

Paper presented at the Twelfth Annual Conference, IATSE, St. Patrick's College, Drumcondra, Dublin, June 8-10, 2000.

## **The Way We Were**

**This paper looks back at the situation of those with a learning disability in the early years of the last century. It paints a brief picture of the social background in Ireland at the time and then explores one of the best specific sources of information on disability of the period – the Report of the Royal Commission on the Care and Control of the Feeble-Minded 1908. While the bulk of this report was concerned with the state of affairs in Britain, it had an extensive and informative section on Ireland.**

**Sean Andrews is deputy principal of St. Raphael's Special National School, Celbridge, Co. Kildare.**

### **BACKGROUND**

Ireland in the early twentieth century was, as one recent writer has summed it up, "...a country of tiny farmsteads and nasty urban tenements." The general life expectancy was around fifty years. One in four children died before they reached their first year. The population, at just under four and a half million for the whole island, was still falling from a high point of over eight million just before the devastating Great Famine in the late eighteen forties. There was still a continuing flood of emigration to Britain and America (Mulhall, 1999).

Dublin, the capital city, was notorious for the appalling conditions in which the poor were obliged to live. Death rates in Dublin were much higher than in any other urban area in Ireland. Children caught a wide range of infectious diseases including measles, whooping cough and diphtheria. Bad food and unhygienic conditions also caused food poisoning and diarrhoea. In the era before the development of antibiotics, any of the common infections that are now very easily treated could prove potentially life threatening.

There were 800,000 children on school rolls in Ireland in 1900, but daily attendance was only around 63 percent of this. Only 50 percent of teachers had any formal teacher training (Coolahan, 1981). There were no special schools or special classes in Ireland at this time.

There was no social welfare system in place in either Britain or Ireland. The earliest moves in the establishment of such a system were not taken until 1908 with the passing of the Old Age Pensions Act. For those who were old and friendless, disabled, or unable to earn a living the only support available was limited outdoor relief under the Poor Laws or a place in the workhouse or the district asylum.

### **THE WORKHOUSE**

The workhouse was one of Ireland's most feared institutions. Originally established as a result of the Irish Poor Relief Act 1838, workhouses were dotted around the country in 130 separate areas or Unions. Each workhouse was funded from a local levy on

property owners. In the workhouse, designed to accommodate between 400 and 1000 people, the destitute received food, clothing, and board of the most rudimentary kind in exchange for physical labour.

Inmates of the workhouse were segregated according to sex, age and state of health. Most workhouses had rudimentary “hospitals” and wards for lunatics and imbeciles. In its early days the workhouse regime was particularly harsh, bound by numerous rules. Originally conceived as a punitive establishment to discourage paupers, many workhouses by this time were now home for the very old, and the chronically sick (O'Connor, 1995).

## **THE ASYLUM**

To an extent, the district asylums, first established as a result of Acts of Parliament in 1817 and 1821, were beginning to outstrip the workhouses as receptacles for those deemed socially inadequate. Yet in these institutions relief of distress could be sought without the stigma of pauperism. Physical conditions were better in the asylums and, whatever their defects, their ethos was one of care, protection and therapy (of sorts) rather than discipline and degradation – which was the case in the workhouse. Committal was possible for a wide range of conditions (Finnane, 1981).

## **TERMINOLOGY AND CAUSES**

It comes as a shock to review the terminology commonly used to describe disability in the early years of the last century. The main classifications were idiot, imbecile and feeble-minded. These were roughly analogous to the categories severe/profound, moderate and mild learning disability in today's parlance. The term "defective" was used to describe the group we would now recognise as slow learners or children in need of learning support (Royal College of Physicians, 1908).

In English law a distinction had been drawn between the concept of mental illness and handicapping conditions with the passing of the Idiots Act 1886, but the distinction still remained very blurred. In Ireland, where the provisions of the Idiots Act did not apply, the *Report of the Committee on Lunacy Administration in Ireland* (1891, p.67) used the term lunatic in a generic sense to cover all forms of unsoundness of mind, whether congenital or acquired, including for example, idiots and imbeciles, as well as maniacs, melancholics and dements. Terms such as imbecile, idiot and lunatic were often used interchangeably.

It was not until some years later, following the work of Binet and Simon in France who devised a rudimentary intelligence testing system, that it became possible to identify and classify levels of disability more accurately (Binet & Simon, 1914).

According to Census of Ireland figures for 1901 there were 5,216 idiots in Ireland of whom 3,222 were “at large” in the community; 1,181 were in the workhouses and 763 were certified as lunatics in the asylums. Census figures were not a good guide as there was widespread confusion about terminology. These figures may have included people in a wider spread of categories.

Around the turn of the last century there was a very poor understanding of the cause of learning disability. The general view at the time was that disability was inherited, that it proceeded in some way from the sins or indiscretions of the parents. There was also a fear of abnormality and a tendency to link disability with drunkenness, immorality, poverty and lawlessness.

A few quotations from a medical text of the period (*The idiot: His place in creation and his claims on society*, by F. Bateman, 1897) will give the flavour of the general attitude espoused by the British medical authorities.

The causes of idiocy:

“...an expression of parental defects and vices...the result of the violation of natural laws over several generations...people ignore conditions of health and reason, pervert their natural appetites...”

Women stepping out of their customary roles were also at fault:

“...a female mathematical athlete is unsuited for the duties and responsibilities of maternity...the mental endowments of her children are likely to be below the average.” (Bateman, quoted in Ryan & Thomas, 1980, p.105).

## **THE PROFESSIONALS**

At the turn of the century there were two professional groups concerned with people with learning disabilities – the doctors and the educationalists. The doctors, who had seen a major growth in status with their establishment as a profession in the middle years of the 19<sup>th</sup> century, were anxious to extend their sphere of influence. (Finnane, 1981). They had been responsible in Britain for the establishment of imbecile asylums between 1850 and 1870, which largely catered for the relatives of the wealthy. There was one such asylum in Ireland, the Stewart Institute for Imbeciles, founded in 1869. This made little impact on the general problem in Ireland as it had room for only 130 inmates. Admission was open only to protestants.

Unfortunately, the doctors were to come more and more under the influence of the eugenics movement, founded on the ideas of Francis Galton (Galton, 1883). The eugenicists viewed disability as a hereditary condition and demanded that those afflicted should be locked away from the community and prevented from procreating.

At the same time, the notion was gaining ground that teaching might ameliorate the condition of those with intellectual disabilities. This view had been based on the pioneering work of Itard who, very early in the 19<sup>th</sup> century, had developed a system of sense training for those of very limited intelligence, based on his experiences in teaching the wild boy of Aveyron (Itard, 1932). This system was later systematised more fully by Itard's pupil Seguin into a scheme that emphasised training of sight, hearing, taste, smell and hand-eye co-ordination.

In Britain, the last eight years of the nineteenth century saw the establishment of special schools for the feeble-minded, beginning with a school in Leicester in 1892. By 1897 this number had risen to 30 schools, catering for 1,300 pupils.

### **THE ROYAL COMMISSION**

In the early years of the twentieth century many separate strands of opinion and concern in Britain came together to put pressure on the government for some form of action on the “feeble-minded.” In 1904 the Royal Commission on the Care and Control of the Feeble-minded was established.

In 1906 the Commission turned its attention to Ireland. The commissioners visited Dublin and Belfast, inspected various institutions and interviewed officials. Medical investigators were appointed to make a thorough investigation into the numbers of mentally defective persons and epileptics in Belfast, Dublin, Cork and a rural area of Co. Galway. Thirty-five schools were visited, thirty-two workhouses, ten asylums and various prisons and reformatories.

Extrapolating from their own survey the Commission’s investigators suggested that there were 624 idiots, 2,811 imbeciles, 4013 feeble minded persons and 6,688 people who were mentally defective in Ireland, most of whom were in need of provision (Royal Commission, 1908, p.436).

The Commission’s medical investigators examined the condition of children in a large number of national schools. This was an unusual event as there was no school medical service at the time. Ireland did not see a schools medical service until 1925.

Conditions, particularly in Belfast schools, were appalling and overcrowding was common. Referring to the condition of the learning disabled in all the Belfast schools which he visited, Dr. Graham, the medical investigator, wrote as part of his evidence in the report,

Of the twenty-nine imbeciles among the school population it is said that these children are apparently sent to school more as a sort of day nursery than to be educated. The majority are quiet and obedient, but cannot be depended on when teased by other children... Their habits are degraded, and they often make themselves extremely offensive to their more sensitive companions... Of the feeble minded, three in number, two were boys of eighteen years of age, one a cretin, one odd and a third, a boy of seventeen, greatly deformed, was sent to school to keep him out of mischief (Royal Commission, 1908, p.432).

Dr. Graham also drew attention to the problem teachers were having with the large number of defective children but “as regards the presence of idiots or imbeciles in a public school for the purposes of education, there can be no question whatsoever as to its futility and worthlessness, not to speak of its undoubted cruelty in many instances,” he said.

There is no evidence from a survey of the reports of the Commissioners of National Education from 1906-1908 that the education of people with learning difficulties was of any concern to the authorities whatsoever. There was no legislative provision, as

was the case in England and Wales. There, an enabling act, the Elementary Education (Defective and Epileptic Children) Act 1899, permitted school authorities in Britain to make provision for the education of mentally, physically defective and epileptic children.

In Ireland a substantial number of people with disabilities was lodged in the workhouse. Around this time it was estimated that 8 percent of all adult workhouse inmates were "lunatics or idiots." A vice regal commission on Poor Law reform 1906 had recommended that "all lunatics, idiots and other cases of mental disease in Irish workhouses should be removed therefrom." The Royal Commission shared this view. Dr Courteney, Inspector of Lunatics and Lunatic Asylums, pointed out to the Commission that in the workhouse the surroundings were most unsuitable and no attempt was made to segregate the mental defectives from the other demented cases or to classify, train or instruct them, and in most cases there was no one to look after them except perhaps a pauper assistant. Imbecile children in particular were suffering very badly in the workhouses (Royal Commission, 1908, p.420).

The workhouse authorities were anxious to remove the insane and handicapped from the workhouses, because they were a disruptive influence. Because of a major expansion of the asylum system in the latter half of the nineteenth century this was now becoming possible.

Such was the lack of understanding of mental illness and handicap at the time any kind of aberrant behaviour could be the excuse for certification and committal to an asylum. Committal was a relatively straightforward matter under what was called the Dangerous Lunatics Act. This was open to abuse. The Royal commission was alarmed to find on visits to asylums that they came upon children "detained as dangerous lunatics" the chief evidence of the "dangerous lunacy" being stated to be a tendency to throw stones in the streets or other trivial offences (Royal Commission, 1908, p.420).

## **RECOMMENDATIONS**

The formal recommendations of the Royal Commission in respect to Ireland were similar to its general recommendations. It recommended the establishment of a central authority to be known as the Commission for the Care of the Mentally Defective.

It also recommended the overhaul of the various lunacy acts in Ireland because they did not make a distinction between insanity and intellectual disability, and because of the antiquated and abuse ridden certification and committal systems then in place.

Among its general recommendations were the substitution of the word "hospital" for "asylum," the establishment of three or four large institutions and an extension of the Stewart's Institute.

There were calls from some witnesses for the involvement of voluntary groups and religious organisations in the area of institutional provision to which the Commission responded positively.

The main legislative follow up to the report of the commission in Britain took the form of the Mental Deficiency Act in 1913. This defined mental deficiency in terms of lack of educability, not in term of affective behaviour. It left the responsibility for screening and education a matter for local education authorities. This act did not apply in Ireland. Here nothing happened. Ireland had now entered a phase in which the political consensus was not concerned with social reform, but with resolution of the "Irish question." Ireland's woes, irrespective of their nature, were laid to the charge of the English government, the author of all Ireland's misfortunes - or so it seemed.

## **LATER DEVELOPMENTS**

The first moves to provide proper educational facilities for people with learning disabilities date from 1926, in the new Free State. That year the Sisters of Charity of St. Vincent de Paul established a school and residential facility on Dublin's Navan Road. Other small initiatives were to follow, sponsored by religious and voluntary groups. It was not until the publication of the Report of the Commission of Inquiry on Mental Handicap in 1965 that a start was made by the state to co-ordinate and expand services throughout the country.

In Northern Ireland in 1946 the Mental Health Services Committee reported that in Northern Ireland "There is no Mental Deficiency Act, no institution, no community supervision and there is only one special school in Belfast." It was also reported that those with mental deficiency were still in the poor law institutions and in the mental hospitals.

The 1947 Education Act made provision for the setting up of special schools and classes. The following year, the Northern Ireland Hospitals Authority was set up. This body took over responsibility for providing for the intellectually disabled and was mandated to develop services.

The next fifty years would see massive changes in attitudes, provision and rights for children and adults with learning disabilities, not only in Ireland and Britain, but world-wide. Society is always learning, however, and there are undoubtedly many more positive changes yet to come.

## **REFERENCES**

- Binet, A. & Simon, T. (1914). *Mentally defective children*. London: E.J. Arnold.
- Commissioners for National Education. *Reports 1906-1908*. London: HMSO.
- Committee on Lunacy Administration in Ireland (1891) *Report*. London: House of Commons.
- Coolahan, J. (1981). *Irish education, history and structure*. Dublin: Institute of Public Administration.

- Department of Health (1965). *Report of the commission of inquiry on mental handicap*. Dublin: Stationery Office.
- Finnane, M. (1981). *Insanity and the insane in post-famine Ireland*. London: Croom Helm.
- Galton, F. (1883). *Inquiries into human faculty and its development*. London: Macmillan.
- Itard, J. (1932). *The wild boy of Aveyron*. New York: Century Press.
- Mulhall, D. (1999). *A new day dawning: A portrait of Ireland in 1900*. Cork: Collins.
- O' Connor, J. (1995). *The workhouses of Ireland*. Dublin: Anvil Books.
- Royal College of Physicians (1908). Terminology. In *Report of the Royal Commission on the care and control of the feeble-minded*. London: HMSO.
- Royal Commission (1908). *Report of the Royal Commission on the care and control of the feeble-minded*. London: HMSO.
- Ryan, R. & Thomas, F. (1980). *The politics of mental handicap*. Harmondsworth: Penguin Books.