

The British Society for the History of Science

Images of Deviance: Visual Representations of Mental Defectives in Early Twentieth-Century Medical Texts

Author(s): Mark Jackson

Source: *The British Journal for the History of Science*, Vol. 28, No. 3 (Sep., 1995), pp. 319-337

Published by: Cambridge University Press on behalf of The British Society for the History of Science

Stable URL: <http://www.jstor.org/stable/4027647>

Accessed: 27-02-2017 13:50 UTC

REFERENCES

Linked references are available on JSTOR for this article:

http://www.jstor.org/stable/4027647?seq=1&cid=pdf-reference#references_tab_contents

You may need to log in to JSTOR to access the linked references.

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at
<http://about.jstor.org/terms>



Cambridge University Press, The British Society for the History of Science are collaborating with JSTOR to digitize, preserve and extend access to *The British Journal for the History of Science*

Images of deviance: visual representations of mental defectives in early twentieth-century medical texts

MARK JACKSON*

INTRODUCTION

In his *Feeble-mindedness in Children of School-Age*, first published in 1911, Charles Paget Lapage, physician to the Manchester Children's Hospital, wrote that one 'only has to watch a group of feeble-minded children to see that most of them have some peculiarity'.¹ These words appear towards the end of an extensive discussion of the physical characteristics that could be found in feeble-minded children and are accompanied by a plate comprising four photographs of 'Feeble-minded Children showing Defective Expression' (Figure 1).

Lapage was not alone in suggesting a link between mental aptitude and physical form. A number of medical writers in the early twentieth century not only concurred with Lapage that mental defectives constituted a physically distinct subsection of the population but also, like Lapage, attempted to capture the physical features of mental defectives in photographs.² Photographs (and, sometimes, line drawings) of mental defectives were commonly presented in medical texts as evidence of diagnostic categories of mental deficiency and as an illustrative aid to more accurate classification.

The use of photographs by medical writers as evidence of mental deficiency in this way was dependent upon a belief, prevalent from the mid-nineteenth century, that photographs constituted a direct transcription of reality, that is, that they provided 'a perfect and faithful record' of the subject.³ As art historians such as John Tagg have pointed out, however, the evidential weight accorded to photographs is itself contingent upon a multiplicity of factors operating beyond the photograph itself but which give the

* Wellcome Unit for the History of Medicine, Mathematics Tower, The University, Manchester M13 9PL.

Earlier versions of this paper were given at the Wellcome Institute in London on 1 December 1993 and at a Society for the Social History of Medicine conference held in Sheffield on 10 September 1994. I am grateful to the participants on those occasions, and to the reviewers of this paper, for their constructive comments.

1 C. Paget Lapage, *Feeble-mindedness in Children of School-Age*, Manchester, 1911, 60.

2 The term 'mental defective' was used in the late nineteenth and early twentieth centuries to describe all types or degrees of educational and social ineptitude. Mental defectives were usually further categorized (from more to less severe) as idiotic, imbecilic, or feeble-minded, or as moral defectives.

3 Quoted in John Tagg, *The Burden of Representation*, Macmillan, 1988, 78.



Figure 1. One of Lapage's four feeble-minded children showing 'defective expression'. From C. Paget Lapage, *Feeble-mindedness in Children of School-Age*, Manchester, 1911, facing 60.

photograph meaning.⁴ Thus, according to Tagg, 'the coupling of evidence and photography in the second half of the nineteenth century was bound up with the emergence of new institutions and new practices of observation and record-keeping'.⁵ More particularly, he argues that during that period 'photography was mobilized as an instrument of administrative and disciplinary power'.⁶ From Tagg's manifestly Foucauldian perspective, photographs should be regarded not as 'a magical "emanation" but as a material product of a material apparatus set to work in specific contexts, by specific forces, for more or less defined purposes'.⁷

4 See Tagg, *op. cit.* (3), 1–5. For a discussion of the ideas and assumptions that invested artistic representations of human form with meaning in the Victorian period, see Mary Cowling, *The Artist as Anthropologist. The Representation of Type and Character in Victorian Art*, Cambridge, 1989.

5 Tagg, *op. cit.* (3), 5.

6 Tagg, *op. cit.* (3), 20.

7 Tagg, *op. cit.* (3), 3. See also Sander L. Gilman (ed.), *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography*, New York, 1976; *idem*, *Seeing the Insane*, New York, 1982, and *Difference and Pathology: Stereotypes of Sexuality, Race and Madness*, Ithaca, NY, 1985; Daniel M. Fox and Christopher

In this paper, I want to pursue Tagg's analysis of photography by examining the ways in which photographs in particular were 'set to work' in a specific arena. In subsequent sections of this paper, I shall explore the context in which, and the purposes for which, visual representations of mental defectives were produced and presented by medical writers in the early twentieth century. The illustrations referred to throughout the paper are taken from three texts written by prominent medical practitioners working in the field of mental deficiency at the turn of this century: Alfred Tredgold's *Mental Deficiency (Amentia)*, published in 1908; Charles Paget Lapage's *Feeble-mindedness in Children of School-Age*, written originally as an MD thesis and published in book form in Manchester in 1911; and George Shuttleworth and William Potts' *Mentally Deficient Children Their Treatment and Training*, several editions of which appeared during the last decade of the nineteenth and the first two decades of the twentieth centuries.⁸ Although the identity of the photographers is difficult to trace, the subjects of the photographs presented by these authors can often be identified as inmates of the institutions to which these practitioners were formally or informally attached.⁹

In discussing these works, I shall argue that visual representations of mental defectives, often in conjunction with verbal descriptions, were used in a number of ways. First, they were employed to illustrate the features of individual cases of mental deficiency. Secondly, they were used to assist diagnosis, to facilitate classification, to reveal prognosis and, in some circumstances, to demonstrate the efficacy of therapy. Thirdly, visual representations of mental defectives served to fix mental defectives as a distinct and enduring subclass in society. Crucially, this construction of mental defectives as physically distinct operated to render mental defectives visible, thereby facilitating the identification, surveillance and control of a previously hidden but deviant section of the population. More critically, the representation of mental defectives as physically abnormal furthered the attempts of medical practitioners to assert their superiority over teachers in the management and control of classes, schools and colonies for mental defectives.

VISUALIZING THE FEATURES OF MENTAL DEFICIENCY

According to Sander Gilman in his recent work on images of illness, it had become a 'cultural commonplace' by the end of the eighteenth century, that 'forms of insanity, such as melancholy, could be identified by the physical appearance of the person afflicted'.¹⁰ Accordingly, from the first years of the nineteenth century, illustrations of the mentally ill

Lawrence, *Photographing Medicine: Images and Power in Britain and America since 1840*, New York, 1988; and Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Nineteenth Centuries*, London, 1989.

⁸ Alfred Tredgold, *Mental Deficiency (Amentia)*, London, 1908; Lapage, op. cit. (1); G. E. Shuttleworth and W. A. Potts, *Mentally Deficient Children Their Treatment and Training*, London, 1916. A collection of Shuttleworth's photographs is held by the Iconographic Department of the Wellcome Institute for the History of Medicine, London (Ref. ICV 30486-30542). This collection can also be consulted on the Department's Video-disc Project.

⁹ Lapage, for example, who refers to his photographer only as Mr Quinn, used photographs of inmates from the Sandlebridge Boarding Schools, which he regularly visited.

¹⁰ Sander L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS*, New York, 1988, 26.

began to supplement or replace verbal descriptions of disease in medical literature on insanity. Significantly, at that time, Gilman argues, 'illustrations of insanity were introduced into medical works on mental illness through a change in the philosophy of the scientific description of insanity'.¹¹ This change, evident in Pinel's use of illustrations in his *Medico-philosophical Treatise on Mental Alienation, or Mania*, published in 1801, comprised the adoption of a strictly empirical approach to scientific facts and placed a premium on enabling the reader to observe directly the cases under discussion.¹²

Attempts to illustrate the signs of madness in a supposedly objective manner were encouraged in the mid-nineteenth century by the introduction of photography. Thus, in 1856, Hugh Diamond, resident superintendent of the Female Department of the Surrey Lunatic Asylum, enumerated the ways in which photographs could advance the diagnosis and treatment of the insane: photographs provided objective and accurate records of insanity; they enabled medical practitioners to catalogue psychopathologies; and they revealed to the patients themselves their own pathological state.¹³ Diamond's use of photographs as evidence of insanity in this way was validated by his belief that photographs constituted the most concise, comprehensive and truthful record available.¹⁴ It would appear that the proclaimed objectivity of Diamond's iconography attracted considerable contemporary medical interest. By the late nineteenth century, photographs, as well as lithographic reproductions, were not only available for scientific study but were also incorporated into medical textbooks for the express purpose of accurately visualizing the insane.¹⁵

Although, until recently, there has been far less historical interest in mental deficiency than in insanity, a close study of nineteenth-century discussions of mental deficiency suggests that visualizing the physical features of abnormality constituted a crucial and growing fixation as much for those involved in managing the mentally defective as for those dealing with the insane. Texts on idiocy and imbecility, published in the mid-nineteenth century, relied on detailed verbal descriptions to portray the physical stigmata of mental deficiency. In their *Manual for the Classification, Training, and Education of the Feeble-Minded, Imbecile, & Idiotic*, published in 1866, P. Martin Duncan and William Millard (honorary consulting surgeon and superintendent of the Eastern Counties Asylum respectively) drew attention to the association between defective bodily habitus and defective mental powers.

Intense ugliness and deformity, with defective powers of walking, may and do exist with a perfect mind and with the greatest mental powers; but the condition known as that of the idiot, imbecile, and feeble-minded implies inseparable mental and bodily deficiencies.¹⁶

While they acknowledged that the 'amount of the general deformity' was an unsafe guide to the degree of mental impairment, Duncan and Millard confidently outlined the

11 Gilman, op. cit. (10), 26.

12 Gilman, op. cit. (10), 27–9.

13 Gilman, op. cit. (10), 39–40.

14 Tagg, op. cit. (3), 78–9.

15 Gilman, op. cit. (10), 41–3.

16 P. Martin Duncan and William Millard, *A Manual for the Classification, Training, and Education of the Feeble-Minded, Imbecile, & Idiotic*, London, 1866, 5.

variety of 'ill-shaped heads, repulsive faces, and great deformity' that could be found amongst mental defectives.¹⁷ Their general discussion of the physical stigmata of deficiency was reinforced by verbal portraits of individual deformity, presented in the form of case histories compiled from observations of inmates in the Eastern Counties Asylum. The following description of the facial features of a 12 year old female idiot exemplifies the morphological and functional range of such literary portraits:

Face. – Small, thin, and hideous. There is a constant frown, the eyes are on a different line to the eyebrows, the last are straight and horizontal, the first are oblique and very prominent. The nose is small and red, the mouth large and ever open, showing a ragged set of teeth and a raw-looking tongue. There is usually a grin on the face with a peering look about the eyes. The saliva and discharge from the nose flow in large quantities. Vision is imperfect, still it is directed at will; she stares much, and has some wandering of the eyes. The eyes are often fixed on space, and the head is moved slowly from side to side. The ears are large, but their function and that of the nose exists; there is also power of listening and attending to a command. Arch of palate considerable. Tongue often passed over things to feel them instead of the fingers.¹⁸

Contemporary efforts to catalogue accurately both the physical and mental abnormalities of mental defectives are also evident in the spate of statistical surveys carried out towards the end of the nineteenth century, notably in the enquiry conducted by Francis Warner into the physical and mental condition of school-children. Warner's conclusion that there were correlations between abnormal nerve signs (such as poor coordination and defective expression), defects in physical development (in particular cranial abnormalities), and mental dullness emphasized the importance of accurate physical and mental examinations of school-children. It also highlighted the need for the reliable recording of the information obtained for medical, educational and administrative purposes.¹⁹

By the time that Warner reported his findings in the 1890s, the detailed physical examination of suspected mental defectives had taken on a new significance. The detection of physical stigmata was proclaimed as a means of identifying not only people with severe degrees of mental deficiency (such as idiots and imbeciles) but also those with lesser degrees of mental deficiency, often referred to as the weak- or feeble-minded. The significance of the increased diagnostic acumen associated with the identification of physical stigmata was profound. The feeble-minded (more than any other group of defectives) were thought to pose a distinct threat to national prosperity and social disorder in two ways. First, the feeble-minded were considered to be not just part of a wide spectrum of social problems (encompassing crime, unemployment, poverty, disease and so on) but the root cause of those problems. According to Mary Dendy, a vigorous champion of the permanent institutional segregation of mental defectives, feeble-mindedness was 'an evil which brings all other evils in its train'.²⁰ Secondly, the feeble-minded, by virtue of their approximation to the lowest levels of mental normality, could evade recognition on the basis of intellect alone and could, therefore, successfully transmit both their 'neuropathic inheritance' and

17 Duncan and Millard, op. cit. (16), 6.

18 Duncan and Millard, op. cit. (16), 27.

19 See 'Abstract of the Milroy Lectures on an inquiry as to the physical and mental condition of school children', *Lancet* (1892), 567–8, 623–4, 680–2, 738–9.

20 Mary Dendy, 'The importance of permanence in the care of the feeble-minded' (reprinted from the *Educational Review*, September 1899), 2.

their social ineptitude to future generations. In Mary Dendy's opinion, it was 'not the very severe cases which are the most dangerous; it is the mild cases, which are capable of being well veneered, so as to look, for a time at any rate, almost normal, against which there is most need to protect society'.²¹

A growing social and political need accurately to identify what was constructed as an inherently pathological and dangerous section of the population placed a greater premium on the precise recognition of the physical stigmata of all forms of deficiency. An interest in physical stigmata was not without precedent. As Daniel Pick has shown in *Faces of Degeneration*, such stigmata had already received extensive attention from continental, American and English authors concerned with degeneration. Criminal anthropologists and alienists (notably Lombroso, Morel and Ellis) had described, catalogued and graphically represented a variety of physical defects associated with criminal and degenerate classes.²² At the turn of this century, English medical practitioners began to apply a similarly meticulous scrutiny to the faces of the mentally deficient. In line with a tradition established by those attempting to delineate the physical features of insanity or criminality, medical writers on mental deficiency employed rapidly evolving photographic techniques to record and present their observations.²³ Increasingly, in the early decades of the twentieth century, verbal accounts of the physical appearance of mental defectives were supplemented or supplanted by photographs.

MEDICAL REPRESENTATIONS OF MENTAL DEFICIENCY

In the early twentieth century, medical authors classified mental defectives according to one or more of three schemes: according to the cause of the deficiency; according to the clinical variety of deficiency; or according to the degree of deficiency. Photographs of physical defects were employed to illustrate cases and to demonstrate diagnostic and classificatory features in all three approaches.

Most medical writers agreed that the majority of cases of mental deficiency were *primary*, that is, caused by the inheritance of a neuropathic taint.²⁴ These cases of primary mental deficiency were not accompanied by any pathognomonic physical signs. In only 10 per cent of cases could mental deficiency be attributed to some external (that is, secondary) agent that, in addition to damaging mental processes, also left characteristic physical marks of disease. The most conspicuous example of an extrinsic agent causing mental defect with linked physical stigmata was syphilis. According to Alfred Tredgold, a diagnosis of syphilitic amentia was to be made on the basis of mental defect in conjunction with a 'stunted and ill-formed' body, and the 'characteristic lesions' of the disease, 'viz., keratitis, Hutchinson's teeth, scars, depressed nose, etc.'. ²⁵ Utilizing both case histories and

21 Mary Dendy, *The Problem of the Feeble-Minded*, Manchester, 1910, 19. See also Tredgold, op. cit. (8), 4.

22 Daniel Pick, *Faces of Degeneration: A European Disorder, c. 1848–1918*, Cambridge, 1989, *passim*. See also R. A. Nye, 'Heredity or milieu: the foundation of modern European criminological theory', *Isis* (1976), 67, 335–55. For a general and detailed discussion of physiognomical approaches to character and behaviour, and of the application of these approaches to criminology, in the Victorian period, see Mary Cowling, op. cit. (4).

23 On the significant developments in photographic technology, see Tagg, op. cit. (3), 34–59.

24 Tredgold, op. cit. (8), 14–50; Lapage, op. cit. (1), 46; Shuttleworth and Potts, op. cit. (8), 52.

25 Tredgold, op. cit. (8), 242.



Figure 2. 'Syphilitic imbecility; constantly grimacing as shown.' From A. F. Tredgold, *Mental Deficiency (Amentia)*, London, 1908, facing 246.

accompanying illustrations, Tredgold attempted to capture not only these persistent signs of syphilitic mental deficiency but also to demonstrate transient behavioural disturbances in his patients. Thus, one photograph depicts the features of a patient who, in Tredgold's words, 'had a habit of constantly keeping his mouth tightly closed in a fatuous grin, at the same time breathing noisily through his nose'.²⁶ (see Figure 2).

Just as very few cases of mental deficiency were attributed to clearly identifiable external agents, so too only a minority of defectives were thought to belong to clear-cut clinical varieties of deficiency. For Lapage, for example, only cretinism, mongolism, microcephaly, and a smaller number of other forms represented distinct clinical varieties, the diagnosis of which depended upon the presence of key physical abnormalities. In spite of their infrequency, medical authors regularly attempted to reproduce in photographs the supposedly coarse, stunted features of the cretin,²⁷ and to depict the facial, cranial and

²⁶ Tredgold, op. cit. (8), 247, and plate 20, fig. 49, facing 246.

²⁷ Tredgold, op. cit. (8), 251–61 and plate 21, facing 254; Lapage, op. cit. (1), 101–3 and plate 7, facing 102; Shuttleworth and Potts, op. cit. (8), 77–9 and plate 11, facing 79.

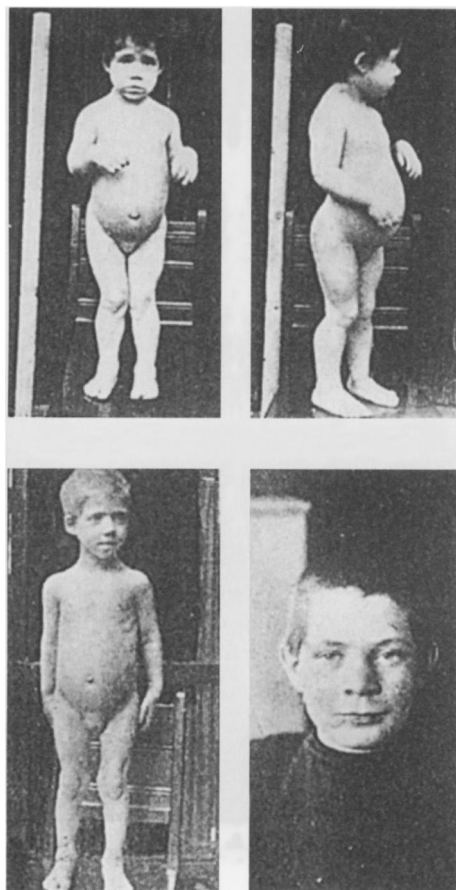


Figure 3. The top two photographs and the bottom left photograph show the same child with 'cretinism', before and after treatment. The bottom right photograph shows a boy who 'had improved with treatment, but remains feeble-minded'. From C. Paget Lapage, *Feeble-mindedness in Children of School-Age*, Manchester, 1911, facing 102.

bodily deformities of the mongol.²⁸ Indeed, these conditions may well have functioned as exemplars of the perceived link between mental ability and physical form.

The use of photographs to supplement verbal descriptions of cretinism and mongolism served as more than an aid to classification and diagnosis. Photographic illustrations of these conditions were also employed to expose prognostic and therapeutic patterns, serving to demonstrate graphically both the natural history of a disease and its responsiveness to treatment. Not only did thyroid extract prevent or limit the mental deterioration evident in cretinism (or congenital myxoedema), but it also tended to restrict or reverse the expression of associated physical stigmata (see Figure 3). Significantly, Lapage's discussion

²⁸ Tredgold, *op. cit.* (8), 181–90, including plates 12 (facing 184), 13 (facing 186) and 14 (facing 188); Lapage, *op. cit.* (1), 103–11 and plate 8, facing 107; Shuttleworth and Potts, *op. cit.* (8), 119–22, including plates 14 (facing 119) and 15 (facing 120).

of the prognosis of cretinism also reveals the extent to which the language of disease portrayal contained both morphologically descriptive and aesthetically discriminatory elements, and the extent to which mental and physical attributes were considered to be co-extensive. 'Some [cretins]', he wrote, 'do wonderfully well and are transformed from gross, ugly creatures to bright intelligent children'.²⁹

Medical authors also categorized defectives as idiotic, imbecilic or feeble-minded according to the degree of mental impairment. They stressed, however, that physical deformities were not universal amongst mental defectives but that they became both more common and more deforming further down the scale of deficiency. For Tredgold, writing in 1908, the 'various anatomical and physiological anomalies present in the imbeciles, and a somewhat lesser extent in the feeble-minded, reach their maximum in the idiots; and the members of this degree consequently present an appearance which is in itself distinctive'.³⁰ Significantly, the combination of verbal and pictorial images employed to display the physically distinct nature of the lowest grade of mental defectives reveals more than the supposedly objective diagnostic impact of the anatomico-pathological features of deficiency. It also demonstrates the emotive force of such features. 'Some of them [idiots] are grotesque', Tredgold commented, directing the reader to a particular set of photographs (Figure 4), 'but the majority are such stunted, misshapen, hideous, and bestial specimens of morbid mankind that they arouse feelings of horror and revulsion rather than levity'.³¹

Whether classified according to the cause, clinical variety, or degree of mental deficiency, only a small proportion of mental defectives were thought to possess manifest, type-specific physical stigmata. The remainder, generally the inheritors of high-grade deficiency, clearly presented greater problems of diagnosis and classification. None the less, Tredgold, Lapage, and Shuttleworth and Potts agreed that, with careful attention to physical and mental signs, accurate diagnoses of mental deficiency could be made. Significantly, the assessment and recording of physical appearance was not to be considered as merely an adjunct to mental assessment. Not only did all of these authors stress the diagnostic and prognostic importance of physical anomalies in these cases, but in each text the physical characteristics of mental deficiency were presented and discussed before the mental characteristics.³²

What then were the visible clues to less overt types of mental deficiency and how were they to be read? In the first instance, readers of these medical texts were advised to look for what were referred to as 'stigmata of degeneration', that is, defects that exposed an arrested state of development and that testified to what Tredgold referred to as the 'markedly abnormal germinal plasm' of the individual concerned.³³ These stigmata of degeneration, regularly represented in photographs and line drawings, comprised a miscellany of physical anomalies: cranial abnormalities, such as small or asymmetrical

²⁹ Lapage, *op. cit.* (1), 103.

³⁰ Tredgold, *op. cit.* (8), 166.

³¹ Tredgold, *op. cit.* (8), 166.

³² See Lapage, *op. cit.* (1), ch. 2 (Physical characteristics) and ch. 3 (Mental characteristics); Tredgold, *op. cit.* (8), ch. 6 (Physical characteristics of amentia) and ch. 7 (Mental and nervous characteristics); and Shuttleworth and Potts, *op. cit.* (8), 105–11 and 111–14.

³³ Tredgold, *op. cit.* (8), 78.



Figure 4. 'A case of partial idiocy, accompanied by sclerosis.' From A. F. Tredgold, *Mental Deficiency (Amentia)*, London, 1908, facing 166.

heads, often assumed to signify abnormality in the underlying brain; deformities of the ears, eyes, palate, jaws and teeth; and a selection of other minor anatomical irregularities supposedly signifying pathology.³⁴ In addition to expounding the diagnostic implications of these particular signs of degeneracy, medical writers also referred to lower heights and weights, and to the higher frequency of physiological dysfunction, amongst mental defectives than amongst the normal population.³⁵ Crucially, these further features of deficiency were used to reinforce a view of mental defectives as inherently and thoroughly degenerate rather than to explore the possible impact of environmental conditions such as nutrition and hygiene.³⁶

The methodical manner in which these physical signs were to be detected and interpreted by medical practitioners is particularly evident in Lapage's discussion and illustration of deformities of the external ear. Since the ear 'is originally developed from six processes or tubercles', he argued, 'it is easy to see that signs of separation may remain or that some part may be deficient'.³⁷ Accordingly, defects of the external ear, carefully illustrated by Lapage, included 'absence or deficiency of the lobule, irregularity or increased depth of the

34 Tredgold, op. cit. (8), 78–89; Lapage, op. cit. (1), 49–57.

35 Tredgold, op. cit. (8), 89–97; Lapage, op. cit. (1), 57–60.

36 See Tredgold, op. cit. (8), 89–97, particularly his comments on mortality, 91, and Clifford Allbutt's comments, quoted by Mary Dendy in 'The feeble-minded', *The Medical Magazine* (1911), 20, 690.

37 Lapage, op. cit. (1), 52.

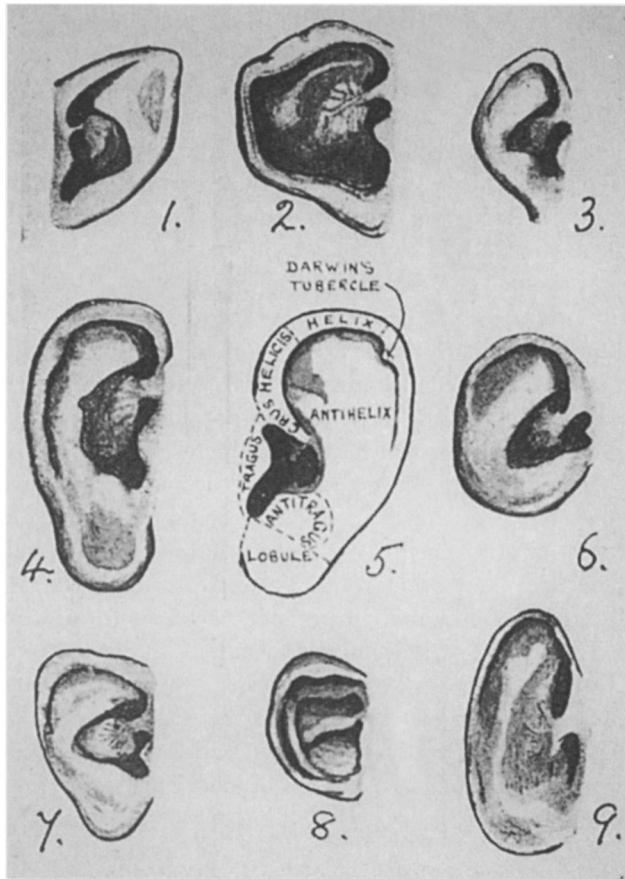


Figure 5. Ear 5 was referred to as a 'normal ear'. Ears 1-4 and 6-9 were described as 'defective'. From C. Paget Lapage, *Feeble-mindedness in Children of School-Age*, Manchester, 1911, facing 53.

fossae and deficiencies in shape or size of the whole pinna such as excessive breadth, diminished height, smallness and protrusion³⁸ (see Figure 5). Working from an assumption that both mental and physical processes are similarly affected by a shared developmental inadequacy,³⁹ Lapage was developing a medical semiotics of mental deficiency based on the accurate reading of physical signs. In a manner redolent of phrenological and physiognomical assessments of character,⁴⁰ and reminiscent of previous taxonomies of the ear by Morel and Ottolenghi, meticulous examination of the external ear was expected to uncover underlying mental disorder.⁴¹

³⁸ Lapage, op. cit. (1), 54.

³⁹ Lapage, op. cit. (1), 196-7.

⁴⁰ See Cowling, op. cit. (4).

⁴¹ This technique of discovering identity through meticulous examination of minor anatomical details was expounded in an altogether different setting by the art historian 'Morelli', in the late nineteenth century. See Carlo Ginzburg, 'Morelli, Freud and Sherlock Holmes: clues and the scientific method', *History Workshop Journal* (1980), 9, 5-36.

While medical writers at the turn of the twentieth century expressed some caution about drawing firm diagnostic or prognostic conclusions from the presence of physical stigmata, they nevertheless noted that stigmata were more marked, more numerous and more often found in mental defectives than in the mentally normal population.⁴² Since physical stigmata were themselves portrayed as diagnostic markers of mental deficiency by most writers, this conclusion is unsurprising. Its reiteration betrays a circularity of thought in which mental deficiency and physical deformity were each used to identify the presence of the other in a particular individual or population.

Importantly, however, fixed anatomical deformities were not the sole physical criterion used in the determination of mental deficiency. A diagnosis of mental ineptitude could be consolidated by attention to less clearly defined but none the less significant aspects of an individual's appearance, that is, their facial expressions. For Tredgold, 'anomalies of nerve action' produced, even in high-grade defectives, 'a peculiarity of balance and movement and of physiognomical expression which is exceedingly characteristic of the class, and which frequently enables the expert to detect mental deficiency at a glance'.⁴³ The facial expression in feeble-minded children, he asserted, could vary from 'a look of heavy, immobile stupidity and vacuity, which is chiefly seen in those lacking in [nerve] action, to a general restlessness and inattention to the subject in hand, often accompanied by spasmodic twitches, tricks, and habits, which is characteristic of those in whom [nerve] action is excessive'.⁴⁴ Shuttleworth and Potts also referred to the 'dull, vacant expression' frequently found in mental defectives.⁴⁵ It was Lapage, however, who sharpened the acuity of the medical gaze by furnishing his discussion of defective expression with illustrative photographs (see Figure 1). Together, Lapage's illustrations and text produce a picture of mental deficiency in which, as Patricia Potts has pointed out, 'moral connotations merge with the physical description'.⁴⁶

Defective expression is very common. Mobile, changeable features show a want of attention and an unstable temperament, and an apathetic stolid look may mean that the brain is sluggish, but sometimes appearances are very deceptive. Creasing of the forehead, twitchings of the mouth, rolling of the eyes are all common, but it is hard to classify or describe the various characteristics that go to make up a defective expression. It is chiefly want of control of the features. To the practised eye the expression and control of the features and the general bearing are a great help in deciding whether the child is feeble-minded, and the habit of rocking to and fro in a mechanical way generally indicates mental vacancy, and is found more often in the lower grade of cases.⁴⁷

Together with the meticulous identification of physical anomalies, studies of facial expression were aimed at supplying medical practitioners with a complete picture of mental deficiency, both at an individual and at a statistical level. The careful examination of images of deficiency was intended to equip practitioners with the requisite visual expertise for future diagnoses within their own practices as consulting physicians to

42 See, for example, Lapage, *op. cit.* (1), 49.

43 Tredgold, *op. cit.* (8), 130.

44 Tredgold, *op. cit.* (8), 130–1.

45 Shuttleworth and Potts, *op. cit.* (8), 109.

46 Patricia Potts, 'Medicine, morals and mental deficiency: the contribution of doctors to the development of special education in England', *Oxford Review of Education* (1983), 9, 182

47 Lapage, *op. cit.* (1), 60.



Figure 6. 'A feeble-minded youth of the criminal type. Restless, idle, untruthful, and of roving disposition'. From A. F. Tredgold, *Mental Deficiency (Amentia)*, London, 1908, facing 296.

institutions, local education departments and Mental Deficiency Committees, or as Medical Officers of Health and School Medical Officers. Thus, Tredgold's belief in diagnosis 'at a glance' and Lapage's assertion that one had 'only to watch a group of feeble-minded children to see that most of them have some peculiarity', were elevated to the level of diagnostic dictum.⁴⁸ As the School Medical Officer to the Lancashire County Council, Dr Butterworth, indicated in 1911, a mix of stigmata of degeneration, defective expression and abnormal posture and gait combined to 'make up a picture not easily mistaken'. 'As soon as the child walks into the room', he wrote (that is, even before any assessment of the child's mental ability), 'the gait and carriage, the expression and the outlines of the features betray the feeble mind'.⁴⁹

Significantly, the impression of representational completeness provided by detailed anatomical and physiognomical examinations, and captured in detailed verbal and visual portraits, was also enhanced photographically by certain technical manoeuvres. Although most subjects were photographed head-on (a mode of portraiture characteristically taken

⁴⁸ Tredgold, *op. cit.* (8), 130; Lapage, *op. cit.* (1), 60.

⁴⁹ J. J. Butterworth, 'The diagnosis of feeble-minded school children', *The Medical Magazine* (1911), 20, 700.

to signify social inferiority in this period),⁵⁰ certain defectives were photographed from different angles, or at different points in time, in order to highlight the morphological or temporal scope of their abnormalities.⁵¹ Intriguingly, Tredgold's photographer achieved similar morphological ends by employing suitably placed mirrors to reflect otherwise hidden dimensions of the defective subject⁵² (see Figure 6).

VISUAL REPRESENTATIONS OF MENTAL DEFECTIVES IN SOCIAL CONTEXT

Photographic representations of the physical abnormalities thought to be characteristically found in mental defectives were used to delineate diagnostic categories of deficiency. The evidential value of such photographs relied upon contemporary assumptions that photographs constituted an accurate reflection of 'reality'.⁵³ Their use in medical texts also depended upon the construction of 'typologies' of deficiency which, although based ostensibly on physical appearance, also made reference to factors outside the photographic image. Typologies of deficiency generally went beyond the identification, categorization, and representation of physical features to include accounts of temperament, morality, behaviour and character. Accordingly, in his photographic array of defectives, Tredgold depicted idiots 'of the excitable type', 'mentally unstable' and 'mischievous, excitable' imbeciles, and feeble-minded youths of both 'stable' and 'unstable' types.⁵⁴

The moral (rather than merely physical) force of these 'types' is particularly evident in discussions and representations of the appearance and behaviour of mentally defective young women. According to most contemporary commentators, such women embodied the worst features of mental defectives. Deficient in will-power and in the ability to fend for themselves they drifted easily into crime and vagrancy. More crucially, their supposedly natural bestiality and lack of self-control predisposed them to sexual promiscuity. This behaviour, it was feared, would not only propagate their own degenerate stock but also taint the normal healthy inheritance of those with whom they mixed.⁵⁵ Concern about the extent to which mentally defective young women were undermining national prosperity and social order in this way is evident in a number of locations: in the evidence presented to the Royal Commission on the Care and Control of the Feeble-Minded from 1904 to 1908;⁵⁶ in discussions surrounding the passage of the Mental Deficiency Act of 1913;⁵⁷ in the establishment of homes specifically aimed at reclaiming feeble-minded young women;⁵⁸

50 See Tagg, *op. cit.* (3), 36–7.

51 See, for example, Lapage's frontal and profile photographs of a 'microcephalic' in Lapage, *op. cit.* (1), plate 9, facing 113.

52 Tredgold, *op. cit.* (8), plates 26 (facing 296) and 28 (facing 314).

53 See the discussion in Tagg, *op. cit.* (3), 76–80.

54 Tredgold, *op. cit.* (8), plates 10 (facing 168), 6 (facing 160), 4 (facing 150) and 5 (facing 154).

55 See Tredgold's caustic comments on mentally deficient women in A. F. Tredgold, 'The feeble-minded', *The Contemporary Review* (1910), 97, 717–27.

56 For a discussion of this, see Harvey G. Simmons, 'Explaining social policy: the English Mental Deficiency Act of 1913', *Journal of Social History* (1978), 11, 387–403.

57 Simmons, *op. cit.* (56).

58 See Mary Dendy's comments on this in *Feeble-Minded Children*, Manchester, 1902, 8.



Figure 7. 'A feeble-minded youth of stable mental equilibrium'. From A. F. Tredgold, *Mental Deficiency (Amentia)*, London, 1908, facing 150.

and in the strict segregation of male and female inmates of asylums and colonies.⁵⁹ In the present context, it is noticeable that while Tredgold illustrated his discussion of stable feeble-minded adults with photographs of young men (Figure 7), his discussion of feeble-minded people of 'unstable mental equilibrium' was accompanied only by photographs of young women.⁶⁰ (Figure 8).

The representation of physical defects in medical texts served then both as a descriptive aid to diagnosis, classification and prognosis, and as a means of establishing a figurative link between physical appearance, on the one hand, and temperament, mental character, or social aptitude on the other. Such a link was already being expounded in criminological writings concerned with detecting what was considered to be a criminal subclass of society,⁶¹ but in the early twentieth century the discussion was explicitly extended to include mental defectives. Significantly, the strength of the link between the appearance

⁵⁹ Mary Dendy insisted on this at the Sandlebridge Boarding Schools and Colony. See her comments at the Manchester and Salford Sanitary Association's *Proceedings at a Conference on the Care of the Feeble-minded*, Manchester, 1911, 48.

⁶⁰ Tredgold, *op. cit.* (8), plates 4 (facing 150), and 5 (facing 154).

⁶¹ For a discussion of this, see Pick, *op. cit.* (22), 176–221.



Figure 8. 'A feeble-minded girl of unstable mental equilibrium; impulsive and deceitful'. From A. F. Tredgold, *Mental Deficiency, (Amentia)*, London, 1908, facing 154.

and character of defectives was cemented by a link previously constructed between crime and mental deficiency. The statistical association between prisoners and defectives (that is, the calculation that from 10 to 20 per cent of prison inmates were mentally deficient)⁶² was reproduced at a morphological level. Not only were criminals and defectives considered to share a significant number of anatomical anomalies, but crime itself was regarded by some as a physiological dysfunction akin to those dysfunctions characteristic of a defective state.⁶³

The formal enunciation of a link between the appearance and character of mental defectives ensured that medical assessments of physical stigmata were elaborated and mobilized by an expanding machinery of state-governed social control. By capturing on camera the anomalous appearance of those considered to be educationally and socially

62 For comments on this, see: Tredgold, op. cit. (8), 298–304; Tredgold, op. cit. (55), 719; Sir Evelyn Ruggles-Brise, *The English Prison System*, London, 1921, 207–15.

63 On the shared anatomical and physiological anomalies of mental defectives and criminals, see the discussion in Tredgold, op. cit. (8), 80–91. According to Tredgold, 'the moral perversions, seen in prostitution, inebriety and other antisocial and criminal tendencies' could, like mental deficiency, 'be considered as an imperfection of physiological function due to neuronc changes' (90).

deficient (or, rather, by making anomalous physical appearance an integral part of the definition of social and educational deficiency), medical writers facilitated the identification, surveillance and management of so-called degenerates and deviants. The administrative implications of rendering mental defectives visible in this way were extensive. Defectives could be weeded out from the normal population and segregated for society's protection. In addition, the use of photographs enabled the movements and behaviour of individual defectives to be closely monitored. In 1909, for example, in line with a trend already evident in police, prison and other institutional records,⁶⁴ formal identifying photographs were added to the files of children and adults at the Sandlebridge Boarding Schools.⁶⁵ Such photographs could be circulated when inmates escaped. It was with a parallel purpose in mind (that of containing disease and controlling deviance), that certain commentators advocated the notification of mental defectives to a central registry.⁶⁶

This process of rendering deviants and miscreants more visible was not without professional benefits for medical practitioners. By claiming diagnostic expertise in an area of considerable contemporary social impact, doctors working in colonies and asylums, in the School Medical Service, or as Medical Officers of Health were affirming their professional supremacy over teachers, social workers and unskilled charity workers. Thus, in his evidence before the Education Department's Committee on Defective and Epileptic Children in 1897, George Shuttleworth, medical superintendent of the Royal Albert Asylum in Lancaster between 1870 and 1893, was at pains to point out not only that 'an ordinary person' could not diagnose feeble-mindedness 'with the same degree of certainty as a trained and scientific observer' but also that even the evidence of experienced teachers should not be relied upon: 'if you ask me which I consider has the most important part in the determination, I should say the medical man'.⁶⁷

The rhetoric employed by medical practitioners, derived from a supposedly necessary link between physical deformity and mental and social ineptitude, was not without effect. In the early decades of this century, medical practitioners retained managerial control over the identification, categorization, treatment and management of mental defectives of all ages. In addition, they exercised a loud and influential voice both in official inquiries and in the construction of legislation that formally invested medical practitioners with the authority to detain defectives when, where and how they thought fit.

The rhetorical force of medical practitioners' claims to an expert role within the state machinery was also astutely advanced by recourse to cogent and germane metaphor. In line with an established rhetoric of equating 'society' with 'organism' and 'brain' with

⁶⁴ Tagg, *op. cit.* (3), 81–4.

⁶⁵ See the Sandlebridge Special Schools Album in the Cheshire Record Office, classmark NHM 11/3837/43.

⁶⁶ Mary Dendy's evidence to the *Royal Commission on the Care and Control of the Feeble-Minded*, vol. I, Cd.4125, 1908, 45. Her comments were not universally accepted; see Lapage, *op. cit.* (1), 41. Photographs of individuals or groups of defectives were not restricted to medical texts. They also appeared in publicity material from mental deficiency institutions, for example, in the Annual Reports of the Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded. The use of such photographs to advertise an institution's facilities is discussed in Tagg, *op. cit.* (3), 81–5.

⁶⁷ *Report of the Departmental Committee on Defective and Epileptic Children*, vol. II, Cd.8747, 1898, 1–6.

'community',⁶⁸ a number of medical commentators likened the defect or disharmony evident in the minds and bodies of the mentally abnormal to discord in society. Thus, for Lapage, the defective or primitive brain was analogous to a defective or primitive community.

The human brain can be compared to a well-organised, modern community, where overhead there are innumerable telephone and telegraph wires interlinking and co-ordinating the activities of the great centres, which in their turn have channels of communication with the forces they control. Just as a primitive state, in which there has been little development of communication between the various centres of activity, is slow to respond to call [*sic*] made upon it and falls behind other better-organised communities, so the brain of a feeble-minded child is not well enough endowed to allow of efficient government.⁶⁹

In a similarly secular metaphorical vein, Tredgold envisaged both the insane and the mentally defective in terms of financial solvency. 'Mental defect', he wrote, 'occurring subsequent to mental development may be compared to a state of bankruptcy, and is more fittingly described as *dementia* (*de*, down, from; *mens*, mind); whilst the person whose mind has never attained normal development may be looked upon as never having had a banking account, and this state is designated *amentia* (*a*, without; *mens*, mind)'.⁷⁰

The exposition of metaphorical links between mental and societal dysfunction further strengthened the epistemological and managerial claims of medical practitioners. Doctors were to be considered experts in both individual and state pathology. Of course, in the case of mental deficiency, such claims were reinforced by widespread adherence to the belief that individual and familial disease was itself a major cause of social pathology; thus, the medical management of defectives and their families would serve the dual purpose of healing both the individual and the state. In this context, the visual representation of mental defectives can be seen as one strategy in efforts to medicalize deviant behaviour.

While the medical monopoly on identifying and interpreting physical anomalies carried considerable force in the early twentieth century, medical attitudes to physical abnormalities were not without contradictions. Indeed, inconsistencies in this overtly physiognomical approach betray the extent to which depictions of abnormality were closely framed by social and political considerations in this period. In particular, it is clear that in spite of the proclaimed diagnostic and prognostic significance of facial features and bodily habitus, appearances could be very deceptive. Thus, for Lapage, 'some of the worst cases of feeble-mindedness' could be 'really beautiful children both in face and form'.⁷¹ More tellingly, the case records from the Sandlebridge Boarding Schools include descriptions of children referred to as mentally and socially *more* or *less* capable than their physical appearance had initially suggested.⁷² Such cases of recorded disparities between appearance and the degree of mental defect did not appear to undermine medical practitioners' claims to be able accurately to discriminate between the mentally normal and the mentally abnormal on the basis of close physical inspection and examination. On the

68 Pick, op. cit. (22), 23.

69 Lapage, op. cit. (1), 192.

70 Tredgold, op. cit. (8), 1.

71 Lapage, op. cit. (1), 61.

72 John M. was described as looking 'worse than he is', while Arthur A. was referred to as looking 'much better than he is' – Sandlebridge Special Schools Album, op. cit. (65), 7, 48.

contrary, such vagaries in the signs were used to argue that only medical practitioners possessed sufficient expertise to avoid diagnostic pitfalls, and to render intelligible the faces of the unintelligent.

CONCLUSION

In the late nineteenth and early twentieth centuries, a number of medical practitioners working in various capacities in the field of mental deficiency published texts on the subject. In all of these works, written explicitly for other medical practitioners but also directed at teachers and social workers, photographs and line drawings were used to illustrate the diagnostic and prognostic features of mental defectives. The evidential weight of these visual representations of mental defectives depended upon broad assumptions both about the nature of mental deficiency and about the nature of photography. Medical writers not only agreed that mental defectives presented a variety of characteristic (and supposedly objective) physical abnormalities that could be used in diagnosis but also that those abnormalities could be accurately portrayed in photographs.

In this paper, I have argued that both the contemporary construction of mental defectives as physically distinct and the use of photographs to capture that distinction should be understood as products of the particular context in which they were produced. The selection and presentation of the illustrations and the accompanying verbal descriptions of deficiency found in these medical texts betray broader social, political and professional interests. In particular, visual representations of defectives served to define and authenticate a variety of social observations and political strategies concerning deviance and deficiency. First, they served to fix mental defectives as a distinct and inferior class of society. This process reinforced the development of typologies of deficiency that significantly drew not only on appearance but also on assessments of behaviour, character and temperament. Secondly, and as part of the same strategy, photographs helped to render mental defectives more visible, thereby rendering the threat of this previously covert subclass of society more immediately manageable. Thirdly, by delineating the features of both individual and social pathology, photographs provided a window not only into the disordered world of the mentally defective but also into that of their bed-fellows, that is, the intemperate, the sexually promiscuous, the poor, the insane and the criminal. Finally, visual representations of mental defectives consolidated the position of medical practitioners as the appropriate administrators of permanent institutional segregation.