

Steven J. Taylor. *Child Insanity in England, 1845-1907*. Palgrave Studies in the History of Childhood Series. London: Palgrave Macmillan, 2016. 191 pp. \$99.99, cloth, ISBN 978-1-137-60026-4.

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Victorian England was teeming—seemingly overrun—with children. A confluence of heightened agricultural productivity, public health advances, and the general decline in mortality fueled a nineteenth-century baby boom, prompting much disquiet about what to do with the sea of waifs and strays populating industrial society. As children increased in demographic importance, and childhood became culturally reconfigured, legislation began to restrict the exploitation of their labor and redirect them to state elementary schools. Charles Dickens (1812-70), for one, advocated on behalf of children—particularly disabled children—incorporating them into many of his famous novels. In a more tangible act, he lent his personal support to hospitals dedicated solely to children, including the famous Great Ormond Street Hospital. As children came increasingly under the surveillance of the state and the object of medical philanthropy, mental incapacity and physical disability became a question of considerable public debate by the dawn of the twentieth century.

Child Insanity in England examines one point of tension within this broad social, cultural, and medical transformation: what to do with children classified by doctors or teachers as “insane” or “mentally deficient”? Taylor argues that, although the history of eugenics has explored mental defi-

ciency in great depth, historians of medicine and disability have tended to neglect the fact that children were admitted to the famous county pauper lunatic asylums of the era. The author pools findings from five institutions—Prestwich (Manchester), Winson Green (Birmingham), Berrywood (Northamptonshire), Stotfold (Hertfordshire, Bedfordshire, and Huntingdonshire), and Colney Hatch (London)—creating an “imaginary line from the north-west to the southeast of England” (p. 7). This permitted him to identify 773 children in total (defined as those aged fourteen and under) who had been admitted to one of the five county asylums over a sixty-year period between the Asylums and Lunatics Acts (1845) and the creation of the School Medical Service (1907). The author then supplements this cohort analysis with data drawn from the online repository of children’s hospital admissions and other contemporary sources. Ultimately, the book seeks to use the intersection of childhood *and* insanity as a “historical prism to observe a broad range of medical, welfare, and status issues” in nineteenth-century England (p. 1).

By the 1870s, there was what Michel Foucault (1926-84) termed an “archipelago” of carceral institutions for children—medical institutions (such as idiot asylums), penal institutions (reformatories), educational facilities (special schools), and

welfare institutions (poor law workhouse infirmaries)—which provided non-domiciliary options for difficult or dependent offspring. The result was a complicated and fluid “mixed economy of care” where transcarceration—the movement between different types of welfare institutions—was not uncommon, particularly in urban environments. Within this network, the county pauper lunatic asylums loomed large; however, local authorities tended not to believe that incarceration of mentally ill or disabled children in the expensive lunatic asylums was either appropriate or a good use of county ratepayers’ dollars. Nevertheless, from time to time, certain county magistrates—in this case, those of Northamptonshire—made a strategic decision to become “entrepreneurial,” encouraging the admission of out-of-county children (at a much higher charge) so as to cross-subsidize their within-county patients. As the author explains, a new “trade in lunacy” was thus in operation at the public, as well as the private, sector during the Victorian era.

Parallel to this, the advent of compulsory elementary education brought multitudes of children under the surveillance of the state and created a source of tension between medical, psychological, and educational experts. As Taylor demonstrates, different cities—be it London or Leicester—emphasized either a medical or educational approach for those considered mentally subnormal. Here we enter familiar territory as the author surveys the relationship between national efficiency and the interest in the health and educational welfare of the nation’s children by the time of, and immediately after, the Boer War. Discourses became increasingly infused with eugenic imperatives of national survival and racial suicide. Taylor also explores various demographic and economic factors, such as agricultural recessions and migration, which may have affected the ability of families to care for disabled children. This discussion, however, is inconclusive due to the disparate social and economic contexts of the asylums under study and, importantly, the small absolute

number of children institutionalized in each separate jurisdiction on an annual basis.

Taylor contends early in his book that we have no real *comparative* literature on the history of asylums, thereby framing his monograph as a novel departure from past research. While it is true that detailed accounts of individual institutions dominated the historiography of asylums in the 1980s and 1990s, I would reframe the author’s claim. Rather than an anomalous contribution to the literature on the history of asylums, *Child Insanity in England* can be seen as an example of a recent trend *toward* embracing comparative studies of asylums. One thinks of the recent publications by Anne Shepherd (examining two asylums in Southeast England), Louise Hide (whose book encompasses five English pauper institutions), Leonard Smith (who analyzes several lunatic asylums in the British West Indies), and Catharine Coleborne (whose research includes the Trans-Tasman network of asylums in New Zealand and Australia). This comparative research has moved away from preoccupations with, and prioritization of, the “local” circumstances of particular institutions (be it the British or Irish county, the Scottish district, the Canadian province, or American/Australian state) and reengages with larger, trans-jurisdictional forces unleashed by the Industrial Revolution. Whether a new synthesis of the social role of asylums during the nineteenth century will emerge from this literature and displace the sweeping “revisionist” histories of the 1960s and 1970s remains to be seen. This book offers an insight into one of the (often forgotten) dependent groups that found themselves within the walls of the Victorian asylum.

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