of the twentieth century.

There is already a considerable corpus of work relating to the establishment of developmental, educational, physiological, and psychological norms relating to childhood. Moreover, there is also a significant body of research on the commensurate discovery and treatment of specific areas of deviance. Over the last thirty years, studies by the likes of Bernard Harris, Gillian Sutherland, John

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Welshman, Mark Jackson, John Stewart, and James Vernon have refined our understanding of the mechanisms through which medical professionals, social workers, and educators, often in the service of the State, sought to map, and indeed mould, childhood in the late nineteenth and early twentieth centuries. What this thesis seeks to address, however, is not the deviant child or the recuperative model employed for her welfare. Instead, it examines the social and political goals, the epistemological and methodological apparatus, and the sites of contention and debate, which surrounded the attempts to chart the boundary between the normal and the exceptional child.

The need to demarcate this boundary was often tied to what might broadly be described as developments in child welfare. And the idea of the ‘normal child’, defined in terms at once mental, moral, and physical, was central to the elaboration of this nascent domain of state welfare. Yet the visions of normality and deviance that were advanced by the many agents who were involved in the field were neither stable, nor consistent across disciplinary fields. In fact, they reflected a variety of epistemological and methodological models of childhood, which themselves were...
subject to changing social, political, and institutional conditions. Viewed in this light, and in terms that will be covered much more rigorously later in the text, the ‘normal child’ can be seen as a profoundly political creation: defined as much by the attempt to realise discrete political, social, economic, and professional goals, as it was by any inherent characteristics of the child population itself. Moreover, the ‘normal child’ arose at a particular historical juncture, marked by the convergence of a wide range of factors, including: the emergence of compulsory schooling; growing urban complexity; innovations in statistical, anatomical, and psychological thought; burgeoning transnational competition; and a profusion of anxieties regarding the biological fitness of the British population.

In spite of the many sources of complexity, the emergence and development of child welfare initiatives can be, and often is, portrayed in strictly linear terms: an inevitable product of late nineteenth-century state formation, or of burgeoning medical imperialism, for example. However, if one examines the detail of these initiatives, it is their essential nonlinearity that is often brought into sharp focus. Yes, there were regularities and periods of stability; but the sheer number of agents and the wide variety factors that were involved in discussions of English childhood in the late nineteenth and early twentieth centuries also produced sites of abrupt disjunction (as we will see in chapters three and four). As such, a more fruitful model for envisaging the emerging field of child welfare might be found in Complex Systems Theory; in particular, through the idea of Complex Adaptive Systems.

The behaviour of any complex system is defined by the interaction of its components: in the case of child welfare, by the multiple agents who contributed to its
formation. These components (agents) are free to interact with, and thus influence, each other, but only within defined limits. The result are systems which are characterized by intense, but finite, variability at the local level and, yet, a significant degree of regularity at the systemic level. Complex adaptive systems are a subset of this larger group, which are characterized by their ability to evolve i.e. to move from one stable state to another in line with changing circumstances. Crucially, though, these are not linear systems; the result of any given input is not necessarily predictable, and relatively small changes in input can potentially result in fundamental changes on a system-wide level.  

In the context of this thesis, the advantage of a complexity based model is that it shifts the focus of the investigation away from the system itself and towards the multiplicity of agents, whose interactions defined and shaped the system. In particular, complexity theory’s recognition of the role of positive feedback in social systems allows for the foregrounding of actors and agents who might otherwise be considered of marginal importance to a linear narrative. Consequently, this thesis does not focus upon systemic changes in the field of child welfare, per se. Instead, the core of the thesis analyzes the attempts by a wide variety of agents to define a shifting, amorphous ‘problem space’ that allowed for the recognition, classification, and treatment of variation among the children of the working classes. Initially, at least, this problem space was constituted around the identification of the ‘exceptional’ child – the blind, the deaf and dumb, and the mentally deficient – within the elementary education system; but, as political and social concerns over the health of the child population mounted, the attempts to define this problem space spread rapidly

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from education to encompass a much broader range of social and political issues. Implicitly or explicitly, many of these attempts drew upon a body of statistical thought, which stressed that variation in human populations was neither random, nor evenly distributed. Each human trait possessed a central tendency, and clustered around this point was where the majority of the population would be found: as such, genuine variation was the exception. One corollary of this was the necessity, either rhetorically, theoretically, or empirically, to formulate standard positions against which variation could be situated, and, by the end of the period under review, this standard position was represented in the figure of the ‘normal child’.

Many of the concerns which underpinned these debates were framed in ideological terms, and couched in a rhetorical frame that stressed the long-term needs of the nation, the individual, or society. In the late nineteenth century it was education that dominated the national debates on childhood. Changes in the economic landscape at home, and increasing industrial and military competition from abroad, had brought the educational levels of the working classes to the forefront of political concerns. One solution, it appeared, lay in the universal provision of elementary education. Yet, crucially, the visibility that this accorded to previously neglected segments of the child population – universal elementary education at this point was still a novelty – raised its own questions, not the least of which was the apparent ill-health of the children of the urban poor. Consequently, towards the turn of the twentieth century, medical professionals and medical idioms, of various stripes, began to play an ever more visible role in discussions on childhood: thereby, prompting questions as to who was best placed to exercise proper authority over the

child. Medicine and education were not, however, the only agents involved in the discussion. They were firmly bounded by the exigencies of contemporary political circumstance. Sometimes this took the form of popular opinion; on other occasions, entrenched interests within either central or local government; but, often it was financial concerns, either of the Treasury or local rate-payers, which defined the range of possible options under consideration.

The fora in which the debates occurred were varied: Parliament; local government bodies, such as the School Boards created in 1870; philanthropic organizations; political meetings; sermons; monographs; the popular press; professional journals; pamphlets; and public meetings all featured. In many cases, both the contributors to and the audience for these discussions were limited by political, professional, ideological, confessional, geographical, or other constraints. However, there was one class of forum which spanned many of these divides, and which (sometimes by design) brought together a diverse and often contradictory range of opinions: the various *ad hoc* investigative committees that were empowered by government to consider and report upon questions of national interest in relation to the English child.

The most prominent and the most distinctive amongst the investigate bodies were the Royal Commissions of Inquiry (theoretically appointed by the Crown, but in practice by ministers), but the group also included Departmental and Inter-departmental Committees. These committees and commissions came in a bewildering
variety of shapes and sizes, but they did share some common features: they were all appointed by the government to answer a specific question, they served in an advisory role, and they had no executive or legislative authority. As a result, they had very little control over whether or not any legislative action would follow the submission of their reports, and there was no guarantee that their (often extensive) research and recommendations would exert any influence on public policy. As such, one general criticism that has been levelled against these bodies – particularly, Royal Commissions – is that they were widely used by the governments of the day to postpone the time when they would be forced to address uncomfortable, or difficult issues (something in fact noted at the time). Nevertheless, in the late nineteenth and early twentieth centuries – as in the early and mid-Victorian period, when their use first took off – there were very few issues of national importance which did not come under the gaze of one of these bodies.

In framing their inquiries, these commissions and committees drew upon a wide range of interested parties from among the political and professional classes. This was reflected both in terms of their composition and in the witnesses they called to give evidence. Consequently, the reports which they produced, and the minutes of evidence which they generated, reflect a broad spectrum of opinions upon the topics which they held under consideration. In respect of those committees whose investigations inform this thesis, as previously noted, their core was formed of representatives from the fields of medicine, education, and government. Where the situation appeared to demand it, witnesses from philanthropic organizations, the

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12 An interesting discussion of the shape and structure of a variety of inter-war commissions – informed, in part, by personal interviews with their various chairmen – can be found in, Harold F. Gosnell, ‘British Royal Commissions of Inquiry’, Political Science Quarterly, 49:1 (1934): 84-118.
 academy, and the law were also called. There were, however, two groups who were
notable only in their absence from the discussions: representatives from the working
classes, and children themselves.

In Habermasian terms, then, the *ad hoc* bodies where these debates took place
represent an almost idealized example of a genuine interface between the liberal State
and the bourgeois public sphere.\(^{14}\) These were not the discussions of policy-makers,
*per se*. They were undeniably of the State, in that they were created, empowered, and
sustained by Parliament; yet, equally, they were firmly grounded in the discursive
public sphere, through their rationale and their personnel. Of course, the very idea of
a singular, clearly differentiated, and temporally specific bourgeois public sphere – as
envisaged by Habermas – has itself been the subject of numerous challenges and
reconceptualizations.\(^{15}\) Nevertheless, in line with Habermas’ model, the deliberations
of the committees and commissions that form the core of this thesis were nominally
underpinned by a commitment to rational, meritocratic, and evidence-driven discourse,
which was conducted between representatives of civil society and the organs of the
British state. Yes, partisan politics was often present beneath the surface of the
debates. And, yes, the status of disinterested commentator that was adopted by many
of those who gave testimony was frequently little more than a veneer: imperfectly
masking a series of inter-personal and inter-professional rivalries. But, still,
Habermas’ model of the public sphere serves as a useful heuristic device for

\(^{14}\) For Habermas’ account of the growth, consolidation and decline of the bourgeois public sphere, see,
Jürgen Habermas, *The Structural Transformation of the Public Sphere* (Cambridge: Polity Press,
1989), esp. chs 8 and 15.

\(^{15}\) See, for example, the essays reproduced in: Nick Crossley and John Michael Roberts (eds), *After
Habermas: New Perspectives on the Public Sphere* (Oxford: Blackwell Publishing, 2004); and Steve
Sturdy (ed.), *Medicine, Health and the Public Sphere in Britain, 1600-2000* (London: Routledge,
2002).
envisaging both the style of the debates under analysis here, and the participants who engaged in them.

Notwithstanding their limitations, in terms of remit, structure, and personnel, the investigations which these committees and commissions undertook, the agitation which often surrounded their formation, and the legislative actions which resulted from them, provides a wealth of material on the subject of English childhood and especially the problem of the normal child. In particular, they serve to highlight a central facet of the argument of this thesis: namely, the problematic and highly selective nature of the interaction between government and various bodies of expertise, along with the confused, contested nature of the discussion this interaction occasioned. They also underline the complex negotiation process through which the figure of the normal child was made, and remade, in light of changing social and political concerns. The remainder of this introduction provides some further historiographical background, before turning to the sources, scope and structure of the thesis.

**Historiography of Childhood and Normality**

As should be clear from the above, this thesis sits at the nexus of a range of historiographical traditions: medicine, education, and childhood all feature. Likewise, the histories of Parliament, statistics, normality, and the expert, particularly the medical expert, figure prominently in the narrative. In some cases, there is an evident and well-recognized overlap in these historiographies; in other cases, their integrated nature is less pronounced: the histories of statistics and childhood, for example.
Many of these histories appear at specific points in the narrative, and their relevant historiographies are unpacked in situ. In the case of the historiographies of childhood and normality, however, their inter-relatedness and their centrality to the thesis demand a more comprehensive analysis.

‘The modern child’

The question of how one defines a ‘child’, as an individual, and ‘childhood’, as a social construct, has been a point of debate among historians and social scientists since the 1960s. Similarly, both the emergence of normality, as the fundamental indicator of the human condition, and the position accorded to expertise, and the expert within Western democracies, have attracted interest from a wide variety of sources. While apparently disparate in their foci, each of these three concepts – childhood, normality, and expertise – experienced a complex process of elaboration, debate, and refinement over the course of the nineteenth and early twentieth centuries.

In terms of this thesis, the relevance of this ongoing process of development and

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contestation lies in the mutability it imparted to each of these concepts and, most of all perhaps, their complex interdependency when it came to the creation of the normal child.

In her essay, ‘What is a child?’, Anna Davin suggested that, ‘children are always, in any culture or society those, who are not yet recognized as adult’. Yet, even if one accepts Davin’s formulation, providing a satisfactory definition as to the boundaries of childhood, especially the upper boundary, is a complicated question. In modern Britain, issues such as gender, education, physical and emotional maturity, inheritance rights, economic dependency, enfranchisement, prescriptive legislation, and control over reproductive rights, are all factors that render this upper boundary somewhat unstable. As such, for the last fifty years, the question of how childhood is constituted has been the subject of considerable deliberation within many different fields of study. Discussion has ranged across many of the social sciences, and historians have played an important role in shaping this debate. Indeed, it was a French medievalist, Philippe Ariès, who published the first major work to suggest that the formulation of childhood, as we now know it, is itself a product of modernity. In *L’Enfant et la Vie Familiale sous l’Ancien Régime*, first translated into English in 1962 as *Centuries of Childhood*, Ariès proposed that the idea of ‘childhood’, as a

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20 The upper boundary of childhood and the transition, thereafter, from child to adult is, perhaps, the more obvious area of contention. Nevertheless, the ongoing debate over the rights of the “unborn child”, vis-à-vis abortion, suggests that the existence of a coherent lower boundary to childhood can also be a matter of debate. An excellent discussion of the plasticity of this lower boundary can be found in; David Armstrong, ‘The Invention of Infant Mortality’, *Sociology of Health and Illness*, 8:3 (1986): 211-232.
21 Anna Davin’s previously cited essay offers an excellent, if brief, discussion of how these factors interrelate. See; Davin, ‘What is a child?’.
22 A good outline of the various currents of this debate can be found in: Allison James, Chris Jenks, and Alan Prout, *Theorizing Childhood* (Cambridge: Polity Press [in association with Blackwell], 1998).
distinct phase in the human lifecycle, did not exist in the world of medieval Europe. Drawing extensively from the art and literature of the European élite, he suggested that in medieval European society, once the biologically defined period of infancy finished, at approximately seven years of age, a child took its place, albeit in a subordinate position, in adult society.²³

Ariès’s thesis was groundbreaking, and inspired a generation of historians of childhood.²⁴ Before his interjection, the history of English childhood had been largely commensurate with the history of legislative, social, and educational provision for the child.²⁵ Childhood was a stable analytical category, a flat surface, so to speak, which enlightened statesmen, educators, and philanthropists had simply acted upon, as if already there. Ariès, by contrast, suggested that the very idea of childhood was historically constituted. Yet the model he presented was still one of progress: the concept of childhood was firmly tied to the emergence both of Western modernity, and of a strong affective relationship between parent and child. In this and other respects his work and that of those who had embraced the possibilities it offered, was not without its critics. Some of the common objections that emerged in different fields from the early 1980s onwards were the overwhelming concern with élite culture, and the sense of ‘presentism’ which coloured the notion of progress.²⁶ First published in 1983, one of the most sweeping critiques of Ariès’s hypothesis was Linda Pollock’s *Forgotten Children*. Drawing upon a wide range of biological models, as well as

²³ Ariès, *Centuries of Childhood*, p. 357.
personal diaries and autobiographies, Pollock set out her work in direct opposition to the prevailing trend in scholarship on childhood. Pulling no punches in her rhetorical zeal, Pollock contended that:

The material analysed here does not support the evolutionary theories on the history of childhood. Although there may be changes in feeding practices, and some slight changes in attitudes, there is no dramatic transformation in child-rearing practices in the 18th century. It is a myth brought about by over-hasty reading, a burning desire to find material to support the thesis and a wilful misinterpretation of the evidence.  

Although the revisionist position expressed by Pollock became dominant in the 1980s and early 1990s, it has not been without its detractors. Amanda Vickery, whose work is broadly in keeping with Pollock’s position on affectivity, suggested that ‘in stressing the continuities in good parenting from around 1600 to the present, the revisionists unwittingly invoked “instinct” as an historical constant, implying that the force of “nature” is immutable and inescapable – an uncomfortable suggestion for historians and feminists alike’. Likewise, Harry Hendrick has described Pollock’s *Forgotten Children* as an ‘important study’, before going on to contend that:

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31 Hendrick, *Children, Childhood and English Society*, p. 103.
rather than open-mindedly exploring the pros and cons of what is an important and controversial argument, she trawls through diaries and autobiographies looking for confirmation of her view, without giving much interrogative attention either to the contents or to an analysis of the cultural contexts.\(^\text{32}\)

In spite of this criticism, the work of Pollock and other revisionists, such as Keith Wrightson, Ralph Houlbrooke and John Burnett, seriously undermined the ‘sentiment’ theory of the first generation of historians of childhood. And, as a result of their work, there was a general reassessment of the role of affectivity and the notion of progress within intra-family relationships. Subsequently, changes in the structural forms of childhood have no longer necessarily been tied to a commensurate change in the affective relationship between adult and child. Attitudes towards childhood can thus be viewed as a representation of prevailing cultural, social, and political mores, and host to often competing ideological and practical concerns.

A further result of this reassessment has been to re-focus interest on the characteristics of this construct, and to re-periodize its emergence. In particular, concern with charting the emergence of a recognizably ‘modern childhood’ has placed additional emphasis upon the crucial importance of developments over the course of the nineteenth and into the early-twentieth centuries. Thus, Hendrick has noted that:

In 1800 the meaning of childhood was ambiguous and not universally in demand. By 1914 the uncertainty had been virtually resolved and the identity largely determined to the satisfaction of the middle class and the respectable working class. A

\(^{32}\) Hendrick, *Children, Childhood and English Society*, p. 27.
recognizably ‘modern’ notion of childhood was in place: it was legally, legislatively, socially, medically, psychologically, educationally and politically institutionalized.\textsuperscript{33}

The centrality of compulsory elementary education to the process which Hendrick outlined is one that has been well documented, and which will be covered in much greater depth later in the thesis.\textsuperscript{34} But, equally, there were other complementary developments over the course of the nineteenth century which point to the emergence of a distinctively ‘modern child’ towards the end of the century. Although some scholars have problematized the idea of child labour’s disappearance,\textsuperscript{35} it is undoubted that the position of working-class children in the labour market underwent dramatic changes over the course of the century.\textsuperscript{36} Likewise, and symbiotically, the nineteenth century also witnessed the emergence of new agents and agencies for managing and controlling these changes, such as, school attendance officers,\textsuperscript{37} and school and factory Inspectors.\textsuperscript{38} Public agents were not the only ones to enter the lists at the end of the century; Dr Barnardo’s Homes, and the National Society for the Prevention of Cruelty to Children, for example, not only helped to shape a distinctive


\textsuperscript{35} Michael Lavalette, A Thing of the Past?: Child Labour in Britain in the Nineteenth and Twentieth Centuries (Liverpool: Liverpool University Press, 1999).

\textsuperscript{36} Clark Nardinelli, Child Labour and the Industrial Revolution (Bloomington: Indiana University Press, 1990); and, Jane Humphries, Childhood and Childhood in the British Industrial Revolution (Cambridge: Cambridge University Press, 2010).


picture of the ideal of childhood, but also pressed for legislative action that would enforce that ideal. In the field of medicine, and more specifically the emerging discipline of Paediatrics, the late nineteenth century saw the health of the child emerge as a point of specific, and ongoing, concern. Many of these innovations were linked to the imposition of a set of shifting, often amorphous, standards and norms, and, ultimately, to ideas of normality and the normal. Yet the normal itself, although problematized, is rarely brought to centre stage.

'The normal'

Some of the themes highlighted above are also present in much of the work relating to the idea of normality and notions of what, or who, constitute the normal. Although the etymology of the term is firmly rooted in the classical world, especially in classical geometry, the nineteenth century witnessed a dramatic reconfiguration of its usage within Western Europe. Derived from the Latin normalis, meaning perpendicular, the normal (or norm) held for many centuries a distinctive technical meaning in relation to geometry and architecture and, through metaphor, an equation with the rule of law. Over the course of the nineteenth century this classical understanding of the term was supplemented both by a range of popular

41 An excellent collection of discussions on the medical construction of the child over the period 1880-1920 can be found in: Roger Cooter (ed.), In the Name of the Child (London: Routledge, 1992).
44 For a comprehensive elaboration of the etymology of the word normal, see: Francois Ewald, ‘Norms, Discipline and the Law’, Representations, 30 (1990): pp.139-140.
understandings and a concurrent proliferation in technical applications in subjects as varied as physics, chemistry, geology, meteorology, and mathematics. Most importantly in terms of this thesis, by the end of the century the term had become a signifier for a wealth of (often contradictory) statistical and qualitative judgements on human populations. François Ewald, for instance, has contended:

Two centuries ago the word *norm* led a quiet, unremarkable existence, whereas today, along with its panoply of derivations and associated terms, it has become one of the most used and abused terms of our contemporary vocabulary, whether we speak colloquially or as social scientists.\(^{45}\)

Some of these changes in understandings of the normal, and the consequent sites of confusion which Ewald emphasized, can be seen in the definitions offered by the *Oxford English Dictionary (OED)*. The *OED* defines ‘the [contemporary] usual sense’ of the term as: ‘Constituting or conforming to a type or standard; regular, usual, typical; ordinary, conventional’.\(^{46}\) As well as this general definition, however, the *OED* also cites the emergence in the 1870s of a more explicitly qualitative, aspirational definition relating specifically to the human condition: ‘Of a person: physically and mentally sound; free from any disorder; healthy’. The tension between these two definitions – the normal as typical or ordinary; and the normal as optimal – highlights just one of the issues that confronted those engaged in the process of defining and debating the idea of the ‘normal child’. Even where a single definitional framework for the normal could be put in place, one still had to define the parameters in which it operated. Was it constituted on a national, local, or group level? What or


who set the standard from which the regular, typical, ordinary, or normal could be inferred? And, how did one deal with competing visions of the normal?

Crucially, the linguistic trends emphasized in the OED were not confined to England, or the Anglophone world. The nineteenth century witnessed the modern concept of the normal, and normality, blossom across much of Europe and the Western world. Indeed, it was in France that the idea first took hold, and it was in France that historical analysis of the concept originated. One of the first to address the topic was the philosopher, historian of science, and physician, Georges Canguilhem. In his 1943 doctoral thesis, *The Normal and the Pathological*, Canguilhem set out to chart the emergence of a specifically modern conception of the relationship between normality and pathology. In his account, this understanding emerged in early nineteenth-century France. Initially, it appeared in the field of medicine, through the work of the physician Claude Bernard, then in analogous form in the newly emerging social sciences through the efforts of Auguste Comte, and finally into common circulation. Its guiding principle was the homogeneity of the normal and the pathological states: the pathological was merely a quantitative variation from the healthy state, and health was coterminous with normality. No longer was pathology a closed domain, distinct from the physiological; rather, the


pathological was an amplification or diminution of the normal state, and thus a potential window onto the silent processes that informed health.\textsuperscript{49}

Canguilhem was one of the first to produce a critical analysis of the concept of normality. However, it was a protégé of his, Michel Foucault, who offered the most comprehensive arguments for the close relationship between the normal and the emergence of Western modernity. For Foucault, the ‘normal’ has been a central theme in the constitution of the modern ‘disciplinary society’, the emergence of which he has charted in fields as varied as sexuality, penalty, madness, and clinical practice. In \textit{Discipline and Punish}, his study of systems of penalty, Foucault was explicit about the link between the two. Unlike the juridical society of the \textit{ancien regime}, which was defined by ‘the binary opposition of the forbidden and the permitted’,\textsuperscript{50} its replacement, the modern disciplinary society, was assembled around the self-referential hierarchy of the normal.\textsuperscript{51} ‘The Normal’, Foucault contended:

\begin{quote}

is established as a principle of coercion in teaching with the introduction of a standardized education and the establishment of the \textit{ècoles normales}; it is established in the effort to organize a national medical profession and a hospital system capable of operating general norms of health; it is established in the standardization of industrial processes and products. Like surveillance and with it, normalization becomes one of the great instruments of power at the end of the classical age.\textsuperscript{52}
\end{quote}

Although his work has polarized opinion, Foucault’s impact upon almost every field of historiography has been significant, and in terms of the study of childhood it has

\begin{footnotes}
\item[49] Canguilhem, \textit{Normal and the Pathological}, pp. 203-212.
\item[51] Ibid., esp. Part 3, Ch. 2.
\item[52] Ibid., p.184.
\end{footnotes}
been immense. The notion of childhood as a historically specific ‘social construction’, distinct from biological immaturity, renders it particularly amenable to Foucauldian analysis – that is, in terms of networks of knowledge and power. Furthermore, the consensus among historians that a new ‘social construction’ of childhood, predicated upon a self-consciously ‘expert’ discourse, began to emerge in the late nineteenth century has made his influence inescapable. Indeed, couched in a register of social control, the late nineteenth-century efforts to define, elaborate, and disseminate the concept of the ‘normal child’ seem to provide an almost archetypal example of the application of bio-power. The networks of knowledge associated with the production of normality were the necessary products of an industrial capitalist polity that demanded the optimization of biological capital.

One instance of this is the work of David Armstrong. In his resolutely Foucauldian study, the *Political Anatomy of the Body*, Armstrong argues that the ‘body of the child was not only fabricated by the medical discourse that began to fix on it towards the end of the nineteenth century, but also by the various moral and educational concerns which contemporaneously enveloped it’. In Armstrong’s account, social, educational, and most importantly medical pressures all contributed to the manner in which the corporeal reality of the child was constructed, and the interconnectedness of these various networks of knowledge was mirrored in the techniques of social control that they facilitated.

The focus of Armstrong’s critique was the contribution that twentieth-century medicine made to this ‘panoptic vision’ of the child’s body. However, the techniques

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of surveillance, examination, and exclusion, through which, Armstrong suggested, ‘the child could be manipulated and transformed’, also feature prominently in the work of others, such as Jacques Donzelot, Nikolas Rose, Ian Copeland, and Chris Holligan. Copeland, for example, has contended that although the initial impetus behind the process of normalization was differentiation between the normal child and the abnormal or exceptional: ‘it also invoked homogenisation for the blind, deaf, dumb and the other exceptional cases. Thus physical and mental conditions became conjoined […] beneath the gaze of medical science’. The process of rendering and policing the idea of the normal child was, thus, one which also facilitated techniques of objectification, and control over, the body of the child.

One recent contribution that has bucked the trend for Foucauldian studies, somewhat, is André Turmel’s A Historiographical Sociology of Childhood. The principal temporal focus for Turmel’s work is the period post-1918, but his evocation of the complexities surrounding articulations of the ‘normal child’ is one with which this thesis is, broadly speaking, in concurrence. Yet, even here, the contested nature of the normal child is somewhat lost. Although complexity is at the heart of his argument, the broad temporal and spatial frame which Turmel adopts – 1850-1950 in Britain, France, and the United States – often serves to mask the process of

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61 André Turmel, A Historical Sociology of Childhood: Developmental Thinking, Categorization and Graphic Visualization (Cambridge: Cambridge University Press, 2008), esp. ch. 4.
contestation. Moreover, at times, his commitment to a Latourian approach leaves one
with the uncomfortable feeling that one inescapable, totalizing narrative (bio-power)
has simply been replaced with another (Actor Network Theory).

To sum up, as the opening to this section suggested, this thesis sits at the
nexus of a range of different historiographical traditions. It also sits at what has been
well-recognized as a crucial period in the history of childhood: the late nineteenth
century and the emergence of a recognizably ‘modern child’. The complexity of the
social, political, cultural, and economic factors leading to the emergence of this
paradigmatic figure have been well-charted. However, in much of the work
surrounding the emergence of the ‘modern child’, questions of normality and
variation are often peripheral to the work, or are undeveloped. In some cases, such as
Hendrick’s excellent survey *Child Welfare*, both the centrality and the complexity of
the normal in social discourse are recognized, but no attempt is made to unpack the
technical discussions on normality and variation. The works that have attempted a
forensic analysis of the relationship between normality and the ‘modern child’ have
frequently been heavily influenced by Foucault; and while these Foucauldian analyses
have often been powerful and persuasive, their very cogency has, at times, left them
feeling altogether hollow. What is minimized is that the networks of ‘knowledge’ and
‘power’ that combined to produce new ‘truths’ concerning childhood often did so
through a fog of conflicting priorities and confusion. The richness of actors, and the
confusion and complexity of the social, political, economic, and administrative
constraints in which these actors operated, can be lost in a totalizing discourse which

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privileges the technical, the scientific, and the State – put simply, *it misses a great deal of what actually happened and how.*

The originality of this thesis lies in recovering both the richness of actors – political, philanthropic, medical, educational, and administrative – and the confusion and contestation, which surrounded attempts to deal with the question of variation in the child population in the late nineteenth and early twentieth centuries. Although it is informed by the unstable, fluid nature of social discourse on normality in childhood, this is not a study of that instability: that is taken as a given. The fluidity of the idiom undoubtedly shaped and moulded the debates which follow; but it is the uncertain, muddled attempts by a wide variety of agents to drill through that confusion and contestation, and construct, even if only temporarily, a solid, pragmatic vision of variation and normality in the ‘modern child’ – one which could be used to inform legislative action – that forms this core of this thesis. Central to these attempts were an emerging body of ‘experts’; however, as this thesis will show, the holders of ‘expert’ knowledge on the child – medical, educational, or administrative – were rarely univocal, nor were they unequivocal in their statements. Even within a single field such as medicine the pronouncements offered by ‘experts’ were regularly in conflict. As such, it was a ‘lay’ audience, composed of politicians, philanthropists, and administrators who sifted through this range of opinions, theories, and analyses and drew out that which they required in light of a broader context of social, economic, and political concerns.
Scope, Sources, and Structure

This thesis, then, is not a history of childhood, *per se*; it does not seek to answer how the discussions herein impacted upon the individual child. Nor does it seek to account for praxis among the many actors involved in child welfare, and how they sought to improve the condition of children, whether at home, in work, or at school. Rather, it is an account of the attempts by various experts, and philanthropic, public, and political agents to measure, classify, and communicate ideas concerning variation in the child population of England, specifically between 1880 and 1914. One response to the problem of variation, so it will be suggested, was the creation of the ‘normal child’ as a composite problem, at once discursive, institutional, and epistemological – and indeed, as a problem, it always remained in motion, so to speak; it was confused and contested, much as it remains today.

The temporal framing for this study is provided by two legislative events in the history of English childhood: the passage of the Elementary Education Act, 1880, and the Elementary Education (Defective and Epileptic Children) Act, 1914. In terms of the lower boundary, the Elementary Education Act, 1880 represented something of a watershed in English social policy towards children. Unlike either the permissive educational legislation which had preceded it, or the targeted legislative protection offered by the various Factories Acts, the Elementary Education Act, 1880, was a universal and compulsory measure. Its requirements, for mandatory school attendance for all children between the ages of five and twelve, represented a new departure for the English state, and its importance to this thesis is twofold. On the one hand universal elementary education was instrumental in the creation of what
Hendrick has described as ‘a truly national childhood’.

On the other hand, the provisions of the Act, along with its permissive precursors in 1870 and 1876, also served to bring into public view elements of the child population who, previously, had been only intermittently visible. The principal result of this was a reassessment of general attitudes towards the condition of English childhood, and specifically towards ideas of variation and normality. The choice of 1914 for the upper boundary serves a double purpose. On the one hand, the Elementary Education (Defective and Epileptic Children) Act, 1914, brings to a close the narrative thread of the thesis. On the other, it excludes a range of innovative educational and medical measures that emerged in the inter-war years, and which dramatically altered the discourse on normality in childhood.

Although they appear sharply defined, there is a considerable level of porosity to both the temporal and geographical boundaries of the study. In respect of the temporal boundary, the debates surrounding variation in the child population, which emerged in the 1880s, did not surface fully-fledged. They were the product of a significant period of gestation that spanned the middle decades of the nineteenth century. Therefore, to place these debates in their proper context it has been necessary to consider the precursory factors that contributed to their articulation. The geographical boundary is also somewhat arbitrary, and determined to a great extent by the political and legislative peculiarities of the United Kingdom. The ad hoc investigative bodies, whose deliberations form the heart of this thesis, were appointed under the auspices of the Parliament of the United Kingdom of Great Britain and Ireland, and included appointees and witnesses from across the United Kingdom and Ireland.

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63 Hendrick, ‘Constructions and Reconstructions of British Childhood’, pp. 36-60.

64 Sutherland, Ability, Merit, and Measurement.
beyond. However, the differences in judicial, legislative, local government, and, especially, educational structures, which existed between the component nations, make it difficult to draw any but the most facile comparisons in the space available for this study. Consequently, although reference is made to institutions, systems, and legislation in Scotland, Wales, and Ireland there is no systematic analysis of these.

On an even broader geographical scale, English politics in the late-nineteenth and early-twentieth century was often characterized by trans-national comparisons, and in the discussions on childhood this was no different. Experts from outside the United Kingdom were invited to give evidence before the committees, and representatives from the United Kingdom were sent abroad to gather information for the committees’ use. Moreover, the late nineteenth and early twentieth centuries witnessed the growth of new communication media and the refinement of many existing types. The electric telegraph, the daily newspaper and the trans-oceanic steamship, although pre-existing, experienced their heyday over the period covered by this study, while the radio emerged as a new means of mass communication. These media facilitated the rapid transfer of ideas across national and linguistic boundaries, and the impact of this trans-national exchange of knowledge cannot be overlooked.

In terms of the sources under consideration, most of the source base utilized has been found in published materials, such as prescriptive literature, monographs, pamphlets, and the popular press. In particular, the wealth of professional journals

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which flourished over this period has been of vital importance. While a number of the periodicals consulted, especially in the field of general medicine, can trace their roots back to the beginning of the nineteenth, many of the others were founded specifically to cater to the emerging professions and specializations whose work informs this thesis. Some of the specific journals which have been consulted include: *The Lancet*, *The British Medical Journal*, *Archives of Disease in Childhood*, *Public Health*, *The Sanitary Record*, *Child Life*, *Education*, *Forum of Education* and its successor the *British Journal of Educational Psychiatry*, *The Schoolmaster* and its successor *The Teacher*, *The Eugenics Review*, *Biometrika*, and *The Journal of the Royal Statistical Society*. Outside of these sources, the emphasis upon the ‘normal child’ as a figure of political discourse, renders the series of *ad hoc* committees that were set up to investigate various elements of childhood in Britain over the period in question of vital import. Above and beyond the reports issued by these bodies, and the debates which attended their formation, the extensive minutes of evidence offer a wealth of information on the relationship between expertise and governance. In terms of further political sources, the records of parliamentary select committees, *Hansard* parliamentary debates, and the annual reports of the Education Department, between 1880 and 1889, and, thereafter, of the Board of Education have all proven to be critical sources of information.

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67 Some examples include: The Inter-departmental Committee on Medical Inspection and Feeding of Children Attending Public Elementary Schools (1905); The Inter-departmental Committee on Physical Deterioration (1904); The Royal Commission on Secondary Education (1895); and, The Royal Commission on Physical Education (Scotland) (1902).

To a great extent, it is the source base under consideration that has determined the structure of the thesis. The first chapter, ‘The Child in 1880’, is somewhat different in structure than the three following. It examines the epistemological, legislative, and institutional frameworks that were laid down over the middle decades of the nineteenth century, and which facilitated the later discussions around variation in childhood and the ‘normal child’. In so doing, it charts the role played by elementary education in the emergence of a standardized national childhood, and the increasing strident claims for recondite or expert knowledge that accompanied the expansion in the education system. The three subsequent chapters all follow a very similar pattern to one another. The focus of each chapter is an ad hoc investigative body, empowered by central government to consider, scrutinize, and report upon variations in the child population of England. The chapters analyze the conditions which led to each body’s creation, the context in which its report was presented, and the testimony of witnesses who appeared before it. In the second chapter, ‘At the Edge of Normality’, the principal subject is the Royal Commission on the Blind, Deaf and Dumb, & etc. (1884-1888). The third chapter, ‘The Optimization of Health’, looks at the rise of eugenic concerns at the turn of the twentieth century, and the part that these concerns played both in the formation of, and in the debates which occurred around the Inter-departmental Committee on Physical Deterioration (1903-1904). At the heart of the fourth, and final, chapter, ‘The Mind of a Child’, is the Royal Commission on the Care and Control of the Feeble-minded (1904-1908), and the attempts to negotiate a distinction between feeble-mindedness and normality.
When the mutable, problematic figure of the ‘normal child’ emerged during the last two decades of the nineteenth century it did so on the basis of a set of concerns, forms of knowledge and institutional practices that had begun to develop in the 1830s. The public outcry that accompanied the publication of the Report of the Select Committee on the Bill for the Regulation of Factories (1832), for example, and the subsequent Factory Acts of 1833 and 1844 suggest that, when roused, the English state was not insensitive to the situation of the child in the early nineteenth century.¹ Likewise, on a more cultural level, the experiences, often profoundly negative or uncomfortable, of child characters in nineteenth-century popular fiction, such as Charles Dickens’ Oliver Twist (1838), Bleak House (1852–3), and Hard Times (1854), Charlotte Brontë’s Jane Eyre (1847), or George Elliot’s The Mill on the Floss (1860) highlight the centrality of themes relating to childhood in popular discourse. Meanwhile, from the mid-nineteenth century onwards, the everyday experience of ‘slum children’ in British cities, especially London, was underlined by the work of social investigators, including Henry Mayhew, and philanthropists, such as Thomas Barnardo. We might also instance a marked growth of discussion and anxiety regarding the problem of ‘juvenile delinquency’ from the 1820s and 1830s onwards.²

These examples should no doubt be seen as indicative of a burgeoning interest in the needs and conditions of the child population; but equally, and as scholars have

rightly emphasised, what is just as striking are the limitations that bounded this
to interest. On the one hand, as with many Victorian reform movements, it is notable
how much of this discourse looked backwards towards an idealized pre-industrial
past.⁴ On the other, what is also apparent is the extent to which the local and the
particular still dominated discussions of childhood. It was the orphan, the child
factory-worker, and the juvenile delinquent who were the focus of public and
legislative interest, not the general child population. In the field of education, for
example, the majority of children were still not required to attend school for any given
period of time, and the educational provision that did exist was fragmentary, often
denominationally specific, and of varying quality.⁴

By the 1880s, much of this had changed; and the principal vehicle for this
change was elementary education. In a period of intense transnational competition,
the needs of the State appeared to demand the formulation of policies that were both
national in scope and progressive in intent. In many areas, denominational bodies still
dominated the educational field, but full-time attendance at school had become a
natural corollary of childhood for the great majority of the English population across
all social classes. Compulsory school attendance had been mandated by Parliament
and a series of national, self-styled ‘Standards’ had been introduced based around a
common Education Code (we shall return to this below). The rapid expansion in the
number of scholars had also necessitated new schools, greater numbers of teachers

⁴ See, for example, Brian Young, *The Victorian Eighteenth Century: An Intellectual History* (Oxford: Oxford University Press, 2007).
⁴ Leonore Davidoff and Catherine Hall give an excellent account of the range of educational options
available to boys of the middle classes in early nineteenth-century Birmingham. See, *idem, Family
Fortunes: Men and Women of the English Middle Class 1780-1850 (Revised Edition)* (Abingdon:
Routledge, 2002), pp. 234-240. See also G. R. Grigg, “‘Nurseries of Ignorance’? : Private Adventure
and Dame Schools for the Working Classes in Nineteenth-century Wales”, *History of Education*, 34:3
(2005): 234-262; Karen Clarke, ‘Public and Private Children: Infant Education in the 1820s and 1830s’,
in Carolyn Steedman, Cathy Urwin and Valerie Walkerdine (eds), *Language, Gender and Childhood*
(many of whom were now professionally qualified), and the introduction of a national Inspectorate of Schools to oversee it all. Put another way, a national education system had been created, and some experience of schooling and the school room had become an obligatory point of passage – a constitutive part of what it meant to be a child.

The genesis of this system has been documented at length, in particular the inter-denominational struggles that marked it, linked as these were to ongoing political battles between Tories on the one hand – who, by and large, sought to uphold or extend the educational privileges of the Anglican Church – and shifting coalitions of Whigs, liberals, and radicals on the other – who sought to extend those of Non-conformist denominations and to a lesser extent those of Catholics.\(^5\) Equally, historians have questioned quite how much changed with the introduction of compulsory elementary education. The variable quality of education between different kinds of school has been highlighted; so too that within the same kinds of schools serving roughly the same social class of children, including elementary schools. At the same time, they have pointed to a strong attachment to ‘local self-government’ which, if anything, only resulted in a new kind of patchwork, one just as varied as the old.\(^6\)

There was change, then, but also continuity, not to mention considerable local variations of implementation (bylaws, local authority oversight, and quality and size of schools, for instance) and success (attendance and results): historians, quite rightly,

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point to a hugely complex picture of institutional transformation. Yet, for this thesis, what is most crucial is that just this kind of local variation was being commented upon and criticised at the time; or more precisely, that it became an ongoing problem which relied on some kind of national administrative infrastructure, coupled with a series of agents, standards, and forms of knowledge that enabled the particular (a given school, say, or a collection of local schools) to be situated within a more general, national picture of governance.

Widespread discussion on the inherent variability of the child population – which included articulations of the ‘normal child’ – would have to wait until the 1880s; but nothing of the complexities surrounding its fraught birth (if that indeed it was it was) can be understood without acknowledging the preceding forty or so years. This period helped to lay the something like the institutional and epistemological, as well as the political and the professional, framework in which the normal child was subsequently posed as a problem; yet its vital, formative role in shaping later discussions on variation within the child population has often been overlooked. This chapter thus begins by sketching out the institutional emergence of a ‘national system’ of education, which served as the principal locus for the study of the child in the late-nineteenth century. It then unpacks the various actors and languages that inhabited the system, before turning to the area where the problem of variation within the child population was first (if also tentatively) posed – the introduction and contestation of Robert Lowe’s Revised Code of 1862.

7 Stephens, *Education in Britain*, pp. 77-97.
The emergence of a ‘national system’

Educational provision for all ages and sexes underwent an enormous expansion and diversification during the late-Victorian period. Of course, this expansion was not confined to the elementary schools system. Most notably perhaps, provision for the education of female children of the middle classes also underwent a period of dramatic expansion from the 1870s onwards. Nonetheless, in terms of this thesis, it was the changes in educational provision for the children of the working classes that were of most significance. In part, this is because they constituted by far the largest demographic group – in 1882, the Committee of Council on Education estimated that they constituted no less than six-sevenths of the child population; but equally, it was in respect to popular elementary education where ‘central’ government first began to interfere with and shape what happened at the ‘local’ level.

Crucially, as Joanna Innes has argued, neither of these terms – ‘the central’ and ‘the local’ – should be taken for granted, still less their combined use as a binary opposition. In fact, they became current only in the 1830s, together with the terms ‘local self-government’ and ‘centralization’. It was just as this binary distinction took root during the 1830s – popularized especially by agitation over the reform of the poor laws – that central government began to make its first incursions on what had

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10 The reports of the Committee of Council on Education classed one seventh of the child population as being ‘of a class above that commonly found in public elementary schools. For example, see; *Report of the Committee of Council on Education* (hereafter, *RCCE*), 1881-1882, [C. 3312-1], (1882), p. xiii.

hitherto been an entirely localized field of educational provision, with nothing in the way of State-based or official oversight and sanction. It began, somewhat tentatively, in 1833, when the Whig administration provided an annual grant of £20,000 to subsidize the building of schools by voluntary organizations. In 1839, this figure was increased to £30,000 and Lord John Russell announced the government’s decision to form an educational committee of the Privy Council. The principal role of the newly-formed Committee of Council on Education (later referred to as the Education Department from the 1850s) was to oversee the disbursement of the grant across England and Wales. And, as we shall see in more detail below, one of its first actions was the creation of an Inspectorate of Schools.

The sectarian and political tensions that surrounded the expansion in educational provision in the mid-nineteenth century have been documented at length elsewhere. Yet, amidst an intensely complex fabric of denominational dispute and party-political contestation, the nature of the problem was slowly but surely changing shape, and was being posed in new terms. In particular, it was now being posed in national terms, as part of a competing, even bewildering, set of denominational voluntary organizations, and central and local agents and authorities; it was replete too with international comparisons.12

At the same time, questions of cost, quality and uniformity of provision were also being posed in national terms. The most striking development was the use of select committee investigations and royal commissions of inquiry. In June 1858 what became known as the Newcastle Commission (1858–61) was ‘Appointed to Inquire

into the State of Popular Education in England’. This was followed by the Clarendon Commission (1861–64), which was tasked with examining the nine leading public schools; the Taunton Commission (1864-1868), which concerned itself with the 782 endowed schools that largely catered to the middle classes; and the Select Committee on Education (1865–66), which complemented the earlier efforts of the Newcastle Commission. Each of these bodies had the same general function; each highlighted significant shortcomings and variations in educational provision within its particular area of study; and each recommended greater support and regulation from what was now styled ‘central’ government.\footnote{Nigel Middleton, ‘The Education Act of 1870 as the Start of the Modern Conception of the Child’, \textit{British Journal of Educational Studies}, 18:2 (1970): 166-179, (pp. 168-169).}

Throughout the 1850s and 1860s, there was, then, widespread dissatisfaction with all levels of provision and for a wide variety of reasons. Financial, political, religious, moral, and educational grounds all featured, but the principal target for dissatisfaction, at all levels, was the intense variability that seemed to plague the system. In the case of public elementary education, it was not variations in the performance of individual children that drew attention; rather, it was the presence of administrative, material, and legislative variations that dominated the debates in the mid-nineteenth century. Levels of teaching were highly changeable, the legislation governing school attendance was inconsistent, and there were too few schools which were, moreover, unevenly distributed. Attempts had been made to address these issues, some more successfully than others. The treasury grant that had been introduced in 1833, had sought to combat some of the material problems by stimulating the building of new schools; and, the Inspectorate of Schools had been created to address some of the most obvious issues of administrative variation.
Meanwhile, the 1850s and 1860s had seen public educational funding to elementary schools become increasingly tied to a range of qualitative assessments – undertaken by the Inspectorate of Schools – which aimed to introduce some degree of uniformity into the pedagogical system. And, a series of employment Acts had gradually expanded the proportion of the child population for whom education had become a compulsory part of the childhood experience. Nevertheless, as the 1860s drew to a close, although the education debate was now framed in national terms, the reality of educational provision was still largely determined outside of this context. In particular, the legislation governing school attendance was still industry specific, and both the number of schools and their location lay in the hands of the voluntary, denominationally-specific societies.

There was, then, widespread dissatisfaction, with the degree of variation that plagued the existing elementary education system; but equally, there was dissatisfaction with both the nature and speed of proposed reforms – for some they was too slow and too radical; for others quite the opposite – and it was this that determined the legislative-administrative response. In the end, the introduction of specific legislation for compulsory national education was prompted by the actions of the National Educational League (NEL). The League, which had been formed in 1869, was composed of non-conformist MPs, businessmen, and trades unionists, and was committed to providing free, non-sectarian school places for every child in the country. In 1869, dismayed by the apparent lack of progress from government sources, the League decided to draft its own parliamentary Bill, which would be
tabled by one of its members.\textsuperscript{14} Worry over the divisiveness of the League’s proposals, however, spurred the government into action and, before the NEL was able to draft its Bill, Gladstone’s ministry introduced its own \textit{Bill to Provide for Public Elementary Education in England and Wales}.\textsuperscript{15} It was this Bill that would go on to form the basis of the Elementary Education Act (1870), which put in place mechanisms to deal with some of the most egregious of the existing legislative and structural inconsistencies, and which laid the foundations for a truly \textit{national} education system.

As with all the measures that followed, Forster’s Bill was in some way a compromise, determined by political contingencies. Initially, the Bill was greeted with hostility by most Tories and some Whigs, but it also came as a disappointment to the NEL and their supporters, for which the educational provision envisaged was neither free nor non-sectarian.\textsuperscript{16} Even so, it was framed in national terms, amidst a welter of statistics concerning the variable quality of education and attendance across the country. As outlined by the Vice-president of the Committee of Council on Education, W.E. Forster, in February 1870, the Bill was justified in terms of national statistical aggregates. ‘More or less imperfectly’, he stated,

\begin{quote}
about 1,500,000 children are educated in the schools that we help—that is, they are simply on the registers. But, as I had the honour of stating last year, only two-fifths of the children, of the working classes between the ages of six and ten years are on the
\end{quote}

\textsuperscript{16} A ringing denunciation of the Bill’s provision for religious education was given by John Stuart Mill in his speech to a meeting of the National Education League at St. James Hall, London on the 25\textsuperscript{th} March 1870. \textit{Speech by John Stuart Mill, Esq., at the National Education League Meeting, at St. James’s Hall, London, March 25, 1870} (Birmingham: Hudson, 1870).
registers of the Government schools, and only one-third of those between the ages of ten and twelve. Consequently, of those between six and ten, we have helped about 700,000, more or less, but we have left unhelped 1,000,000; while of those between ten and twelve, we have helped 250,000, and left unhelped at least 500,000. 17

In terms of material variations in the provision of school places, the core feature of Forster’s Bill was to enable the creation of new schools from public funds in those areas where there was deemed to be insufficient existing provision. These schools would be supported out of a combination of local rates, government grants, and parental contributions. They would owe no affiliation to the existing sectarian educational organizations, but would, instead, be subject to a locally elected School Board, which would oversee their management. 18 On the subject of national compulsory attendance, Section 71.1 of the Bill (Section 74 of the Elementary Education Act, 1870) required: ‘the parents of children of such age, not less than five years nor more than thirteen years, as may be fixed by the byelaws, to cause such children (unless there is some reasonable excuse) to attend school.’ 19 All parents, then, were required to send their children to school, but only in conformance with local byelaws.

It has been suggested that Forster’s reticence in pressing to its fullest extent the potential for compulsory education was a matter of political expediency, and that his Bill was designed to introduce the idea, if not yet the reality, of compulsory education by the path of least resistance. 20 Perhaps so, and in the end in the Bill was well-supported, undergoing its third and final reading in the House of Commons on

17 Hansard House of Commons Debates [hereafter HoC], 3:199, c. 441.
19 A Bill to Provide for Public Elementary Education in England and Wales [218] (1870), p. 615.
20 Rich, Education Act 1870, p. 93.
the 22\textsuperscript{nd} July 1870. It was certainly understood as such at the time. The broadly Liberal-supporting *Observer* newspaper, for instance, offered the following editorial diagnosis:

The bill is, in fact, somewhat less liberal than the government may have desired, and a good deal more liberal than their malcontent supporters admit…it is a compromise, of course; but if it yields a good deal to the existing system it takes a good deal from it. It acknowledges all that has been done by religious zeal; but it provides for the doings of all that yet remains to be done by patriotic feeling. It gives us, in fact, the basis of a really national system of un-sectarian education, and the fault which has been found with it is, that it does not supply the whole superstructure of such a system. It must, however, be borne in mind that in giving the foundation it puts into our hands the means of building the superstructure.\textsuperscript{21}

The Elementary Education Act (1870) signalled a fundamental shift in the English State’s approach to popular education; but, if the problem of variation was to be dealt with comprehensively, the ‘national system’ or ‘superstructure’ the *Observer* wrote of really required some kind of compulsion. As such, further efforts followed, amidst statisticalized – if also invariably politicized – depictions of the scope and limitations of the existing system. In 1876, a new Elementary Education Bill that promised to engage with this issue was introduced by Viscount Sandon on behalf of the Conservative government. During the Bill’s first reading, Sandon, who was supportive of the Bill predominantly out of a desire to benefit the Anglican Church,\textsuperscript{22} reported that the existing network of publicly funded schools ‘ought, at the lowest

\textsuperscript{21} ‘Topics of the Day’, *The Observer*, 24\textsuperscript{th} July 1870, p. 4.

calculation, to have 3,250,000 children in daily attendance’. The reality of the situation was that ‘they had 1,800,000, so that there remained 1,450,000 to be accounted for’. Accordingly, he commented:

The education that the country wanted was ready for all the children of the country. We had schools open for all the children of the country. We had teachers, and in almost all the schools the teachers were well able to give instruction. Everything was there except the children to whom we wished to give the benefit of this education.

For Sandon, as for others, it was not just that the system lacked scope in terms of the numbers it catered for; it was also that it lacked uniformity – variation was still ever-present – and indeed he pointed to the profusion of uncoordinated legislation that governed a child’s passage from school to work. This illustrated, Sandon suggested:

the English habit of very slow and cautious progress in those matters; and they also read them the lesson that, in all their operations, they could not be too gradual. But they also gave the impression of general confusion, general inconvenience, and very inadequate results. They had, for instance, a school board on one side of a river and none on the other side; and parents might cross the stream and escape from its rules.

The Bill passed as Sandon’s Act of 1876; but like Forster’s it remained permissive, in the sense that it rejected what Sandon called ‘direct compulsion’, relying instead on the actions of local authorities in passing bylaws in respect of school attendance.

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23 Hansard HoC, 3:229, c. 933.
24 Ibid., c. 934.
25 Ibid., cc. 936-937.
It was, in short, another compromise, shaped by a respect for local self-government and ‘national character’. For, as Sandon himself noted: ‘Supposing they were to establish direct compulsion […] was it quite clear that, as time went on, they might not be affecting very largely the national character of the English people, who had always prided themselves on their independence?’

In the end – and in the context of a more receptive Parliament: the Liberals having won the 1880 General Election – the problem of administrative and legislative variation, at least as facilitated through a commitment to permissive legislation, was brought to an end by Anthony Mundella, the newly-appointed Liberal Vice-president of the Council of Education. His brief, three-page Elementary Education Act of 1880 demanded of all school boards and school attendance committees that they make bylaws enforcing compulsory attendance within the framework of the 1870 and 1876 Elementary Education Acts. Should they fail to have done so by the end of that year, then the Education Department would take it upon themselves to make them on their behalf. With the passage of this Act, and the ensuing rush of bylaws that it prompted, compulsory elementary education had become a national reality.

In the decade following 1870, then, there emerged in England both a vision of a common national childhood, and a fundamental realignment of the relationship between the child, its parents, and the various local and national bodies which formed the English state. In quantitative terms, the Mundella Act of 1880 brought fewer children within the ambit of elementary education than either the Forster Act of 1870,  

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26 Hansard HoC, 3:229, e. 940.  
or the Sandon Act of 1876.\textsuperscript{29} What it did do, however, was signal that the education of the working classes could not be left to the vagaries of local and denominational politics. Education was a \textit{national} concern, and it required the imposition of legislative and administrative standards (albeit, often minimal standards) which were set and enforced at a national level.

Of course, the problem of variation was not brought to an end by 1880 – this carried on and would in fact persist right through the period under consideration here.\textsuperscript{30} Nevertheless, the impact of this raft of legislation upon the children of the working classes was dramatic. In material terms, the \textit{Report of the Committee of the Council on Education}, 1882, noted that between 1870 and 1881, the number of available elementary school places rose from 1,878,584 to 4,389,633, and the numbers of children on the registers of schools receiving government grants rose from 1,797,388 to 4,045,362.\textsuperscript{31} That discrepancy still existed between the \textit{national} vision and the \textit{local} practice was well-recognized. In the same report, the Committee also noted that, according to their estimations of the potential school age population, ‘more than a million of names still have to be added to the number already borne on the registers of inspected schools’, and that an ‘increase of at least 800,000 may even now take place in the average attendance at the schools’.\textsuperscript{32} It is also apparent that the Committee were fully cognizant of the discrepancies in practice that still existed across the country. ‘It will be easily understood’, they noted, ‘that the byelaws now in force, made as they have been during a period extending over 10 years, and by a large

\textsuperscript{31} \textit{RCCE}, 1881-1882, p. ix.
\textsuperscript{32} \textit{Ibid.}, p. xiii.
number of different local authorities, vary considerably in their provisions’. The local still figured prominently in the provision of education, then, indeed more so than ever with the creation of School Boards; but equally, all of this was, and would continue to be, framed in national terms.

To be sure the political problem of variation within a national system, as entertained in Parliament at least, came to a head in the 1860s and 1870s following the Newcastle Commission and prolonged and more intense lobbying by pressure groups; but it was in the 1830s that the problem began to assume this particular form. Furthermore, though there was as yet no discussion of a ‘normal child’, the multiple actors and forms of authority that would make and remake the normal child were already on the governmental stage, as we shall now see.

**Agents and forms of authority**

If the gestation of a national system of elementary education was fraught and conflicted, and made of myriad compromises, then it was by no means alone in this respect. During the same period the administration of the poor law, public health and policing was placed on a national footing; and in each case it was marked by analogous struggles, articulated in similar terms – among others facets: a barrage of ‘official statistics’; opposition in the name of ‘local self-government’; the ongoing exposure of administrative anomalies; the use of select committees and royal commissions; and, the establishment of central boards alongside the empowerment of

33 *RCCE, 1881-1882*, p. xxix.
local authorities. One should be careful about drawing analogies here: educational issues were especially entangled with those of a religious-denominational sort, more so than in other emerging ‘domains’ of government, to borrow Mary Poovey’s phrase. Nonetheless, the gestation of an elementary education system was characterized by the input of a similarly diverse, crowded field of agents, and associated forms of authority. The interplay of these elements will be readily apparent when we turn to the period 1880–1914; but it was also an institutional-epistemological inheritance, something whose contours and tensions had been formed during the early and mid-Victorian period. Three groups of agents in particular might be highlighted: officials and professional experts; politicians, ministers and councillors; and voluntary and philanthropic societies.

**Officials and professionals**

When, in the 1880s, the question of variation within the child population itself became a focus for national debate, it was these two groups of agents, experts or professionals and officials, who played the most visible role in defining the precise parameters of the problem. In certain areas of governance, the boundary between these two types of agent was clear, and indeed rigorously policed; but, as we shall see in later chapters, in the field of education this was not necessarily the case. In particular, senior officials from the Inspectorate of Schools, such as Mathew Arnold and Joshua Fitch – who we shall meet in chapter 2 – relied heavily upon claims to professional expertise in framing their public interjections, often in direct competition

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with other professionals. In so doing, both groups of agents called upon a body of theory and practice, both corporate and personal, which had been accumulated over the middle decades of the century. And, it is to that which we now turn.

In Harold Perkin’s oft-quoted *The Rise of Professional Society*, the late-nineteenth century witnessed the advent of a new socio-political class, governed by a single unifying factor: the professional ideal.\(^{36}\) The core attribute of this new class lay not in their production or ownership of material property, but rather in their control of specialized or expert knowledge; and in Perkin’s account, it was in the years following 1880 that the value of this knowledge was fully realized. Yet, although the expert was by no means an uncontroversial figure, the role of professional expertise was already established in many areas of British governance by the 1860s, when in fact the nouns ‘expert’ and ‘expertise’ first entered colloquial English.\(^ {37}\)

In the emerging world of professionals, two would become particularly important when it came to mapping and policing variation within the child population in the late nineteenth and early twentieth centuries: teaching and medicine. Of the two, teaching was less prestigious, more fragmented, and at the elementary level at least it also included significant numbers of women; its claim to professional status

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\(^{37}\) Roy MacLeod, ‘Introduction’, in MacLeod, *Government and Expertise*, 1-24 (p. 2) One might trace this back even further. In the legal sphere, the decision of the Lord Chief Justice, Lord Mansfield, in 1782, that men of science could, within their own field of study, give their opinion as fact in legal cases had opened the door to the ‘expert’ witness. On this point, see Katherine Watson, ‘Medical and Chemical Expertise in English Trials for Criminal Poisoning, 1750-1914’, *Medical History*, 50:3 (July, 2006), 373-390. But in terms of explicit calls to mobilize non-political and official forms of knowledge the 1830s and 1840s seems to have been crucial.
was thus decidedly more tenuous. Nevertheless, the changes that had occurred within the profession over the course of the nineteenth century had been dramatic. In the 1830s, responsibility for elementary teaching lay with parish clergymen or informally qualified individuals employed locally on an ad hoc basis. This started to change in 1846 with the introduction of formal, state-sponsored training, by a Minute of the Privy Council – the ‘pupil-teacher system’ and the formation of ‘normal schools’. The introduction of the ‘pupil-teacher system’ not only meant that the majority of teachers would henceforth be ‘qualified’, but it also helped to foster a common experience and sense of shared identity on the part of teachers. This sense of a shared professional identity was bolstered in 1870, when, in the wake of Forster’s Act, a National Union of Elementary Teachers (from 1889, National Union of Teachers {NUT}) from was formed. In 1872, the union began publishing its own national journal, The Schoolmaster, which aided the dissemination of best practice, and dealt with matters of professional interest. By 1900 the NUT’s membership numbered just over 44,000. And, in 1902, a state-sponsored Teachers’ Registration Council was set up. By the turn of the century, then, teaching had acquired many of the trappings of professionalism. Elementary teachers would continue to struggle for professional recognition; however, their body of corporate and personal experience with children guaranteed them a place in any national discussion on childhood throughout the period under consideration here.


In formal terms, at least, the connection between the medical professions, the child, and the field of education was decidedly more tenuous in the mid-nineteenth century. Besides work for paying clients, doctors were most associated with the poor law when the Medical Act (1858) at last answered many (though not all) of their calls for professional recognition. Yet medical practitioners were beginning to make inroads into other domains that would have an impact on the child population, in particular with the rise of new medical specialisms, and in the field of public health. The first Medical Officer of Health (MOH) was appointed in Liverpool in 1847 and in 1872, following the establishment of the Local Government Board, their appointment was made compulsory in all urban and rural sanitary districts. Accordingly, with the introduction of compulsory elementary education, the MOHs were able to provide first-hand experience of the conditions, nationwide, that had given rise to the ill-health that appeared to plague the children of the urban poor. MOHs were thus a potent source of information on the child population, but theirs was not the only body of medical knowledge on childhood that developed over the period. If the MOH was able to answer questions on some of the broader environmental factors affecting child-health, then the growth of paediatrics, psychiatry, and medical psychology, appeared to offer new insights into some of the more specific causes of ill-health among the child population. Yet, for much of the century, the field of education remained largely untouched by the medical professions – the link between a child’s health and its educational status would only become a point of recurrent enquiry at the

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41 M. J. D. Roberts, ‘The Politics of Professionalization: MPs, Medical Men, and the 1858 Medical Act’, *Medical History*, 53:1 (2009): 37-56. The act of 1858 provided for the creation of a General Medical Council to oversee the registration of practitioners, and it set out the qualifications under which such registration should be conducted. It also created a closed shop out of Poor Law medical provision by demanding that any Medical Officer operating under an order of the Poor Law Commissioners or the Poor Law Board must register within six months or be disqualified from practice.

end of the nineteenth century. Indeed, it was only in 1884 that a formal, organized presence was established in the shape of the Medical Officer of Schools Association, which, even then, was principally concerned with the management of infectious diseases. Nevertheless, in terms of both professional reputation, and understandings of the child, medicine grew apace throughout the nineteenth century; thus when, at the end of the century, variations within the elementary became a point of.

Just as importantly, a related, if distinct, form of authority – namely an ‘official’, ‘bureaucratic’ sort – had been established during the 1830s. Officials and officialdom took various forms, many of which were more or less invisible to the public at large. The most invisible and office-bound were members of the reformed ‘civil service’ – the term, like ‘bureaucracy’, surfaced in the mid-century – which emerged very gradually in the second half of the century in the wake of the Northcote-Trevelyan Report of 1854, and its calls for a meritocratic organization of gentleman, generalist administrators. Of a similar social background, but decidedly more visible by virtue of their jobs, were the official, central inspectors which began to emerge in the 1830s. Over the course of the Victorian period, central inspectorates were established in a variety of fields, including factories (1833), the poor law (1834), prisons (1836), mines (1842), public health (1848), police forces (1856), fisheries (1861) and explosives factories (1875). The schools inspectorate was another, as

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noted above; and, in 1871, of the 500 or so inspectors working for central government, some 77, plus a further 25 assistants, were assigned to education. As will be apparent throughout the thesis, these officials proved a potent source of information and advice in national discussions on childhood. Their broad base of experience within the education system, their veneer of impartiality, their social status, and their embeddedness within the existing systems of educational governance rendered their contributions vital in shaping the debates that inform this thesis.

*Politicians, ministers, and councillors*

In terms of understanding the emergence of the normal child, it is tempting to follow Perkin (and a great many Foucauldian scholars) and contextualise the process with reference to professionals and the empowerment of bureaucrats, officials, and experts. But this would be to overlook another crucial group of agents, those of a political sort: namely, politicians and ministers, councillors, and members of local boards. It was, after all, a time not just of state-formation, but also of creeping democratization – indeed, it was just this process which ensured that education was an intensely political issue, and it would remain so through the Edwardian period (and, once more, beyond). More especially, as James Vernon and Patrick Joyce have maintained, it was during the Victorian period when a differentiated ‘political’ system emerged as such.\(^{46}\) To be sure, the authority exercised by political agents varied considerably: in the case of Parliament, for instance, ministers and MPs might be more or less familiar with

\(^{45}\) Civil service, &c., *Return of the number, names, and salaries of the inspectors, sub-inspectors, and assistant inspectors in certain departments of the civil service, with the dates of their several appointments, and the amount paid to each inspector during the financial year 1870-71 for travelling expenses and personal allowances; &c.* (C. 499) 1871), pp. 20-24.

education, and those who were heavily engaged with the subject were greatly outnumbered by those for whom it was of only marginal interest. Yet all could claim a measure of political authority, to the extent that they were representatives of the people; even if the composition and very idea of ‘the people’ was itself in a state of constant flux.

Most obviously, the Great Reform Act of 1832 marked the beginning of a tentative process of democratization at the parliamentary and local levels. And this was accompanied by a growing formalization of ‘party politics’ both within and without Parliament. Though subject to considerable fluctuation, there was a gradual increase in party discipline and a corresponding decline in cross-bench voting by MPs.47 Outside Parliament, among the electorate, there was a contemporaneous growth of political partisanship – that is, consistent voting for one party or another – and education was one among many issues where these party-political identities and affiliations took root.48 For example, as Eugenio Biagini has shown, curbing the educational privileges of the Anglican Church became a crucial issue at the grassroots of the Liberal party during the 1860s and 1870s, when activists mobilized long-established anti-clerical tropes and viewed a rate-paid, non-sectarian education system as a crucial part of the constitutional entitlement of free-born Englishmen.49

The expansion of the franchise, as well as the increase in the number of contested seats, meant that Parliament became more representative of ‘the nation’ and the changing interests of ‘the people’. Yet its representative function was also in the process of being reconfigured. Two inter-related developments might be mentioned here. The first is the rise of government-sponsored legislation together with the growth of ministerial control over the House of Commons and the emergence of a distinction between ‘the government’ and ‘the opposition’.\(^{50}\) As Henry Parris noted, strictly speaking, over the course of the Victorian period Parliament ceased to be a law-making body. Instead it became a place where the executive legislated on matters framed in national, rather than local, terms.\(^{51}\) The second is the growing use of parliamentary select committees and royal commissions to gather evidence which then informed the design and revision of legislation.\(^{52}\) Over the course of the Victorian period the link between fact-gathering and the generation and critique of legislation was institutionalized, becoming a routine part of the legislative process. Education is a case in point: the Newcastle Commission, noted above, was the first of many monumental inquiries into the state of education. Crucially, like the legislation they either inspired or amended, both select committees and royal commissions transcended the local, assembling information from different parts of the country, as well as from abroad, which was then presented in the form of blue books.\(^{53}\)


\(^{51}\) Parris, *Constitutional Bureaucracy*, 184.


\(^{53}\) Education commissions and committees certainly drew on expert evidence from abroad, as did those involved in political reforms. The method of voting introduced by Ballot Act of 1872, for instance, was modelled on the so-called ‘Australian ballot’. See Malcolm Crook and Tom Crook, ‘Reforming Voting
Meanwhile, at the local level – a level now distinguished from the ‘central’ – an increasing amount of political authority was devolved to municipal corporations (in 1835) and later counties (in 1888), as well as a series of boards. Though often overlooked, several of the key Acts often judged crucial to the emergence of the Victorian state provided for an extension of democracy at the local level, however modest given the attachment to a property-based franchise: the 1834 Poor Law provided for the creation of locally elected Boards of Guardians; the 1848 Public Health Act provided for local Boards of Health; whilst the 1870 Education Act provided for the creation of local School Boards. The introduction of locally elected schools boards, able to raise funds through the rates, meant that the denominational bodies were no longer the only players on the field. This was especially true in some of the big cities such as Manchester, Birmingham and Leicester – also centres of Non-conformity – where the school boards were dynamic organizations, often at the forefront of educational innovation.

Voluntary and philanthropic organizations

A final group of agents with claims to speak authoritatively on the child population were members of voluntary and philanthropic organizations. This was an inheritance of the eighteenth century, especially the period after 1780, but it assumed a more assertive, organized form in the early decades of the nineteenth century with the establishment of two key voluntary organizations – indeed, organizations that became synonymous with national educational provision in the nineteenth century. The first

of these was founded in 1808 as the Society for Promoting the Lancasterian System for the Education of the Poor, but it became better known by the name it adopted in 1814, the British and Foreign Schools Society (BFSS). The BFSS promoted both secular study and Bible education in a non-sectarian format, and principally enjoyed the support of the Non-conformist community. In doing so, it competed with a second crucial organization, the National Society for Promoting the Education of the Poor in the Principles of the Established Church in England and Wales, founded in 1811. As its name suggests, ecumenism was not one of the National Society’s principal objectives. ‘The sole object of this Society,’ it was proposed in its first annual report, ‘shall be to instruct and educate the Poor in suitable Learning, works of Industry, and the Principle of the Christian Religion according to the Established Church.’ At a time when sectarian tensions dominated legislative debate on the topic of education, these two organizations became the standard-bearers for their respective supporters: the National Society for the Established Church, and the BFSS for a wide range of non-conformist churches.

In the early years of their existence, the need to raise funds for the building of new schools limited the rate at which both societies could expand. However, this situation was dramatically altered by the introduction of the Treasury Grant in 1833, which recognised the pre-eminence of the National Society and BFSS by limiting the right to apply for public monies to them and them only. The treasury grant was not a blank cheque, the Minute specified that grants could only be provided for half the cost of any new school, with the rest to be raised by the societies themselves; nevertheless,
expansion could proceed at a rate which had previously been impossible.\textsuperscript{56} In the first five years of its operation, the National Society received grants towards the building of 646 schools in England, whilst the BFSS received 187.\textsuperscript{57} Over the following years further denominational organizations were approved to apply for the grant – Roman Catholics in 1847, and Jews in 1852 – though by far the largest recipients of state aid were the schools associated with the Church of England.\textsuperscript{58} By the 1860s, then, the voluntary schools societies occupied a pivotal place in discussions on the shape of elementary education, even if they were now enmeshed in a system of financial support that was partly centralized, and indeed often fraught because of this (the relationship between the Liberals and the National Society was especially difficult).

The Elementary Education Act of 1870, of course, introduced a new kind of actor, rate-paid School Boards, but the significance of what was now often distinguished as ‘voluntary’ agency from that of an ‘official’ or ‘public’ sort by no means diminished – quite the contrary. On the one hand, in many areas of England voluntary societies continued to reign supreme; the Report of the Committee of Council on Education for 1899–1900, for example, showed that 2,499,133 of scholars in elementary education were in denominational ‘Voluntary schools’, as compared with 2,137,805 in ‘School Board schools’.\textsuperscript{59} On the other, but just as crucially, the last thirty years of the century witnessed the flourishing of a range of non-sectarian

\textsuperscript{56} Rich, The Education Act 1870, pp. 16-18.
\textsuperscript{57} Returns of Parliamentary Grants for the Advancement of Education in England and Wales, the Number of Applications and the Number and Amount of Grants 1834 to 1837 [395] (1837-1838), pp. 4, 30-36.
\textsuperscript{58} In 1869, the Report of the Committee of Council on Education detailed the denominational breakdown of the schools inspected in that year: ‘48 Inspectors (with 12 assistants) were employed in visiting 6,103 schools connected with the Church of England; 11 Inspectors (with five assistants) inspected 1,414 Protestant schools in England not so connected; and, three (with one assistant) inspected 384 Roman Catholic Schools in Great Britain.’ Rich, Education Act 1870, pp. 18-19.
philanthropic organizations which also claimed for themselves the ability to speak about childhood and inform national debate: Dr Barnardo’s Homes (1866); the Charity Organization Society (1869); the National Society for the Prevention of Cruelty to Children (1884), and the National Association for Promoting the Welfare of the Feeble-minded (1896), to name but a few. And, like the voluntary schools societies they often interacted with, these organizations were also embedded in the complex web of local and central, expert and political agents that characterized the English state in the late nineteenth-century.

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It is, of course, somewhat artificial to distinguish between three groups of agents and forms of authority, even if the Victorians increasingly did so (that is, between ‘voluntary’ and ‘official’ agents; ‘experts’ and ‘politicians’; and ‘political’ and ‘technical’ issues). For one thing, agents themselves reflected on and sought to reform their interrelations and the formation of different forms of authority. Put another way, the interrelations and authority of the agents noted above was in movement at the time and subject to criticism. Another reason why their separation is somewhat artificial is that they were constantly coming into conflict with one another, as well as forming coalitions. But the difficulties of distinguishing between these agents is precisely what should be foregrounded, for whilst it is tempting to think in terms of more or less authority being assumed or lost by one group relative to another the reality was decidedly more complex. Though in different ways, they were and would remain crucial to discussions on educational provision and in time on the normal child. Indeed, all had a stake in this and all were concerned to ensure that
their voices were heard, enmeshed as this was in varied struggles for professional, official, and political recognition. Crucially, the agents noted above were also mobilizing the same kind of language to further bolster their authority: namely, a statisticalized language composed of numerical figures and averages, and based around implicit or explicit kinds of standards.

Statistics, standards, and the normal

In *The Taming of Chance* Ian Hacking has spoken of an ‘avalanche of printed numbers’ that began to fall across Western Europe beginning in the 1820s and 1830s – and just such an avalanche certainly fell in England.\(^60\) In 1881, a Lords Committee convened by the Treasury in order to ‘simplify and systematize the statistical information supplied [to Parliament]’ reported the following official sources: the General Register Office (statistics on births, deaths and marriages); the Home Office (court proceedings, prisons, policing, and reformatory schools); the Local Government Board (relief of paupers, local government expenditure and highways); the Post Office (post office savings, letters and telegraphy); the Inland Revenue (joint-stock and private banks); the Treasury (public revenue, expenditure and debt); and the Board of Trade (industry and agriculture; foreign, imperial and domestic trade; and, ships and trains).\(^61\) In the case of the child population, early non-‘official’ pioneers in the production of quantitative data had included the Manchester (1833) and London statistical societies (1834, later Royal Society in 1885). Their efforts were, however, quickly overtaken by the information gathering undertaken by the Education

\(^60\) Hacking, *Taming of Chance*, pp. 1-6.
\(^61\) *Copy of Second and Third Reports of the Official Statistics Committee; with the Minutes of Evidence and Appendix (In continuation of Parliamentary Paper, No. 107, of Session 1878-9)* [Cd. 39] (London: HMSO, 1881), iii. For a more detailed overview of the various sources of official statistics, see Appendix A, 76-79.
Department, which in 1838 began publishing a series of substantive official annual reports detailing its work and the condition of the schools it funded.\textsuperscript{62} It was data from the Education Department that informed the discussions on a national education system, which we examined above; and, although the late-nineteenth century witnessed a resurgence in studies from non-official sources, the privileged access to children that the Department enjoyed would continue to place its agents in a central role in the debates on the normal child.

The collection and deployment of quantitative data on the British population mushroomed, then, in the years following 1830, but it is important not to overstate the role that this data played in generating social questions. As José Harris has noted, in the late nineteenth and early twentieth centuries, ‘empirical investigation’ played an imperfect, partial role in the discussion of social problems; the data that was employed was often limited in scope, and was deployed within interpretative frameworks which were heavily dependent on pre-conceived, politically-informed assumptions.\textsuperscript{63} Harris’ comments were made in relation to the discussion of unemployment, but the fundamental premise of her argument holds true both in the field of education and, more broadly, in the discussions on child health and welfare that proliferated in the years following 1880. These debates were replete with empirical data, produced to variable levels of sophistication. However, even with the most sophisticated treatment, the data was rarely unequivocal, and the various calls for reform that abounded over this period were often explicit about the requirement for more or better empirical data. Consequently, although the discussions that inform


\textsuperscript{63} José Harris, \textit{Unemployment and Politics: A Study in English Social Policy, 1886-1914} (Oxford: Oxford University Press, 1972), ch. 1.
the later chapters of this thesis were awash with statistics and statistical idioms, ascribing a causal link between the production and presentation of this data and the various social issues which they sought to describe is decidedly problematic. As Harris has commented, in many cases ‘reliable information only became available as a result of and not as a prelude to administrative reform.’

If the generative role played by statistics needs to be approached with some care, it is also important not to overestimate the intellectual ambitions of the immense, institutionalized labour of data-gathering that took off in the 1830s. As Theodore Porter has suggested, ‘through much of the nineteenth century, statistics was more a bureaucratic than an academic form of investigation’ – a matter of quantifying what was going on at the national level, within and beyond London, in the interests governing it in a more rational fashion. The “statistical laws” that featured in public discussions in the early to mid nineteenth century were thus largely rhetorical. ‘Such a law’, Porter contends, ‘was merely a statistical regularity, an aggregate number that remained relatively constant from year to year.’ Undoubtedly, these statistical regularities informed and provoked public debate; however – as we shall see in Chapter 2 – both the methodologies that underpinned their generation and the conclusions which might be drawn from them were open to debate. In particular, as Porter has argued, the question of whether statistical regularity implied causality was one which generated heated and prolonged debate well into the twentieth century.

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64 My emphasis, Harris, *Unemployment and Politics*, p. 47.
66 Loc. cit.
It was only with the development of mathematical correlation in the 1890s and early-1900s that statistical inference was placed on a more solid footing. Yet, as both Porter and Hacking have argued, without the earlier labour, and the debates which drew on the informational raw material it provided, the emergence of a properly mathematical field of statistics during the late nineteenth century would simply not have been possible – something which included, as we shall in Chapter 3, new ways of thinking about ‘the normal’. Equally, as Stephen Stigler and Alain Desrosières have argued, although imperfect, the proliferation of statistics that took place in the early part of the century was premised on – and further prompted – the refinement of a series of governmental ‘standards’: both standards which regulated the collection of data in the first place, and standards for making sense of this data and assessing the performance of objects of enumeration (schools, for instance). We shall turn to these standards in a moment; but first it is necessary to briefly detail the emergence of a particular statisticalized conception of man that prefigured later discussions of the normal human being, and in particular some of the epistemological-methodological assumptions it mobilized, reworked, and popularized – Adolphe Quetelet’s ‘average man’.

*Quetelet and the ‘average man’*

‘The cardinal concept of the psychology of the Enlightenment’, Hacking contends, ‘had been, simply, human nature. By the end of the nineteenth century, it was being

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replaced by something different: normal people." A crucial transitional figure was Adolphe Quetelet (1796–1874). Like many of the pioneers of statistical reasoning, at the root of Quetelet’s success was the synthesis of ideas, practices, and theories drawn from a wide range of disciplines. In respect of this thesis, there are two vital contributions that Quetelet made to statistical thinking in the nineteenth century. First, it was Quetelet who, in the 1830s, advanced the notion of *l’homme moyen*, or the ‘Average Man’, in particular via his *Treatise on Man and the Development of his Faculties* (orig. 1835). As envisaged by Quetelet, the average man’s claim to theoretical legitimacy was predicated upon the application of Poisson’s Law of Large Numbers. Hence, Quetelet stated, ‘It is of primary importance’:

> to keep out of view man as he exists in an insulated, separate, or in an individual state, and to regard him only as a fraction of the species. In thus setting aside his individual nature, we get quit of all which is accidental, and the individual peculiarities, which exercise scarcely any influence over the mass, become effaced of their own accord, allowing the observer to seize the general results.  

The average man was thus a statistical representation of the character of a given human population, abstracted from a broad range of atomized studies, which could range from the physiological to the social and the moral. That statistical regularity was apparent in many of these fields was well known in the 1830s, thanks to emerging mass of official statistics. However, what differentiated Quetelet’s use of this data from that of his predecessors was his subordination of the particular to the

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71 Ibid., pp. 121-135.  
general: the individual within the social. In Quetelet’s usage the average was not an expression of human fallibility, as it had previously been thought of in various theories of probability; rather, it was the expression of a higher order of knowledge. The appearance of infinite variation in humanity was only superficial; in fact, underlying this variability was a profound regularity that only became visible when a sufficiently large number of individual measurements were taken. As such, Quetelet argued, the average man could be imbued with a permanence and reality that was independent of individual and contingent cases, which merely represented imperfect copies of the population type.

Quetelet’s second major contribution was his application of the Gaussian, or Normal, distribution – then known, primarily in astronomy, as the Law of Errors – to the study of man and society. Using data initially generated in 1817 on the chest measurements of Scottish soldiers, Quetelet contended that the distribution one saw in the measurement of many soldiers was analogous to the distribution that one would expect to observe from the repeated measurement of an individual soldier. As such, he proposed, that it was susceptible to analysis through the Law of Errors:

5,738 measurements made on one individual would certainly not group themselves with more regularity […] than the 5,738 measurements made on the Scotch soldiers; and if the two series were given to us without their being particularly designated, we should be much embarrassed to state which series was taken from 5,738 different soldiers, and which was obtained from one individual with less skill and ruder means of appreciation.

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75 Hacking, Taming of Chance, pp. 108-111.
Quetelet’s application of the Law of Errors to humanity was indicative of the cultural, social, and scientific milieu in which he operated, and explicitly tied to his ontological formulation of a perfect population ‘type’, the Average Man. His treatment of this distribution was still articulated in terms of error, but not errors of measurement, *per se* (as it had been, say, for Gauss); rather, and quite crucially, the errors were in the reproduction of the type to which all members of a population conformed, albeit to varying degrees of imperfection.\(^77\) As the normal curve made graphically clear, in respect of any one characteristic the majority of a given population tended to group around the central trend. It was only in the case of the most egregious ‘errors’ that individuals strayed far from the group type.

Quetelet’s work thereby established two key maxims for the statistical study of human populations. First, that with a large enough sample size the impact of even quite dramatic individual variations became statistically insignificant; and, secondly, that the distribution of individuals along a range of possible variations was neither randomly spread nor evenly distributed; rather, the majority of a given population tended to group around a central point, visualized as the tip of a bell-shaped curve. How influential was Quetelet’s work? His work was certainly read in the mid-century: his *Treatise of Man* was translated in English in 1842 and he was widely quoted by statisticians (or ‘statists’, as they were also known at this point).\(^78\) Furthermore, in retrospect – though the theoretical underpinnings of Quetelet’s formulations were demolished later in the century – we know that his work laid the foundations for that

\(^77\) Desrosières, *Politics of Large Numbers*, pp. 112-113.
\(^78\) See especially Nico Randeraad, *States and Statistics in the Nineteenth Century: Europe by Numbers* (Manchester: MUP, 2010).
of later statisticians. Indeed, under the handling of Francis Galton, Karl Pearson, Udny Yule, and Ronald Fisher, among others, degrees of variation from the normal became the crucial measure of the human condition. At the time, however, Quetelet’s impact was somewhat negligible when it came to the day-to-day generation and consumption of statistics, whether in Whitehall, Parliament or the press. Of more importance were the various standards which made possible these statistics and which these same statistics were then used to probe – to which we now turn.

Standards and statistics

As Stigler has suggested, ‘historically considered, standards and statistics are nearly inseparable’. On the one hand, he suggests, statistics require some kind of standardized infrastructure for collecting and generating statistical information: that is, some kind of common agreement for collecting the same kind of information, in the same way, according to common names, practices of collection and units of measurement – otherwise the information generated is simply not comparable. On the other hand, he suggests that standards are crucial for making sense of this data and using it as a means of posing problems. Here, however, he suggests that standards ‘can be roughly described as falling into one of two types which I might call goals and limits’:

The first of these is the standard as the basis, as target, as goal, as ideal […] The other type is that of standards as tolerance levels, as limits beyond which one cannot

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79 Desrosières, Politics of Large Numbers, pp. 91-96.
respectably go, such as minimum standards of performance. This standard might be so high as to be all but unattainable, or so low as to be ludicrous. ⁸¹

Put another way, for Stigler, once we have established a common language further standards can then be formulated which are either basic (a minimum standard), or optimal (an ideal standard). Either way, standards are prescriptive. Crudely, we might say they are explicitly prescriptive in the case of optimal and minimal standards; but more covertly so in the case of systems of classification and measurement, where the systems, once embedded, can become taken for granted, part of ‘the infrastructure of everyday life’, as one book on the subject puts it; and yet choices have to be made about how to classify and measure in the first place. ⁸² Finally, as Stigler suggests, ‘a standard entails some sense of permanence’. He is careful to suggest that they do not have to be ‘never-changing’; but standards must possess a degree of fixity in order to function as such.

An analogy might be made here with the modern use of the term ‘normal’, which as Hacking has pointed out incorporates two meanings. It can be used to refer to what is the average (or ordinary or typical), as well as what ought to be the average, were things as they should be. ⁸³ Use of the term normal in this second sense clearly corresponds to an ideal, optimal standard; but otherwise the relations between ‘the normal’ and ‘the standard’ are variable. The Victorians used all of these terms: ‘standard’, ‘average’ and ‘normal’. To be sure, in the context of education, the most frequent use of the term ‘normal’ up until the end of the century was in conjunction with the term ‘average’.

⁸³ Hacking, The Taming of Chance, p. 163, and, more generally, chap. 19.
with ‘school’; which is to say, ‘normal school’, referring to a teacher-training college. But there was certainly much talk of ‘standards’. In 1853, for instance, James Kay-Shuttleworth in his much-cited work *Public Education* spoke of ‘standards of attainment’, ‘sustaining standards of instruction’, and ‘standards of qualification’. 84

The use and implementation of standards (of a minimal sort) as a means of measurement became absolutely critical to the governance of elementary education during the mid-century. Use of the term ‘normal’ as interchangeable with some kind of standard (optimal or minimal – or somewhere in-between), however, would have to wait until the end of the century, as we shall in the chapters that follow. But there was one field of government where these complexities had already been articulated: namely, public health and the work of the General Register Office (GRO, established in 1837), and in particular its chief statistician, William Farr. 85 It bears dwelling on, if only briefly, for it highlights the complexities that were at stake in the articulation of standards, averages, and norms. On the one hand, the national system of vital statistics pioneered by Farr relied on a standardized means of collecting information relating to deaths, in this case a uniform nomenclature for reporting causes of death (by doctors), coupled with the use of standardized certificates for communicating this information to local registrars (who in turn would forward them to the GRO based in London). As Simon Szreter has emphasized, Farr also chose to publicise one fact above all in his annual reports based on the information he and his assistants had collected from around the country: namely, the ‘rate of mortality’, or ‘death rate’,

84 James Kay Shuttleworth, *Public Education: As affected by the minutes of the committee of Privy council from 1846 to 1852; with suggestions as to future policy* (London: Longman, Brown, Green, and Longmans, 1853), pp. 74-75, 171, 259, and 291.
summarizing the cumulative total of deaths in any given area, per year, and as expressed per 1,000 of the population (13 per 1,000, say, or 27, per 1,000). It was thus the death rate, crude though it was, that emerged as the most visible measure of comparative local health – and indeed it would remain so until the end of the century.

On the other hand, using this measure, Farr sought to determine what he described as the ‘healthy standard’. In particular, in 1856, in the GRO’s Annual Report of the Registrar General (hereafter ARRG), Farr opted for the rate of 17 per thousand. After suggesting the figure of 17 per 1,000 as the correct standard, Farr posed the question of whether it would be right, on the basis that it was at least possible to imagine people living in more favourable circumstances to posit a lower rate. But this would be contrary to his sense of what we might describe as empirical reasonableness: ‘17 in 1,000 is supplied as a standard by experience. Here we stand upon the actual.’ The standard of 17, then, was neither an average nor a perfect (or ‘model’) rate of mortality. It was the (relatively) best or optimal rate that could be generated on the basis of the then available evidence. It was, as Farr put it in the same ARRG, referring to a Life Table of his based on the same set of districts, ‘the nearest approximation we can obtain … of the human race in the normal state.’

Farr was fond of using what he called the ‘healthy district standard’ to detail excessive deaths, as were other sanitary professionals; and it remained at 17 throughout his time at the GRO, which ended in 1879. What is crucial here is the reasoning noted above. Although Farr’s Healthy District standard might not have

88 Ibid., pp. 174-6.
been utopian it was self-consciously normative, based in fact on an approximation of a ‘normal state’. Under the new system, the figure of 17 deaths per 1,000 was not just an arbitrary line in the sand. It was to be the focus of a whole new scale of measurement. As Farr suggested: ‘If, as has been proposed, 17 is taken as the point above which all mortality is excessive, 17 will be the zero of this new scale; and in England the scale will range up to 19 or 20 degrees.’ And yet, ultimately, it was in fact arbitrary, for as Farr openly acknowledged, it was an empirical projection based on how things were, at a particular point in time. According to this logic, further collective improvements in health (or ‘happier times’ to quote Farr) would require further revisions to the standard, and so it proved: as Szreter notes, in 1897 and 1907, John Tatham, one of Farr’s successors, revised the standard to 15 and then 14, amidst lowering death rates across the country as a whole.

Farr’s concern was public health, not education; but it represents an illuminating and early instance of a leading professional grappling with the problem of variation – in Farr’s case variable death rates distributed differentially over England’s registration districts – and how, on the basis of this statisticalized variation, to generate a workable, authoritative (if not absolutely objective; nor indeed utopian) definition of a standard that pertained to a normal population. Grappling with the problem of variation in relation to the ‘normal child’ would become commonplace at the turn of the century, as we shall see over the following chapters. But an early skirmish of this sort took place in relation to the imposition of national educational standards in the 1860s and 1870, to which we now turn.

89 20th ARRG, p. xvi.
‘Standards’ and the ‘Three Rs’

The GRO’s work in relation to mortality (and in particular death-rates) was premised on a two-fold standardization of the informational infrastructure: a uniform registration system on the one hand; and a uniform means of statistical measurement on the other. Something analogous, though certainly not identical, took place in the case of education.\(^91\) And, as with William Farr at the GRO, in the case of elementary education the first efforts to introduce standardization into the system owed much to the efforts of one individual: in this case, the physician, public health reformer, and educational commentator, Dr James Phillips Kay (later Kay-Shuttleworth) who took up the post of Secretary to the Committee of Council on Education in 1839, and who oversaw its first ten years of existence.\(^92\)

At the heart of Kay’s efforts to introduce standardization into the education system was the creation of a national Inspectorate of Schools, modelled in particular upon the Dutch system. Kay’s vision for the inspectorate was of a body of advisors who would visit all schools who were in receipt of a government grant and assist them through the transmission of best practice.\(^93\) Yet, even with this limited remit the tensions that existed between the local context and the nascent supervising central authority were readily apparent. In his first ‘Instructions for Inspectors’, in 1840, Kay set out the bounds in which inspection was to take place. ‘It is of the utmost consequence that you bear in mind that this inspection is not intended as a means of

\(^{91}\) For fuller discussion on this front see Stephen Byrne and Tom Crook’ Setting standards in Victorian England: The case of education and public health’. Unpublished paper presented to the CHSTM, University of Manchester, seminar series in May 2013.


exercising control’, he noted, ‘but of affording assistance; and that it is not to be regarded as operating for the restraint of local efforts, but for their encouragement’.

Kay’s instructions to inspectors would seem to suggest that the formulation of explicit national standards was anathema to the system which he sought to create. Indeed, in the same document, he noted: ‘you are in no respect to interfere with the instruction, management, or discipline of the school, or to press upon them any suggestions which they may be disinclined to receive.’

At the point of contact between the Inspector and the local school authorities there was flexibility and independence. Yet, behind the scenes, Kay advanced a rigid and standardized informational infrastructure, in much the same manner as Farr was in the process of doing at the GRO. Much to his disapproval, Kay was unable to directly influence the appointment of inspectors: this was left within the hands of the religious societies which ran the schools. What he could do, however, was determine the shape of the inspection and the manner in which that information was communicated to him. Accordingly, he drew up a list of 174 – often minute and searching – questions for inspectors to ask, and provided standardized forms for the transmission of this information. These reports did not determine degrees of financial assistance, nor did they set prescribed standards for the management of schools. What they did was allow for the comparison of schools on a national basis, and the creation of a body of experts who were able to speak authoritatively on best practice within the system.

95 Armytage, English Education, p. 115.
The system of inspection that Kay set up was subject to a process of constant revision and refinement. Nevertheless, the fundamental ethos of the system remained fairly constant throughout the first twenty years of the Inspectorate’s existence: it was a friend and advisor, not a policeman or an auditor. It was only in the late 1850s that this understanding began to experience a serious and sustained challenge. By 1857, annual central government expenditure on elementary education had risen to £559,974 and as a result, following discussion in Parliament, the Newcastle Commission was appointed in 1858. Presented to Parliament in 1861, the Newcastle Report painted a bleak picture of the state of English education, even putting a figure on the matter: ‘We have seen overwhelming evidence from Her Majesty’s Inspectors’, the report noted, ‘that not more than one fourth of the children receive a good education’. Her Majesty’s Inspectors of Schools had been forthright in their comments before the Newcastle Commission. However, the conclusions reached by the Commission in response to these comments were hotly debated by many involved in the provision of education, including many members of the Inspectorate. For some outside the field, however, the report only served to highlight that which they already believed: namely, that without more rigorous standards, against which achievement could be measured, it was impossible to hold educational establishments accountable for the monies which they received.

Possibly the most influential of those who maintained this view was Robert Lowe, the Liberal Vice-president of the Committee of Council on Education, whose

response to the findings of the Newcastle Commission became enshrined in a revised Education Code, introduced in 1862. Lowe’s Revised Code ushered in a system of ‘payment by results’ under which up to two thirds of the annual grant to a school was determined by the performance of individual scholars against a set of six self-styled ‘Standards’, which would be assessed annually by Her Majesty’s Inspectors of Schools. The Standards covered reading, writing, and arithmetic (the Three Rs), and set the minimum level of achievement required to earn the grant in that subject (see Fig. 1.1). It was the responsibility of the school to determine which, if any, Standard a child might be presented for; and each child could earn the grant only once at each Standard.

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<td>Reading</td>
<td>Narrative in monosyllables</td>
<td>One of the narratives next in order after monosyllables in an elementary reading book used in the school.</td>
<td>A short paragraph from an elementary reading book used in the school.</td>
<td>A short paragraph from a more advanced reading book used in the school.</td>
<td>A few lines of poetry from a reading book used in the first class of the school.</td>
<td>A short ordinary paragraph in a newspaper, or other modern narrative.</td>
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<tr>
<td>Writing</td>
<td>Copy in manuscript characters a line of print.</td>
<td>A sentence from the same paragraph, slowly read once, and then dictated in single words.</td>
<td>A sentence slowly dictated once by a few words at a time, from the same book, but not from the paragraph read.</td>
<td>A sentence slowly dictated once, by a few words at a time, from a reading book used in the first class of the school.</td>
<td>Another short ordinary paragraph in a newspaper, or other modern narrative, slowly dictated once by a few words at a time.</td>
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<tr>
<td>Arithmetic</td>
<td>Form on blackboard or slate, from dictation, figures up to 20; sum at sight figures up to 20; add and subtract figures up to 10, orally, from examples on blackboard.</td>
<td>A sum in simple addition or subtraction, and the multiplication table.</td>
<td>A sum in any simple rule as far as short division (inclusive).</td>
<td>A sum in compound rules (money).</td>
<td>A sum in compound rules (common weights and measures).</td>
<td>A sum in practice or bills of parcels.</td>
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Fig. 1.1. The Standards, as introduced in 1862.

As noted above, choices always have to be made about when and how to impose standards. Kay was responsible for some of the first efforts in relation to education, helping to standardize the information gathered by official inspectors and the
questions they asked and reported on. Lowe’s intervention represented a further and
decisive twist. It was defended in terms of raising standards; encouraging a more
uniform system in terms of educational attainment; and ensuring an extra measure of
public accountability; but it was one shaped by the imperative of economy and
retrenchment. Put crudely, it was also about saving money and in the short term at
least it did just this: by 1861, annual expenditure had risen still further to £813,441;
by 1865 it had fallen to £636,810; it only began to exceed £800,000 once more in
1869. As Lowe famously commented, ‘If it is not cheap it shall be efficient; if it is
not efficient it shall, at least, be cheap’. 98

Crucially, however, when it came to raising standards, Lowe assumed, as had the
Newcastle Commission before him, that the principal problem was the variable
quality of teachers and school management, not necessarily the quality of the children
themselves. To be sure, there was recognition that there were limits as to what might
be achieved, given that some level of variation in the quality of schooling was bound
to persist, whatever kind of intervention was made. As such, the standards were self-
consciously minimum standards – the term ‘minimum standard’ in fact was often used
– rather than optimal ones, constituting in effect the minimal the level at which the
English state was prepared to pay for schooling. Equally, however, no teacher or
inspector could fail to notice that some children were brighter than others.
Nonetheless, it was variations in schooling that were considered to be the major
problem; the kinds of children who attended elementary schools were assumed to be
more or less the same, and certainly not worthy of any detailed examination as
variables in and of themselves. Indeed, the conclusions and recommendations of the

98 Sutherland, Policy-Making, pp. 7-9.
Newcastle Commission were premised on just this assumption, which was made by both critics and supporters of the Code

Not only was the elementary system a complex mix of different kinds of school, but within these schools the quality of teaching varied considerably. By contrast, the quality of the child and his or her physical and mental development was considered unproblematic. Among other instances, the Newcastle commissioners quoted with approval the ‘hypothesis’ of the Rev. James Fraser, later Bishop of Manchester, that the correct age for leaving school was ten: ‘We must frame our education system on this hypothesis; … that it is quite possible to teach a child soundly and thoroughly, in a way that he will not forget it, all that is necessary for him to possess in the shape of intellectual attainments, by the time he is ten years old.’ The only proviso was, as follows, that he should have been ‘properly looked after in the lower classes’.  

Despite the relative simplicity of the six standards, Lowe’s Code was in fact a decidedly complex beast, composed of, among other elements, regulations as to how the standards were to be assessed by inspectors and then how the money was to be distributed (capitation payments, for instance, persisted, albeit in reduced form). And it was in the process of introducing and implementing the Code that questions of variation in relation to children, and their peculiar abilities and domestic and environmental circumstances, were first raised as significant variables on par with teaching itself and the quality of the school – indeed, the fact that money was at stake seems to have considerably sharpened perceptions on this front. The standards

themselves were amended and though self-consciously minimal it also evident that they were used in a more optimal fashion: in 1882, for instance, a new and higher standard (Standard VII) was introduced to accommodate and stimulate the growing number of more able students.

Of more importance, however, was the question of age: or rather, the age at which a child should have achieved a certain standard. In principle – though the matter had been debated in 1862 as the Code was being formed – it was not necessary for pupils to pass sequentially through each Standard – and the decision at which Standard to present a child for examination rested with a school. However, with such a large part of a school’s financial security riding on performance in these examinations, it was a brave headmaster who allowed a child that had failed at one standard to progress to another. The result was a burgeoning population of children who spent the majority of their school career confined to the lowest classes of the school, taking and failing Standards I on an annual basis.

In itself this was not unusual: the bunching of children in the lower standards had been an issue since the introduction of the Revised Code. However, after the 1870 Elementary Education Act, the situation became more urgent. On the one hand, the act began to enforce the attendance of ever greater numbers of children; on the other, section 74.5 of the Act allowed a ‘total or partial exemption from the obligation to attend school if one of Her Majesty’s Inspectors certifies that such child has reached a standard of education specified in [local] bye-laws’. The provision itself was an attempt to reconcile the conflicting demands for (a) a more inclusive, uniform

100 The Elementary Education Act, 1870, 33 &34 Vict. Ch. 75 (1870).
education system; (b) the need for child employment; and (c) local autonomy in the shape of setting bylaws. But in the absence of any clear statutory specification or compulsion, local authorities arrived at wildly different agreements as to what was a constituted a satisfactory level of educational attainment. As the Committee of Council noted in 1882: ‘… of 133 boroughs, under school boards, 11 adopt Standard VI., 93 Standard V., and 29 Standard IV. for the total exemption of children over 10 years of age; while for partial exemption, 6 adopt Standard V, 50 Standard IV, 44 Standard III, and 15 Standard II.’\(^{101}\) Further variations, it noted, were also evident in parish schools existing within poor laws unions.

Evidently, then, what for one authority was only a minimal level of achievement before a child could leave school (those that insisted on Standard V, for instance), for another was altogether optimal and perhaps not even desirable (those that insisted only on II, say). Another consequence was that attendance at school was no longer strictly a matter of age, as it had been earlier under the educational clauses of various factory acts; instead it was an amalgam of both a child’s age and their performance at the Standards. Thus, while a child of 10 who had passed at Standard IV might, depending on the local bylaws, be able to leave school and enter employment; under bylaws elsewhere another child who remained in Standard IV would have to wait until the age of 13. The rhetoric from the education department continued to stress that the Standards were of a minimal rather than an optimal nature; but in practice the system operated in a decidedly more confused and conflicted fashion, as was pointed out at the time.

\(^{101}\) *RCCE, 1881-1882*, p. xxix.
Equally, right from the start the Code was attacked, as were its many later incarnations and variants. The criticisms were varied and perhaps the majority focused on the financial intricacies of the system: how much was paid; how and when it was paid; and what other subjects might be brought within the remit of funding. Indeed, the narrowness of the Code was a frequent source of complaint. In 1862, Matthew Arnold launched a subsequently much-quote polemic in *Fraser’s Magazine* entitled ‘The Twice-Revised Code’, where he lambasted the focus on the Three Rs, which he likened to a ‘cartouch box’ used by soldiers to carry ammunition: ‘It is as if the general of an army – for the inspectors have been a veritable generals of the educational army – were to have their duties limited to inspecting men’s cartouch boxes. The organization of the army is faulty: inspect the cartouch boxes! The camp is ill-drained, the men are ill-hutted, [and] there is danger of fever and sickness. Never mind inspect the cartouch boxes!’\(^\text{102}\)

Crucially, albeit in embryonic form compared to what came later, questions were also raised about how the Code would be administered in light of the fact that some pupils invariably performed better despite being of the same age as their peers. Prior to the introduction of the Code in July of 1862, it was still an open question as to whether it was age which should determine whether or not a child should be assessed according to a given standard, or instead their ability. Lowe himself favoured using the criteria of age, but others suggested that this was too prescriptive and that it was better to allow teachers to make the decision, based on their assessment of a pupils ability – otherwise a given pupil, as he or she grew older, might end up failing at each standard (and thus fail to generate any money). In the end, the Code embodied the

latter principle and this was not for want of lobbying by MPs, voluntary societies, headmasters and teachers.

One pamphlet written in January of 1862 by John Menet, a chaplain of a teaching training college targeted a leading Anglican minister, Dr C.J. Vaughan, who had urged a slightly modified system of using age as the principal criterion. ‘How does it alter’, the author noted, ‘the great and obvious unfairness of applying the same standard to all schools, without the slightest reference to the time the school has been at work, the character of the population, the abilities of the children, the amount of attendance, and the difficulties of the teacher.’ Much more than teaching was at stake. ‘The plans, both of Dr Vaughan and the Revised Code,’ he concluded, ‘suppose that schools have been for some time established in every parish, that difficulties of attendance have been surmounted, that few backward and neglected children are admitted, and that children’s parents have ceased to migrate.’

Quite how much pecuniary interests informed arguments of this sort, is difficult to gauge; but they were certainly common place, even if some chose to emphasise some sources of variation above others. In March 1862, an Anglican schoolmaster from Streatham, London, compared ‘the advantages and disadvantages of Grouping Children by examination by age or by proficiency’, and recommended the latter:

In grouping by age, from one-half to two-thirds of the children would be examined in subjects beyond their attainments, and their failure would prove nothing

but an already universally acknowledged, and unalterable fact, that a child’s as well as a man’s intellectual acquirements, even in the simple items of Reading, Writing, and Arithmetic, are not necessarily in the ratio of age.

By the plan of grouping according to proficiency the actual condition, progress, or decline, in respect to the three elements of education, of every School receiving Government Grants, could be ascertained and registered. The proportion of Scholars presented for examination in each group in various Schools, and the proportion of those who were approved by the Examiners, would be a sure test of the efficiency, or otherwise, of each School.

If age were the standard for grouping, the element of chance would enter largely into the composition of the groups; and success or failure in the examination might reflect neither credit nor discredit on the teacher.104

For this particular schoolmaster, it was not parenting or the school environment that was the key variable; it was the discrepancy, located at the level of the individual child, between age and development – simply that the two did not always advance in tandem. ‘Those who were in favour of grouping by age’, he concluded, ‘overlook the fact that many causes, such as a difference in natural ability, health, &c, operate as much as negligence, to render the age of children in Schools a very uncertain test of their advancement in learning.’105

The decision to allow for school-based selection took some of the sting out of arguments like this; equally, the advent of rate-paid School Boards added a new dimension of financial complexity which invariably opened new angles for criticism. But criticisms based on the grounds that the Standards as such – as national standards

– were being applied to a schooling system characterized by immense administrative variation, as well as a child population that either enjoyed or endured different social and environmental conditions, continued. Some indeed continued to put their case in very bald terms. ‘How can Standards of attainment be devised which will suit the well-fed and well-clothed of the fashionable quarters of the West End of London, as well as the half-starved and thinly-clad children of an obscure and backward agricultural village, where boys and girls of all ages must be put into the same class, in order to meet the simple necessities of the case’, noted one pamphlet from 1874.106

The same pamphlet also went on to note some of the perverse effects that the system had introduced: minimum standards, it argued, invariably became the optimal, or in its word ‘maximum standards’, since under the system there was no financial incentive to aim higher. Equally, the standards cut badly in both directions: ‘They discourage the full teaching of the quicker children on the one hand, and of the duller children on the other. There is no encouragement to pass the quicker children into the upper classes as rapidly as possible. They would pass too soon through the six Standards, and would cease to have a commercial value.’107 Nor were criticisms of this sort restricted to teachers and schoolmasters and mistresses; inspectors also voiced their criticisms, even if none were quite as strident or stylish as Arnold had been in 1862. In 1872, one of the inspectors, W.J. Kennedy, noted in his yearly report that one of the harmful effects of the system in some schools was that children were taught nothing but the Three Rs, thereby turning the school into ‘an infant school grown to undue proportions’:

107 Ibid., p. 8.
The minds of the scholars in the highest Standards make no worthy progress. They may have advanced ‘a rule’, they may well spell some harder words but there is no true development. For mental progress and development it is essential that the scholars should be introduced to new subject, and I would say a new room and a fresh teacher.\textsuperscript{108}

For some at least, the irony was plain: standards introduced to raise the quality of education had only lowered it – at least in some cases.

Quite whether Lowe’s Code did or did not raise the quality of education for the general child population is difficult to assess, given the expansion that elementary education underwent during the 1870s and 1880s. What is clear is that teachers, inspectors, and headmasters were now thinking much harder about the capabilities of their children, and with good economic reason. At the same time, critics and advocates of the so-called ‘payment by results’ system were forced to confront the effects, good or bad, of using national standards on such a grand scale. And it was here, albeit only tentatively, that the problem of variation within the child population was first posed as a systemic problem. Differentials of child aptitude had long been noted, of course; so too, since the 1830s especially – and passing via the mammoth Newcastle Commission – variations in the quality and type of schooling. However, it was during the 1860s and 1870s, following the advent of the Standards, that the problem of variation was beginning to embrace not just administrative, legislative, and material structures, but also those of the child as a moral, physical, and mental being firmly ensconced within that system; and as we shall see in the next chapter it was a movement that was further entrenched over the course of the 1880s.

Conclusion

By 1880, the problem of educating children *en masse* had changed considerably – indeed, thanks to the progressive extension of the system, especially from the 1870s onwards, it was now just that: a truly national problem concerning the educational attainment of millions of working-class children, who constituted by far the most significant demographic. As the introduction noted, historians have rightly pointed to ongoing problems regarding the ‘patchwork’ nature of educational provision, and it was ongoing criticism on these grounds that eventually led to the formation of consolidated Local Education Authorities in 1902. But as far as this thesis is concerned the novelty lies elsewhere, and more especially in the way problems of administrative variation were coming to be supplemented by those which focused on children themselves. Whatever the importance of later medical and statistical interventions in terms of elaborating notions of a normal child, they operated on – and sought to reform – an institutional inheritance which predates the 1880s. Two facets might be highlighted: first, from the 1830s, an evolving fabric of ‘central’ and ‘local’ authorities which between them constituted a national framework of reference and critique; and second, a system, born in the 1860s of financial imperatives, of imposing national, if minimal, Standards across all elementary schools.

Another crucial inheritance was an array of actors. It is quite right to speak of an empowerment of professionals and bureaucrats during the Victorian period; but as noted above, we also need to acknowledge the importance of political actors in the context of a governmental culture composed of an ever-more inclusive franchise and a more party-driven, disciplined Parliament. Likewise, we should also acknowledge the
ongoing input of voluntary and philanthropic agents, which continued to flourish as the century progressed. Nothing of the complexity surrounding the contested figure of the normal child can be grasped without accepting that it is difficult to speak of one set of agents gaining more power over another. Instead, we should try to grasp them acting together, while still recognizing the many conflicts, clashes, and rivalries that peppered their interaction. The chapters which follow attempt to do just this.
At the Edge of Normality

The question of school-attendance has now become a matter of national importance. The State recognises the fact that human brains are a highly elaborated product, and that to leave them uncultivated is a waste of a very valuable form of raw material. Consequently, the institution of school-boards and the compulsory education of all children are steps forward in the right direction. No matter in what position of life a child is placed, it is the better for a little education and information, no matter how minute. The necessity for a little schooling is now universally admitted: and, as such is the case, the subject requires to be looked at from the standpoint of its medical aspects.

*British Medical Journal* (1877)

The epistemological, legislative, and institutional frameworks that supported – but by no means determined – the emergence of the ‘normal child’ had been laid down over the middle decades of the nineteenth century. However, it was only during the late nineteenth and early twentieth centuries that this figure became an object of ongoing and recurrent inquiry, even if, ultimately, it would remain elusive and mutable. In particular, the last two decades of the nineteenth century witnessed a series of attempts to define and police the boundaries between the normal, ordinary, or average child, and his or her abnormal, backward, or exceptional sibling. In large part, the demarcation of these boundaries was tied to the implementation of policies and

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practices that singled out the exceptional child for special treatment or provision. This was particularly apparent in terms of the late nineteenth-century elementary education system, which served a constitutive function in defining the shape of English childhood, and thus occupied a privileged position in respect of the child. In practical terms, the elementary education system also operated both as the principal point of contact between the child and the State, and as a ready-made laboratory for the study of childhood – it was in classrooms, after all, where children were grouped together and rendered amenable to counting and inspection. As such, the Elementary Education Acts not only served to highlight the existence of variation among the working-class child population; they also helped to bring forth new categories of deviance.

The following chapter explores a series of inter-related questions: (1) were there lower limits at which the education Standards no longer became applicable or relevant, and, if so, who determined these boundaries? (2) how far did the universal nature of the Elementary Education Acts extend? and (3) how did the State deal with those for whom education in ordinary day-schools had been proven to be ineffective. More generally, the chapter also examines how the assumption of a degree of homogeneity in the working-class child population, which to a great extent underpinned the contemporary elementary education system, also provided the necessary conditions in which the discussion of normality and variability in childhood could prosper. There are two principal media through which the chapter examines these questions: first, the public and political debates relating to the apparent prevalence of ‘over-pressure’ in English elementary schools, which peaked in 1884 with the publication of a highly critical report by a noted psychologist, James
Crichton-Browne; and secondly, the Royal Commission on the Blind, Deaf and Dumb, &c. (1885-1889) [The Egerton Commission], which forms the principal focus of this chapter.

Crucially, these discussions did not take place within an ideological or ahistorical vacuum. The 1880s witnessed both a resurgence of the ‘Condition-of-England’ question, and a wave of social investigation which sought to penetrate the hidden depths of English society, especially urban society, as cities continued to put on demographic weight – by the 1880s, London was home to over 4 million people. As regards the child, the provisions of the Elementary Education Acts, especially in respect of compulsory attendance, had made visible – although not necessarily comprehensible – some of the wide range of needs, conditions, and abilities that existed in the child population of the working classes. Children whose like had not before been seen within the bounds of the ordinary classroom (including the blind, the deaf and dumb, and the mentally deficient) were quite suddenly compelled to attend, and, for a wide variety of reasons, many of them were simply unable to cope with the demands of the existing elementary education system.

For some commentators, blame could be found, in part at least, in the terms of the Education Acts themselves. An example of this can be seen in Andrew Mearns reformist critique, *The Bitter Cry of Outcast London*. Mearns was a Congregationalist minister working in the East End of London, and his 1883 pamphlet, which was widely debated both in the press and in Parliament, proved to be a seminal text for those who hoped to divorce the experience of poverty from notions of moral turpitude. Of particular concern to Mearns were the children of the East End, and the plight of
these ‘stunted, misshapen, and often loathsome objects that we constantly meet in these localities’ is a recurring theme in his work.\(^2\) Even set against the rest of the deprivation which he had witnessed, he noted that ‘the child-misery that one beholds is the most heart-rending and appalling element in these discoveries’.\(^3\) Much of the blame for their situation he placed upon slum landlords, with their ‘exorbitant demand for rent’, and their filthy, verminous, and dangerous accommodation.\(^4\) ‘This is what the helpless have to submit to’ he commented, ‘they are charged for these pestilential dens a rent which consumes half the earnings of a family, and leaves them no more than from 4d. to 6d. a day for food, clothing and fire.’\(^5\) Slum landlords, though, were not the only ones with a role in the production of destitution:

> for even these depths of poverty and degradation are reached by the Education Act, and however beneficent its purpose, it bears with cruel weight upon the class we have described, to whom twopence or a penny a week for the school fees of each of three or four children, means so much lack of bread.\(^6\)

For Mearns, then, the Education Acts themselves were at least partly to blame for the creation of the ‘stunted, misshapen, and often loathsome objects’, which populated London’s elementary schools and the poorer quarters of the East End. It was a cost too far, given other pressing needs, food among them.

For others, however, the seemingly obvious requirement for education transcended the issues of morality and deprivation that motivated the likes of Mearns.

\(^3\) Ibid., p. 21.
\(^4\) Ibid., p. 17.
\(^5\) Ibid., p. 18.
\(^6\) Ibid., p. 18.
In particular, questions as to how educational provision, especially for the exceptional child, should be structured and financed were entertained and investigated by various individuals and organizations – put another way, questions of cost and efficiency were also in play. Earlier, in 1874, for example, the COS had formed a Special Committee on the Training of the Blind, which published its report in 1876. The COS was certainly not renowned for its unstinting support of universal aid, whether from charitable sources, the rates, or central government. Yet, in answer to the question, ‘To what extent should the education and training of the blind be provided for from the rates or other public sources?’, the report noted, in unambiguous fashion, that, ‘this Committee is of opinion that it is expedient that grants-in-aid should be given by the State towards the education and industrial training of the Blind’. Furthermore, it advised:

this Committee consider that the existing laws with reference to the Blind should be more effectually carried out, so as to place the Blind more nearly on a level with the sighted – e.g. by granting to all efficient schools, for each blind child in them, special aid after inspection, and in proportion to results; and by assisting systematically in the maintenance of blind adults whilst they are being taught trades.

Indeed, the education of the blind was not the only area of special educational provision that attracted the COS’s attention. In 1877 the organization published a Report of the Special Committee on the Education and Care of Idiots, Imbeciles, and Harmless Lunatics, which again recommended the use of public funds for the

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8 Ibid., pp. 21-22.
The driving force behind the Committee was a renowned civil servant and administrator, Sir Charles Edward Trevelyen, and its origins lay in a proposal for state aid that Trevelyen had placed (along with a pamphlet written by himself, and a letter of support from the Lunacy Commissioners) before the Council of the COS in 1875. This report, along with Trevelyen’s whole-hearted support, was influential in the passage of the Idiots Act (1886), which, in theory at least, distinguished between lunatics, and idiots and imbeciles.

The context was thus composed of various aspirations and shifting currents of critique and concern. Equally, as we shall see, the normal itself remained in the shade compared to the exceptional during the 1880s and 1890s – it remained on the edge, so to speak, of its elaboration as such. Indeed, ‘normality’ was only one amongst a wide range of categorical and rhetorical tools available to commentators on childhood in late nineteenth-century England. The reasons for this were both epistemological and semantic. Firstly, from an epistemological perspective, although the articulation of norms and standards provided the principal theoretical sub-text to the ongoing debates on nineteenth-century childhood, in practice the normal, average, or ordinary child was often a peripheral figure in a discourse which focused primarily upon his or her ‘exceptional’ sibling. Within this environment, normality, ordinariness, or naturalness was habitually seen as both a presumptive category and as a stable one, which attracted little in the way of explanation, investigation, or semantic and taxonomic precision. Thus, while the exceptional child generated a plethora of

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elaborate taxonomies of deviance, the normal child was defined as much in terms of those characteristics which he or she did not exhibit, as in those that he or she did.

Secondly, in terms of the semantic landscape, nineteenth-century societal, political, and medical discourse offered a wealth of often over-lapping terms for describing human populations. Some of these terms, such as ‘natural’, had a long and distinguished pedigree, even if their vagueness and imprecision was well-noted, as the introduction suggested. Others, such as ‘average’ or ‘normal’, had been moulded, or were in the process of being re-moulded, over the course of the nineteenth century, and often exhibited a profound degree of polyvalence, even in technical discourses. The profusion of terminology was compounded by idiomatic differences between the professional groupings who contributed to the debates on childhood, and this was particularly apparent in terms of the medical and teaching professions. The normal, as a categorical description of the human condition, was by the end of the nineteenth century a commonplace, if not ubiquitous, element of medical discourse. In educational circles, however, the term ‘normal’ carried with it a very different range of connotations and indicators. As one educationalist commentator noted in 1885: ‘that word “Normal” means, you know, a place where we train teachers’ These epistemological and semantic issues would, to a great extent, be resolved by the early decades of the twentieth century. Nonetheless, they were a key component of the debate in the late nineteenth century that forms the basis for this chapter.

12 Canguilhem, Normal and Pathological.
There was a further set of inter-connected sources of social and political instability that marked the discussion, and which contributed to the complexity of the system.

1. An abundance of concerns. The unprecedented interest in childhood, which emerged in the late nineteenth century, presented itself in a variety of political, academic, and social settings. Within these different environments, political, medical, and popular opinions were polarized by a wide range of questions that married the health, welfare, and education of the child with an eclectic mix of ideological and moral imperatives. Among other things, these questions included: the influence of charity upon the moral health of the poor; the relative worth of moral versus secular training in publically funded elementary schools; and, the proper means for dealing with children considered to be mentally, morally, or physically deficient.

2. Ideological and party political complexities. This was not a debate which could be resolved into a series of simple binary oppositions: reformist versus traditionalist; statist versus libertarian; or Liberal versus Conservative. Opinions on education, for example, often crossed party lines, and many of the key actors involved in debating these questions held a variety of views on different aspects of childhood which can appear discordant, if seen in terms of twentieth-century party-political attitudes towards the State. Equally, the

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14 One example of this can be seen in the Conservative M.P., Sir Henry Selwin-Ibbetson, who in 1870, at a time when many Conservatives were bitterly opposed to the introduction of compulsory elementary education, voted in favour of the Liberal’s Elementary Education Bill, and went on, in 1886, to take up a place as a commissioner on the Egerton Commission.

15 An example of this can be seen in respect of A. J. Mundella. Mundella was the Liberal Vice-President of the Committee of Council on Education from 1880-1885 and a committed educational reformer. The Elementary Education Act (1880), which he authored, did much to promote the
continuing importance accorded, on a cross-party basis, to the principle of ‘less eligibility’ did much to shape the debate around the health of the ‘normal child’, and limited the range of potential ameliorative measures that came under consideration by successive ministries.

3. Regional, local, and individual particularities. A corollary of the emergence of a coherent national infrastructure was an increasing awareness of administrative anomalies and differences. As described in the last chapter, the very act of designing, imposing, and policing universal standards and an accompanying national informational infrastructure also served to highlight the unevenness of the system itself. Consequently, the visibility and comparability that national standards offered also continued to spur debates about the organization and reform of the system.

Amidst these complexities – which deserve to be emphasized, since they are often neglected – what changed? One of the most readily apparent changes was a gradual recognition of the variability that existed within the child population. Put simply, as the impact of universalizing, inclusive educational reforms was realized, it became increasingly apparent that many of the assumptions of commonality or homogeneity that supported the provisions of the Revised Code were inconsistent with the degrees of variability in health, condition, and achievement that was apparent in the child population. The necessity of differentiating between the needs and abilities of individual children thus became a focus of concern.

universality of elementary education, yet he was also widely castigated in the mid-1880s for his apparent disinterest in the education of the blind and the deaf.
Another key change was the emergence of competing claims to authority and experience among professionals and experts. In light of the late nineteenth-century concentration upon the corporeality of the child, and the ready availability of experimental subjects within the public elementary schools, this register was principally derived from the fields of medicine and pedagogy. It was not, however, a marriage of equals. By the last quarter of the nineteenth century, the medical professions had, to a great extent, secured for themselves the professional recognition for which they had long fought.\textsuperscript{16} By contrast, teachers in English elementary schools still struggled for professional recognition. In the eyes of many teachers and commentators, the years following the introduction of the Revised Code had actually witnessed a decline in the status of the elementary school teacher.\textsuperscript{17} For many teachers, then, whilst medicine presented a professional challenge, the appeal to a body of scientific knowledge on childhood, personified in the medical doctor, also offered the potential to place their profession on a more secure footing. Consequently, while the education system provided both the subject matter and the primary institutional setting for the investigation of normality in childhood, the principal intellectual force was increasingly provided by the medical establishment.\textsuperscript{18}

Indeed, the relation of the two was much discussed at the time. In a lecture series at the University of Cambridge in 1888-1889, the doyen of the Childhood Society,\textsuperscript{19} Francis Warner, set forth his understanding of the future relationship between medicine and education. ‘The time has come’, Warner argued, ‘when it is advisable that School Teachers, and others concerned in education, should acquire a

\textsuperscript{16} Noel Parry and Jose Parry, \textit{The Rise of the Medical Profession} (London: Croom Helm, 1976).
\textsuperscript{17} See: Nottingham, ‘Rise of the Insecure Professionals’; and, Bergen, ‘Only a Schoolmaster’.
\textsuperscript{19} Wooldridge, \textit{Measuring the Mind}, pp. 30-34.
more accurate and scientific knowledge of children of different kinds, and of pupils under different conditions.'

The lectures were delivered at the request of the Teachers’ Training Syndicate, and he targeted his presentation accordingly. In Warner’s estimation, the benefits that would accrue to the teaching profession from the engagement ‘with accurate and scientific knowledge’ were clear. ‘Remember’, he declared, ‘that to be successful in training and teaching you must be strong, and that it is knowledge that gives power, the knowledge not only of scholastic matters, but a wide and deep knowledge of children in their bodily and mental character.’ In his opinion, the justification for the intervention of the medical profession into teacher training was clear, ‘the materials upon which the teacher works are the child's brain and body’. Therefore, he continued, ‘it seems likely that a general and continuous observation of the facts seen in pupils may help to remove some of the present defects in educational arrangements’. Of course, Warner suggested, he was cognizant that ‘some have objected to any knowledge of methods of observation of children being placed before teachers’, on the understanding that ‘a little knowledge is a dangerous thing’. Nevertheless, he was confident that ‘the head-master or mistress can control this as well as the tendency to exceed the part assigned to under-teachers in other matters’.

By the end of the nineteenth century, then, the medical professional had come to occupy a dominant role in policing the boundary between normality and abnormality. Yet, as will be seen below, the growing predominance of medical expertise did not go uncontested. Teachers, philanthropic organizations, school

21 Ibid., p. viii.
22 Ibid., p. vi.
23 Ibid., p. viii.
managers, and the Inspectorate of Schools also sought to advance their own agenda through claims to specific brands of recondite knowledge; at the same time the response of politicians, the press, and the public to the recommendations and pronouncements of these groups varied from case to case. The making of the ‘normal child’ was decidedly more than just a matter of medical-expert ‘colonization’ – or what is sometime dubbed ‘medicalization’.

James Crichton-Browne and the ‘Over-pressure epidemic’ of 1884

In 1884 variation within the child population became, for a short while, a focus of national debate. The nexus for this discussion was educational ‘over-pressure’, which commentators argued was affecting increasingly large numbers of children in public elementary schools, primarily as a result of the existing system of educational funding and the use of the Standards. These fears did not spring fully-formed into view in 1884, nor were they perceived to be unique either to English elementary education or to the system of payment by results. Since the 1850s, proponents of the idea, such as Herbert Spencer, had argued that the indiscriminate ‘brain-forcing’ of children, so as to achieve the best possible academic results, posed a serious risk to both the physical and the mental health of those involved. The novelty of the agitation which surrounded the issue in the mid-1880s lay in the idea that over-pressure in publicly funded elementary education was at once systemic; affected the long-term health of the child; was sufficiently widespread to pose a danger to the national interest; and,

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24 An excellent account of some of the precursory factors which influenced this debate, and how the debate was formulated in outside of the elementary education system, can be found in, A. B. Robertson, ‘Children, Teachers and Society: The Over-pressure Controversy, 1880-1886’, British Journal of Educational Studies, 20:3 (Oct., 1972): 315-323.
was initiated, not in the search for individual achievement, but to the pecuniary advantage of schools and teachers. In the form that the debate eventually took, it also brought into play the three key actors who would shape much of the discussion on childhood over the next three decades: the medical professions, the educational establishment, and the government (ministers, politicians and officials).

Since the late 1870s, belief in the presence of systemic over-pressure within the education system had been mounting, but it was in 1884, following the publication of a highly critical report by James Crichton-Browne, that the controversy reached its peak. Crichton-Browne was a prominent psychiatrist, Fellow of the Royal Society, one of the Lord Chancellor’s Visitors in Lunacy, and a significant figure in the medical and scientific community of London. As such, his well-publicized criticisms of the education system were something of an embarrassment both to the Liberal government of the day, and to the Education Department. Nevertheless, the fine detail of education policy was an issue of marginal importance for many in Parliament; and, seen in terms of national politics, the furore that Crichton-Browne’s report generated was something of a storm in a teacup. It stirred up controversy in Westminster when the government initially opted not to release it; but, when, after much debate in the press and in Parliament, the government published the report, along with a memorandum of rebuttal from the Inspectorate of Schools, the controversy in Westminster largely died down.

26 See, for example: Richard A. Armstrong, *The Overstrain in Education* (London: James Clarke & Co., 1883).
28 It was claimed that the report represented the result of a private conversation between Crichton-Browne and Anthony Mundella, the Vice-president of the Committee of Council on Education, and was not, therefore, a government commissioned report. *Hansard HoC*, 3:288 (1884), cc. 1772-1773; *ibid.*, 3:289, cc. 240-241, 449-547.
Yet as an indicator of a wider debate that was taking place in School Boards, the press, expert journals, and in local government, it was of a much greater importance. At its core, Crichton-Browne’s report questioned both the validity and the applicability of the national educational Standards in light of the gross disparities that existed among the children attending public elementary schools. In so doing, it emphasized the requirement for an education policy that recognized the differential requirements and abilities of children based upon their physical and mental condition, and the need for medical input in the assessment of children’s needs. Many of these points had been made before, but there was a distinctive element to Crichton-Browne critique: he challenged the assumption of commonality, not through an idiom that stressed the incommensurability of the individual, but through the language of scientific modernity and statistical reasoning.

The research upon which Crichton-Browne’s report was ostensibly based was drawn from visits to fourteen London schools that were carried out in the company of Joshua Fitch, one of Her Majesty’s Chief Inspectors of Schools. The report ranged widely and covered areas as varied as the incidence of headaches, hydrocephalus, lunacy, diabetes, rheumatic fever, sleeplessness, and stammering within the elementary school population. Yet, in spite of the broad range of topics covered, the fundamental basis of Crichton-Browne’s critique was quite simple: namely, ‘that educational over-pressure does exist to some extent in elementary schools, that it is

30 Subsequent to the eventual publication of Crichton-Browne’s report, on the 15th September 1884, the precise role played by Fitch in facilitating and supervising the study was hotly debated by the two participants in the letters pages of The Times. See: The Times (Thurs., Sep. 18th 1884), p. 10; and, The Times (Sat., Sept. 20th 1884), p. 6.
31 That many of these elements were either superfluous or extraneous to the topic was a point that did not escape Crichton-Browne’s many critics.
even now exerting appreciable evil effects, and that if unchecked, it is likely to entail very serious consequences on future generations.\textsuperscript{32} And the reason for this was clear: ‘examination has reached such a pitch that it is impossible for a considerable proportion of children to prepare for it adequately, in the ordinary school hours, and without a prolongation of enforced brain activity.’\textsuperscript{33} Together, these two claims were employed by Crichton-Browne to bolster the idea that ‘over-pressure’ was a cause for national concern: indeed, it was one whose deleterious effects would be felt for years to come unless remedial measures were undertaken immediately.

In terms of how the idea of the ‘normal child’ was conceived, Crichton-Browne made two further claims which were of vital importance. Firstly, that the incidence of over-pressure in publically funded elementary schools affected a markedly different segment of the school population than in other institutions. And, secondly, that recognition of this group would most safely be left, not in the hands of educationalists, but rather with the medical professions. In terms of the first of these claims, he stated:

In public schools, high schools, and middle-class schools, it is the bright and clever children, those who are likely to take prizes, scholarships and certificates, and do honour to their teachers and their schools, that are pressed; but in elementary schools it is the backward children that are so.\textsuperscript{34}

In its Spencerian guise – that which Crichton-Browne equated with ‘public schools’ and ‘high schools’ – educational over-pressure had undoubtedly been considered to be

\textsuperscript{32} Crichton-Browne, \textit{Elementary Schools (Dr Crichton-Browne’s Report)} [293], (1884), p. 3.

\textsuperscript{33} \textit{Ibid.}, p. 5.

\textsuperscript{34} \textit{Ibid.}, p. 6.
of great import, both to the individual concerned, and to wider society; but it was not, a political problem, in the narrow sense of government action. Both the conditions that gave rise to the issue and the means for its amelioration lay firmly within the grasp of the (relatively wealthier) individual and the family.³⁵

For Crichton-Browne, however, this was manifestly not the case within elementary education. Through the Elementary Education Acts, the English state had circumscribed the authority of the family, and taken for itself the right to determine when, where, and for how long a child should be educated. It was the State which, in his view, had instituted the very policies that induced over-pressure. It was the responsibility of the State, therefore, to take action to remedy, or at least ameliorate, the problems thus caused. The gravity of this situation and the urgent need for action was compounded, in his eyes, by his belief that ‘backward’ children – those most susceptible to over-pressure – represented between 20 and 30 per cent of the elementary school population.³⁶ This was a large percentage of the school population; and, owing to the recent introduction of compulsory education, it also represented, in absolute terms, a significant proportion of the total population. If the effects of over-pressure were both widespread and intra-generational, then, he suggested, the potential risk to the country was tremendous.

Crichton-Browne’s reputation within the field of medicine was well-established, and in many areas of governance medical professionals had, by the 1880s, garnered for themselves a central role: sometimes operative, but often consultative.³⁷ This was not, however, the case in the elementary education system where the role of

the medical professional was as yet largely undefined, and where medical interference was still heavily contested. Indeed, the animosity between education and the medical professions was a point that Crichton-Browne made note of in the introduction to his report:

Medical men, I have been told in the course of this inquiry, are biased against education, and are therefore prone to exaggerate any little mischief it may do in solitary instances, and to attribute to it evils for which it is in no degree responsible. Their studies and habits of thought, it has been said, dispose them to materialistic views, and make them willing to sacrifice mental development to mere bodily vigour.\(^{38}\)

Crichton-Browne’s interjection, and the responses which it generated, need, therefore, to be seen not solely as a singular event, but also in the context of ongoing intra-professional relationships and rivalries, including between medicine and the Inspectorate of Schools, the latter of which represented the principal body of existing expertise, besides teachers, albeit of an official sort.

Having identified the key features of the ‘backward’ child, and adumbrated the risks from over-pressure, Crichton-Browne then went on to develop his taxonomy of deviance. It was possible, he suggested, ‘to divide them [the ‘backward children’] into three sets, namely, dull children, starved children, and delicate children’.\(^{39}\) Each of these groups would require a different approach. The ‘starved child’ could, in Crichton-Browne’s estimation, continue to be accommodated within the elementary

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\(^{38}\) Crichton-Browne, *Elementary Schools*, p. 4.

school environment on the condition that they were subject to ‘liberal and regular feeding’, possibly at public expense.\textsuperscript{40} The ‘delicate’ child, again, might be allowed to remain within school providing a judicious eye was cast over the level of work being asked of them, and they experienced ‘very careful handling’.\textsuperscript{41} The dull child, however, presented an entirely different class of problem. ‘I have seen in my visits to schools’, Crichton-Browne commented, ‘some imbeciles presenting the physical characteristics of mental defect, and yet these creatures the teachers were labouring to educate, a task as hopeless as that of pouring water in a sieve’.\textsuperscript{42} Accordingly, he maintained, in the case of the imbecile, ‘only specialised training can secure for it such a worthless improvement in learning as it is capable of’.\textsuperscript{43} The taxonomic system proposed by Crichton-Browne thus made a clear distinction between those children whose complaints were in some part environmental – and thus susceptible to ameliorative action from within the education system (namely, the delicate and the starved) – and those whose educational problems were intrinsic and, as such, possibly beyond the reach of the existing system (the dull).

To implement the changes that he felt necessary, Crichton-Browne was aware that it would be necessary to discriminate between the conditions of individual children, and, most importantly, to determine which children fell into the ‘dull’ category: that is, those unsuited to regular education. He maintained that teachers and parents, due to their close contact with the child, should play a primary role in the recognition of dullness. Indeed, he went to great lengths to detail the advantages that teachers and parents possessed in categorizing children, especially when compared

\textsuperscript{40} Crichton-Browne, \textit{Elementary Schools}, p. 10.  
\textsuperscript{41} Ibid., p. 11.  
\textsuperscript{42} Ibid., p. 8.  
\textsuperscript{43} Ibid., p. 8.
with the representatives of Her Majesty’s Inspectors of Schools. Yet, he did not view the intuitive, empirical knowledge of the parent and teacher as entirely sufficient. Crichton-Browne also advocated a central role for the expert medical authority, who would act both as a support to the educationalist, and as a check upon their authority. Thus, he suggested:

In a great number of cases of dulness [sic] of intellect, a medical man could at once recognize the physical defects (which are often distinctive enough, although imperceptible except to the medical-eye) which accompany mental weakness, and could support the judgement of the teachers, and in many cases of bodily disease and debility he could interfere to protect the children, even against the teachers.

At first glance, Crichton-Browne’s trust in the ability of the contemporary ‘medical-eye’ to distinguish between the needs and conditions of children appears to be absolute. Indeed, his confidence in the speedy disappearance of ‘over-pressure, and all its attendant evils’ as a result of medical intervention would suggest that he considered the pool of existing medical knowledge to be sufficient to the challenge that he had unilaterally accepted on medicine’s behalf. Yet, he also contended that, ‘more valuable and trustworthy than even a medical report would be a register of height, weight, head, and chest girth of the children, were such a record kept in every school.’ His rationale for this assertion:

At present the only basis of classification of school children recognised is the age difference, no allowance being made for health, or development, or racial differences.

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44 Crichton-Browne, Elementary Schools, pp. 8-9, 51-52.
46 Ibid., p. 52.
But no one can walk through a few schools in different districts of London, and with
different rates of payment, without being impressed by the wide interval in health and
development that separates children in the best from those in the worst.\textsuperscript{47}

Unlike much of the content of his report, Crichton-Browne’s desire for a national
register of children attracted very little comment in the ensuing debate. Yet, in terms
of attitudes towards the development of a patterned and delineated ‘normal child’ it is
an important indicator of change. Although the principal focus of his report was the
so-called ‘backward’ child, it is clear that unlike many of his contemporaries
Crichton-Browne did not consider normality to be a stable, unproblematic category
that needed little in the way of investigation. Rather, he demanded a comprehensive
effort to map the dimensions of English childhood in its entirety. This was a call
which would become a staple component of British scientific discourse on childhood
in the early years of the twentieth century, as we shall see; but it was still something
of a novelty in the 1880s.

Equally, although his views on educational over-pressure were in accordance
with that of many teachers,\textsuperscript{48} Crichton-Browne’s claims over the number of children
affected, and the long-term consequences of the problem, represented a dramatic
departure from the existing view. In his opinion, the existence of over-pressure in
elementary schools was the result of a systemic failure, and not the result of hubris on
the part of pupils or over-exuberance on the part of their teachers. Crichton-Browne’s
suggestions as to those children most affected by over-pressure in elementary schools,
the underlying causes of such problems, and his proposed ameliorative or remedial

\textsuperscript{47} Ibid., p. 52.
\textsuperscript{48} Robertson, ‘Children, Teachers and Society’.
measures were also a new departure. At the level of central government policy and funding the prevailing education system presupposed a large degree of uniformity amongst schoolchildren, irrespective of health or circumstances – the key variable was the quality of the teaching, as assessed through the use of the Standards. What Crichton-Browne proposed was a system in which the educational provision that was offered to an individual child should be inextricably linked to his or her physical and mental health. Implementing this would necessitate both an explicit recognition of variation in the child population, and the close involvement of the medical community.

Within certain segments of the population, especially among those engaged on the front-line of educational provision, Crichton-Browne’s report received a rapturous reception. In a paper given before the 1885 Conference on Education under Healthy Conditions, held in Manchester, James A. Newbold, a member of the city’s school board, suggested that while:

writers on the subject [of over-pressure], prior to Dr. Browne, had been content to put forward broad general statements without adequate support in the shape of facts and figures, or to cite a few cases of break-down, which it was easy for the defenders of the existing system to dispose of by dubbing them “exceptional”. That eminent man was really the first to deal with figures large enough to exclude chance variations, so as to bring the subject fairly within the range of the statistical department of inductive inquiry.”

For Newbold, Crichton-Browne’s report had definitively proven both the existence of systemic over-pressure in public elementary schools, and the necessity of a revised education system which recognized the variability inherent in the child population.

Yet, in spite of his impeccable credentials and the support that he received from the educational establishment, for many other commentators the conclusions reached in Crichton-Browne’s report were somewhat less than completely convincing. The most devastating of contemporary critiques was that advanced by Fitch, the Inspector of Schools who had been asked to facilitate Crichton-Browne’s visits in London. In the extensive rebuttal which he produced on behalf of the Education Department, and which was published alongside Crichton-Browne’s report, Fitch questioned not only the research from which Crichton-Browne drew his results, but also the conclusions proffered, and the author’s suitability for the task to which he appeared to have appointed himself.

The first general critique offered by Fitch addressed both Crichton-Browne’s motivation in undertaking his self-appointed task, and his qualifications for the role. Fitch’s reason for calling these issues into question was a letter, written by Crichton-Browne, which had been published in February of that year. In the letter, written two months before he started his investigation in London, Crichton-Browne had publically expressed both his earnest desire to protest ‘against the grinding tyranny of education with which we are threatened’, and his wish to free the nation from the ‘burden of

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50 Crichton-Browne spent ten years (1865-1875) as Medical Director of the West Riding Lunatic Asylum in Wakefield during which time he advanced himself to a position of national prominence in his field. In 1875 he was appointed Lord Chancellor’s Visitor in Lunacy, and in 1883 he was elected as a Fellow of the Royal Society. ‘Sir James Crichton-Browne’, *Oxford Dictionary of National Biography*.  

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degeneration and disease’ that elementary education had generated. These statements were unlikely to find a receptive audience among the members of Her Majesty’s Inspectorate of Schools. Thus, having asserted that he had no first-hand knowledge of Crichton-Browne prior to their visits, apart from the contents of this published letter, Fitch commented, somewhat tartly, that:

> It was with some surprise that I learned from the author of these emphatic sentences that he had no personal knowledge of the working of our educational system, that he had not, as school manager or otherwise, been concerned with the administration of schools, that he had not even been engaged in the ordinary medical practice which enables a doctor to know something of the children of the poor, their pursuits and their ailments, and that he had never visited an elementary school.  

In making his recommendations, Crichton-Browne had placed considerable weight upon both his personal expertise, and his connections within the wider medical profession. However, as Fitch had shown, it was not only medical professionals who could advance a claim to expertise, and expertise in one area did not necessarily translate into another.

Fitch’s second major critique of Crichton-Browne’s work concerned his methodology. In his rebuttal Fitch pointed out that he had made no personal effort to ensure that the schools visited were a representative sample of those within his district,

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51 The full text of the quote is, as follows: ‘I should have been glad to have joined in the protest which Bradford will, no doubt, effectively make against the grinding tyranny of education with which we are threatened. It seem to me that it is high time for a declaration of rights on behalf of helpless children and on behalf of future generations also, whom if we are not careful, we shall load with a burden more grievous that the National Debt: a burden of degeneration and disease’. ‘Fitch’s Memorandum’ Crichton-Browne, *Elementary Schools*, p. 55

nor had Crichton-Browne asked for such. Instead, they had visited only those schools ‘whose dates of inspection fell due during the month of March’, and which incidentally were clustered in Walworth, a district that was ‘one of the poorest and most crowded in London’. The reason for this was, in Fitch’s mind, clear. At the time that he and Crichton-Browne visited these schools, he, like Mundella, the Liberal Vice-president of the Committee of Council on Education, considered this to be a matter of personal interest to Crichton-Browne, and certainly not an officially sanctioned report. Accordingly, Fitch remarked that, at the time of the inspections, he:

> was content to avail myself of his [Crichton-Browne’s]companionship, to listen with interest to the questions which he addressed to the children, and to observe with little or no remark, but with some amusement, the peculiar methods by which he sought to verify the conclusions he had already arrived at and publicly set forth.\(^5^4\)

Now, however, in light of the public nature of Crichton-Browne’s report, and the widespread concern that it had engendered, he felt obliged to make some comments. In terms of Crichton-Browne’s experimental and statistical methodology, Fitch described it as being ‘neither judicious nor trustworthy’, and ‘an utterly unscientific mode of arriving at evidence’.\(^5^5\) Furthermore, he questioned, more specifically, how:

> on the strength of the experience gained in hasty visits to a small number of schools in Walworth and Camberwell, Dr. Browne feels at liberty to assert broadly and without qualification :-


“It is now certain that more than one-third of the children attending elementary schools in London suffer from habitual headache,”

a generalisation which would appear to be somewhat rash, if drawn even from careful medical examination, of 6,580 children out of the 600,000 in the public elementary schools in London, but which is certainly of little or no value when the fallacy of the method of investigation is taken into account.56

Fitch’s rebuttal proved to be a political masterstroke. When Crichton-Browne’s report was eventually released by the government, accompanied by Fitch’s memorandum, even The Times, which had been particularly vehement in calling for its publication,57 was notably tepid in its editorial response. On the positive side, The Times was pleased to note that, ‘the report of Dr. Crichton-Browne is undoubtedly full of interest, and it is written with much literary ability’. Unfortunately for Crichton-Browne, the editorial then went on to suggest that:

it asserts a foregone conclusion in almost every page, its reasoning is so deplorably loose and inconsequent, it contains so much irrelevant matter, and its style is so rhetorical, not to say florid, as to deprive its conclusions of much of their weight and authority. This judgement is strengthened by the perusal of Mr Fitch’s temperate and able memorandum, in which Dr. Crichton-Browne’s qualifications for his task are

57 On August 13th 1884, an editorial in The Times suggested that: ‘taking into account the high reputation Dr. Crichton-Browne undoubtedly possesses, it is a matter for regret that the opinions he has so fully and so unreservedly expressed in a communication addressed to a public department are still for all purposes of discussion as thoroughly unknown as if the present was a pre-Reformation age and an index of prohibited books was in full force in these islands.’ ‘Over-pressure in Elementary Schools’, The Times, Issue 31211 (Aug. 13, 1884), p. 2.
examined, his methods of inquiry criticized, and his alleged results subjected to a searching but fair examination.\textsuperscript{58}

In light of these factors, \textit{The Times} pithily concluded that, as far as the welfare of the schoolchild was concerned, ‘the Education Department may far more safely be trusted in the matter of over-pressure than Dr Crichton-Browne’.\textsuperscript{59}

\textit{The Times} was not alone in reaching such a conclusion over the relative merits of the cases put forward by Crichton-Browne and Fitch. In his 1885 contribution, \textit{Over-pressure and Elementary Education}, Sydney Buxton, the Liberal MP and one-time member of the London Schools Board, offered much the same analysis. Presenting some figures on school attendance, drawn from the returns of the Registrar-General, Buxton commented, somewhat caustically, that:

\begin{quote}
These figures are compiled, perhaps, on a somewhat more trustworthy system than that pursued by Dr. C. Browne, who produces statistics of “headaches” by asking a few mischievous London urchins to hold up their hands in response to a leading question, and thence makes “the discovery that as many as 46.1” (the decimal point is admirable) “of the children attending elementary schools in London suffer from habitual headaches”!\textsuperscript{60}
\end{quote}

For some commentators, such as Newbold, Crichton-Browne’s contribution had decisively moved the subject of over-pressure from one of qualitative and anecdotal debate, to one of statistical proof. In a statement that bore the hallmarks of Quetelet,

\begin{footnotesize}
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\item \textsuperscript{58} \textit{The Times}, Issue 31240 (Sep. 16, 1884), p. 9.
\item \textsuperscript{59} \textit{Ibid.}, p. 9.
\item \textsuperscript{60} Sydney Buxton, \textit{Over-pressure and Elementary Education} (London: Swan Sonnenschein & Co., 1885), pp. 20-21.
\end{itemize}
\end{footnotesize}
Newbold noted of Crichton-Browne that he was, ‘the first to deal with figures large enough to exclude chance variations, so as to bring the subject fairly within the range of the statistical department of inductive inquiry’. 61 For many others, however, Crichton-Browne’s use of tables and statistics did little more than evince the intellectual paucity and lack of methodological rigour that characterized his argument. What was the value of statistics if they were untrustworthy, unscientific, misleading, and methodologically unsound?

Although it would continue to exert an influence over pedagogical debate, 1884 was the high-water mark for public discussion and concern over the subject of ‘over-pressure’ in English elementary schools. 62 Nevertheless, the ‘over-pressure epidemic of 1884’ and specifically Crichton-Browne’s report, brought to the fore the issue of variation within the health, and mental and physical development of the child population. Called upon to answer the criticisms offered by Crichton-Browne and the like, those who set out to defend the existing system were obliged to publically respond not simply to the specific accusations relating to over-pressure, but also to the more general criticism that the system of payment by results was monolithic, inefficient, and ignored the inherent variability that existed in the school population. In his memorandum, Fitch was at pains to illustrate that both the Education department and the Inspectorate were aware of the issue:

There is nothing in the mode of testing or examining an elementary school which tends to obliterate the ordinary distinction between the best and the worst, and there is as much scope for distinction within the limits of a class as in promotion from one

61 Newbold, Overstrain in Primary Schools, p. 25.
class to another. A uniform examination for all children who have been taught together in the same class does not in any way imply that uniform results are expected, or that the difference of faculty, of which we have experience in every department of human effort, is less understood by those who are engaged in elementary schools than by other people.\textsuperscript{63}

In the eyes of the Education Department, as we saw in the last chapter, the Standards were not considered to represent an optimal level of achievement. Rather, they represented a minimal, and eminently achievable, standard of education – in fact, and quite crucially, the bare minimum that the country was willing to pay for. Accordingly, all schoolchildren, regardless of condition or ability, were considered to be capable of achieving the academic levels necessary to secure a grant for their schools (should they receive the requisite instruction), and hence, were in the broadest sense ‘normal’. The implications of this assumption had been an issue of concern for those involved in the provision of elementary education for some time. However, it was as a result of the agitation surrounding the issue of over-pressure that it became a matter of consistent public debate – if not in Parliament, then certainly at the level of school boards.

Above and beyond its relationship with the debate on over-pressure in elementary schools, Crichton-Browne’s report marked the edge of two of the main threads in the discussions on normality in childhood. On the one hand, Crichton-Browne highlighted the broad range of needs and conditions of the different constituencies of children who had been brought into compulsory schooling through

\textsuperscript{63} ‘Fitch’s Memorandum’, Crichton-Browne, \textit{Elementary Schools}, p. 66.
the action of the Elementary Education Acts. In so doing, he challenged the assumption that normality was, or should be, an assumed category, free of further inquiry; and he challenged it through the fact-based and ostensibly scientific language of medicine and statistics. On the other hand, Crichton-Browne’s interjection into the debate, phrased as it was in terms of his medical qualifications for the task, brought together in public debate the three main groups of actors – medicine, education, and the government – who would shape the discussion over the following decades. Further development of these two threads would take place in two crucial Royal Commissions which would help to define the future of the education system.

**The Egerton Commission and the ‘exceptional’ child**

Over-pressure in elementary schools had, to a great extent, receded from public consciousness by the end of 1884. Nevertheless, elementary education still formed the principal nexus between the child and the English state, and many of the questions and assumptions that had provided the motor for the over-pressure debate continued to resonate and develop in the following years. Should education be the province of every child, or was it only applicable for certain children? If it was for all, should the education that a child received be tailored to her specific needs and condition? If so, who was to determine the needs of the child, and what were the respective roles of government, the Inspectorate of Schools, and the medical and teaching professions in the assessment of children? Whatever the answers offered, at the root of each of these questions was an increasing requirement to differentiate and categorize the varying needs and capabilities of the child population, and, off the back of these requirements,
the necessity for developing norms and standards for behaviour, growth, and intellectual development.

In terms of the first of these questions – should education be the province of all children? – it is apparent that by the mid-1880s political opinion had begun to shift towards a definite ‘yes’: albeit, still with qualifications. The Elementary Education Acts had, in theory, extended educational provision to the whole of the children of the country. Yet, as the agitation surrounding the issue of over-pressure showed, some commentators maintained considerable doubts over the existing system’s claim to universal applicability – especially in the case of children with ‘exceptional’ needs. By the mid-1880s the elementary school population undoubtedly included elements of this broadly defined group of children, including the physically disabled, the blind, the deaf, and the mentally deficient. However, the level of participation achieved by these constituencies was exceptionally patchy, and the Education Department’s commitment to compelling their attendance was a matter of some debate.

Even more so than was the case with the general provision of elementary education, the local situation exerted a profound influence upon the standard and type of education available for the exceptional child. Limited provision for the specialist education of the blind and the deaf, supported by voluntary contributions, had pre-existed the introduction of compulsory elementary education in England. Thus, in some geographical areas, and in certain cases, there was the possibility of education outside the public elementary school system: for instance, the Royal Normal College of Music for the Blind; Edinburgh Blind Asylum; Southwark School for the Indigent.

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64 Copeland, ‘Normalisation’.
Bind; and the network of Braidwood Academies for the Deaf and Dumb.\textsuperscript{65}

Furthermore, in the years following the introduction of the Elementary Education Act, 1870, some school boards in the larger metropolitan areas had augmented this provision through the introduction of special classes for children thus affected, bearing the extra cost of such education themselves. The London School Board, for example, had introduced classes for the deaf and dumb in 1874,\textsuperscript{66} and the blind in 1875,\textsuperscript{67} both administered by a special sub-committee. Other school boards with special classes included Bradford, Cardiff, Sunderland, and Glasgow for the blind;\textsuperscript{68} and Sheffield, Leeds, Greenock, Nottingham, Bradford, Bristol, Dundee, Leicester, and Glasgow, for the deaf.\textsuperscript{69} In the case of those children with the most profound mental handicap, provision for a place in an asylum could be sought by parents under the terms of the Lunacy Acts, and later under the Idiots Act, 1886. Nevertheless, it is perhaps telling of the level of participation achieved by these groups that only the ‘dull’ child featured to any great extent in the 1884 discussion surrounding the issue of ‘over-pressure’ in elementary schools.

As regards the legislative environment, there had been some limited parliamentary interest in increasing the inclusivity of the educational system before the mid-1880s. Between 1870 and 1881 nine Private Member’s Bills relating to educational provision for the blind, and the deaf and dumb were introduced before the House of Commons, principally by the Conservative M.P. for Leeds, William

\textsuperscript{66} \textit{Ibid.}, p. 53.
\textsuperscript{67} \textit{Ibid.}, p. 18.
\textsuperscript{68} \textit{Ibid.}, p. 18.
\textsuperscript{69} \textit{Ibid.}, pp. 53-54.
Wheelhouse. Initially, the Bills made little progress and, with the exception of a few committed stalwarts, interest in the subject was notably lacking on either side of the House. Only in 1880 did any of them progress far enough so as to be passed to the House of Lords, and, in this instance, the Bill fell when Parliament was prorogued, in March, before the general election. The 1880 general election resulted in a landslide win for the Liberals in which Wheelhouse lost his parliamentary seat, and although a bill was re-introduced in the following session, much of the momentum that Wheelhouse had built up over the period of ten years was lost.

The loss of Wheelhouse, as an outspoken campaigner for the education of the blind and the deaf, meant that between 1881 and 1885 the issue entered a period of abeyance in Parliament. It was only in March 1885, following the by-election for the Western Division of Gloucestershire, that the subject found a new champion in the House of Commons, the newly returned Conservative M.P., Benjamin St. John Ackers. Ackers’ principal interest was in the education of the deaf and he had spoken and published on the subject both in Britain and internationally. In a paper

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72 Ibid., p. 392.

delivered before the International Congress on the Education of the Deaf, in Milan,

Ackers was explicit about the root cause of his commitment to the topic:

The interest awakened in my wife and myself was through an only child having lost hearing when very young. Before that we had, in common, alas, with the great bulk of mankind, never devoted any special attention to the condition or education of the deaf.74

Ackers, through his personal circumstances, had an intimate knowledge of the needs and requirements of the deaf, and it is apparent from his writings on the subject that he held a deep personal commitment to their education. For many supporters of elementary education in the late nineteenth century – both for the normal and the exceptional child – the rationale underlying their advocacy was firmly grounded in the realms of political economy: simply, the provision of a degree of education which allowed a child to support itself in its adult life was to the long-term pecuniary advantage of the State. Ackers’ motivation was different. In a paper given to the Royal Historical Society in 1880, entitled ‘Historical Notes on the Education of the Deaf’, he set forth his argument:

The term “deaf and dumb”, as commonly used in this country to include the whole of this unhappy class, is a misnomer, the only persons to whom it could properly apply being those wholly uneducated, or who cannot hear or speak, though educated or partially so. It will be thus seen that for the vast majority of these unhappy ones – for all, indeed, if properly educated – the term should be “deaf”, not “deaf and dumb”; for there is no such thing as a child born dumb because deaf. All without exception

74 Ackers, Advantages to the Deaf of the “German” System, p. 3.
are born with voice, i.e., can produce vocal sound. It is only because of the want of a proper means of communication between deaf children and hearing persons that the former become dumb. Their brain-power, too, is the same as that of ordinary persons, in fact, deafness alone makes them to differ.\textsuperscript{75}

Education for the deaf was, in Ackers opinion, not simply about political economy; it was also the principal vehicle that allowed the deaf to communicate with the hearing. Education for the deaf was a necessity for their inclusion within wider society. Thus, shortly after joining Parliament, on the 18\textsuperscript{th} May 1885, Ackers petitioned Mundella to ‘grant an inquiry into the education and condition of the deaf in the United Kingdom and Dependencies by means of a Royal Commission’. Mundella’s response to Ackers offered no firm commitment. He did, however, state that the ‘question of an inquiry into the education of the blind, deaf, and dumb [was] under the consideration of the Government’, and that, ‘a decision will shortly be arrived at’.\textsuperscript{76}

The decision reached by the Gladstone ministry was to appoint a Royal Commission on the Education of the Blind.\textsuperscript{77} Mundella, however, never had the opportunity to inform the House of the government’s decision on this matter. In spite of a sizable parliamentary majority, on the evening of the 8\textsuperscript{th} June 1885 the Liberal government’s Customs and Inland Revenue Bill was defeated by twelve votes.\textsuperscript{78} Gladstone resigned the following day,\textsuperscript{79} and it was announced on the 23\textsuperscript{rd} June that the Marquess of Salisbury, after much deliberation, had agreed to form a minority Conservative government, pending the results of a general election to be held in

\textsuperscript{75} Ackers, ‘Historical Notes on the Education of the Deaf’, p. 163.
\textsuperscript{76} Hansard HoC, 3:298, c. 701.
\textsuperscript{77} Hansard HoC, 3:300, cc. 1580-1581.
\textsuperscript{78} Hansard HoC, 3:298, cc. 1417-1515
\textsuperscript{79} Ibid., cc. 1517-1518.
November 1885. The appointment of a Conservative ministry, which was committed to the voluntary school system and wary of the spread of school boards, was to have a profound effect upon the shape of the following discussion.

Salisbury’s Conservative ministry lasted little more than six months. Yet, in that time they put in place a framework that would help to shape ideas regarding variation in childhood until the end of the nineteenth century. The key mechanism through which this was achieved was the appointment of a pair of Royal Commissions that ran concurrently in the late 1880s: the Royal Commission on the Elementary Education Acts, 1886-1888 (The Cross Commission), and the Royal Commission on the Blind, the Deaf and Dumb, &c., 1885-1889 (The Egerton Commission). The principal questions that were addressed by both Commissions revolved around the topic of education: the Cross Commission enquiring into the general operation of the Education Acts, and those schools which served the normal, or average, child; and the Egerton Commission, into the education of the exceptional or abnormal classes. The implication of two Royal Commissions running concurrently and addressing the topic of education was clear: educational provision for the normal (if still at this stage largely ill-defined) child and his or her abnormal, subnormal, or exceptional sibling would not necessarily be considered within the same frame of reference.

80 The changes in constituency boundary’s that were to be occasioned as a result of the imminent passage through Parliament of the Redistribution of Seats Bill [The Redistribution of Seats Act (1885)] meant that it was not possible to conduct a general election before November.
82 Although the Conservative Party made some gains in the General Election of Nov.-Dec. 1885, the Liberals were still the largest party in Parliament, albeit with a reduced number of seats. The Salisbury ministry was thus reliant upon the support of the Irish Parliamentary Party in order to govern. On the 26th January 1886, during a debate on Allotments and Smallholdings, this support was not forthcoming. On the following day Salisbury’s government resigned, subsequently leading to the formation of a Liberal ministry (Gladstone’s Fourth ministry).
Parliamentary and public agitation in respect of what would become the Egerton Commission had pre-existed the formation of the Salisbury ministry, and had attracted cross-party support. The Cross Commission, on the other hand, was a decidedly more partisan affair. In essence, it was a product of the Conservative Party’s close relationship with the advocates of voluntary schooling; in particular, with the Church of England schools, which many Conservatives believed had been financially disadvantaged by the introduction of rate-maintained school boards in 1870. And, as such, it was financial and religious concerns that dominated the Cross Commissions deliberations: not the classification of children. Yet it was through its association with the Cross Commission that the Egerton Commission would gain its distinctive shape.

One of the occasions on which this shape was first advanced was during the parliamentary debate that followed the presentation of the Education Estimates on the 14th July 1885. In the debate Ackers recounted a conversation, from March of that year, between himself and Mundella, the then Vice-President of the Committee of Council on Education. Petitioning on behalf of an extension in the provision of education for the blind and deaf, Ackers claimed that during their discussion Mundella had stated:

that there was no desire on the part of the [Education] Department to deny that they [the blind and the deaf] were included within the Act of 1870, but the Department
were not going to enforce that compulsory power of education with regard to the deaf and blind which applied to other children.\(^{83}\)

Although Mundella questioned the time-frame proposed by Ackers, he did not dispute the substance of the claim: that, as a matter of policy, the Education Department under his leadership had not enforced compulsory education upon the deaf and the blind. Thus, Ackers noted:

> He rejoiced that universal education was now the law of the land; but that law was not really carried out, and he maintained that it should apply to all children, and not be confined merely to those who could see and hear. The blind and deaf should have the same advantages in respect of education as their more fortunate fellow-creatures […] they ought to be made as capable citizens as education could make them; and that was a proposition which he believed could in no way be controverted.\(^{84}\)

Ackers’ palpable anger at the inequity of the existing situation was echoed by a fellow Conservative, Frederick Milner. Drawing, once again, upon the prevailing spirit of trans-national comparison and competition, Milner suggested that:

> The British taxpayer alone, among all civilized Christian men, enjoys immunity from taxation for the instruction of those who under the name of the abnormal classes – those without hearing, without sight, without mental power – are the special care of even such a poor nation as Norway, that country having, as recently as 1881,
consolidated and developed all its previous beneficent legislation for the compulsory education of the classes named.\textsuperscript{85}

There were significant differences both in the scope of the proposals advanced by Milner and Ackers, and the motivations that underpinned them. Nonetheless, there were also considerable areas of agreement. Both speakers recognized that the existing system of elementary education was universal in name only; both were appreciative of the need for increased investment in order to facilitate the education of the exceptional child; and both were committed to increasing the inclusivity of the education system.

In response to this interest, Mundella’s replacement as Vice-President of the Committee of Council on Education, the Conservative, Edward Stanhope,\textsuperscript{86} announced that: ‘As regards the blind, it is the intention of the Government to cause a Commission to be issued immediately to inquire into their condition, and the means by which they may be educated and made self-supporting.’\textsuperscript{87} In respect of the deaf and dumb Stanhope opined that, ‘I do not think the same Commission could investigate their case; but I am of opinion that the time has come when some inquiry should also be made with regard to them.’ He therefore proposed ‘to instruct the Inspectors, in certain districts, to report to me how far the Education Acts have failed to meet the case of the deaf and dumb’.\textsuperscript{88} Stanhope’s announcement promised much for the advocates of education for the blind. For those, like Ackers, who were principally concerned with provision for the deaf it appeared to offer far less.

\textsuperscript{85}\textit{Hansard HoC}, 3:299, c. 684.
\textsuperscript{86}Stanhope’s announcement was only partly in response to the prevailing debate. The broad parameters of that which he proposed had been laid down under Mundella.
\textsuperscript{87}\textit{Hansard HoC}, 3:299, c. 687.
\textsuperscript{88}\textit{Ibid.}, cc. 687-688.
The Royal Commission that was promised by Stanhope would, in time, evolve into the Egerton Commission, and encompass a broad range of different constituencies of educational exceptions. However, the process of defining its exact terms of reference was a protracted matter. In its first iteration, it was appointed on the 28th July 1885, under the chairmanship of Hugh Lupus, Duke of Westminster, as the Royal Commission on the Education of the Blind. In line with Stanhope’s initial commitment, it was empowered to:

investigate and report upon the condition of the Blind in our United Kingdom, the various systems of education of the blind, elementary, technical, and professional, at home and abroad, and the existing institutions for that purpose, the employment open to and suitable for the blind, and the means by which education may be extended so as to increase the number of blind people qualified for such employment.89

The short-lived Lupus Commission sat to receive evidence for the first and only time on the 17th December 1885. Following the appointment of the Cross Commission, on the 20th January 1886 the original Commission was revoked, and a new Commission was issued with both a greatly expanded remit and some significant changes in personnel. In terms of the commissioners themselves, the most significant change was the replacement of Hugh Lupus, as chair of the Commission, with Wilbraham Egerton, Baron Egerton. Other notable changes included the appointment of the Liberal politician, chemist, and renowned voice of science, Sir Lyon Playfair and Benjamin St. John Ackers – whose interest in the education of the deaf has already been noted. In respect of the Royal Commission itself, in addition to the requirements

89 RRCBDD, p. iii.
quoted above, the revised terms of reference required the Commission ‘to investigate and report similarly upon the condition and education of the Deaf and Dumb as well as such other cases as from special circumstances would seem to require exceptional methods of education’. The formal title of this new body was the Royal Commission on the Blind, the Deaf and Dumb, &c of the United Kingdom, and it was under this title that it would make its report.

Like the Egerton Commission, the Cross Commission underwent several changes in personnel over the three year period that it sat. It is there, however, that the similarities end. From the time of its first appointment, on the 15th January 1886, its remit remained broad, yet simple: ‘to inquire into the working of the Elementary Education Acts, England and Wales.’ Yet this broad remit was also something of a cloak. As noted, above, the Egerton Commission attracted support from across the political spectrum, the Cross Commission did not. It was formed by the incoming Conservative government as a ‘reward to their supporters’ within the churches, who were worried over the threat posed to religious based education by the expansion of school boards, and this was reflected both in the composition of the Commission and, as we shall see in more detail below, in the format which its investigations took.

The Cross Commission would thus enquire into the general operation of the Education Acts, and those schools which served the normal, or average, child; and the Egerton Commission, into the education of the exceptional or abnormal classes. One of the most readily apparent results of the broad categorization of children into the

90 RRCBDD, p. v.
92 Armytage, English Education, pp. 154-156
normal and the abnormal related to the question of their visibility. As has been suggested above, normality, or ordinariness, often functioned as an assumed, unremarked category in the late nineteenth century; which is to say, in need of little in the way of problematization as such. In respect of the Cross Commission, upon which fell the responsibility for investigating educational provision for the normal child, this pattern of thinking was compounded by the motivations that had prompted its formation. The Commissioners were principally concerned with the operational funding of the education system, and the relationship between voluntary schools, school boards, and the British state. Accordingly, the needs and conditions of the children who attended these schools was a question of somewhat marginal importance. By contrast, for the Egerton Commission, the identification, the educational needs, and the treatment of the ‘exceptional’ child were at the forefront of their deliberations.

 Crucially, the division of children into normal and exceptional also demonstrated an abrupt demarcation in professional responsibility. Neither medical assessment, nor medical supervision featured in any of the recommendations of the Cross Commission. However, as regards the Egerton Commission’s recommendations for the education of the blind, the deaf and the dumb, as well as idiots, imbeciles, and the feeble-minded, it was proposed that the medical professions would be the gatekeepers to the special services recommended.93 One might suppose that this demarcation in professional responsibility was an *a posteriori* result of the two Commissions’ extensive deliberations. However, when one examines the Commissions themselves it becomes apparent that this decision was prefigured by an *a priori* judgement, in keeping with the tendency to take the normal and ordinary

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schoolchild for granted. Among the twenty-two commissioners appointed to the Cross Commission no representative of the medical community was included. Yet, of the seventeen Egerton commissioners, four were medical doctors, and one had trained as a doctor before becoming a research chemist. Furthermore, of the 141 witnesses called before Egerton twenty were medical professionals, while among the 151 witnesses called to give evidence before the Cross Commission there was no medical representation. The disparity in professional representation suggests that, as far as the Commissions were concerned, the responsibility for defining precisely the boundary between the normal and the abnormal lay, at least in part, with the medical professions.

The Cross and Egerton Commissions were thus two very different bodies, both in their approach and their composition, even if collectively they did much to probe further the issue of variation in the child population. And, one instance of this is the nature of their respective sets of working questions. Although the remit of the Cross Commission was potentially all-encompassing, both the re-working of the Egerton Commission’s terms of reference, and the commissioners’ over-riding concern with the protection of the voluntary school system did much to limit the scope of its enquiries. At the same time, however, in terms of the two commissions’ operating parameters, the boundary between the ‘normal child’ and the ‘exceptional’ was not entirely clear, at least initially. Responsibility for ‘the blind’ and ‘the deaf and dumb’ was an integral part of Egerton’s terms of reference – although the terms themselves were not explicitly defined. In respect of the ‘other cases’ – those whom ‘from...

94 These were: Thomas Rhodes Armitage, M.D.; Edmund Charles Johnson; William Tindall Robertson, M.D.; and, Robert McDonnell, M.D., F.R.S.
95 Sir Lyon Playfair.
96 RRCBDD, Minutes of Evidence (hereafter, RRCBDD-MoE), [C. 5781-2] (1889), pp. iii-vi.
97 FRIEEA, Digest of Evidence, [C. 5329-1] (1888), pp. iii-v.
special circumstances would seem to require exceptional methods of education’ – it was unclear as to which groups of children would be subsumed within this category. The duty of precisely determining the border between the Commissions thus fell to the Commissioners themselves, and the ‘expert’ witnesses called to give evidence before them.

Although the boundary between the hearing and the deaf, and the sighted and the blind, attracted the Egerton Commission’s interest, the undefined borderland was most apparent in terms of the Egerton Commission’s ‘other cases’: those who were classed as ‘Idiots and Imbeciles’ by Egerton, and as the ‘dull and deficient’ by Cross. Point 4 of the initial ‘Syllabus of Points of Enquiry’ for the Cross Commission, stated a provisional commitment to examine ‘the efficiency of our present educational machinery both central and local, as regards both “average children” and “exceptional children”’. 98 In the case of ‘average children’ this main point was broken-down into two primary areas of discussion, ‘religious and moral training’ and ‘secular instruction’, which were themselves divided into twenty-two and forty-two subsidiary questions respectively. In terms of the ‘exceptional’ child, however, the questions that the Cross Commissioners hoped to address were far more limited in scope, and spanned, in their entirety, the following:

(a) The effect of the system on the dull and in any way deficient:
    I. Is there any tendency to neglect the dull for the clever?
    II. Is any special provision for such children possible? or desirable?

(b) The effect on the clever and gifted:
    I. Is there any tendency to neglect the clever for the dull?

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98 FRCEEA, p. ix-x.
II. Could exhibitions be provided for enabling the clever to proceed to more advanced schools?  

It is clear that although some consideration was given by the Cross Commission to the specific educational needs of the exceptional child, even from the initial stages of its work these questions were of subsidiary importance. The first interim report of the Cross Commission, published in 1886, shows that, in the early stages of the inquiry, questions were asked of witnesses appearing before Cross regarding the instruction of ‘exceptional children’.  

Nevertheless, it is apparent that responsibility for the ‘dull’ and the ‘deficient’ child soon shifted in its entirety to the Egerton Commission, and in their final report the Egerton Commissioners commented, ‘the Royal Commission on the Elementary Acts [had] suggested that the case of the feeble-minded children would come more appropriately within our terms of reference’. The result of this decision was the conjunction of those suffering from physical and mental disabilities within a single categorical grouping: a group which was excluded from the deliberations of the mainstream educational establishment.

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*Defining the exceptional (i): the blind, and the deaf and dumb*

The parallel existence of the Cross and Egerton Commissions, and the interaction between the two, helped to shape the boundary between the normal and the exceptional child, but it was in the evidence presented before the Egerton

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99 *FRCEEA*, p. x.
100 See, for example; *First Report of the Royal Commission appointed to enquire into the working of the Elementary Education Acts, England and Wales* [C-4863] (1886), pp. 9, 48, 108-109, 131, 145, 183, 215-216, 229, 247-251.
101 *RRCBDD*, p. civ.
Commission that this boundary was given form and substance. Most of all, it was here that the exceptional itself was broken down into a variety of gradations. Blindness, deafness, and mental incapacity formed the basis for these boundaries, but the Egerton Commissioners did not simply adopt received definitions for these conditions. Nor, indeed, did they believe that the boundaries between those who suffered from these were conditions and those who did not were sufficiently clear cut as to facilitate such an approach. Instead, it is apparent that in each case multiple sources of testimony were sought so as to define the boundaries of the different conditions in terms of their impact upon the educational needs of the child. In line with the Commission’s pedagogical goals, the majority of witnesses who were called to give evidence brought with them experience in the field of education. There were also, however, a significant body of witnesses, predominantly from the medical professions, whose principal role was to define the parameters of the respective conditions.

An excellent example of how these two bodies of expertise were combined can be seen in respect of the deaf and the dumb. Here the Commission received evidence on several, quite distinct, classificatory schemes. The first of these was proposed by Sir William Bartlett Dalby, Aural Surgeon at St. George’s Hospital, London. Dalby suggested that:

I should say that there are two principal classes [of deafness]. In the first class the deafness is due to arrested development before birth, which is quite unpreventable;

103 In respect of the blind this came from, John Hulke of the Royal London Ophthalmic Hospital, and Dr. M. Roth of the Society for the Prevention of Blindness. In relation to the deaf and dumb, medical advice was sought from Sir W. B. Dalby, Aural Surgeon at St George’s Hospital, and Professor A. Graham Bell, and Dr. E. M. Gallaudet, President of the Deaf Mute College, Washington U.S.A.
and in the second class of cases, those in which disease takes place, causing complete
deafness before speech is acquired, the deafness is due chiefly to scarlet fever and
other exanthematous fevers, and it arises in the middle ear from catarrh. I divide that
second division into two classes; those in which loss of hearing is absolute, and those
in which it is partial; by partial I mean sufficiently to prevent the acquirement of
language.  

A second scheme was offered by E. M. Gallaudet, the president of the National Deaf
Mute College in Washington D.C., who, when asked as to how he classified deaf
mutes within his own institution, offered the following breakdown:

The class should always be spoken of as the deaf: the term “deaf mute” should only
be applied to such as are totally deaf and completely dumb. Besides this sub-class we
should then have the speaking deaf, the semi-speaking deaf, the speaking semi-deaf,
the mute semi-deaf, the hearing mute, and the hearing semi-mute; those last two
classes being usually persons of feeble mental powers.

While Mr W. Van Praagh, Director of the Training College for Teachers, and of the
School for the Oral Instruction of the Deaf and Dumb, proffered yet another
taxonomy:

I divide the deaf and the dumb into two classes; firstly, those who are congenitally
deaf, and those who become deaf after birth. Then we divide them again according to
their degree of deficiency, and I may say that I even include those who are hard of
hearing. Firstly, those who perceive the human voice when it is used close to the ear,


\[\text{\textsuperscript{104} RRCBDD-MoE, p. 210.}\]
\[\text{\textsuperscript{105} Ibid., p. 479.}\]
without being able, however, to distinguish the separate sounds; then those who can
distinguish the vowels when they are loudly pronounced in the ear; then those who
understand, but with difficulty, some words that are known to them when these are
clearly pronounced in the ear; then those who without effort understand all that is
clearly pronounced in their ear; and finally those who can hear a raised voice.\textsuperscript{106}

Each of the classificatory systems showed specific characteristics that related to the
professional expertise of their proponents. In particular, the systems of categorization
offered by Dalby and Van Praagh clearly reflected the differing classificatory
requirements of medicine and education: Dalby’s scheme was grounded in medical
aetiology; Van Praagh’s in the empirical requirements of effective pedagogy.
Nonetheless, they also evinced many commonalities. The most notable of these was
the implicit assumption of an assumed category, the hearing. Although undefined,
this category was evident to the expert gaze, and it was one against which deviance
could be measured. Thus, as we saw with Crichton-Browne’s work on backwardness,
the three classificatory systems, reproduced above, did not purport to offer a complete
taxonomic profile of hearing. They were taxonomies of exceptionalism and,
specifically, of educational exceptionalism.

There was one witness who did not follow the pattern highlighted above: the
Washington based scientist and inventor, Alexander Graham Bell. Bell appeared four
times before the Commission, between the 14\textsuperscript{th} and the 26\textsuperscript{th} of June 1888, presenting a
wealth of information on the classification and teaching of the deaf.\textsuperscript{107} Much of the
evidence offered by Bell was empirical in nature. It reflected upon his personal

\textsuperscript{106} RRCBDD-MoE, p. 234.
\textsuperscript{107} Ibid., pp. 802-867.
experiences as a teacher of the deaf, and, on this topic, his evidence had a great deal in common with that presented by the likes of Gallaudet and Van Praagh. There were, however, several significant areas in which the evidence offered by Bell differed dramatically from that of his compatriots. Each of the three, previously mentioned, classificatory systems was predicated upon a qualitative assessment of deviance, mediated by the expert gaze. Bell’s system was largely quantitative, and relied, in part at least, upon an electrical apparatus of his own invention, the audiometer, which provided ‘numerical estimates of hearing’. Another key difference in Bell’s evidence was his explicit rejection of a *sui generis* category of normal, or ordinary, hearing. Thus he reported that, ‘in order to arrive at an idea of what normal hearing was’, he had used his device to test the hearing, not just of the deaf, but also, ‘of over 700 children in the public schools in Washington’. As a result of these tests, Bell reached the following conclusion:

that there are children in our public schools who hear worse than the best cases of deaf mutes in our institutions, and if we could classify the deafness of the whole population, we would find a complete gradation from perfect hearing down to no hearing at all.

Bell’s evidence was generally well-received, and his testimony was heavily cited in the recommendations presented by the Egerton Commission, but his

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108 In addition to his personal contributions, Bell also brought with him, in documentary form, a series of responses that he had received in relation to a circular letter of inquiry, which he had sent to the principals and superintendents of American and Canadian schools for the deaf. See, *Appendix to the Report of the Royal Commission on the Blind, the Deaf and Dumb, &c* [C.-5781-I] (1889), pp. 292-347.

109 *RRCBDD-MoE*, p. 816.


112 *RRCBDD*, pp. xlvi, xlviii-xlix, lviii, lxix.
methodological approach rendered him something of an outlier in terms of the
witnesses called. The Commission did not recommend the use of either his
quantitative system of classification, or his electrical audiometer. Instead, and in
keeping with the evidence given by the majority of witnesses, they adopted a system
of classification that was firmly premised upon the qualitative judgement of an expert.
In terms of the classification of deafness, the report of the Egerton Commission
suggested that:

It seems to us that there are really three classes of the deaf –

1. Those who are congenitally deaf.

2. Those who have become deaf after birth, these may be subdivided into –
   a. Those who became deaf before acquiring speech;
   b. Those who became deaf after having acquired some speech.

3. Those who possess some hearing power.\textsuperscript{113}

The result of the multiple sources of testimony that the Egerton Commission received
was the production of a taxonomic schema that was both synthetic – in respect of
medical, scientific, and pedagogical testimony – and which provided some degree of
nuance and shading as to the borderland between the deaf and dumb, and the hearing.
Consequently, although the taxonomy of deafness proposed by the Commission was
defined, in some measure, by contemporary medical and scientific understandings, it
was also specifically tailored to the empirical requirements of educating the
‘exceptional’ child. In the case of the deaf and dumb, this synthesis of education and
medicine resulted in a highly stratified series of recommendations, whereby each class
of deafness that the Commission had identified was associated with a distinctive

\textsuperscript{113} \textit{RRCBDD}, p. xlv.
pedagogical strategy that would be delivered by specialist teachers, and would operate outside the bounds of the existing elementary education system. The gateway to these services, and the assessment of their ongoing suitability lay, however, within the ambit of the medical professions.  

A synthesis of medical and pedagogical testimony was also apparent in the case of the blind, but the form which this synthesis took was very different. As was the case with the education of the deaf, the Commission considered a wealth of evidence as to the relative strengths and weaknesses of a variety of different pedagogical methodologies. Yet, the taxonomies of exceptionalism, which had peppered the Egerton Commission’s discussions on the deaf and dumb, were not present. This was not through a lack of precise information. As Chris Otter has shown, by the 1880s the human eye had been the subject of sustained investigation for a considerable period of time. In the eighteenth century, investigations into the workings of the eye had been the province of individual physiological researchers and natural philosophers. In the nineteenth century, however, its study had become increasingly associated with the medical professions, and coincidentally with specialist institutions and techniques. Eye hospitals had begun to surface in England’s major cities in the early 1800s, medical textbooks on the eye flourished, and by the middle decades of the century new techniques, equipment, and tests had been developed which allowed for the accurate, and infinitely repeatable, assessment of the acuity and physiology of the individual eye, and a corresponding development

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114 RRCBDD, p. xc.
of norms of vision. Why, then, did so little of this information surface in the evidence presented before the Egerton Commission?

Well, the elaborate taxonomies of deafness had been driven, in large part, by pedagogical strategies that sought to eradicate or diminish the incidence of muteness among the deaf, or the semi-deaf. Quite simply, this rationale had no correlative factor in the case of the blind. As such, the intricate categorical systems, seen in relation to the deaf, were almost entirely absent from the Commission’s enquiries on the blind. Instead, what we see in relation to the blind is a reductionist position. Thus, the report noted:

The popular conception of the term “blindness” is “total blindness,” but many are not included among the blind in the Census return, since they can see enough to walk about and distinguish light and darkness. As regards education, however, these are practically blind, and must be considered in the same category with those who are totally blind.

One of the witnesses whose testimony contributed to this definition was General F. J. Moberley, chairman of the Sub-committee for the instruction of the blind and the deaf and dumb under the London School Board. Moberley noted that, although his committee differentiated between the ‘blind’ and the ‘partially blind’ in their reports, the London School Board only maintained classes for the blind, and that those ‘put down in the table under the heading ‘partially blind’ are attending blind classes’.

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116 RRCBDD, li-lxxiv.
117 Ibid., p. xiii.
118 RRCBDD-MoE, p. 867.
Thus, in pedagogical terms, any degree of blindness, which could not be corrected through the use of glasses, was considered to be blindness *tout court*. In other respects, however, the pattern of testimony, which we saw in relation to the deaf, was repeated in the Commission’s discussions on the blind. Medical testimony was sought principally in terms of the aetiology and amelioration of the condition; pedagogical testimony in relation to the applicability of the wide variety of educational systems in present use.

*Defining the exceptional (ii): the idiots and imbeciles*

The third category of exception which the Egerton Commission had been asked to consider were the Idiots and Imbeciles, and the Feeble-minded, and the treatment afforded to them was, in certain respects, quite dissimilar to that given to the blind, and the deaf and dumb. In the first instance, the time and energy devoted to this group differed markedly from that which had been applied to researching the condition and needs of the blind, and the deaf and dumb. Of the Commission’s 116 sittings only four were devoted to this group – the same in total as had been allocated to Alexander Graham Bell alone. Similarly, of the 141 witnesses who gave evidence before the Commission only five of these were called specifically in relation to these groups – this compares to seventy-four witnesses for the blind, and forty-two for the deaf.  

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*119 It should be noted that, unlike in the case of the deaf, certain deficiencies in eyesight could, in theory, be corrected through the use of glasses, such that a child was able to participate fully in the existing elementary education system.*

*120 RRCBDD-MoE, pp. iii-vi.*
Much of this discrepancy can be accounted for in the Egerton Commission’s terms of reference and the effects that this had upon the make-up of the Commission itself. The commissioners who had been appointed were a reflection of the Commission’s initial terms of reference. And, unlike the blind, and the deaf and dumb, Egerton’s third category – the idiots and imbeciles, and the feeble-minded – had not been included, definitively, in the Commission’s terms of reference: they were, quite simply, the ‘other cases as from special circumstances would seem to require exceptional methods of education’. As such, of the seventeen active commissioners, eight had been inherited from the short-lived Lupus Commission on the Education of the Blind: seven of whom were actively involved in either the education or treatment of the blind. And, of the nine remaining active commissioners, six were specifically involved in the education of the deaf. Not one of the commissioners was connected with the education, training, or care of idiots, imbeciles and the feeble-minded.¹²¹

The second instance of difference relates to the professional expertise which was called upon in respect of the classification of these groups, and the identification of educational strategies to cope with their needs. In respect of the blind, and the deaf and dumb, the Commission received a preponderance of pedagogical testimony, which was supported by medical evidence in certain areas. In the case of the idiots and imbeciles, and the feeble-minded, the testimony came almost entirely from medical professionals, and those involved in the management of asylums.¹²²

¹²¹ *RRCBDD*, p. 2.
¹²² The five witnesses who were called to give evidence on these cases were: Mr. J Diggens, Secretary of the Royal Albert Asylum for Idiots and Imbeciles; Sir Arthur Mitchell, M.D., Commissioner in Lunacy for Scotland; Charles Spencer Perceval, L.L.B., Secretary to Commissioners in Lunacy; Dr George Shuttleworth, Medical Superintendent of the Royal Albert Asylum for Idiots and Imbeciles; and, Dr Francis Warner.
The idiot and the imbecile were both well-established as medical categories by the late 1880s, and those suffering from either condition were, in the view of the Egerton Commission, already ‘practically excluded from the operation of the Education Acts – as much and perhaps even more than the classes we have previously been considering’.¹²³ Yet, although the deaf and dumb, and the blind, were excluded in practice from the operation of the Education Acts, they were not excluded from the remit of pedagogy. In the case of the idiot and the imbecile, however, authority for their education was considered to lie firmly within the realms of medical practice. Indeed, in terms of the education of these classes, the Commission noted that it was ‘the late Dr. Seguin, the distinguished physician, who may be regarded as the pioneer in this noble work’.¹²⁴ As such, it was within the field of medicine that expertise in discriminating between the different needs and conditions of the idiot and the imbecile was considered to lie.

Yet, as Sir Arthur Mitchell, Commissioner in Lunacy for Scotland, commented in his evidence to the Commission: ‘If it had to be determined regarding 1,000 idiots and imbeciles – how many should be called idiots and how many imbeciles – no two medical men, though experts in the matter would agree, and the difference would probably be considerable.’¹²⁵ The precise parameters of the two conditions were a matter of some degree of medical debate, in spite of their established nature. In Mitchell’s opinion, the difficulties in producing an internally consistent medical definition of the two should not, however, preclude their use in the Commission’s deliberations on education. When they were viewed collectively, he

¹²³ RRCBDD, p. xcii.
¹²⁴ Ibid., p. xcvi.
¹²⁵ RRCBDD-MoE, p. 670.
suggested, there were ‘certain characters’ of the condition, ‘which are sufficiently distinctive to make a group or class of those in whom they appear’. The idiots and imbeciles were thus a distinctive categorical grouping, responsibility for whose education, however limited it might be, was the proper realm of the medical professional. Accordingly, and in light of this collective distinctiveness, Mitchell recommended that the Commission:

not to concern itself so much with all forms and degrees of idiocy and imbecility, as with those forms and degrees in which education can be of service in lessening the mental defect … [and] to ascertain whether, in spite of their peculiar condition, the benefits of education cannot be made to reach imbecile children, though less largely and less plainly than in the case of ordinary children.

Much the same evidence was offered by another medical witness, Dr George Shuttleworth, Medical Superintendent of the Royal Albert Asylum for Idiots and Imbeciles. When questioned about the classification of the idiot and the imbecile, Shuttleworth downplayed the differences, commenting that it was ‘a matter of nomenclature very much’, and that, although ‘medical men differ in the application of these terms; the one class shades imperceptibly into the other.’ Asked by the Commission to define ‘the infirmity under which your patients are suffering’, Shuttleworth responded:

The children under care at the Royal Albert Asylum are idiots and imbeciles – I need not, I suppose, define what they are, as distinguished from lunatics – they are children

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126 RRCBDD-MoE, p. 670.
127 Ibid., p. 670.
128 Ibid., p. 705.
of weak mind, either from birth or from an early age, and require special educational arrangements to develop such intelligence as they have.\textsuperscript{129}

With the notable exception of Bell’s testimony, the evidence that had been received on the blind, and the deaf and dumb had assumed these categories to be self-evident to the expert gaze. It is clear from the testimony of Mitchell and Shuttleworth that the same presumption held true in respect of the idiot and the imbecile when they were considered collectively. Although each class of exception might be subject to a variety of internal taxonomies, its members were sufficiently distinctive in character that their relation to the general child population was left largely unexplored. Without the arrangement of special provision, the education of these children within the regular elementary school system was simply not an option that could be considered.

\textit{Defining the exceptional (iii): the feeble-minded}

In the case of the feeble-minded child the same assertion did not hold true. Many of the members of this class were already firmly ensconced within ordinary classrooms around the country; they were, in the Commission’s terms, the ‘backward children in our elementary schools who require a different treatment to that of ordinary children’\textsuperscript{130}. Irrespective of their current status, however, the division in responsibilities between the Cross and Egerton Commissions almost guaranteed that ‘different treatment’ and ‘separate treatment’ were synonymous. In the case of the feeble-minded child, whose inclusion within the bounds of the Egerton Commission’s remit had come at the behest of the Cross Commission, this was especially relevant.

\textsuperscript{129} \textit{RRCBDD-MoE}, p. 705.

\textsuperscript{130} \textit{RRCBDD}, p. civ.
The Egerton Commission recommended that feeble-minded children be segregated from the ordinary mass of scholars, and educated separately in auxiliary schools or auxiliary classes. In this respect, the Commission’s recommendations on the treatment of the feeble-minded differed very little from that which had been suggested about the other classes that had come under its consideration. However, in light of their embeddedness within the existing elementary school population, there was one key issue associated with feeble-minded children that had not been present in the other cases: differentiating them from the mass of ‘ordinary children’.

The testimony that the Commission received in respect of the feeble-minded child, and which informed their recommendations on the subject, came chiefly from just two witnesses: Francis Warner, physician at the London Hospital and at the East London Hospital for Children; and the previously mentioned Shuttleworth. Warner’s work at the Children’s Hospital had led him to research the development and mental physiology of the child, and, in 1887, he used the Hunterian Lectures to disseminate his methods and researches on the study of children, in particular the physical signs that might point to the presence of mental defect. As it required only a visible inspection of the child, which could be conducted within the school environment, Warner’s method of studying and classifying the child promised the possibility of minimising the issue of discriminating between the ordinary and the feeble-minded child. As conceived by Warner, the inspection was in two parts, firstly an examination of ‘the signs of development, as indicated by the proportions and form

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131 *RRCBDD*, p. civ.
132 ‘Warner, Francis (1847-1926), *Plarr’s Lives of the Fellows of the Royal College of Surgeons* – online version.  [http://livesonline.rcseng.ac.uk/bios/E003428b.htm](http://livesonline.rcseng.ac.uk/bios/E003428b.htm) accessed on 20/05/13.
[of the child’], and, secondly, noting ‘any signs of defect’. Warner’s proposal, that the preliminary identification of mental defect could be determined by visual inspection alone, was a departure from contemporary medical practice; but he went further than this. As far as his system of discrimination was concerned, he maintained that just six extra days of instruction at training college would be sufficient to equip a teacher to make their own judgement on the feeble-mindedness of a child.

Warner appeared before the Commission on Tuesday, 7th February 1888, and Shuttleworth appeared the following day. In recognition of his medical specialism, the main body of Shuttleworth’s testimony related to the recognition, treatment, and education of the idiot and imbecile classes. However, he was also asked for any general recommendations that he might have on the education of the feeble-minded, and any specific comments upon the system proposed by Warner the previous day. Shuttleworth’s initial response to questions about Warner’s suggestion was a masterpiece in evasion. Challenged as to whether, his experience led him ‘to coincide with Dr Warner’s views’ that ‘feeble-minded children can be recognized by certain outward and visible signs’, Shuttleworth noted, rather vaguely: ‘I think that Dr Warner has paid considerable attention to the matter of outward and visible signs indicating weakness of intellect’. Pressed on the matter – particularly upon whether an ‘ordinary teacher’ would be able to interpret these signs – Shuttleworth eventually expressed his reservations. ‘I do not wish to discredit Dr Warner’s observations in any way’, he commented, ‘they are very accurate, no doubt, but it would require, I think, a skilled observer to come to a proper conclusion with regard

134 RRCBDD-MoE, p. 699.
135 Ibid., p. 700.
136 Ibid., p. 710.
to those signs. Instead, Shuttleworth proposed a system of classification that drew upon a model of schooling already practiced in Brunswick, Germany. This system was not based on medical diagnosis, but upon comparison against a normative pedagogical performance, whereby, if a child proved to be incapable of being promoted to the next class in the school for two years in a row, then they would automatically be sent to the auxiliary establishment. In keeping with the synthetic nature of the rest of their work, both of these methods of differentiation made it into the Egerton Commission’s final report. However, in their concluding comments on the subject of feeble-mindedness, the Commission noted that, ‘Dr Warner’s views are not at present generally accepted, but they are under examination, and the British Medical Association have appointed a committee to conduct an investigation’. 

As we have already noted, one striking, and somewhat incongruous, feature of the Egerton Commission’s discussions in relation to idiots and imbeciles, and the feebleminded was the absence of specialist pedagogical testimony. In respect of the idiots and imbeciles, this absence can be explained by the pre-existing boundaries of professional responsibility. As the witnesses made clear, the education that was available to the idiot and imbecile classes tended to be centred on the asylums, and thus expertise in the matter was likewise clustered around these institutions. As such, in the case of the idiot and the imbecile, pedagogical and medical expertise was often coincident. Yet it is apparent from the evidence given by Shuttleworth that, although he was deeply involved in formulating pedagogical policy for the patients in the

137 RRCBDD-MoE, p. 710.  
138 Ibid., p. 710.  
139 RRCBDD, pp. civ-cv.  
140 Ibid., p. cv.
Royal Albert Asylum, he was not responsible for its implementation: this lay in the
hands of teachers, not medical men. Questioned as to ‘what proportion of your pupils
do read and write, and are capable of benefiting by the literary part of school
instruction’, Shuttleworth responded that, he had ‘paid some attention to that lately’,
and that, in order to answer the question, he had ‘asked in the first place the
schoolmaster and schoolmistress to give me their estimate of the number of boys and
girls who were capable of learning to read and write.’\note{141} Yet neither the teachers from
Shuttleworth’s asylum, nor from any other were invited to give evidence.

In the case of the feeble-minded child, the Egerton Commission’s exclusion of
pedagogical testimony is even more difficult to understand. In their introductory
comments on the topic, the Commission noted that:

The Royal Commission on the Elementary Education Acts having suggested that the
case of the feeble-minded children would come more appropriately within our terms
of reference, we have received evidence that there are a great many backward
children in our elementary schools who require a different treatment to that of
ordinary children, and this has led to the recommendation of auxiliary schools for
such classes.\note{142}

The three main propositions that underpinned the Commission’s recommendations on
the subject of the feeble-minded child were all contained within this short paragraph,
and each of these propositions would appear to militate in favour of some degree of
pedagogical intervention. The first of these propositions was that backwardness and

\note{141} RRCBDD-MoE, p. 708.
\note{142} RRCBDD, p. civ.
feeble-mindedness were coterminous. Yet, as we saw in the discussion on over-pressure, backwardness was a somewhat nebulous category, the parameters of which were open to constant redefinition. Feeble-mindedness, on the other hand, was a recognized, if somewhat indistinct, medical category, with an established pedagogical discourse: one which was not consulted by the Commission.\textsuperscript{143} The second proposition was that the feeble-minded child required specialist instruction in a new class of dedicated institutions. Neither these institutions, nor the course of study which might be on offer, had any precedent within the contemporary education system. However, the recommendations of the Egerton Commission offered little in the way of guidance as to how these might be structured. The third proposition (and, perhaps, the most telling in its lack of pedagogical input) was that a significant number of feeble-minded children were already in everyday attendance at elementary schools. In spite of this, not one teacher, headmaster, or school manager was called to give evidence upon the topic. With each of the previous classes of children that had fallen under the Commission’s gaze, detailed recommendations had been offered in respect of curricula and pedagogical methodology. In the case of the feeble-minded child the report of the Egerton Commission made no effort to delineate the parameters of the education that would be on offer. It thus appears that in the case of the feeble-minded child deviance from a loosely established educational norm was, in itself, sufficient to justify a recommendation for separate education.

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As was the case with Crichton-Browne’s taxonomy of backwardness, it was the mechanics of compulsory education that determined the yardstick against which the Egerton Commission defined the exceptional child. In many ways this is unsurprising: in late nineteenth-century England the elementary education system was both the primary nexus between the child and the English state and the principal site for information gathering about the child population. As we have already seen, however, there was one significant structural factor that both limited the scope of the Egerton enquiry, and defined its approach towards the children whose education was under its consideration: the concurrent deliberations of the Cross Commission. In certain respects the Egerton Commissioners adopted a synthetic, and highly critical, approach to defining the condition and needs of the exceptional child, which was based upon and reflected the wide range of medical and pedagogical testimony presented to them. This was particularly apparent in respect of the blind, and the deaf and dumb; and indeed, even in the case of idiots and imbeciles and the feebleminded, where the Commission was more prone to rely upon the testimony of a single expert witness, evidence of this critical approach can be found. Nevertheless, the children whose education fell under the Egerton Commission’s consideration were by definition exceptional – they were the ‘exceptions’ to the Cross Commission’s deliberations on the future shape of elementary education in England – and the recommendations as to their education were, in large part, determined by this division. The Egerton Commission did examine the possibility of integrating some of these classes of children into the existing elementary education system; but this was strictly a question of whether the child could be made to fit the system, not the system to fit the child.

\[^{144}\text{An example of this can be seen in the Commission’s qualified acceptance of Warner’s testimony on the physical signs of mental defect, which had been noted above. See, note 133.}\]
Responsibility for reform of the elementary education system, after all, lay with the Cross Commission.

The differences between the two commissions were also reflected in the linguistic register in which their discussions were conducted. In particular, the language of normality was almost completely lacking from the deliberations of the Cross Commission. The word itself was used extensively, but predominantly in reference to teacher training colleges: ‘Normal schools’. This understanding of the term also appears regularly in testimony from the Egerton Commission, especially in respect of the education of the blind, where the Royal Normal College at Norwood played a key role. However, it was also supplemented by other usages. Thus, Dr Carter, F. R.C.S., suggested that ‘if parents would test the vision of their children, they would see that before the child went to school it had normal vision’. While Mr R. Elliot, argued that ‘I think the health of the normal deaf and dumb children is quite as good as the average health of ordinary children’, and that the oral system of instruction was preferable to sign language ‘for a normal child’. Still on the subject of the teaching of the deaf, Mr S. Schontheil opined that ‘if an institution discharges its pupils with that amount and fluency of language which a normal child at six years of age possesses, it has done its task well’, while Mr W. Van Praagh noted that ‘we shall have to draw up a special Standard for deaf children in a normal condition’. Dr F. S. Thompson talked of ‘organs in the normal state’, Mr J Macdonald, of the

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‘normal and pathological histology of the human eye’, Dr Warner, of the ‘perfectly healthy, normal child’; and, Mr A. G. Bell, of ‘normal hearing’, ‘normal environment’, ‘normal families’, and ‘the normal population’. None of this should be taken as suggesting that the language of normality formed a ubiquitous, let alone a dominant, component of the linguistic register used before the Egerton Commission. The ordinary, the natural, and the average were at least as commonly in use. However, the difference between the two commissions, in the relative frequency with which the language of normality appeared, is certainly notable. The idea of the normal child occupied a place in the specialist, and often medically orientated discussions of the Egerton Commission, which it did not have in the Cross Commission’s deliberations.

Between them the Cross and Egerton Commissions made three crucial interventions in the recognition of variation in the child population. The first of these was the division of labour between commissions. Some scholars have argued that a medicalized paradigm of educational disability suffused the elementary education system since its foundation in 1870. Others, such as Sutherland, have suggested that the Egerton Commission accelerated the medicalization of attitudes towards the exceptional child. It would, however, be wrong to regard this as a sui generis example of medical imperialism. The novelty of the contribution made by the Egerton Commission was not the production of medicalized categories of deviance – although in the case of the feeble-minded child this is arguably the case. It was the crystallization of these categories in terms of educational provision, and this process was as apparent in the Cross Commission as it was in the Egerton Commission. The

\[\text{152 RRCBDD-MoE, p. 514.} \]
\[\text{153 Ibid., p. 699.} \]
\[\text{154 Ibid., pp. 810, 815, 821, 852.} \]
\[\text{155 Sally Tomlinson, } \textit{A Sociology of Special Education} \text{ (London: Routledge, 1982), esp. ch. 2.} \]
\[\text{156 See, for example, Sutherland, } \textit{Ability Merit & Measurement}, \text{ pp. 13-19.} \]
acceptable categories of exception were not determined by medical professionals. They were determined in the political sphere – both at the level of governmental and parliamentary debate, and in the interchanges between the two Commissions.

The second intervention took place within the discussions of the Egerton Commission where it is possible to point to the creation of two broad groups; on the one hand, we have the blind, deaf and dumb and idiots and imbeciles, on the other the feeble-minded. In the case of the blind, the deaf and dumb, and the idiots and imbeciles, the unifying factor was that these children were – in the view of both the Cross and Egerton Commissions – the representatives of self-evident classes, who were already practically excluded from the operation of the Education Acts. It was unnecessary to define these groups in relation to the normal, or ordinary, child; their exceptional status, and their educational segregation, was a natural, organic, and incontrovertible component of their condition. The educational needs of each group were presented by a body of specialists, pedagogical and medical, who operated outside the bounds of the ordinary elementary day-schools, and their professional opinion, once sought, was likely to look for definitions and remedies within its own area of expertise. Accordingly, the Egerton Commission’s recommendations reflected and built upon long-standing divisions in medical and pedagogical theory, and educational provision.

The third intervention, which centred on the feeble-minded child, occurred both between and within the Commissions. The inclusion of the feeble-minded within the deliberations of the Egerton Commission was not the product of a well-defined and pre-existing body of medico-pedagogical discourse, practice, and expertise. It
was clear that ‘exceptional’ status had been accorded to this group by the Cross Commission on the basis of their performance against a normative educational standard, embodied in the Education Code: they were the ‘backward children in our elementary schools’. With no established pedagogical discourse to refer to, the Egerton Commission sought answers to the questions posed by the ‘backward child’ within the body of expertise which most closely fit with their existing categories of deviance. This was provided by the medical professions, and in particular by psychology, where a distinct, if somewhat nebulous, discourse on the ‘feeble-minded’ already existed. As such, the feeble-minded child in elementary education was created within the deliberations of the Egerton Commission, but its place was assured by the intercourse between the Cross and Egerton Commissions.

The role of the medical community in the production of the categories of educational exceptionalism adopted by Cross and Egerton was thus a more messy and complex process than might first appear. However, once established, their role in policing and maintaining these boundaries was more clear-cut. Exceptionalism might have been created by the politician and the educationalist, but it was to be classified and managed by the clinician. Although the recommended degree of medical intervention differed from class to class, in each case it was present. In respect of the blind, the Egerton report suggested that: ‘every school or institution for the blind should have their pupils on admission examined by an oculist or medical man, and a record kept of the causes and extent of the blindness’;157 and, that ‘children with defective sight in elementary schools should be periodically examined by a medical

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157 RRCBDD, p. xlii.
officer […] so as to preserve their sight as much as possible’. In the case of the deaf, the Commission recommended that ‘on admission [to a school for the deaf] the cause of deafness should be stated in the school register on the certificate of a medical practitioner’; and that ‘in all schools and institutions [for the deaf] the general health, hearing, and sight of deaf children should be periodically inspected by a medical practitioner’. As regards the idiots and imbeciles, the medical profession’s role as gatekeeper to the special services on offer was even more pronounced. Here, the Commission recommended that:

Power should be given to school authorities to cause the attendance officer to report all cases of imbeciles neither attending any institution nor receiving education, and to obtain a medical certificate as to their fitness for entering an institution for educable imbeciles. On the receipt of such certificate, and on the application of the parent, the school authority should have the power and be required to send the child to an institution and contribute to its education and maintenance as we recommend in the case of blind and deaf and dumb children.

The segregation of the exceptional child – as determined by educationalists, but policed and managed by the medical establishment – was at the heart of the Egerton Commission’s recommendations.

The Egerton Commission had defined the boundaries of the exceptional through the interaction of medicine and pedagogical expertise, but there was, as ever, the problem of cost coupled with the question of administrative variation. Separate

158 *RRCBDD*, p. xliii.
educational provision was a crucial part of the Commissions recommendations, but it was recognized that this would not come cheaply. Thus the Commission’s recommendations, in respect of the blind, the deaf and dumb, and the idiots and imbeciles, called for significant increases in educational expenditure. This development was not a surprising one. As we saw in the contributions from Ackers and Milner, long before the recommendations of the Egerton Commission were published it had been accepted that the education of ‘exceptional’ children would require ‘exceptional’ funding: funding, which it was widely recognized, many families would not be able to afford themselves. In the case of the blind, and the deaf and dumb, recourse already existed for the parents to apply to their local Board of Guardians for assistance towards the cost of education. Somewhat similarly, if a child was certified either as a lunatic or an idiot some provision could be sought for her education. However, as the Commission noted, this provision varied dramatically from area to area, and parents with children who were in need of such assistance were often unwilling to approach the Board of Guardians believing that funds from the Board of Guardians carried with them a profound risk of pauperization.

In this way, although the principle of state sponsored education that was both universal and compulsory had, in the most part, been accepted by the mid-1880s, the question of how far the state should proceed in trying to secure such was still a site of

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161 The Commission’s recommendations in respect of the feeble-minded were vague in terms of expenditure. They amounted to little more than the suggestion that the feeble-minded be segregated from the mass of ordinary children. RRCBDD, p. cvi.
162 Ibid., pp. xxxvii-xlili, xc-xlci, cvi.
163 Ibid., p. xii-xlili.
164 Ibid., p. xv-xvi, liv-lv.
165 Ibid., p. cii.
166 Ibid., p. xlii.
often acrimonious debate. This was particularly apparent in respect of the children of
the very poor, where questions as to what could reasonably be expected of half-
clothed, and underfed children were a staple part of the ongoing critique of the
elementary education system.\footnote{167} Indeed, during the ‘over-pressure controversy’, one
of the recommendations made by Crichton-Browne that had attracted the most
opprobrium from commentators had been his suggestion that ‘starved’ children should
be fed at the public expense.\footnote{168} Accordingly, in their preliminary remarks the Egerton
Commissioners put forward both the economic and the moral case for excepting their
charges from the principles of ‘less eligibility’. Setting out the economic grounds for
their argument they suggested:

The blind, deaf and dumb, and the educable class of imbeciles form a distinct group,
which if left uneducated, become not only a burden to themselves, but a weighty
burden to the State. It is in the interest of the State to educate them, so as to dry up as
far as possible the minor streams which ultimately swell the great torrent of
pauperism.\footnote{169}

Having dealt with the fiscal advantages to be gained from embracing the apparently
costly education of the exceptional child, the Egerton Commissioners then went on to
deal with the moral ramifications. ‘It cannot be said’, they stated, ‘that the group
spoken of are as a rule impoverished by any fault of their own; to deal with them,
therefore, liberally in such matters as education or out-door relief cannot be viewed as
offering any reward to vice, folly, or improvidence.’\footnote{170} Arbitrating between normality
and abnormality thus also carried with it a secondary responsibility, policing the

\footnote{167} See, for example, Menet, \textit{The Standards of the New Code}.
\footnote{169} \textit{RRCBDD}, p. xii.
\footnote{170} \textit{Ibid.}, pp. xii-xiii.
boundary between acceptable educational need and pauperism. By choosing to absent their charges from the precept of ‘less eligibility’ the Egerton Commissioners enabled themselves to examine the needs, circumstances, and requirements of the ‘exceptional’ child in a manner which would have seemed both inappropriate and unnecessary to the Cross Commissioners.

Conclusion

Albeit in a very partial form the Egerton Commission witnessed the introduction of a new body of expertise into national discussions on childhood and education. In the case of the exceptional child, medical professionals had taken a central role in defining and policing the boundaries of educational exceptionalism, especially in the case of mental deficiency. The medical establishment still lacked a systemic presence within institutions of elementary education. However, for many individual medical professionals it was a site of personal and professional interest and research, and in the years following the Egerton Commission investigations individual research was supplemented by organizational interest. At the Annual General Meeting of the British Medical Association [hereafter BMA] in August 1888, it was agreed that:

A committee be appointed to conduct an investigation as to the average development and condition of brain function among the children in primary schools, and that their

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report be sent to the editor of the Journal; and, further, that the committee should have power to add to its number, and to apply to the Council for a money grant.\textsuperscript{172}

The Egerton Commission’s inter-connectedness with the wider debates that were taking place on the nature of childhood was visible in the composition of this committee. Of the seven initial appointees two had given evidence before Egerton: Warner, the chairman of the Committee, and Shuttleworth.\textsuperscript{173} Founded in 1888, the Committee presented its final report in July 1895.\textsuperscript{174} Over the period of seven years that it was in operation, the Committee underwent several changes in personnel – though both Warner and Shuttleworth stayed the full period – and co-operated in a wide range of complementary studies with organizations such as the COS and the International Congress on Hygiene and Demography (1891). It received funding from the COS, the BMA, and the British Association for the Advancement of Science, and, although initially plagued by a lack of co-operation from the educational establishment,\textsuperscript{175} by the end of its investigations had examined more than 100,000 children attending English elementary schools. It was the most widespread scientific investigation of its type yet conducted, and it promised to offer the most comprehensive picture of English childhood ever seen.

In certain ways it lived up to its billing. It was replete with statistical data on the relative occurrence of abnormality in the child population. Furthermore, the treatment of this data was conducted in a manner that was both comprehensive and

\textsuperscript{173} \textit{Ibid.}, p. 373.
statistically sophisticated. However, as was the case with the Cross and Egerton Commissions, and with Crichton-Browne’s report, it was the recognition and measurement of deviance which motivated and informed the BMA’s Committee’s work. The normal child was of only marginal interest to the Committee, and this was reflected in their experimental methodology:

Inspection is easily conducted as the children stand in ranks, the trained observer can easily read off the physiognomy of the individual he looks at point by point, as well as the facial action, eye-movements, and the balances seen in parts of the body. Children presenting deviations from the normal in any point are asked to stand aside; and special cases or dull children not picked out by inspections are presented by the teacher; the selected cases are kept and the other children are dismissed to their classroom.176

As with the Egerton Commission and Crichton-Browne’s report, it was the exceptional child who was the focus of the investigation. The normal child was ‘dismissed to their class-room’ after the initial brief inspection. The abnormal child, ‘the selected cases’, were kept, and were the subject of a more in-depth investigation. It was these children about who notes were made,177 and it was these children who formed the basis of the BMA Committee’s report.

The investigations of the BMA’s Committee on the Mental and Physical Conditions of Children, the work of the Cross and Egerton Commissions, and James Crichton-Browne’s report on over-pressure in elementary schools can, quite easily, be

177 Ibid., p. 72.
presented as textbook examples of normalization in educational and medical practices. In the broadest sense of the term, it is apparent in each case that by the mid 1880s the requirements of the elementary education system had become a, if not the, defining component of the normal English childhood. The Elementary Education Acts had facilitated the emergence of a binary separation in the child population. On the one hand was the normal child, for whom attendance in elementary school was a prerequisite: on the other, the abnormal, or exceptional, child, who required specialist education. In the case of the blind, the deaf, and the idiots and imbeciles, exceptional status had long been a corollary of their condition – although not necessarily defined in educational terms. In other cases – Crichton-Browne’s ‘backward’ children, the Egerton report’s ‘feeble-minded’ child, or the BMA Committee’s ‘selected cases’ – the normalizing aspect of elementary education was considerably clearer, and much more abrupt: although within the system, it was they who were now being positioned on the margins, by virtue of their abnormality.

In the Foucauldian sense of the term, in each of the cases examined the elementary education system provided the norms and standards around which processes of comparison, differentiation, hierarchization, homogenization, and, ultimately, exclusion could take form – but increasingly medicine provided the theoretical framework that justified, anchored and supported these dividing practices. In this sense, these instances represent only the first stage in the process. Even though the broad pattern of segregation that was advanced by the Cross and Egerton Commissions continued to influence the provision of special education up until the
late-1970s, the norm around which these categorizations were structured was largely undefined. In each case, normality was viewed as a stable category and largely assumed and taken for granted. Once the label of ‘normal’, ‘ordinary’, or ‘average’ had been applied its subject was essentially exempt from scrutiny.

As we have seen, however, the relationship between government, and medical and pedagogical expertise, was by no means as neat and complementary as this outline would suggest. Indeed, the discussions were regularly marked by interpersonal and inter-professional rivalries. It was through the mediating influence of the English state that these sometimes competing discourses and interest groups were integrated. But the State was more than simply the medium through which expert discourse was articulated. The categories of exceptionalism proposed by Crichton-Browne in 1884, for example, bore little relationship to those adopted by the state-sponsored Egerton Commission in 1885. Crichton-Browne’s interjection had encompassed a range of concerns, including the effects of poverty and poor feeding upon the children of the urban poor: the education system, as such, functioned both as a window on and a reflection of much wider social problems. In the Egerton Commission’s report these issues were not simply held in abeyance, they were actively excluded. The Commission had self-consciously promoted the categories of exception that it had adopted on the basis of their exclusion both from the elementary education system, and from the precept of ‘less eligibility’. It was thus through political discourse and agency that the acceptable boundaries to exception were

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178 The Warnock Committee’s report of 1978 advocated the removal of this type of categorization on the grounds that it confused a child’s educational needs with its handicap, and that it unduly stigmatized children in later life. See, for example: Len Barton, ‘The Politics of Special Educational Needs’, *Disability, Handicap & Society*, 1:3 (1986), 273-290; and, Copeland, ‘Normalisation’.
determined; and as we shall see in the following chapter this discourse was fluid and at times reactionary.
The Optimization of Physical Health

The circumstances of the time are distinctly calling upon the inhabitants of Great Britain to take stock of their resources in many directions which have hitherto been disregarded; and the physical development of childhood and youth is undoubtedly one of them. The empire of the sea and the empire of commerce can neither be preserved nor increased without thews and sinews; and we believe that the physical development of the children of the masses is of at least as great importance as their power to pass at appropriate ages through the several standards of the elementary schools. Without health and physical strength it is impossible to be a good workman; but there is no difficulty at all in being a good workman with only a slender knowledge of the applications of the rule of three.¹

The Times (Tues. 29th Dec., 1903)

The 1870s and 1880s had witnessed a series of large-scale, and well-publicized, investigations into the needs, conditions, and requirements of the English child. These investigations offered a wealth of information on certain aspects of English childhood, particularly in respect of education. However, like any public enquiries, they were a product of contemporary concerns and as the political, social, and medical priorities that had underpinned these concerns shifted the limitations of such studies became increasingly visible. In rapidly evolving fields – such as the medical sciences at the turn of the twentieth century – these limitations were even more apparent. Indeed, by the late 1890s and early 1900s, when a series of new strands in English

public and political discussions of children and childhood began to emerge, these studies appeared decidedly dated. One of the most important of these new concerns was the optimization of child health, and it required a much fuller body of information about two concerns which had been largely neglected in previous investigations: the exact parameters of normality in childhood, and the mental health of the child.

Although many of the earlier studies had focused in their entirety upon the needs and condition of the exceptional child, this was not always the case. Yet, even in those cases where the evidential base appeared to be more wide-ranging, the methodological apparatus employed had produced very similar results. In a paper on school hygiene delivered before the Royal Statistical Society in 1897, James Kerr, Medical Superintendent to the Bradford School Board, made just this point in respect of the findings of the BMA Committee on the Mental and Physical Conditions of Children discussed in the conclusion to the last chapter. ‘The only regrettable thing about this long series of observations’, Kerr commented, was that details ‘were noted of the defective children, yet those of the normal children were not recorded’. Kerr, of course, was not alone in his concerns over the invisibility of the normal child.

Even more telling of this shift in emphasis is George Shuttleworth’s changing responses to the BMA Committee and its report. In the first edition of his popular medical textbook, Mentally Deficient Children: Their Treatment and Training, published in 1895, Shuttleworth offered the following dry but largely positive account of the Committee’s work:

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in 1892 a report on 50,000 children seen in 106 schools was presented to the Local Government Board, the summary also having been laid before the International Congress on Hygiene, held in London in 1891. The investigation of additional 50,000 children has been carried on since that date, and a provisional report was presented in September, 1894, to the meeting of the Congress at Budapest. A comprehensive report embracing the statistics of the whole 100,000 children is about to be issued, and will doubtless contain much that is of interest to the physiologist, psychologist, and educator.³

By 1900, when the second edition of *Mentally Deficient Children* was published, Shuttleworth’s attitude towards the Committee’s report had undergone a quite dramatic turn-around. No longer did it ‘doubtless contain much that is of interest to the physiologist, psychologist, and educator’. Instead, he noted:

This report is stated to be based upon the examination of 50,000 children in 1888-91, and of another 50,000 seen in 1892-94. It would appear, however, that while 100,027 children passed in groups under the eye of the medical examiner, the number of children individually noted and registered was 18,127, no note being taken of the 81,900 children not presenting obvious physical defect, or not reported by teachers as mentally dull.⁴

What had generated Shuttleworth’s abrupt change of heart? The more charitably-minded might note that the Committee’s report had not been published in its entirety at the time when the first edition of his textbook was published. In the 1895 edition of

his text, it could be argued that Shuttleworth was articulating merely a speculative assessment of the Report’s worth, which he then corrected once he had had a chance to peruse the report in its entirety. This, however, fails to take into account that, although the report was presented by Warner, Shuttleworth himself had been a founder member of the BMA Committee, and had continued his involvement through to the publication of its final report in 1895. Indeed, in an 1895 article in the *British Medical Journal*, which introduced the Committee’s final report, it was noted that the subjects of the report ‘were seen and reported on by Dr. Francis Warner, in conjunction with Dr, Shuttleworth and Dr. Fletcher Beach’.\(^5\) It also fails to take into account that between 1892, when the Committee published its first report, and 1895, there was no significant change in either the Committee’s methodology or reporting practices. Moreover, it leaves unmentioned that Shuttleworth had been present in Budapest, at the International Congress on Hygiene and Demography, in September 1894, when the Committee’s provisional report had first been presented.\(^6\)

The methodology adopted by the Committee was, in large part, the same one that Warner had outlined to the Egerton Commission; and, as we saw in the previous chapter, Shuttleworth had expressed reservations about the general applicability of this method. However, bearing in mind both his personal role in the assessment process and his place on the BMA Committee, this approach can certainly have come as no surprise to Shuttleworth. Furthermore, it was not the methodology *per se* that Shuttleworth chose to critique. It was one aspect of the assessment system that drew his particular condemnation: namely the failure to take adequate notice of the child

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\(^6\) For list of attendees, see: Jelentés az 1894. Szeptember hó 1-től 9-ig Budapesten tartott VIII-ik Nemzetközi Közegészségi és Demografiai Congressusról és Annak Tudományos Munkálatairól (Budapest: Pesti Könyvnyomda-Részvénytársaság, 1895), p. 220.
who exhibited no sign of defect - the normal child. How, then, should one read Shuttleworth’s change of position in respect of the Committee, and his foregrounding of the normal child?

It is eminently possible to portray this change as simply an evolutionary development of earlier concerns. Yet there are components of this debate which evince some discontinuity with earlier modes of thought. As discussed above, the fundamental basis for the deliberations of Crichton-Browne, the Cross and the Egerton Commissions, as well as the BMA Committee, had been the division of the child population into two broad categories: the normal, or average on the one hand, and, the abnormal, or exceptional on the other. The 1889 report of the Egerton Commission had advanced the notion that public funding for expert intervention in the case of the exceptional child – to be conducted from the beginning of a child’s school career – was the duty of the state, and was also in the long-term interest of both the nation and the individual. Although it was still a controversial topic in the decade following Egerton’s publication, this understanding was given legislative sanction in the Education of Blind and Deaf Children (Scotland) Act, 1890, the Elementary Education (Blind and Deaf Children) Act, 1893, and the Elementary Education (Defective and Epileptic Children) Act, 1899. In the case of the normal, ordinary, or average child, however, it was still widely accepted in the 1890s that it was in the state’s best interest to confine itself solely to their education.

Education might be defined in terms that were religious, moral, or secular, and could be articulated around the imagined needs of the individual, of society, or of
industry. However, political conceptions of education for the normal child did not include financial, medical, or pastoral care – the health and future of the economy may have been implicated, of course, but this did not mean further expense in terms of the normal child’s welfare. Seen in this light, further intervention in childhood by the state, in anything but exceptional cases, was considered by many to be inimical to the social order and, as such, a positive danger to the state. In the case of the “normal child”, the state had committed itself to providing universal elementary education, even in the face of destitution. As Kerr made evident, everything else was presumed to be the responsibility of the family;

Food is a natural necessity for existence, to provide it is the duty of the parent who is the cause of that existence; education is an artificial want caused by the State, and therefore, to be provided for by the State, but it is no part of the State duty to relieve parents of their burdens. The existence of these half starved children in that condition is due to their parents’ faults or the faults of others, a result of the social system; and apart from the results to the parents, there is the same result as in cheap dinners, of morally influencing, in the direction of deceit and hypocrisy, the children selected for those free meals.

Crichton-Browne and some of the witnesses before the Egerton Commission had offered a more nuanced view of the issue – shading and, in some cases, dissolving the boundary between the needs and conditions of the normal and the abnormal child.

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8 See, Kerr, ‘School Hygiene’, p. 663.
9 Kerr, ‘School Hygiene’, p. 663.
But, it was the broad division in responsibility advanced by Kerr that underpinned official responses to the child population up to the turn of the twentieth century.¹⁰

In the early 1900s this rationale was comprehensively challenged, and this chapter will stress some of the discursive and political factors that contributed to the articulation of this challenge. Specifically, it will consider how a profusion of anxieties regarding the biological fitness of the British population – articulated most clearly in the language of Eugenics – served to call into question the principles of the (more or less) whiggish-liberalism that had dominated discussions on childhood and education in the late nineteenth century. It will also examine how the language of normality – previously the preserve of specialist and medical discussions – became one of the principal idiomatic registers in which debates about children, childhood, and education were conducted. Of course, and as we shall see, neither the challenge itself, nor the use of normality, were uncontested.

**Eugenics and the child**

The parliamentary debates and the popular commentary that had accompanied the introduction of compulsory elementary schooling had been redolent with the language of intra-personal and trans-national competition and comparison. This had been the case in the 1870s, when the debate had focused upon the general child population, and it was equally so in the 1880s and 1890s, in respect of the exceptional child. Nonetheless, the principal arguments that had been deployed in support of these measures had been derived from either classical political economy, or religious

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teachings. The twin goals were economic progress and the inculcation of moral responsibility, and it was hoped that elementary education would produce citizens who were virtuous, hardworking, and more capable of dealing with a social, industrial, and military environment that was undergoing rapid change. Isolated individuals, such as Ackers, had pursued the cause of education in terms of what it might offer the individual, but for the most part parliamentary and bureaucratic discussions on education were articulated in a register that stressed its economic, military, or political benefits. From the mid-1880s onwards, a series of new strands of thinking began to influence discussions on children, childhood and parenting, and one of the most prominent and original of these was Galtonian Eugenics.\(^\text{11}\)

As we have already seen, popular and political concern over the physical health of the child was far from novel in Victorian England. However, in keeping with the dominant – and still patrician – whiggish-liberalism of the mid-Victorian period Spencerian social-Darwinists had largely been content in their advocacy of policies that allowed for the free action of natural selection upon the social body.\(^\text{12}\) Militarily, economically, socially, politically, and technologically, the pre-eminence of the English nation was readily apparent (as manifest, for instance, in the expansion and consolidation of Britain’s Empire). All that was necessary to maintain this superiority was to continue along the same path, and allow Nature to weed out the unfit. By the end of the nineteenth century this optimism had begun to wane. Indeed, as the century drew to a close, the very definition of the British nation, and its relationship with the Empire and the rest of the world, became one of the most live

\(^\text{11}\) Although Galton did not coin the term ‘Eugenics’ until 1883, many of the underlying themes had been present in his work since the 1860s. See, Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge, MA: Harvard University Press, 1985), pp. 3-19.

issues in British politics: precipitating the fragmentation of the Liberals, over the question of home rule in Ireland, but also, in the longer term, generating a profound slump in the Conservative Party’s fortunes, through their adoption of a tariff reform platform, centred on the apparent needs of the nation and the Empire.

The health and identity of the nation itself, then, had become a topic of ongoing concern across the political spectrum. As Geoffrey Searle has ably demonstrated, one response to these concerns was to be found in the cross-party National Efficiency movement, and its rejection of laissez-faire economic and social orthodoxies, in favour of a more interventionist ‘Germanic’ approach to the management of the state, including the health of its population. Eugenics was another, sometimes inter-linked, movement that managed to draw adherents from across the political spectrum with its promises of a better, more competitive, or fitter nation. At its heart eugenics was a conservative ideology and, through its stress upon the degenerate effects of town life and the existence of a natural aristocracy of talent – conveniently located, in most cases, within the upper echelons of society – it found a ready audience within sections of the British Conservative Party. But, its appeal was also felt far beyond what might be considered its natural consistency. Adherents also included socialists and Liberals, such as Sidney and Beatrice Webb, H. G. Wells, L. T. Hobhouse, and J. A. Hobson, who saw in eugenics a platform and scientific justification for the advocacy of a wide range of social reforms targeted, in particular,

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at the urban poor. Accordingly, around the turn of the century, many commentators, of all political persuasions, were demanding the promulgation of policies which would allow for the active management of the nation’s biological capital, both the fit and the unfit.\textsuperscript{18}

The emergence of the Eugenics movement in late nineteenth-century England was largely the product of one man’s effort. It was Galton who coined the term Eugenics – in his 1883 text \textit{Inquiries into Human Faculty and its Development} – and it was his work that defined the nascent field.\textsuperscript{19} The fundamental basis for Galtonian Eugenics was a belief in the overwhelming influence that questions of biological health had upon the body politic, and the important role that heredity played in determining the ‘fitness’ of the nation’s ‘racial’ stock. Yet, ideas of heredity in late nineteenth-century England were, at best, equivocal, and often conflicting.\textsuperscript{20} The science of Genetics – indeed the very word itself – had not yet been advanced, and Gregor Mendel’s 1865 paper, ‘Experiments on Plant Hybridization’, which would, upon its rediscovery in the twentieth century, form the basis for that science, languished unread by most biologists.\textsuperscript{21} Mendelian genetics would, in the longer term, exert considerable influence upon the field of Eugenics. However, in the movement’s early years in England it was often either dismissed, or so poorly understood and applied as to render it open to intense criticism.\textsuperscript{22} As such, scientists working in biology and associated fields lacked a comprehensive and widely accepted theoretical

\textsuperscript{20} An interesting example of how, often contradictory, understandings of heredity were deployed in early to mid-Victorian Britain can be found in: MacKenzie, ‘Eugenics in Britain’, pp. 501-503.
\textsuperscript{22} Kevles, \textit{In the Name of Eugenics}, pp. 43-44.
understanding of the process of hereditary transmission. Among husbandmen, farmers, and gardeners, however, there was a strong empirical tradition of selective breeding for desired phenotypes. This was a tradition which had been tapped into as an explanatory framework by Charles Darwin in his *On the Origin of Species*, but it was in the Eugenic programme, advanced by his cousin Galton, that it would find its fullest expression in relation to the human form.

Much of the influence for the emergence of Eugenics was undoubtedly reflective of the profound changes in biological understandings of the animal kingdom that had been wrought by the work of Darwin, however complex and varied these understandings may have been. In a lecture given on the 25th June 1908, at the house of his friend and fellow eugenicist, Montague Crackanthorpe, Galton recounted how it was during his studies at Cambridge University, between 1840 and 1844, that he had first formulated the concept. At this time he had noted that:

> It is a first step with farmers and gardeners to endeavour to obtain good breeds of domestic animals and sedulously to cultivate plants, for it pays them well to do so. All serious enquirers into heredity now know that qualities gained by good nourishment and good education never descend by inheritance, but perish with the individual, whilst inborn qualities are transmitted. It is therefore a waste of labour to try so to improve a poor stock by careful feeding or careful gardening as to place it on a level with a good stock. The question was then forced upon me - Could not the race

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24 Kevles, *In the Name of Eugenics*, ch. 1.
of men be similarly improved? Could not the undesirables be got rid of and the desirables multiplied?\textsuperscript{26}

Public discussion of Galton’s eugenic programme started to gather pace from the mid-1880s onwards,\textsuperscript{27} but it is clear from the above that the ideological roots of Galton’s programme lay far earlier. Indeed, in the first edition of \textit{The Eugenics Review} (1909), Crackanthorpe, traced the origins of the field back to ancient Greece, and the works of Plato and Theognis of Megara. Galton, he noted, ‘has been called the Founder of latter-day Eugenics’. However, in Crackanthorpe’s estimation, this was somewhat of a misnomer. ‘In strictness’, he commented:

\begin{quote}
there can be no founder of any science—there can only be workers at it. Of these workers one or two may become more prominent than the rest, and entitled to a larger share of the credit awarded to a new discovery. But this is the highest point that can be reached, for the filiation of ideas is an endless chain. If Darwin had never read \textit{Malthus on Population} (1798) would, it may fairly be asked, the \textit{Origin of Species} (1859) have ever been written? And if Galton had never read the \textit{Origin of Species}, should we have had from his pen \textit{Hereditary Genius} (1869), or \textit{Inquiries into Human Faculty} (1884)\textsuperscript{28}
\end{quote}

As Crackanthorpe suggested, drawing a definitive line between the nascent Malthusian and social-Darwinist concerns of the early to mid-Victorian period and the Eugenic movement of the late nineteenth century can be problematic. Indeed, in the work of some commentators the two movements have been portrayed as essentially

\textsuperscript{27} Searle, \textit{Eugenics and Politics in Britain}, ch. 1.
equivalent.\textsuperscript{29} In part, this is because many of the assumptions and concerns which had underpinned mid-century Social-Darwinist thinking continued to resonate strongly within both the Eugenics movement, and English society at large.\textsuperscript{30} As such, and with the benefit of temporal distance, it is perhaps more constructive to envisage them as points along a continuum – rather than the site of an abrupt disjuncture. Yet, it is also worthwhile to note some of the peculiarities, which rendered Eugenics so distinctive in contemporary discourse.

One area of difference was Eugenics underlying belief in the mutability, if not malleability, of the human form. Another is the overwhelming importance that many English Eugenicists attached to heredity, and so in varying degrees, to ideas of biological determinism. Even here, however, it is notable that, at least in the formative years of the movement, the line between biological and social categorization was often far from distinct.\textsuperscript{31} Furthermore, although the influence of heredity was at the forefront of the eugenic message, its proponents were not entirely blind to the impact of other factors. Galton himself defined the scope of Eugenics as ‘the study of all agencies under human control which can improve or impair the racial quality of future generations’.\textsuperscript{32} And, as the obstetrician and eugenicist Caleb Saleeby noted in his pioneering 1909 text, \textit{Parenthood and Race Culture}, ‘the characters of any living thing are determined by two factors – heredity and environment’.\textsuperscript{33} The difficulty, as Saleeby discussed in his chapter ‘Education and Race Culture’, lay ‘in


determining the relative importance of these two factors’. If we keep our attention fixed upon the environmental or educational’, he noted:

we can easily and correctly demonstrate that in certain circumstances Mozart would have been stone-deaf and Shakespeare a gibbering idiot – hence, but incorrectly, we argue that environment is practically everything. Per contra, we can easily and correctly demonstrate that no education in the world could enable a door-mat or a cabbage or ourselves to write Don Giovanni or Hamlet – hence, but incorrectly, we argue that the material to be operated upon is everything. We have to learn, however, that the analogy is not one of addition but of multiplication. Neither inheritance or environment, as such, gives anything.

Thus, although the issue of hereditary transfer was at the core of the eugenic message, the potential impact of environmental factors upon racial health was also a point of consideration. Housing for the poor was one example of this. In a 1909 article for the Eugenics Review, Arnold White, the journalist and Eugenics Education Society council member, asserted that ‘as far as anything can be proved in this life, crime and ill-health are replaced by moral and physical efficiency under sound-conditions of housing.’ Pointing out ‘the need for grappling with the race problem in the broadest spirit’ he reported that: ‘Glasgow School Board measurements, taken of 74,000 school children, showed that both boys and girls living in a one-roomed family are two inches shorter than children in a two-roomed family, and that the two-roomed

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34 Ibid., p. 144.
children are shorter than three-roomed. In White’s opinion, housing quality exerted a direct influence upon the quality of the race and was, as such, a eugenic issue:

let it here be noted that all permanent improvements in surroundings should be welcomed by the eugenist, not only by reason of the benefits they confer upon the community in general, but also because the more perfect the environment becomes, the more likely will it be that inborn defects would be recognisable as being due to natural infirmity.

As White and Saleeby demonstrated, many eugenicists were not solely concerned with heredity, and the issue of definitional precision was further compounded by Eugenics’s status as a broad church. Adherents were free to pick and choose between those elements that appealed to their personal, political, or religious beliefs, often to the discomfiture or embarrassment of the movement’s leadership. In the longer term, Eugenics proved to have a far greater impact upon social policy in the United States and continental Europe than it did in its erstwhile country of birth. Nevertheless, in late-nineteenth and early twentieth-century England eugenic principles hit a nerve with a certain segment of the educated public.

38 Searle, Eugenics and Politics in Britain, 1900-1914, esp. ch. 2.
39 The impact of eugenics ideas upon specific policies, including sterilization, anti-miscegenation, and genocide, and within specific countries, such as Germany, France, Sweden, and the United States, has been well documented. However, for a broad overview of the topic see: Kevles, In the Name of Eugenics.
40 Eugenic thinking garnered the vast majority of its supporters from amongst the upper strata of English society. Membership of the Eugenics Education Society in London was confined, almost exclusively, to members of the professional middle classes, in particular to medicine, university teaching, and the sciences. See, MacKenzie, ‘Eugenics in Britain’, pp. 503-512. However, this was not necessarily a national pattern, nor was it an implication that eugenics was universally accepted among the professional middle classes. Membership of the provincial Eugenics societies often included businessmen, the rural gentry, and even the aristocracy; see Greta Jones, Social Hygiene in Twentieth Century Britain (London: Croom Helm, 1986), pp. 18-21. Likewise, certain professional
In purely numerical terms, the membership lists of Eugenic societies in England were never particularly extensive. In qualitative terms, however, many of those who were on the membership rolls exerted considerable influence upon contemporary debates. Several of the individuals whose pronouncements had informed and enlivened the deliberations on childhood in the 1880s were committed adherents to a eugenic approach to society. In England, for example, James Crichton-Browne went on to become the first President of the Eugenics Education Society in 1908. Meanwhile, in the US, Alexander Graham Bell was an influential proponent of Eugenics, and published widely on the subject. Others, however, were notably less convinced, initially at least. Shuttleworth, for example, noted, quite succinctly, in the 1895 edition of *Mentally Deficient Children* that:

> It has indeed been urged as an objection to educating mentally deficient children and fitting them for work in the world that they would thereby be encouraged to marry and in consequence there would be a risk of multiplying mental defect in the progeny. Our experience lends no support to this view.

This position was re-iterated in the second edition. However, by 1910, and the publication of the third edition, his position, once again, had shifted. Throughout the three editions, the main body of text, in the excerpt above, remained largely unchanged. In 1895 and 1900, however, he had felt confident to assert that ‘our

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41 Searle, *Eugenic and Politics in Britain*.
experience lends no support to this view’. By 1910 this very definite observation had been somewhat qualified, and instead he commented that, ‘our experience, however, does not entirely support this view’. Moreover, a new section was appended to the end of the paragraph, stating that:

It is quite true that the mentally defective, when left to themselves, do produce, both in and out of wedlock, a considerable number of children, many of whom exhibit the same weakness as their parents. Dr Potts, when working at Stoke-on-Trent for the Royal Commission on the Care and Control of the Feeble-minded, collected clear evidence on this point.

In the case of Shuttleworth, it is clear that, whatever his personal reservations, in the early 1900s eugenic concerns over the influence of heredity had penetrated medical discourse on the child to a sufficient extent that they could not simply be dismissed out-of-hand.

Yet, the precise extent to which Eugenics exerted a formative or causal influence upon late-nineteenth and early twentieth-century attitudes towards the child is difficult to quantify. In the work of Bauman or Foucault, for example, the Eugenics movement was only one facet of broader trends in Western modernity: articulating concerns that were distinctive, undoubtedly, but by no means singular. Likewise, in terms of the political landscape, it is possible to delineate certain debates that bore the

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46 Ibid., p. 191.
undeniable stamp of Eugenics: such as those surrounding the issue of sterilization.\textsuperscript{48} In other areas, however, the issue of causality is a much thornier one. In the early-1900s, for example, the idiom employed by eugenicists was echoed by the advocates of ‘National Efficiency’.\textsuperscript{49} Accordingly, in certain fields, such as intelligence testing and competitive examinations, the influence of eugenicists upon English childhood was indubitable, in many others less so.\textsuperscript{50} Indeed at no point over the period covered by this study did eugenic principles and programmes define, or even dominate, the debates surrounding English childhood. Nevertheless, the Eugenic movement tapped into certain components of the prevailing \textit{Zeitgeist}, and its principle exponents did much to influence and inform both the idiomatic register in which these debates took place, and the methodologies employed – it certainly represented a challenge to existing way of thinking. Therefore – and in a move that would undoubtedly please Karl Pearson, one of the period’s most ardent proponents of Eugenics – the following discussion places the issue of causality in abeyance.\textsuperscript{51} Instead, it examines five specific, if inter-related, threads where there was a significant correlation between Eugenic thought and changing attitudes towards the study of the “normal child”.

\textit{The eugenic challenge}

The first of these threads was the important role that the child played as a litmus test for the nation’s racial health, and as an augur for the national future. In keeping with its origins in post-Darwinian Europe, Eugenics was predicated upon the idea of


\textsuperscript{49} Searle, \textit{The Quest for National Efficiency}, pp. 60-62.


\textsuperscript{51} An interesting account of how Pearson’s philosophical objections to the concept of causality influenced and informed his work on correlation can be found in Hacking, \textit{Taming of Chance}, ch. 21.
change, of rational and scientific management, and, perhaps more importantly, on the
notion of biological progress. It was a creed whose over-riding belief was in the
protection and promotion of the sovereign nation state; or as some crudely put it –
than and now - a ‘secular religion’ in which the State served to fill the gap left by the
expulsion of the divine.\textsuperscript{52} As such, many eugenic texts stressed that the needs and
desires of the individual were subordinate to the requirements of the corporate body.
Yet, although eugenic goals were often expressed in terms of the Nation or the Race,
these entities were also acknowledged to be the accretion of myriad embodied data
points: an understanding which was eloquently expressed by a contributor to the
\textit{Eugenic Review}, the Scottish chemist Dr J. F. Tocher:\textsuperscript{53}

\begin{quote}
In the mass, the product is Society, and our concern as eugenists, our object as
reformers, is to work towards a state of Society where the action of individual units,
as a whole, shall produce stability in the community, and where the individual units
are fitter and happier, on an average, than they are to-day, so fit, indeed, that disease
shall be rare and so happy that unmerited suffering shall be quite unknown.\textsuperscript{54}
\end{quote}

In this sense, national or racial fitness was not simply an abstraction; it was the
aggregate of the level of fitness of each individual who comprised the polity. As such,
national or racial fitness was not a stable entity. Human populations were, as Quetelet
had earlier argued, clustered around a type, but they were also in a state of constant
flux and might be subject either to progress or to decline, in sympathy with their

\textsuperscript{52} Raymond Fancher, ‘Eugenics and other Victorian “Secular Religions”, in Christopher Green,
Marlene Shaw and Thomas Teo (eds), \textit{The Transformation of Psychology: Influences of 19\textsuperscript{th} Century
Philosophy, Technology and Natural Science} (Washington: American Psychological Association,
2001), pp. 3-20.
(pp. 124-125).
constituent elements. Moreover, through the action of birth, death, and illness, these constituent elements were themselves involved in a constant, and potentially unmappable, process of quantitative and qualitative change. Heredity, however, offered a shortcut into the system: each individual was not an entirely unique data point; they were also the product of their respective families, and the progenitors of the succeeding generation. As such, many Eugenicists were profoundly committed to measuring and analyzing the effects of intra-generational change, both on a national and on an individual level. Within this experimental and investigative framework, the child occupied a privileged place both as an easily accessible experimental resource, and as a barometer for changes taking place within the wider population.

The second major thread concerned the introduction of new methodological imperatives into the study of human populations. Eugenics was concerned with the active improvement and management of the nation’s biological stock in toto. Within the framework of eugenic concerns, the normal, the average, and the ordinary were no longer assumed, taken-for-granted categories; nor did they represent an implied telos. Instead of the binary separation between the normal and the exceptional, which we saw in the previous chapter’s discussions, eugenicists posited the existence of continuous hierarchical variations within human populations. Under such a system of hierarchical gradation, the Newtonian (Enlightenment) idealization of the mid-point, which had suffused the work Quetelet and others, was replaced by a concern with optimization, and the reproduction of the positively exceptional. The production of these all-encompassing hierarchies, however, required the investigation of large groups of the population who had previously been largely exempt from scrutiny: those, that is, who had previously been considered normal, ordinary, or average.
As early as 1874, Galton had submitted a ‘Proposal to Apply for Anthropological Statistics from Schools’ to the Anthropological Institute. In his outline of the proposal Galton outlined how his over-arching goal was to obtain a complete picture of the ‘physical qualities of the British people’. However, he recognized that the size of such a study was far beyond the reach of the Institute. Instead, Galton suggested that it would be more sensible for the Institute to ‘deal with a moderate number of homogenous societies, each representing a well-defined class’, who would ‘undertake the collection and classification of their own data’. Fortuitously, Galton noted:

Homogenous groups of boys, girls, and youths already exist in several large schools, under conditions which offer extraordinary facilities for obtaining the required statistics. The masters are trustworthy and intelligent in no common degree; they are in habitual face to face communication with every pupil; and the general organisation of schools is in every way favourable to collecting full and accurate statistics. As different grades of schools represent different orders of the community, their statistics […] ought to give an excellent picture of the younger portion of the British nation.

Galton was by no means unique in his appreciation of the school’s experimental potential. However, his recognition of how the post-1870 education system offered accessibility to all classes of the population is noteworthy. Lacking both the resources to conduct a comprehensive survey of the British population, and the level of access which such a survey would require, Galton’s proposal that the child should stand in

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56 Ibid., p. 308.
57 Ibid., p. 309.
vicarious representation of the social classes from which they were derived, evinced a
decided pragmatism in experimental design. Once again, the school was to serve as a
laboratory for the study of the child. Physical accessibility was not the only
advantage that the child presented to the experimental eugenicist. In a paper entitled
‘On the Inheritance of Mental and Moral Characters in Man’, published in *Biometrika*
in 1904, Galton’s protégé, Karl Pearson, set out his own reasons for choosing the
child as his object of study. ‘It seemed impossible’, he maintained:

> to obtain moderately impartial estimates of the moral and mental characters of *adults*. Who but relatives and close friends know them well enough to form such an estimate, and which of us will put upon paper, for the use of strangers, a true account of the temper, probity and popularity of our nearest? Even if relatives and friends could be trusted to be impartial, the discovery of the preparation of schedules by the subjects of observation might have ruptured the peace of households and broken down life-long friendships. Thousands of schedules could not be filled up in this manner. The inquiry, therefore, resolved itself into an investigation of the moral and mental characters of *children*. Here we could replace the partial parent or relative by the fairly impartial school teacher.\(^{58}\)

In certain instances children were not simply more accessible than adults; they also offered significant methodological advantages to the experimental investigator – including, like Pearson, investigators of the normal as such, and the intricate, distributions of qualities around a shifting norm.

The third major thread concerns the idiomatic register which eugenic ideology introduced into contemporary discussions on childhood. As has been suggested above, the Eugenic movement was a broad church which sheltered many different, and sometimes conflicting, interpretations of its core message. The early history of Eugenics is thus replete with incidents of appropriation, of obfuscation, and of misunderstanding. Indeed, in the first edition of *Biometrika*, published in 1901, Galton himself noted – in a somewhat hubristic analogy between Eugenics and Evolutionary theory – that: ‘It is astonishing to witness how long a time may elapse before new ideas are correctly established in the popular mind, however simple they may be in themselves’. The confusion, which Galton highlighted, was compounded by the fact that Eugenics was also a public discourse whose parameters were never entirely under the control of the movement’s theorists and ideologues. In some cases the rhetoric of Eugenics was marshalled in support of a single issue, and then promptly discarded once the apparent need for it had passed. In other cases an incomplete understanding of the issues led to the formulation of extravagant claims that could not possibly be supported by the available data. However infuriating these incidents were to the movement’s leadership, and however poorly the issues were understood, one result was the rapid and widespread diffusion of ideas of hereditary transmission, degeneracy, and national or racial health.

The influence of eugenic thinking upon contemporary idiom was further apparent in the tensions that it introduced into contemporary understandings of normality. Normality was a key component of eugenic discourse, and Galton and his successors’ statistical work did much to advance the use of normality as a

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fundamental descriptor of the human condition.\textsuperscript{61} However, in line with his fundamental belief in the mutability of the human form – and the possibility for racial improvement that this offered – in Galton’s view normality was synonymous was mediocrity.\textsuperscript{62} The mid-point in any population lay in normality or mediocrity, but, as the following excerpt from the 1892 edition of Hereditary Genius makes clear, Galton did not regard the condition as either a stable type, or as a telos – an elision which had suffused Quetelet’s work:

> the most prolific class necessarily lies between the two extremes, but at what intermediate point does it lie? Taken altogether, on any reasonable principle, are the natural gifts of the most prolific class, bodily, intellectual, and moral, above or below the line of national mediocrity? If above that line, then the existing conditions are favourable to the improvement of the race. If they are below that line, they must work towards its degradation.\textsuperscript{63}

The rates of reproduction of various groups in society, and their relation to the normal, were of vital importance to Galton’s position. As such, the accurate assessment of the parameters of normality, or mediocrity, was an essential component of Eugenics. Yet, as the excerpt above makes clear, normality was a temporally specific measurement. It was not a goal in and of itself: it was merely a way-point. It was deviation from contemporary normality, either positive or negative, that would determine the race of the future. As such, Galton’s use of the term was at variance with that of many of his contemporaries.

\textsuperscript{61} Porter, \textit{Rise of Statistical Thinking}, ch. 9.
The fourth influential strand, which Eugenics brought to the study of the normal child, consisted in the compartmentalization of human existence into measurable traits, and the statistical manner in which its conclusions were articulated. As previously discussed, Eugenics attracted the interest of a wide range of individuals: some of whom had only the vaguest grasp of the movement’s theoretical bases. As a result, many of the claims and recommendations advanced in the name of Eugenics were implausible, impractical, or contradictory in their nature. One might argue that it was somewhat predictable for populist exponents of Eugenics to evince such a heterogeneous understanding of the movement’s theoretical bases. Yet, even among its leading theorists there was often a spirit of bitter acrimony, prompted by profound differences in methodology and theory. In the English context this is perhaps best represented by the acrimonious relationship that existed in the late 1900s and 1910s between the Eugenics Laboratory, with its advocacy of biometry, and the Eugenics Education Society, which had whole-heartedly adopted the cause of Mendelian genetics.\textsuperscript{64} Yet, in spite of the differences that existed between these two groups they also evinced certain commonalities which are directly related to the question of the normal child. The advocates of public health reform in late-Victorian and Edwardian England could draw upon a wide range of broad based and temporally diverse, studies of the population to defend the efficacy of their interventions.\textsuperscript{65} The polemicist for hereditarianism might well draw upon common-sense analogies and popular prejudice to make their case. Exponents of evidence-based Eugenics did not have these luxuries. In order to advance the core eugenic message of hereditary transfer, the proponent of

\textsuperscript{64} Searle, \textit{Eugenics and Politics}, pp. 9-20.
\textsuperscript{65} Szreter, ‘The GRO and the Public Health Movement’.
scientific Eugenics, whatever his or her stripe, required wide-ranging, accurate, and specific data on the intra-generational transfer of characteristics.

The data which Galton employed in Eugenics’ nascent stage was culled from a wide variety of sources. Social investigations, biographical and autobiographical sources, and the personal experiences of friends and colleagues were all utilized in the formulation of Galton’s theoretical models. Yet, there were serious structural limitations to what could be achieved with data of this type. Galton’s hereditarian theories undoubtedly made intuitive sense to many; but for others his methodology and assumptions were unconvincing. The vagueness and imprecision of the criteria that Galton had employed in determining the parameters of “eminence” for *Hereditary Genius*, for example, prompted widespread criticism. In order for Eugenics to move from the anecdotal to the scientific these criticisms needed to be addressed. Thus, as the popularity of Eugenics waxed, the studies upon which it was based became increasingly focused. The turning-point, in this respect, was the opening of an Anthropometric Laboratory in South Kensington to coincide with the International Health Exhibition of 1884. Over the period 1884-1885, 9,337 volunteers paid the sum of 3d each to undertake and record their performance on seventeen tests using standardized equipment – much of which had been designed by Galton himself (see, Fig. 3.1). In both quantitative and qualitative terms, the data generated by the Laboratory was a vast improvement on Galton’s earlier biometric studies. It was

66 Kevles, *In the Name of Eugenics*, ch. 1.
68 For a description of both the methods and the equipment used in these tests, see: Francis Galton, ‘On the Anthropometric Laboratory at the late International Health Exhibition’, *Journal of the Anthropological Institute*, 14 (1885): 205-18.
69 Galton, ‘On the Anthropometric Laboratory’.
this data which provided much of the experimental basis for his 1889 text, *Natural Inheritance.*70 Moreover, in terms of both experimental methodology and data collection techniques, the practices employed at the Laboratory were indicative of the emergence of a new strain of Eugenic research, which was standardized, subject to explicit quantitative representation, and focused upon the measurement of specific isolatable traits.

Fig. 2.1 – Galton’s Anthropometric Laboratory

The large bodies of data generated by these studies required innovative strategies for their analysis and presentation, the most important and wide-reaching of which was the use of mathematical statistics. As with Eugenics, mathematical statistics, in its modern form, began to emerge in the last quarter of the nineteenth century, and again

as was the case with Eugenics the pioneer was Galton. 71 Both Galton’s individual contribution and the subsequent force which his successors in the Eugenics movement exerted upon the development of mathematical statistics are topics that have been covered in great depth, and with considerable lucidity, in other texts. 72 The purpose here is not to reproduce these excellent studies. Instead, it is simply to highlight the profound debt that twentieth-century mathematical statistics owed to Eugenics, and especially to biometry. Eugenicists, such as Galton, Pearson, Fischer, Spearman, et al., not only transformed the methodological landscape of statistics, they also radically rethought its epistemological base. Under their influence, statistics became not simply a predictive tool, but also an explanatory mathematical discipline in its own right, predicated upon the existence of autonomous statistical laws that governed the distribution of observable phenomena. 73 Although these understandings were developed within the framework of biometry, their power and utility were such that they spread rapidly beyond the boundaries of the discipline and its constituency of practitioners and admirer. In the case of the normal child, even among those who were at variance with the hereditarian precepts of Eugenics, its methodology and epistemology still exerted influence.

The fifth area in which Eugenics helped to define the discourse on the normal child lay in its concern with mental health. The effects of inheritance upon mental and moral characteristics had been one of Galton’s principal concerns, and it continued to prove a stimulus to the eugenics movement throughout its existence. Galton’s first full-length foray into the subject of heredity, published in 1869, had

been *Hereditary Genius*, and, as the title suggests,\(^{74}\) it was the mind, rather than the body, which was at the root of this study. Galton’s concerns were, however, somewhat at variance with many of his contemporaries. As we saw in the previous chapter, “mental deficiency” had occupied somewhat of a no-man’s land in the discussions of the Cross and Egerton Commissions. Responsibility had eventually landed in the lap of the Egerton Commission. However, the Commission’s treatment of the issue had been somewhat brusque, and its recommendations superficial. This is not to suggest that Eugenicists were unique in their concern over mental deficiency. The COS, as discussed previously, had been concerned with the issue since the late 1870s.\(^ {75}\) Nevertheless, eugenic concerns over hereditary and the reproduction of the mentally defective exercised considerable influence upon discussions of the normal child. Furthermore, the work of committed eugenicists such as Charles Spearman, and later Cyril Burt, did much to define the manner in which ideas of mental ability were – and to a large extent still are – constructed.\(^ {76}\) Galton had posited the existence of mental traits that governed an individual’s rise to high station and their significant achievements. His detractors noted the profoundly “subjective” criteria upon which his assessment was based; but Spearman and his successors provided a standardized, “objective”, and infinitely repeatable method for assessing continuous variation in the mental abilities of the general population – we shall return to this at the end of the next chapter.

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\(^{74}\) In later years, Galton commented negatively upon the connotations which this title carried.

\(^{75}\) In particular, the COS played a crucial role in agitating for the formation of the Departmental Committee on Defective and Epileptic Children (1898), whose recommendations formed the basis for the *Elementary Education (Defective and Epileptic Children) Act* (1899). Hendrick, *Child Welfare*, pp. 52-56.

The Inter-departmental Committee on Physical Deterioration (1904)

The foregoing discussion has underlined some of the theoretical, statistical, and methodological contributions to the study of the child that were advanced by those involved in the Eugenics movement. However, Eugenics was not simply about scientific investigation. For the vast majority of its adherents, including Galton, it was inextricably linked with the demands of the nation state. Eugenics was a resolutely political movement, which aimed to effect change, at both the local and national level, through appeals to the various political establishments in which it operated. The modern biological sciences provided the epistemological and methodological bases for the movement, but the aims were political. In the US, for example, widespread immigration, the legacy of slavery, and the existence of a sizable indigenous population generated considerable interest in the differential capabilities of various ethnic, national, and “racial” groupings.77 In France, the persistence of Lamarckian ideas of heredity, and ongoing fears about the declining birth-rate, prompted eugenicists to support public health and pro-natalist policies.78 Similarly, in Italy pro-natalism was crucial to the eugenic message: in part because of the centrality of the Catholic Church.79 In late nineteenth and early twentieth-century England there were three principal topics that provided a meeting-point between the political establishment and eugenic thought: the first, the spectre of urban degeneration; the second, the existence of a differential birth-rate between the middle-

classes and the working-classes; and, the third, concerns over the apparent proliferation of the mentally defective – all of them well-documented.⁸⁰

These concerns provided a nexus between the eugenics movement and many of those who were otherwise unconvinced by its precepts. However, in order for it to become an effective national programme, Eugenics in England required two major preconditions to be met. The first of these was the development of a more comprehensive understanding of the state of the English population, in all its multiple degrees and variations. Data that would allow for the direct comparison of the ‘fitness’ of different elements of English society was vital if the movement was to be able to advance concrete proposals for the management of society. The articulation of a coherent eugenic strategy towards childhood, for example, would require a much fuller body of information than was then available. As Galton suggested:

I have tried but not yet succeeded to my satisfaction, to make an approximate estimate of the worth of a child at birth according to the class he is destined to occupy when adult. It is an eminently important subject for future investigators, for the amount of care and cost that might profitably be expended in improving the race clearly depends on its result.⁸¹

Of course, eugenicists were not alone in their desire to produce data that accurately and comprehensively mapped the whole of the British population. At the turn of the twentieth century, there were other individuals and organizations, many with radically different concerns and objectives, who were also engaging with the task. In the 1880s

⁸⁰ See, for example, Searle, *Eugenics and Politics in Britain*, pp. 20-33.
and 1890s, the principal site of concern for many politicians, reformers, and social investigators had been London – in particular, the slums of the East End – which was widely considered to be uniquely problematic. But, as E. P. Hencock notes: ‘the Edwardian years were to see a shift in perception’. The challenge ‘was now to the nation, and the problem became one of national efficiency and national resources.’ Accordingly, ever greater numbers of studies were produced that sought to offer data that was comparable on a national or trans-local basis: including, as we shall see in more depth in this chapter, information on the physical health of the child population.

The second precondition was the need to engender widespread popular and political support for measures that were felt by many to be inimicable to English political, social, and cultural traditions. In the early years of the movement, the question of state involvement was looked upon with some suspicion even within the eugenic fold. Education, and not coercion, was seen by many as the key to the development of a eugenic society. By the turn of the century, however, legislative involvement was an accepted principle of mainline eugenic thinking, and thus the mobilization of political opinion on eugenic issues became a necessity.

Neither of these pre-conditions was met in its entirety, but in the late 1890s and 1900s rising social and political tensions offered eugenicists the hope that at least some of their goals might soon be realized. In industry, the supremacy that Britain

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86 Kevles, *In the Name of Eugenics*, pp. 70-85.
87 See, Searle, *Eugenics and Politics*, chs, 2 & 3,
had enjoyed throughout the mid-nineteenth century had been gradually whittled away, and the late-nineteenth century witnessed a pronounced bout of national pessimism, which offered fertile ground for the seeds of eugenic thought. Moreover, what was true in the economic and industrial context was equally true in the literary, the cultural, and the political fields. Within this milieu England’s widely reported economic and industrial decline was seen to be coincident with, and possibly a symptom of, the effects that urban degeneration was having upon the English population.

Of course, England was not alone in its fears over the effects of urbanization: the degeneration of the urban population was a concern for many European nations. Indeed, it has been argued that concerns over degeneration were a natural corollary of the widespread acceptance of Darwinian evolution. It was the essential mutability of the biological world, which Darwin revealed, that opened the door to them: if humanity’s place in the world was the result of chance, and not of Providence, then its future was equally uncertain. The emergence of this understanding is eloquently expressed by Gillian Beer in the introduction to her excellent study, Darwin’s Plots. ‘In his observation of the reckless powers of individuation’, she contended:

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89 For a discussion of how the imagery of degeneration was deployed in the fields of literature and culture, see, William Greenslade, Degeneration, Culture and the Novel (Cambridge: Cambridge University Press, 2010 [1994]), esp. ch. 1.

90 Searle, Quest for National Efficiency.

91 Kevles, In the Name of Eugenics, pp. 70-72.

92 The valorization and idealization of the rural stock in other European contexts can be found in, for example: Christian Promitzer, Sevasti Trubeta and Marius Turda, Health, Hygiene and Eugenics in Southeastern Europe to 1945 (Budapest: CEU Press, 2011).

Darwin saw the source not only of creativity but of loss. Evolutionary theory emphasized extinction and annihilation equally with transformation – and this was one of its most disturbing elements, one to which gradually accrued a heavier and heavier weight in consciousness.94

Worries over urban degeneration were thus present in many different national contexts. However, as the world’s most urbanized nation, the prospect held particular import in England: a worry which was exacerbated in some quarters by the differential birth-rate.95 In light of these concerns, hereditarian principles and rhetoric featured in a range of public debates, but often at the periphery.96 The precipitating event that transformed these somewhat nebulous fears into a sustained political debate was the Second Boer War (1899-1902), and in its aftermath, anxieties over the degeneration of the English population became a staple of public discourse. Within this framework of concerns, the health of the child was a topic of ongoing political discussion. Experts were assembled to explore the issue, and political opinion was mobilized to action, but although these debates were often framed in terms of degeneration and deterioration, the hereditarian implications of the discourse were regularly disputed.

The Second Boer War was seen by many commentators, both at home and abroad, as a serious blow to Britain’s imperial and military prestige.97 After some early successes, the subsequent failure of the world’s foremost imperial power to

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96 Searle, *Eugenics and Politics in Britain*, chs. 2 & 3.
97 See, for example, Searle, *A New England?*, pp. 275-311.
subdue the Boers, a group who had been derided before the conflict, came as somewhat of a rude surprise, and caused much consternation and recrimination. Speaking, in 1900, at the prizegiving of King Edward VI School, Macclesfield, the Manchester philanthropist Thomas Colgan Horsfall set forth what he believed the conflict had shown:

> Our self-complacency, our belief that the maintenance of English commercial and manufacturing supremacy, and the guarding of the welfare of the British Empire are recognized by Providence as primary duties has been further shaken by the revelations of the War in South Africa. We lived in the pleasant belief that the unquestionable valour of our army must enable it to quickly conquer any foes it was likely to encounter; we have found that a system of training that does not develope [sic] in our officers powers of observation and thought has in great measure neutralised all the immense advantages of numbers, discipline, and daring with which we began our struggle with the two small Boer States.99

In line with his long-term beliefs in the necessity for civic and educational reform, Horsfall was quick to place the blame for England’s failures upon poor training. Others, however, saw in England’s struggle a much more basic problem: the poor physical health of England’s urban population. One influential figure in framing this debate was General Sir Fredrick Maurice, former Inspector-General of Recruiting for the Army, who waded into the fray with a pair of articles, published in the *Contemporary Review* in 1902 and 1903.100 Maurice placed the blame for the

country’s military failures in South Africa upon the poor physical standard of men from which the army was forced to recruit. He claimed that in some areas up to sixty percent of volunteers for the army had been turned away on grounds of poor physical health, and that even amongst those who did make it through the recruitment process ill-health was rife. He further argued that this was the result of widespread hereditary deterioration of the working-class population, and, as such, represented a long-term threat to England’s global position if left unchecked. ¹⁰¹ Maurice was not the first to advance these claims; ¹⁰² however, it appears that the timing of his articles was propitious, and helped energize the already simmering national debate.

In light of this prevailing debate, and in direct response to the publication of the reports of the Royal Commission on Physical Training in Scotland and of the Inspector-General of Recruiting for 1902, on 6th July 1903, Reginald Brabazon, the Earl of Meath, requested that Balfour’s Conservative and Unionist government set up a Royal Commission to investigate the issue. As envisaged by Brabazon, the goal of this commission would be to ascertain ‘whether the poorer populations in our large towns are exposed to conditions which, if continued, must inevitably contribute to a low national standard of physical health and strength.’ ¹⁰³ Replying on behalf of the government, the Lord President of the Council, Spencer Compton Cavendish, Duke of Devonshire, agreed to conduct an investigation so as to determine the terms of reference for a subsequent Royal Commission. ¹⁰⁴ The investigatory body set-up in response was the Inter-departmental Committee on Physical Deterioration, and its terms of reference required it to:

¹⁰¹ Miles, ‘Where to Get Men’, p. 81.
¹⁰² A comprehensive, account of these events can be found in Bentley B. Gilbert, The Evolution of National Insurance in Great Britain (London: Michael Joseph Ltd, 1973 [1966]), pp. 81-87.
¹⁰³ Hansard House of Lords Debates [hereafter HoL], 4:124, c. 1324.
¹⁰⁴ Ibid., cc. 1351-1352.
make a preliminary enquiry into the allegations concerning the deterioration of
certain classes of the population as shown by the large percentage of rejections for
physical causes of Recruits for the Army and by other evidence, especially the Report
of the Commission on Physical Instruction in Scotland, and to consider in what
manner the Medical Profession can best be consulted on the subject with a view to the
appointment of a Royal Commission, and the terms of reference to such a
Commission, if appointed.105

It was from these terms of reference that the committee took its name, and for which
it is most widely remembered. Yet, as we shall see, the question of physical
deterioration within both the population at large and especially with army recruits
represented only a small portion of the Committee’s deliberations.

The Committee was formed under the chairmanship of Sir Almeric W. Fitzroy,
Clerk of the Privy Council, and sat for the first time on 21st of October 1903. Its
membership highlighted the range of departments for whom the issue was considered
to hold particular relevance. Representing the military were Colonel George Fox,
former Head of the Army Gymnastic School, and Colonel George Onslow, Head of
the Navy Recruiting Service; from the Board of Education, James Granville Legge,
Chief Inspector of Reformatory and Industrial Schools, and Henry Lindsell, Principal
Assistant Secretary to the Board of Education; John Struthers, Assistant Secretary to
the Scotch Education Department was included as a representative of the Royal
Commission for Physical Education in Scotland; and, the final member of the

Committee was John Tatham, Superintendent of Statistics in the Registrar General’s Office.106

Widespread concern over the possibility of degeneration in the English population was embedded in contemporary public discourse, and was also one of the motivating factors in the formation of the Inter-Departmental Committee on Physical Deterioration. Yet, among those who had called for the appointment of a Royal Commission, it was apparent that there were still considerable doubts over the specific influence of heredity. Brabazon’s request for a Royal Commission (quoted above) was clearly articulated in environmental rather than hereditary terms: a point that he made explicit later in his speech:

In order that there may be no misapprehension in the minds of your Lordships in regard to the nature of the social problem to which I have called the attention of the Government and of this House, I should like to make it perfectly clear that I do not contend that physical deterioration is taking place among all classes in this country, nor, indeed, that any class is actually deteriorating, for the exact reverse is certainly the case in regard to some sections of society.107

Likewise, William Boyd-Carpenter, the Lord Bishop of Ripon, who rose to second Brabazon’s request, noted that:

There are very good grounds for asking for a searching and careful inquiry. [However] I do not wish to approach this matter in a spirit of dread, for there are so many matters which appear incontrovertibly to prove that over a large period of years a distinct

106 RICPD, p. v.
107 Hansard HoL, 4:124, cc. 1325-1326.
advance [in the health of the population] has been made, and this it would be neither
wise nor politic to overlook. ¹⁰⁸

As regards Cavendish, who responded on behalf of the Balfour ministry, he professed
his personal disbelief in the notion of progressive physical deterioration: commenting
that the evidence deployed to support such charges was ‘a matter of personal
observation and opinion’, and further, that ‘they are not, and I do not believe they can
be, supported by any accurate statistics’. ¹⁰⁹ Thus, he suggested, it was the
government’s intent:

to consult with them [the medical professions] as to the best means of obtaining
information, not so much as to the extent, but—what appears to us much more
important—as to the causes of this undoubted physical deficiency existing in some
parts of the population, and as to the best means of remedying these deficiencies, and
of improving the national health and strength. ¹¹⁰

The fear that segments of the English working classes were experiencing hereditary
physical deterioration had elicited action. Yet, this fear was one that appears to have
received only qualified support, even in the immediate aftermath of the Second Boer
War. ¹¹¹ Many among the political classes accepted the prevalence of chronic ill-
health among the urban poor, some were even convinced of the possibility that their
health was deteriorating, and a few utilized the language of degeneration. However,
both the causal links and the ameliorative measures that were promoted to deal with

¹⁰⁸  *Hansard HoL*, 4:124, c. 1337.
¹¹¹ This was as true in the House of Commons as it was in the Lords. See, for example, *Hansard HoC*,
4:132, c. 906.
these issues were couched in an idiom of environmental concerns. Cavendish, in particular, had framed his response to the question in terms of public health, and it was this framework that would dominate the Committee’s discussions.

The evidence for widespread ill-health among the urban poor was widely accepted, but scepticism over the reality of hereditary decline was prevalent both among the members of the Inter-Departmental Committee on Physical Deterioration, as well as among the medical professions. On the 26th October, Fitzroy, in his role as Chairman of the Committee, wrote to the Home Office expressing his disquiet over a memorandum on recruiting statistics that the Committee had received. The memorandum was authored by Sir William Taylor, Director-General of the Army Medical Service, and formed part of the justification for the fears over hereditary decline. Yet, as Fitzroy noted, rather than providing evidence for progressive physical deterioration, the statistics in the memorandum appeared to show ‘that chest measurement, weight, and height [among recruits] have all improved in recent years, whilst at the same time the rejections from other causes – with the exception of decayed teeth – have for the most part decreased in number’. As such, and without further information, he commented, the Committee found itself somewhat at a loss ‘to explain the disquieting tone of the memorandum, as a whole’. In this respect, the Committee was not alone in its conclusions. Both the Royal College of Physicians and the Royal College of Surgeons had been asked for their comments upon the memorandum, and each had expressed very similar reservations. Thus, even before

\[ \text{113\ 'Appendix 1', } RICPD, \text{ p. 100.} \]

\[ \text{114\ A copy of the original memorandum, originating from Sir William Taylor, Director-General of the Army Medical Service, and the various pieces of correspondence from both the Committee and the Royal Societies is reproduced in ‘Appendix 1’ of the Committee’s report. Also reproduced is Taylor’s reply to the Home Office, in which he appears to abandon any of the claims as to the existence of} \]
the Committee sat to receive its first day of testimony, on the 9th of December, 1903, it was clear that the case for progressive physical deterioration was far from established, either with the Committee, or among the representatives of the medical establishment.

The doubts that the Committee had expressed in October were compounded when they began to collect testimony. Many of the opponents of progressive physical deterioration were both fluent and persuasive. Among the idea’s exponents, however, this was not always the case. In particular, General Maurice, whose articles had done much to inflame the country on the issue, proved to be a less than wholly convincing witness. In his memoirs, Fitzroy noted acerbically of Maurice’s evidence that it ‘was tainted by his tendency to generalise from single instances within his own experience, and to develop hearsay gossip into an elaborate indictment of the physical condition of the masses.’

Indeed, following the first day of evidence, from Major-General H. C. Borrett, Inspector-General of Recruiting, and a chastened Taylor, it was clear that the case for progressive physical deterioration on a national scale would be virtually impossible to prove. In fact, over the following days of testimony, it was generally considered by witnesses, with some notable disagreements, that the British population, excepting the very lowest strata of society, was both considerably healthier than it had ever been, and was also undergoing a process of systematic improvement. Perhaps some were ‘backward’, or degenerating; but this did not apply to all of the population. Accordingly, although the question of progressive physical deterioration was a core component of the Committee’s terms of reference, it rapidly...

progressive physical deterioration that he made in his original memorandum. See, ‘Appendix 1’, RICPD, pp. 95-102.
116 RICPD, pp.115-123.
became a sideline to the main body of the enquiry: such that, in its conclusion, the Committee noted its:

hope that the facts and opinions they have collected will have some effect in allaying the apprehensions of those who, as it appears on insufficient grounds, have made up their minds that progressive physical deterioration is to be found among the people generally.\textsuperscript{117}

Concerns over the possibility of widespread, hereditary physical degeneration had been a significant contributing factor in the formation of the Committee in 1903, but as it became apparent that many of these concerns were either unfounded or unprovable, the Committee’s focus began to shift. The agitation which had led to the formation of the Committee had been based upon the number of potential recruits for the Army who had been turned away on grounds of ill-health. The answer provided by witnesses was that this was simply a reflection of the expansion in civilian job opportunities for the working classes. As the number of well-paid civilian jobs increased, so the quality of recruits declined, through a limitation on the pool from which they could potentially be drawn.\textsuperscript{118} As such, it was contended that the Army was increasingly reliant upon those elements of society whose health was already poor, and might possibly be deteriorating: principally, the urban poor. In light of these factors, the majority of the Committee’s time and the greater part of its report were concerned, not with the original terms of reference, but with an expanded set, whose existence was announced to the House of Commons by Sir William Anson,

\textsuperscript{117} \textit{RICPD}, p. 92. 
\textsuperscript{118} \textit{Ibid.}, p. 4.
Over and above the initial terms, the committee would now also be required:

(1) To determine, with the aid of such counsel as the medical profession are able to give, the steps that should be taken to furnish the Government and the Nation at large with periodical data for an accurate comparative estimate of the health and physique of the people; (2) to indicate generally the causes of such physical deterioration as does exist in certain classes; and (3) to point out the means by which it can be effectually diminished.

The origin of this expanded remit has itself been a site of some controversy. It has been suggested that the expansion in the Committee’s terms of reference, whilst it was already sitting, was a cynical piece of political expediency, which allowed the incumbent Unionist government to avoid having to appoint a Royal Commission, once they realised the scale of the issue facing them. More recently this argument has been rebutted by Bernard Harris who has argued that, as well as enjoying considerable cross-party support, it was not the Government but the Committee members themselves who were instrumental in having the terms of reference enlarged. Either way, the expanded terms of reference given to the Committee dramatically increased the breadth of the study and it was in response to these expanded terms that the majority of the evidence was given.

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119 *Hansard HoC*, 4:131, cc. 724-5.
120 *RICPD*, p. v.
122 Harris, *Health of the Schoolchild*, pp. 6-25.
The failures of the Second Boer War and the needs of the Army had been preeminent in the agitation that gave rise to the Committee. Yet, as its composition made clear, it was accepted from an early stage that the child, in general, and education, in particular, would be central to the Committee’s work. The fact that the Committee’s new Terms of Reference were announced by Anson, the Secretary of the Board of Education, might, therefore, be seen as merely confirming the shift in its priorities. Indeed, this was the view held by John Gorst, the Conservative politician and former Vice-president of the Committee of Council on Education, who commented that:

He was very glad to say that that Committee [on Physical Deterioration] was not now to report upon the question of the institution of a Royal Commission, but to consider what were the causes of the deterioration of the health of the children in the schools, and what were the remedies. Now, these causes were perfectly patent, and had been known to the House of Commons for ten or twelve years; they were want of fresh air, want of proper food, want of proper treatment, and want of medical inspection.123

Although the Committee had, from an early stage, rejected the idea that the English population was subject to general progressive physical deterioration, this went only part of the way towards fulfilling the demands of its new terms of reference. In particular, the requirement to provide recommendations upon how deterioration might be ‘effectually diminished, led many witnesses to a view that was coincident with Gorst. The best opportunity for reducing the incidence of deterioration lay within the general child population.

123 Hansard HoC, 4:132, c. 906.
Normal as Optimal

The Egerton Commissioners’ concern with the educational needs of distinct groups of exceptional children had allowed them to dismiss the vast majority of the child population as outside the scope of their enquiry. For the members of the Inter-departmental Committee on Physical Deterioration, and the witnesses called to give evidence, this was not the case. Improving the health of the general child population demanded a much broader examination of children’s overall needs and conditions, not simply their educational requirements, and a comprehensive understanding of the wider causes of ill-health in the general population. Furthermore, it required an idiomatic register that allowed for the expression of the many standards and scales against which deviance could be measured – and this was provided by the language of normalcy and the normal.

One of the most comprehensive, and most well received, of the bodies of evidence presented to the Committee, was that of Dr Alfred Eichholz, one of Her Majesty’s Inspectors of Schools for London. In terms of the Committee’s remit, Eichholz represented the quintessential model of expertise. Not only was he a serving member of the Inspectorate of Schools, he was also a Cambridge-educated medical doctor who had published on comparative educational practices in England and Germany. The evidence presented by Eichholz on the physical condition of the English child was both wide-ranging, and came from a series of geographically dispersed sources. As well as drawing upon his professional experience in central London, Eichholz had, at the behest of the Committee, visited schools in West Ham,

124 Fitzroy noted, of Eichholz’s testimony, ‘we were favoured with a wealth of information, conveyed with a resolute air of self-assured confidence that carried great weight.’ Fitzroy, Memoirs, p. 175.
Manchester, Salford, Leeds, Ripon, and High Wycombe. As was the case with many of the other witnesses who appeared before the Committee, Eichholz was unconvinced by the arguments for progressive physical deterioration: a point which he made abundantly clear early in his testimony. ‘The object of my evidence’, he commented:

is to demonstrate the range and the depth of degeneracy among the poorer population, and to show that it is capable of great improvement – I say improvement purposely even within the areas of the towns – and to show that there is a lack of real evidence of any hereditary taint or strain of deterioration even among the poor population of cities. The point which I desire to emphasise is that our physical degeneracy is produced afresh by each generation, and that there is every chance under reasonable measures of amelioration of restoring our poorest population to a condition of normal physique.

As is evident from the above excerpt, the language of ‘degeneracy’ suffused Eichholz’s testimony, but as is also apparent, the proposed link between degeneracy and progressive hereditary deterioration was, in his opinion, completely unfounded. Expanding upon his previous statement, he noted: ‘There is little, if anything to justify the conclusion that neglect, poverty, and parental ignorance, serious as their results are, possess any marked hereditary effect, or that heredity plays any significant part in establishing the physical degeneracy of the poorer population.’ Eichholz was not alone in his absolute rejection of heredity as a precipitating factor in the production of physical degeneracy. In his evidence before the Committee, D. J. Cunningham,

126 RICPD-MoE, p. 19.
127 Ibid., p. 20.
128 Ibid., p. 20.
Professor of Anatomy at Edinburgh University and Chairman of the Anthropometric Committee of the British Association, asserted that:

bodily characters which are the result of poverty (and not vice, such as syphilis and alcoholism), and which are therefore acquired during the life of the individual, are not transmissible from one generation to another. To restore, therefore, the classes in which this inferiority exists to the mean standard of national physique, all that is required is to improve the conditions of living, and in one or two generations all the ground that has been lost will be recovered.  

Cunningham and Eichholz were in agreement that it was environmental conditions and not heredity which were the principal precipitating factors in the production of degeneracy among the working classes. In Cunningham’s estimation, poverty, squalor, bad feeding, and ignorance all played a role in the production of degeneracy: many factors which Eichholz had summarily dismissed. For Eichholz, there was only one fundamental concern. ‘The whole question’ of degeneracy in childhood, he argued, ‘practically centres around the feeding’:

there is a want of food; this is the first factor we have to recognise. Then there is the irregularity in the way in which they get their meals; that is the second factor. Then non-suitability of the food when they get it, is a third factor. And these three circumstances, want of food, irregularity and unsuitability of food, taken together are the determining cause of degeneracy in children.

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129 RICPD-MoE, p. 97.
130 Ibid., p. 20.
As such, it was environmental, educational, and, most importantly, nutritional ‘measures of amelioration’ that, Eichholz believed, would restore ‘our poorest population to a condition of normal physique’. But, what was the ‘normal physique’ to which Eichholz aspired? Was it, as we saw in the previous chapter, an assumed, unproblematic category, distinguished by its binary opposition to the “exceptional” or “abnormal” physique? Or was it, perhaps, an idealized mean, or mid-point, as in the mode of Quetelet’s work? In point of fact, the ‘normal physique’, which Eichholz adopted as a standard of comparison, drew something from both of these models. However, it was also predicated upon many of the same assumptions that informed the Eugenics movement: it was aspirational; it was quantifiable; it was predicated upon the mutability of the human form; and it reflected the needs and aspirations of the modern nation state.

The ‘normal physique’, which Eichholz proposed as a standard of comparison, was aspirational, but it was neither utopian, nor was it predicated upon an ideal type, or a single “model” child. It was grounded in the same set of empirical data that underpinned the rest of his evidence, and although it was based upon measurements from a single south-London school (see Fig. 3.2), it was designed to be applicable nationwide. The basis of Eichholz standard of comparison was the measurement of children’s height. The use of height data as an indicator of nutritional status is now a widely recognized tool among demographers and anthropometric historians, but Eichholz’s decision to rely upon this single indicator – as opposed to collecting weights and other measurements – caused some raised eyebrows among members of the Committee. Asked to defend his choice, Eichholz commented that he was

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131 For an overview of how height data has been employed by anthropometric historians, see: Bernard Harris, “Health, Height, and History: An Overview of Recent Developments in Anthropometric History”, Social History of Medicine, 7:2 (1994): 297-320.
‘perfectly satisfied with having height statistics’; and that, ‘they so exactly correspond with the weights and other circumstances of nutrition, that I should be content to have [only] the heights.’

Height, then, was established as the base unit of comparison; but what was the standard itself and how was it developed? The rationale and the methodology that he used in arriving at this standard Eichholz explained, thus:

I made some preliminary investigations as to the adoption of a standard and finally after comparing London and rural schools decided on the measurements from Honeywell Road Board School, Wandsworth Common as affording me a specimen of the best type of English middle class child, exhibiting a regular uniform rate of growth of a high grade. I could not in the country schools under examination obtain anything so regular or anything showing such a well sustained rate of growth reaching up to the limit of school age.

Honeywell Road’s location, in a working-class area of Battersea, and its status as a Board School, might lead one to question Eichholz’s depiction of its pupils. Was he suggesting that the children were themselves ‘a specimen of the best type of English middle class child’? Or did he merely intend for them to stand as a proxy for this idealized group? Whichever is the case, what is evident from the language employed is that this group of children were not intended to be representative of the wider elementary school population. The standard that Eichholz had adopted for his ‘normal physique’ was undoubtedly of an optimal nature: exceeding, by far, the levels that he had uncovered in the majority of the schools that formed his sample. Yet, this

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132 RICPD-MoE, p. 34.
133 Ibid., p. 21.
134 The Honeywell Road Board School was located in a comparatively affluent, and newly-built, working-class area of Battersea, which had been developed under the auspices of the Conservative Land Society. For an account of the area’s development, see: Keith Alan Bailey, The Metamorphosis of Battersea, 1800-1914: a Building History (PhD thesis, The Open University, 1995), pp. 207-215.
was the level to which, Eichholz posited, there was ‘every chance under reasonable measures of amelioration of restoring our poorest population’, and it was against this standard that all other schools and children would be compared.

Fig. 3.2 - RICPD, vol. III, Appendix and General Index [Cd -2186], p. 73.

135 RICPD-MoE, p. 20.
The standard which Eichholz had set for the ‘normal physique’ was a high one, even if it was by no means utopian. However, the results occasioned by the failure to achieve this standard were, in his opinion, sufficiently grave to warrant setting such a level. Those children who fell below the standard, Eichholz maintained, tended to be ‘excitable and nervous’, absent any ‘power of endurance’, and subject to ‘neurotic conditions’. Furthermore, in terms of their capabilities in the classroom, he noted that: ‘there is a dulness of mind, an early flagging of brain power, and the children are unable to pursue their work for a length of time as compared with normal children.’ Moreover, he suggested that those whose physique was below the standard showed ‘very little memory power, and with children, who in a normal condition depend entirely upon their memory for getting hold of things, and who only reason later, this is a fatal handicap for any mental progress.’ As such, a poor standard of physical health was not the only danger that Eichholz associated with want of food, and the degeneracy that resulted from it. The ‘normal physique’ represented much more than simply a measurement of stature. Failure to reach this standard led to a damaging reduction in mental acuity, and in the most extreme cases to the production of feeble-minded children, ‘with all their moral and mental defects’.

As was discussed earlier, one of the principal reasons for the production and establishment of a standard is as a means of comparison, and Eichholz’s testimony made full use of this feature. Through his adoption of a standard that was both aspirational in its goals and national in its scope, Eichholz’s evidence did much to highlight the gross variations in child health that existed at both regional and local

136 RICPD-MoE, p. 21.
137 Ibid., p. 21.
138 Ibid., p. 24.
levels. Thus, having elucidated the potential dangers associated with the failure to achieve normality, Eichholz then went on to address the scale of the problem.

Fig. 3.3 - *RICPD, Appendix*, p. 74.

At Johanna Street Board School, Lambeth (see, Fig. 3.3), he reported, ‘of the elder children, I consider 92 per cent. to be below normal physical condition, and of the infants as many as 94 per cent.’. At South Hullsville Board School, West Ham, ‘87 per cent. of the infants were below the normal, and 70 per cent. of the elders’. In Manchester, at Sharp Street Board School, there was ‘a decided improvement on the worst in London’. However, still, he noted, ‘taking the children all round, 66 per cent. of them were below the normal’.139 Salford showed much the same pattern as

139 *RICPD-MoE*, p. 22.
Manchester, with one exception. At St. Peter’s Roman Catholic School, Greengate, Salford, Eichholz reported that he was:

astounded at the excellent physical condition of the children, especially as the neighbourhood had been given to me as the very worst in Salford. Of the infants only 15 per cent. were below the normal, 10 per cent. of the lower three standards and not more than 3 per cent. of the upper three standards – which shows how well cared for this Irish population is and how rapid and complete the recovery at the top level of the school.\textsuperscript{140}

The Irish were not the only immigrant group whose parenting practices received a positive sheen in Eichholz’s testimony. The Jews were also recipients of considerable praise in respect of their child-rearing practices. Eichholz noted:

many of the foreign Jewish immigrants, and the Irish, contribute their full share to the difficulties of the sanitary authorities in dealing with dirt and overcrowding. Yet these two sections of population make a great point of caring for their young children, with the result that these two types very usually stand apart in the poorer neighbourhoods form the general degeneracy.\textsuperscript{141}

There were other bright spots in Eichholz’s report. The problems in Leeds, even in the poorest areas, were in his estimation considerably less acute than in London, Manchester, or Salford. Indeed, he rather brusquely suggested that even ‘the worst in Leeds is good in comparison to what we experience in London’. What is more, the schools in the rural areas around Wycombe were, he commented, ‘comparable with

\textsuperscript{140} RICPD-MoE, p. 22.
\textsuperscript{141} Ibid., p. 25.
our good town schools, where the question of degeneracy does not arise at all’. However, Eichholz’s evidence highlighted the continuing chronic ill-health that existed in many of the poorer areas of England's great towns. Furthermore, his contentions as to both the causes and the effects of the poor physical health experienced by many of the urban poor sat in marked contrast with the views of both eugenicists and whiggish-liberals. Poverty was not a product of mental, moral, or physical defect. Rather, these afflictions were themselves the result of poverty.

Eichholz’s belief in the environmental production of mental defect was at odds with the view taken by much of the Edwardian medical profession. However, the position that he espoused, and his belief in an aspirational standard of normality to which the urban poor could be returned was one which was shared by many of his contemporaries. In terms of the Committee members, evidence of this can be seen in the report’s conclusions and recommendations. It is also apparent in the form in which many of the questions were posed. On two occasions medical witnesses were asked their opinion as to, ‘What number per cent. of new born children amongst the poorest class would be capable of living a normal physical existence were it not for neglect, poverty, and ignorance, and would indicate that a good physique for coming generations might be anticipated from their condition?’ The first of these was (William) Leslie MacKenzie, Medical Officer to the Local Government Board for Scotland, who reported that:

We have just had handed in the replies from eleven medical officers, giving what appear the results in different quarters [of London]; and they make out, on the whole,
that in their districts 86 per cent. of slum children are born in a condition which may be described as “fit to live a normal physical existence”. I should quite believe that; and possibly even more.\(^{144}\)

The second medical witness to be presented with the question was Robert Hutchinson, a Fellow of the Royal College of Physicians, who had been nominated to give evidence on their behalf. Asked to comment upon whether he was surprised by MacKenzie’s figure of 86 percent, Hutchinson replied: ‘No. I think the raw material one has to work with is very good. It is made bad by injudicious management and feeding.’\(^{145}\) As with Eichholz and Cunningham, MacKenzie and Hutchinson were clearly opposed to the idea of hereditary degeneration. However, the phrasing of the question also highlights the Committee’s own disbelief in the importance of heredity. ‘Neglect, poverty, and ignorance’, not heredity, were the factors standing in the way of a healthy population of normal children.

*Variations of the normal*

Eichholz’s ‘normal physique’ was reflective of many of the same concerns and goals espoused by those in the eugenics movement. The elimination of degeneracy, the improvement of the national physique, and the reduction of feeble-mindedness, were all significant elements of his testimony. Yet, as we have also seen, Eichholz, and many others among the medical establishment, were vehement in their rejection of heredity as an explanatory framework for the low standards of physical and mental health among the urban poor. This, however, was not the only significant difference

\(^{144}\) *RICPD-MoE*, p. 272.  
between the environmentalist position taken by Eichholz and the like, and that adopted by eugenicists, such as Galton and Pearson. In semantic and idiomatic terms, there was also a considerable degree of dissonance in the manner in which the concept of normality was employed, which was predicated upon the profound ideological and methodological differences that separated the two camps.

In ideological terms, Eichholz’s elaboration of the ‘normal physique’ had much in common with the manner in which Farr constructed the Healthy District Standard, which we saw in chapter 1. As was the case with Farr, the sub-text of Eichholz’s testimony was that a poor environment was denying to the majority of the population the opportunity of enjoying the normal quality of life that “nature” had intended for them. As such, he argued that the low standard of health experienced by many of the urban poor should be seen as an artificial construct, and not an innate feature: only once the deleterious conditions that produced and maintained this situation were removed would the physical health of the poor, and especially the urban poor, be returned to a state of normality. It was true that the urban poor were often profligate, that they regularly exhibited bad habits of hygiene and feeding in the care of their children, and that these behavioural factors, compounded with the effects of an already poor environment, exercised a considerable negative impact upon the physique of the working-class child.146 Nonetheless, these were all issues that, Eichholz believed, could be made subject to processes of amelioration or eradication. In this respect, Eichholz’s vision of the ‘normal physique’ was both optimistic and, broadly speaking, egalitarian in its exclusion of questions of race and social class. Moreover, although it was couched in the detached and disinterested terms of

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146 RICPD-MoE, p. 20.
scientific inquiry, this egalitarian vision of normality was explicitly and resolutely political. The degraded urban poor might well be a drain upon society, but society was at least partly at fault. Remedies for the present state of degeneration were within easy grasp. It was lack of food, education, and healthcare that denied to the urban poor the ‘normal physical existence’, which they would otherwise possess.

Eugenicist statisticians, such as Galton and Pearson, had done much to popularize and disseminate the language of normaity. However, the rhetorical usage propounded by Eichholz and other proponents of environmental diverged widely from that employed by Galton. If Eichholz’s vision of normality was egalitarian, Galtonian normality, or mediocrity, was fundamentally and explicitly inegalitarian. The eugenic worldview was resolutely hierarchical. Indeed, both the field of study and the very term, Eugenics, were predicated upon the existence of an oppositional and hierarchical relationship between the eugenes, the “well-born”, and those who were not, the degenerate. Moreover, this was a hierarchy in which social status and eugenic/biological worth were considered to be largely coincident. It was widely accepted among eugenicists that there were exceptions to this rule – at both ends of the social spectrum – and that environmental conditions could serve to limit an individual’s potential.\textsuperscript{147} However, broadly speaking, the condition of the poor was perceived to be a product of their own innate biologically determined failings. Even amongst socialists who had embraced Eugenics, such as George Bernard Shaw and Sidney and Beatrice Webb, the influence of this hierarchical model was readily apparent.\textsuperscript{148} As such, although a unitary national standard – which took no account of differences in race, heredity, or social status – might provide a useful comparative

\textsuperscript{147} Kevles, \textit{In the Name of Eugenics}, pp. 70-76.
\textsuperscript{148} See, for example, Searle, \textit{National Efficiency}, pp. 74-75.
tool, it was self-evidently absurd to assume that this should provide the basis for action in the political sphere. The recognition and management of variation was key if racial health was to be improved.

Within the statistical framework developed and advocated by the likes of Galton and Pearson, Eichholz’s commitment to ‘restoring our poorest population to a condition of normal physique’ was both a semantic and a methodological impossibility. Over time, one might aim to improve the aggregate health of the population; but one could never bring the entire population to a state of normality. Normality was descriptive, not prescriptive. It was a product of statistical law, and it reflected the hierarchically ordered, and temporally specific, distribution of a trait within a given population. An improvement in the aggregate level of health would engender a shift in the normal position, but normality could not be a goal in and of itself.

The use of normality in a purely descriptive context was not, however, confined to those with eugenic sensibilities. One example of this can be seen in the testimony of James Kerr. In his role as Medical Officer to the London School Board, Kerr reported that he had unsuccessfully campaigned for the introduction of a ‘card inquiry’ to be conducted on 50,000 London school-children. Both the parameters of the survey and the cards that would be used to accomplish it had been designed by Kerr, but the cards themselves would be completed in school by the respective teacher. ‘The record on each card’, Kerr explained, would provide:
the means of noting the child’s (a) educational position; (b) physical condition; (c) social status. The great difficulty of assessing the various points inquired about was got over by using a system of marks from one to five for any particular quality. The average mark, 3, represented a normal condition; 2 was distinctly below, as 4 was distinctly better than normal; 5 represents a most excellent condition; and 1 represents a condition so bad that immediate remedy, if possible, is required.\textsuperscript{149}

Kerr was a notable advocate for the environmental production of defects in children:\textsuperscript{150} hence, his belief that remedial action could solve the problems which he obviously expected to be uncovered by his survey. However, the vision of normality that he developed before the Committee differed greatly from the overtly politicized position set forth by Eichholz and, to a lesser extent, Cunningham. Kerr’s ‘normal condition’ was the mid-point in a hierarchically ordered, and locally assessed, scale; Eichholz’s ‘normal physique’ – modelled around ‘the best type of English middle class child’ – was a prescriptive standard, set at an aspirational level. As such, it is difficult to imagine that a child with Eichholz’s ‘normal physique’ would score less than 4, and possibly 5, in most London schools. Moreover, whereas Eichholz had advanced the idea of normality as an empirical standard this feature was almost entirely lacking in Kerr’s use of the term. Although he offered extensive evidence upon the subject, Kerr’s testimony to the Committee offers no indication that any guidance was to be given to teachers as to what, precisely, constituted a ‘normal condition’.\textsuperscript{151} The assessment of normality, it appears, was to be left entirely in the hands of the individual teacher.

\textsuperscript{149} \textit{RICPD-MoE}, p. 39.
\textsuperscript{150} See Kerr, ‘School Hygiene’.
\textsuperscript{151} \textit{RICPD-MoE}, pp. 39-47.
Kerr’s descriptive use of the normal might well have resonated with many within the eugenics movement, but he was by no means a strict hereditarian. Indeed, with the exception of General Maurice, whose testimony was not highly valued by the Committee, there were relatively few witnesses who expressed an explicitly hereditarian viewpoint. Arthur Shadwell, the physician and author of *Industrial Efficiency*, stated in his evidence that he believed ‘the evolutionists are right, and that there is a general process of deterioration going on’. However, when he was asked if ‘had anything to say in support of that belief?’, his response was somewhat less than enthusiastic. ‘No’, he replied, ‘I have not much to say. I am unwilling to give it because it is merely an opinion, and I think we have far too many opinions without anything to back them […] there is such a mass of assumptions, opinions and impressions, I am tired of it myself’. One of the only witnesses to present a vehement hereditarian argument to the Committee was John Gray, Treasurer of the Anthropological Institute and Secretary of the Anthropometric Committee of the British Association. Gray had been called to give testimony on the possible format for a national anthropological survey. However, against the wishes of the Committee, he chose to open his testimony with a discussion of the peril for the national physique that was engendered by the admixture of inferior races. As an example, Gray chose to expound upon the indubitable degradation of the national physique that had occurred in Poland. ‘The history of Poland’, he commented, ‘is an awful example of national ruin brought about by the unrestricted immigration of degenerate aliens’. ‘About 600 years ago’, he explained:

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152 *RICPD-MoE*, p. 450.
the Jews were invited to settle in Poland at a time when they were cruelly persecuted in every other country in Europe. At that point the Poles had the high average stature which the other races of Northern Europe still possess. Poland now contains the largest percentage of Jews and the lowest average stature in Northern Europe.155

At this point Gray was interrupted by Fitzroy. ‘That may be the case with emigration into Poland’, Fitzroy noted, ‘but we have been told here that the Jewish children are to be found among the best types of children that the country can produce in the urban districts.’ ‘They may be more intelligent’, Grey responded, before he was again interrupted. ‘Yes, and physically they are very much superior to the average British boys’, opined Fitzroy, ‘what you say may be true in Poland and a score of other countries but to my mind it has no application to the conditions in this country.’156

As is evident from this exchange, Gray’s testimony on the racial causes of physical deterioration found a somewhat less than enthusiastic audience in the Committee, particularly with its chairman, Fitzroy.

Gray died in 1912,157 and there is no evidence that he was ever a member of the Eugenics Education Society, or any of its regional affiliates. Nevertheless, as the exchange, reproduced above, makes clear, there were undoubted analogues between the position on race outlined by Gray and that taken by many within the Eugenics movement.158 Moreover, in common with Galton and Pearson, the vision of

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155 RICPD-MoE, p. 141.
156 Ibid., p. 141.
158 The hereditarian nature of Gray’s beliefs is clear. Furthermore, his sympathy with the work of at least some of the eugenic movement’s leading players can be seen in a review he published of Pearson’s journal, Biometrika. See, idem, ‘Biometry’, Man, Vol. 2 (1902), 29-30. It should also be noted that, at a later stage, Gray was published in Biometrika, in conjunction with J. F. Tocher, who was himself a contributor to The Eugenics Review. See: J. F. Tocher, ‘Pigmentation Survey of School
normality which Gray presented to the Committee was both descriptive, and specific to a given population. Thus, explaining his desire to include a record of eye and hair colour within the proposed national anthropometric survey, Gray commented, ‘if we have measured a group of people who are brunette, very dark, and we compare them with a group of people having mostly blond hair, we know that they belong to different races and we would expect their normal or inherited average dimensions to be different’. The same conception of racialized normality also appears later in Gray’s testimony. Asked to comment upon some of the dramatic variations in stature that had been reported in Aberdeen schools, Gray commented: ‘One would have to compare a large number of measurements of the people living under normal conditions to discover whether the really belong to the same race.’ What we see in Gray’s testimony is a plurality of normalities, determined by heredity: what was normal for one “race” might well be abnormal for another. Moreover, as he made explicit in his discussion on Poland, the multiplicity of normal positions did not simply indicate difference. They were hierarchically ordered, and it was Poland’s failure to recognize this fact that had led it to ‘national ruin’.

Although the testimony of Maurice, Shadwell, and Gray was unrepresentative of the majority of evidence presented before the Committee, it was theirs that most closely reflected the social and political concerns from which it had originated. It was the progressive deterioration of the working classes, and the possibility that this would undermine the country’s security and strength that had led to its formation. Uncertainties over the nature and extent of hereditary transfer, and the opposition of


*RICPD-MoE*, p. 148.

key figures, such as Brabazon, had, however, transformed the Committee’s investigation into a question of public health. As such, it was to the field of public health that the Committee had gone in search of answers to its questions, and it was these answers which formed the basis for the recommendations which it made – the eugenic challenge had been headed off, even if it would reappear in the context of the feeble-minded, as we shall in the next chapter.

Conclusion

The Report of the Inter-departmental Committee on Physical Deterioration was presented to the House of Commons on 21st July 1904 by the Parliamentary Secretary to the Board of Education, Sir William Anson. It made fifty-three enumerated recommendations, and in line with its broad investigative remit the range of recommendations was diverse. In certain instances they advanced a need for further, more focused investigation to be undertaken; this was the case in respect of vagrancy, defective children, syphilis, insanity, and over-fatigue in child workers. In other areas, such as smoke pollution, insanitary housing, and the training of midwives, their recommendations were for the stricter enforcement of pre-existing legislation. The rationalization of data collection and analysis was another key topic: this included a national anthropometric survey, a register of sickness, and a register of house ownership. Within this incredibly broad range of recommendations there was, however, one trend that relates directly to this study. Of the fifty-three recommendations made by the Committee, thirty-eight of them dealt directly with the
twin issues of childhood and parenting, and in particular with improving the physical health of the child.\textsuperscript{161}

Upon its presentation the report was debated widely in the press and in the political sphere,\textsuperscript{162} and its influence was apparent in both the majority and minority reports of the Royal Commission on the Poor Laws, which reported in 1909.\textsuperscript{163} More significantly, it was also apparent both in the work of the Inter-departmental Committee on Medical Inspection and Feeding of Children Attending public Elementary Schools (1905-1906), and in the debates that led to its formation.\textsuperscript{164} The problems of childhood nutrition and medical inspection had taxed the Physical Deterioration Committee throughout much of their deliberations,\textsuperscript{165} and both topics featured in their recommendations. On the subject of feeding, the Committee recommended that ‘definite provision should be made by the various Local Authorities for dealing with the question of underfed children’.\textsuperscript{166} As regards medical inspection, the Committee were ‘emphatic in recommending that a systematised medical inspection of school children should be imposed as a public duty on every school authority.’\textsuperscript{167}

The publication of the Committee’s report, and the recommendations it made with regard to both the feeding and medical inspection of school children, spurred a series of debates in the House of Commons.\textsuperscript{168} And, it was from these debates that

\begin{itemize}
  \item \textsuperscript{161} \textit{RICPD}, pp. 86-92.
  \item Harris, \textit{Private Lives}, p. 240.
  \item \textit{RICPD-MoE}, pp. 25-26.
  \item \textit{RICPD}, p. 91.
  \item \textit{Ibid.}, p. 91.
  \item \textit{Hansard HoC}, 4:140, cc. 46-52; 4:142, cc. 731-733; and, 4:143, cc. 1239-1256.
\end{itemize}
the Inter-departmental Committee on Medical Inspection and Feeding of Children
arose. Although the Committee enjoyed considerable cross-party support from
backbench MPs, it is clear from a Cabinet memo, circulated by the Earl of
Londonderry, that the Unionist government had serious reservations about the issues
involved. In the memo Londonderry noted that:

> It is obvious that the terms of reference of this Committee will be a matter of no little
> importance and difficulty. We have on the one hand to arrange so that the Committee
> shall not be at liberty to make far-reaching proposals or recommendations […] which
> the Unionist party would decline to support […] And on the other hand, if the terms
> of reference are too narrowly restricted, the Government will be accused of burking
> discussion.\(^\text{169}\)

The limited terms of reference under which the Londonderry Committee was
eventually formed did not allow it to propose solutions requiring recourse to public
funds.\(^\text{170}\) As such, the Londonderry report was largely limited to reporting on existing
methods for dealing with the issues which had led to its formation. What the
Committee did achieve was keep the issues alive in political debate,\(^\text{171}\) and following
the election of Henry Campbell-Bannerman’s Liberal ministry both became part of
the raft of new-Liberal reforms. The Education (Provision of Meals) Act, 1906,
allowed for the provision of school dinners at the local rate-payers expense; and, the
Education (Administrative Provisions) Act, 1907, surreptitiously ushered in the
Schools Medical Service.\(^\text{172}\)

\(^{169}\) National Archive, ED 24/106, ‘Memorandum on Underfed Children. Terms of reference of the
Committee on Underfed Children and Medical Inspection.’

\(^{170}\) Ibid.


\(^{172}\) Harris, *Health of the Schoolchild*, chs. 1 & 2.
The two principal measures in relation to the child population that derived from the Committee’s report were thus designed to ameliorate the effects of environmental factors upon child health. When one considers the acute hereditarian fears that had provided the backdrop to its formation, the Inter-departmental Committee on Physical Deterioration represented nothing less than a triumph for the advocates of environmental reform. The widespread prevalence of chronic, often intra-generational ill-health among the urban poor had been advanced by the vast majority of witnesses, and it is evident that the Committee members readily accepted this view. However, what was also accepted by the Committee was that the causes of this were environmental and educational, not hereditary. In so doing, the Committee had chosen to accept an explicitly aspirational standard of normality, predicated upon the belief that it was environment and not heredity that denied many children the right to a normal physical existence. Indeed, on the subject of the alleged ‘Hereditary Taint’, the final report commented: ‘So far as the Committee are in a position to judge, the influence of heredity in the form of the transmission of any direct taint is not a considerable factor in the production of degenerates.’\footnote{RICPD, p. 46.}
Feeble-mindedness and Normality

The darkest side of the picture which the medical examiners have been called upon to paint arises, as might have been predicted, from the early release of imbecile or weak-minded girls from discipline or control. Numerous cases are recorded in which such girls have speedily lapsed into the criminal classes, have given birth to one or more illegitimate children, and, at the best, have completely broken down in any attempt which they may have made to assume the ordinary responsibilities of domestic service or of family life.¹

‘The Feeble-minded’, The Times (1908)

The Inter-departmental Committee on Physical Deterioration had proven to be somewhat of a disappointment to those who feared that England was in the throes of precipitous biological degeneration. The Committee’s initial scepticism over the issue of hereditary decline, which was evident in their early communications with the Home Office, appeared to have been borne out in the testimony of senior figures from within the field of public health, such as Eichholz, Hutchinson, and MacKenzie. It was deficiencies in environment, education, and feeding, not heredity, which dominated the Committee’s report and shaped its recommendations; and it was the needs of the child that stood at the centre of these recommendations. Whilst it was accepted that dramatic variations in child health undoubtedly existed, they were, it was felt, easily understood, even if they were not easily rectified. Indeed, as John Gorst had opined, the ‘causes were perfectly patent, and had been known to the House

of Commons for ten or twelve years; they were want of fresh air, want of proper food, want of proper treatment, and want of medical inspection’.\textsuperscript{2} The eugenic challenge had, it appeared, fallen upon deaf ears.

Physical degeneracy was not, however, the only area of social policy in which hereditarian fears were influential, and in which the normal child featured extensively. For many advocates of Eugenics, in the early years of the twentieth century physical deterioration was neither the most significant nor the most pressing problem that beset the country. Of even greater significance to the nation’s long-term welfare was the problem of the mentally defective, and in particular the ‘feeble-minded’. Eugenicists were not alone in their concerns over feeble-mindedness. It was considered by many, both inside and outside Parliament, to be a problem of considerable magnitude; but, as we saw earlier, it was also a condition which lacked a thorough, comprehensive, and well-delineated shape. The feeble-minded were, by definition,\textsuperscript{3} those of the mentally defective who showed the least variation from the normal – to return to Chapter 2, it was the Cross and Egerton Commissions which had intervened to classify them alongside the idiot and the imbecile in educational terms. Consequently, the difficulties in discriminating between the feeble-minded and the normal were that much more pronounced. For control to be exercised over the danger represented by feeble-mindedness it was also necessary to demarcate the boundaries of the condition, however imperfectly.

The body that was appointed to investigate and report on these twin objectives was the Royal Commission on the Care and Control of the Feeble-minded (hereafter,

\textsuperscript{2} Hansard HoC, 4:132, c. 906.
\textsuperscript{3} This was the case in British usage, in the United States feeble-minded was more often used in the generic sense that ‘mentally deficient’ occupied in Britain.
the Radnor Commission), and it is the Radnor Commission’s deliberations that form
the heart of this chapter. It was within the evolving framework of concerns,
highlighted above, that the Radnor Commission was appointed in 1904. And, it was
these concerns that dominated both the Commission’s report, and the agitation that
followed its publication, leading, ultimately, to the Mental Deficiency Act (1913). In
spite of the support that Eugenics received from certain influential sections of the
English population, the Mental Deficiency Act (1913) was the only piece of
eugenically inspired and sponsored legislation to make it through Parliament and onto
the statute book. It owed much of its success and inspiration to the work done by the
Radnor Commission. As such, the findings of the Radnor Commission and the later
agitation surrounding the Mental Deficiency Act represent a high-water mark for the
Eugenics movement, in terms of its impact on British governance. Crucially the
Radnor Commission – freed from the confines that had limited previous
investigations – also provided the most wide-ranging discussion of variation and
normality in childhood that had yet occurred. Over the four years that the
Commission sat, the behaviour, morality, criminality, and sexuality of both the
normal child and his feeble-minded or abnormal sibling all fell under the
Commission’s gaze at one time or another.

Unlike the Inter-departmental Committee on Physical Deterioration, which
had been formed as a result of acute fears of British decline engendered by the Second
Boer War, the Radnor Commission was the product of a sustained period of extra-
parliamentary pressure. Undoubtedly, many of the same concerns – such as
degeneration, national decline, imperial competition, and efficiency – served as

4 See, for example: Searle, Eugenics and Politics, ch. 9; Kevles, In the Name of Eugenics, ch. VII; and,
motivating factors in the formation of both the Radnor Commission and the Physical Deterioration Committee. However, one consequence of the prolonged campaign that led to the formation of the Radnor Commission was that hereditarian fears over the feeble-minded had penetrated far more deeply into the public and political consciousness than those regarding physical deterioration. Another consequence of the extended campaign was the manner in which it shaped not only the terms of reference under which the Commission operated, but also the composition of the Commission itself, thereby influencing the tone of the final report and its recommendations. Before going on to examine the Radnor Commission itself, the chapter examines the agents and anxieties that led to its formation.

**Concern for the ‘feeble-minded’**

In a 1905 article on ‘Brain Fag in Children’, published in the *Journal of State Medicine*, Theo B. Hyslop, Senior Physician at Bethlem Royal Hospital, set out what he saw as the scope of the problem of feeble-mindedness:

> For those who have at heart the welfare of our race there are several vast and serious problems awaiting solution, and of these there is none so great as that of the prevalence of mental decay […] Why this should be so is a problem, not of local importance, but one which affects the whole of our race, and, provided there be no amelioration during the next few decades, it will become the problem upon the solution of which our very existence as a powerful race will depend.  

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5 Searle, *Eugenics and Politics*, ch. 3.
Of course, feeble-mindedness and physical degeneracy were not necessarily unconnected. Yet, for commentators such as Hyslop, it was feeble-mindedness which was judged to lie at the root of all the great social issues that faced contemporary England. Crime, poverty, vice, immorality, and the mental and physical degeneration of the English race were all products of a seething mass of uncontrolled, and largely unrecognized, feeble-mindedness that plagued the country.\(^7\) Control of the feeble-minded – and in particular of their reproduction – would, it was hoped, do much to reduce the prevalence of these broader social issues. Ultimately, it would protect the long-term health and competitiveness of the English race, whilst reducing the economic burden on contemporary society. The implementation of effective controls would, however, require legislative action if they were to have any chance of success, and this required the mobilization of popular and parliamentary opinion upon the issue of feeble-mindedness.

It is tempting to draw out a tidy causal chain linking the rise of Eugenics and the campaign for mental deficiency legislation – and, undoubtedly, some of these links did exist. Indeed, it is reassuringly neat and easy to chart for the ten year period covering the appointment of the Radnor Commission, in 1904, through to the passing of the Mental Deficiency Act in 1913. In some ways, the presence of these linkages is unsurprising. As Roger Smith demonstrates in his magisterial history of the human sciences, the early-twentieth century witnessed the dawn of a ‘psychological society’ in the West, a core tenet of which was the recognition and measurement of individual difference: a *sine qua non* for the eugenics movement.\(^8\) Yet such an understanding does little to explain or map the complex amalgam of individuals, groups, and

\(^7\) Searle, *Eugenics and Politics*, pp. 63-64.

ideologies that fed into the campaign in the thirty year period preceding the Commission’s formation. As Mark Jackson has admirably demonstrated, interest in the feeble-minded and concerns over their impact upon society had been gathering pace since the 1860s, attracting a wide range of commentators and interest groups, long before the advent of an organized Eugenics movement. The following discussion, therefore, introduces some of the principal organizations and key individuals who spear-headed this campaign, and highlights the shape of the debates on the feeble-minded child in the years leading up to the Radnor Commission. Once more, it was crowded field of agents composed of more than just ‘experts’.

*The COS, the NAPWF, and the LCSPCF*

In the 1870s and 1880s the principal agent in the struggle to engage parliamentary interest in the subject was the COS, which, as we saw in chapter 2, not only engaged in its own research and campaigns, but also sponsored the work of independent investigators such as Francis Warner. As with any large organization, the COS provided shelter for many differing viewpoints, but at the organizational level, at least, the COS and the eugenics movement had little in common. The precepts upon which the COS had been founded stressed the improvability of the human condition. Indiscriminate and poorly administered charity led to the pauperization of the poor; its obverse led to the promotion of self-help, self-reliance, and moral improvement. The hereditarian reductionism adopted by many within the mainstream eugenics movement simply had no place within this ideological framework. This is not to suggest that biological classification or heredity played no part in the COS’s view of...

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9 Jackson, *Borderland of Imbecility*, esp. chs. 1, 2.
mental deficiency. In many ways, the Organization’s programmatic recommendations for the treatment of the mentally deficient were of much the same flavour as those proposed by eugenicists. In particular, the need for segregation and custodial care featured heavily with both groups. Yet the ideological foundations that supported such assertions were poles apart. For the COS custodial care was simply an aspect of its concern with rational social management. To the mentally deficient it offered the prospect of specialist care and treatment and, for their families, especially poor families, it removed a burden which might otherwise lead to pauperization and moral degradation. The Organization’s position, in this respect, was laid out in the previously mentioned Report of the Special Committee on the Education and Care of Idiots, Imbeciles, and Harmless Lunatics. In general, voluntary and charitable effort was the COS’s preferred route to social improvement. However, in the case of the mentally deficient, the report noted that ‘private charity has proved unequal to the task’. ‘Afflictions of this class’, it continued:

> can only be dealt with as a common burden by public administrative arrangements
> […] They also affect all classes of society in nearly an equal degree; so that, while the removal of an imbecile member of a struggling working-class family is a necessity,
> there is no family so wealthy to whom it is not an object to secure for such a member the best scientific treatment, with a public guarantee of proper supervision.  

By 1877, then, it is apparent that the segregation of the mentally deficient was already a point of serious consideration for some within the COS, and on the 22nd January of that year, the Council of the COS met to consider the report of its Special Committee,

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11 See, Sutherland, Ability, Merit & Measurement, pp. 31-33.
and to decide whether to place the institutional support of the COS behind its recommendations. The report was adopted by the Council, and at the close of the meeting it was ‘unanimously resolved that a deputation should be appointed to present the report to the President of the Local Government Board’. In keeping with the tone and the findings of the report, the Council also decided that the deputation should represent to him ‘the urgent need of legislation for the proper education and care of idiots, imbeciles, and harmless lunatics belonging to the pauper and to the poorer portion of the working class’.  

In the initial stages the COS trod a lonely path in its advocacy. From the 1890s onwards, however, public interest in the topic began to wax and a series of new organizations entered the fray on behalf of legislation for the feeble-minded. Possibly the most prominent of these was the National Association for Promoting the Welfare of the Feeble-minded [hereafter, NAPWF], which had come into being in 1896 as an offshoot of the COS. The Association’s President was the society hostess, social reformer, and author, Millicent Leveson-Gower, Duchess of Sutherland; its long-term Chairman was the Progressive London County Council member, and, later, Liberal M.P., Willouhgby Hyett Dickinson; and, other prominent figures associated with the organization and its campaign included Ellen Hume Pinsent, H. H. Asquith, James Crichton-Browne, George Shuttleworth, and Elizabeth Garret-Anderson. As set out by the Duchess of Sutherland, the two objectives for which the Association had been founded were: ‘(1) the improvement of the physical and mental condition of children so far deficient as to need special care though not actually imbecile; and (2) the kindly supervision of feeble-minded adults in suitable occupations so as to save them from 

14 An account of the extra-parliamentary activity that led to the formation of the Radnor Commission can be found in, Simmons, ‘Explaining Social Policy’, pp. 390-392.
degradation.'\textsuperscript{15} As with the COS, the NAPWF was also committed to the need for a large scale public enquiry into the needs of the feeble-minded, both adult and child.\textsuperscript{16} In these respects, the NAPWF continued to maintain strong ties with its parent organization, and, initially at least, its principal concerns, with the support, education, and training of feeble-minded children and adults and agitating for legislative action, mirrored that of the COS. Yet it was also an organization which included among its supporters many individuals who would, in later years, feature heavily in the Eugenics Education Society, and in the closing years of the 1910s this influence came to be felt ever more strongly.\textsuperscript{17}

Another significant organization was the Lancashire and Cheshire Society for the Permanent Care of the Feeble-minded [hereafter, LCSPCF], which was established in October 1898 by members of the Manchester School Board. The meeting at which the LCSPCF was formed had been addressed by one of the key female actors who spearheaded the campaign for mental deficiency legislation, Leveson-Gower from the NAPWF.\textsuperscript{18} It was another of these key figures, the educational campaigner and mental health activist, Mary Dendy, who would go on to become the public face and voice of the LCSPCF.\textsuperscript{19} Dendy had been a member of the Manchester School Board since 1896. In this position she had worked to convince the Board to establish special classes and schools for the mentally deficient in

\textsuperscript{16} Jackson, \textit{Borderland of Imbecility}, pp. 53-54.
\textsuperscript{17} Some of those associated with both movements included: Ellen Pinsent, Mary Dendy, James Crichton-Browne, Reginald Langdon Down, and Douglas Galton.
\textsuperscript{18} ‘The Care of the Feeble-minded: An Address by Miss Dendy’, \textit{The Manchester Guardian}, 3\textsuperscript{rd} May, 1899, p. 10.
\textsuperscript{19} Kevles, \textit{In the Name of Eugenics}, pp. 107, 148.
Manchester. She was also a committed believer in the hereditability of mental
defect and the necessity for the permanent control of the mentally defective, and in
1902 the LCSPCF opened the first permanent residential home for the feeble-minded:
the Sandlebridge Colony in Cheshire. Dendy was a tireless campaigner on these
issues, and in a 1903 article in the Economic Review, entitled, quite simply, ‘The
Feeble-Minded’, she laid out her hereditarian position. ‘We are beginning to see that
it is imperatively necessary,’ she noted:

not only that the great mass of our population shall be so bred and taught that they
may become healthy and moral parents, but also that those who, by reason of physical
or mental defect, can never become normally healthy […] should be prevented from
taking their share in the production of the race.

Breeding and training the nation’s children for their role, as the future parents of the
English race, was central to Dendy’s message; but, as she made clear, this was not the
only reason for her concern with education. Developing further on her personal
experiences with the feeble-minded child, she commented:

After years of working amongst the poor, I rather suddenly realized that nearly 2 per
cent. of our elementary school children would never be able to take direction of their
own lives, I also realized that three-fourths of our charitable work must be absolutely
wasted if we could not, by some means, take possession of those feeble lives, and
make certain that they should not have the opportunity to reproduce themselves.

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21 Joyce Goodman, ‘Pedagogy and Sex: Mary Dendy (1855-1933), Feeble-minded Girls and the


23 Ibid., p. 257.
For Dendy, then, permanent control over the lives and the reproductive faculties of the feeble-minded was necessary both on racial and on economic grounds. Although hereditarian arguments held little sway with C. S. Loch and the COS, the economic and social advantages that might be accrued through the permanent segregation of the feeble-minded also attracted their interest. For the NAPWF, however, the issue of permanent control was more problematic. Writing in 1914, the COS campaigner and Dendy’s sister, Helen Bosanquet, highlighted the tardiness with which the NAPWF adopted what she obviously perceived to be a necessary policy.

Interest in this class [the feeble-minded], and in the problems arising out of its neglected condition, was becoming much more general [in the 1890s]; and the opinion was gaining ground that the difficulties would never be fairly met except by a system of permanent care. It was long, however, before the National Association could be brought to accept this view; and it was left to the Manchester and Cheshire Society for the Permanent Care of the Feeble-Minded, under the guidance of Miss Dendy, to be the first to take action which should result in segregation. In 1901 Miss Dendy attended a meeting at the Charity Organisation Society's offices at Mr. Loch's request, to lay before the members of the National Association and others the arguments in favour of permanent care; and subsequently Mr. Loch again endeavoured to get the word Permanent included in the title of the Association, but in vain.  

As was implied by Bosanquet, and as we shall see later in the chapter, in the longer term the NAPWF did come to accept the need for permanent care for the feeble-

24 Searle, *Eugenics and Politics*, p. 64.
minded. Certainly, by 1904 the NAPWF had conceded the point, although not necessarily in the same manner envisaged by Dendy and the LCSPCF. In a letter to *The Times*, published on the 11th July, nine of the Society’s luminaries set out its revised position. ‘If these helpless persons cannot protect themselves from the evils of society’, the letter posited, ‘some controlling power must step in to protect them, and at the same time protect society from them. Permanent care (either inside or outside institutions) is the course advocated by scientific opinion, and this the National Association for the Feeble-minded seeks to promote.’26 By 1904 then, permanent care for the feeble-minded had been recognized as a key plank in the programmes of each of the three key organizations. Nonetheless, it is worth noting that, although they shared many of the same goals, the bodies that spear-headed the campaign also showed ideological and programmatic differences. As regards permanent care for the feeble-minded, the COS and the NAPWF were focused upon the need for a Royal Commission, whose recommendations would hopefully guide the formulation of a new legislative environment to support such an endeavour. The LCSPCF was also pressing for legislation in the late-1890s, and at a meeting of the society in May 1898, Mrs Burgwin, Superintendent of Special Schools for the London School Board, indicated the progress that had been made:

> the Duke of Devonshire, Lord President of the Council, had promised a Bill dealing with this matter, and Sir John Gorst had said last Friday that he was sure help would be given to this class of child. She only hoped the help would not come in the shape of a Royal Commission of Inquiry.27

27 ‘The Care of the Feeble-minded: An Address by Miss Dendy’.
Burgwin’s final comment was, apparently, greeted with a measure of hilarity from those assembled. Yet, without wishing to put too much stress upon a single, tongue-in-cheek utterance, it might also be seen as indicative of the LCSPCF’s approach to the legislative issue. As the Sandlebridge Colony showed, for Dendy and the LCSPCF the need was too acute to wait for the comprehensive legislation demanded by the COS and the NAPWF: action had to be taken. Even if, in the words of one supporter, the children attending Sandlebridge ‘belonged to one of [only] two classes’, things, in the North-West at least, were moving in the right direction.

*The Poor Law Schools Committee and the DCDFC*

Mention has already been made of the lonely path walked by the COS in the early years of its campaign for mental deficiency legislation. Adult or child, the needs of the mentally deficient attracted little in the way of either popular or political interest. In certain quarters the gradual consolidation of compulsory elementary education in the late-1870s and 1880s began to spark some concern over the education of mentally deficient children; and, in the mid-1880s, this burgeoning interest in the mentally deficient child led to their inclusion in the Egerton Commission’s terms of reference. Yet, as we saw in Chapter 2, even here the educational needs of the feeble-minded child featured only fairly superficially in the discussions of the Commission, and its vague recommendations on the subject attracted no subsequent legislative action. The lack of government action did not, however, signal any diminution in awareness of the feeble-minded among some School Boards. As such, in the years immediately

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28 The two classes were, those whose parents ‘were either sufficiently open-minded to realise the necessity of the permanent segregation of their children, or they were so degraded and indifferent that they were glad to get rid of them’. ‘The Care of the Feeble-minded: Opening of the New Schools’, *The Manchester Guardian*, 7th Nov., 1902, p. 10.
following the publication of the Egerton report, the recommendations of the Commission, vague though they undoubtedly were, provided the blueprint for the formation of special classes in London, Leicester, Birmingham, Manchester, and a few other urban centres.²⁹

Equally, although legislation was not forthcoming, the mentally deficient child had not entirely slipped from the view of central government in the period following the publication of the Egerton report. The Poor Law Schools Committee – which was appointed by the Local Government Board in September 1894 under the Chairmanship of Anthony Mundella – devoted Section XII of its report to the educational needs of ‘Feeble-minded Children’. Although the report contained very few concrete proposals for the education of the feeble-minded, the Committee did offer some counsel. Firstly, they suggested that ‘in fairness to the normal children as well as for the benefit of the feeble-minded, separate provision should be made for their education’. They also recommended, that ‘the medical officers of the several Poor Law schools should be required to examine all children periodically’.³⁰ Even in respect of these limited objectives, it should be noted that neither the form that the separate education might take, nor the structure of the proposed medical examination were developed with any degree of detail. The failure to expand upon these recommendations was not due to a lack of investigation on the Committee’s part. The problem lay with the evidence itself. For, as the Committee rather acerbically observed:

²⁹ By 1898, when the Departmental Committee on Defective and Epileptic Children reported, special classes had been established in London, Leicester, Birmingham, Bradford, Brighton, Bristol, and Nottingham, with one in the process of being formed in Plymouth. See, Report of the Departmental Committee on Defective and Epileptic Children [C. 8746] (1898), p. 1.
The evidence which we have received as to the best method of treating feeble-minded children shows considerable diversity of opinion, but two considerations have been brought prominently before us: (1.) That the best medical authorities are not agreed in approving any particular method of discriminating the various forms of mental weakness; and (2.) That there is still less agreement as to the right mode of treating and classifying such cases, when they are so discriminated.31

The report of the Poor Law Schools Committee was, in many areas, a comprehensive document, but as regards the feeble-minded it was somewhat disappointing. It had foundered upon the same two problems that had dogged the Egerton report: an inability to accurately determine the bounds of feeble-mindedness, and a consequent lack of workable recommendations as to the necessary scope of educational provision for this group.

In the late 1890s, however, as general concern over the feeble-minded began to mount, in particular the COS, the NAPWF, and the London Schools Board combined their efforts to bring the feeble-minded child once more to the forefront of political attention. Their efforts were rewarded in December of 1896, when the Department of Education agreed to conduct an investigation into the educational needs of the feeble-minded.32 The body that was appointed to conduct this investigation was the Departmental Committee on Defective and Epileptic Children (DCDEC), and, as one might expect from a departmental committee of the Board of Education, the interests of the Board were well represented among the Committee’s members. The Committee’s Chairman was the Rev. W. T. Sharpe, Senior Chief

31 Poor Law Schools Committee, p. 78.
Inspector of Schools, and he was joined by the following: H. F. Pooley, Senior
Examiner of the Education Department; A. W. Newton, one of His Majesty’s
Inspectors of Schools; and, as secretary to the Committee, H. W. Orange, an
Examiner at the Board of Education. Membership of the Committee was not,
however, confined to senior figures within the Education Department. It also
reflected in some part the interest groups who had campaigned for the Committee’s
formation: representing the wider medical community was the ever-present
Shuttleworth; from the London School Board, Mrs Burgwin, whom we met earlier,
and Dr. W. R. Smith, the Board’s Medical Officer; and, from the NAPWF, one of
their Council members, Miss Pauline Townsend.\textsuperscript{33} The Committee’s terms of
reference were in three parts:

To inquire into the existing systems for the educations of feeble-minded and defective
children not under the charge of Guardians, and not idiots or imbeciles, and to advise
as to any changes, either with or without legislation, that may be desirable.

To report particularly upon the best practical means for discriminating on the one
hand between the educable and non-educable classes of feeble-minded and defective
children, and on the other hand between those children who may properly be taught in
ordinary elementary schools by ordinary methods and those who should be taught in
special schools.

To inquire and report as to the provision of suitable elementary education for
epileptic children, and to advise as to any changes that might be desirable.\textsuperscript{34}

\textsuperscript{33} Report of the Departmental Committee on Defective and Epileptic Children [hereafter, RDCDEC],
\textsuperscript{34} Ibid., p. iii.
The first and third sections of the Committee’s terms of reference were essentially functional and organizational. Both the Egerton Commission and the Poor Law Schools Committee had recommended separate educational provision for the feeble-minded, but with little detail as to how this might be accomplished or financed. The DCDEC was to fill in these gaps in terms of practice and funding. Yet this was not the whole of the Committee’s task. As the second part of the terms of reference makes clear, defining and measuring degrees of variation in the child population was also a crucial element of the Committee’s remit. What is more, this was a task that they attacked with gusto. Forty-eight witnesses, drawn predominantly from education, medicine, and the voluntary sector were called to give evidence before the Committee. Among these were many familiar names, such as Committee members Newton, Pooley, and Shuttleworth, as well as Warner, Kerr, Moberly, Van Praagh, Loch, and Douglas Galton. Other significant figures included Dr David Ferrier, Professor and Physician to King’s College Hospital, and Physician to the National Hospital for the Paralysed and Epileptic; Fletcher Beach, late Medical Superintendent of the Darenth Schools for Imbecile Children; Miss Francis Alice Cooper, Secretary of the NAPWF; and, William Knollys, Chief Inspector and Assistant Secretary of the Local Government Board.\textsuperscript{35}

In terms of their organizational and functional recommendations for the education of the feeble-minded child, the differences between the Egerton Commission and the DCDEC were profound. The Committee produced detailed, specific, and workable recommendations for both the form and the funding of education for the feeble-minded and the epileptic child, and it was these, albeit with

\textsuperscript{35} RDCDEC, Vol. II, Minutes of Evidence [C. 8747] (1898), pp. iii-iv.
significant modifications, that provided the basis for the Elementary Education (Defective and Epileptic Children) Act, 1899. Possibly the most significant of these modifications was the decision by the Board of Education not to press for compulsory legislation on the issue in the face of Treasury opposition. As a result the Elementary Education (Defective and Epileptic Children) Act, 1899 was a permissive measure, which allowed, but did not compel, LEAs to make separate provision for feeble-minded and epileptic children within their areas.\textsuperscript{36} Nevertheless, the Act did lead to an expansion in the number of schools for feeble-minded children.

As regards their work on defining and measuring variation in the child population, here the differences between the Committee and the Egerton Commission were less clear. Although the number of witnesses consulted by the Committee greatly exceeded that seen by the Egerton Commission, they were confronted by the same problem: there were no hard and fast lines demarcating the boundaries of mental ability. Thus, in a similar fashion to the Egerton Commission, the Committee was forced to report that ‘from the normal child down to the lowest idiot there are all degrees of deficiency of mental power’. It went on:

\begin{quote}
it is only a difference of degree which distinguishes the feeble-minded children, referred to in our inquiry, on the one side from the backward children who are found in every elementary school, and, on the other side, from the children who are too deficient to receive proper benefit from any teaching which the School Authorities can give.\textsuperscript{37}
\end{quote}

\textsuperscript{36} For a detailed discussion of the communication between the Treasury and the Board of Education, see, Sutherland, \textit{Ability, Merit & Measurement}, pp. 22-24.

\textsuperscript{37} \textit{RDCDEC}, p. 3.
As such, the Committee could offer no clear-cut or unambiguous method of discriminating between the normal, the feeble-minded, and the idiot or imbecile child. On the one hand, one could, as Shuttleworth suggested before the Egerton Commission, base the process of discrimination upon empirical evaluation against educational norms. For, as the Committee noted:

the great majority of the 1,300 children whom we have seen in special classes have been tried in the ordinary schools, and have been shown to be incapable of receiving any proper benefit from the instruction, having for the most part learned little or nothing beyond certain habits of discipline.38

On the other hand, one could, as Warner had previously suggested, rely upon the presence of physical stigmata. ‘Feeble-minded children’, were, in the Commission’s view, ‘in the great majority of cases, marked by some physical defect or defects discernible by the trained observer, and to some extent by the untrained.’ There were, however, some limitations to this approach. As the report observed:

A child may be abnormal in one or more respects without necessarily being feeble-minded: and there is no formula which will enable an untrained observer to pick out the precise point at which a combination of abnormalities constitutes a strong presumption of mental deficiency, and to identify the combination as that of a feeble-minded child. This is a matter which requires not only medical knowledge, but some special medical study.39

38 RDCDEC, pp. 3-4.
39 Ibid., p. 4.
The DCDEC had mobilized an unprecedented wealth of expertise on the subject of the feeble-minded child. Yet, like the Egerton Commission before it, the Committee could not provide a precise definition of feeble-mindedness. The corporate voice of this body of experts had, however, managed to clarify one area of contention from the Egerton Commission. The assessment of mental deficiency could not be entrusted to a lay community. Nor, indeed, according the Committee, could such a diagnosis be devolved to the general medical community. The boundaries between normal mental function and the various pathological states were sufficiently diffuse that only a medical man with specialist training was in a position to render judgement upon where a particular child might lie.40

The DCDEC had been appointed by the Board of Education, and it was the educational establishment that determined the bounds of the study. The medical community and the voluntary sector were well-represented on the Committee, both as members and among the witnesses called, but they did not determine the structure for its deliberations. The Committee’s discussions were framed by the requirements of the Elementary Education Acts, and the pattern for its recommendations had been set by the Elementary Education (Blind and Deaf Children) Act of 1893, itself a product of the Egerton Commission’s investigations. In this respect, the Committee was somewhat out of kilter with some of the wider concerns that had contributed to its formation: the report made no mention of the aetiology or hereditability of mental deficiency; except in a very limited number of cases, it offered no suggestions on the care of the mentally deficient outside of school hours; nor, finally, did it seek to make recommendations for those who had reached the end of compulsory schooling –

40 These factors are expanded upon in the body of the report. See, RDCDEC, pp. 9-10.
which they set at a maximum of sixteen years of age – and sought entry to the wider adult society.\footnote{RDCDEC, p. 37.} This, then, was a document which provided detailed and specific answers to a series of discrete questions about the education of the feeble-minded child. There was only problem: the questions, to which answers had been provided, were rapidly being displaced at the forefront of public concern.

\textit{From education to ‘permanent care’}

The publication of the Committee’s report, in 1898, coincided with a period in which demands for the permanent custodial care of the feeble-minded were mounting. Yet the Committee vehemently rejected such a view. ‘Public feeling’, they commented, ‘would revolt, and rightly, against the permanent detention of these educable children in institutions, and therefore it is better that they not be sent to institutions during their childhood, but should become familiar with the world in which they will have to live.’\footnote{Ibid., p. 4.} It is difficult to say how accurately the Committee’s bold assertion accurately reflected contemporary public opinion. From the outset, the LCSPCF, which was founded in the same year as the report was published, incorporated the word ‘permanent’ into its title. Moreover, it appeared to have little trouble in securing either publicity, patronage, or the funds necessary for securing its vision of a permanent residential colony at Sandlebridge.\footnote{Jackson, \textit{Borderland of Imbecility}, pp. 69-76.} What is clear is that among certain vocal and influential elements of English society the permanent detention of the feeble-minded was by no means as unthinkable as the Committee believed.
Hitherto, political interest in mental variation within the child population had been largely confined to the realm of elementary education. As we have seen, it had become widely accepted that the mentally deficient required a uniquely tailored approach to their education, but this had also proven to be true of the blind, and the deaf and dumb: it was the exceptional nature of their educational needs that had framed the debates. Yet, outside this limited area of English governance, public concerns over the mentally deficient, and particularly the feeble-minded, encompassed a much broader range of issues than just their education. Arguments for social efficiency and personal improvement, which invigorated the cause of education for the blind and the deaf and dumb, were present among some of the factions campaigning on behalf of legislative action for the feeble-minded. However, as the epigraph to this chapter makes clear, in other quarters there was also a darker side to the campaign. The ubiquitous portrayal of the blind, and the deaf and dumb, was as victims of their condition. In many instances, the feeble-minded were equally seen as victims of their condition, but with one significant caveat: their condition simultaneously rendered them a potent and existential threat to the moral, social, and racial fabric of the nation.

One response to these escalating fears was that adopted by Mary Dendy and the LCSPCF: residential schools for the feeble-minded child which then fed into permanent residential colonies. Another solution, which was adopted by the NAPWF, was the creation of residential homes for feeble-minded children in close proximity to existing special schools. As well as attending school, the children were also taught a trade. The expectation was that those who were able to would leave the homes and become self-supporting, while those who were not able would remain and proffer
some financial support to the home through their labour.\textsuperscript{44} Yet another approach was that pioneered by Ellen Pinsent, Dr William Potts, and the Birmingham School Board, in 1901: an educational after-care committee, which would monitor and assist children attending special school day classes, both during and after the period of formal education.\textsuperscript{45} Although these three approaches exhibit manifest differences, they also show notable similarities that highlight the changing patterns of concerns over the feeble-minded. The educational needs of the feeble-minded child would no longer be treated as a discrete issue. The problems posed by the feeble mind required a more integrated, long-term approach, combining education, surveillance, and control, beginning in childhood but continuing for the entire life-span of the subject.

By the time of Queen Victoria’s death in 1901, many of the threads that would interweave through the debates of the Radnor Commission were firmly embedded in the fabric of public discussions on the feeble-minded. Yet, the necessity remained of precipitating governmental action out of a swelling tide of public opinion. On May 6\textsuperscript{th} 1903, a conference was held at Londonderry House sponsored by the NAPWF: its purpose, ‘to consider the urgent need for proper provision for the care of persons of defective intellect, and to discuss the best methods of dealing with the question’. Among others in attendance were the following: Willoughby Dickinson from the NAPWF; the Liberal M. P., H. H. Asquith; Wilbraham Egerton, Earl Egerton of Tatton; Cosmo Lang, the suffragan Bishop of Stepney; Lady Emily Lutyens; C. S. Loch, from the COS; James Crichton-Browne; and, Reginald Langdon Down. In his address to the conference, Lang moved: ‘That it is desirable that a Royal Commission

be appointed to consider and report upon the provision available and necessary for the
care of the mentally-defective and epileptics’. Rising to second the motion, Asquith
chose to emphasize not just the pressing need for action on the subject of mental
deficiency, but also the specifics of the situation that mandated the approach outlined
by Lang. ‘Royal Commissions’, Asquith noted:

were often looked on as a convenient way for a government to shelve inconvenient
questions; but in this case there was a real terra incognita that required further
explanation. He trusted that the Government would consent to the request formulated
in the resolution.46

Of course, there was little in the way of novelty about the conference’s resolution.
Representations, as to the need for a thorough inquiry into the feeble-minded, had
been made to successive ministries since the mid-1870s, to no avail.47
Notwithstanding these previous setbacks, the petition was presented to Arthur
Balfour’s Conservative ministry in May 1903; and, in July of that year a letter in
support of the petition, signed by members on both sides of the House of Commons,
was also presented.48 Although evident support for a Royal Commission existed
within the Houses of Parliament, the presentation of the petition does not appear to
have elicited a firestorm of agitation or debate among MPs and ministers. Asquith,
for example, who had been resolute in seconding the motion calling for a Royal
Commission, was notably silent on the subject in the House of Commons. Indeed,
during 1903 and 1904, the sole voice from the Liberal benches who sought to keep the

48 Hansards HoC, 4:131, cc. 966-967.
issue alive was Charles Hobhouse. Yet, in spite of the apparent parliamentary torpor surrounding the subject, on the 9th of September 1904 a Royal Warrant was issued authorizing the formation of a Royal Commission on the Care and Control of the Feeble-minded.

**The Royal Commission on the Care and Control of the Feeble-minded**

The path leading to the formation of the Radnor Commission had been long and tortuous, and had involved the mobilization of a broad range of different organizations, individuals, and interest groups. Politicians, civil servants, medical professionals, and voluntary organizations had all contributed to the campaign, and each professed a body of recondite knowledge and expertise that was pertinent to the inquiry. In its initial form, the Commission was placed under the chairmanship of the Conservative politician, Thomas Henry Thynne, Marquess of Bath. Thynne’s time as Chair was, however, to be short-lived, and in February 1905, he resigned from the Commission. He was replaced by his fellow Conservative peer, Jacob Pleydell-Bouverie, Earl of Radnor. Other members from the political sphere were the Conservative M. P. Henry David Greene, and his Liberal counterpart, Charles Hobhouse. Representing the Home Office was its Principal Clerk, William Patrick Byrne. From the legal profession, Charles Edward Chadwyck-Healey, Bencher of Lincoln’s Inn, and Deputy Chairman of the Quarter Sessions for the County of Somerset. Initially, the sole representative of the medicinal professions was Frederick Needham, Commissioner in Lunacy; in October 1904, he was joined by Horatio Bryan Donkin, one of His Majesty’s Commissioners of Prisons; and, from March

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49 Hobhouse twice enquired of Balfour, on the 14th and 21st March, 1904, as to whether a decision had yet been made on the subject of a Royal Commission.
1905, by James Craufurd Dunlop, Fellow of the Royal College of Physicians (Edinburgh), and Superintendent of Statistics in the Office of the Registrar General for Scotland. From the voluntary sphere came three figures who had been intimately involved in the campaign which led to the Commission, Willoughby Dickinson and Ellen Pinsent, from the NAPWF, and Charles Stuart Loch, of the COS. They were also joined by the Rev. Harold Nelson Burden,\(^{50}\) founder of the National Institutions for Inebriates, who had worked closely with the Home Office previously and was a close friend of Byrne.\(^{51}\)

In addition to those listed above, there were two extra figures that would exert considerable effect upon the Radnor Commission and its recommendations: Drs William Potts and Alfred Tredgold. In a prefatory note to the Report, the Commission observed that ‘almost at the outset of our enquiry, we found that there were no available statistics from which any trustworthy estimate could be made as to the number of persons who might be said to fall within one or other of the categories named in our reference’. After consultations with the Treasury, the Commission’s solution to this problem was to appoint ‘medical investigators to make a thorough inquiry in regard to the number of mentally defective persons’.\(^{52}\) The thorough investigation that was envisaged by the Commission would necessitate the input of many medical professionals. There were, though, dangers in undertaking such an approach. As the Commission observed:

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\(^{50}\) For the various Royal Warrants under which the Commission was constituted, see: *Report of the Royal Commission on the Care and Control of the Feeble-minded* [hereafter, *RRCCCF*] [Cd. 4202], (1908), pp. xvi-xxiii.


\(^{52}\) *RRCCCF*, p. 2.
even where men of ability, who are well acquainted with the signs and symptoms of mental defect and accustomed to observe them are engaged in the inspection, there must be some difference of opinion in regard to the inclusion of particular cases in the class “mentally defective”, and in some degree also there are likely to be differences as to the sub-classes in which individuals are placed.\textsuperscript{53}

In order to mitigate this problem, and to secure, as far as possible, uniformity in diagnosis it was decided to appoint two medical representatives, Potts and Tredgold, who would co-ordinate and supervise the inquiry, and act as a bridge between the Commission itself and those undertaking the survey. The Commission’s ostensible reason for the appointment of Potts and Tredgold was that they ‘were the two medical men who made the first enquiries’.\textsuperscript{54} No mention was made of any connection between the Commissioners themselves and the two appointees; and yet, Potts, as was mentioned earlier, had worked with Ellen Pinsent on the creation of the after-school committee in Birmingham, and Tredgold was Consulting Physician to the NAPWF. As such, through the appointment of Potts and Tredgold, the coalition of groups centred on the NAPWF and the COS gained two more voices in the Commission’s deliberations.

The membership of the Commission thus reflected a wide variety of interest groups, both from within and without government. However, there was one group that was conspicuous only in its absence. Whether under the auspices of the Board of Education, the Egerton Commission, or the Local Government Board, since the 1880s educationalists had featured prominently in the constitution of the bodies investigating

\textsuperscript{53} \textit{RRCCCF. Report of the Medical Investigators with Memorandum thereon}. Vol. VI, [Cd. 4220], (1908), p. 15.

\textsuperscript{54} \textit{Ibid.}, p.15
mental defect. This was not the case with the Radnor Commission. Of the Radnor Commissioners, the only member who might even vaguely have been considered to fulfil this role was Ellen Pinsent, a member of the Birmingham School Board.

Education, which had served a constitutive role in the construction of the feeble mind, had been displaced at the forefront of political and popular concerns over feeble-mindedness.

Education may have been displaced from contemporary concerns over feeble-mindedness, but the same was not true of its principal subject: the child. As is evident from the discussion above, the problems associated with feeble-mindedness were by no means confined to the child population. Yet, as with the debates conducted before the Inter-departmental Committee on Physical Deterioration, children featured heavily in both the report of the Radnor Commission, and in the testimony presented before it. In part, this was a reflection of the pre-existing discursive and legislative structures which mapped the interaction between the feeble-minded and government, and which had produced a distinct body of expertise in the feeble-minded. Whereas the status of the lunatic or the idiot was established within diverse branches of government and the legislature (schools, asylums, workhouses, the Court of Chancery, and through the Commissioners in Lunacy), recognition of the ‘feeble-minded’ – as a legislatively and administratively distinct social category – existed solely within the realms of the elementary education system. And here, in educational terms at least, feeble-minded children represented the highest grade of the mentally defective: they lacked, perhaps, the gross abnormalities of the idiot, the imbecile, or the lunatic, but they were nonetheless unable to profit in a normal manner from a normal education, and thus were requiring of special educational provision.
To be sure, even within the elementary education system the formal categorization of feeble-mindedness was by no means universal: in the financial year 1903-1904, there were 135 recognized Schools for Defective Children that received grants from the Board of Education, clustered in a total of 58 Local Education Authorities [hereafter LEAs]. Still, it was a nascent form of expertise in the public administration of the feeble-minded, much of which was based within the Special School Committees of the newly created LEAs; and when witnesses from this field were duly called to give testimony, it was the management and training of the feeble-minded child that lay at the heart of their evidence.

A further reason for the Radnor Commission’s concentration upon the feeble-minded child was related to the visibility and accessibility of the child subject. Although levels of feeble-mindedness within the adult population were considered to be substantial, the existing mechanisms for accurately measuring its prevalence were considered to be partial, at best. In institutional settings, such as the prison, asylum, and workhouse, the diagnosis and management of the feeble-minded adult was a realistic prospect; but in the general population this type of ongoing surveillance simply was not possible within the existing legislative framework. Children, however, were the subject of compulsory education, and were placed for most of the year under state-sponsored institutional supervision. Moreover, the hierarchical assessment of

56 Jackson, Borderland of Imbecility, ch. 2.
57 In 1904, the Board of Education estimated that 71.9% of the child population aged between 3 and 15 were accommodated in public elementary schools. Between the ages of 5 and 13, this figure rose to 89.3% of the population. These figures are inclusive only of those children attending publically funded schools. No mention is made of, nor are figures given for, the numbers of children attending privately funded schools. Board of Education: Statistics of Public Elementary Schools, Pupil Teacher Centres, and Training Colleges [Cd. 2000] (1904), p. 6.
mental capacity was a fundamental component of the education process, offering ready opportunities for the comparison of the normal and the feeble-minded child. The education system was thus in a unique position to facilitate the identification and classification of the mentally defective, especially the ‘higher-grades’ of the feeble-minded who might otherwise go unrecognized. For some mental health campaigners, such as Mary Dendy and Ellen Pinsent, the visibility and accessibility of the feeble-minded child, which the education system offered, represented an irresistible draw. Likewise, for mental health practitioners, such as James Crichton-Browne, Francis Warner, and George Shuttleworth, the experimental and research environment offered by the elementary schools had proved equally alluring.

A final reason was at once practical and ideological. For those, such as Alfred Eichholz, Charles Mercier, and James Crichton-Browne, who believed that feeble-mindedness could, to some extent, be subject to amelioration, or even cure, the early identification of the problem was crucial. As R. D. Clarkson, Medical Officer at Larbert Imbecile Institution, noted, precise classification of the child subject was not always possible:

It is, however, of the utmost importance to determine the existence of feeble-mindedness long before there is any question of earning a living […] whether such cases are due to permanent mental defect, or merely to late development, they require special schools or special classes in schools for their effective treatment.58

For those who saw the issue in strict hereditarian terms, such as Dendy, Pinsent, and Alfred Tredgold, although the ideological substrate that underpinned this presumption was radically different, the need for early identification of the feeble-minded was equally pressing. Control of the feeble-minded from an early age was necessary to avoid them falling prey to crime, vice, and immorality, and ultimately from breeding more of their own kind.

Terms of reference and recommendations

For a wide variety of reasons, then, children featured extensively in the deliberations of the Radnor Commission. Of course, as we have seen, when the Radnor Commission sat for the first time in 1904, the feeble-minded child had already been a subject of governmental investigation and debate for nearly twenty years. However, in the aftermath of the Second Boer War, many of the same worries that had fuelled the debate on physical deterioration also served to enliven public and political concerns over the issue of mental defect, which had previously been seen by many as of only marginal significance. In light of this interest, both the scope of the Radnor Commission and the scale of its enquiries far exceeded any previous investigation on the subject of feeble-mindedness. In terms of scale, the Radnor Commission’s report, along with appendices and minutes of evidence, was published in eight volumes, including: a comprehensive medical investigation of the prevalence of mental defect in the United Kingdom;\(^{59}\) the results of a fact-finding mission to the United States of America;\(^{60}\) and the testimony of 248 witnesses, who appeared over the course of 68

\(^{59}\) RRCCCF. Vol. VI.
\(^{60}\) RRCCCF. Report on the Visit to American Institutions, Vol. VII, [Cd. 4221], (1908).
days of sittings,61 and generated more than 2,700 pages of testimony.62 If the scale of
the report was large, then this was only a reflection of the extensive scope of the
Commission’s enquiries. The Royal Warrant, under which the Radnor Commission
was initially formed, offered the commissioners an exceptionally broad field of study,
with little in the way of limitation on the type of recommendations that were expected
of them. Under the 1904 terms of reference, the Commission was required to:

consider the existing methods of dealing with idiots and epileptics, and with imbecile,
feeble-minded, or defective persons not certified under the Lunacy Laws; and in view
of the hardship or danger resulting to such persons and the community from
insufficient provision for their care, training, and control, to report as to the
amendments in the law or other measures which should be adopted.63

As such, and unlike previous investigations, the Radnor Commission was not limited
either by the age of the subject, or by a specific topic of study, such as education:
instead, the entire lived experience of the mentally deficient was potentially open to
their investigation.64 Consequently, although the feeble-minded child was a
significant feature in the deliberations of the Commission, he or she was not the sole
focus. Another striking, and novel, element of the Commission’s terms of reference
was its focus upon control. The care and training of the feeble-minded, which had
formed the basis for the previous investigations on feeble-minded children, feature

61 By comparison, the Departmental Committee on Defective and Epileptic children saw forty-seven
witnesses over a period of 16 days, and the Egerton Commission interviewed just five witnesses on
mental deficiency over the course of four days.
63 RRCCCF, p. xvi.
64 Those who were already certified under the Lunacy Laws were initially excluded from the
Commission’s remit. However, a new Royal Warrant was issued on the 2nd November 1906 with
expanded terms of reference. In addition to that quoted above, the new terms required the Radnor
Commission, ‘to enquire into the constitution, jurisdiction, and working of the Commission in Lunacy
and of other Lunacy Authorities in England and Wales’. RRCCCF, p. xxii.
alongside the issue of control. However, the implication that it was a well-established fact that the feeble-minded represented a danger, not simply to themselves but also to the wider community, is suggestive of the fact that from the outset it was the issue of control that was of primary importance.

The Radnor Commission’s focus upon the control of the feeble-minded was, to a great extent, a product of the conditions that had led to its formation. This was reflected both in the composition of the Commission, and in its terms of reference. Over the previous twenty years, the problem of the feeble-minded had been constructed in such a way that both the idea that the feeble-minded existed in significant numbers, and that they posed a serious and imminent danger to society were firmly embedded in the fabric of the Commission from its inception. Whereas the Inter-departmental Committee on Physical Deterioration had been mandated to investigate the validity of eugenic fears, the Radnor Commission was to be a vehicle for their expression. Indeed, issues such as the segregation, permanent detention, and even the sterilization of the feeble-minded in the national good formed a key component of the deliberations.

The core of the Commission’s recommendations was the formation of a central ‘Board of Control’, which would take over the management and supervision of all classes of mentally defective persons. The existing Lunacy Acts and the Idiots Act, 1886, would be amended to reflect the new structure, and would form the basis of the Board of Control’s authority. Legislation for the mandatory notification of all cases of mental defect would be required, and the remodelling of the existing legislation would also incorporate a new system for assessment. Within this system of
assessment several new categories of mental defect were to be created, including the feeble-minded, moral imbeciles, inebriates, and epileptics. The creation of these would allow the newly formed Board of Control to exercise powers of detention and supervision over a much broader sweep of the population than had been the case with the previous system. In particular, the system envisaged in the Radnor Commission’s recommendations allowed for the control of the most dangerous classes: the pernicious cases along the borderland of mental defect.

In light of these recommendations, it is, possibly, unsurprising to find that hereditarian theories of mental defect featured prominently in the Radnor Commission’s report. Indeed, for many of those associated with the Commission, the hereditary transmission of mental defect appeared to provide answers both to the aetiology and the solution of the conditions under discussion. Yet this was far from being the sum of the influences acting on the Commission. The agitation which had led to its foundation had involved a coalition of interest groups, and not all of these groups were equally committed to the eugenic cause. Although in certain areas they held a body of shared beliefs, especially in relation to the danger posed to contemporary society by the feeble-minded, hereditary concerns over the future of the race did not necessarily exercise the guiding force that they did for those who had embraced the eugenics movement. Moreover, the Commission itself was a political body. For those who had been most intimately connected with the agitation which had led to its creation, the Radnor Commission was a long-awaited opportunity to influence both policy and public opinion on the subject of mental defect. The positions presented in the report could not represent any one utopian ideal; they had to

65 RRCCCF, pp. 323-360.
be situated in contemporary political and social realities, and they needed to garner widespread support. Accordingly, the Commission’s report was the result of a series of negotiations: between witnesses and commission members; between the commission members themselves; and, implicitly, between the Commission and its intended audience.

Hereditarian concerns were not the only facet of this process, but they were an important one, and one area in which the influence of eugenic thinking was particularly apparent was in respect of the Commission’s findings on the ‘Causation of Mental Defect’. A range of opinions on the topic were presented before the Commission, many of them contrary to the principles of the eugenics movement. Yet, as can be seen below, from the report itself, the Commission’s conclusions on the topic were dominated by the issue of heredity:

In conclusion, we may fairly sum up the general effect of the evidence as follows:

(1) That both on the grounds of fact and of theory there is the highest degree of probability that feeble-mindedness is usually spontaneous in origin – that is not due to influences acting on the parent – and tends strongly to be inherited.

(2) That, especially in view of the evidence concerning fertility, the prevention of mentally defective persons from becoming parents would tend largely to diminish the number of such persons in the population.

(3) That the evidence for these conclusions strongly supports measures, which on other grounds are of pressing importance, for placing mentally defective persons, men and women, who are living at large and
uncontrolled, in institutions where they will be employed and detained; and in this, and in other ways, kept under effectual supervision so long as may be necessary.  

For eugenicists, these conclusions were nothing less than a triumph. The Commission had clearly and unequivocally asserted both the primary importance of heredity in the aetiology of mental defect, and the necessity for controls over the reproduction of the mentally unfit. Yet there was one problem area in respect of feeble-mindedness which these conclusions did not mention: namely, the diagnosis and classification of mental defect. This was a problem which had eluded answer in each of the previous attempts to study the condition. However, in light of the measures under consideration before the Radnor Commission, it was a necessity. The case for legislative action required the formulation of a coherent, workable classificatory system. For those who had whole-heartedly accepted hereditary precepts, an accurate family history might suffice for the diagnosis of mental deficiency, but these were both difficult and time-consuming to produce. Moreover, the permanent removal of an individual’s liberty or reproductive rights on the basis of a speculative assessment of their hereditary potential was unlikely to attract the necessary degree of either public or political support. What was required was a diagnostic and classificatory system whose precepts could be readily understood and accepted. In the end, the classificatory structure adopted by the Commission was not based upon heredity. The result, instead, was a nine point system centred on the assessment of social competence. Lunatics, epileptics, inebriates, the deaf and dumb, and those suffering from dementia all had a place in the scheme. In terms of the discussion herein, the most important classes are listed below:

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66 RRCCCF, p. 185.
(3) “Idiots,” *i.e.* persons so deeply defective in mind from birth or an early age that they are unable to guard themselves from common physical dangers, such as, in the case of young children, would prevent their parents from leaving them alone.

(4) “Imbeciles,” *i.e.* persons who are capable of guarding themselves against common physical dangers, but who are incapable of earning their own living by reason of mental defect existing from birth or an early age.

(5) “Feeble-minded,” *i.e.* persons who may be capable of earning a living under favourable circumstances, but are incapable from mental defect existing from birth or an early age (a): of competing on equal terms with their normal fellows; or (b) of managing themselves or their affairs with ordinary prudence.

(6) “Moral Defectives,” *i.e.* persons who from an early age display some mental defect coupled with strong vicious or criminal propensities on which punishment has little or no deterrent effect.\(^{67}\)

For those, such as Loch and the COS, whose concerns over the feeble-minded were predicated upon their danger to contemporary society, a classificatory system based on social competence was all they could ask for: the dangers of pauperism, immorality, inebriacy, and criminality among the feeble-minded were all covered by the scheme. For those, including Dendy, whose concerns extended to the future of the race, it was only a partial victory. Hopefully, the scheme would allow for greater control to be exercised over those with the most egregious symptoms of the problem, but it did very little to address the long-term consequences of the uncontrolled proliferation of the feeble-minded. The classificatory system adopted by the Commission was thus something of a compromise for those who had fully accepted

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\(^{67}\) *RRCCCF*, p. 188.
the eugenic doctrine. Yet, as many of them were willing to admit, contemporary
public opinion was not quite ready to accept hereditarian precepts in undiluted form,
and this was a step in the right direction.

The normal and the pathological

Hereditarian theories on feeble-mindedness, which were expressed so clearly in their
conclusions on the causation of mental defect, not only inspired the report of the
Radnor Commission; they also shaped the dominant vision of normality that was
expressed before it. Instead of the inclusive vision of ‘normality denied’ that had
coloured the expert testimony before the Inter-departmental Committee on Physical
Deterioration, much of the evidence given before the Radnor Commission evinced a
strict and often unequivocal binary distinction: if anything, it was reminiscent in many
ways of the Egerton Commission’s discussions. One could and should feel empathy
for the plight of the feeble-minded, and one could work to improve their lives and
their condition. However, in all but a few cases, the effort to return them to a state of
normality was doomed to failure: they were, quite simply, a group apart.

In terms of how the idea of the normality was employed, one might then argue
that, in certain key respects, the Radnor Commission offered little in the way of
novelty. Undoubtedly, the Commission’s discussions added a considerable amount of
detail to the previously skeleton-like picture of normality in childhood, particularly in
the realm of mental health. Moreover, the range of applications to which the concept
was applied was significantly broader than has previously been discussed. However,
as regards the normal in theoretical and idiomatic usage, much of the complexity that
defined the use of normality as an indicator of the human condition was already apparent. As we have seen, many of the central questions that continue to characterize and problematize our understanding of the normal had been elaborated in previous discussions. Is the normal purely a descriptive tool or can it be prescriptive? Should it reflect an aspirational standard or a minimal one? Does one adopt a qualitative binary separation between the normal and the abnormal, or a statistically generated and hierarchically graduated normal? And, even if one does accept the existence of an objective measure of normality, does the normal differ from group to group, or should one maintain a unitary standard? All of these questions, in one form or another, were present in the testimony given before the Radnor Commission, just as they had been in previous debates. What defined the idea of the normal child, as expressed before the Radnor Commission, was not the complexity of its manipulation: it was the ubiquity of its usage.

One indication of normality’s new-found ubiquity can be seen in a simple enumeration of its occurrences. As a point of comparison, the 1889 report of the Egerton Commission included 876 pages of witness testimony, generated by 149 witnesses. If one excludes its use in reference to Normal schools (in particular, the Royal Normal College, Norwood) the word ‘normal’ appears just nineteen times in these 867 pages: this compares with 386 uses of ‘average’, and 206 of ‘natural’.68 Twenty years later, in the first volume of the Minutes of Evidence given before the Radnor Commission, which encompassed 843 pages of testimony from 63 witnesses, the word ‘normal’ appeared 326 times, a factor of seventeen more occurrences than in

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68 RRCBDD-MoE.
1889: with 193 uses of ‘average’, and ‘54’ of natural.\(^{69}\) This is, of course, a decidedly crude analytical measure, which does little to explain or reflect upon the complexities of the different debates that coloured the evidence given before the two bodies. Nonetheless, in light of the gross similarities in topic and function that the Radnor and Egerton Commissions shared, the scale of this increase is indicative of the burgeoning importance accorded to the concept of normality which had occurred over the preceding two decades.

The use of normality as an indicator of the human condition was thus a pervasive element of the Radnor Commission’s deliberations, and this was especially so in the case of the child population. In keeping with the Commission’s remit, the principal register in which term was employed was to define, explain, and sometimes question the existence of a binary distinction between the normal child, and her abnormal, sub-normal, or feeble-minded sibling. In certain cases, the questions raised and the positions espoused by witnesses appeared to undermine the rationale of such a distinction, and yet for many of them it remained the intellectual and linguistic framework around which their evidence was structured. For others, however, even the rhetorical existence of this model was a point of contention. One of the most acute in his dismissal of a binary solution to the problem of feeble-mindedness was James Crichton-Browne. When asked to delineate the boundary between normality and mental deficiency, Crichton-Browne pointedly observed:

I have spoken of the infinite gradations in imbecility. There are the same gradations in men at large. You are constantly meeting feeble-minded people in life. There are

\(^{69}\) RRCF-MoE. I have used Vol. I purely as an indicative example: in Vol. II, which amounted to 864 pages, ‘normal’ was used 410 times. RRCF-MoE, Vol. II.
supra-normal, infra-normal and normal men and women; where to draw the line is extremely difficult.\textsuperscript{70}

In the case of feeble-mindedness the position was particularly delicate. ‘It is a very difficult thing to define’, he noted, ‘especially as we have not got a definition of what the normal is.’\textsuperscript{71} In some ways, Crichton-Browne’s assessment of the situation was a recitation of the same problems that had bedevilled previous attempts to define the issue of feeble-mindedness. However, his comments also draw attention to the manner in which the shape of the debate was changing. In his 1884 report on over-pressure in elementary schools, neither normality nor feeble-mindedness featured in the discussion. His chosen label for deviance was ‘backwardness’, a relational measure of competence, and the standard against which this deviance was measured was undefined. In his testimony before the Radnor Commission, although Crichton-Browne expressed uncertainty over providing a comprehensive definition of either normality or feeble-mindedness, there was an implicit acceptance that the two conditions exercised an independent existence.

Crichton-Browne was not unique in his dismissal of a binary distinction between normality and mental deficiency, as we shall see. Nevertheless, it was a recurrent trope in the evidence on childhood presented before the Commission. It occurred in the testimony of educators and physicians, hereditarians and environmentalists, and it is an easy matter to read into this similarity in language a coincident correspondence in meaning and purpose. Yet beneath the veneer of strict commensurability there lay at least two quite distinct variants that reflected

\textsuperscript{71} Ibid., p. 338.
differences both in professional practice and in ideological conviction. The first of these was a pragmatic, competence-based model: in its most common mode of presentation, the boundary between the normal and the exceptional was framed and determined by the empirical requirements of the educational code, and the operational and pedagogical structures of the system which this had engendered. Among those medical witnesses who adopted this model, it was often expressed in terms of the environmental, behavioural, or medical factors that hindered normal development, but which, with time and treatment, could be subject to ameliorative or remedial action. In either case the boundary itself was fluid and somewhat porous: children could, and did, pass across it in both directions. The second model was a medicalized one. Whether constituted in terms of a medical, social, or educational vision of normality, the underlying rationale was the same, and reflected an organicist, medicalized vision of society. Whatever the linguistic register in which it was framed, and whatever the aetiological framework in which it was presented, normality was the healthy state of the organism, abnormality a pathological condition. Abnormality might remain unrecognized or undiagnosed for many years, but once recognized it was *sui generis* pathological.

*The pragmatic, competence-based model*

Many of the witnesses who adopted some version of the pragmatic, competence-based model were associated with the field of education. More precisely, they were drawn from one limited sub-section of the elementary education system, that is, from those LEAs who had adopted the provisions of the permissive Elementary Education (Defective and Epileptic Children) Act of 1899. In ordinary elementary day-schools
the Standards still dominated the curriculum, despite many modifications.\(^{72}\) As has been discussed previously, the Standards were by design minimal in nature, and constituted around an abrupt binary division between pass and fail. The majority of children, those who could pass the Standards and thereby profit from education in an ordinary elementary school, were presumed to be normal. Those who were unable to profit from this education, for whatever reason, were exceptions. In the majority of elementary schools, these exceptional children spent the entirety of their school career clustered in the lower Standards, sometimes in a specially constituted Standard 0.\(^{73}\) However, in the case of those LEAs that had chosen to adopt the 1899 Act, this binary distinction translated into separate educational provision for the exceptional child, guided by a distinctive set of institutional and pedagogical requirements.

Citing one example of how this binary separation took structural form, Ellen Pinsent, Commission member and Chairman of the Special Schools Sub-Committee in Birmingham, reported in her testimony, that ‘the Board of Education requires twenty square feet for each mentally defective child, whereas the ordinary normal child may be educated on a ten feet limit’.\(^{74}\) A further example was offered by Miss P. D. Townsend and Miss Jeffries, representing the NAPWF, who noted that, ‘as a result of the Poor Laws Schools Committee in 1892 which drew attention to the defective children in Metropolitan Poor Law Schools, these children must now be treated apart from the normal children’.\(^{75}\) In terms of how this translated into teaching practice, Dr Leslie MacKenzie, speaking on his investigations among Scottish school-children, observed that ‘education of the really feeble-minded child has a different aim from the

\(^{72}\) See, Board of Education. 1904. Code of Regulations for Public Elementary Schools [Cd. 2074], esp. pp. 42-43.
\(^{74}\) Ibid., p. 468.
\(^{75}\) RRCCF-MoE, Vol. I, p. 325.
normal child; for education of the feeble-minded aims not at preparing the child to make a living through his own intellectual attainments and initiative, but so to apprentice him to the art of living as to enable him to work effectively under direction.\textsuperscript{76} Such teaching could not be entrusted to the ordinary elementary school teacher; it required a course of special training. Thus, Mrs H. Gavin, a teacher of the mentally defective, opined that ‘every teacher ought, in my opinion, to have taught normal children for some time before attempting to train the abnormal’.\textsuperscript{77} Likewise, Miss Ethel Dixon, teacher of Dr Shuttleworth’s pupils, suggested that for teachers in special schools ‘two or three years be spent in teaching normal children, and studying their capabilities and methods of teaching them. It is necessary to understand the normal before one can understand the deviations from it.’\textsuperscript{78} As such, for those working within the field of special education, a binary distinction between the normal and the abnormal child was firmly embedded in the institutional configuration of the education system. Both in structural terms and in teaching practice, the line between normality and abnormality was severe and unambiguous. Yet, as we shall see, for some of those working within the field this was only part of the story. Exclusion from the mainstream elementary education system was the defining feature of abnormality, but such exclusion was not necessarily permanent: the state of normality was one which could be regained.

A typical example of this approach can be seen in the testimony of Miss Lily Monteagle, Head Teacher of Bridgeton Special School in Glasgow. In much of her evidence, the vision of variation in childhood portrayed by Monteagle was predicated upon an explicit binary distinction between the normal and the feeble-minded child.

\textsuperscript{76} RRCF-MoE, Vol. III, p. 154.  
\textsuperscript{77} RRCF-MoE, Vol. II, p. 133.  
\textsuperscript{78} Ibid., p. 296.
While defending the value of the newly formed special classes, Monteagle argued that ‘education is as much a right of the educable feeble-minded as it is of the normal child’. Indeed, in her opinion, in the case of the feeble-minded child the need for education was in some respects even more pressing. ‘It is in school’ she noted, ‘that the mentally defective child’s interest is first aroused. The normal child by his desire and originality learns as much out of school as in school; not so the mentally defective.’ Monteagle’s explanation for this difference: ‘When he [the feeble-minded child] comes to school his will power is weak, he has little or no self-control, self-reliance, or originality. Although fond of games, he cannot even play on his own accord, hence it will be seen how utterly helpless and dependent these children are.’

Throughout her testimony, Monteagle’s belief in the pressing need of education for the feeble-minded was palpable. What was also apparent was a stark and uncompromising distinction between the normal child and the feeble-minded, or mentally defective, child. Ostensibly, the two groups shared little in common, other than the right to education. Their needs, their capabilities, and their attributes were sharply distinguished. And yet, when one examines Monteagle’s evidence on the classificatory practices in operation within her own school, this narrow bifurcation of the child population strikes a discordant note.

At the time that Monteagle was called to give evidence before the Radnor Commission, in 1906, Bridgeton Special School occupied a unique place with the Glasgow School Board. Of the six institutions in Glasgow, providing special classes for 240 children, five were attached to ordinary day-schools. Only Bridgeton existed as a standalone institution. As an independent special school, the children attending

Bridgeton were, of necessity, recruited from external sources, and the process by which they came to the school was explained by Monteagle. Children were admitted to Bridgeton ‘direct from the ordinary schools, on the recommendation of ordinary class teachers’. Subsequent to their admission, the children were then medically examined and classified on a three point scale: ‘Class I. – Hopeful; Class II. – Less Hopeful; or Class III. – Not Hopeful.’ In her evidence, Monteagle set out the implications of this classificatory scheme, in terms of the future prospects of the children entering the school.

Those in Class I. seem to me to make great progress in the special classes, and are often able, after one or two years’ training, to rejoin an ordinary class. Those in Class II. also make marked progress, but will most likely require to remain all their school lives in a special class. Those in Class III. make little or no progress in ordinary school work, but benefit largely by the school discipline, teacher’s influence, and in the centres where dinners are provided, by the wholesome food which they receive. They become more like rational beings, and more fit to associate with society in general.  

When viewed in the light of her previously quoted comments, this three part classification raises some interesting points. Although the prognoses offered by Monteagle differed somewhat between Classes II. and III., they corresponded relatively neatly to the binary framework, laid out above. In particular, exclusion from the mainstream education system, coupled with a more limited and tailored field of study, was considered to be a permanent feature of their condition. In the case of Class I., however, Monteagle was unmistakable in her assertion that these children’s

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presence in a special class was likely to be of a temporary nature. After a period of training they would ‘rejoin an ordinary class’ peoplesed with normal children and subject to the requirements of the Elementary Education Code. Moreover, those children graded as being in Class I. were not a minor or insignificant proportion of Glasgow’s special school population. They represented, in Monteagle’s estimation, approximately one third of the cohort. Pressed by Ellen Pinsent as to the ability of these children to support themselves in later life, Monteagle suggested that their transfer to an ordinary school was evidence, in itself, ‘that they would be able to pretty well earn their own living’. 81 Within a competence based model of mental defect, their rehabilitation was thus complete.

The depiction of variation in childhood that was advanced by Monteagle was one which resonated with the evidence given by several other witnesses working within the same field. 82 There was a clearly defined border which separated the mentally defective child from the normal child, and that border was determined by the Elementary Education Acts. On one side lay the Standards and the requirements of the Educational Code: on the other, special classes, and a tailored but limited curriculum. The border was not, however, impermeable. Although the idiomatic register in which or those children inhabiting the borderland, movement in either direction was possible.

In light of the vested interests of those within the education establishment, it is perhaps unsurprising that the most unequivocal discussion of the constitutive role of education in the construction of the feeble mind came from outside the field. The

82 See, for example, the evidence of: Mrs Owen Flemming, RRCCF-MoE, Vol. II, p. 283; Miss Ethel Williams, ibid., p. 287; Miss Clapham, ibid., p. 427; and, W. Leslie MacKenzie, Vol. III., p. 167.
source of this critique was the physician, author, and former Medical Officer of Health for Bradford, and Sheffield, Thomas Whiteside Hime. During his time at Bradford, Hime had acquired something of a reputation for his outspokenness in putting voice to the public health issues that he perceived to be facing the city, and in his evidence before the Radnor Commission he was equally forthright. On the issue of the suggested adoption of eugenically inspired measures to control the ‘problem’ of the feeble-minded, Hime was characteristically blunt. ‘It is easy to exaggerate the danger arising from possible descendents of a particular individual or couple’, he announced, but ‘to commit an act of violence against them, on the chance of evil arising from their children, though these may never have sexual intercourse, or may be powerless to produce children, is utterly unjustifiable.’ Even in those cases of profound mental deficiency, Hime was morally opposed to eugenic measures. In the case of the feeble-minded, there was a further more pragmatic grounding to his opposition: namely, that it was the elementary education system itself which had created the problem of the feeble-minded both through its institutional practices, and through its adoption of a unitary epistemological model – a criticism which resonates with the debates on the educational Standards in the 1860s.

At the heart of Hime’s critique of the contemporary education system was a belief that, although well-meaning, it worked contrary to the best interests of those children whose performance was below the average in traditional academic subjects. The first part of his argument revolved around the issue of institutional practices. Here his criticism centred on the mechanisms governing the distribution of the child population between ordinary day-schools, and the newly emergent special schools.

This was not a criticism of the educational setting, per se. As Hime later made clear, on principle, he was not opposed to either special schools, or educational segregation in the case of profound mental defect.\textsuperscript{85} However, in the context of the way the system operated in contemporary England, Hime maintained that it conspired against the interests of the borderline, or feeble-minded, child. In the ordinary day-school, he observed, ‘the tendency of a teacher is to get rid of a slow child out of a normal class. It is a nuisance to the teachers. They are always striving after good returns – a good average, and grants. The tendency is to bundle that child out.’ On the other side of the educational divide, in the special school, the borderline child then faced the same problem in reverse: ‘the teacher in the special school has great pride in his school doing well and is not altogether anxious to part with that pupil. And the examiner may fail to detect the child’s improvement, and confirm its attendance at the special class, to its detriment.’\textsuperscript{86} In both cases the interests of the institution and the teacher were at variance with the needs of the borderline child. There were some checks upon the institutional insularity of the system, one of them being the presence of an examiner, but these were not sufficient to mollify Hime. Drawing a somewhat less than invidious comparison with the German system for differentiating between children in need of special education, Hime reported:

In Germany a child may not be disposed of in this way until a teacher, after two years experience in its tuition, certifies that in his opinion it is desirable. In this country, the decision may be made in a few minutes by a school medical officer, who has had no training whatever in investigations of this most difficult kind.\textsuperscript{87}

\textsuperscript{86} Ibid., p. 522.
\textsuperscript{87} Ibid., p. 516.
Without suitable checks, Hime feared, the system was open to a range of factors that might have very little to do with any objective decision upon the mental capabilities of a given child. As he rather pointedly noted, the decision to place a child among the mentally deficient might result from nothing more than ‘the whim of an irritable teacher’, but the results of such a decision could have lifelong implications for the individual concerned. On the one hand, once embedded within the special schools environment, institutional pressures would likely suffice to keep the borderline child there. On the other hand, the environment of the special school might itself exert a significant influence on the child’s potential for future development. Expanding upon this point, Hime argued:

There are many children to whom it would make a vast difference were they removed from a class of normal children where they remained at the bottom, to a “special class” of which they might be at the top.

Children learn a great deal from one another. A child’s whole psychical life is stimulated by intercourse with its normally intelligent companions. A somewhat slow child, though always behind its companions, may be benefitting daily from its contact with them […] There is the greatest risk of such a child being permanently degraded intellectually by being sent to a “special class”.  

In Hime’s estimation, it was inequities in the institutional practices of the elementary system which had, in large part, shaped and constituted the idea of the feeble-minded, and in some cases exacerbated the mental deficiencies of those so labelled. Yet, this was only one part of his critique. The second element to his argument concerned the very definition of mental defect itself, and the role that the education system’s

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adoption of a unitary epistemological model played in constituting this. The target of Hime’s displeasure was the role that the assessment of ‘book-learning’ played in the construction of apparent mental defect. In particular, he questioned what appeared to him to be the unholy marriage between the failure to meet educational standards and the ideas of degeneracy that underpinned the eugenics movement. ‘It would undoubtedly be found’, he commented, ‘that if the acquisition of book learning were to be a guide to the selection of victims for castration, as it is largely for the admission to a special school, the number to be operated on would be millions.’ Even among those normal children who had been able to meet the levels of book-learning required to pass the Standards, Hime contended, the knowledge acquired was often only retained for a very limited period:

It is rare to find more than a trace of the book-learning acquired by a working man’s child at school, remaining even after a few years. Those who could give such simple facts as the number of yards or feet in a mile, or the chief towns in an English county, would be few indeed. To find one who could reduce tons to pounds, or miles to yards, would be most difficult. To find one who could do so, and explain the method, would be a “rarissima avis.” Are such ignorant persons all to be considered defectives, and treated as such? 89

If, as Hime suggested, the knowledge that was acquired by the child of the working man during his schooling was so transitory in nature, what was its value as an indicator of an individual’s likely social worth? As the excerpt below shows, in Hime’s view, the answer was clear: it was worth very little.

I know a “special” girl of fourteen who every week bakes a stone of flour for her blind mother, lights the fire, prepares breakfast and supper, and does much of the housework, in addition to attending school full time.

She is incomparably a better housekeeper than 90 per cent. of her coevals, yet she cannot count above two, or read more than a few one-syllable words.

Yet at sixteen to eighteen she and her “normal school” coevals will have an amount of book-learning which will not be very different, and the special child will be an expert housekeeper, as to which the others know little, and care less.

Is she to be castrated, as a danger to society, while the others, who temporarily got a few facts into their minds and could not retain them, are to be regarded as the fit and proper future mothers of the race?  

For Hime then, many of the foundational premises that had given rise to the Radnor Commission were fundamentally flawed. The very idea of the high level mental defective, which inflamed the passions of many activists, was principally a construct of the elementary education system. He accepted the existence of mental defect both slight and extreme. He also recognized the requirement for specialist care and education for those most profoundly affected. However, as regards the ability of the feeble-minded to blend into wider society, for Hime, this was not a danger signal for the future of the English race. It was simply a sign that the semblance of abnormality, which marked these children out during their years in education, was produced, amplified, and sometimes exacerbated, by situational factors, whose social significance faded in later years.

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Although the pragmatic, competence-based, model was most prevalent among those working within the field of special education, as Hime’s testimony makes clear this was not always the case. In spite of his medical background, Hime had chosen to concentrate upon the effects of the educational establishment on the construction of the problem of feeble-mindedness. Other medical professionals chose to look for explanations from within their own experience. For Robert Hutchinson, Assistant Physician to the London Hospital and to the Hospital for Sick Children, Great Ormond Street, the prevalence of ‘genuine’ mental defect was, he suggested, the result of ‘pure accident, like hare-lip or congenital club-foot’. There was only one class of mental deficiency where he knew of a definite cause: Mongolian imbecility, where the age of the mother was the determining factor. The outward signs of defect that were prevalent among the children of feeble-minded parents thus had little to do with heredity or any mental pathology. They were the result of poor parenting practice. As he explained: ‘the children of defective parents do not get good training, as the parents are not able to give it, and they may fall behind for that reason.’ His solution to the problem: ‘I believe if you took a baby of mentally defective parents and put it into good surroundings, and gave it a normal training, it would grow up as ordinary an individual as any other baby, if it had as good a chance.’

A further explanation for the ostensible appearance of feeble-mindedness in children was advanced by Henry Rayner, Fellow of the Royal College of Physicians (Edinburgh) and late Medical Superintendent of the Hanwell Asylum: namely, disordered sleep. ‘Ignorant parents’, Rayner noted, ‘often regard the defective sleep as the natural habit of the child, and are content with the use of soothing syrups, until

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the restlessness by night and day becomes intolerable.’ As Rayner reminded the Commission, ‘sleeplessness is more rapidly fatal than starvation’. As such, he warned, ‘the effect of bad sleeping persisting for months until the irritability of the brain is exhausted, is often, I believe, disastrous to the future possibilities of development.’

Even if no permanent damage had been done to the brain as a result of this disordered sleep, Rayner pointed out that on multiple occasions he had seen ‘normal children brought to me as defective simply as a result of insomnia’.  

Another, and in some ways more general, medical clarification of the issue was provided by George Shuttleworth. ‘My contention’, he suggested:

is that amongst the children about whom you have been asking me, who go to the special schools, there is a certain percentage, I put it down between 30 and 40 per cent., who are cases of neurotic disease, nervous affections that is to say, disqualifying them from the ordinary school course, or suffer from a nutritive defect causing anaemia of the brain, and consequently a want of proper mental function; and many of these that [sic] by careful teaching in school and careful feeding as well, may pass out of that class.  

These were not the only incidences where medical professionals questioned either the apparently widespread incidence of feeble-mindedness, or the diagnosis of the condition. In his testimony, Francis Warner, who as the Commission noted had been a pioneer in the study of the feeble-minded, suggested that ‘the real number [of

feeble-minded] is put much too high’, 95 and that ‘there are a huge number of cases thought to be feeble-minded that are not’. 96 Meanwhile, T. S. Clouston, Physician-Superintendent of the Royal Edinburgh Asylum, reported that the development of the brain in childhood did not necessarily follow any set pattern, and that the appearance of mental defect in a child did not inevitably indicate abnormality in adulthood. ‘I have seen’, he reported, ‘the faculty of speech delayed in its appearance till the age of eight and afterwards become normal. Also I have seen the ordinary mental capacity to acquire school knowledge delayed till at eleven years and afterwards it appears in normal power.’ 97

Albeit in different ways, each of the medical practitioners mentioned above raised significant questions about either the prevalence or the diagnosis of feeble-mindedness. Many of them accepted that certain segments of the child population did indeed suffer from a pathological mental condition, lying somewhere between profound mental defect and normality. Yet, each of them also recognized the existence of ancillary factors, other than morbid brain function, that might lead to a diagnosis of feeble-mindedness. Defining, diagnosing, and treating mental deficiency was thus a complex and messy business. Poor parenting, lack of sleep, neurotic or nutritive illness, and late development were all advanced as conditions which could present symptoms resembling high level mental defect. However, unlike pathological defects of the brain, these conditions were all susceptible to either amelioration or cure. Possibly for these reasons, none of those included above felt able to endorse the idea of compulsory permanent detention for the feeble-minded as a class. There were,

96 Ibid., p. 6.
quite simply, too many aspects to a competence-based diagnosis of feeble-mindedness to admit of a unitary, and permanent, solution.

*The medicalized model*

Among the witnesses who advanced some variant of the pragmatic, competence-based model of feeble-mindedness, the distinction between normality and feeble-mindedness was sometimes couched in a register which appeared sharp and unforgiving. In the case of those who adopted an absolutist, or medicalized, model of feeble-mindedness, the rhetorical division of the child population was, if anything, starker still. It was within this framework that the calls for compulsory permanent detention of the feeble-minded were propounded, and that much of the distinctively eugenic testimony was presented. Yet, this was not the sum of its applications. For many specialists in the field of mental health, including those who were opposed to compulsory detention, this was also the register in which their evidence was presented. The borderland between normal brain function and mental defect was not murky and undefined: feeble-mindedness was a distinct, specific pathological condition of the brain. In both cases, the acute binary distinction between the normal and the feeble-minded served to mark out a unique problem space within a domain that had previously been seen as fluid and ill-defined.

Among those specialists in mental health who gave evidence before the Radnor Commission, it was widely acknowledged that defining the boundary between normality and mental deficiency was a complicated task, requiring the aggregation of
a multitude of different factors. To the layperson, or even to the non-specialist medical professional, the border might, therefore, appear confused, indistinct, or even arbitrary, but to the experts in the field this boundary was both real and tangible. Mental deficiency might be profound, as was the case with idiocy and imbecility, or it might be slight, as with feeble-mindedness. Yet, however it presented itself, it was a pathological condition and it marked its victim out not simply as abnormal, but as someone who could never become normal. The articulation of such a claim did not necessarily imply radical differences in aetiology or ameliorative support from those previously expressed. Nor did it indicate that the sufferer could not become a useful or productive member of society. It did, however, mean that competence, or lack of such, could not on its own be considered as the diagnostic criteria through which normality and feeble-mindedness were recognized.

One of the pre-eminent medical specialists to give evidence before the Radnor Commission was the alienist, Charles Arthur Mercier. Mercier was a fellow of both the Royal College of Surgeons and the Royal College of Physicians, whom he represented before the Commission. He had served as Medical Officer of Health in both Workhouses and Asylums, and was lecturer on insanity at both the Westminster Hospital Medical School and the Charring Cross Hospital, where he served as Physician for Mental Diseases. In addition, Mercier was a prolific author, whose writings on the subject of mental health were many and varied. He was also, if his public writings are to be believed, passionate in his desire to combat the stigma attached to mental illness. In the preface to his 1890 treatise, Sanity and Insanity,

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Mercier commented that two of his key aims in producing a text for a general audience had been: ‘to diminish the absurd and unreasoning horror with which insane people are regarded’; and, to ‘prevent well-meaning people from making idiots of themselves by talking of insane people in their presence, as if the insane possessed neither hearing, understanding, nor memory.’\textsuperscript{101} Nevertheless, as his testimony before the Radnor Commission made evident, on the subject of mental deficiency Mercier was of the firm belief that there was no cure.

On the aetiology of mental defect, Mercier’s testimony clearly shows that he had little time for the strict hereditarianism of many within the eugenics movement. On the inheritance of mental defect, he noted that ‘it is of course generally true that like produces like’. Nonetheless, he further suggested:

\begin{quote}
With respect to the qualities that vary in different individuals of the same race, the laws which regulate their transmission are so extraordinarily complex that the result, as far as our power of production is concerned, is almost the same as if these qualities descended by blind chance. When an exceptional quality, such as feebleness of mind, exists in the parent we have no means of predicting whether this quality will or will not be transmitted to the offspring.\textsuperscript{102}
\end{quote}

This did not mean that Mercier had completely dismissed the possibility that hereditary transmission played some part in the production of mental defect. Indeed, he regarded it as a ‘\textit{prima facie} likelihood that children of persons of feeble mind will be more likely to be feeble-minded than the children of normal persons’.\textsuperscript{103} Yet it was

\textsuperscript{101} Charles Mercier, \textit{Sanity and Insanity} (London: Walter Scott, 1890), p. xiii.
\textsuperscript{103} \textit{Ibid.}, p. 364.
environmental factors in early childhood, and not morbid heredity, that played the most important part in the production of mental defect. In Mercier’s estimation, sufficiency in food and sleep, were by far the most vital requirements of the developing brain, and, he noted:

when food and sleep are both deficient in childhood it is impossible that the brain can develop at a normal rate, and unlikely that it will develop to a normal extent. Fresh air, sunlight, exercise, moderation in mental work, especially during periods of rapid growth, and many other factors, are of considerable importance, but the chief are those that I have named, and it will be seen, if they are considered, that they alone are quite sufficient, where they exist, to account for the occurrence of feebleness of mind, without calling to aid an “hereditary influence”, which may or may not exist in greater degree than the average.  

As this excerpt makes clear, childhood was, for Mercier, the most crucial phase in the making of the feeble mind, and in respect of the aetiology of mental defect, his concentration upon environmental factors, such as lack of sleep and poor food, neatly parallels with that of Rayner, Hutchinson, et al. In theoretical terms, it was the lack of reliable evidence and the sheer complexity and uncertainty of the task that had caused Mercier to place heredity in a subordinate position; but there were also sound pragmatic reasons for his concentration upon the environmental production of feeble-mindedness. If, Mercier observed, the advocates of hereditarianism were correct in their assumptions as to the root of the feeble mind, then the path to dealing with the problem would be ‘long and laborious’, with little expectation of success from any remedial treatment. But, if, as he maintained, it was environmental factors that were

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operative in the majority of cases, then much may be done to prevent, and much may be expected of treatment.' As far as Mercier was concerned, the most imperative factor, both in terms of prevention and treatment, was the early recognition of the conditions which gave rise to feeble-mindedness:

The brain that has exhausted its developmental impetus cannot be spurred into further progress along the path of development by any means known to us; but the brain that has been checked in its development by adverse influences may spontaneously start afresh when these adverse influences are removed; and, although it may never wholly recover its lost ground, it may yet attain to a standard not far short of the normal.

Mercier then was optimistic, both for the future of the feeble-minded individual, and for the chances of diminishing the incidence of the problem: the somewhat fatalistic pre-determinism of the hereditarians was not for him. Yet there was a caveat, one which set his testimony apart from that we have previously seen. The mind, which had experienced arrested development, might ‘start afresh’ when the influences that had prompted its retardation were removed, but it was unlikely to recover the developmental ground which had been lost. Although the feeble-minded child might reach ‘a standard not far short of the normal’, true normality, the normality acquired through consistent and unbroken development, could never be recovered. As such, Mercier maintained, the feeble-minded child ‘would never become quite normal, but they may become useful and self-supporting members of the community – some of them’.

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106 Ibid., pp. 364-365.
107 Ibid., p. 366.
The feeble mind and the normal mind were separated by a developmental gulf that neither time nor mere competence could bridge, but this did not mean that social competence played no part in Mercier’s recommendations. ‘In the relations of the individual with all the circumstances of life,’ he noted in a memorandum to the Commission, ‘the important factor is not intelligence, is not mind, but is conduct. If a man pursues a normal, prudent, dutiful, successful, sympathetic course of conduct throughout his life, we need no more.’

Although the vagaries of social competence were not sufficient to define or to diagnose mental acuity, they were, in Mercier’s estimation, a crucial element in determining the future life-path of those suffering from permanent mental deficiency. For those who responded well to treatment and training, and displayed the requisite degree of social competence, integration into wider society was Mercier’s goal. In the case of those who failed to respond, they posed a danger to society, and his counsel was to ‘detain them permanently’. His reason:

not because their defect is heritable, but because, in the case of the women, at any rate, they do undoubtedly bring into the world families, or persons who must be supported by the State, because from the feebleness in mind of the parent, she is unable to provide for them […] I put it on that ground, and not upon the ground that the children themselves are likely to be feeble-minded.

In much the same way as C. S. Loch of the COS, Mercier had arrived at a situation in which his position was largely congruent with the goals espoused by the advocates of Eugenics. As with Loch, strict hereditarianism held little interest for him: it was

\[ \text{footnotes} \]

109 [Ibid., p. 366.]
economic and social concerns that motivated him. The possibility for improvement of the human condition on an individual basis was a fundamental component of his work and his beliefs. In particular, he was unambiguous in his conviction that feeble-mindedness could be subject to ameliorative therapy. Yet, at the same time, there was no doubt in his testimony that feeble-mindedness was both a permanent and a pathological condition. His qualified advocacy of permanent detention was thus a reflection of the permanency of the condition. The feeble-minded child could be improved, but she could never be normal.

For the more strident advocates of Eugenics, the uncertainty that had marked previous attempts to define the problem of feeble-mindedness was anathema. Even the qualified acceptance of permanent detention, advanced by Mercier and the like, did not fully encompass the danger which the feeble-minded represented to society. The call for legislative action to permit the permanent detention of the feeble-minded, which had been the backbone of their campaign, could not help but be undermined by confusions in aetiology, diagnosis, and prognosis. If, as was suggested by many of those cited above, the symptoms of feeble-mindedness were often transitory or subject to ameliorative action, how could one convince Parliament and the general public to countenance permanent detention? What was required was a comprehensible and unambiguous framework that provided a clearly defined borderline between the normal and a permanent class of feeble-minded, and which answered some of the medical and the pedagogical questions that had been raised. Solid evidence for the hereditary transmission of mental defect would satisfy the medical side of the

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equation. However, as we shall see, on the educational side it was necessary to redefine the borderland between the normal and the feeble mind.

One witness who attempted to deal with both elements was Alfred Tredgold. Tredgold was Physician to the Littleton Home for Defective Children, and Clinical Assistant to the Northumberland County Asylum, and, alongside William Potts, had been appointed as one of the principal medical investigators to the Radnor Commission. In comparison with many of the medical witnesses who appeared before the Commission, Tredgold was a relatively young man: in 1905, he was thirty-four years old, and had only been qualified for six years. However, unlike many of the older generation, who had encountered the field through their work on lunacy, Tredgold had specialized in mental deficiency from the outset of his career. Tredgold was also a committed advocate of Eugenics, and, as he made patent in his testimony, a resolute supporter of the need for the permanent detention of the mentally deficient:

there are some who take a strong view and urge that all patients, suffering from whatever degree of mental defect, should be subject to permanent detention. In view of the causes and characteristics of this condition, and of the undoubted menace to present and future society which the unrestricted liberty of persons suffering from amentia entails, I believe this view to be theoretically correct.

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The ‘undoubted menaces’ to society which had led Tredgold to this view were the familiar ones. For present society, these included the increased risk of insanity among the feeble-minded, and the likelihood of their descent into pauperism, criminality, and immorality. The danger to future society: that the fecundity and immorality of the feeble-minded would lead to ever increasing numbers of their class. None of these concerns were new. The COS had been articulating similar fears over the risk to contemporary society since the 1870s, and Eugenic anxieties over the future of the English race had been mounting since the 1890s. Moreover, Tredgold was far from alone in airing them before the Commission.

What distinguished Tredgold’s testimony, however, was his claim to possession of a body of unquestionable scientific evidence which showed that in 90% of cases, amentia was the result of hereditary influences.

As Tredgold explained, the principal difference between his data set and those which others had used, and which seemed to offer little support to his position, was derived from his method of data collection. Others had been content to cull their information on the family history of the mentally defective from Asylum log-books, filled in by largely disinterested medical officers. Tredgold had collected his

116 To a greater or lesser extent, concerns over the potential moral and physical degradation of the feeble-minded were almost universal among those who gave evidence upon the subject. In the case of hereditarian concerns, these were by no means universal. Yet, they were represented in the evidence of a significant proportion of the witnesses called. A representative sample of those who aired similar views to Tredgold, would include: Mary Dendy, RRCCF-MoE, Vol. I, pp. 42-44; J. H. Parker Wilson, Medical Officer to Pentonville Prison, ibid., pp. 255-257; James Scott, Medical Officer of Brixton Prison, ibid., pp. 276-277; J.T. Helby, Metropolitan Asylums Board, ibid., p. 295; James Crichton-Browne, ibid., pp. 358-359; Fletcher Beach, Physician to the West End Hospital for Nervous Disease and to the NAPWF, ibid., p. 382; Rose Turner, Medical Attendant at the Metropolitan Asylums Board, ibid., p. 500; Henry Ashby, Medical Officer to the Manchester Special Schools, ibid., pp. 580-581; E. F. Coward, Burnley Education Committee, ibid., Vol. II, p. 93; Frederick Wilkinson, Director of Education, Bolton Education Committee, ibid., pp. 103-104; and, E. B. Whitcombe, Medical Superintendent, City Asylum Wenson Green, Birmingham, ibid., pp. 432-435.
personally through cross-referenced interviews with multiple family members. The aetiology of mental deficiency was clear: the hereditary transmission of mental deficiency proved that there was an intrinsic, essential difference between the normal and the mentally deficient.

Although Tredgold had few doubts about the necessity of permanent care for all of the mentally deficient, he admitted to the Commission that he had ‘grave doubts’ as to ‘the possibility of applying compulsory detention to the mildest grade – the feeble-minded’. One difficulty lay in obtaining accurate family histories for diagnosis: another in semblance of normality which characterized the higher grades of the mentally deficient. Together, they meant that ‘in the present state of public opinion’, he was sure, ‘the passing of any measure on these grounds would be utterly impossible.’ Universal detention was unlikely to pass the test of public opinion, but this didn’t mean that society should not make demands upon the feeble-minded in return for their liberty. There was, in Tredgold’s judgement, an ‘irreducible minimum’ which the feeble-minded individual must meet:

    in the event of any such person being found at large without means of subsistence, or proved guilty of offences against the law, I think that society might justly demand his permanent committal to an industrial colony; that he might, in fact, be regarded as an imbecile.  

The vagaries of public opinion meant that potential actions in respect of the adult feeble-minded were necessarily reactive, but, in Tredgold’s opinion, in the case of the

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118 _Ibid._, p. 400.
child population it was possible to take a more proactive stance. In those areas which had adopted the provisions of the Defective and Epileptic Children Act (1899), mechanisms were already in place which allowed for the assessment and management of the feeble-minded child. Were the Act to be made compulsory, as Tredgold recommended, these could be extended nationwide. Not only, he felt, did the existing special schools provide useful training for the feeble-minded, but in the future they might also function as a proving ground. Those who passed through them successfully would emerge, under supervision, into wider society. For those who were either unsuccessful, or indifferent to the opportunities which the schools offered, Tredgold looked ‘upon the fact of their failing to respond to instruction as being sufficient to certify them as imbeciles’. In practical terms then, selection from the special schools would function in much the same respect for the child population as the ‘irreducible minimum’ would for the adult population. It did not define the condition, but it did allow for the removal of the most egregious examples of feeble-mindedness.

The introduction of a national system of special schools was a key component of the recommendations of Tredgold, and, indeed, many others. Yet, as we saw earlier, the institutional practices of the special schools had themselves raised questions about the existence of a distinct binary separation of the child population. If, as was the intention of the Defective and Epileptic Children Act, those in attendance at the special schools were feeble-minded, and if feeble-mindedness was a permanent condition, how did one account for the children who were returned to ordinary day-schools? One answer was to allow for a full continuum of abilities among the feeble-

120 Ibid., p. 406.
minded, stretching right up to normality. This was a point which had been noted before the Egerton Commission, the Poor Law Schools Committee, and the Departmental Committee on Defective and Epileptic Children. However, under such conditions it was difficult to maintain the existence of a sharp distinction between normality and abnormality. Another response was to argue for improvement in the condition of the feeble-minded child, which allowed for its reintegration into a normal school, but this too raised questions. What was the source of these children’s improvement? Could other feeble-minded children be returned to a state approaching normality? And, if so, what was the basis for permanent detention of the feeble-minded? A third option was to redefine both feeble-mindedness and normality solely in terms of brain function. A child’s presence in a special school might thus serve as an indicator of mental deficiency, but it was not proof of the condition.

In practice, those who chose to address the issue before the Radnor Commission rarely offered a unitary answer. The situation was widely acknowledged to be complicated. Evidently, there were different levels of defect even within the category of feeble-mindedness. Equally, and just as evidently, some improvement could be expected among the feeble-minded as a result of training. However, neither of these explanations really sufficed to explain the quite substantial numbers of children who were reported to return to ordinary day-schools following a brief period in a special school. The only explanation which was consistent with a binary distinction in the child population was that a significant proportion of these children were, in fact, normal. They might be dull, slow, stupid, backward, or retarded, but they were not and had never really been feeble-minded.
In a series of questions, posed by Byrne from the Home Office, Tredgold elucidated his personal understanding of the situation. The exchange was sparked when Byrne sought clarification on Tredgold’s evidence for the heritability of mental defect. Byrne noted that Eichholz had presented evidence to the Commission of a study he had conducted among 1,570 children attending special schools in London, which had found very little, if any, evidence of hereditary transmission. Tredgold’s reply was in two parts. Firstly, he noted that Eichholz, unlike himself, had obtained his information through secondary sources, whose reliability and accuracy could not be confirmed. His second point, however, was more telling in defining the boundary between normality and feeble-mindedness. Of the 1,570 children attending special schools in London, who had formed the basis for Eichholz study, Tredgold suggested, ‘I am rather inclined to doubt whether all those children were really feeble-minded’. Tredgold’s rationale for arriving at this conclusion was simple. ‘Looking at the large number of children who were discharged from the special schools’, he commented, ‘there is very great doubt whether a considerable number of them were not ordinary backward or dull children’. 122 In light of Tredgold’s assertion of the need for compulsory detention of all degrees of the mentally deficient, Byrne continued:

Your views then do not in any way apply to simply backward children who are stupid, perhaps, from want of food, or living in degraded surroundings? – No.

But who, under proper care, shew that they are normal children? – Quite so; they are not feeble-minded children.

Would you go so far as to say that, if you found yourself able to send an alleged defective child back into the ordinary school, it shews that it was not feeble-minded?

– I do not think I would go quite as far as that [...] But I think that where that

In his withering critique of the Eugenics movement goals, Hime had suggested that if book learning was to be used as a ‘guide to the selection of victims for castration’, as it was for admission to special schools, then ‘the number to be operated on would be millions’. In light of his comments on special schools, it appeared that Tredgold the eugenicist was in general agreement.

Academic failure might not define feeble-mindedness, but it did not necessarily follow that academic success was not proof of normality. Yet, this was the claim advanced by, Charles Hubert Bond, Medical Superintendent of the County of London Colony for Insane Epileptics, and like Tredgold in later years a member of the Eugenics Education Society. In his experience, Bond reported, ‘the graver degrees of weak-mindedness – idiocy and pronounced imbecility – and any frequent occurrence of epileptic fits may be said to notify themselves.’ However, of the ‘cases which he diagnosed as definitely imbecile and whose mental defect certainly dated from very early childhood: 3 per cent. of them had attained the seventh standard, 7 per cent. the fifth, and 10 per cent. the fourth’. As such, he noted, ‘the mere absence of class attainments is not sufficient to screen off all feeble-minded cases’. As with Mercier, Tredgold and Bond sought to move the diagnosis of feeble-mindedness beyond a pure assessment of competence. The ability to integrate and prosper within a given environment was a useful diagnostic tool, but it did not establish normality.

The boundary between normality and mental defect was determined by the abrupt disjuncture between normal and pathological states of the brain.

Although Tredgold had questioned both Eichholz’s research on special schools, and the categorization of the children they served, the basis for his criticism was not rooted in the education system itself. The research, upon which his findings on mental deficiency were based, had been conducted in the London Asylums with adult subjects. Moreover, unlike many of his colleagues, Tredgold did not hold a place on an LEA Special Schools committee. His critique of Eichholz’s findings had been based on an extrapolation from his own work, not upon specific research in the field. However, Tredgold was not the only witness to take issue either with Eichholz’s findings, or the categorization of children attending the special schools. One witness who put forth another version of the argument was F. W. Bennett, also a strict hereditarian, representing the Elementary Education Committee of the Borough of Leicester. ‘Dr Eichholz’, Bennett reported:

referred to a large number of feeble-minded children becoming practically normal. I feel very strongly that what he calls a feeble-minded child is what we call a backward child, for which we are not allowed to receive a grant in Leicester; a feeble-minded child is going to be a feeble-minded child always, but one who through ill-health, bad feeding, or whose nervous system is not active, is merely backward, is only feeble-minded in appearance.127

Tredgold and Bennett were in agreement. In educational terms as well as purely medical ones, the feeble-minded child and the backward child were to be regarded as

examples of two distinct classes. For those in favour of compulsory detention for the whole of the feeble-minded, this broadening of the boundaries of normality promised the possibility of allaying some of the anxiety which the issue aroused. However, the expression of such ideas was not confined to this group. Possibly, the most lucid articulation of the claim was offered by W. Bevan Lewis, Medical Director of the West Riding Asylum at Wakefield. Eschewing the strict binaries of the hereditarians, such as Tredgold and Bennett, Lewis suggested that:

All grades of mental enfeeblement exist, and the several groups arbitrarily constituted merge into each other at their contiguous levels, so that an abrupt line of demarcation can never be drawn; and the more practical and useful distinction is that of defining the mere backward child as one whose mental development is protracted or delayed to a later age than is the case with the normal subject – a retarded evolution in which full mental stature so to speak is attained at an age later than the normal child, although the same level can eventually be attained; in the weak-minded child, on the other hand, however improvable he be, the normal level is never attained.\(^{128}\)

Lewis was neither a strict hereditarian, nor was he in favour of universal compulsory detention.\(^{129}\) Mental enfeeblement was, for him, a broad category that encompassed a range of different conditions, which were, to some extent at least, ‘arbitrarily constituted’. The aetiology of these conditions could vary, and dealing with them on an individual basis required subtle differences in treatment and training.\(^{130}\) Yet, as he clearly expressed, there was a ‘practical and useful distinction’ that might be drawn


\(^{129}\) Lewis did accept that heredity played a part in approx. 27% of cases of mental defect. However, it appears from his evidence that Lewis held Lamarckian views on the hereditary transmission of acquired characteristics. As such, his understanding of hereditary causes varies dramatically from those expressed by the likes of Tredgold and Potts. *Ibid.*, pp. 12-13, 16.

between the feeble-, or weak-, minded child and the backward, or retarded, child.

And, as Miss Clapham, another witness from the Leicester Elementary Education Committee noted, the distinction, which had been offered as an abstraction by Tredgold and Lewis, was already firmly embedded within the educational structure of their LEA. ‘Special attention has been given to this point in Leicester’, she commented, ‘by the establishment of “Intermediate” classes’. These classes, she continued, received three types of children:

(a) Dull children, who lag behind normal ones, to be returned to the Standards if they improve, or to be passed on to the special classes if necessary.

(b) Delicate children, who need more individual treatment to bring them into line with normal children.

(c) Neurotic children (of not very pronounced type) who would otherwise drift into small “private” schools.\(^{131}\)

Leicester had been the first of the (now disbanded) school boards to introduce special classes,\(^{132}\) and it is apparent that in the case of intermediate classes for the dull, or backward, child the new LEA was again at the forefront of educational practice. They were not, however, unique among LEAs in recognizing the potential for such classes: the idea was also advanced by: G. S. Pullon, from the Burnley Education Committee;\(^{133}\) Miss Fanny Townsend, from the Bristol Education Committee;\(^{134}\) and, James Kerr, on behalf of the London County Council.\(^{135}\) There was, it appeared, a

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\(^{132}\) Copeland, ‘Pseudo-science’, p. 713.


pressing need for intermediate or mid classes, to deal with a newly reconstituted educational category, the backward child.

When James Crichton-Browne presented his report on over-pressure in English elementary schools in 1884, the ‘backward child’ was at the heart of his critique. In his estimation, backwardness in the child population might result from any one of three different factors – dullness, starvation, or sickliness – but its defining characteristic was the same: a failure to adequately cope with demands of the educational Standards.\textsuperscript{136} Four years later, in the report of the Egerton Commission, the ‘backward child in our elementary schools’ had become the definition of the feeble-minded child in need of separate education.\textsuperscript{137} Nonetheless, in spite of the shift to a medically inspired terminology, it was the same competence based criterion which defined the condition. In the eyes of many of the witnesses who gave evidence before the Radnor Commission, it was clear that the marriage of medically defined feeble-mindedness and educational backwardness, which had shaped the debate on mental deficiency in education since the time of the Egerton Commission, was in need of dissolving. Leicester’s experiment with intermediate classes offered some hope for its future, but in the majority of cases, anatomical and psychological understandings of normality were neither coterminous, nor coincident, with the existing models of educational normality.

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After four years of work, the eight volume report of the Radnor Commission was presented to Parliament on the 16\textsuperscript{th} July 1908. Its principal recommendation was

\textsuperscript{136} Crichton-Browne, \textit{Elementary Schools}, p. 4.
\textsuperscript{137} RRCBDD, p. civ.
quite simple: that the feeble-minded should be made subject to the same powers of supervision and detention that had previously been applied to lunatics and idiots, and that all these groups should come under the authority of a single central body, a Board of Control. The formation of the Radnor Commission had been inspired by a sustained period of extra-parliamentary pressure, and the period following the publication of its report was witness to a similar campaign. At the forefront of the struggle were the NAPWF and the newly formed Eugenics Education Society, who in 1910 formed a Joint Committee, to press for legislative action. In July 1913 the Mental Deficiency Act was passed by Parliament. With the passage of this Act, the recommendations of the Radnor Commission were substantially carried through in respect of the adult feeble-minded.138

In the case of the child population, however, both the recommendations advanced by the Radnor Commission, and the results of its work were very different. Both in the report and in the recommendations it was apparent that the existence of a binary distinction between the normal and the feeble-minded child had been accepted unequivocally by the Commission. With the notable exception of Crichton-Browne, the existence of this distinction had been almost universally accepted in the testimony of specialist medical practitioners from within the field of mental health, and even among those working within the educational establishment it had received a qualified acceptance. Yet, in many cases, the evidence given in favour of such a distinction had been accompanied by a multitude of caveats, exemptions, and qualifications, and much of this nuance was absent in the corporate voice of the Commission.

Underlying these claims was a belief that in many areas contemporary provision for

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138 The period of agitation leading up to the passage of the Mental Deficiency Act, 1913 has been extensively documented. See, for example: Kevles, In the Name of Eugenics, pp. 98-99; and, Simmons, ‘Explaining Social Policy’.
the distinctive needs of the feeble-minded child was conspicuously lacking. Thus, in many cases, recognition of the issue was also accompanied by a call for compulsory national legislation to replace the permissive Defective and Epileptic Children Act, 1899.

In respect of the need for national legislation for the feeble-minded child, the Radnor Commission was in complete agreement, but the proposed shape of such legislation was very different from that imagined by many witnesses. The Commission’s vision for the ‘Education and Training’ of the feeble-minded was laid out in Recommendations LXXII to LXXXVI of the report, and this vision was, in essence, the same as that which they imagined for the adult population. For many witnesses, the answer to the problem of the feeble-minded child had been to make the Defective and Epileptic Children Act compulsory. The Radnor Commission envisaged a different course of action. They proposed:

Recommendation LXXII

That the Elementary Education (Defective and Epileptic Children) Act 1899, be amended so that the provisions of the Act shall no longer apply to mentally defective children or to epileptic children so afflicted by severe epilepsy as to be unfit to attend ordinary Public Elementary Schools.

Although it spoke only of the Defective and Epileptic Children Act, the implication of this recommendation was the dismantling of the special schools system. If it were put into practice, not only would it involve the removal of many children from the special

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139 RRCCCF, pp. 354-357.
140 Ibid., p. 354.
schools, but the extra financial assistance which they received under the Act applied solely in the case of mentally defective and epileptic children, their removal from its provisions would effectively signal the end of this funding. Of course, the dismantling of the special school system was not the Commission’s goal: what they envisaged was a national system of such schools. However, these schools would not be under the control of the Board of Education. Instead, they would be placed under the medical authority of the newly instituted Board of Control.\textsuperscript{141} The distinction between the normal child and the feeble-minded child would thus be complete. The normal child was the proper subject of pedagogy; the feeble-minded child belonged to the medical professions.

From 1908, when the Radnor Commission’s report was published, until the autumn of 1912, the question of control over the feeble-minded child occasioned a series of high level discussions between ministers and senior civil servants in the Home Office and the Board of Education. Initially, at least, the Home Office had been determined to press forward with the implementation of the Commission’s recommendations on the feeble-minded child. The Board of Education, however, was resolutely opposed to such a measure, and in the end the Radnor Commission’s recommendations on special schools never came to fruition.\textsuperscript{142} Instead, in 1914 a new Defective and Epileptic Children Act was passed that made the provision of special schools compulsory for all LEAs, and which guaranteed the place of the feeble-minded child within the elementary education system.

\textsuperscript{141} RRCCCF, p. 355.

\textsuperscript{142} An excellent account of these discussions can be found in Sutherland, \textit{Ability, Merit & Measurement}, pp. 40-50.
The Radnor Commission had been appointed as a result of a distinctive set of social and political fears advanced by an influential and vocal minority of the English population. Included amongst this group were a significant number of figures who would go on to be leading figures in the Eugenics movement, Dendy and Pinsent, for example, and some whose opinions were clearly influenced by the constellation of ideas that it represented. There were others, such as Loch, who did not accept the precepts of Eugenics, but who found themselves broadly in agreement on the subject of the feeble-minded. Both groups were united in an organicist vision of society, which viewed the mentally deficient as a pathological or infectious agent. It was these figures who had moulded the public discourse on feeble-mindedness in its formative years, and many of them were given the opportunity to voice their concerns through the medium of the Radnor Commission. As such, although the opinions expressed in the Commission’s report were couched in the language of disinterested scientific inquiry, they were often a direct reflection of the fears which had inspired the Commission’s formation. In the case of the adult population, this manifested itself in the reconfiguration of a variety of social ills into positive signs of mental deficiency. Thus inebriacy, criminality, licentious behaviour, or the inability to support oneself could all be viewed as evidence of morbid brain function.

In the case of the child, the issue was somewhat more complicated, but also offered greater possibilities for stemming the flow of future social problems. The feeble-minded child was the font from which the adult deviant emerged. Yet, many of the newly configured signs of mental deviance were either completely inapplicable, or of only marginal importance in the case of the child. This did not mean that similar
arguments could not be advanced in respect of differences between the normal and the
feeble-minded child: Dendy, for example, suggested to the Commission that:

You can predict pretty certainly of normal children that under certain circumstances
they will do certain things; they have some characteristics in common though they
vary very much. The only characteristic which feeble-minded children have in
common is a great weakness of will-power. 143

Nevertheless, the self-reinforcing nature of the social deviance arguments, put
forward in relation to the adult population, did not have the same purchase with the
child population. The key social threat which the feeble-minded child represented lay
in their capacity to do harm in the future. As such, the classification of the mentally
deficient child, although analogous with that of the adult, presented its own set of
unique issues. By no means the least of these was the necessity to reach an
accommodation with the pre-existing discursive, legislative, and executive structures
in which the feeble-minded child was situated. In this respect, the Radnor
Commission’s recommendations on the feeble-minded child were a notable failure.
Agents from the field of education had contributed in great measure to the
Commission’s deliberations. Yet, in its recommendations on the training of the
feeble-minded child, their input and their concerns were largely unrepresented. In
their place was a medical model, which promised early control over the social
problems represented by the feeble-minded adult, but had little to say about how the
feeble-minded child existed in contemporary educational practice. It is this omission
that, at least in part, explains the Board of Education’s opposition to the Radnor
Commission’s recommendations.

Conclusion

The amalgam of social concerns which underpinned the Radnor Commission’s formation governed both the tone of its report, and the questions which were asked of those who appeared before it, but they did not determine the answers provided. Even within the medical field, where the equation of feeble-mindedness with morbid brain function was most prevalent, several eminent witnesses had expressed doubt over the unitary vision advanced by the likes of Dendy, Pinsent, and Tredgold. In the case of Hutchinson, Rayner, Shuttleworth, Warner, Clouston, Crichton-Browne, and, in some respects, Mercier, these doubts appeared in the way of qualifications of the central thesis. There were other examples, however, of a more vehement response. Hime, as we have seen, found the idea of biological determinism repugnant on moral grounds. Likewise, Eichholz rejected any suggestion of hereditary transmission. ‘Feeble-mindedness’, he argued:

like other signs of physical degeneracy, depends according to this view, largely upon the circumstances of evil environment for its constant re-inforcement. It is not, any more than the other signs of physical deterioration, to be considered as a permanent trait, and a permanent feeble-minded class is no more a racial reality than a physically deteriorated class.\footnote{\textit{RRCCF-MoE}, Vol. I, p. 206.}

The Commission’s report was a synthetic work, and much of the dissenting opinion only becomes visible when one moves beyond the report and examines the testimony of the witnesses. There were other views, opinions, theories, and ideas on the education, care, classification, and training of the child that were expressed before the
Commission, and which, for different reasons, did not make it into either the report or the recommendations. Often, these suggestions were only peripherally related to the central questions that the dominated the Commission’s report. One proposal, advanced, in 1905, by both Frederick Mott and James Kerr, was for the appointment of educational psychologists.\(^{145}\) Mott, in particular, was convinced that in the case of the London County Council (LCC), there was an immediate need for such a figure, to work with both normal and mentally deficient children.\(^ {146}\) It was only in 1913, with the appointment of Cyril Burt, that this idea was taken up, but as Mott and Kerr’s evidence demonstrates the gestation period was considerably longer. Another related issue was the distinction between mental disease and backwardness, which appeared in the evidence given before the Commission, and the implications that this had for the assessment of the child in educational terms. Admittedly, the definitions of backwardness varied quite dramatically: one witness suggested that it encompassed those children who were only two years behind their age cohort,\(^ {147}\) another that it could go as high as three or four years,\(^ {148}\) and, a third pointed out that many ‘normal’ children never even make it beyond the second Standard.\(^ {149}\)

Crucially, what was clear in the testimony above was the idea that normal children possessed divergent mental abilities, which could be hierarchically graded on a temporal scale, through the medium of academic performance. When the Radnor Commission’s report was published, in 1908, the parameters of the concept were diffuse and undefined; but in the years following its publication this inconsistency would be ‘conquered’ by the introduction of a battery of mental tests which provided

\(^{146}\) \textit{Ibid.}, p. 456.
\(^{149}\) \textit{Ibid.}, p. 495.
empirical data on the mental capacity of the individual child. Indeed, it was while the Commission was still sitting that possibly the most influential of these tests was being formulated in Paris, by Alfred Binet and Theodore Simon. The first version of Binet and Simon’s ‘measuring scale of intelligence’ had appeared in 1905, but it was with the publication of a revised version in 1908 that its popularity spread worldwide. The essence of the revised Binet-Simon scale was the introduction of a year scale; tests were grouped together within the scale by the age at which most children passed them successfully. A child’s intellectual level (later, ‘mental age’) was determined by the highest age at which it could pass most tests successfully, and this figure could be compared with their chronological age to establish empirically their relative level of mental development. It was this development – the comparison of a mental, developmental age with chronological age – that informed future development in psychometric testing, including the Intelligence Quotient, and its importance was not lost on some in England. It was James Kerr, in his 1909 report for the LCC Education Committee, who first drew attention to the advantages the Binet-Scale might have for English Education. The following year George Newman, Chief Medical Officer to the Board of Education, added his support; but it was with the LCC’s appointment of Burt, in 1913, that mental testing began in earnest, and another new chapter in the development of the ‘normal child’ was written.

At the time of the Radnor Commission’s sittings, many of the ideas listed above existed only in nascent form. They were often partial, undeveloped, or appeared to lack the structural elements that might lead them to fruition. Yet, at the

151 Sutherland, *Ability, Merit & Measurement*, pp. 54-56.
same time, they were indicative of the constantly changing shape of ideas concerning both the normal child and its education. In the Radnor Commission’s recommendations on the feeble-minded child, the marriage between education and medicine appeared to be strained to the point of breaking. Yet, outside this specific frame of reference, this conflict did not reach the same level of intensity. In the field of public health, the Schools Medical Officers of Health continued to play a complementary role, and, in 1907, the Education (Administrative Provisions) Act, through the medium of the School Medical Service, introduced the physician into the classroom in an official capacity. Educational psychology was also successfully established in England in the years following the Commission’s report, and in the inter-war years the potential value of Child Guidance was recognized by the Board of Education. In each instance, however, the bounds of normality had to be re-assessed, and the problem of the ‘normal child’ was negotiated once more.
Conclusion

The normal child was neither discovered nor invented during the period 1880 to 1914; rather, it was at this point when a wide variety of actors put it on the governmental agenda as a shifting, mutable object of recurrent inquiry and discussion. This project has sought to reconstruct the making and remaking of the problem of the normal child during this period. Indeed, it is worth emphasizing the term ‘problem’, because the normal child was – and in fact would remain – just that: problematic. That is to say, it was confused, contested, subject to various articulations by a broad range of actors, among them officials, experts, MPs, philanthropic and voluntary organization, school boards, teachers, and local authorities. Likewise, even when the normal child as such was being discussed it was subject to multiple articulations, each of them drawing on and mobilizing different conceptions of the normal itself, whether as an assumed average, an explicit average, an average that was by definition inferior, or an optimal condition that was achievable; or again, as a condition that was more or less fixed, or one that was mutable and capable of being moulded.

Certainly conceptions of the normal child were at stake; yet this thesis has not sought to provide an intellectual history of the normal child during the period under consideration. Quite the contrary, though it has sought to acknowledge the importance of ideas and idioms, it has also sought to acknowledge the importance of practices, institutions, and professional interests, as well as considerations which extended much beyond the field of education narrowly defined – considerations of finance; the health of the nation; and the practicalities of organizing a national education system. In particular, as the opening two chapters suggested, it was the
advent or a more or less universal system of elementary education that provided something like the institutional conditions in which the problem of the ‘normal child’ could flourish and be posed as such.

Equally, it has also sought to acknowledge the role of multiple actors and agents. Was there a particular group of agents that was especially crucial to the making the normal child during this period? No doubt, as has been widely acknowledged, the importance of medicine increased over the period in question – so too eugenics perhaps – but as we have seen, within the discipline itself uniformity of opinion was a rarity. As the introduction made clear, child welfare was a complex system that was defined by the interaction by the interaction of multiple actors. In terms of posing and shaping the problem, there were a host of other actors that were just as important – MPs, ministers, teachers, and voluntary and philanthropic agents. To be sure, pronouncements on normality became increasingly mediated by the medical professions – yet the power to produce or define the normal was by no means monopolized by experts or doctors of one sort or another. The making and the re-making of the normal child was thus an incredibly complex undertaking – one which is ongoing today; what this thesis has sought to do is provide the most thorough reconstruction of this complexity to date. Four points might be made by way of conclusion.

*Variation: administrative, structural, pedagogical, and developmental*

Much of the complexity that informs this thesis is centred on the recognition of variation, which has long been considered crucial to the emerging natural sciences
during the nineteenth century, especially in the realms of statistics, and evolutionary thought and Darwinism (Darwin’s *Origin of Species* opened with a chapter entitled ‘Variation under Domestication’, followed by one entitled ‘Variation under Nature’). Grappling with the issue of variation was also, however, a crucial problem in the field of education. When, in the 1830s, the English state made its first forays into the field, the key areas of variation which it sought to address were not located within the embodied child; rather, they were to be found in the manifest administrative, pedagogical, and structural peculiarities of the system itself – if, indeed, one can call educational provision at that time a ‘system’. As is demonstrated by some of the twenty-first century debates on English educational provision – ‘failing schools’, a ‘postcode lottery’ in educational provision, and inflated house prices within the catchment area of ‘good schools’ – the problem of administrative, pedagogical, and structural variation in the national education system was not one that was solved in the nineteenth century; but, crucially, from the 1830s onwards variation in the field of education – began to be framed in national terms, and around national standards.

The introduction of the Treasury Grant for the building of schools in 1833 was the first stage in a process which witnessed the problem of variation being simultaneously re-worked on a national scale, but in ever more precise and localized terms. The first requirement was purely structural: more and better designed schools – produced to centrally-generated and inspected standard plans – whose building was co-ordinated at a national level. Then, in 1839, through the formation of the Committee of Council on Education and the Schools Inspectorate, the beginnings of a national administrative framework and a standardized informational infrastructure were put in place. Variation in the quality of teaching was the next problem to come
into focus, leading to stipends for teachers, the establishment of teacher training schools and, ultimately, Lowe’s Revised Code of 1862 and the educational ‘Standards’. It was these three areas – the administrative, the structural, and the pedagogical – that dominated the national discussions on variation in the education system between the 1830s and 1870s, and it was these areas that formed the focus of the Elementary Education Acts of 1870 through to 1880.

It was only in the 1880s – when the most egregiously chaotic elements of the pre-1830s education system had been made a little more, though hardly completely, uniform – that the problem of variation within the child population began to be posed on a national level. Even the heavily debated educational ‘Standards’ – although focused upon the individual assessment of the child – were not directly formulated around the need to discriminate between children; their principal purpose, when introduced, was to govern the relationship between central government and the schools through the medium of educational funding: that is, to discriminate between schools, not children. Consequently, the problem of variation within the child population – which started to be posed on a national scale in the 1870s and 1880s – was the culmination of a much longer and wider discussion on variation within the education system: one which stretched back to the 1830s and the beginning of the English state’s involvement with the system.

Standards and the normal

Questions of variation within the educational system had a long pedigree, but it was in the context of debates over the educational ‘Standards’ that the problem of the
‘normal child’ first came to prominence. Yet, as we have seen neither of these categories – normal or standard – were, or indeed are, unproblematic in themselves. Standards, for example, come in a wide variety of types – goals or limits, minimal or optimal, measure or tolerance, long-term or short-term – and one’s relationship to a standard can often determine the way it is viewed: what is perceived as a limit of tolerance by those who set a standard can easily become a goal for those who are subject to its provisions (as was noted during the 1860s and 1870s in respect of the Education Code). Moreover, standards – although imbued with a necessary degree of permanence – can and are modified in the light of changing circumstances. Equally, ideas of the normal and normality are fluid and amorphous, unless constrained within a rigorous definitional framework. On the one hand, normality is that which is ordinary, average, or unexceptional: descriptive, and something like a minimal standard. On the other hand, it is an expression of an ideal, of health, and freedom from disorder: aspirational, and an optimal standard.

It was in the period 1880 and 1914 that the idea of the ‘normal child’ emerged as a standard in itself; but it emerged against and within a pre-existing framework of politically determined standards and goals – in particular, the educational ‘Standards’. By the 1880s the ‘Standards’ that suffused the national education system were orientated towards a goal of creating a literate, numerate, and economically mobile population, which would be able to deal with the military, industrial, and social rigours of trans-national competition. Thus for many of those involved at a national level the ‘Standards’ were a reflection of this greater goal; but they were not the ‘goal’ itself: they were (as was set out above) a limit of tolerance, below which it was considered that progress had not been achieved. Yet, for those upon whom they had
the greatest immediate impact – children, parents, teachers, and school managers – the ‘Standards’ could be perceived as nothing other than a goal; it was they which largely determined the financial security and social position of all involved, and, as such, provided the principal point of contestation and between the State and the education system.

To some extent at least, this relationship was reconfigured with the reforms in educational funding which followed the Egerton Commission’s recommendations. Certainly, in the case of the relationship between government and schools, the creation of classes of ‘exceptional’ children – who were deemed to lie without the bounds of the ‘Standards’, but, crucially, still within the bounds of educational funding – allowed for a fundamental reconfiguration of the manner in which the ‘Standards’ were employed. With educational funding to some extent secured, the ‘Standards’ could be used as a means for school authorities to discriminate between children, rather than for government to discriminate between schools; variation in the child population itself was now a nationally and legislatively recognized ‘issue’, one whose solution demanded the mobilization of new bodies of expertise. It was in this context that the problem of the ‘normal child’ was born: at a meeting place between government, philanthropic and voluntary interest, education, and medicine.

The partial separation of the ‘Standards’ from the issue of educational funding, had gone some way towards healing the rift between government and education; but, the problem of the ‘normal child’ was still a heavily politicized issue. Within the education system, the ‘Standards’ provided a rough and ready guide to educational normality, a pragmatic, competence based determination that allowed for the
institutional management of variation; but as concerns over the child population spread beyond the confines of education into broader social issues – physique, degeneration, and mental deficiency – the problem of the ‘normal child’ was increasingly articulated in terms of absolute, rather than pragmatic, standards of normality.

_The ‘problem’ of the normal_

As the articulations of the normal became more prominent, they were subject to debate and contestation, and this confusion was undoubtedly compounded by the multiplicity of specialisms, disciplines, and actors who featured in the creation of the problem of the ‘normal child’. But, how do we explain this over determination and confusion? Doubtless something of this has to do – as Hacking and Stigler have suggested – with the intrinsic indeterminacy in the normal itself – on the one hand, as average; on the other as ideal. To this we might add, as Ewald has suggested, that the normal is not like the natural (in the sense of some kind of transcendental standard); rather it is resolutely empirically and therefore inherently historical and shifting. But even beyond this, the normal itself is also historically situated: it was created in the crucible of early nineteenth-century medical theory and was an evolving and developing idiom throughout the nineteenth and early twentieth centuries. Innovations in the field of statistics, for example, added yet more complexity to the already fractured idiomatic landscape, as the normal distribution – and possibly more importantly the normal (bell) curve – gained ever more importance as a means of describing and visualizing variation within human populations.
As such, it is very difficult to speak of a *process* of normalization, as some Foucauldian scholars do, except perhaps in very general terms; it is the details that matter, and when looked at up close we find a great deal of confusion, contestation, and a wealth of competing priorities and prejudices. As we saw in chapters 3 and 4, the choices that actors made in their idiomatic representations of normality often reflected deep and fundamental differences in ideology and socio-political goals. The ‘normal child’ was advanced as a standard of comparison by many different agents, but there was little commensurability within their formulations. Minimal or optimal, goal or limit, decisions on where to situate the ‘normal child’ were informed by much more than simply the desire to describe or classify a given population. The resolutely aspirational ‘normal physique’ that was at the heart of Eichholz’s testimony to the Inter-departmental Committee on Physical Deterioration was a call to arms on behalf of the urban poor, articulated by a committed proponent of the dangers of environmental degradation. Likewise, the vision of normality which appeared in the evidence given by Tredgold before the Radnor Commission was constituted in terms of wider social, professional, and political goals: for him, the normal was coincident with the health of the body politic, the abnormal – the feeble-mind – was a social danger which needed to be excised. The judgements offered by Eichholz and Tredgold were delivered in their professional capacities: they were ‘expert’ opinions. But, they were not apolitical; they were political opinions, delivered in a political forum, to an audience of political actors who determined their applicability within a framework of wider social and political concerns.
In light of these mounting social and political concerns, the period 1880 to 1914 undoubtedly witnessed an ever increasing penetration of medical ‘experts’ into debates on the child; but, as we have seen, this was a field which was already crowded with actors, and although the medical voice came to be heard ever more forcefully as the years progressed it was always in mediated form. Politicians, public opinion, philanthropic and voluntary agencies, and educationalists all contributed to the process of defining the shifting, fluid ‘problem’ of the normal child. As we saw in Chapter 2, ‘expert’ pronouncements were not confined to representatives of the medical profession. Crichton-Browne’s poorly framed interjection into the debate on over-pressure was decisively answered by Fitch from the Inspectorate of Schools. Moreover, when we examine in detail the debates that have formed the evidential core of this thesis, it becomes apparent that there was no ‘medical voice’, any more than there was an ‘educational voice’, a ‘political voice’, or a ‘philanthropic voice’. The representatives of these broadly configured groups were multi-vocal: univocality was only present in the corporate, synthetic voice of the ad hoc committees-commissions. The debates covered in chapter 4, for example, evidence a broad and conflicting range of ‘expert’ medical opinions on the possibility of hereditary transmission of mental defect. It was only through the mediating influence of the Radnor commissioners that this mass of confused, contested testimony was resolved into the conclusion that ‘the prevention of mentally defective persons from becoming parents would tend largely to diminish the number of such persons in the population’.\footnote{RRCCCF, p. 185.}
The commissioners and committee members were thus not simply the passive recipients of ‘expert’ advice. They were, as Eichholz discovered, active agents who weighed and measured the evidence that they were presented with in the light of the social and political concerns that had shaped the issue under investigation. Just one year after his appearance before the Inter-departmental Committee on Physical Deterioration Eichholz was called to give evidence before the Radnor Commission. The testimony he offered on both occasions was substantively the same: that there was no evidence of any hereditary degeneration in the health of the urban poor; and, that the principle causes of the ill-health that did exist were environmental. In the case of the Inter-departmental Committee on Physical Deterioration, Eichholz’s testimony went on to form the core of the Committee’s report and recommendations. In the case of the Radnor Commission, his evidence was treated to a precise, meticulous deconstruction. The problem domain had shifted, and Eichholz’s ‘expert’ opinion did not integrate with the reconstituted problem.

*Final thoughts*

As noted above, the problem of the normal is also the problem of variation – or rather, of how to make sense of the fact that world itself is incredibly complex, including the human world. Ultimately perhaps, the emergence of the figure of the normal child, complex though this was, was itself a means or tool for handling complexity, and in particular the immense complexity and variation brought to light and produced by the institutional advent of universal, compulsory elementary education in the 1870s and 1880s. Still today, the question of what is and is not normal remains a contested field: the ‘normal child’ remains elusive.
A final point: part of the argument of this thesis is that it is necessary, in order to properly understand the making and remaking of the ‘normal child’ in England between 1880 and 1914, to grasp the input and agency of multiple actors, beyond just medical experts and exponents of eugenics. This thesis has also sought to recover the work of medical inspectors, teachers, philanthropists, and perhaps, most importantly, the political actors who shaped the questions under consideration, and mediated between the diverse, conflicting ‘expert’ knowledge with which they were presented. But there is of course one notable constituency missing from the above: namely, the parents and the children themselves. How did they respond to, if at all, ideas and practices regarding a ‘normal child’ during the period in question – did such a figure even exist for them? And if not, what stood in its place as an analogous means of generalizing about differences between children? Getting at this constituency is notoriously difficult; but undoubtedly recovering this particular dimension would reveal still more complexity and still more confusion – another element of the incredible richness of the past.
Bibliography

Archival Material

National Archive, ED 24/106, ‘Memorandum on Underfed Children. Terms of reference of the Committee on Underfed Children and Medical Inspection.’

Parliamentary Papers

Report of the Royal Commission on the Care and Control of the Feeble-minded [Cd. 4202] (1908).


Report of the Inter-departmental Committee on Medical Inspection and Feeding of Children Attending Public Elementary Schools [Cd. 2779] (1906).


Board of Education: Lists of Public Elementary Schools and Training Colleges under the Administration of the Board, [Cd. 2011] (1904).

Board of Education. 1904. Code of Regulations for Public Elementary Schools [Cd. 2074] (1904).


Report of the Poor Law Schools Committee [C. 8027] (1896).

Appendix to the Report of the Royal Commission on the Blind, the Deaf and Dumb, &c [C.-5781-1] (1889).


James Crichton-Browne, Elementary Schools (Dr Crichton-Browne’s Report) [293], (1884).


Copy of Second and Third Reports of the Official Statistics Committee; with the Minutes of Evidence and Appendix (In continuation of Parliamentary Paper, No. 107, of Session 1878-9) [Cd. 39] (London: HMSO, 1881).

Bill for better Education of Blind and Deaf-mute Children [85], 44 Vict. (1881).

Bill for better Education of Blind and Deaf-mute Children [41], 43 Vict. (1880).

Bill to make better provision for Education of Blind and Deaf-mute Children [93], 42 Vict. (1878-1879).

Bill for Education of Blind and Deaf-mute Children [72], 41 Vict. (1878).
Bill for Education of Blind and Deaf-mute Children [176], 40 Vict. (1877).

A Bill to make Further Provision for Elementary Education [277] (1876).

Bill to make further provision for Education of Blind and Deaf-mute Children [53], 36 Vict. (1873).

Bill to make further provision for Education of Blind and Deaf-mute Children [26], 35 Vict. (1872).

Bill to provide for Elementary Education of Blind and Deaf and Dumb Children, and Government Inspection of Schools for such Children [14], 34 Vict. (1871).

Bill to provide for Elementary Education of Blind and Deaf and Dumb Children, and Government Inspection of Schools for such Children [47], 33 Vict. (1870).


Civil service, &c., Return of the number, names, and salaries of the inspectors, sub-inspectors, and assistant inspectors in certain departments of the civil service, with the dates of their several appointments, and the amount paid to each inspector during the financial year 1870-71 for travelling expenses and personal allowances; &c. [C. 499] (1871).

The Elementary Education Act, 1870, 33 &34 Vict. Ch. 75 (1870).
A Bill to Provide for Public Elementary Education in England and Wales [218]
(1870).

Report of the Commissioners Appointed to Inquire into the State of Popular


‘Instructions for Inspectors in England and Wales’, Minutes of the Committee of
Council on Education [18], (1840).

Returns of Parliamentary Grants for the Advancement of Education in England and
Wales, the Number of Applications and the Number and Amount of Grants 1834 to

A Bill [as Amended by the Committee] to Regulate the Labour of Children and Young
Persons in the Mills and Factories of the United Kingdom, [607] (1833).

First Annual Report of the National Society for Promoting the Education of the Poor
Published Primary Material


Mathew Arnold, *Higher Schools and Universities in Germany* (London: Macmillan and Co., 1874 [1868]).


Francis Galton, ‘Proposal to Apply for Anthropological Statistics from Schools’, 
*Journal of the Anthropological Institute*, 3 (1874), 308-311.


Rowland Hamilton, ‘Popular Education in England and Wales Before and After the 
Elementary Education Act of 1870’, *Journal of the Statistical Society of London*, 46:2 
(1883): 283-349.

T. C. Horsfall, *The Influence on the Nation of our System of Physical Training* 
(Macclesfield: Claye, Brown and Claye, 1900).


W. H. Illingworth, *History of Education for the Blind* (London: Sampson, Low, 
Marston & Company Ltd, 1910).

William Ireland, *The Mental Affections of Children, Idiocy, Imbecility and Insanity* 


James A. Newbold, Overstrain in Primary Schools: A Paper Read at the Conference on Education Under Healthy Conditions, in the Town Hall, Manchester, April 14th, 1885 (Manchester and London: John Heywood, 1888).


James Kay Shuttleworth, *Public Education: As affected by the minutes of the committee of Privy council from 1846 to 1852; with suggestions as to future policy* (London: Longman, Brown, Green, and Longmans, 1853).


*Synonyms and Antonyms* (London, 1867).

Jelentés az 1894. Szeptember hó-tól 9-ig Budapesten tartott VIII-ik Nemzetközi Közegészségi és Demografiai Congressusról és nnak Tudomán os Munkála airó (Budapest: Pesti Könyvnyomda-Részvénytársaság, 1895)

Secondary Material


Anna Brown and Kevin Myers, ‘Mental Deficiency: The Diagnosis and After-Care of Special School Leavers in Early Twentieth Century Birmingham (UK)’, *Journal of Historical Sociology*, 18:1-2 (2005), 72-98, (pp. 74-78).


John Burnett, *Destiny Obscure: Autobiographies of Childhood, Education and Family from 1820s to the 1920s* (London: Allen Lane, 1982).


Jane Humphries, Childhood and Childhood in the British Industrial Revolution (Cambridge: Cambridge University Press, 2010).


Steve Sturdy (ed.), *Medicine, Health and the Public Sphere in Britain, 1600-2000* (London: Routledge, 2002).


