

## Theories of Mental Degeneration in Ireland

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This paper will explore theories of mental degeneration in Ireland, and the practical influence of these theories on medical discussion and social policy. The term 'degeneration' will be used in this article to define the perceived process of decline, while 'degeneracy' defines the more general theory of societal, mental, moral, and physical decline. This article will address these ideas, but will not address general eugenic theories, or the relationship between eugenics and the church and state in this era, as these are outside the parameters of this research. The work of British theorists, such as A. F. Tredgold, will be used as a benchmark to define what is meant by the contemporary terms *degeneration* and *amentia*. Tredgold notes that 'amentia' can be considered a lack of mental development, but encompasses numerous levels of *mental degeneration*; therefore, *amentia* was used as an overarching term for idiocy, feeble mindedness, and imbecility (Tredgold, 1920). This paper will also examine contemporary Irish journals to illustrate how these theories were implemented and how medical professionals and politicians perceived *mental degeneration* to have an effect on the Irish population. Finally, this paper will address the term *degeneracy* and what this problematic term implied for legislation in the Irish Free State (1921–1937).

Two main theories of environmental influences and hereditary influences were utilised in Ireland and abroad to explain the development and inheritance of mental and physical traits in the population. The Weismann germ plasm theory placed an emphasis on heredity, stating that the main influence on development was the germ plasm itself rather than the environment; he proved through experimentation that variations in the germ plasm that developed due to environmental influences could not be directly inherited (Weismann, 1893). Lamarckian theories focused on environmental influences in one's development, and then considered heredity to be secondary in one's development. The tendency to inherit certain traits could be altered by one's environment (Lamarck, 1830). A.F. Tredgold perceived *mental degeneration* to be a lengthy process that was partially influenced by Weismannist theories of heredity; that if a family line had a history of intellectually gifted people, it was more

likely that a person would develop similar traits to their ancestors. He maintained that the provision of a suitable environment through Lamarckian environmental theories could alleviate and even prevent *mental degeneration* (Tredgold, 1911). As a result, he coined the term 'educability'; the in-built hereditary capacity of the germ plasm to acquire knowledge (ibid.). This followed Weismann's theory that inherited tendencies were identifiable and capable of transmission from one generation to another (Weismann, 1893). Tredgold noted that in some individuals their educability may be high, but in the absence of an appropriate environment and education, they may descend into *mental degeneration* (Tredgold, 1911). Tredgold emphasised that everyone had some form of variable educational potential, but without an adequate environment, this could not be fulfilled. However, he believed that even those with an inherently low level of educability could be useful to society, therefore he advocated educational testing in schools to tailor education to the child, thus making the most of their differing capabilities (ibid.). Tredgold also doubted the contemporary classification of acquired and congenital defects, stating that the development of a child was rarely categorised in this simple manner. He instead replaced these terms with 'intrinsic' and 'extrinsic'; the former solely explaining the traits that were hereditary, while extrinsic would describe traits that were developed purely as a result of environmental influences (Tredgold, 1920). Extrinsic factors could be found in one's environment, ranging from the development of venereal disease, tuberculosis, malnutrition of the mother leading to birth defects, to the provision of education, unclean housing, or a lack of education. Therefore, extrinsic or intrinsic factors go far beyond the debate on hereditary, but explain the influence of the environment even on the developing foetus that cannot be determined by genetic inheritance. These theories developed to illustrate the importance of environment on education and childhood development.

Alfred Binet discussed theories of educability in the population through his assessment of 'intelligence' (Binet, 1916). It is more accurate to describe this test as assessing mental acuity rather than intelligence, as it was highly culturally subjective and expected a certain degree of understanding from the child being tested. Tredgold believed this to be helpful only to a certain extent; he explained that testing could be of use, but only for those with an ability to understand the questions and formulate

answers. Binet's intention to differentiate between 'idiocy', 'feeble-mindedness' and 'imbecility' could not be fully realised with this form of testing alone; those who would be tested would need some ability to comprehend testing and would therefore be unsuitable for more serious cases of mental incapacity. As a result, Tredgold advocated a more rounded approach by using Binet-Simon intelligence testing, analysing patient files, as well as testimonies those who encountered the patient regularly (Tredgold, 1920). Some of his case studies illustrate children being labelled as *mentally degenerate* purely because the assessment had assumed linguistic and cultural norms. One example that he put forward was that of a child who could not differentiate between particular birds due to his urban upbringing, and had been determined *mentally degenerate*. On further analysis of his patient file and through discussing the patient history, it was shown that the child's understanding of wildlife had led to a poor result on the Binet Simon test (ibid.). Tredgold advocated the use of mental testing to provide for the education of children, whereby the *mentally degenerate* could be segregated from ordinary classrooms into a colony structured institutional environment (ibid.). This entailed a self-sufficient approach to mental healthcare, where patients would work on the farm, in workshops or selling crafts to provide for their upkeep, while remaining in an enclosed institution. He also suggested that it was in the population's best interests to provide some form of education for those considered *degenerate*. Binet estimated through his testing that approximately 2% of the population could be considered *degenerate* (Paul, 1995). However, if they did not receive some form of education, he believed they would develop criminal tendencies (Nicolas et al., 2013). Therefore, he advocated for the adoption of an alternative curriculum for those who were considered incapable of keeping up with mainstream schooling, focusing on socialisation, crafts, and practical skills, rather than on the traditional skills in schools such as language, reading, writing and arithmetic (ibid.). This approach was adopted to a certain extent in Ireland in the institutional system, such as in mental hospitals, and inspired further debate about education.

Prior to the Irish Free State, little provision was made for those with different educational needs, apart from those with sensory difficulties such as schools for the blind (Inclusion of Students with Special Educational Needs, 2007). However more extensive policies concerning the mental abilities of children began in the Irish Free

State. Irish doctors began a similar form of testing mental acuity through the implementation of compulsory school examinations ('Points from the County Health Reports', 1938). Given its popularity at the time, it is highly likely that the Binet-Simon test or some derivative version of it was employed for this purpose, although it is not mentioned exactly what form of testing is used. The use of Binet-Simon testing became widespread in many countries, but the cultural conditions of the test become evident when comparing the degree of variation from the original. American physicians developed the Stanford-Binet, while German physicians developed the highly ideological Binet-Boberstag test which also included the practical capabilities of the patient as a form of testing (Hofmeier, 1938). Each variation detailed different cultural norms and expectations, illustrating that this test could not accurately measure intellect, but merely one's capabilities in a culturally biased manner. Based on the examination of schoolchildren, their findings on the mental condition of the population were detailed in a series of articles and county health reports to the Irish Free State government.

No Irish theorists have yet been discovered who made a significant contribution to theories about *mental degeneration*, however there was a significant debate amongst medical professionals and politicians in Ireland about pre-existing theories. It seemed that they believed heredity to affect the mental capacity of the population, but differed from British theories in some aspects. Irish journals and newspapers advocated much more strongly for Lamarckian improvement in environment, for example slum clearance and provision of maternal welfare clinics. An example of this is the letter written by Dr Robert Collis to the editor of the Irish Press in 1936 stating that Dublin had 'The foulest slums of anywhere in Europe', and noted that these living conditions had a significant influence on the health of the population (Collis, 1936). Dr. Louis S. Clifford, an Irish doctor, examined over 1900 children, and determined that 84 were *mentally degenerate*, with an overall rate across Dublin of 2.14% degeneracy (Clifford, 1940). Given Binet's average of 2%, the above average rate of perceived degeneracy in Irish statistics was of significant concern. This statistic only accounted for Dublin where educational provision was more widespread due to the urban nature of the capital, so the average for the entire population was likely higher.

The reduction of the percentage of children classified as *degenerate* was of significant concern and debate amongst doctors, as evidenced by the articles they produced that noted how *degeneracy* could be reduced through environmental changes. Dr Clifford stressed that most of these children were still educable and could be of social use, if adequate schooling and provision was made for their welfare (Clifford, 1940). He also qualified his criteria for deficiency as those who were incapable of obtaining adequate instruction at an ordinary school, and therefore alternative means of education would be necessary (*ibid.*). Dr Clifford also agreed with Tredgold, stating that it would be better for these children not to attend school rather than have insufficient schooling as this would lead to criminality and delinquency due to their perceived failure (*ibid.*). Clifford's thoughts mirror Binet's concerns about the lack of suitable education causing children to perceive themselves as a failure and thus develop delinquency of varying degrees (Nicolas et al., 2013). Dr. J. A. Harbison conducted health reports on the general population; in this report he takes a clearly Lamarckian stance on *degeneration*. He notes that *degeneration* could be prevented through school medical examinations, by catching the deficit early and thus making extra provisions where necessary (Harbison, 1940). It does not specify exactly what extra provision could be made; this seems idealistic as it is evident that separate educational facilities were not created for those considered *mentally deficient* in the Irish Free State, and only rarely provided for those with sensory impairments (Inclusion of Students with Special Educational Needs, 2007).

It was not until the 'Report of the Commission of Inquiry on Mental Handicap' (1965) that provision for the education of those with learning difficulties was considered in a more uniform manner. Up to that point, in line with the ethos of the Irish Free State, education was standardised and exclusively provided by church organisations that were predominantly Roman Catholic (Inclusion of Students with Special Educational Needs, 2007). In this era the main question of education was school control by the state and by religious organisations. This occurred in most European countries in the 1930's given that religion was often linked to national identity, and secularisation was not necessarily considered to be a part of urbanisation (Clarke, 'The Response of the Roman Catholic Church to the Introduction of Vocational Education in Ireland 1930–1942'). One such example is that of Italy where in 1929

Catholic teaching became compulsory in secondary and primary schools. Ireland is noted as an exceptional case, given the strong link between the state and the Catholic Church in its ethos and its legislation. The state's main influence in education during the Irish Free State was passing the 1926 School Attendance Act to ensure compulsory primary education. The Catholic Church primarily staffed schools with priests, nuns, religious brothers and sisters, partially because the state wanted to convey its' Catholic religious heritage. As a result, the Catholic Church had a higher degree of influence in schools in Ireland than in any other country in Europe at the time (Clarke, 'The Response of the Roman Catholic Church'). Even until the present day, the influence and control of the church over education is notable. PRI's *The World* segment notes that 'In many cases, the church owns the school buildings and the property where they sit. Catholic officials have influence over the curriculum, where religion classes are a daily part of learning' ('Ireland is asking what role the Catholic Church should play in public education', 2018). While this article does not seek to detail the intricacies of the Irish Catholic education system, it is important to note the significant influence of religion on the provision of all forms of education in the Irish Free State. Not much provision was made for the education of those considered mentally degenerate in schools controlled by religious orders.

Preventing *mental degeneration* at an early age was of concern to doctors in the Irish Free State, primarily addressed through environmental changes. Dr Harbison noted that many of the defects could be detected in early infancy and were a result of poor education and malnutrition, as a result he endorsed measures in maternal health clinics for the elimination of *mental degeneracy* (ibid.). Kerry Redin, an Irish public health nurse, mentioned that the provision of milk to school children dramatically increased their capabilities in schooling, and that a significant determinant for the high levels of *mental degeneracy* was due to malnutrition of the population (Redin, 1931). Indeed on this matter Redin agrees with Tredgold, who noted that although there may be no family history of *mental deficiency*, malnutrition and a substandard early childhood environment could create defects in the germ plasm, meaning their inherent educability would not be fulfilled (Tredgold, 1921). It is clear that Irish doctors followed international examples in improving the mental condition of the population, and were familiar with the debates on heritability of mental defects.

The practical impact of these theories within the Irish context is problematic to quantify; it is unclear whether those who discussed such ideas were a minority, or if other medical practitioners also agreed with these ideas in everyday medical practice. It is clear that measures were adopted not only by medical practitioners but also by local philanthropic groups and political activists. Such measures included the provision of meals in schools, as *mental degeneration* was attributed to malnutrition in lower income areas ('The Problem of Poverty', 1931). Statistics from the county health reports illustrate that this concern was not purely an urban one centred around the Dublin tenements (Coleman, 1931). One example of this overarching concern is Dr Kennedy's report that up to two thirds of the children in Waterford were noted as *degenerate*, and that provision of a school meal was recommended to reduce this figure (Coleman, 1931). Other changes were seen in the provision of institutional care, as early occupational therapy was introduced, where patients would be active in some manner toward the economic upkeep of the institution according to their educational abilities. This is particularly evident in St Finians mental hospital, where Dr Eamonn O'Sullivan introduced occupational therapy practices during his time as Medical Superintendent from 1933 (Pettigrew et al., 2017). He later noted in his book, published in 1955, that occupational therapy could not involve just any occupation, but one which took the patients intellectual capabilities and interests into account (O'Sullivan, 1955). He adopted handicraft workshops as well as sports and recreational therapies which took into account the mental development and capabilities of the patients (Pettigrew et al., 2017). It must be noted however, that this provision for accessible education through occupational therapy remained within the institutional structure, and was not generally provided in the school system.

Journal articles discussed the social influence of illegitimacy on the population, and came to the conclusion that sexual deviancy, leading to illegitimacy, was an indicator of *feeble mindedness* and of *mental degeneracy* ('An Irish Instance of Practical Eugenics', 1931). The segregation of these mothers and their *dysgenic* influence on the population was thought to protect others from their influence. This was in line with Catholic teaching and ethos, which heavily influenced education. It should also be noted that unmarried mothers were perceived as inherently feeble minded as they had sexual relations without the social stability of marriage (O'Brien,

2013). The Carrigan Commission was established in 1930 by Eoin O'Duffy, the chief commissioner of An Garda Síochána, to investigate sexual crimes and abuses in the Irish Free State. Testimony was heard from numerous sources including George Cussen, the senior justice of the Metropolitan district court, and Dr Dorothy Stopford Price from the Irish Women Doctors Committee (Kennedy, 2000). The Carrigan Commission mentions 'first offenders', meaning women who had fallen pregnant out of wedlock for the first time, as *mentally degenerate* women, who should be detained as they did not understand the error of their ways (Carrigan Report to the Committee on the Criminal Law Amendment Act, 1930). Such rhetoric enabled the legislative anomaly that meant indeterminate sentences for mothers committed to such homes; they were seen as mentally unable to participate in everyday life, and a cause of *mental degeneration* in having further children (Smith, 2014). Therefore, while it is not specified directly, it is evident that *mental degeneracy* was considered heritable which contributed to the institutionalisation of unmarried mothers.

Due to the strictly denominational nature of education in Ireland, provision for special education was limited, with access to special education being a significant issue (Whyte, 1980). In Ireland, targeted education was advocated to a limited extent, with the impetus for providing this education largely resting on the parents rather than governmental provision of appropriate resources. While doctors may have advocated for more targeted education, facilities were not developed enough for this tailored approach to education to be realised. Mental and physical testing of the school population was evidently of importance to the government in its attempt to increase the population given the inquiries and health reports that were commissioned at the time. It is evident that theories of *mental degeneration* had an impact on legislative policies in the Irish Free State as slum clearance began in 1931, the same year that many articles addressed the importance of the living environment on the mental development of children (King, 2010). Although the Education (Provision of School Meals) Act began in 1909, it is evident from medical writings that such a scheme was not broadly implemented in the Irish Free State until the 1930s and its absence in rural areas did have a significant impact on the health of school children ('The Problem of Poverty', 1931). Another important aspect of this development was that it brought about a dramatic increase in school attendance rates, especially in rural areas where



children no longer had to travel long distances from home, and could stay in school for the full day. This had an impact on the natural educability of children as well as their capacity to engage with existing education that was provided. Another significant legislative impact of theories of degeneracy in the Irish Free State had was the increased rate of institutionalisation. Unlike in Britain, there was no formal provision for special schooling, those who were in significant need of specialised resources were forced into mental institutions as a remnant of antiquated methods of dealing with the socially excluded. This did prompt a development of alternative techniques of managing patients who were not mentally ill. Therefore, the development of occupational therapy practices and habit training as well as re-education therapy flourished in Ireland, with prominent figures such as Dr Eamonn O'Sullivan contributing one of the first seminal textbooks on this in Europe in 1955 (O'Sullivan, 1955).

Further legislative improvements led to the compulsory school medical examination scheme from 1928 which led to a widespread effort to contain the spread of childhood illnesses and ensure basic healthcare for children ('Points from the County Health Reports', 1938). While the Women's National Health Association was not a legislative body, it effectively continued the work of the school examination scheme in an unofficial sense. It was founded by Lady Aberdeen, a philanthropic figure of the Irish landed gentry. The Women's National Health Association established maternal welfare clinics as well as infant check-up centres throughout rural areas and the slums of larger cities in order to improve the health of the population. Their motto was to 'ensure the vigorous reproduction of a healthy race', which included their mental development and control of the environment to ensure their health (Tralee Maternity and Child Welfare, 1939). This brought the aims of the school examination a step further by ensuring that pregnant mothers were educated on how to care for their children and how to take care of themselves to ensure maternal malnutrition did not negatively affect the developing foetus. This organisation published the journal *Sláinte*, which covered local and national affairs pertaining to the organisation and issues of healthcare. Theories of inborn abilities and fostering these abilities through maternal welfare and medical inspection of school children are detailed in T. Jones' article in *Sláinte*:

‘We know little yet as to the way human heredity works, but children are born with varying powers [...] We can arrange it so that it shall favour the growth of these inborn propensities which make for our social advance and so that it shall oppose those propensities which make for national decay’ (Jones, 1910).

In this way it is evident that the instruction and care of children was regarded as a social advancement, while ‘national decay’ was associated with a mismanagement of these natural abilities. It also insinuates a regression of mental capacity if preventative measures are not adopted. While Jones’s article does not reference Tredgold explicitly, it is clear that his idea of educability, as an inbuilt propensity for learning, had become a central part of educational provision and the debates about the accessibility of education in Ireland.

While a fully-fledged eugenics program to eliminate dysgenic influences on the population was not adopted in Ireland, the concern about the health of the population was still a dominant one. Amongst the issues of importance to the Irish Free State were the education of children and the protection of their health, both of which combined in discussing their mental capacity for learning and the accommodation of those who were not suited to traditional schooling. While A.F. Tredgold wrote for an American and English audience, many of his ideas were well received and adopted in the policies and medical practice of the Irish Free State.

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