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“WHY WAIT UNTIL THEY COMMIT A CRIME?”: MORAL IMBECILITY AND THE
PROBLEM OF KNOWLEDGE IN PROGRESSIVE AMERICA, 1880-1920

By

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Thesis

presented in partial fulfillment of the requirements for the degree of

Master of Arts in History
University of Montana, Missoula, MT

May 2015

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Acknowledgements

I've heard that history is a lonely profession. Over the past two years, a whole host of people have decisively proven that notion false. Many thanks to my committee for walking me through the process of creating a Master's thesis: Kyle Volk, Jeff Wiltse, Anya Jabour, and Susan Pearson. Kyle Volk has my deepest gratitude for convincing me to come to Montana, where he has pushed me to become a better reader, thinker, and writer. He supported me along the way with inordinate amounts of time, coffee, and delicious meals. Fellow graduate students have been much-needed sounding boards, advisers, and friends. Thanks especially to Clinton Lawson and Pat O'Connor for encouraging me to think big, and to Kayla Blackman for coaching me through the little things. Missoula has been a marvelous home thanks to the communities within it. ON-Q provided priceless brunch buddies and an escape from reading. The Arntzens, Melissa Schults, and the rest of the First Presbyterian Church family offered support in the form of hugs, early morning rides to the airport, and non-historical conversations over good beer.

In a demonstration of historical contingency, a wide array people in my past share responsibility for where I am and where I am headed. Gail "Chumbledore" Chumbley and Tricia Miller of Eagle High School introduced me to history and disability as meaningful pursuits. Dale Soden and Arlin Migliazzo of Whitworth University believed in me and told me I could be successful in graduate school. Matt Peters, Greta Frey, Austin Swanson, Chris Basham, and Jonathan Strain have kept me rooted in my past and cheered for my future. My closest friends since day one at Whitworth, Amanda Brodhag, Emily Harpel, and Abby Miller, have provided unending support through historical rants and personal crises. The most thanks go to my family for their encouragement, wisdom, and love.

Introduction

October, 1913 was the month of the defective in New York City's Metropolitan Life Insurance building. From 11am to 10pm every day, visitors milled through the building's south arcade. As the crowds explored, they took in a diverse array of materials exhibited by the city's Clearing House for Mental Defectives (CHMD), a clinic that examined, registered, and rendered treatment recommendations for suspected defectives. Three times daily, lecturers asserted the public threat the city's defectives posed and praised the CHMD's efforts to diminish that threat. Hundreds of posters and charts lined the room's walls, warning that more than 12,000 defective children roamed New York's streets, plagued its classrooms, and otherwise corrupted the city's mental, moral, and financial health. The exhibition's collection of hand-woven baskets, paintings, and paper dolls from the state's institutionalized defectives illustrated the CHMD's ability to render this social threat both harmless and productive by means of diagnosis and institutionalization. Doctors, nurses, and psychologists from the CHMD, including Dr. Max G. Schlapp—the founder and “soul of the institution”—stood by to answer questions about the thousands of suspected defectives they had examined since opening in January, 1912.¹

Educational motion pictures—screenings six times daily—also awaited the exhibition's curious visitors. One film followed three boys from youth through adulthood, beginning with their hearings before a local court for stealing from street vendors. After pondering the adolescents' crimes, appearance, and attitudes, the judge ordered them to the CHMD where specialists could determine whether they numbered among the city's dangerous defectives. A team of experts—psychologists, physicians, and social workers—thoroughly evaluated the boys

¹ “Exhibit Will Show Work of Defectives,” *Brooklyn Daily Eagle*, Oct. 5, 1913; “Blame Speed Mania for Mental Ills,” *Brooklyn Daily Eagle*, Nov. 2, 1913; “‘Clearing House’ Thins Ranks of the Feeble Minded,” *New York Tribune*, Oct. 5, 1913; “Doing Marvelous Work: Dr. Max G. Schlapp Winning Fame in New York City,” *Burlington Hawk Eye*, Oct. 12, 1913.

and found them all mental and moral imbeciles, possessing below-average mental capacity and entirely lacking a moral sense. At Dr. Schlapp's order, the boys left for the Home of Refuge on Randall's Island for institutional care. Two of the boys happened to be brothers, and their parents failed to understand the severity of their sons' defects. They soon took them home on parole against the advice of the institution's authorities. Instead of being safely housed in an institution, the brothers grew up following their amoral instincts and wreaking havoc upon society: one became an arsonist, the other a murderer. The more fortunate boy had no guardian, and the kindly Dr. Schlapp saw to it that he spent his life counted as a productive defective, working happily on an institution farm.²

Serving as both an educational tool and a plea for funding, the CHMD's exhibition aimed to convince the public and policy-makers that the clinic and its resident experts held the remedy for New York's chaotic, crime-ridden streets. Newspaper coverage of the event expanded the exhibition's reach, facilitating the development of a vast network of individuals and public and private organizations committed to the CHMD's methods. The Children's Court, public schools, parents, the Society for the Prevention of Cruelty to Children, churches, the Charity Organization Society, physicians, independent social workers, truant officers, and various other authorities began sending suspected defectives to the CHMD clinic located at New York University's Post-Graduate Hospital. By 1918, after just six years of operation, the CHMD had examined and registered ten thousand cases and determined where each patient rightly belonged: at home with family under the close supervision of a CHMD traveling nurse; in the hospital for treatment of a curable condition; or if an incurable defective, segregated from society indefinitely in

² "‘Clearing House’ Thins Ranks of the Feeble Minded," *New York Tribune*, Oct. 5, 1913.

institutional care tailored to his or her deficits.³ As the most dangerous class of defectives, moral imbeciles like the boys in the exhibition film almost without exception fell into the last category. In order to operate effectively and prove its worth, Schlapp's CHMD depended upon a city-wide system of surveillance in which moral imbeciles and other "incurables" might be detected and detained as early as possible. His slogan, "Why wait until they commit a crime?" encouraged widespread vigilance against the invisible threat of the moral imbecile.⁴

This threat was by no means new. Physician Benjamin Rush had identified moral imbeciles as early as 1812, and the concept received medical review in following decades. In the 1870s, physicians—particularly those who oversaw institutions for the feeble-minded—first began to broadcast publicly the dangers of moral imbecility.⁵ The term filled newspapers nationwide in 1881 as expert witnesses labeled President Garfield's assassin, Charles Guiteau, a moral imbecile. Moral imbeciles, physicians explained, were those born without a moral sense. Though often cunning and intelligent, they lacked the ability to determine right from wrong. When left to themselves, they chose the latter. They demonstrated moral defect from their earliest years, practicing cruelties upon animals and playmates and lying compulsively to avoid punishment for their misdeeds. They killed their parents, children, and complete strangers. They slew without remorse; indeed they were not capable of remorse. Even if their crimes stopped short of murder they might commit theft or arson and often indulged in sexual behavior that experts predicted would only unleash greater numbers of defectives upon society. Moral imbecility could strike families without warning or predictability, respecting no bounds of race,

³ Max G. Schlapp and Alice E. Paulsen, "Report on 10,000 cases from the Clearing House for Mental Defectives," *Medical Record* 93 (1918): 269-275.

⁴ "Urges State Surveillance of All Defective Children: Dr. Max G Schlapp, Noted Psychiatrist Advocates Segregation of Those Incurable," *New York Times*, Jul. 28, 1912.

⁵ James Trent, *Inventing the Feeble Mind: A History of Mental Retardation in America* (Berkeley: University of California Press, 1994), 20-22.

class, or gender. Regardless of a family's wealth or national origins the slightest moral misstep might introduce to the bloodline a hidden taint that would rear its ugly head as moral defect in future generations.

Frightening and unpredictable as physicians believed moral imbeciles were, they also proved immensely useful as laborers and experimental test subjects. Superintendents of institutions for the feeble-minded housed moral imbeciles, putting them to work maintaining their facilities, growing food, and caring for mentally and physically disabled inmates. Moral imbeciles' cost-saving labor gave superintendents an advantage among the various state institutions competing for funding from state legislators who awarded fiscal efficiency. Superintendents' medical reputations also stood to gain from the moral imbecile's institutional uses. Institutions reported performing experimental sterilizations on moral imbeciles as early as 1895, seeking to calm their patients' aggression and sexual excitability and eliminate the risk of their procreation. These experiments helped demonstrate the institutions' legitimacy as centers of medical research, which boosted leaders' medical reputations and also held potential for increased funding. As their institutions' populations rose at the turn of the century, however, superintendents grew concerned that moral imbeciles' erratic, violent behavior endangered other inmates, making them more trouble than they were worth.⁶

Changing perceptions of defectiveness resolved superintendent concerns by challenging the merit of moral imbecility as a medical diagnosis. The diagnosis made a slow medical and cultural exit in the 1910s and 1920s. It was approximately replaced by new diagnostic categories: morosity and defective delinquency. Newly adopted Binet intelligence tests discovered those

⁶ Dr. A.C. Rogers, "Report of Five Cases of Mental and Moral Aberration Among the Feeble-Minded at the Minnesota School for Feeble-Minded," in AMO, *Sixteenth Annual Session* (1892), 323-324; Remarks in AMO, *Nineteenth Annual Session* (1895), 595-599.

with slight mental defects and diagnosed them “morons.” While feeble-minded institutions housed these morons, who were now by definition “embryo criminals,” inmates who superintendents found difficult to handle were easily diagnosed as defective delinquents and transferred to insane asylums, prisons, or the nation’s few specialized defective delinquent institutions.⁷ The transition to these new categories marked the end of moral imbecility as a diagnosis; the inability to distinguish right from wrong came to reflect mental defect or illness, not innate amorality damaged apart from intellect.⁸

Focusing on the approximately fifty-year period from 1870 to 1920, this thesis explores moral imbecility as a contested medical diagnosis and a social and cultural threat.⁹ I argue that moral imbecility played a pivotal role in facilitating the emergence of several hallmarks of modern America. The diagnosis legitimated medical experts’ far-reaching cultural authority, encouraged the rise of a surveillance society, and secured the growth of a medicalized bureaucratic state responsible for institutionalizing hundreds of thousands of people. As a potent medico-cultural threat based upon new and disputed knowledge claims, it became an important battleground on which various groups struggled over the bounds of professional knowledge and the use of that knowledge in solving the problems of modern America. Physicians, psychologists, educators, legal professionals, and members of the public wrestled over how to define, identify, and solve moral imbecility. These battles over scientific knowledge produced tangible policy

⁷ “‘Clearing House’ Thins Ranks of the Feeble Minded,” *New York Tribune*, Oct. 5, 1913.

⁸ A few scholars have devoted attention to the moral imbecile, focusing largely on this basic chronology from a solely institutional perspective. These works include Steven A. Gelb, “‘Not Simply Bad and Incurable’: Science, Morality, and Intellectual Deficiency,” *History of Education Quarterly* 29 (1989): 359-379; Nicole Hahn Rafter, *Creating Born Criminals* (Chicago: University of Illinois Press, 1997); James Trent, *Inventing the Feeble Mind*.

⁹ The term “Long Progressive Era” comes from Rebecca Edwards, *New Spirits: Americans in the Gilded Age, 1865-1905* (New York: Oxford University Press, 2006). I will use this term to denote the entire period of time I am examining.

consequences. Fear of moral and mental defectives inspired the formation of networks of diagnostic clinics in cities across the country. Such diagnostic bureaucracies as Dr. Schlapp's Clearing House joined medical experts and members of the public in the common mission of building a better modern America by detecting and disposing of all those society deemed defective.

How did moral imbecility's short diagnostic relevance drive such radical transformations? This thesis asserts that the diagnosis's power rested within its most basic definition as the incurable inability to distinguish right from wrong. Because anything deemed wrong could fall within the array of symptoms believed to indicate moral imbecility, the diagnosis embodied all of modernizing America's greatest fears. A threat this expansive demanded an equally expansive response from the entire nation. Additionally, while moral imbecility's incurability perhaps flew in the face of the otherwise optimistic spirit of the Progressive era, it also provided an outlet, a single diagnostic scapegoat on which to pin society's persisting disorder. The progressive efforts of medical professionals, religious leaders, and social reformers were not faulted when they fell short, for those whom modern methods failed to fix could be labeled morally defective: abnormal and subhuman. Neither the methods nor those who employed them were to blame. Rather, by birth such hopeless cases were excluded from the story of human progress. In this way, moral imbecility provided a space in which diverse ideologies stood preserved despite the rapid scientific, economic, and cultural changes of the turn of the century.

The chapters that follow reveal the significant ways in which moral imbecility's cultural presence equipped experts with the power to avoid reproach while they, aided by public support and participation, implemented policies of surveillance and institutionalization that held major

implications for individual civil liberties. Chapter one explores how defect experts created new knowledge—knowledge of moral defect and its symptoms—and used it to explain behaviors that defied conceptions of civilized humanity as inherently rational and good. Moral imbeciles’ typical youthfulness, cunning, and invisibility defined professional and public discourse over the threat they posed and the proper response to that threat. The real and imagined dangers moral imbeciles posed to life, property, and general order made their swift removal from society a social imperative. Their behaviors following institutionalization challenged defect experts’ efforts at control and shaped the operations of the nation’s institutions for the feebleminded. Moral imbeciles, within and outside the institution, embodied professional and public anxieties over rapid national change and its effects on boundaries of race, class, gender, and politics.

Chapter two explores how professionals paradoxically required and resented the democratization of their specialized knowledge about moral defect. Physicians published newspaper articles, gave lectures, and hosted exhibitions because they needed a public who understood moral imbecility well enough to demand that the state support programs for its elimination. Members of the public also played a critical role for physicians by detecting moral imbeciles and bringing them forward for institutionalization. Yet the public did not passively receive experts’ terms and ideas. Instead they adapted them by absorbing the medical diagnosis of moral imbecility into popular culture and speech. Observing discrepancies between moral imbecility’s cultural and medical image, medical experts surmised that lay citizens were essentially incapable of understanding the complexity of moral defect. Moral imbecility also sparked debates that provide a valuable window into professional and public conflicts over the function and organization of the courts in the face of complex knowledge. As physician Horatio C. Wood asserted, in issues of criminal responsibility the court system was “absurd.” A jury of

twelve ignorant men sat before one judge, “bound in the iron hoops of legal prejudice and legal methods of thought.” Together they listened to arguments made by lawyers trained “in every crafty method of hiding the truth and of misleading the ignorant.”¹⁰ Exploring how professionals and lay people questioned the justice that courts could offer in a modern age reveals how they both claimed and assigned responsibility for scientific knowledge through the long Progressive Era.

Chapter three turns to the social and political consequences of moral defect’s cultural power and its association with mental defect. The rise of intelligence testing helped merge moral and mental defect into the single social enemy known as feeble-mindedness. Feeble-mindedness criminalized mental defectives and fueled a narrative of fear that united experts and members of the public as arms of the state in a mission of eradication. The limited reach of eugenic marriage and compulsory sterilization laws, which left dangerous borderline cases of feeble-mindedness undetected and untouched, justified major state institutional expansion. Diagnostic bureaucracies such as Dr. Schlapp’s CHMD secured this institutional growth with public social surveillance designed to combat the feeble-minded “menace.”¹¹ The ideal of total institutionalization that defect experts envisioned as key to national improvement ultimately proved impractical. The tens of thousands of Americans institutionalized and sterilized fell far short of their goals. Still, the mechanisms that defect experts and a public mobilized by moral defect established in pursuit of this ideal helped secure the state-sponsored behavioral and medical surveillance of modern America.

¹⁰ Horatio C. Wood, *Insanity in its Relations to Law: An Address Delivered Before the Medical Society of the State of Pennsylvania* (Philadelphia: Wm. J. Dornan, Printer, 1888), 3-4.

¹¹ Walter E. Fernald, “The Burden of Feeble-Mindedness,” *JPA* Vol 17, No 3 (1913): 90.

This study of America's age of moral imbecility joins with a range of scholars exploring the politics of knowledge in the long Progressive Era. Historians of this era have charted the rise of mass institutionalization, professionals' growing ability to shape public life, and the expansion of bureaucratized state power.¹² They have also suggested some of the implications these massive social and political changes held for individual liberty.¹³ My thesis offers a new answer to the question of how and why lay citizens in a democratic society not only permitted but facilitated these freedom-limiting changes. By uncovering moral imbecility as a single, uniting cultural threat, it moves beyond the Gilded Age social chaos trifecta of immigration, urbanization, and industrialization. Moral imbecility was threatening and amorphous enough to join public and professionals in the common pursuit of surveillance, registration, and detention. At the same time, professionals used the diagnosis's complexity to preserve their power by asserting the importance of experiential knowledge in its identification and treatment. Defect experts' experience diagnosing and supervising moral imbeciles made their knowledge superior to any they believed the public or non-medical professionals could obtain. This justified restricting the democratization of their expert knowledge. They stood as a professional elite who bypassed traditional legal systems by creating diagnostic bureaucracies in the name of protecting

¹² For examples, see Sarah W. Tracy, *Alcoholism in America: From Reconstruction to Prohibition* (Baltimore: Johns Hopkins University Press, 2005); Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982); David J. Rothman, *Conscience and Convenience: The Asylum and its Alternatives* (New York: Aldine de Gruyter, 1980); Andrew Jewett, *Science, Democracy, and the American University: From the Civil War to the Cold War* (New York: Cambridge University Press, 2012).

¹³ For examples, see Susan Pearson, *The Rights of the Defenseless: Protecting Animals and Children in Gilded Age America* (Chicago and London: University of Chicago Press, 2011); Tracy Steffes, *School, Society, and State: A New Education to Govern Modern America* (Chicago: University of Chicago Press, 2012); Michael Willrich, *City of Courts: Socializing Justice in Progressive Era Chicago* (New York: Cambridge University Press, 2003); Michael Willrich, *Pox: An American History* (New York: Penguin Press, 2011); Thomas Haskell, *The Emergence of Professional Social Science: The American Social Science Association and the Nineteenth-Century Crisis of Authority* (Chicago: University of Illinois Press, 1977).

society from the most dangerous breed of defective. In these ways, moral imbecility played an important role in the socialization of the courts and the rise of America's modern bureaucratic state.

Examining moral defect adds a new dimension to the history of social order and social control in modernizing America. Scholars have dedicated substantial attention to social and legal efforts to resolve disorder by controlling and segregating such visibly abnormal figures as vagrants, African Americans, and the mentally and physically disabled.¹⁴ Yet moral imbeciles posed such a grave threat to society because they naturally blended in. Before cultural threats could be rendered invisible and order restored, they first had to be defined and exposed. Additionally, these scholars root social exclusion in a cultural rejection of dependence. Moral imbeciles' intelligence and independence complicate the narrative that, historically, all defectives were considered inherently dependent. Authorities attempted to impose dependence upon moral imbeciles by institutionalizing them but experienced limited success: inmates with moral imbecility, superintendents complained, had a distinct predilection for running away. In response, institutions sought to limit the ease with which escapees might forge independent lives. Indeed, in rhetoric reminiscent of chattel slavery, superintendents warned against educating moral imbeciles.¹⁵ For moral imbeciles and those who sought to control them, the age of

¹⁴ For examples, see Robert Wiebe, *The Search for Order, 1877-1920* (New York: Hill and Wang, 1967); RAR Edwards, *Words Made Flesh: Nineteenth-Century Deaf Education and the Growth of Deaf Culture* (New York: New York University Press, 2012); Susan Schweik, *The Ugly Laws: Disability in Public* (New York: New York University Press, 2009); Amy Dru Stanley, *From Bondage to Contract: Wage Labor, Marriage, and the Market in the Age of Slave Emancipation* (New York: Cambridge University Press, 1998); Barbara Welke, *Recasting American Liberty: Gender, Race, Law, and the Railroad Revolution, 1865-1920* (New York: Cambridge University Press, 2001).

¹⁵ Isaac Kerlin, "Provision for Idiots: Report of the Standing Committee," in *National Conference of Charities and Correction* (1895), 163.

emancipation, independence, and new knowledge was instead an age of incarceration, forced dependence, and ignorance.

This thesis also places the moral imbecile within the burgeoning literature on disability history. While the field's early activist impulse has prompted many investigations of modern impairments' historical roots, this narrative joins the growing corpus of scholarship historicizing disability and impairment. Medicine was not culture's malicious tool. Rather than avoiding medicine or casting it as the villain in a declension narrative of impairments' medicalization and the subsequent social control of the disabled, this thesis argues that culture and medicine were—and remain—mutually constitutive.¹⁶ To its contemporaries, moral imbecility was just as much a disability as deafness or blindness. As one educator explained, to punish moral imbeciles for their behavior was equivalent to “the punishment of a paralysed (sic) child for not moving the limb which is crippled.”¹⁷ Moral imbecility reveals a culture wrestling over the humanity and rights of the disabled while protecting mainstream society from the disabilities that seemed to threaten public order and the rights and lives of others. Uncovering the complex relationship between moral and mental defect also supplements disability history's accounts of compulsory sterilization. Historians have largely overlooked the important fact that moral imbeciles were among the first inmates sterilized in institutions for the feeble-minded.¹⁸ To many defect experts

¹⁶ For examples of historicized disability, see Paul K. Longmore and Lauri Umansky, eds. *The New Disability History: American Perspectives* (New York: New York University Press, 2001); Kim Nielsen, *A Disability History of the United States* (Boston: Beacon Press, 2012); Michael Rembis, *Defining Deviance: Sex, Science, and Delinquent Girls, 1890-1960* (Chicago: University of Illinois Press, 2011).

¹⁷ Meredith Young, *The Mentally Defective Child: Written Especially for School Teachers and Others interested in the Educational Treatment and After-Care of Mentally Defective School Children* (New York: Paul B. Hoeber, 1916), 48.

¹⁸ Paul Lombardo, *Three Generations, No Imbeciles: Eugenics, The Supreme Court, and Buck v. Bell* (Baltimore: Johns Hopkins University Press, 2008) offers a detailed look at early sterilizations of the feebleminded and the insane in the late nineteenth century but conflates moral and mental imbecility. In other works, the story of sterilization typically begins in 1907 with Indiana's compulsory sterilization law: Harry Bruinius, *Better for All the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity* (New York: Vintage Books, 2006); Nancy Ordoover, *American Eugenics: Race,*

through the turn of the century, moral imbeciles occupied a distinct place apart from the mentally disabled. As superintendents merged moral and mental defectiveness in the first decades of the twentieth century, they applied their justification for sterilizing the morally unfit to the mentally unfit. The Progressive Era's rapid proliferation of compulsory sterilization laws and increased stigmatization of the cognitively impaired is only fully explained through an examination of moral imbecility's decline and criminalized mental defect's subsequent rise.

Although moral defect is a national story, this narrative is oriented toward the east coast, especially such states as New York and Pennsylvania, which emerged as national leaders in the problem of moral and mental defect. National newspapers and conferences that brought together institutional leaders from various states supplement this regional focus. Additionally, the Montana State Training School for Feeble-Minded and Backward Children occasionally serves as a western reference point for eastern trends. Whereas physicians led most institutions for the feeble-minded, Montana's institution served the deaf, blind, and feeble-minded on one campus until 1937. The school's early superintendents were all educators with experience only with the deaf and blind. This makes the Montana State Training School helpful in exploring differences of priority between physicians and educators in managing the nation's defective population.¹⁹

As is the tradition in histories of disability, a few notes on language. First, the phrase defect expert designates professionals in the fields of mental and moral sciences who had

Queer Anatomy, and the Science of Nationalism (Minneapolis: University of Minnesota Press, 2003); Nielsen, *A Disability History of the United States*.

¹⁹ Research conducted Summer 2014 in preparing a National Register nomination for the Montana State Training School Historic District, added to the National Register in November, 2014. The Montana institution removed the deaf and blind to a new school in Great Falls, Montana in 1937. The institution's first superintendent with any medical background or experience with the feeble-minded was Arthur Westwell who arrived in 1949, more than fifty years after its founding.

professional experience within an institution for the feeble-minded and/or membership in the Association of Medical Officers of American Institutions for Idiotic and Feeble-minded Persons (AMO). Second, although such terms as defective, feeble-minded, moron, and imbecile may at first seem insensitive or offensive, when professionals used such words at the turn of the century they did so clinically. While these diagnoses often became public pejoratives—a transformation explored in chapter two—medical professionals employed them as part of their scientific vocabulary, not as insults. Diagnostic terms may appear in quotes the first time they are used but then appear without in an effort to maintain historicity and consistency of language. In that vein, in order to bring order to a dazzlingly varied array of terms, this thesis contains some imposed consistencies. Although an inordinate number of terms were applied to those innately predisposed to amoral behavior, this thesis selects just moral imbecility and moral defect to describe those lacking, or believed to lack, a moral sense. Mental defect describes those who, in today's terminology, were deemed cognitively impaired. Following the diagnostic categories of Pennsylvania's Dr. Martin Barr, a defect expert whose prominence and talent for producing striking turns of phrase yields him frequent appearances throughout this narrative, the term feeble-minded encapsulates those with moral and/or mental defects. Acknowledging the "people first" usage of "person with disabilities," this study instead typically uses "disabled person," to indicate that these groups were disabled by the society in which they lived rather than necessarily by their impairments.²⁰

²⁰ Michael Oliver and Colin Barnes, *The New Politics of Disablement* (United Kingdom: Palgrave MacMillan, 2012). For a valuable discussion of the language of disability, see Lennard Davis, *Enforcing Normalcy: Disability, Deafness, and the Body* (New York: Verso, 1995), xi-xxi.

Visitors to the Clearing House for Mental Defectives's exhibition learned the danger society faced when freedom was given to those who could not be trusted with it, and they supported the clinic's efforts to find and limit the freedom of such people through institutionalization. In the broadest sense, this thesis will uncover what exactly these visitors feared, the solutions professionals proposed, and the consequences accepting those solutions held for moral imbeciles, citizens diagnosed with mental defect, the medical profession, the state, and for society as a whole.

Chapter 1

Defining Moral Imbeciles

Moral imbecility burst onto the national scene on July 2, 1881 when Charles Guiteau shot President James A. Garfield in the crowded Baltimore and Potomac rail station in Washington, DC. Garfield died eleven weeks later, his body riddled with infection following the ignorant probings and overzealous ministrations of his doctors.¹ Newspapers across the country eagerly reported all the information they could obtain about the crime, assassin, and the trial that followed that winter, including the medical opinions of neurologists Dr. Bucke and Dr. Spitzka. Both stated with certainty that Guiteau was born bereft of his moral sense and was thus a moral imbecile or idiot. As Bucke, Medical Superintendent of the London Asylum for the Insane explained, “When a man is born deficient in mental faculties we call him a fool. If he is totally destitute of these faculties we call him an idiot...If he is totally destitute of moral qualities he is a moral idiot.”² Readers nationwide learned about this strange and threatening man and his equally strange and threatening diagnosis.

To those Americans keeping track of Guiteau’s trial—including the entire conservative wing of American psychology, many of whom testified for the prosecution—moral imbecility and its close cousin moral insanity threatened long-held standards of human responsibility. Justifying leniency by calling sin and crime defect (imbecility) or disease (insanity) smacked of sentimentalism, which had no place in the trial of a presidential assassin. Conflicting expert testimonies for the prosecution and defense embarrassingly aired ideological divisions within the

¹For more on Garfield and his assassination, see Candice Millard, *Destiny of the Republic: A Tale of Madness, Medicine, and the Murder of a President* (New York: Anchor, 2012); Charles Rosenberg, *The Trial of the Assassin Guiteau: Psychiatry and Law in the Gilded Age* (Chicago and London: University of Chicago Press, 1968).

²“A Moral Idiot: Opinion Respecting Guiteau Held by the Medical Director of a Canadian Insane Asylum,” *New York Times*, Jul 17, 1881.

psychology of insanity, damaged the profession's claims to scientific authority, and provoked a public angered by perceived medical attempts to excuse so heinous a crime. Although the jury's guilty verdict might have indicated the end of the moral insanity plea, the trial quickly became, as historian Charles Rosenberg observes, "a milestone in the popularization of hereditarian explanations of insanity and criminality."³ It also signaled moral defect's rise as a compelling explanation for a wide variety of crimes and other social transgressions.

Although Dr. Bucke provided journalists a straightforward definition of moral defect, experts debated its meaning, utility, and prevalence throughout its diagnostic life. It carried no telltale physical symptoms and defied any simple or methodical tests. Some superintendents for the feebleminded found their institutions overrun by moral imbecility. "The moral imbecile is a problem that confronts every superintendent," Dr. William Fish of Illinois's institution declared at the AMO's 1895 meeting. "He causes gray hairs." Fish lamented the "evil influence" moral imbeciles had upon the other inmates of the school, which necessitated housing them in dormitory attics to "avoid contamination of the other children."⁴ Yet other superintendents believed they had never even seen a true case of moral imbecility and expressed surprise at the frequency with which some confronted it. "I must confess either that I do not recognize them when I see them," Dr. James C. Carson explained, "or that we have a very small number at Syracuse." Alexander Johnson of the Indiana institution agreed. Though he had looked "carefully

³ Rosenberg, *The Trial of the Assassin Guiteau*, 244; Janet Tighe, "The Legal Art of Psychiatric Diagnosis: Searching for Reliability," in *Framing Disease: Studies in Cultural History* eds. Charles E. Rosenberg and Janet Golden (New Brunswick, NJ: Rutgers University Press, 1992). Scholars argue for the trial as evidence that moral insanity was "obsolete" as a diagnostic term by 1880. They generally disregard the difference between insanity and imbecility that proved so crucial to defect experts and, as a result, miss the ways in which these conversations about moral defect/disease persisted in the worlds of defect experts and criminologists. For a discussion of this oversight see Rafter, *Creating Born Criminals*, 7.

⁴ Discussion, in AMO, *Nineteenth Annual Session* (1895), 595-596.

for moral imbeciles,” he “found but few.” These disparities left institution leaders frustrated. They were the experts; they claimed rightful jurisdiction over the moral imbecile problem, and yet could not agree on methods for their detection, let alone on their actual existence. As Dr. Ambrose M. Miller of the Illinois Asylum for Feeble-minded cautioned in 1895, “The medical profession will be subject to opprobrium if its decisions are not more exact.”⁵ Guiteau’s trial had served as an object lesson in the practical consequences of such opprobrium by casting serious public doubt on the objectivity and respectability of insanity experts.⁶ This damage cannot have gone unnoticed by the small group of defect experts who had founded the AMO to organize and professionalize their specialty just four years before Guiteau’s trial.

Late nineteenth-century views of childhood, dependence, and disability proved crucial to defect experts’ efforts to create a unified conception of moral imbeciles. The medical and cultural ascendance of hereditarianism supported arguments that moral defect was inherited and innate, and thus likely to manifest itself as misbehavior from a young age. As the state entered the family home to proclaim authority over the nation’s children, it likewise claimed authority over the disabled, who were often classed as perpetual children.⁷ With mixed success, educators and reformers for the deaf and blind consistently objected to their pupils being infantilized and emphasized their ability to become independent, self-supporting adults. Defect experts, in contrast, insisted that the feebleminded were “children legally and in fact,” regardless of their physical age.⁸ Dependence defined both childhood and disability. Through public education, the state devoted itself to transforming dependent children, including many of those with physical

⁵ Discussion, in AMO, *Nineteenth Annual Session* (1895), 598.

⁶ Rosenberg, *The Trial of the Assassin Guiteau*, 60-72.

⁷ Mary Klages, *Woeful Afflictions: Disability and Sentimentality in Victorian America* (Philadelphia: University of Pennsylvania Press, 1999), 2.

⁸ “Address of Professor Horatio C. Wood,” in AMO, *Sixteen Annual Session* (1892), 356.

defects, into independent adults.⁹ Those with mental or moral defects, however, were deemed incurably dependent and received custodial institutional treatment that only reinforced and indeed ensured their continued dependence. The decision to place moral imbeciles in institutions alongside people with mental defects consigned them all to similar dependent fates. Caring for moral and mental defectives side by side also held a variety of advantages and dangers for the institutions themselves.¹⁰ Moral imbeciles' labor offered potential financial benefits, but their tendency toward destroying life and property threatened to offset those gains and disrupt institutional operations.

Throughout moral imbecility's diagnostic life in the late nineteenth and early twentieth century, experts worked to establish, refine, and circulate its definition. In their efforts to cultivate consistent knowledge of the defect's symptoms, defect experts shared numerous case studies of moral imbeciles in AMO meetings and publications. Their case studies and conference discussions proposed which behaviors indicated moral defect. They explained otherwise inexplicable forms of cruelty, violence, and other antisocial behaviors by crafting and disseminating knowledge of moral defect. Popular sources, too, defined amoral behavior by charging groups ranging from hypnotists to anarchists with moral defect. The behaviors that prompted biological explanations revealed the priorities and anxieties of the late nineteenth and early twentieth century. Moral imbecility turned the picture of physician-led social control of vulnerable groups on its head because it often afflicted upper-class whites, not only working-class racial minorities. At the same time, it worked to reify boundaries of race, class, and gender

⁹ Tracy Steffes, *School, Society, and State: A New Education to Govern Modern America, 1890-1940* (Chicago: University of Chicago Press, 2012); Susan J. Pearson, *The Rights of the Defenseless: Protecting Animals and Children in Gilded Age America* (Chicago: University of Chicago Press, 2011); Michael Grossberg, *Governing the Hearth: Law and the Family in Nineteenth-Century America* (Chapel Hill: University of North Carolina Press, 1985).

¹⁰ It also held long-lasting cultural and political consequences explored in later chapters.

by labeling white, wealthy, and/or female misbehavior unexpected, unacceptable, and therefore symptomatic of moral defect.

Professionals and lay people also described moral imbeciles with language that ventured beyond diagnosis. Their metaphors carried explicit and implicit messages about the ways in which individuals and the state could best understand and respond to moral defect.¹¹ Cultural and historical forces shaped the development of moral defect's definition and determined the symptomatic behaviors with which it was associated. The cultural content of defect experts' medical knowledge does not indicate that they simply claimed scientific motivations and methodologies to justify imposing their cultural ideals upon the rest of society. They did not merely invent and apply moral defect as a convenient tool for expanding their political and institutional power. Rather, these experts' cultural ideals were inextricably tied to how they perceived reality and lay embedded within the very definition of scientific medical thought.

The Pennsylvania Training School for the Feeble-minded, located in Elwyn, was the institutional leader in moral imbecility. It earned this reputation through the constant efforts of Dr. Isaac Newton Kerlin, its superintendent from 1863 until his death in 1893 (Figure 1). Born in New Jersey, Kerlin received his medical training at the University of Pennsylvania and ultimately spent his career just a few miles outside of Philadelphia. No stranger to expert-run bureaucracy, Kerlin served the US Sanitary Commission in the Civil War before arriving at Elwyn. Beyond his superintendence, Kerlin was also the primary organizer, founder, and long-lasting leader of the AMO. Though the association's presidency changed yearly, Kerlin held the position of secretary almost without interruption from its founding in 1876 until his death. He

¹¹ Gerald O'Brien, *Framing the Moron: The Social Construction of Feeble-Mindedness in the American Eugenic Era* (Manchester: Manchester University Press, 2013).

also served on the National Conference of Charities and Correction's committee on provision for the feeble-minded throughout his career. Kerlin's colleagues described him as cheerful, charming, a leader in pathological research, and an impeccable judge of children's characters. Perhaps it was this skill that made him so certain that some children lacked a moral sense. He spoke and published regularly on moral imbecility's definition, dangers, and treatment.¹²

Kerlin's successor as superintendent at Elwyn was the institution's medical director, Martin Barr. Barr identified Kerlin's portrayal of moral defect as his "chief contribution to the work."¹³ Kerlin had devoted his life to bringing attention to the moral imbecile "in the name of science, of sociology, as a matter of political economy, of the protection of homes, and all that man holds dear." Barr expanded upon this tradition during his tenure as superintendent, crusading for the unified definition and universal detention of moral defectives. Only by housing moral imbeciles "under the care of specialists" where they were "protected by the world and the world from them," Barr explained, could the nation eliminate "from its arteries this most pernicious element."¹⁴ His influential work, *Mental Defectives: Their History, Treatment, and Training*, included a clear chart of classification that placed moral and mental defectives within the designation feeble-minded (Figure 2). He sorted moral defectives into three grades: low, middle, and high, and described numerous case studies to demonstrate the frightening capabilities of moral defectives within and outside the institution. Although other defect experts did not always accept Kerlin and Barr's definitions of moral defect without argument, most

¹² "In Memoriam: Dr. Isaac N. Kerlin," in *AMO Eighteenth Annual Session* (1894): 493-498; "Obituary: Isaac Kerlin," *American Journal of Insanity* Vol 50 (1894): 468-471; "Kerlin, Isaac Newton," *A Cyclopedia of American Medical Biography: Vol 1* (Baltimore: The Norman, Remington Company, 1920): 653-654.

¹³ Martin Barr, "Classification of Mental Defectives," *JPA* Vol 9, No 2 (Dec. 1904): 35. Also in Martin W. Barr, *Mental Defectives: Their History, Treatment and Training* (Philadelphia: P. Blakiston's Son and Company, 1904), 86.

¹⁴ Barr, *Mental Defectives*, 68.

regarded both men as leading scientific thinkers and calculating researchers. Their institution led the way in research on mental and moral defect by performing autopsies upon deceased inmates, amassing a “magnificent collection of brains,” and developing resources in pathological research by working with the Wistar Institute of Anatomy at Philadelphia.¹⁵ As leaders in the field of human defect and outspoken advocates for moral imbecility, Isaac Kerlin and Martin Barr were pioneers in defining the diagnosis’s solutions, threat, and symptoms.

At its most simplistic, moral imbecility was the inability to tell right from wrong. This lack was inborn and incurable. Moral imbeciles acted from impulse rather than rationality. They were “left to battle with the storms and tempests of life without a helm or pilot...tossed about upon the angry billows of temptation.”¹⁶ Left thus “anchorless,” they indulged in wide-ranging evils without remorse.¹⁷ Experts’ lists of evils coincided with many of the greatest social fears of the late nineteenth century.

One particularly salient evil was arson. Fire was a potent symbol of chaos, and a predilection for fire and the mass destruction it caused became a common marker of moral defect.¹⁸ Much like moral imbeciles themselves, fire was unpredictable, violent, and incredibly destructive in terms of lives, property, and social order. Public fear of fires and those who lit them with no motive other than watching the city burn brought national attention to moral defect.¹⁹ As the cellist and author Robert Haven Schauffler reported in 1911 in the *Outlook*,

¹⁵ “Obituary: Isaac Kerlin,” *American Journal of Insanity*; “Reports from the States,” in AMO, *Eighteenth Annual Session* (1894), 511.

¹⁶ W.G. Stevenson, “Criminality,” *The Sanitarian* Vol 5 (1877): 37.

¹⁷ Barr, *Mental Defectives*, 325.

¹⁸ Rebecca Edwards, *New Spirits: Americans in the Gilded Age, 1865-1905* (New York: Oxford University Press, 2006), 1-3; William J. Novak, *The People’s Welfare: Law and Regulation in Nineteenth-Century America* (Chapel Hill: University of North Carolina Press, 1996), 52-82.

¹⁹ “Pyromania in Children,” *Los Angeles Herald*, Oct. 28, 1905; “Dubuque’s Fire Bug,” *Evening Times-Republican* (Marshalltown, IA) May 4, 1910; “Fire Regulations,” *Evening Star* (Washington, DC) Jan. 2, 1904.

“lurking human firebrands” lived within and threatened to engulf America’s major cities in flames. In New York alone, Schaufler opined, there lived enough to fill their own special institution. Such pyromaniacs were “apparently bright” but were in fact moral defectives and “fully as dangerous a person to have at large as the purely mental defective.” If treated as criminals rather than defectives, they would serve a short prison term and then be set “loose on the community to make more fires” and produce children “who are almost sure to be delinquent or defective.” Schaufler’s dire warning carried a message of hope, however. The high stakes of urban fires, which had been so aptly demonstrated by devastating blazes in Chicago, Boston, Seattle, Baltimore, and San Francisco, meant that the threat of such fires could mobilize the nation. Blazes sparked national attention and had long justified far-reaching state interventions in the name of public safety. The author hoped that major fires might spread awareness of moral defect’s existence and give rise to a movement “not only to stamp out the scourge of pyromania, but also to attempt effectively the noble task of weeding all defectives out of the race by segregation.”²⁰

While the grand movement of total segregation that the *Outlook* author envisioned never fully materialized, setting a fire was a serious enough transgression to serve as the last straw before a moral imbecile’s arrest and institutionalization. In 1914, for example, one woman was sent for mental examination after lighting her mattress on fire after a domestic dispute. One eight-year-old boy was institutionalized after burning his father’s warehouse and adjoining home to the ground.²¹ For family members who referred such cases for institutionalization, fire-setting was not simply a nuisance or threat to household possessions: it was a warning sign of a deeper

²⁰ Robert Haven Schaufler, “The Fire-Fiends,” *Outlook* Vol 99, No 9 (October 28, 1911): 510; Edwards, *New Spirits*, 1-2; Novak, *The People’s Welfare*, 52-82.

²¹ Max Schlapp and Leta Hollingworth, “An Economic and Social Study of Feeble-Minded Women,” *Medical Record* Vol 85 (January 3, 1914-June 27, 1914): 1027; Martin Barr, *Mental Defectives*, 269.

moral defect requiring the experiential knowledge of medical professionals. Unfortunately for institution superintendents, moral imbeciles' enthusiasm for fire was seldom extinguished by institutional life. They proved a great liability as they set destructive fires large and small in institutions across the country. In 1896 the Kentucky State School, for example, lost three buildings, including their large main building insured for \$55,000, to two disgruntled inmates.²² Fear of the ease with which mental defectives might be led astray by fire-prone moral imbeciles led some superintendents to go to great lengths to enforce gag rules on fire. They advised against giving inmates books or newspapers that might mention fire and banned it from discussion, for, "Suggestion will often result in dangerous consequences."²³ Moral defectives' general destructiveness also made fire a helpful rhetorical symbol of the danger they posed both within and beyond institution walls. Not only a threat to physical buildings, a moral imbecile on the loose was also "a veritable fire-brand to the light superstructure of society."²⁴

Perhaps the most popular metaphor for moral defectives used by both professionals and ordinary Americans was that of the wild animal. Animal imagery communicated the moral imbecile's fundamental lack of control, irrational behavior, and inability to feel remorse. These metaphors often served a greater purpose than description or attack; they also carried educational and proscriptive goals. Indeed, many presented moral imbeciles as animals in efforts to invoke sympathy and argue for the importance of their protection rather than punishment. Under penitentiary reform, punishment was meant to inspire guilt, regret, and reformation, all of which were impossible for beings without a moral sense to experience.²⁵ As a contributor to the

²² "From the Institutions," *JPA* Vol 1, No 2 (1896): 71.

²³ Discussion in *JPA* Vol 7, No 4 (1903): 98-99.

²⁴ Warren B. Outten, "Les Enfants Du Bon Dieu," *Interstate Medical Journal* Vol 7 No 3 (March 1900): 105-106.

²⁵ Lawrence M. Friedman, *Crime and Punishment in American History* (New York: Basic Books, 1993), 158-168.

Universalist Quarterly explained, “You do not punish a tiger for killing a man, why should you punish the human tiger?”²⁶ Although punishment served no purpose for the animal moral imbecile, restraint certainly did. Tigers are not punished as murderers for taking human life, but nor are they permitted free reign in schools and city streets. Lucius Perkins, a Kansas lawyer and appointee to the state’s Board of Law Examiners, selected the “mad dog” metaphor for a similar argument that emphasized the importance of segregating moral imbeciles permanently. “We do not muzzle a mad dog for punishment and turn him loose upon the third day. But there is no more place in society for the moral imbecile than for a mad dog,” he lectured the Kansas State Bar Association in 1901. “He must be restrained,” he continued, “not in anger but in sorrow, for his own sake and for society.”²⁷ The language of policing dangerous dogs would have resonated with turn-of-the-century listeners as major cities across the country engaged in daily battles against urban canines. Like disease-ridden dogs on the loose, moral imbeciles were a threat to the public health that demanded state intervention. Public health justified the exercise of state police power through the nineteenth century and into the Progressive Era in the form of quarantines, animal control measures, and compulsory vaccinations.²⁸ These speakers described moral imbeciles as feral animals that threatened the public health in order to frighten, educate, and persuade their listeners, ultimately hoping to inspire support for defectives’ state-sponsored segregation.

²⁶ “As a Moral Penalty is Endless Punishment Possible?” *The Universalist Quarterly and General Review* (1844-1891) Vol 13 (Jan. 1876): 97.

²⁷ Lucius Perkins, “Corporal Punishment for Crime,” *The American Lawyer* (June 1901): 274. See also Martha Louise Clark, “The Relation of Imbecility to Pauperism and Crime,” *The Arena* Vol 10, No 6 (Nov. 1894): 788; “Editorial: The Medical Treatment of Anarchism,” *Medical and Surgical Reporter* Vol 70, No 14 (April 1894): 501; “Penal Discipline,” *The Unitarian Review* Vol 31, No 4 (April 1889): 355.

²⁸ Novak, *The People’s Welfare*, 191-233; Michael Willrich, *Pox: An American History* (New York: Penguin Press, 2011); Jessica Wang, “Dogs and the Making of the American State: Voluntary Association, State Power, and the Politics of Animal Control in New York City, 1850-1920,” *Journal of American History* 98 (2012): 998-1024.

Americans, however, had to reckon with the humanity of those they described as animals, especially as animalistic metaphors expanded to include mental as well as moral defectives. At times this reckoning carried a sense of regret at the perceived requirements of civilized behavior. “If they were animals,” Professor William Brewer of Yale University lamented, “the farmer would slaughter or get rid of [them] in some way, but in humanity we cannot do that.”²⁹ Not all agreed with Brewer’s pessimistic evaluation of the feeble-minded’s worth. Frederick Wines, a leading social scientist and charity reformer, asserted at the 1893 international Congress of Charities that if properly restrained and supervised, the feeble-minded were better described as helpful farm animals who required direction, not slaughter. Indeed, they could be “made just as self-supporting as an animal can be,” he explained. “I can take a horse and make it earn money, but it cannot earn money for itself.” Wines defended his assertion against potential attacks from any sentimental listeners by entirely denying that the feeble-minded were human. They were “less to be pitied than you think.” They lacked intelligence, but because they were “not human” they were happily unaware of their own shortcomings. Like a “lamb, a bird or a kitten” the feeble-minded could “not suffer from the lack of higher intelligence.”³⁰ Here, notions of the humanity of the feeble-minded vanished as Wines portrayed them strictly in terms of blissful animal ignorance and productivity procured under human direction.

Animals also appeared as the unfortunate victims of torture in medical narratives about moral imbeciles.³¹ Defect experts and less formal specialists both emphasized this symptom. In 1888, physician Horatio C. Wood described to the Pennsylvania Medical Society a moral

²⁹ Discussion, in AMO, *Nineteenth Annual Session* (1895), 605.

³⁰ Wines quoted in E.P. Bicknell, “Custodial Care of the Adult Feeble-Minded,” *The Charities Review* Vol. 5, No 2 (Dec. 1895): 77. Also printed in *JPA* Vol 1, No 2 (Dec. 1896): 52.

³¹ Bernard Oettinger, “Some Observations Upon Delusions, Impulsive Insanity, and Moral Idiocy,” *The American Journal of the Medical Sciences* Vol 124, No 6 (Dec 1902): 1902; Taliaferro Clark, “The School as a Factor in the Mental Hygiene of Rural Communities,” *JPA* Vol 20, Nos 3-4 (1916): 73-74.

imbecile whose “greatest pleasure was to tie up horses in the woods and gradually whittle them to death, to mutilate living cats, torture chickens, [and] break the legs and tear to pieces, whilst living, small birds.”³² In 1901, retired neurologist Dr. Duncan McKim published *Heredity and Human Progress* for a popular audience and likewise highlighted moral defectives’ attacks on animals. He featured W.B., who was “fond of torturing animals” and took particular pleasure in cutting horses’ throats. He spent ten-years in prison after he killed a neighbor’s horse, “escaped to the woods, and there assaulted a young girl.” Immediately following his release from prison, he “entered a pasture, caught a horse, tied it to a telegraph pole, and mutilated it in a shocking manner.”³³ These stories about moral imbeciles emerged alongside the growing prominence of anti-cruelty reform, which sought to save children and animals from abuse. Moral defectives confirmed anti-cruelty reformers’ belief that animal cruelty gave way to cruelties committed against human beings, especially young children. Moral imbeciles left undetected moved quickly from mutilating and killing animals to attacking people, and in multiple cases the people they attacked were their own younger siblings. Moral imbeciles launched blatant attacks against the central, sentimental place of the pet, the child, and the family itself in Progressive America.³⁴

Like arson and animal cruelty, murder often demanded a biological explanation in the nineteenth century. Guiteau’s execution and juries’ reluctance to acquit on the basis of moral insanity or imbecility demonstrated that not all murders were successfully medicalized. Belief in depravity carried valence as an explanation for many murders. So, too, did standard motives of jealousy or money, among others. Yet a threshold of cruelty placed particular murders beyond

³² Horatio C. Wood, *Insanity in Its Relations to Law: An Address Delivered Before the Medical Society of the State of Pennsylvania* (Philadelphia: Wm. J. Dornan, Printer, 1888), 6.

³³ W. Duncan McKim, *Heredity and Human Progress* (New York: Knickerbocker Press, 1901), 59-60. McKim’s work receives fuller treatment in Chapter 2.

³⁴ Pearson, *Rights of the Defenseless*, 58.

traditional explanations and within the realm of biology. Especially prime for medicalization were murders committed by children. Children who tortured or killed animals and people acutely challenged conceptions of human goodness and childhood innocence that gained prominence in the late nineteenth century. They violated the era's growing understanding that children and animals were connected to each other as innocents who required adult nurturing and protection. Rather than damaging these ideologies of innocence, moral defect helped protect them. Declaring particularly violent children fundamentally monstrous rather than human preserved notions of the goodness and innocence of humanity. The shocking evils of child murderers led not to the conclusion that human beings committed evil acts, but that those who committed evil acts could not be fully human. As animalistic metaphors affirmed, moral defectives fell short of true humanity.³⁵

While most people experienced pain and recoiled from it, moral imbeciles seemed impervious to pain, experiencing it as a “welcome surprise.”³⁶ Craving the pain itself and the sympathy he hoped might follow it, one institutionalized boy threw himself into a vat of hot lye and watched staff dress his burns “with the interest of a bystander.” Another who required surgery refused anesthesia and “with a smiling face” witnessed the amputation of two of his fingers. Others mutilated themselves, were thrilled at the sight of blood, and indulged in tattoos with delight. These pursuits served as powerful evidence of moral imbeciles’ “savage nature,” supporting the notion that they were atavistic throwbacks to pre-modern humanity.³⁷ Through the eighteenth and nineteenth centuries, as pain and death had become increasingly avoidable they likewise became private, intolerable, and ultimately obscene. These changes fueled reforms

³⁵ Pearson, *Rights of the Defenseless*, 45; Karen Halttunen, *Murder Most Foul: The Killer and the American Gothic Imagination* (Cambridge: Harvard University Press, 1998), 227.

³⁶ Walter Fernald, “The Imbecile with Criminal Instincts,” *JPA*, 18-19.

³⁷ Martin Barr, “Moral Paranoia,” in *AMO, Nineteenth Annual Session* (1895), 526.

rooted in sympathy that condemned corporal and capital punishment as well as physical restraint in insane asylums. Disgust for pain and sympathy for those experiencing it rose as symbols of modernity. Moral imbeciles thus stood in opposition to modernity as they sought pain for themselves and inflicted it on others without remorse. In the same way that amoral children confirmed claims of humanity's goodness, classifying these symptoms as signs of defect affirmed that normal, fully developed people should reject pain in all its forms and take care not to inflict it upon others.³⁸

Moral imbeciles' resistance to pain not only supported atavistic theories but also intensified their perceived danger. They managed to be both primitive and super-human in their ability to withstand injuries that would incapacitate others. One boy, "heedless of danger and insensitive to pain," made an escape attempt by flinging himself out a third floor window, and despite hitting his head was "only slightly stunned."³⁹ Moral imbeciles' disregard for physical consequences, whether inflicted on themselves or by institutional authorities, made them nearly impossible to control. Many inmates escaped the institution grounds successfully, some of them multiple times.⁴⁰ Both mental and moral defectives were chronic runaways. Yet while superintendents were confident that wandering mental defectives, whom "most people" recognized "at once," would be quickly discovered and returned, they feared moral imbeciles' ability to go unnoticed because their defect carried less obvious physical indicators.⁴¹

³⁸ Halttunen, *Murder Most Foul*, 63-69; Lawrence Friedman, *Crime and Punishment in American History* (New York: Basic Books, 1993).

³⁹ Martin Barr, *Mental Defectives*, 264.

⁴⁰ Martin Barr, *Mental Defectives*, 264-281; A.C. Rogers, "Report of Five Cases of Mental and Moral Aberration Among the Feeble-Minded at the Minnesota School for Feeble-Minded," in AMO, *Sixteenth Annual Session* (1892): 322; Rogers, "Borderland Cases," *JPA* Vol 11, No 1 (1906): 20; Fernald, "The Imbecile with Criminal Instincts," 16; Discussion, *JPA* Vol 18, No 1 (1913): 40.

⁴¹ Montana State School, *Twenty-Eighth Annual Report* (1922): 9.

Moral imbeciles held the truth in low regard, lying frequently and without hesitation.⁴² They lied with more than words, however. The ease with which they could be mistaken for normal made their very existence a lifelong deception. Some moral defectives exhibited the physical stigmata popularized by Cesare Lombroso's criminal anthropology. They reflected their born criminality with asymmetrical or flattened faces, protruding ears or jawlines, high palates, and sparse facial hair, among other physical characteristics defined as abnormal (Figure 3).⁴³ Others, however, exhibited "great physical beauty and bodily vigor together with the entire absence of physical stigmata."⁴⁴ Such individuals embodied deceit. Their intelligence made them cunning, able to mislead most into believing they were not defective at all. As Martin Barr so colorfully expressed before the AMO in 1895: "Satan himself may appear disguised as an angel of light, and when an angel face covers moral deformity, then indeed is the being most to be dreaded—he is a vampire preying upon the very lifeblood of society."⁴⁵ Like vampires, moral imbeciles appeared human and pretended to be, but were decidedly monstrous rather than human. Their apparent normality served defect experts well. Experts could advertise themselves as the sole authorities equipped with sufficient knowledge to diagnose moral defect. Because of their extensive experiential knowledge, they could peer beyond the "angel face" and detect moral defect. Moral imbeciles' invisibility may also have increased their threat by raising the odds that anyone a person knew, even if they seemed entirely normal, might actually be this social vampire lying in wait.

Moral imbeciles' tendency to run away and their ability to blend in shaped the lives of those kept within institutions for the feebleminded. In the decades before the turn of the century,

⁴² Walter E. Fernald, "The Imbecile With Criminal Instincts," 16; Barr, *Mental Defectives*, 101;

⁴³ Rafter, *Creating Born Criminals*, 81; Fernald, "The Imbecile with Criminal Instincts," 16-38.

⁴⁴ Barr, *Mental Defectives*, 129.

⁴⁵ Barr, "Moral Paranoia," in AMO Proceedings, *Nineteenth Annual Session* (1895), 527.

institutions began to incorporate industrial education but continued to offer basic academic training in the three R's to the inmates deemed capable of learning. Moral defectives' mental capabilities were typically declared normal or near-normal; this is indeed how they earned the diagnosis of moral rather than mental defective. Although defect experts clashed regularly over moral defect's definition, prevalence, and solution, they agreed unanimously with Kerlin's oft-repeated assertion that "in teaching them to write we give them an illimitable power of mischief; in educating them at all, except to physical work, we are adding to their armament of deception and misdemeanor."⁴⁶ Denying moral imbeciles an education made them easier to handle within the institution and denied them tools for sophisticated criminality should they escape. In 1906, one superintendent warned his fellows of the consequences of violating the policy of non-education. He had just four cases who had received school training "and been permitted to become wise in the knowledge of the outside world." These few, he warned, provided "more anxiety and trouble than any other fifty cases with which I have to deal."⁴⁷ This institutional policy established a moral requirement for receiving even the most basic education. Of course, this moral bar seems low; only a small number of American children were institutionalized as moral imbeciles and thus entirely denied schooling. Still, this barrier to education stood opposed to the time period's rising emphasis on compulsory, universal education.⁴⁸

Through the late nineteenth and early twentieth century, local, state, and federal governments worked to increase children's access to education. Knowledge cultivated independence. This was education's fundamental purpose and the fuel for its expansion.

⁴⁶"Proceedings of Societies: Philadelphia Neurological Society," *Philadelphia Medical Times (1871-1889)* Vol 17, No 15 (Apr. 1887): 485; Isaac Kerlin, "Report of the Standing Committee," in National Conference of Charities and Correction (NCCC), *Eleventh Annual Session (1885)*, 163.

⁴⁷ A.C. Rogers, "Borderland Cases," *JPA* Vol 11, Nos 1-4 (1906-1907): 20.

⁴⁸ Tracy Steffes, *School, Society, and State*, 111-112.

Education created citizens whose eventual intellectual and economic independence would make them responsible democratic participants and economic contributors, ensuring that they would not become reliant upon state support. For educators of the deaf and blind, this argument formed a crucial piece of their pleas for state funding.⁴⁹ These goals, however, were absent from institutions for the feeble-minded through this same period as they became increasingly custodial. Superintendents shrunk and even eliminated academic training for all their inmates, not only moral imbeciles.⁵⁰ Their rationale resembled slave owners' justifications for refusing to educate their slaves. If the feeble-minded learned to read, superintendents feared, they would learn "what they are losing in the world and are constantly hankering after it."⁵¹ Ironically, institutions for the feeble-minded had been pedagogical pioneers before they abandoned academic training. Feeble-minded education popularized teaching strategies foundational to child-centered educational reform. From the 1840s until his death in 1888, James B. Richards, one of the first teachers of the feeble-minded in America, developed individualized instruction techniques that his contemporaries declared central in "shaping the radical changes" in "methods of modern primary teaching of normal children."⁵² Despite this heritage, academic training vanished from institutions as hereditarianism's growing popularity rendered the educated, independent feeble-minded a threat. Unlike the nation's other citizens, the feeble-minded were not only expected to rely upon state support for their entire lives, institutions enforced their continued

⁴⁹ Steffes, *School, Society, and State*; William J. Reese, "The Origins of Progressive Education," *History of Education Quarterly* Vol 41, No 1 (Spring 2001): vi-24; Michael B. Katz, *Reconstructing American Education* (Cambridge, MA: Harvard University Press, 1987); Douglas C. Baynton, *Forbidden Signs: American Culture and the Campaign Against Sign Language* (Chicago: University of Chicago Press, 1996); R.A.R. Edwards, *Words Made Flesh: Nineteenth Century Deaf Education and the Growth of Deaf Culture* (New York: New York University Press, 2012).

⁵⁰ Kim Nielsen, *A Disability History of the United States*, (Boston: Beacon Press, 2012), 118.

⁵¹ Discussion, *JPA* Vol 9, No 4 (June 1905): 110-112.

⁵² Walter E. Fernald, "The History of the Treatment of the Feeble-Minded," in NCCC, *Nineteenth Annual Session* (1893), 216.

dependence by permanently denying them basic academic knowledge deemed “more than they ought to know.”⁵³

The feebleminded were simultaneously expected to depend upon the state and to offset the fiscal cost of their dependence through institutional labor. Industrial training supplemented and largely replaced academic training for the feebleminded. Moral defectives made especially helpful laborers because they lacked the physical impairments that could often accompany mental defect. Under supervision, moral imbeciles worked on institution farms, industrial projects, and as caretakers for lower-functioning inmates. Although their work could reduce state costs by filling positions that would otherwise be paid, these morally defective inmates exacted costs in their own ways. They exploited those around them in ways ranging from the entertaining to the mundane and even to the murderous. In 1892, Minnesota’s superintendent, Arthur Rogers, related a tale of “Joe,” his morally defective inmate who avoided work with strategies reminiscent of Tom Sawyer. Assigned landscaping work with some of the institution’s mental defectives, Joe watched as those around him filled their wheelbarrows with dirt. Once the wheelbarrows were full, he was seen “very coolly climbing upon the load and riding to its destination.” The story drew laughs as Rogers concluded, “Moral imbeciles you see make excellent foremen.”⁵⁴ Another boy was such a devoted thief that he stole not only from his fellow inmates but “even from himself,” both out of impulse and in anticipation of the excitement and sympathy he could inspire by tearfully reporting his things stolen.⁵⁵ Other stories of moral imbeciles’ misbehavior, however, drew no laughs. They destroyed property and threatened lives

⁵³ Rafter, *Creating Born Criminals*, 55-69; Discussion, *JPA* Vol 9, No 4 (June 1905): 109.

⁵⁴ A.C. Rogers, “Report of Five Cases of Mental and Moral Aberration Among the Feeble-Minded Among the Feeble-Minded at the Minnesota School for Feeble-Minded,” in *AMO Proceedings, Sixteenth Annual Session* (1892), 323-324. Story also related in Discussion, in *AMO Proceedings Seventeenth Annual Session* (1893), 477.

⁵⁵ Barr, *Mental Defectives*, 265.

with fire and other violent behaviors. One morally defective girl even drowned one of her fellow inmates in a bathtub.⁵⁶

Moral imbeciles flagrantly violated social norms in extreme ways by lighting fires, abusing animals, and committing murder. These lines of right and wrong were easily drawn, for such actions threatened life and property in direct ways. Yet more subtle social violations could likewise indicate moral defect. Moral imbeciles enjoyed power and control and obtained such power by forming relationships with “the low, the most common” people in their lives. M.C., for example, was an intelligent, white girl adopted into a wealthy and religious family. Despite these advantages in her childhood environment, her insistence on transcending boundaries of class and race made her case an object lesson in moral defect for the AMO at their 1909 meeting. Her childhood friendship with a “colored girl,” though a contributing factor, was not the primary reason for her commitment to the New York State Training School for Girls. Hortense V. Bruce, one of very few female superintendents within the AMO, explained that M.C.’s overwhelming number and variety of transgressions, paired with a lack of remorse, justified her diagnosis. In addition to her troublesome relationships she was messy, had no respect for property at home or school, “seemed shameless about her knowledge of sexual matters,” and lied skillfully. She quickly reformed her ways within the institution, but soon after achieving parole she went driving with “a low stable boy” to visit a “colored washwoman” for whom she committed multiple thefts. This relapse, Bruce explained, sent her back to the institution for good.⁵⁷

Boundaries of race and class mattered. Indeed, defect experts believed that for a white middle-class girl these boundaries should be impermeable, and her willingness to disregard such lines

⁵⁶ Walter E. Fernald, “The Imbecile with Criminal Instincts,” 28.

⁵⁷ Hortense V. Bruce, “Moral Degeneracy,” *JPA* Vol 14, Nos 1-4 (Sept. and Dec. 1909, Mar. and June 1910): 45-46; Walter Fernald, “The Imbecile with Criminal Instincts,” *JPA* Vol 14, Nos 1-4 (Sept. and Dec. 1909, Mar. and June 1910): 18-19.

indicated deep-seated, biological defect. For Bruce, the key to labeling M.C.'s relationships and behaviors symptomatic of moral defect was that they were "the reverse of what might be expected from the environment in which the girl developed."⁵⁸ Expectations were central to determining which behaviors ventured far enough from the norm to declare an individual defective. As in M.C.'s case, actions deemed characteristic of ethnic minorities and the poor—dishonesty, stealing, or public sexuality for example—became grounds for medical examination when exhibited by the white and wealthy.

Rather than justifying the widespread application of the diagnosis to minorities and the working class as a means of social control by elites, then, the era's prejudices and fears placed the white and wealthy in the line of fire. So, too, did the prevailing scientific explanation for moral defect: degeneration theory. Degeneration categorized human defects as evolutionary regression. According to degeneration theory, because the moral sense was the last developed human attribute, it was the trait most easily lost, either by hereditary fluke or ancestral moral wanderings. The result was that "moral monstrosities are often found conceived and born in the best of families."⁵⁹ Even a man "closely related to one of the famous presidential families," as Martin Barr ambiguously described, was a moral imbecile. Though he possessed "every advantage of education and culture" and excelled "in miniature painting," he was a "brutal" man with no moral sense.⁶⁰ The defect's ability to "grow, often like an excrescence, on some very respectable family trees," only raised the stakes of vigilance against moral defect because it could be neither contained nor predicted.⁶¹ Moreover, it increased the importance of locating and

⁵⁸ Bruce, "Moral Degeneracy," *JPA*, 46.

⁵⁹ Isaac Kerlin, "Moral Imbecility," in *AMO, Eleventh Annual Session (1887)*, 37; Rafter, *Creating Born Criminals*, 38.

⁶⁰ Barr, *Mental Defectives*, 101.

⁶¹ "Naming the Beast," *The Wellington Enterprise*, Jul. 21, 1881.

segregating moral imbeciles as quickly as possible, before they created more of their kind. Barr's presidential miniature painter went unnoticed long enough to have five children: two of them moral imbeciles and another, the mother of three feebleminded children. Finally, the era's concern for "the race," which prompted the rise of eugenics and such popular writings as Madison Grant's "Passing of the Great White Race," also fueled defect experts' focus on white Americans with moral defects. Undetected corrupters of the white gene pool, they were the greatest threat to expert hopes to secure "a dominant and dominating race."⁶² These worries and priorities carried through to the twentieth century and to mental defect more broadly, particularly in the South. There, early leaders established institutions only for the white feebleminded because their primary concern was saving the white race from the degeneration that lurked within its own ranks.⁶³

Even while moral imbecility's definitional symptoms reified boundaries of race, class, and gender, in some arenas the term's use reflected the declining importance of strict lines of political allegiance in both public culture and professional circles. As a formal diagnosis, moral imbecility established bounds of appropriate behavior. It also served the same purpose beyond the strictly medical realm. In popular and professional publications, the medical science of moral defect was wedded to changing notions of democratic political practice. In the late nineteenth century, liberal reformers successfully challenged strict, unquestioning party loyalty and worked to educate the public into voting independently and scientifically. Voters were to reflect on what

⁶² Martin Barr, "The How, the Why and the Wherefore of the Training of Feebleminded Children," *JPA* Vol 4, No 1 (1899): 210.

⁶³ Edward J. Larson, *Sex, Race, and Science: Eugenics in the Deep South* (Baltimore and London: Johns Hopkins University Press, 1995); Steven Noll, *Feebleminded in Our Midst: Institutions for the Mentally Retarded in the South, 1900-1940* (Chapel Hill: University of North Carolina Press, 1995). Whether this emphasis on whiteness applied to the upper South is contested in Gregory Michael Dorr, "Defective or Disabled?: Race, Medicine, and Eugenics in Progressive Era Virginia and Alabama," *Journal of the Gilded Age and Progressive Era* Vol 5, No 4 (Oct. 2006): 359-392.

policies were right or wrong and choose the right, regardless of the party with which it was associated.⁶⁴ As one editorialist for the *New York Evangelist* explained in 1896, those who “voted against their own convictions” and “excused themselves on the ground that they must be loyal to their party” evinced a “condition of moral imbecility.”⁶⁵ This rejection of partisan authority thus appropriated—defect experts likely would charge misappropriated—a scientific term to endorse scientific thinking as the key to well-functioning, incorruptible democratic politics.⁶⁶

For some, moral defect also worked to delimit the bounds of independent political thought. Voters could feel free to follow their political conscience unless it led them to anarchism. In a 1902 contribution to the *Medical News*, New York neurologist William Noyes explained that anarchism lacked “logic and reason.” It opposed independent thought as liberal reformers envisioned it and ranged far enough from acceptable political opinion that it was a sure sign of moral defect.⁶⁷ The Haymarket affair of 1886 stood as proof that, like arsonists and murderers, anarchists threatened property, lives, and society as a whole.⁶⁸ Their violent opposition to the political and economic order justified fear of anarchists not only as violent radicals, but as incurably defective human beings with heritable traits that threatened the race. In 1894, the editors of the *Medical and Surgical Reporter* attacked a British plan to institutionalize and treat anarchists. They argued that anarchists were morally defective, untreatable, and

⁶⁴ Michael McGerr, *The Decline of Popular Politics: The American North, 1865-1928* (New York: Oxford University Press, 1986), 58-66.

⁶⁵ “Better to Be Right than ‘Regular,’” *New York Evangelist* Vol 67, No 46 (1896): 6.

⁶⁶ On scientific thought as a democratic project, see Andrew Jewett, *Science, Democracy, and the American University: From the Civil War to the Cold War* (New York: Cambridge University Press, 2012).

⁶⁷ William B. Noyes, “The Criminal Equivalent of Insanity,” *Medical News* Vol 81, No 15 (Oct. 1902): 679

⁶⁸ James Green, *Death in the Haymarket: A Story of Chicago, the First Labor Movement, and the Bombing that Divided Gilded Age America* (New York: Anchor Books, 2006).

impossible to prevent even with institutionalization because they were a “bye-product (sic) of civilization.” Urban life, technological advance, and exploitation at the hands of capital had created and would continue to create “products bound to act for the extermination of social order.” The only appropriate response to such byproducts, the editors explained, was segregation more radical than institutionalization: deportation to an “isolated territory” purchased with an international collection of funds. There, they would create a permanent “reservation” for the all the world’s anarchists. This would treat anarchists fairly by providing them a place to test their radical political and economic experiment. Rather than segregating them by force in institutions, the authors suggested, policy makers would make the lucrative offer of the island as an “easier and quicker way to convince doubters and to obtain converts than are the eccentric and explosive arguments now in vogue.” More importantly, the solution would “relieve the world of the feeling of terror” that plagued it by removing those whose nervous systems were not up to the trials of civilized life.⁶⁹ Liberal reformers may have knocked down partisan walls, but moral defect erected walls of biological difference in their place. Even those who generally disapproved of the byproducts of industrial capitalism, as these *Medical and Surgical Reporter* editors did, constructed anarchism as abnormal, incurable, and incompatible with American political thought.

The island reservation did not catch on; institutionalization remained defect experts’ primary approach to moral imbecility. By bringing moral imbeciles into their institutions, defect experts believed they saved society from a major threat. Unfortunately, institutionalization did not eliminate that threat but simply relocated it by placing moral imbeciles among other individuals deemed unworthy of social integration. The chaos brought on by the institutional

⁶⁹ “Editorial: The Medical Treatment of Anarchism,” *Medical and Surgical Reporter* Vol 70, No 14 (Apr. 1894): 501.

presence of moral imbeciles plagued defect experts. In line with reforms underway in prisons and insane asylums, superintendents for the feebleminded tended to disapprove of corporal punishment. Such punishment would prove useless anyway against those individuals who enjoyed pain. Discipline was thus a constant problem in institutions for the feebleminded as they tried to control their moral defectives. Their most common solution was “physical isolation,” which deprived moral imbeciles of the attention they craved and ensured that impressionable inmates were “securely protected from their influence.”⁷⁰ Martin Barr’s institution at Elwyn had a separate room designed for this purpose that bore the somewhat ominous name “The Quiet.” But isolation could not overcome the dangerous instincts of many moral imbeciles. Barr described multiple moral defectives whose behavior required they be transferred to the state insane asylum, which had more resources for restrictive oversight. “Although not insane,” he explained, some particularly violent moral defectives “needed that kind of restraint.”⁷¹

These policies reflected the give and take between moral imbecile and administrator. Although institutions did not want to be repressive or restrictive, fear of their moral imbeciles’ capacity for mischief led to the creation of rooms like “the Quiet” and further segregation of the troublemakers from the rest of the institution population. By continuing to frustrate superintendents to the point of transfer, moral imbeciles actually increased their odds of obtaining eventual release. Some who were transferred simply ran away. Runaways took advantage of insane asylums’ decreasing use of physical restraints, a policy asylum superintendents implemented in hopes of improving their status in the eyes of the public.⁷² Others escaped by contesting their assigned defective status. Institutions for the insane did not

⁷⁰ Rogers, “Report of Five Cases of Mental and Moral Aberration Among the Feeble-Minded at the Minnesota School for Feeble-Minded,” 324.

⁷¹ Barr, *Mental Defectives*, 269.

⁷² *Ibid*, 275-278.

emphasize permanent care in the way those for the feebleminded did because insanity was disease, and therefore treatable. If moral imbeciles could convince their caretakers that they were not defective and had recovered, they could secure release. Such was the case for L.K. In the 1890s, at age fourteen, she entered Barr's institution for the feebleminded. Eleven years later she was deemed uncontrollable and transferred to the insane hospital where "through the ill-advised efforts of some sentimental philanthropists, she was released with the idea that she was capable of self-support." Rather than achieving self-support, the woman had an illegitimate child and entered the care of a syphilitic ward at a charity hospital. By asserting they were temporarily insane rather than defective, those diagnosed as moral imbeciles contested their assigned impairment in the same way institutionalized "defective delinquent" girls would in the teens and twenties.⁷³

Although L.K. quickly found herself in the hospital, other escapees attempted to join the military, with mixed results. One was discharged as a defective soon after he enlisted to fight in the Spanish-American War. The other, Barr reported, "rendered very good service...the discipline proving just what he needed."⁷⁴ One might think moral imbeciles particularly predisposed to military service in some ways. Unburdened by conscience, impervious to pain, and violent, they certainly had some appealing military qualities. Their disregard for authority and general obstinacy, of course, stood as less ideal characteristics. Defect experts generally agreed that the structure and discipline of the military could benefit some moral defectives. Although they would not be cured, harsh correction and a regimented schedule could perhaps convince moral imbeciles that learning and obeying society's standards of right and wrong

⁷³ Michael Rembis, *Defining Deviance: Sex, Science, and Delinquent Girls, 1890-1960* (Urbana: University of Illinois Press, 2011).

⁷⁴ *Ibid*, 272-273.

would serve them well. This same belief inspired the practice of military drills for males within the institutions.⁷⁵ It also led some defect experts to recommend military service as a viable option for some moral defectives, especially those whose condition seemed borderline.⁷⁶ Whereas defect experts believed military service could prove therapeutic, the vocal author and social critic George Bernard Shaw argued in 1908 that “military service produces moral imbecility” by treating soldiers like children and absolving them from making their own judgments of right and wrong.⁷⁷

Regardless of whether moral defectives joined the military or were created by it, to some observers their defect already placed them in the ranks of a separate army, the “enormous and constantly increasing army of defectives.”⁷⁸ The army metaphor served defect experts well within the AMO and in popular publications through the 1890s and into the twentieth century.⁷⁹ Declaring moral and mental defectives an army communicated the imminent, extreme threat they posed to America’s safety and served to justify employing extreme measures to defuse that threat.⁸⁰ Moreover, although the enemy attacked “not our frontiers but our hearthstones,” establishing defectives as an invading army could warrant drastic measures that went hand in hand with war: increased state spending, mass public mobilization, and restricting the rights of those deemed potential supporters of the enemy.⁸¹ This war effort against human defect achieved many successes, but defect experts did not wage it in isolation, and they were not unopposed.

⁷⁵ W.H. Parry, “Insanity in Criminal Cases,” *Albany Law Journal* Vol 63, No 12 (Dec. 1902): 459.

⁷⁶ “Minutes,” *JPA* Vol 7, No 4 (1903): 96.

⁷⁷ George Bernard Shaw, “Untitled,” *Friends’ Intelligencer* Vol 65, No 39 (Sept. 1908): 606.

⁷⁸ E.J. Emerick, “Progress in the Care of the Feeble-Minded in Ohio,” *JPA* Vol 22, No 2 (Dec. 1917): 74

⁷⁹ A.E. Osborne, “President’s Annual Address,” in AMO, *Eighteenth Annual Session* (1894), 393; Martin Barr, “President’s Address,” *JPA* Vol 1, No 1 (1896): 25; “President’s Address,” *JPA* Vol 7, No 4 (1903): 74; Robert DeC. Ward, “The Crisis in Our Immigration Policy,” *The Institution Quarterly* Vol 4, No 2 (1913): 38.

⁸⁰ O’Brien, *Framing the Moron*, 25-26.

⁸¹ Martin Barr, “Feeble-Minded Children,” *Friends’ Intelligencer* Vol 56 (1899): 316.

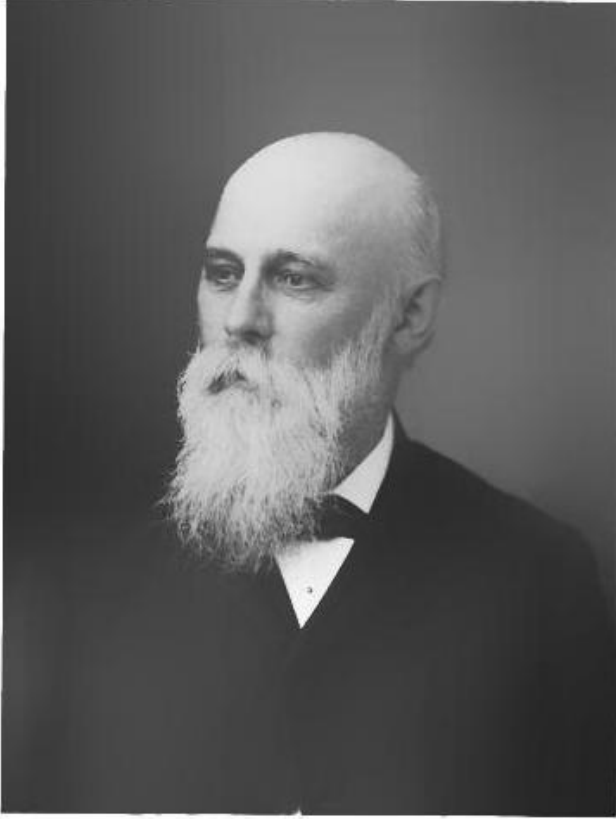
They adapted their missions as they sought aid from competing professions, appealed to a public who often distorted their medical narratives, and faced scientific change so rapid that it made cohesive policies difficult to construct or implement.

Moral imbecility's broad and basic definition as an innate tendency to do wrong set it up to embody society's most prominent fears. Moral imbeciles unified the era's anxieties over urbanization, immigration, and industrialization. They were potential urban arsonists, hidden hereditary threats to the dominance of the race, and economic dependents with no desire to work and every desire to steal. In an anesthetic age that sought to leave pain behind, moral defectives inflicted pain on themselves and on those around them.⁸² As society searched for order and valued rational self-control, they sowed mayhem with abandon.⁸³

Defect experts' knowledge of moral defect grew as a foil for all of these cultural developments. The scientific knowledge they advanced was enmeshed within larger cultural, intellectual, and political concerns and goals. Because it was shaped by and responded to the needs of the time, this knowledge established the legitimacy of defect experts' authority. Moral defect's power as a cultural threat, its strength as an enemy army, was rooted in its existence as a scientific and medical reality. The problem at hand for defect experts as they worked to conquer moral defect was convincing the public of the diagnosis's realness without sacrificing control over their war plan.

⁸² Barbara Welke, *Recasting American Liberty: Gender, Race, Law, and the Railroad Revolution* (New York: Cambridge University Press, 2001).

⁸³ Robert Wiebe, *The Search For Order, 1877-1920* (New York: Hill and Wang, 1967).



Isaac Kerlin,

Figure 1: Isaac Kerlin and his signature, in "Isaac Kerlin," AMO, *Eighteenth Annual Session* (1894), 384.

EDUCATIONAL CLASSIFICATION
OF
THE FEEBLE-MINDED.

	IDIOT.	
Asylum Care.	Profound.	{ Apathetic. Excitable. } Unimprovable.
	Superficial.	{ Apathetic. Excitable. } Improvable in self-help only.
	IDIO-IMBECILE.	
	Improvable in self-help and helpfulness. Trainable in very limited degree to assist others.	
	MORAL IMBECILE.	
Custodial Life and Perpetual Guardian- ship.	Mentally and morally deficient.	
	Low Grade: Trainable in industrial occupations; temperament bestial.	
	Middle Grade: Trainable in industrial and manual occupations; a plotter of mischief.	
	High Grade: Trainable in manual and intellectual arts; with a genius for evil.	
	IMBECILE.	
Long Appren- ticeship and Colony Life Under Protec- tion.	Mentally deficient.	
	Low Grade: Trainable in industrial and simplest manual occupations.	
	Middle Grade: Trainable in manual arts and simplest mental acquirements.	
	High Grade: Trainable in manual and intellectual arts.	
	BACKWARD OR MENTALLY FEEBLE.	
Trained for a Place in the World.	Mental processes normal, but slow and requiring special training and environment to prevent deterioration; defect imminent under slightest provocation, such as excitement, over-stimulation or illness.	

Figure 2: Martin Barr's Classification of the Feeble-minded. Martin W. Barr, *Mental Defectives: Their History, Treatment and Training* (Philadelphia: P. Blakiston's Son and Company, 1904), 90.



Figure 3: Moral Imbecile with stigmata of degeneration: flattened face, protruding ears. Martin W. Barr, *Mental Defectives: Their History, Treatment and Training* (Philadelphia: P. Blakiston's Son and Company, 1904), 121

Chapter 2

Democratizing Knowledge

On a Friday afternoon in January, 1898, fifteen-year-old Samuel Henderson shepherded his two young playmates—Willie Addison, age seven and Percy Lockyer, age five—through the suburban outskirts of Philadelphia. Reaching a sodden field that stood between the trio and a thrilling game of Indian in the woods, Samuel scooped Percy up, carrying him carefully over the mud while Willie ran ahead. Two days later, police finally found Percy’s body, covered in stab wounds and pinned beneath the water of a cold stream. A disfiguring cut ran down his face from eye to chin. Despite numerous lacerations, the coroner surmised that Percy had not bled to death; he was still alive when forcefully submerged, drowning while his blood flowed downstream. Willie Addison testified that soon into their game on Friday afternoon, Samuel had tied the boys to a tree and threatened them with his knife. Willie escaped and ran home, but by the time Percy’s brother commenced a search on Friday evening, the two boys had vanished: Percy into the stream and Samuel home, where he performed his chores and made coffee for his family as he did every evening. Upon questioning by the police, Samuel first claimed the child’s death was accidental but soon admitted committing murder.¹

Newspapers across the country seized upon the story, puzzling over the violent and apparently motiveless crime. What drove one child to kill another and in such a gruesome way? Newspapers proposed both environmental and hereditary explanations for Samuel Henderson’s brutality. Commentators who emphasized environment punned that Henderson was “A Novel Fiend,” driven to violence by his constant reading of “trashy” Wild West stories that celebrated

¹ Martin Barr, *Mental Defectives: Their History, Treatment, and Training* (Philadelphia: P. Blakiston’s Son and Company, 1904), 314-326.

death and gore and distorted his perception of right and wrong.² Others suggested a hereditary link by reporting that Henderson's grandfather and father had both been charged with murder, though neither of them were convicted. For further hereditary evidence the *New York World* pointed to Samuel Henderson's seven-year-old sister Annie, who already had "such a love for torturing younger children" that her teachers often tied her "hand and foot to her seat in the school-room to prevent her injuring her companions." In murdering Percy, the newspapers surmised, Henderson had fulfilled his "destiny."³

Moral imbeciles fulfilling their criminal "destiny," particularly as youths like Henderson, prompted Americans to consider questions of professional and public responsibility for solving the problem of moral imbecility. Newspapers assured their readers that Henderson's case was "being closely observed by scientists all over."⁴ How did these scientists' observations differ from those of the newspapers' eager readers? As medical knowledge grew in scope and complexity, could the public at large comprehend it? Did they even wish to? Perhaps most pressing was the question of defusing moral imbecility's public threat. As one journalist on the Henderson case urged readers across the country to ponder, "What shall society do to protect itself from the moral idiot and to protect the moral idiot from himself?"⁵

² "Deed of a Novel Fiend," *The Somerset Herald*, Jan. 19, 1898; "The Result of Novel Reading," *The Scranton Tribune*, Jan. 17, 1898; "Bound to a Tree and Murdered," *The San Francisco Call*, Jan. 17, 1898; "A Juvenile Monster: A Counterpart of Jesse Pomeroy Appears in Philadelphia," *The Middleburgh Post*, Jan. 20, 1898.

³ "He is a Moral Idiot: The Wildeyed Boy Murderer of Philadelphia," *The Bryan Daily Eagle* (Bryan, TX), Mar. 17, 1898; "A Boy Who Was Born a Murderer," *New York World*, Jan. 23, 1898.

⁴ "This Boy Murderer A Moral Idiot," *New York Herald*, Jan. 23, 1898.

⁵ Media used moral idiot and moral imbecile interchangeably, but professionals used the term moral imbecile for the general diagnosis, reserving moral idiocy for particularly severe cases. "This Boy Murderer A Moral Idiot," *New York Herald*, Jan. 23, 1898; "He is a Moral Idiot: The Wildeyed Boy Murderer of Philadelphia," *The Bryan Daily Eagle*, Mar. 17, 1898; "He is a Moral Idiot," *Lima Times Democrat* (Lima, OH), Feb. 23, 1898; "He is a Moral Idiot," *Narka News* (Narka, KS), Feb. 25, 1898.

Even as they struggled to maintain a unified definition of moral imbecility, defect experts worked to educate the public about its dangers, symptoms, and proper treatment. Professional solutions for the morally and mentally defective population could not function without public support. Doctors did not patrol urban streets searching for abnormal behavior or venture into public classrooms to snatch suspected defectives from their desks for evaluation. They instead relied upon individuals outside the profession to refer suspected defectives to experts who could properly examine and diagnose them. For parents, clerics, teachers, judges, and juries to perform this role well, they required an education in moral imbecility. Through their educational efforts, experts in feeble-mindedness began to democratize their knowledge, distributing their specialized expertise throughout society. In return, they hoped to secure increased authority and professional longevity as supervisors of growing populations of incurable defectives. Their goals were not solely self-serving, however. Like other experts and reformers, defect experts believed their solutions were crucial, scientific measures for securing society's safety and improvement. They worked to create an educated public who would render society safer by identifying and removing the defective threat. Defect experts also aimed to produce informed juries who would provide justice for moral imbeciles by institutionalizing them rather than executing them for their crimes.

The promises of democratized knowledge, however, were tempered by its perils. Even in moral imbecility's early years, professionals from various fields held diverse views about the defect's definition, prevalence, and existence. Rapidly changing diagnostic and treatment methods further fragmented professional opinions over time.⁶ As education efforts made moral

⁶ For the chronology of moral defect in professional spheres see: Steven A. Gelb, "Not Simply Bad and Incurable": Science, Morality, and Intellectual Deficiency," *History of Education Quarterly* 29 (1989): 359-379; Nicole Hahn Rafter, *Creating Born Criminals* (Chicago: University of Illinois Press, 1997); James Trent, *Inventing the Feeble Mind: A History of Mental Retardation in America* (Berkeley: University of California Press, 1995).

imbecility more widely known, its mutable medical image transformed into varied popular images that threatened to caricature the condition and distorted its social danger in ways contrary to defect experts' goals. Medical professionals did not simply or easily impose a single understanding of moral imbecility upon a ready and willing public. Instead, diverse elements of American society used moral imbecility to achieve their own ends, delineate the reach of medical authorities, and question how juries of laymen could provide justice in an increasingly complex modern age.

Defect experts worked to mediate between the moral imbecile and the public at large. As far as they were concerned, anyone without extensive experience in an institution for the feebleminded, regardless of their profession, stood in need of education. To raise awareness of the diagnosis beyond institution walls, defect experts shared their experiential knowledge with other professionals. At the 1890 meeting of the National Conference of Charities and Correction (NCCC), Isaac Kerlin of the Pennsylvania Training School for Feebleminded Children explained the basics of moral imbecility to an audience of physicians, charity reformers, sociologists, and social workers. The NCCC was more than an annual opportunity to exchange broad theoretical ideas about scientific charity and reform. It coordinated reform efforts in response to new scientific knowledge and was a major force for national political change. As one conference president described, the NCCC was “a balance wheel, steadying the movement of the system of charities of the whole country.”⁷ When Kerlin spoke at the NCCC, he educated an influential body of professionals with a distinct passion for sorting humanity into the fit and unfit, deserving and undeserving. He used the specter of moral imbecility to convince them to incorporate more

⁷ Hastings H. Hart, “The Relation of the National Conference of Charities and Correction to the Progress of the Past Twenty Years,” in NCCC, *Twentieth Annual Conference* (1893), 4.

deliberately another set of categories in their plans for social order: curable and incurable.⁸ He proposed developing methods of systematic registration that would identify and demand the “indeterminate sequestration” of the incurables, who were “congenitally unfit to mingle their lives and blood with the general community.” He supported his call to action with the usual exhaustive list of moral imbecility’s symptoms and emphasized their cruelty and “singular tolerance to surgical pain.”⁹

Kerlin painted a desolate picture, but assured his audience that he and his colleagues at other institutions were qualified to take responsibility for society’s moral defectives. His list of intimidating symptoms and message of incurability encouraged other professions to relinquish any potential claim to moral imbeciles and leave them for defect experts to manage. Insane asylums were, at least in theory, for rehabilitating the curable; moral imbeciles were too violent for almshouses or reform schools; and the pleasure they took in pain left them impervious to the corporal punishment still occasionally used to maintain discipline in prisons. Only defect experts with experience in the subtle coercion of people who lacked behavioral self-control, Kerlin explained, could render moral imbeciles less dangerous. With their frenetic energy properly channeled into active labor they could be made useful, even profitable. In his institution of 740 defectives, 16 were solely moral imbeciles while 90 others were moral imbeciles with slight mental defect. By putting this small percentage of moral defectives to work growing food,

⁸ On reform and sorting see: Thomas Haskell, *The Emergence of Professional Social Science: The American Social Science Association and the Nineteenth-Century Crisis of Authority* (Chicago: University of Illinois Press, 1977); Amy Dru Stanley, *From Bondage to Contract: Wage Labor, Marriage, and the Market in the Age of Slave Emancipation* (New York: Cambridge University Press, 1998); Susan Schweik, *The Ugly Laws: Disability in Public* (New York: New York University Press, 2009).

⁹ Isaac Kerlin, “The Moral Imbecile,” in NCCC, *Sixteenth Annual Session* (1890), 244-250.

performing basic maintenance, and caring for profoundly impaired inmates, Kerlin boasted, the Pennsylvania institution had cut their expenses by half.¹⁰

Fiscal efficiency was the clarion call of the NCCC. A room full of reformers whose causes all competed for limited state funds might have understood the money-saving labor of moral imbeciles as reason enough to call for their institutionalization. They may have also felt a twinge of jealousy over defect experts' access to such a cost-effective resource, but Kerlin's symptom list and insistence upon moral imbeciles' "vileness and evil" seemed to temper that impulse. Kerlin's listeners left Baltimore having pledged that "any person who is aware of the moral imbecility of a child shall not place that child either at board or, free of expense, in the community."¹¹ Though they lacked the treatment experience of defect experts, a diverse field of professionals and reformers dispersed throughout the country possessing the knowledge necessary to recognize, fear, and demand the permanent removal of their communities' moral imbeciles.

By encouraging their lifelong institutionalization, defect experts sought to protect society from the criminal and reproductive threats moral imbeciles posed. While the NCCC seemed receptive to Kerlin's proposals, defect experts complained that implementation lagged, especially in the realm of criminal justice. Judges and juries, ignorant of the condition's basic incurability or perhaps allowing sentimentality to overwhelm their better judgment, too often bestowed limited sentences upon young moral imbeciles. Even Henderson, the "wildeyed boy murderer of Philadelphia," found leniency when tried for Percy Lockyer's murder. Martin Barr testified to Henderson's moral imbecility for the boy's defense. The prosecution pushed for a conviction of murder in the first degree, but according to Barr, the jury refused and instead found Henderson

¹⁰ Ibid.

¹¹ Ibid.

guilty of second-degree murder. They found that his mental and moral capacity made him somewhat irresponsible for his crime but too dangerous to be acquitted on grounds of insanity. The jury's decision eliminated the possibility of Henderson's execution, and the judge sentenced him to twenty years in Eastern State Penitentiary. For Barr, the sentence failed on two counts: its limited duration and its use of the penitentiary. "By what right," he lamented, "does society consign this innocent irresponsible to an environment that can only foster evil tendencies?" The penitentiary would act only as "an advanced training school for vice." When Henderson emerged in twenty years as a hardened criminal he would pose "in tenfold degree a menace to the social welfare." For Barr and his colleagues, the only correct treatment for a moral imbecile was life in an institution overseen by medical specialists like themselves.¹² Temporary seclusion could not reliably ensure society's safety.

Yet in other courtrooms, defect experts found the public far too willing to demand a morally defective murderer's execution without considering their criminal responsibility. Moral imbeciles were not criminally responsible, experts insisted, because they did not choose to be degenerates but rather had the moral missteps of their ancestors heaped upon them in the womb. A moral imbecile was, as Kerlin explained to the NCCC, an "irresponsible victim" and "the piteous cross-bearer of the sins of society." While communities had the right to ensure their own safety and order by removing moral imbeciles, they also owed them protection and some degree of gratitude for bearing the degenerative consequences of the era's rampant social vices. For the nation to improve, Kerlin argued, it was crucial for society to demand that moral defectives "not scathe our common stock with permanent taint in blood and *morale*." Yet execution went too far.¹³ As Edward Seguin, the founder of American education for the feebleminded and so-called

¹² Martin Barr, *Mental Defectives*, 323-325.

¹³ Kerlin, "Moral Imbeciles," in NCCC, *Sixteenth Annual Session* (1890), 249.

“apostle to the idiot” asserted in *The North American Review*, “capital punishment is a relic of barbarous life...and probably not as efficacious a threat to would-be criminals as its advocates would have us believe.” Capital punishment could not effectively deter crime, he explained, because most crime was committed by moral defectives whose acts were motivated by “instinctive or reflex tendencies” rather than “by knowledge of right and wrong, by fear of punishment, by a healthy will.”¹⁴ Experts regarded even the execution of Charles Guiteau, the infamous moral defective who had assassinated President Garfield, as a national embarrassment. As the tenth anniversary of Guiteau’s execution approached, Kerlin and his colleagues in the AMO lamented that if only the assassin’s childhood country doctor had been adequately educated in moral defect, he might have early recognized Guiteau’s moral defect and sent him to be “shut up in the spacious institution for the feeble-minded at Lincoln, and kept there an innocent, stupid farm-hand to-day.”¹⁵

The AMO’s wistful reimagining was rooted not only in mourning the President’s death but also in sincere regret for the hanging of a man whose criminality was the result of a cruel twist of genetic fate. Kerlin and his colleagues carried a sense of responsibility for the deaths of Guiteau and other moral imbeciles as well as for their victims. Defectives only existed because society had not yet been perfected; they were persistent symbols of those social improvements not yet achieved. Their executions also reminded defect experts of the educational work remaining to be done, not only in appropriate sentencing but in early detection and prevention. The lives of moral imbeciles and their potential victims could all be saved if local doctors, teachers, parents, even entire communities, could be trained to recognize moral defectives and send them to the proper authorities before childhood petulance and animal cruelty gave way to

¹⁴ Edward Seguin, “Article 2—No Title,” *The North American Review* Vol 134, No 302 (Jan. 1882): 302.

¹⁵ Discussion, in AMO, *Fifteenth Annual Session* (1891), 197.

adolescent cunning and murder. As Barr explained to the AMO in 1895, their goal must be “that the community at large shall awaken.” Educated communities would place moral defectives in medical care as children rather than in courtrooms as adolescents, for the moral imbecile problem was “not one for lawyers but for doctors.”¹⁶

Even more important than keeping moral imbeciles from crime was preventing their births. “As he is his own greatest curse,” one educator of the feeble-minded asserted, “the truest kindness to the imbecile, moral or mental, is to prevent him.”¹⁷ While they proposed and supported state legislation requiring certificates of mental and moral fitness in order to marry, defect experts also sought to supplement legislation with education that would “create public sentiment in opposition to the union of the unfit.” Public sentiment was foundational for defect experts’ policy goals not only in terms of marriage but for reproduction in general. Eugenic arguments, propagated by other scientists and reformers throughout the long Progressive Era, further expanded defect experts’ authority over defective bodies by justifying sterilization of moral and mental defectives. Lessons in the basics of heredity thus formed another important prong of the defect expert’s educational campaign.¹⁸

Defect experts ultimately hoped to prevent the high-profile violent crimes of moral imbeciles by either preventing their births or institutionalizing them at a young age; yet they also relied upon those crimes to facilitate their educational efforts. As expert witnesses and public commentators on these cases, defect experts used heightened public concern and sensational journalism to explain moral imbecility’s causes and symptoms while encouraging public

¹⁶ Martin Barr, “Moral Paranoia,” in AMO, *Nineteenth Annual Session* (1895), 528.

¹⁷ Martha Louise Clark, “The Relation of Imbecility to Pauperism and Crime,” *The Arena* Vol 10, No 6 (November 1894):788; reprinted in *The Phrenological Journal and Science of Health* Vol 99, No 2 (February 1895): 99.

¹⁸ S.D. Risley “Is Asexualization Ever Justifiable in the Case of Imbecile Children,” *JPA* Vol 9, No 4 (June, 1905): 95-96. More in-depth discussions of heredity appear in Chapter 3.

vigilance. In 1892, for example, eleven-year-old Anton Wood shot and killed a man for his watch. Colorado's "Boy Murderer" garnered national newspaper coverage that told readers that his closest observers believed him a moral imbecile. He was one of those deceptive moral imbeciles Martin Barr warned about, for he had "a pure, simple face, with none of the characteristics of a born criminal."¹⁹ At trial, a doctor confirmed the diagnosis of moral defect, though his assertion did not go uncontested. A physician called for the prosecution confronted the defense's expert in his office and a brief "fist fight" followed, though the two were separated "before any damage was done."²⁰ The first trial ended in a hung jury because one member insisted Wood should be acquitted on account of his mental state. One commentator defended the initial outcome: "What to do with such a creature might well puzzle the mightiest intellects of the bar or the bench; a jury of every day human beings could not be expected to know."²¹ If experts could not agree, how could a jury? Ultimately agreement did come in the second trial as the jury rejected a biological explanation for his crime. They latched onto descriptions of his home, where he smoked and drank copious amounts of coffee and alcohol. Following this trial, Wood became the Colorado State Penitentiary's youngest inmate, where he remained until his release on parole in 1905.²²

¹⁹ "A Boy Murderer," *Lock Haven Express* (Lock Haven, PA), Nov. 15, 1892; "A Young Boy Murderer," *New York Times*, Nov. 15, 1892; "Emotional: Effort of Young Anton Wood's Counsel to Prove Him a Moral Imbecile," *Rocky Mountain News* Mar. 1, 1893; "Jurors Hold a Boy's Fate," *Salt Lake Tribune*, Mar. 2, 1893; "The Woode Case," *Aspen Daily Chronicle* (Aspen, CO), Mar. 3, 1893; "Anton Woode's Case," *Rio Grande Republican*, Mar. 17, 1893. On his facial features: "Confessed the Crime," *Rocky Mountain News* (Denver, CO) Nov. 6, 1892. For more on Anton Wood, see Dick Kreck, *Anton Woode: The Boy Murderer* (Golden, CO: Fulcrum Publishing, 2006).

²⁰ "Jurors Hold a Boy's Fate," *Salt Lake Tribune*, Mar. 2, 1893; "Experts Fall Out," *Rocky Mountain News*, Mar. 2, 1893.

²¹ "Note and Comment," *Greeley Tribune* (Greeley, CO), Mar. 9, 1893.

²² "Immoral Appetites," *Rocky Mountain News*, Mar. 23, 1893; "A Sound Verdict," *Rocky Mountain News*, Mar. 25, 1893; "Escaped from 'Pen,'" *Canon Clipper* (Canon City, CO), Sep. 5, 1905. Following his parole, Wood moved to New York to work as an artist. The career was fitting as trial reporters explained that he drew constantly throughout his trial and even included some of his sketches in their

Although defect experts would have likely looked upon the outcome with the same disapproval they rendered Samuel Henderson's imprisonment, Wood's trial demonstrates the potential of moral imbeciles' violent crimes to spread basic knowledge of the diagnosis. Especially within Colorado, the trial and its surrounding commentary grabbed and held the public's attention through varying descriptions of types of insanity and imbecility, hereditary defect, and innate criminality. Wood's sentence showed that such knowledge did not necessarily lead to the outcomes defect experts desired. It also supported defect experts' belief in the importance of experience with the feeble-minded as physicians without such experience continued to misrepresent and confuse questions of moral and mental defect and disease. Defect experts undertook strategies beyond the witness stand to try and spread focused, more consistent, and, as far as they believed, more accurate narratives than those the sensationalized press and general physicians could offer.

Throughout the age of moral imbecility, experts undertook "a work of propagandism," using the NCCC, public and professional publications, and community based education campaigns to spread the medical image of the moral imbecile.²³ Phrenologists, criminologists, and less-specialized physicians also communicated the danger moral imbeciles posed to the social order and reached a much wider audience than defect experts might have on their own. Defect experts' educational efforts became increasingly complex over time, reaching ever larger and more diverse audiences with varied techniques. The simplest and very commonly used tactic resembled Kerlin's efforts at the NCCC. Superintendents made a point of educating legislatures and other state bodies at annual conferences with both spoken and written presentations of their

reports. He did well in New York, eventually marrying a judge's daughter. "Antone Woode is Again a Prisoner: 'Colorado Boy Murderer Firmly in Hands of Cupid,'" *Canon Clipper*, 1906.

²³ Discussion in AMO, *Fifteenth Annual Session* (1891), 213.

own knowledge as well as practical demonstrations of their students' capabilities. In 1879, for example, Kerlin spoke before a convention of "Directors of the Poor" as well as the state's Board of Public Charities. His presentation featured entertainments performed by a dozen of his inmates. They likely demonstrated basic academic skills as well as gymnastics routines and military drills, which were a central part of the institution's physiological method of training. Later in the year, the institution published and distributed to the public five thousand pamphlets on "the character of our work."²⁴ Trying to reach the widest audience possible, superintendents displayed their inmates' productive skills wherever they could. Kentucky supplied Louisville's Southern Exposition with a model home that was constructed and furnished entirely by the institution's inmates. An estimated 200,000 visitors examined it in its first year. The entire AMO worked together to assemble exhibits for the 1893 Chicago World's Fair, where they displayed inmate skills in shoemaking, sewing, embroidery, hammock making, and weaving.²⁵

In the mid-nineteenth century, newly founded institutions for the feebleminded had displayed their students' academic abilities in reading, writing, and arithmetic. Like educators for the deaf and blind, defect experts hoped to demonstrate that the feebleminded could learn to be independent, socially integrated producers.²⁶ As custodialism rose in the 1880s and institutions became "a permanent home," however, exhibits emphasized industrial rather than academic work. Industrial work was central to institutional economies and also, experts alleged, served as therapy that made inmates happy. As Isabel Barrows, a teacher for the feebleminded, observed, the therapeutic value of work was especially important for moral imbeciles. For a moral

²⁴ "Reports from the Institutions," in AMO, *Third Annual Session* (1879); Trent, *Inventing the Feeble Mind*, 101-103.

²⁵ "Status of the Work Before the People and the Legislatures," in AMO, *Tenth Annual Meeting* (1886), 453; Isabel C. Barrows, "Manual Training for the Feeble-Minded," in AMO, *Seventeenth Annual Meeting* (1893), 447.

²⁶ Trent, *Inventing the Feeble Mind*, 23-26.

defective “to begin and complete an article that shall be useful to his fellows” did “for his development more than any knowledge of books.” Barrows quickly clarified her claim of “development.” She explained that labor did not improve moral imbeciles’ behavior because it repaired their character; rather they behaved better because their time was “so full of manual employment that his busy, mischievous, tortuous brain shall have no other thought than to do well the work he has in hand.”²⁷ Despite their wide-reaching exhibition efforts, defect experts remained frustrated with the degree of education they had to do and the limited effect it seemed to have. For years on end they constructed exhibits, spoke before legislatures, and “cited case after case” yet found that public opinion changed “with most discouraging slowness.” As Dr. Wilmarth of Pennsylvania put it in his 1895 address as AMO President, defect experts had resigned themselves “to continue the thankless task of arousing the public mind by continued recital of precept and recital of examples.”²⁸

Spreading knowledge proved a disheartening experience. Sensational murders drew the public eye but rarely provided the outcomes defect experts hoped for. Into the twentieth century, defect experts felt forced to repeat themselves, unheard and unable to create social or political change. Even the limited educational successes defect experts did achieve through their public efforts were quickly tempered as various groups co-opted moral imbecility for a range of unforeseen uses. Religious leaders, fiction writers, and politicians employed the term for diverse purposes, capitalizing on the diagnosis’s cultural utility and versatility. Moral imbecility gained a collection of public images, some of which reinforced the medical narrative while others

²⁷ “Status of the Work Before the People and the Legislatures,” in AMO, *Tenth Annual Meeting* (1886), 453; Isabel C. Barrows, “Manual Training for the Feeble-Minded,” in AMO, *Seventeenth Annual Meeting* (1893), 447.

²⁸ Dr. A.W. Wilmarth, “President’s Annual Address,” in AMO *Nineteenth Annual Meeting* (1895), 518.

demonstrated how democratizing their knowledge necessitated a loss of defect experts' definitional control.

Defect experts used moral imbecility to explain antisocial behaviors that demanded biological explanations. As knowledge of the diagnosis spread through newspapers, publications, and exhibits, it proved a valuable explanatory tool for the non-medical public as well. As one association of California kindergartens sought public support, its president proudly reported that though their students "come from the localities where criminals are made," only one of the thousands they had educated had ever been arrested. This single arrest, the author asserted, could not be counted because "that boy was a mental and moral imbecile, with an irrepressible tendency to set fire to things."²⁹ Proper education and care could counteract the harmful environments that "made" criminals over time but bore no responsibility for those who were born with a criminal destiny. For educators, moral imbecility served as a scapegoat when progressive efforts fell short.

In 1898, national newspaper coverage of Samuel Henderson's crime demonstrated moral imbecility's newfound public explanatory power when reporters used Henderson to recall a decades-old murder story and explain it in a new way. As writers used moral defect to make sense of five-year-old Percy's death, they resurrected a similar story of child brutality from the 1870s, when a teenage Jesse Pomeroy had terrorized Boston, luring at least seven young children into the woods, stripping, and torturing them.³⁰ For these transgressions, he spent a brief time in a reform school but was released on good behavior. Soon after, he killed two children. The

²⁹ S.C., "The Golden Gate Kindergarten," *Christian Union* Vol 47, No 7 (Feb. 1893): 336.

³⁰ For examples see "Youthful Murderer," *The Gold Leaf* (Henderson, NC), Jan. 27, 1898; "Bears the Brand of Cain: Henderson, Philadelphia's Child Slayer, a Degenerate, Typical Criminal Freak," *The Anaconda Standard*, Feb. 17, 1898; "A Juvenile Monster: A Counterpart of Jesse Pomeroy Appears in Philadelphia," *The Middleburgh Post* (Middleburgh, PA), Jan. 20, 1898.

insanity defense failed in Pomeroy's 1874 trial for these murders and he received a death sentence, which the governor commuted to life in solitary confinement. At the time of his trial and imprisonment, professionals discussed moral imbecility as one possible explanation for his crimes because Pomeroy displayed its symptoms in his delight in blood and torture and lack of remorse for his actions.³¹ Newspapers following the trial described these symptoms but discussions of the diagnosis itself were conspicuously absent from their coverage. In the 1870s, reporters were either themselves ignorant of the term or perhaps suspected their audience would be.

Just two decades later, however, this was no longer the case. Articles on Henderson opened by challenging readers to consider possible solutions for moral imbecility, then went on to compare Henderson and Pomeroy's defects and crimes. The revival of Pomeroy's story alongside Henderson's demonstrated not only moral imbecility's growing public presence but also its cultural utility. Reporters found moral defect an accessible means of explaining crimes too horrific and aberrational to be explained by mental illness. Pomeroy's jury had remained unconvinced that insanity could explain his crimes. As one cynical expert expressed, because he behaved normally "under the closest surveillance and complete absence of all tempting opportunities...men who call themselves philanthropists obtained his liberation."³² Perhaps the general public had followed the jury's lead in skeptically questioning his insanity. In carefully planning and hiding his acts of torture and murder, Pomeroy had exhibited a cunning rationality difficult to reconcile with public perception of insanity as irrational. Decades after his crimes,

³¹ Charles Follen Folsom, *Studies of Criminal Responsibility and Limited Responsibility* (Boston: Privately Printed, 1909).

³² "Review," *The American Journal of Medical Sciences* Vol 69, No 137 (Jan. 1875): 230.

identifying Pomeroy with moral imbecility provided the media a more rational explanation for his possessing such extreme intelligence and cruelty at such a young age.

Religious leaders found their own purposes for moral imbecility even in the term's earliest years of use. In 1876, for example, one contributor to *The Universalist Quarterly* used moral imbecility to argue for the impossibility of hell.³³ Moral imbecility occupied a liminal space between the spiritual and medical. As a result, it served as one important arena where reformers religious and secular grappled with the place of sentimentality in an era of rapid scientific advancement.³⁴ The realist author Margaret Deland gave voice to these tensions in her 1896 short story "One Woman's Story." In it Sara Wharton, a "sweet-hearted, wholesome-minded" Christian reformer, attempted to rescue young Nellie, a prostitute for whom "any spiritual perception of sin, and righteousness, and judgment...did not exist." Nellie was utterly incapable of change and repeatedly thwarted Sara's reform efforts. After Nellie began to exhibit early signs of consumption, the town's doctor, Dr. Morse, diagnosed her with tuberculosis and identified her as an unredeemable moral imbecile. He suggested Sara allow Nellie to succumb to her tuberculosis and direct her philanthropic attentions elsewhere. He failed to persuade the reformer, who sent Nellie to the countryside where she lived long enough to seduce and ruin a promising, "innocent young boy." The story concluded with a heated exchange between Morse and Sara. To interfere with the death of incurable "vermin," Morse contended, was immoral and irresponsible. "There is only a limited amount of power in the world," he lectured, "and you are

³³ "As a Moral Penalty is Endless Punishment Possible?" *The Universalist Quarterly and General Review* (1844-1891) Vol 13 (January, 1876): 97.

³⁴ On science, reform, and sentimentality see: Robert H. Bremner, *American Philanthropy* (Chicago: University of Chicago Press, 1960); Mary Klages, *Woeful Afflictions: Disability and Sentimentality in Victorian America* (Philadelphia: University of Pennsylvania Press, 1999); Susan J. Pearson, *Rights of the Defenseless: Protecting Animals and Children in Gilded Age America* (Chicago: University of Chicago Press, 2011).

bound to put power, and opportunity, and money where they will do the most good!” Performing those calculations was a duty and a matter of “moral economics; we’ve no business to gratify our selfish sentimentalism at the expense of society.” Sara mustered only tears in response.³⁵

Morse’s harsh words prompted an outpouring of angry letters to Deland, but one contributor to the *Congregationalist* rose to her defense, writing that while many women were redeemable and deserved sympathy and help, Nellie was “a monster, a moral imbecile, of whom it is as scientific as charitable to say that her life is rather *unmoral* than *immoral*.” To deny moral imbeciles’ existence or their incurability was “useless,” and their deaths were “nothing but a blessing to society.” Morse’s order to stand by and let such people die sounded harsh, but the author reconciled this cold calculation with religion by means of a reference to the New Testament book of Romans, inquiring, “Why...should we shudder at the stopping of life when death comes as a natural consequence of sin?” The author echoed medical narratives by asserting that the time approached when the moral imbecile problem would be solved “by confining them in suitable institutions and preventing their leaving a progeny of criminals to take their places in the world.” This passionate defense of Deland and her doctor’s moral economics concluded, “In such a course I can see nothing but Christian mercy.”³⁶

Poised between the moral and medical, moral imbecility exposed the contested transition of moral authority underway at the turn of the century. The decline of religion as science rose was a messy exchange, and as Deland’s defender demonstrates, the two were not necessarily as antagonistic as some historians have proposed.³⁷ Medical professionals did not wrest cultural

³⁵ Margaret Deland, “One Woman’s Story—A Study,” *The Cosmopolitan; a Monthly Illustrated Magazine* Vol 20, No 4 (February 1896): 421.

³⁶ R.L.H. “The Story of a ‘Fallen’ Woman,” *Congregationalist* Vol 81, No 9 (February 1896): 335.

³⁷ T.J. Jackson Lears, *No Place of Grace: Antimodernism and the Transformation of American Culture, 1880-1920* (Chicago: University of Chicago Press, 1994); Karen Halttunen, *Murder Most Foul: The Killer and the American Gothic Imagination* (Cambridge: Harvard University Press, 1998).

authority from religion's grasp or step into a power vacuum left by its inevitable retreat at modernity's advance. Indeed, as science and religion both pursued millennial visions of a perfected society, religious thinkers and medical experts easily perceived and pursued cooperation rather than competition. As one teacher from an institution for the feebleminded explained in *The Arena*, religious and scientific leaders working together to "cleanse the race from its stream of impure blood, will do quite as much toward converting the world to the love of Christ as the sermon from the pulpit." She continued, "Hand in hand with the church should go scientific investigation of the causes of crime and the means of its prevention."³⁸

Likewise, some religious experts enthusiastically supported the growth of defect experts' institutional authority by spreading narratives of medicalized morality. Just as moral imbecility excused schools for their troublemakers, the diagnosis served as a helpful scapegoat for Christian reformers. Those who refused to be saved or reform their ways could be deemed moral imbeciles unworthy of spiritual help. As one pastor exhorted, "A man who does not know the difference between righteousness and wrong...belongs in a moral idiot asylum. I shall pass him."³⁹ Moral imbecility drew lines of absolute right and wrong in an allegedly pragmatic post-Civil War America.⁴⁰ Some religious leaders were receptive to this medico-scientific defense of moral absolutes and assigned the diagnosis to all those who questioned the existence of moral truths. The editors of *Christian Union* explained, "Any man who has not the capacity to perceive the fundamental and primary...truths of purity and goodness on which the whole fabric of society is built, is a moral idiot." Such people, the editors continued, fell beyond the purview of religious

³⁸ Martha Louise Clark, "The Relation of Imbecility to Pauperism and Crime," *The Arena* Vol 10, no. 6 (November 1894):788; reprinted in *The Phrenological Journal and Science of Health* Vol 99, no. 2 (February 1895): 99.

³⁹ Lyman Abbott, "The Basis of Belief," *Friends' Intelligencer* Vol 54, no. 38 (September 1897): 641.

⁴⁰ On postbellum pragmatism, see Louis Menand, *The Metaphysical Club: A Story of Ideas in America* (New York: Farrar, Straus and Giroux, 2001).

attention or responsibility. A moral idiot belonged “among the abnormal specimens of a diseased humanity. His place is in the hospital for incurables.”⁴¹

Moral imbecility’s cultural versatility meant it also served religious views contrary to medical definitions. While many religious voices affirmed scientific claims to authority over the moral defective, others attacked science and its materialism as the root cause of society’s moral degeneracy. Methodist leader John C. Kilgo issued such an accusation in the *Christian Advocate* in 1904. “No increase in knowledge and the facilities for gaining knowledge,” he wrote, “can compensate the decay of religious faith and the decline of religious growth.” Secularism left powers of belief, hope, and love “to shrivel and waste,” the pastor asserted, and “the lack of their cultivation makes a hideous appearance in moral imbecility.” The solution he envisioned for moral defect was not scientist-led institutionalization but rather religious revival, for the nation’s moral state would “never be untangled except by the power of an indwelling God.”⁴² Like defect experts, Kilgo used moral imbecility to describe society’s instability and moral decline, but he rejected the knowledge defect experts had claimed and attempted to spread. Their knowledge attempted to solve the problem of human evil, which was a problem too large for any authority but God to solve. Other religious leaders claimed moral imbecility and transformed it in their sermons, dubbing it an acquired trait resulting from shielding children from all tempting experiences rather than a birth defect.⁴³

The diagnosis’s use in popular publications by the close of the nineteenth century demonstrated defect experts’ success in bringing the term into the public sphere. Indeed,

⁴¹ “A Chapter in Metaphysics,” *Christian Union* Vol 41, no. 17 (April 24, 1890): 583.

⁴² “Address of the Rev. John C. Kilgo, D.D.: Representing the Methodist Episcopal Church, South,” *Christian Advocate* Vol 79, no. 21 (May 1904): 842.

⁴³ Ibid; Ian Maclaren, “Temptation,” *Congregationalist* Vol 80, no. 39 (September 1895): 440; Rev. James B. Converse, “Original Sin,” *Christian Observer* Vol 87, no. 19 (May 1899): 6;

knowledge of moral imbecility spread to such a great degree that it became a common literary feature. Many authors, however, ventured from the medical image of moral imbecility. They employed the term but adapted it for their plots' own purposes. In 1898 the diagnosis received its own fictional novel: Sarah Pratt McLean Greene's *The Moral Imbeciles*. Greene's work did not top any bestsellers lists and received mixed reviews, but was advertised or reviewed nationwide in various newspapers and periodicals such as the *Chicago Daily Tribune*, *Harper's Bazaar*, the *Congregationalist*, and *The Literary World*.⁴⁴

The novel demonstrated the sacrifices of precision and consistency that accompanied moral imbecility's growing public use. The main character and narrator, Martha Scheffer, found herself manipulated into caring for an entire family of moral defectives. Nell, for example, drew Martha to her family estate by sending her a note that claimed she was dreadfully ill. Martha arrived to a different scenario, for at the home's front door was Nell: "there before me, trustfully, radiantly glad, in the glow of such abundant health as Providence had given her [Nell], stood the chief of my moral imbeciles."⁴⁵ Although the family's members possessed many characteristics that defect experts described as symptoms of moral imbecility—manipulative, strong-willed, selfish, and entirely detached from moral expectations or norms—Greene ultimately depicted them as fairly harmless. Martha even fell in love with and married the family's moral imbecile son, Forrester, after he managed to reform his ways—a medical impossibility as far as defect experts were concerned. Meanwhile, Martha's brother fell for and married Nell, the very "chief" of the moral imbeciles. The hereditarian reader might have shuddered at this element of the plot's

⁴⁴ "Stories," *Congregationalist* Vol 83, no. 36 (September 1898): 322; "Current Fiction," *The Literary World: A Monthly Review of Current Literature* Vol 29, no. 20 (October 1898): 338; "Book Notes," *New York Evangelist* Vol 69, no. 40 (October 1898): 13."By Popular Woman Authors," *Harper's Bazaar* Vol 31, no. 31 (July 1898): 659; "Books Received," *Chicago Daily Tribune*, Sep. 3, 1898.

⁴⁵Sarah Pratt McLean Greene, *The Moral Imbeciles* (New York: Harper & Brothers, 1898), 37.

conclusion as they envisioned the defective children such matches would doubtless produce. If any members of the AMO read Greene's novel, they likely shook their heads at each turn of the page. *The Moral Imbeciles* demonstrated how the character of the moral defective could change in the hands of the non-medical public. The moral defective need not always be the villain and could in fact be the love interest. They were simple but likable and were objects to be pitied rather than feared. Moral defect was sometimes redeemable, as in Forrester's case. Even those who could not change their ways were not to be condemned, for as the family's grandmother inquired, "What we lack...God forgives. Do you not think so?"⁴⁶

The Moral Imbeciles accurately featured many of the frightening symptoms associated with moral defect. Greene emphasized the manipulative power they could hold over intelligent, sympathetic people and echoed the challenge they posed to those who sought to identify them. At the same time, by refusing to condemn its defective characters the novel rejected pieces of the medical narrative. Greene's work reflected that spreading knowledge of moral defect throughout the public had opened a space for contestation that entailed a loss of definitional control for defect experts. Other narratives, too, contained moral imbeciles who did not align with medical definitions. Horace Vachell's short story "The Man Who Died," for example, featured a young man who turned into a "moral idiot" because his father bestowed him too generous an allowance—yet another medical impossibility to defect experts who defined moral idiocy as a birth defect, not an acquired trait.⁴⁷

Even as moral imbecility began to fade from defect expert's use in the teens, it remained prevalent enough in literature to draw editorial comment from Joseph Collins, a retired New

⁴⁶Ibid, 234.

⁴⁷ Horace Annesley Vachell, "The Man Who Died," *Eclectic Magazine, and Monthly Edition of the Living Age* Vol 135, no. 2 (August 1900): 184.

York neurologist and author. In 1924, Collins described a wide assortment of literature's moral imbeciles, among them the Frenchman Lucien Fabre's Rabavel and the antiheroes of several Russian and German novels. American authors, too, featured amoral protagonists. Elisabeth Sanxay Holding's "Invincible Minnie" held no regard for others' feelings and cunningly misled all those in her life. "Whether or not she is actually guilty of such deplorable exploits as herein narrated," Holding explained, "she is certainly *capable* of them. Capable of *everything!*"⁴⁸ Ultimately, Collins did not complain of this "new type of hero" but rather of the public's lack of interest in them. He echoed the frustration that defect experts had expressed through the nineteenth century as they had confronted stubborn public ignorance. He lamented that real criminals remained objects of "sentiment which is prejudicial to punishment" while "fictitious ones apparently neither interest us nor arouse our compassion." Such interest, he proposed, was "the first step to combat moral imbecility." Collins's 1924 opinion, which concluded with a convoluted lesson on "unorthodox glands," may not have reflected the current of the nation's other neurologists and medical experts. Indeed, his continued belief in moral imbecility's medical merit more than a decade after its abandonment by the AMO demonstrates the fractured and inconsistent nature of medical knowledge in the early twentieth century. Still, his editorial displays moral imbecility's lasting cultural presence in literature even after defect experts rejected its utility as a diagnostic category.⁴⁹

The mutability of the language of defect, moral imbecility included, proved a bane to experts through the nineteenth and twentieth centuries. Diagnostic terms devolved into insults and fell out of favor with medical professionals quickly and often. Idiotic became feeble-minded,

⁴⁸ Elisabeth Sanxay Holding, *Invincible Minnie* (New York: George H. Doran Company, 1920), v.

⁴⁹ Joseph Collins, "The Literary Clinic: As to Moral Imbeciles in Fiction," *The Bookman: a Review of Books and Life* Vol 60, no. 3 (November 1924): 286.

which became backward. Backward, too, lost favor and was replaced by defective, which became retarded, a word used by scholars into the twenty-first century yet now discouraged in polite conversation as the sole adversary of the well-funded “Spread the Word to End the Word” campaign.⁵⁰ The stakes of changing language reached beyond political correctness for defect experts struggling to convince parents to institutionalize their feeble-minded children. Institution superintendents sought high-functioning inmates who, though “drift logs” in mainstream public schools, could receive enough basic education to contribute their labor to institutional operations. After diagnostic terms entered the non-professional lexicon, one Montana institutional superintendent explained in an annual report, they carried “a sting and reproach that no child...will ever outgrow.” The superintendent described the damage done by public co-optation as he petitioned for a name change from “School for Feeble-Minded” to “Montana Training School for Backward Children.” While feeble-minded remained a technically correct designation, “It doesn’t do any good to call a spade a spade when it hurts the feelings of a loving mother” and made her less likely to institutionalize her high-functioning child whose labor could save the state money.⁵¹

Like mental defect, the diagnostic language of moral defect was also appropriated. For defect experts, moral imbecility was a serious diagnosis. It was meant to intimate an individual’s potential for untold brutality and crime, but members of the public also leveled it as an insult absent these more sobering connotations. In anticipation of a large, contentious election for

⁵⁰ James Trent, *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1995); Gerald O’Brien, *Framing the Moron: The Social Construction of Feeble-Mindedness in the American Eugenic Era* (Manchester: Manchester University Press, 2013); Steven Noll and James W. Trent, eds. *Mental Retardation in America: A Historical Reader* (New York: New York University Press, 2004).

⁵¹ “Montana School for the Deaf, Blind, and Feeble-minded,” *Twelfth Annual Report* (1906); “Montana School for the Deaf, Blind and Feeble-minded,” *Thirteenth Annual Report* (1907).

District Attorney in Brooklyn in 1886, the Reverend Dr. Theodore L. Cuyler preached a sermon against the prevalence of “gambling and the various evils which follow it,” and insisted to the crowd that were the incumbent re-elected, they could expect another “term of moral imbecility.”⁵² National politicians also brandished the term. In a widely publicized committee meeting, two rival delegations from Delaware attacked each other as they prepared for the 1896 Republican national convention. J. Edward Addicks was denounced as a “proven traitor to the cause of Republicanism” for creating an electoral deadlock that had left one of Delaware’s Senate seats unoccupied. Anthony Higgins, who led the delegation opposing Addicks, argued that Addicks’ acts proved him “the ‘moral idiot’ that every one in Delaware knew he was.”⁵³ These accusations demonstrate that moral imbecility was such a frequently used term that speakers could count on their audience to understand it. The word described an opponent’s inability to tell right from wrong, which reflected a cultural understanding of moral imbecility’s most basic clinical meaning. Yet the ease with which various people used the term to fit their personal uses and worldviews also demonstrates a partial rejection of the fear defect experts hoped to associate with the diagnosis. Moral imbecility did not necessarily require a shudder of terror, but could instead indicate a politician’s general ineptitude or party disloyalty.

Moral imbecility even made its way as an insult into the very courtrooms where defect experts sought to establish its legitimacy as a diagnostic defense. In the spring of 1913, Clarence Darrow performed his usual role of flamboyant and inflammatory defense attorney but had the rare opportunity to perform it in defense of himself. Charged with two counts of bribing the jury in the trial of the McNamara brothers, laborers who had killed several people dynamiting a Los

⁵²“The Issue in Brooklyn: Which Shall Stop the Pool Selling, Ridgway or Tracy?” *The Sun*, Nov. 1, 1886.

⁵³ The attack was reprinted throughout the country. See “Platt and Quay,” *Boston Daily Globe*, Jun. 14, 1896; “Platt’s Big Fight,” *Boston Post*, Jun. 13, 1896; “Contests for Seats,” *The Anaconda Standard*, Jun. 13, 1896; “Hot Shot for Addicks,” *The Morning Times* (Washington, DC), Jun. 13, 1896.

Angeles building, Darrow stood trial for his reputation and future career. Following Darrow's acquittal on the first charge, the state brought in Wheaton Gray as special prosecutor. Gray railed against Darrow as "the greatest power for evil in the United States" and a "moral idiot." The attack was printed widely, a lasting reminder to any defect experts who saw it that spreading knowledge meant sacrificing control of its use and potential cultural meaning.⁵⁴

While some risked trivializing or caricaturing moral imbecility by wielding it as a literary device and insult, in others the term provoked a sense of hysteria that worked against defect experts' goal of just sentences for moral imbeciles. Dr. W. Duncan McKim was a New York physician but was not a member of the AMO. Lacking institutional experience with the feebleminded and the knowledge that came with it, he did not qualify as a defect expert. In his 1900 work *Heredity and Human Progress*, McKim set his sights on all manner of defectives but devoted particular attention to moral imbeciles. He stressed that their defect was hereditary and impossible to mend and went on to warn that for every institutionalized case, "there remain at home a number of others who constitute for their relatives the plague of life, the thorn in the flesh, the skeleton in the cupboard."⁵⁵ Intensely detailed accounts followed, which described the nefarious deeds of a selection of moral imbeciles: slitting animals' throats, stealing, vandalism, and pushing a playmate from a bridge to her death. He emphasized moral imbeciles' deceptive abilities: "As people of the past centuries lived in dread of witches and bogies, and of the devil, so we are painfully conscious that there lurk ever about us powers of evil, in human form, who

⁵⁴ "Darrow Denounced as Moral Idiot," *Atlanta Constitution*, Mar. 5, 1913; "Darrow is Scored in Talk to Jury," *Salt Lake Tribune*, Mar. 5, 1913; "Darrow Moral Idiot Asserts Prosecution," *The San Francisco Call*, Mar. 5, 1913; "Gray Scores Darrow," *Goshen Weekly News Times*, Mar. 7, 1913; John A. Farrell, *Clarence Darrow: Attorney for the Damned* (New York: Doubleday, 2011), 206-281.

⁵⁵ Dr. W. Duncan McKim, *Heredity and Human Progress* (New York and London: The Knickerbocker Press, 1900), 59.

may at any moment...unmask and do the deeds of demons.”⁵⁶ McKim constructed a picture of a society on the verge of collapse, under siege from all manner of moral and mental defectives as well as other hereditary curses such as drunkenness and deafness.

While defect experts likewise believed that moral imbeciles endangered society, McKim proposed a solution more extreme than institutionalization for his dystopian America: extermination through “gentle, painless death.” It would not be practicable to eliminate all society’s defectives, but McKim was certain that “all idiots would require such a decision; and of imbeciles by far the greater number, and especially those who while intelligent gave sure indication of *moral* imbecility.”⁵⁷ Death would be accomplished through use of carbonic acid gas, and only applied following some as of yet ill-defined due process. He foresaw potential legal obstacles but assured readers that once the plan was generally accepted, “any necessary Constitutional changes would be mere matter of detail.”⁵⁸

McKim’s plan met with mixed approval. Unsurprisingly, some reviewers had serious reservations about ending the lives of the approximately half a million people McKim predicted would require elimination. *Gunton’s Magazine* gave the harshest critique, writing, “Society has long since passed the point where it can shirk its share of original responsibility for its criminals and imbeciles by killing them.”⁵⁹ Few rejected the plan so vehemently, acknowledging its impracticality but insisting that one did not have to agree with the doctor’s remedy in order to appreciate his cogent appraisal of the problems society faced. Still others admitted the proposal seemed unsavory but deemed it worthy of serious consideration. In Washington, DC, *The Times* printed a lengthy review that carefully explained McKim’s presentation of society’s problems

⁵⁶ Ibid, 35.

⁵⁷ Ibid, 189.

⁵⁸ Ibid, 193.

⁵⁹ “Book Reviews,” *Gunton’s Magazine*, July 1900, 86.

and his solutions. Walking through the doctor's logic, the article admitted the plan was radical, but concluded that ultimately, "There is certainly something in that idea."⁶⁰ The *St. Paul Globe* observed, "Of course a measure so radical will prove itself objectionable to the masses, but it is the remedy which suggests itself... There is no other remedy that will meet the evil." The reviewer declared *Heredity and Human Progress* "a profound study in the highest department of sociology," which "should take rank with many of the most important literary contributions of our time."⁶¹

McKim's treatise and the range of responses it received reinforce the notion that many Americans believed moral defectives posed a grave social peril. While this portion of defect experts' educational efforts had been effective, support for McKim's solution prompted AMO members to consider the limits of public educability. In a 1905 discussion of the book, defect experts declared his proposal simplistic and shortsighted. McKim portrayed a world of light and dark, fit and unfit, but to execute the obviously defective would leave "a broad fringe, the fimbriated border of which extends downward into the dank mire of degeneracy."⁶² These fringe elements, while not particularly dangerous themselves and thus not easily detectable, would produce a new generation of defectives to take the place of those wiped out in McKim's gas chambers. "The average citizen," one association physician lamented, was "not sufficiently informed of the teachings of science," and failed to grasp the complexity of the problems society faced. Public understanding seemed to fall short of defect experts' goals as various individuals used the experts' terms and concepts for their own ends: to punch up their political rhetoric,

⁶⁰ "The Problems of Crimes," *The Times*, Feb 11, 1900, 8.

⁶¹ "Books of the Hour," *St. Paul Globe*, Feb. 18, 1900, 15.

⁶² S.D. Risley, "Is Asexualization Ever Justifiable in the Case of Imbecile Children," *JPA* Vol 9, No 4 (June 1905): 94.

defame professional rivals, or sell books.⁶³

Certainly moral imbecility played multiple roles in public discourse, some softening and others overemphasizing its threat, but AMO assertions of public ignorance may have been more personal and strategic than accurate. It is difficult to know exactly how many Americans understood what they read or heard about moral imbecility, or what precise opinions they formed as far as the term's various uses and the disorder's intricacies. Still, consistencies between rhetorical use, Greene's novel, editorials, and coverage of violent crimes provide some suggestions about how the public understood moral imbeciles. Observations of defendant moral imbeciles' cleverness and cunning demonstrate the belief that the mental and moral senses were separate, and one's moral sense could be impaired with no effect to the mental. Additionally, moral imbeciles were nearly impossible to detect by their appearance. A moral imbecile could live on your very block, and you would not know until they burned your house down, corrupted your children, or coldly murdered your loved ones. Families of poor heredity (already containing various strains of defect) were perhaps more likely to produce moral imbeciles, but a child lacking its moral sense could be produced by even the best families.⁶⁴ Some newspapers advocated for defect experts' institutional solutions with clarity. As one Boston paper wrote in 1902, "Sooner or later the fact must be recognized that here are incurably diseased individuals, and that the only way to render them harmless and prevent the transmission of their ailments to future generations is by careful segregation of the sufferers until their death."⁶⁵

⁶³ Ibid.

⁶⁴ "Naming the Beast," *The Wellington Enterprise*, Jul. 21, 1881.

⁶⁵ "Protection Against Crime," *Boston Evening Transcript*, Nov. 17, 1902.

Through the long Progressive era, then, various popular sources cultivated public images of moral imbecility that, though variable in their rhetorical and narrative uses, often aligned fairly closely with the medical. Using the courts as a focal point, professional and lay voices used the diagnosis's varying definitions to negotiate where responsibility for understanding and treating society's moral imbeciles fell. Some were concerned that in the wrong hands, knowledge of moral imbecility would actually promote crime. Following the English-language debut of Cesare Lombroso's *The Female Offender* in a criminology series meant for popular consumption, one reviewer questioned "the wisdom of greatly popularizing the subject." Certainly "judges, lawyers, teachers, leaders of all kinds" needed education from such works to "fully realize that 'born criminals' exist." Yet the reviewer worried that "too much multiplication and popularization of these ideas will remove the feeling of responsibility from weak but normal or from slightly abnormal natures and lead to much unnecessary crime."⁶⁶ Only those already trusted as social leaders could likewise be trusted with knowledge of moral imbecility. This was not because laypeople were unable to understand the diagnosis but rather because they would understand too well its potential as a criminal defense.

Criminal responsibility was a central concern in sorting out who should access knowledge of moral defect and how that knowledge should be used. The question joined defect experts and criminologists as they negotiated with an American legal system in the throes of a fundamental transformation. The rising administrative state and socialized courts "displaced the autonomous individual" who chose to commit crime and replaced them with the argument that social forces caused crime. The legal apparatus confronted public and medical professional resistance to this trend. Lay citizens continued to insist on individual responsibility by

⁶⁶ "A Study of the Female Criminal," *The Dial; a Semi-monthly Journal of Literary Criticism, Discussion, and Information* Vol 29, no. 2 (July 16, 1895): 52.

advocating values of independence, contract, and free will.⁶⁷ Physicians and criminologists, on the other hand, convinced of heredity's primary importance in determining individual behavior, argued that crime-causing social forces were rooted in deeper biological causes.

Observing public hesitance to accept the fundamental interdependence of their modern lives, legal and medical voices explored the question of moral defect and criminal responsibility to discuss the justice—or injustice—of trial by a jury of laymen in the age of experts. Labelling too many defendants irresponsible by virtue of insanity or moral imbecility, defect experts worried, ultimately worked against justice by hurting medicine's credibility. The public at large did not trust expansive notions of insanity that declared large numbers of criminals irresponsible.⁶⁸ As the neurologist Bernard Oettinger explained, the public believed “that the enthusiasm of physicians has resulted in false conclusions which, if accepted would dissolve society's safeguards against the deeds of the evil-minded.” Oettinger held out hope that so long as the courtroom permitted “sufficient exposition on the part of the medical witness to acquaint the jury with special conditions,” public distrust would subside and juries could render just verdicts.⁶⁹

Others observed public and judicial distrust of medical theories but did not share Oettinger's optimistic claim that better communication in court could resolve this tension. In a piece for the *Albany Law Journal*, lawyer William Parry warned physicians that the “over-zealousness to acquit men on the ground of insanity is actually keeping many judges from accepting the truths of medical science.” To challenge this perceived judicial prejudice, Parry

⁶⁷ Willrich, *City of Courts*, 59-75; 222-225; Morton J. Horwitz, *The Transformation of American Law: The Crisis of Legal Orthodoxy, 1870-1960* (New York and Oxford: Oxford University Press, 1992).

⁶⁸ Willrich, *City of Courts*, 59-75; Rosenberg, *The Trial of the Assassin Guiteau*.

⁶⁹ Bernard Oettinger, “Some Observations upon Delusions, Impulsive Insanity, and Moral Idiocy,” *The American Journal of the Medical Sciences* Vol 124, no. 6 (December 1902): 1051.

offered a synthesis of legal precedents that had extended the McNaghton test of insanity to include the “power of control” test. Power of control expanded insanity from the McNaghton definition of insanity—the inability to perceive right from wrong. It declared instead that if a man knew his act was wrong but could not resist the impulse to commit the act, he was not criminally responsible. In an effort to argue for the legitimacy of this expanded definition, Parry contacted superintendents of various institutions for the insane and feebleminded. Demonstrating the value he placed on experiential rather than theoretical knowledge, Parry surveyed superintendents because their opinions were “apt to be nearer to the truth than the opinions of jurists who sit upon the bench and theorize about insanity without having had any contact with insane persons.” Institutional superintendents defended the power of control test, asserting that “the courts that are repudiating it are repudiating the results of modern science.” Some respondents went further, however, and attacked the court system as a whole. While expanding the definition of insanity was a positive step, it was a small improvement for an antiquated system that trusted laymen over experts. Superintendents labeled juries’ attempts at justice “a farce.” Juries’ “brutality on the one hand, and sentimentality on the other,” Martin Barr responded to Parry’s inquiry, “have so long continued to obscure truth that the bandaged eyes of justice have become a reality rather than a mere symbol.”⁷⁰

Many newspapers echoed the idea that knowledge of moral imbecility rightfully belonged in professional circles. The environment and heredity debate, which persisted through the long Progressive era and was central to how defect experts understood moral imbecility, was ultimately “for the alienist to determine.”⁷¹ “The moral imbecile of the future,” one letter to the

⁷⁰ W.H. Parry, “Insanity in Criminal Cases,” *The Albany Law Journal; A Weekly Record of the Law and Lawyers* Vol 63, no. 12 (December 1902): 459.

⁷¹ “This Boy Murderer A Moral Idiot,” *New York Herald*, Jan. 23, 1898; “He is a Moral Idiot: The Wildeyed Boy Murderer of Philadelphia,” *The Bryan Daily Eagle*, Mar. 17, 1898; “He is a Moral Idiot,”

editor advised, “will be considered a fitter subject for the verdict of a committee of skilled physicians, than the verdict of twelve unskilled jurymen.”⁷² The stakes of moral imbecility were too high for the general public to hold the power to release a moral defective back into society with a misguided not guilty verdict. Public opinion, the contributor explained, was too slow to adapt to and incorporate scientific discoveries effectively. “Soft sentimentality” from the public inhibited the scientific progress necessary to develop social order and had to “give way before growing intelligence” supplied by the experts.⁷³

Defect experts consistently complained of the perceived fundamental ignorance of the public at large. They awaited the editorial’s “moral imbecile of the future” over which they would have full authority. In the meantime, the courts continued to provide evidence of public ignorance with misguided sentences for mental and moral defectives. Experts found “great difficulty in all our cities in disposing properly of these persons,” as judges and juries failed to deliver justice to defectives. Courts sent defectives to prisons rather than to institutions where they might receive individualized and indefinite supervision. Such verdicts convinced defect experts that the public was unable to keep up with the field’s increasing complexity. To even attempt to understand criminal responsibility fully for a single case “an intelligent jury” would require “hours and hours of instruction in the facts and findings of abnormal psychology.”⁷⁴ The original bargain, in which democratized knowledge would yield just sentences and growth for institutions, fell short as defectives continued to be imprisoned or executed rather than institutionalized. Experts were unsatisfied with the lost definitional control sharing their

Lima Times Democrat (Lima, OH), Feb. 23, 1898; “He is a Moral Idiot,” *Narka News* (Narka, KS), Feb. 25, 1898.

⁷² “Present-Day Thoughts,” *The Farmville Herald* (Farmville, VA) Feb. 17, 1899.

⁷³ “Protection Against Crime,” *Boston Evening Transcript*, Nov. 17, 1902.

⁷⁴ William Healy, “The Mentally Defective and the Courts,” *JPA* Vol 15, No 1 (1910): 51.

knowledge had entailed. They were convinced that ignorance doomed the jury as “a feudal relic utterly unsuited for many of the emergencies and complex relations of modern life.” The education they had offered in national conferences, journals, and exhibitions had not prevented Henderson or Wood’s temporary imprisonments. Moreover, their institutions still struggled to piece together adequate funding; their sacrifice of definitional control had not been sufficiently countered by professional or ethical benefits.

This impasse lasted until Superintendent Johnstone and his Vineland, New Jersey experiments in public mobilization that began in 1910. Unlike experts’ earlier lectures and publications, these educational efforts were not designed to create a fully informed public with a complex understanding of mental and moral defect. Instead, they aimed to inform the public on the general dangers of feeble-mindedness, its hereditary nature, and the importance of the institution—and the expert knowledge within it—in resolving the feeble-minded threat. Johnstone devoted institutional time and money to founding an “extension department” and a Committee on Provision for the Feeble-minded. Their primary work was developing “publicity and propaganda” to raise funds for institutional expansion. They were immensely successful, and received an appropriation of \$155,000 in their first year. Johnstone and the Committee shared with other defect experts their strategies for mobilizing the public. Properly educated, members of the public could effectively identify the feeble-minded in their community and lobby legislatures for funding. Vineland’s extension department first created extensive mailing lists by contacting the families of children on institution waitlists as well as prominent business leaders in towns with identified feeble-minded residents. Mailings explained that limited funding kept these residents out of the institution and then encouraged recipients to write to legislators urging an increase institutional funding. The Committee’s mailings included basic information on moral

and mental defect. They told readers that the presence of the feeble-minded in reformatories was “a woeful miscarriage of justice, for these persons are not morally responsible.” They also explained that the fault for this injustice rested with “judge, jury, and prosecutor,” who were easily misled by the borderline cases’ “pleasant faces, fluent tongues, and taking manners.”⁷⁵

In addition to mailings, the department sent physicians to give more than 125 lectures on feeble-mindedness in eighteen states within just one year. Local newspaper coverage spread the content of these lectures beyond those able to attend.⁷⁶ Lecturers encouraged attendees to take action with membership cards on which members of the public could pledge to locate the feeble-minded in their communities or join a committee to spread awareness of feeble-mindedness and the importance of total institutionalization (Figure 1).⁷⁷ The campaigns hit their stride in the teens, following moral defect’s merging with mental defect. Though moral imbecility was thus largely absent from these later, more sophisticated educational efforts, lecturers demonstrated the moral taint associated with mental defect by focusing on mental defectives’ propensity for vice. They described feeble-minded prostitutes, alcoholics, and syphilitics as weak-willed “menaces” to the race.⁷⁸ Vineland’s original extension department⁷⁸ was not replicated in every state. Instead, thanks to the generous funding the campaign had secured, Johnstone oversaw the expansion of the department and committee into the National Committee on Provision for Feeble-minded. The Committee soon relocated its headquarters to Philadelphia, where it published numerous

⁷⁵ “Stimulating Public Interest in the Feeble-Minded: How it was Done in New Jersey,” (Philadelphia: Committee on Provision for the Feeble-Minded, 1914), 6.

⁷⁶ “Segregation for Idiots is Urged,” *The Washington Herald*, Nov. 18, 1913; “Professor Johnstone’s Lecture,” *The Watchman and Southron*, Jan. 26, 1916; “Advocates D.C. Asylum for the Feeble-Minded,” *Evening Star* (Washington, DC), Mar. 29, 1916; “Lecturer Speaks of Deficient Children,” *The Daily Missoulian*, Jun. 24, 1914.

⁷⁷ E.R. Johnstone, “The Extension of the Care of the Feeble-Minded,” *JPA* Vol 19, No 1 (1914): 3-15.

⁷⁸ “Truths by Women Who Know A Washington Need: A Home for the Feeble-Minded,” *The Washington Times*, Mar. 10, 1914; “Lecturer Speaks of Deficient Children,” *The Daily Missoulian*, Jun. 24, 1914.

educational pamphlets and performed a crucial role in organizing southern institutions for the feeble-minded.⁷⁹

Through negotiations of intellectual and scientific capability, experts and lay people forged an understanding of their balanced knowledge and responsibility. Lay citizens had claimed the diagnosis's popular possibilities in narrative and rhetoric. They used moral imbecility's basic clinical characteristics to explain horrific crimes and as a scapegoat for reform's failures but yielded to medical professionals the responsibility to maintain a complex understanding of the diagnosis. This balance was not a given in Progressive America, when diverse elements of American society ventured bold knowledge claims with abandon. Rural Populists, for example, acquired and maintained access to data on agricultural scientific and technological advancements. They developed advanced systems of information sharing that educated farmers nationwide on the complex transformations underway in business and agriculture. Urban workers, too, pushed for shortened work days so they might devote increased time to self-education, asserting their ability to understand complex issues in economics and labor relations.⁸⁰ Defect experts—supported by the era's perceived social disorder and the visibility of violent crimes in sensationalized journalism—successfully rendered the problem of America's defectives too complex and urgent for members of the public to consider controlling it themselves. Together, defect experts and the American public pioneered a modern awareness campaign in which the citizens' duties—as seen within Vineland's membership card—were to

⁷⁹ Noll, *Feeble-Minded in Our Midst*, 115.

⁸⁰ Charles Postel, *The Populist Vision* (New York: Oxford University Press, 2007); James Green, *Death in the Haymarket: A Story of Chicago, the First Labor Movement, and the Bombing that Divided Gilded Age America* (New York: Anchor Books, 2006).

recognize moral and mental defect's symptoms in public, educate their peers to do the same, and support experts in their pursuit of their social and political solutions.

The moral imbecility awareness campaign was in some ways too effective. As basic knowledge of moral imbecility spread, it moved further from defect experts' influence. This left the experts in a lurch when they began to question the diagnosis's accuracy and usefulness. In 1910, prominent members of the AMO moved decisively away from moral imbecility as "a notion that belongs to the middle ages of sociology and ethics as well."⁸¹ This rejection of moral imbecility may have been an attempt to re-assert defect experts' diagnostic superiority over psychologists and other medical professionals who lacked connections to state institutions. Institutional officers reported that they had admitted alleged moral imbeciles whom physicians and psychologists had diagnosed and referred. "Long observation and close analysis," which such professional rivals were unable to offer, had demonstrated these patients were in actuality "cases of true [mental] imbecility." As intelligence testing's popularity grew through the teens and twenties, the AMO merged moral imbecility into mental imbecility. The inability to behave properly indicated not moral defect, but mental, which could now be quantitatively evaluated.⁸²

This change in defect experts' thinking spread much more slowly than the moral imbecile panic they had sown decades earlier. Moral imbecility refused to fade from use by the public as well as by those physicians intellectually and geographically removed from AMO proceedings. The term survived for decades as both an insult and a medical term resurrected to explain horrific crimes. In 1924, for example, when Nathan Leopold and Richard Loeb kidnapped and murdered

⁸¹ Remarks in *JPA* Vol 14, No 1 (1909): 38.

⁸² Walter E. Fernald, "The Imbecile with Criminal Instincts," *JPA* Vol 14, No 1 (1909),32. On the rise of intelligence testing see Leila Zenderland, *Measuring Minds: Henry Herbert Goddard and the Origins of American Intelligence Testing* (Cambridge, UK: Cambridge University Press, 1998).

the fourteen-year-old Bobby Franks, newspapers decried them as moral idiots.⁸³ Kaiser Wilhelm and Bruno Hauptmann, kidnapper of the Lindbergh baby, also received the moral imbecile label.⁸⁴ In his landmark textbook *The Individual Delinquent*, the notable psychiatrist and criminologist William Healy detailed moral imbecility's persistence as a public myth. Healy led Chicago's Psychopathic Laboratory, one of many municipal clinics nationwide that examined and registered suspected defectives and issued treatment recommendations for them. Courts, social and charitable organizations, and friends and family members were the primary sources of referrals to such clinics, and these groups remained vigilant against the threat of moral imbeciles in their communities years after defect experts had abandoned the diagnosis. "Many cases have been brought to us as moral imbeciles," Healy reported, "but they have always turned out somehow mentally defective...or to be the victims of environmental conditions."⁸⁵ Members of the public devotedly upheld their end of the awareness campaign, continuing to identify moral imbeciles and refer them to experts for study.

Ultimately, defect experts had little cause for concern over moral imbecility's continued public presence, which perhaps explains its longevity. Public trust in scientific solutions for moral and mental defect had granted experts the expanded authority they required to implement such systems of registration and institutionalization as Healy's Psychopathic Laboratory. No public education campaign worked to inform members of the public that moral imbecility's time had passed. Instead, through the first two decades of the twentieth century, by merging moral and mental defect, defect experts affixed a greater element of danger to the cognitively impaired. By

⁸³ "Educating Moral Idiots in Schools," *Oakland Tribune*, Jun. 20, 1924; "Educating Moral Idiots," *Oneonta Daily Star*, Jun. 24, 1924.

⁸⁴ Charles Mercier, "The Kaiser: Mad or Bad?" *The Living Age* 11 (1918): 392; "Moral Imbecile Seen as Slayer of Lindy's Son," *The Herald Statesman* (Yonkers, NY), May 14, 1932

⁸⁵ William Healy, *The Individual Delinquent: A Text-book of Diagnosis and Prognosis for all Concerned in Understanding Offenders* (Boston: Little, Brown, and Company, 1915).

labeling “every imbecile, especially the high-grade imbecile,” a “potential criminal,” defect experts expanded the percentage of the defective population requiring indefinite institutionalization for alleged moral impairment.⁸⁶

The specter of moral imbecility, even if medically imprecise and clinically obsolete, remained culturally relevant as a threat that inspired public vigilance and support of professional solutions to social problems. The balance of knowledge and responsibility moral imbecility had helped usher in proved long-lasting. The public had assigned professionals responsibility for critically understanding and solving the social problems caused by human defect. Defect experts claimed this responsibility and transformed their educational goals over time as moral imbecility’s imprecise cultural images worked against their medical narratives. Rather than aiming to cultivate public understanding that would help juries render just verdicts, professionals bypassed the legal process through the socialization of the courts. They educated state legislatures in efforts to produce laws that required certificates of mental and moral health to attend school or marry. An enthusiastic public meanwhile did its duty by spreading awareness and supporting professional implementation of intricate and invasive solutions for human defect that held major implications for individual civil liberties.

⁸⁶ Walter E. Fernald, “The Imbecile with Criminal Instincts,” *JPA* Vol 14, No 1 (1909), 32.

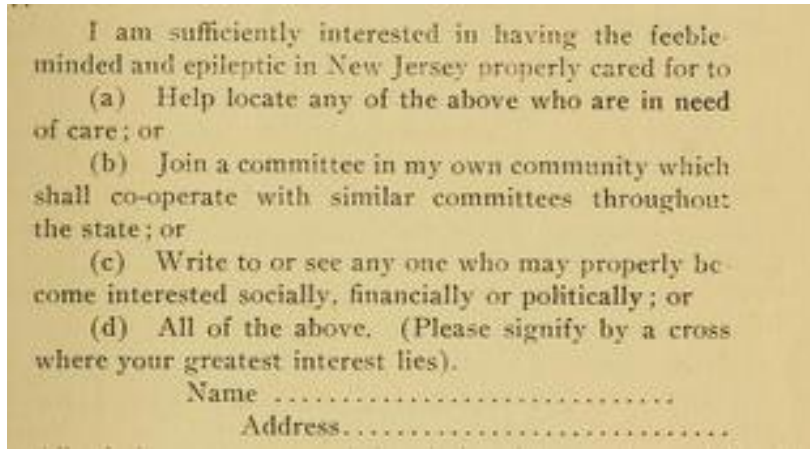


Figure 1. Recruiting the Public. E.R. Johnstone, "The Extension of the Care of the Feeble-Minded," *JPA* Vol 19, No 1 (1914): 9.

Chapter 3

Disposing of Defectives

In 1905, Dr. Andrew Johnson guided a group of physicians from the Nebraska State Medical Society through the State Institution for Feebleminded Youth. He introduced them to the wide range of feebleminded cases he oversaw as superintendent of the institution's four hundred inmates. Like many of the nation's institutions for the feebleminded, Nebraska's maintained a school department where inmates learned basic academic and industrial skills and a custodial department where graduates of the school department lived, fulfilling "their mission in institution life" with their "remunerative labor." This labor was crucial to the institution's financial stability. At Nebraska, female inmates cared for lower-functioning inmates, cooked, cleaned, and sewed and mended tens of thousands of items, from doilies and pillowcases to dresses and overalls. Male inmates on the farm cultivated more than \$7,000 in foodstuffs per year.¹ Yet the inmates who stood out to Johnson's visitors were the most extreme cases of cognitive and physical impairment, the institution's "worst classes." As they observed the institution's bed-ridden population, one long-time physician asked Johnson, "Doctor, do you want me to suggest a sure cure for those cases?" His treatment recommendation was one Johnson had heard many times, the euphemistically dubbed "chloroform route." When Johnson asked if the doctor would like to administer the deadly dose, he sheepishly refused. This was not an isolated incident; many of the general physicians Johnson had encountered through his career suggested euthanasia for these "worst classes." When Johnson shared his frustration at the AMO's 1906 meeting, Dr. George Mogridge of Iowa's institution echoed the experience. Although physicians readily called for such inmates' deaths, he noted, "They do not like to be the executioners."²

¹ "Nebraska Institution for Feeble Minded Youth at Beatrice," *Eleventh Biennial Report* (1906).

² Discussion, *JPA* Vol 10, No. 4 (1906).

Ten years later, however, a Chicago physician named Harry Haiselden proudly assumed the mantle of executioner. Haiselden denied a life-saving operation to a baby he declared would be “defective mentally and morally if allowed to live.”³ The drama-filled story caught the nation’s attention. Newspapers eagerly featured the distraught mother who never saw but consented to the death of her son, a Catholic woman infiltrating the hospital to kidnap the infant to obtain the surgery elsewhere, and Haiselden’s denying treatment for a defective baby girl just weeks later. The doctor’s actions gained such prominence that they were adapted into a film, *The Black Stork* (1916), in which Haiselden himself starred. While a jury of doctors cleared Haiselden’s decision to allow infant deaths, he faced criticism and earned expulsion from the Chicago Medical Society for publicizing and earning money from the case.⁴ The babies Bollinger and Werder sparked nationwide debates over medical authority, eugenics, and the defective’s right to life, drawing input from such public figures as Helen Keller, Jane Addams, and Clarence Darrow. Jane Addams challenged Haiselden’s decision with a long list of supposed defectives who had lived important lives, including Napoleon, Lord Byron, Robert Louis Stevenson, and Helen Keller. Keller herself came out in favor of euthanasia for mental defectives, labeling them potential criminals. Darrow—in the shocking language he was famed for employing—declared, “Chloroform unfit children. Show them the same mercy that is shown beasts when no longer fit to live.”⁵ Public figures were not the only ones to contribute to the

³ “Baby Died; Physician Upheld: Autopsy Puts Boy in Class of Defectives” *Chicago Daily Tribune* Nov. 18, 1915.

⁴ Martin Pernick, *The Black Stork: Eugenics and the Death of ‘Defective Babies in American Medicine and Motion Pictures Since 1915* (New York: Oxford University Press, 1996), 8.

⁵ Numerous newspapers printed selections of opinions from public figures. For example, “The Sins of the Parents Shall NOT be Visited,” *The Washington Herald*, Dec. 5, 1915; “Julia Lathrop Fights Decision on Baby’s Death,” *Chicago Daily Tribune*, Nov. 18, 1915; “Defective Baby Divides Doctors,” *New-York Tribune*, Nov. 18, 1915; “Question of Life and Death,” *Keowee Courier*, Nov. 24, 1915; “Defective Tot Dies With No Hand to Aid” *Arizona Republican*, Nov. 18, 1915; “Doctor’s Action is Vindicated,” *Omaha*

conversation; the *Chicago Daily Tribune* excerpted letters mailed to Haiselden from the city's "bent and crippled," including one fifteen-year old "little cripple girl thanking you for not letting that baby live." She reported that she resented her parents for keeping her alive and concluded, "I remain your little invalid ready to go to heaven anytime."⁶ Diverse opinions from Americans disabled and nondisabled, professional and lay, filled newspapers across the country.⁷

Debates over Haiselden's actions lasted only a few months and centered on the ethics of euthanizing defective babies, but they were rooted in the larger question of what rights applied to those deemed defective. Were mental and moral defect, as Helen Keller intimated, fundamentally different from physical defect? In what ways should an individual's potential for cure, cultural contribution, or crime determine his or her rights? Additionally, if their rights differed from those of the rest of the population, which authorities should assume responsibility for distinguishing between normal and abnormal? Through the long Progressive Era, these questions shaped the public policies defect experts and educators pursued in efforts to define, detect, and detain the nation's mentally and morally defective population. The development and negotiation of these policies reveal more than cultural opinions surrounding defectives themselves; they shed light on how Americans considered broader issues of free labor, medical authority, and state power. Varying experts advocated policies ranging from marriage restriction and total institutionalization to compulsory sterilization and colonization. In doing so, they encountered political challenges of implementation and enforcement, rapid scientific developments in their own and other specialized fields, and the demographic revelations brought on by mass intelligence testing conducted during World War I.

Daily Bee, Nov. 19, 1915. On Haiselden, the Bollinger Baby, and eugenic films, see Pernick, *The Black Stork*.

⁶ "Dr. Haiselden Praised by Bent and Crippled," *Chicago Daily Tribune* Nov. 22, 1915.

⁷ See footnote 4.

Defect experts wrestled amongst themselves and against other professions as they worked to determine the legislative and institutional policies for which they should lobby. How practicable were marriage restriction and total, permanent institutionalization? How ethical were compulsory commitment and eugenic sterilization laws? Where did the trained feeble-minded and their valuable labor belong? Just how threatening to the social order could America's defectives really be once mass testing during World War I revealed the dismal intelligence of the entire population?⁸ In their associational meetings, legislatures, and communities, defect experts sought to shape policies that—unlike the general physician's chloroform route—they could both recommend and confidently execute. Factors beyond institution walls affected their political goals. Legislative success depended upon experts' ability to cultivate public understanding and support. Every political move they contemplated was weighed against how the public would react, not only in terms of legislative votes but the willingness of parents and others to ensure the policy's success. Some superintendents were unenthusiastic about commitment laws, for example, fearing that if parents believed they could not remove their children from the institution, they would hide and keep them, depriving the child of an education and the institution of a laborer.

Defect experts lobbied for marriage restriction and permanent institutional segregation for mental and moral defectives in the late nineteenth century with limited results, but the twentieth-century development of intelligence tests ushered in several decades during which these and other policies designed to fight feeble-mindedness saw nationwide implementation. Crucial to this success was Binet intelligence testing's English-language debut in 1910, which made possible the standardized categorization of defectives. Before Binet, as defect experts and

⁸ Zenderland, *Measuring Minds*, 318-319.

other professionals—educators, psychologists, psychiatrists, and lawyers—had pursued their millennial social visions, they had been forced to reckon with a broad, intangible definition of feeble-mindedness that united under one label individuals who required vastly different treatments and possessed widely varying potential for self-support. Although the expansive umbrella term proved useful for some professional efforts at social control of women and ethnic minorities, the ill-defined diagnostic category often left these experts feeling frustrated rather than empowered. Testing created new scientific knowledge that provided standard categories of defect and consistent diagnoses. This new precision was critical for crafting and implementing nationwide policies to stem the tide of feeble-mindedness that professionals feared would prevent the maintenance of social order.⁹

Although intelligence tests—their administration, scales, and methods—were hotly contested, they revolutionized diagnostic methods by assigning those tested a quantitative measurement of their mental age. The tests did not claim to measure moral sense, though particular questions could indicate a subject's grasp of social expectations and willingness to adhere to them. As a diagnostic term, moral imbecility faded—slowly and unevenly—from professional use, yet the concept of moral defect survived, attached to newly quantifiable mental defect. As Walter Fernald, superintendent of the Waverly, Massachusetts institution, warned in

⁹ Historians of eugenics and the Progressive Era have often emphasized the term's flexibility as a manipulative advantage, obscuring experts' frustration at diagnoses that they believed were too malleable and unscientific. On feeble-mindedness and social control, see: Molly Ladd-Taylor, "Coping with a 'Public Menace': Eugenic Sterilization in Minnesota," *Minnesota History* 59 (2005): 237-248; Gerald O'Brien, *Framing the Moron: The Social Construction of Feeble-Mindedness in the American Eugenic Era* (Manchester: Manchester University Press, 2013); Nancy Ordover, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism* (Minneapolis: University of Minnesota Press, 2003); Nicole Hahn Rafter, *Creating Born Criminals* (Chicago: University of Illinois Press, 1997); Michael Willrich, *City of Courts: Socializing Justice in Progressive Era Chicago* (New York: Cambridge University Press, 2003).

1909, “Every imbecile, especially the high-grade imbecile, is a potential criminal.”¹⁰ This figure, the criminalized high-grade defective, became the primary target for defect experts’ political efforts. Thus, although this chapter mentions moral imbeciles and their closest terminological descendants, “defective delinquents,” when they received individualized attention, it primarily explores the broader political, legal, and cultural implications of labeling all mental defectives amoral.¹¹

Early legislative reform attempts had met with limited success because of the difficulty of recognizing borderline cases of mental defect. The new ease with which individuals could be tested and their mental defect quantified was accompanied by professional emphasis on mental defect as a criminalized diagnosis and social threat. Together, these factors spurred the development of diagnostic bureaucracies tasked with testing, registering, and giving treatment recommendations for suspected defectives in the states of New York, California, New Jersey, Illinois, Massachusetts, Ohio, and Pennsylvania, among others.¹² Within major cities, overlap between varied plans for detecting and diagnosing defectives—psychological clinics public and private, medical examiners in public schools, and laboratories in state universities and institutions for the feebleminded—revealed conflicts between professions. Each believed their particular training and place in their community uniquely equipped them with the knowledge required to act as “clearing houses” through which “children will be disposed of as it seems wise

¹⁰ Walter E. Fernald, “The Imbecile with Criminal Instincts,” *JPA* Vol 14, No 1, (1909):33; This article was so popular and so clearly expressed the moral shortcomings associated with mental defect that four years after its delivery, a Wisconsin group distributed it to counter charges that they held “normal people... simply because their services were so valuable to the state.” *JPA* Vol 19, No. 2 (1914); Discussion pg 57-58

¹¹ For this chronology, see Nicole Hahn Rafter, *Creating Born Criminals*.

¹² Willrich, *City of Courts*; Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton: Princeton University Press, 1994); Thomas H. Haines, “The Ohio Plan for the Study of Delinquency,” *Popular Science Monthly* Vol 86 (January-June 1915): 576-589.

and proper.”¹³ Competing knowledge claims promoted the establishment of varied diagnostic bureaucracies that specialized in locating defectives in particular places: courts, schools, and hospitals, for instance. This increased these diagnostic systems’ reach, but competition also inhibited their efficiency and fueled professional disunity. Where many defect experts saw potential criminals requiring permanent institutionalization, educators often saw potentially normal citizens requiring individualized instruction in special public school classes made possible by compulsory attendance laws. The diagnoses rendered within these institutions and the studies their leaders published also demonstrated how experts considered moral imbecility: while Dr. William Healy used evidence from his Chicago Juvenile Psychopathic Institute to argue against the existence of moral defect, Dr. Max Schlapp’s New York Clearing House for Mental Defectives (CHMD) diagnosed 381 moral imbeciles in just five years.¹⁴ These conflicts reveal how different professions conceived of mental and moral defects and used their definitions to battle for legitimacy and a place in the burgeoning bureaucratic order.¹⁵

Denying a group the right to marry, a potent historical assignation of abnormality in terms of race and sexuality, was also a primary area of contention in state efforts to control America’s mental and moral defectives.¹⁶ While defect experts concurred that defectives should

¹³ Discussion *JPA* Vol 19, No 2 (1914): 110.

¹⁴ William Healy, *The Individual Delinquent: A Text-book of Diagnosis and Prognosis for All Concerned in Understanding Offenders* (Boston: Little, Brown and Company, 1918), 770-788; Max G. Schlapp and Alice Paulsen, “Report on 10,000 Cases From the Clearing House for Mental Defectives,” *Medical Record* 93 (1918): 271.

¹⁵ Louis Galambos, “The Emerging Organizational Synthesis in Modern American History,” *The Business History Review* Vol. 44 No 3 (Autumn, 1970): 279-290; Louis Galambos, “Technology, Political Economy, and Professionalization: Central Themes of the Organizational Synthesis,” *The Business History Review* Vol 57 No 4 (Winter, 1983): 471-493.

¹⁶ Michael Grossberg, *Governing the Hearth: Law and the Family in Nineteenth-Century America* (Chapel Hill: University of North Carolina Press, 1985); Peggy Pascoe, *What Comes Naturally: Miscegenation Law and the Making of Race in America* (New York: Oxford University Press, 2009);

not marry, they disagreed on whether or how they could effectively be prevented from doing so. Defect experts supported marriage restriction laws but faced problems of enactment and enforcement. These challenges sparked debates that reveal how defect experts considered their roles, responsibilities, and limitations in policy making. The power of heredity to influence, if not determine, mental defect was long accepted. The lesson had been driven home by such popular heredity tales as Richard Dugdale's *The Jukes* (1877), which traced the progeny of just one defective couple. Dugdale convinced many Americans that one unwise pairing produced, at great cost to the state, generations of physical, mental, and moral defectives.¹⁷ Before the political and scientific eugenics movement was firmly established in the twentieth century, then, eugenic principles in which the unfit would be prevented from marrying permeated the AMO and even reached popular periodicals. In 1886, for example, the *Christian Union* affirmed that "responsible human beings contemplating marriage" should be expected to consider the type of children they were likely to produce.¹⁸ Though such ideas seemed common sense to defect experts, they struggled to translate principle into policy. They lamented the "senseless laxity of laws regulating marriage" and blamed a public that was "slow to realize the importance" of legislation.¹⁹

Public support certainly lagged, perhaps not out of ignorance but rather resistance to being forced to undergo their own intrusive physical and mental examinations when seeking a

Nancy Cott, *Public Vows: A History of Marriage and the Nation* (Cambridge: Harvard University Press, 2000).

¹⁷ Dugdale also presented his findings at the NCCC: Richard Dugdale, "Hereditary Pauperism, as Illustrated in the 'Juke' Family" *NCCC Proceedings* (1877), 81-95. See also Nicole Hahn Rafter, *White Trash: The Eugenic Family Studies, 1877-1919* (Boston: Northeastern University Press, 1988); Lawrence M. Friedman, *Crime and Punishment in American History* (New York: Basic Books, 1993) 141-142.

¹⁸ Zenderland, *Measuring Minds*, 145-158; "Safeguards and Dangers," *Christian Union* Vol 33 No 22 (June 3, 1886): 12.

¹⁹ Dr. A.W. Wilmarth, "President's Annual Address," *AMO Proceedings* (1895), 516, 518.

marriage license. Still, defect experts in the late nineteenth and early twentieth century saw public resistance as a problem of education, and hoped that as a few initial states passed laws, these would serve to educate the rest of the population into appropriate marriage practices.²⁰ Yet marriage restriction was also a matter of rights and surveillance. As Theodore Diller, a neurologist from the University of Pittsburg, scoffed, “there is a very widespread notion that the marriage between two persons is a matter of their affair...and that the next door neighbor should not in any way meddle in the matter.” He was certain, however, that none of his colleagues fell into this camp. “We have a right not only to take an interest in the subject of marriage,” he asserted, “but I believe it is our duty to do so.”²¹ Members of the public were apparently uncomfortable with keeping an eye on their neighbors to interfere with their marriages and feared such legislation would infringe upon their rights. Even as physicians used newspapers to educate the public into pushing for such policies to reduce the feebleminded population, they complained they anticipated failure, for “Humanity is likely, especially in the United States, to insist on its constitutional right to transmit tuberculosis and certain other plagues to its posterity.”²²

Defect experts’ disappointment in a resistant public appears more imagined than real: most states—forty-one of them by 1930—ultimately did pass legislation establishing standards of mental capacity to marry.²³ Yet defect experts viewed these advancements pessimistically and over time became less interested in devoting their energy to such laws. Minnesota’s law, superintendent Dr. Arthur C. Rogers reported to the AMO in 1906, was impossible to enforce, a

²⁰ “Is Asexualization Ever Justifiable in the Case of Imbecile Children,” *JPA* Vol 9, No 4 (June 1905): 96-97.

²¹ Theodor Diller, “Some Practical Problems Relating to the Feeble-Minded,” *JPA* Vol 16, No 1 (September 1911): 2.

²² “Large Proportion of Crime Might Be Eliminated,” *New York Times*, Dec. 17, 1911.

²³ Grossberg, *Governing the Hearth*, 149.

“dead letter.”²⁴ Defect experts knew that even if enforced, preventing the feebleminded from marrying would not mean preventing their reproduction. Indeed, as Martin Barr wrote, “wherever stringent marriage laws are enforced, the inevitable result has been free-love, concupiscence and prostitution.” Although defect experts feared that the public judged marriage laws too invasive, Barr asserted the laws were not intrusive enough. Because the feebleminded were predisposed to disregard or misunderstand the law, marriage restriction was ultimately “powerless to reach” those whom it targeted.²⁵ Others questioned whether it was realistic to expect pre-marriage exams to detect high-grade or moral defectives. They were “the most dangerous cases” for whom the law was designed, but it was unrealistic to expect county clerks or medical examiners to hold the expert knowledge and time required to detect such defects. All these variables combined to make marriage legislation seem impractical and ineffective relative to such other policies as segregation or sterilization.²⁶

Moral imbecility played a crucial role in sterilization’s early growth and rhetorical justification. Martin Barr was one of the AMO’s earliest and most vocal proponents of sterilization—also labelled at varying times asexualization or desexualization. In 1895, Barr paid homage to his recently deceased predecessor, Isaac Kerlin, by becoming the field’s new torch-bearer for both moral imbecility and sterilization. He concluded a thorough review of moral defect and disease with a plea for adopting “heroic measures” of sterilization in a “war of extermination.” To “cleanse” the nation of moral defect they had to place “the surgeon’s knife in place of sentimentality, and a nurse instead of a keeper.” Although such procedures remained

²⁴ Discussion, *JPA* Vol 10, No 4 (1906): 228.

²⁵ Martin Barr, *Mental Defectives: Their History, Treatment and Training* (Philadelphia: P. Blakiston’s Son & CO, 1904), 190.

²⁶ C.H. Heniger, “The Feeble-Minded Outside the Institution and their Relation to Society,” *JPA* Vol 16, No 4 (June 1912): 158-159; Discussion, *JPA* Vol 18, No 1 (September 1913): 39.

experimental, Barr explained, he was pleased to report his own successful experimentation upon an inmate diagnosed a moral imbecile. A boy “more than usually intractable,” was castrated in his institution and then “settled down into a quiet boy, giving thenceforth but comparatively little trouble.” Barr found support in the discussion that followed his presentation. One physician of Illinois’s institution, for example, declared that while he doubted “whether the time is ripe for the wholesale application of such a radical measure,” he firmly believed that “moral imbeciles are, if any are, proper subjects for operations of desexualization.”²⁷

Defect experts used moral imbeciles not only to experiment with early sterilization methods but to develop the rhetoric that justified it as a form of treatment. Barr described his inmate’s behavior as significantly improved by castration, and the language of treatment remained an important way to frame compulsory sterilization as simple medical treatment rather than coercive or invasive social engineering. Indeed, the specification in Virginia’s eugenic sterilization law that the procedure must provide therapeutic benefit to the sterilized inmate helped ensure that the Supreme Court upheld its constitutionality in *Buck v. Bell* (1927). In emphasizing the surgery as a treatment method, Virginia replicated the language of California’s extraordinarily effective law, which facilitated the sterilization of over 20,000 people.²⁸ Designating mental defectives amoral made it possible for defect experts to point to moral improvement as a positive result of sterilization that they argued outweighed any sacrifice of bodily autonomy. This evidence of moral improvement came from early treatment of moral imbeciles like Barr’s “intractable” inmate.

²⁷ Martin Barr, “Moral Paranoia,” *AMO Proceedings* (1895): 531; Discussion, *AMO Proceedings* (1895): 596.

²⁸ California accounted for nearly a third of the total number of sterilizations performed in the United States in the twentieth century. Paul Lombardo, *Three Generations, No Imbeciles*, 48, 294.

Moral imbeciles also provided the initial impetus for openly discussing sterilization. European defect experts were reluctant to discuss sterilization at the turn of the century, a fact which perplexed American institutional leaders. Europeans responded with “surprise, amounting almost to indignation” when they received a memo from the AMO asking about their sterilization practices. One European superintendent shed light on this puzzling difference, serving as an interpreter between the professional groups by explaining that without an Isaac Kerlin crusading for moral imbeciles, European institutions for the feebleminded had not taken them in. It was the distracting, destructive presence of moral imbeciles in their institutions, the author surmised, that made American superintendents willing to consider sterilizing their inmates. The AMO published this insight in their official journal, the *Journal of Psycho-Asthenics (JPA)*, but the editors prefaced the explanation with a caveat. They explained—particularly to edify their European readers—that American defect experts were not “by any means unanimously in favor of the radical surgical treatment advocated by some, although the sentiment is rapidly becoming favorable to it when applied to cases of marked moral delinquency.” Moral defect, both on its own and when combined with mental defect, was the engine driving defect experts to lobby for compulsory eugenic sterilization.²⁹

The popularity and passage of sterilization laws increased in the first several decades of the twentieth century as the eugenics movement gained national political influence. Indiana passed the first eugenic sterilization law in 1907, and by 1930, twenty-eight other states had followed its lead.³⁰ Sterilizations were not focused solely within institutions for the feebleminded, as some state’s sterilization laws also permitted performing the operation on the insane and on habitual criminals—many of whom defect experts would have declared morally

²⁹ “Editorial: Sterilization of the Unfit,” *JPA* Vol 9, No 4 (June 1905): 127-129.

³⁰ Lombardo, *Three Generations, No Imbeciles*, Appendix C, 294.

and/or mentally defective. Still, when applied to the feeble-minded, arguments in favor of sterilization focused on the moral shortcomings, sexual promiscuity, and potential criminality of mental defectives. Justifications for sterilizing the morally unfit, forged in early AMO meetings, were applied to the mentally unfit as they absorbed the diagnostic category of moral imbecility.³¹

As with efforts at marriage restriction, defect experts' attitudes toward sterilization were shaped by the unintended consequences they believed successful legislation and implementation might create. Even as proposed laws turned from marriage to sterilization, sex remained the challenge to their effectiveness. In complaining of feeble-minded women's sexual behavior and fertility, defect experts regularly drew attention to the women's degraded moral sense as well as their vulnerability to sexual exploitation. If sterilized feeble-minded women remained in the community, experts feared, eliminating the consequence of pregnancy would only be "direct encouragement of vice and a prolific source of venereal disease."³² This fear was especially rooted in the belief that most prostitutes were feeble-minded. Feeble-minded women, if sterilized and released, made easy victims for pimps and lacked the moral fortitude to resist becoming prostitutes.³³ The problem of the amoral, sexual, high-grade defective thus again loomed large as a challenge to the efficacy of defect experts' proposed policies. Those found, sterilized, and released could not be prevented from indulging their instincts. Yet the larger obstacle defect experts perceived was that relative to their total numbers, few high-grade defectives and borderline cases were ever located and segregated in institutions where they might be sterilized. They remained in society because institutions lacked space for their sheer numbers; borderline cases were less likely to appear obviously disabled; and they were often capable of surviving on

³¹ Discussion, *JPA* Vol 18, No 1 (September 1913): 44.

³² Walter E. Fernald, "The Burden of Feeble-Mindedness," *JPA* Vol 17, No 3 (March 1913): 96.

³³ Willrich, *City of Courts*, 172-207.

their own labor or charity. As long as sterilization could not reach all those defectives who might pass as normal while transmitting greater defect to their progeny, it could only be a “drop in the bucket.”³⁴

The possibilities and problems varying defect experts found in proposed sterilization policies reflected their differing individual priorities. While encouraging the spread of venereal disease and general sexual immorality stood as a deal-breaking consequence of sterilization for some, others held pregnancy prevention as their highest goal. Regardless of disease, they believed sterilization was the most effective (and cost effective) method at their disposal. Sterilization could turn institutions into large clearing houses, through which defectives would be evaluated, sterilized, and, if at all capable of life outside the institution, discharged to make room for the next wave of surgical subjects.³⁵ In pushing for these priorities and policies, the narrative of compassion and care for the sexually exploited feebleminded woman broke down. Howard Griffin of the Montana State Training School, for instance, required sterilization for the release of one female inmate based on her good looks. As “a victim of an unscrupulous youth,” she already had one illegitimate child. Griffin wrote that she was “quite attractive” and thus could only be sent back to the community in which she was victimized if it was certain she would not bear any more children as a result.³⁶ Sterilization advocates like Griffin devoted their energies to the prevention not of sexual exploitation but only of the pregnancy that it might produce.

Appearance played an important role when considering community placement apart from questions of sterilization as well. One proponent of integrating all those who could “safely get along in the community” wrote that only girls without “physical beauty” would be qualified for

³⁴ Discussion, *JPA* Vol 18, No 1 (September 1913): 44.

³⁵ Lombardo, *Three Generations, No Imbeciles*, 126.

³⁶ Letter from Howard Griffin to Mr. Desmond O’Neil, October 18, 1943, Governor’s Records, General Correspondence MC 35 Box 110 Folder 8, Montana Historical Society (MHS), Helena, MT.

release.³⁷ These institutional policies related to appearance worked counter to the larger political moves underway to remove the visibly disabled from the public sphere. Municipalities across the nation were passing laws that banned from public space those “diseased, maimed, mutilated, or in any way deformed, so as to be an unsightly or disgusting object.”³⁸ Facing overcrowded institutions, however, superintendents sought to release only those who could make their way in society and be easily identified as defective, or at the very least as unattractive, so as to help prevent their reproduction.

At issue for defect experts in the politics of marriage restriction, sterilization, and conditional release was the deceptive potential of high-grade defectives. Their moral ambiguity and hereditary defect made them dangerous. Yet their near-normal mental aptitude and physical appearance made them nearly invisible and thus unreachable by these proposed laws. The public did not hold the knowledge necessary to consistently recognize these cases. Prior to the rise of intelligence testing, neither did defect experts. The fear that professional and public knowledge would fail to recognize and prevent the reproduction of borderline cases fueled the search for consistent modes of diagnosis. The quantitative certainty that intelligence testing provided powered its wide adoption both within and outside of institutions for the feebleminded through the second decade of the twentieth century. Diagnostic method in hand, defect experts expanded beyond institution walls to seek out ever greater numbers of high-grade defectives. Stepping back from more blatantly restrictive and invasive legislation, they publicized the moral danger posed by hidden defectives and built public support for policies of detection and registration. Before feeblemindedness could be prevented, it had to be found.

³⁷ George A. Wallace, “The Type of Feeble-Minded Who Can be Cared for in the Community,” *JPA* Vol 21, Nos 3,4 (March and June 1917): 93.

³⁸ Susan Schweik, *The Ugly Laws: Disability in Public* (New York: New York University Press, 2009), 1.

Following the rise of intelligence tests in 1910, major cities across the United States established clinics and laboratories for the examination of suspected defectives. These diagnostic bureaucracies were staffed by physicians, psychologists, and social workers who used a collection of testing strategies, physical examinations, and detailed family histories to assign patients diagnoses and treatment plans. Disparate public and private organizations cultivated by the era's spirit of reform united in a common mission and took responsibility for bringing suspected mental and moral defectives to medical experts. Juvenile courts supplied a large proportion of those referred. Public schools, too, prioritized medical examination for the growing number of students forced through their doors by compulsory attendance laws.³⁹ Charity Organization Societies, churches, and the Society for the Prevention of Cruelty to Children all participated in registering defectives, as did individual social workers, parents, and friends.⁴⁰ In expanding their reach and publicizing their mission, defect experts confronted other professions that claimed they, too, held the knowledge necessary for fighting feeble-mindedness. At times collaborating, at others competing, the nation's diagnostic bureaucracies carried different names and were controlled by experts in several fields. Each field competed with others by emphasizing particular priorities—heredity research, crime prevention, industrial education, classic education, etc.—but all pursued exact diagnosis and precise treatment recommendations as their basic mission.⁴¹

³⁹ Tracy Steffes, *School, Society, and State: A New Education to Govern Modern America, 1890-1940* (Chicago: University of Chicago Press, 2012).

⁴⁰ Max G. Schlapp and Alice Paulsen, "Report on 10,000 Cases From the Clearing House for Mental Defectives," *Medical Record* 93 (1918): 271.

⁴¹ Because of their many names and forms, a comprehensive list of these institutions is difficult to compile. Although historians have turned their attention to individual clinics and clinicians, no comprehensive look at the nation's diagnostic bureaucracies yet exists. For examples of focused studies,

Perhaps the best known of the diagnostic institutes is the psychiatrist William Healy's Chicago Juvenile Psychopathic Institute, established in connection with the city's Juvenile Courts in 1909.⁴² One of the earliest was Philadelphia's Psychological Clinic, which operated out of the University of Pennsylvania beginning in 1896, overseen by the psychologist Dr. Lightner Witmer.⁴³ As a field, early psychology shared a close relationship not with medicine but with education. This was a connection forged by G. Stanley Hall's efforts at child study and Henry H. Goddard's push for educators to administer Binet tests within schools.⁴⁴ Witmer sought to join the medical and educational with psychological methods, establishing his "Hospital School" as a home of individualized education and intensive physical treatment for ailments believed to have caused his patients' academic backwardness: visual or auditory impairment, tonsils, adenoids, or hormonal imbalances. Just as defect experts' efforts to educate the public on moral imbeciles were motivated by both self-serving professional interests and a genuine desire to save moral imbeciles' lives, so these clinics deserve a mixed legacy. While they criminalized and indefinitely institutionalized thousands of children and adults deemed defective with highly subjective tests, these clinics also prioritized diagnosis and treatment because they hoped to locate and help every individual capable of improvement or cure. As the assistant director of Witmer's clinic explained, the clinic's "function is to restore the special child to normality or as near normality as possible...until the child has secured all the aid that modern science and modern philanthropy can give."⁴⁵ Most diagnostic clinics staffed social workers and visiting

see Lunbeck, *The Psychiatric Persuasion*; Willrich, *City of Courts*; Paul McReynolds, *Lightner Witmer: His Life and Times* (American Psychological Association, 1997).

⁴² Willrich, *City of Courts*, 246

⁴³ Arthur Holmes, *The Conservation of the Child: A Manual of Clinical Psychology Presenting the Examination and Treatment of Backward Children* (Philadelphia: J.B. Lippincott Company, 1912).

⁴⁴ Zenderland, *Measuring Minds*, especially 44-70.

⁴⁵ Holmes, *The Conservation of the Child*, 46.

nurses to ensure the continued health and education of children permitted to remain with their families, and provided glasses and even surgeries free of charge in efforts to keep children out of institutions and instead in school. Where modern science fell short, where new knowledge had thus far failed to progress, this was the realm of the incurable whose only option was the institution.

New York City's Dr. Max Schlapp was a vocal evangelist for the establishment of a national system of diagnostic bureaucracies. He and his New York Clearing House for Mental Defectives (CHMD) provide the opportunity for an in-depth examination of diagnostic bureaucracies, those who operated them, and the professional and political tensions they revealed as they competed for space in the emerging liberal state. Max Gustav Schlapp founded the CHMD in 1912 and oversaw its operations for over a decade, during which time more than 10,000 suspected defectives passed through its doors. Schlapp was born November 4, 1869 to George and Mariah Schlapp, Hessian and Prussian immigrants (Figure 1). He was raised in Fort Madison, Iowa where he enjoyed a childhood that he recalled as charming, simple, and "close to nature."⁴⁶ Schlapp received his medical education at Bellevue Medical College in New York and undertook additional medical research work in Berlin, Germany. He returned to New York and worked as a professor of neuropathology at both Cornell University Medical College and the Post Graduate Hospital and School, and was elected to membership in the AMO in 1914. It was the Post Graduate Hospital that provided Schlapp clinic space free of charge for the CHMD and provided medical care for all those examined and diagnosed with physical impairments.⁴⁷

⁴⁶ "Paying for our High Life with Nerves," *Sioux City Journal* Jan. 10, 1926.

⁴⁷ "Schlapp, Max Gustav," *The National Cyclopaedia of American Biography* Vol. 15 (New York: James T. White and Company, 1916), 76.

Although Schlapp and his CHMD have garnered almost no attention from historians, he was a well-respected national figure on questions of mental hygiene and neurology.⁴⁸ Proud Iowa newspapers reported on Schlapp as “An Iowa boy who...has won his way to the very forefront in New York City.” He was “one of the most eminent men in the profession,” whose work was “reflecting credit upon his native state.”⁴⁹ Through both interviews and articles he penned himself, Schlapp used his national notoriety to explain to the public the causes of and solutions to the feeble-mindedness and crime plaguing the nation. He even provided comment on the physician-caused death of the defective Bollinger baby, condemning Haiselden’s diagnosis as premature. He also vented his frustration with the attention the case received “while there are so many thousands of high grade mental defectives, the most dangerous types, at large with no state machinery to protect them or society from them till after crimes are committed.”⁵⁰

Fond memories of his rural Iowa childhood shaped Schlapp’s outspoken condemnation of modernity and its trappings as feeble-mindedness’s primary cause. In numerous national newspapers, he broadcast his negative evaluations of industrialism, suffrage activists, frightening motion-pictures, and youths’ “petting parties...long and speedy and all-night auto rides, all-night supper clubs, dancing, drinking” as prime factors in society’s decline. Schlapp was not alone in his antimodernist fear of industrialism’s addiction to efficiency and his suspicion that civilization’s advance spelled the end of America’s national vigor.⁵¹ He found support from the

⁴⁸ The CHMD’s primary scholarly mentions identify it simply as the early professional home of Leta Stetter Hollingworth, the female psychologist credited with establishing gifted education. See Zenderland, *Measuring Minds*, 232-233.

⁴⁹ “Doing Marvelous Work: Dr. Max G. Schlapp Winning Fame in New York City,” *Burlington Hawk Eye* Oct. 12, 1913; “Leads in His Profession: Doctor Max Schlapp has New Honors Thrust Upon Him,” *Burlington Hawk Eye* July 31, 1914.

⁵⁰ “Woman’s World: Opinions of Dr. Davis and Others About Mentally Defective Children,” *The Democratic Banner* (Mount Vernon, OH), Dec. 17, 1915.

⁵¹ T.J. Jackson Lears, *No Place of Grace: Antimodernism and the Transformation of American Culture, 1880-1920* (Chicago: University of Chicago Press, 1981).

editors of *The Outlook*, who prefaced Schlapp's 1912 article, "The Enemy at the Gate," with a message of hearty approval, begging that as an individual act of "race patriotism," subscribers read and consider it carefully.⁵² Although the piece's title may seem to indicate an anti-immigration diatribe, Schlapp was primarily concerned with America's overworked. Native or foreign born, wealthy or poor, they were all slaves to the efficiency of the machines building modernity.

Yet as he connected this antimodernist sentiment to his scientific mission to eradicate feeble-mindedness, Schlapp emphasized the same efficiency he claimed threatened the race. Indeed, when Milwaukee invited him to evaluate and offer recommendations for the city's treatment of its defective children in 1914, Schlapp insisted the city should establish a clearing house like his, for only such an institution could secure "the maximum of economy and efficiency."⁵³ (Figure 2) Perhaps this was contradiction of his beliefs, but it is more likely that two years spent operating the CHMD on a shoestring budget had educated Schlapp in the importance of demonstrating "economy and efficiency" when requesting public funds. And while industrial efficiency caused racial decay, the menace of the feeble-minded loomed so large that for Schlapp, only the utmost scientific efficiency, orchestrated by a central bureau rather than competing schools, laboratories, and clinics, could possibly hope to answer the crisis.

Like other professionals pursuing social order in the long Progressive Era, Schlapp was especially concerned with modernity's detrimental effect on women. When women became "suffragists and suffragettes," Schlapp warned, they lost their "naturally retiring and unassertive"

⁵² Max G. Schlapp, "The Enemy at the Gate," *The Outlook* Vol 100 (January-April, 1912): 782-788; "Paying for our High Life with Nerves," *Sioux City Journal* Jan. 10, 1926; "Errors of Screen Seen From Inside by Writer," *Indianapolis Star*, Feb. 26, 1923.

⁵³ Max G. Schlapp, "The Problem of Mental Deficiency in the Public Schools: How Milwaukee Schools Care for Mentally Unfit Children," *Report to Board of School Directors* (August 1, 1914).

characters to “stand boldly on a soap-box in a public sphere, before a motley throng, to proclaim their demands.”⁵⁴ Female participation in politics and industrial work were the root causes for the birth of defective babies because their activism inflicted undue stress upon their delicately balanced hormonal systems. These babies, more of them born in every year, grew up to commit crimes and formed, as one reviewer of *The Outlook* article opined, “no less a calamity than the breakdown of the human race.”⁵⁵ Schlapp was an especially vocal critic of women’s suffrage activists, asserting they were “sexless” and could “hardly be called women at all.” He pointed to the suffrage movement as evidence that “our women are becoming abnormal” and concluded his warning defensively, stating, “This I assert on scientific grounds.”⁵⁶

Schlapp was quick to reference scientific authority as a defense for his opinions, even when they stood on shaky scientific ground in relation to the rest of the field. He regularly issued moral imbecility as a diagnosis, lagging behind national leaders in mental deficiency who had abandoned the diagnosis for its imprecision.⁵⁷ Beyond diagnosis within the clinic, Schlapp also found moral defect helpful in early publicity efforts to establish and fund the CHMD. Moral imbeciles were the subject of his slogan, “Why wait until they commit a crime?” Despite the confusion that permeated the field, Schlapp assured readers of the *New York Times*, “Moral imbecility is no myth. It is no empty phrase. It is, to physicians, a definite entity, a perfectly

⁵⁴ “The Enemy at the Gate,” *The Outlook* Vol 100 (January-April, 1912): 784; “Suffragettes Sexless and Lack Womanhood, Noted Scientist Says,” *The Washington Times* July 31, 1911; On gender and Progressivism, see Willrich, *City of Courts*; Anne Meis Knupfer, *Reform and Resistance: Gender, Delinquency, and America’s First Juvenile Court* (New York: Routledge, 2001); Nancy Ordover, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism* (Minneapolis: University of Minnesota Press, 2003); Johanna Schoen, *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005).

⁵⁵ “Our Perilous Waste of Vitality,” *Literary Digest* Vol 44 (1912): 878.

⁵⁶ “Women in the News of Today,” *Oakland Tribune* July 31, 1911; “Suffragettes Sexless and Lack Womanhood, Noted Scientist Says,” *The Washington Times* July 31, 1911;

⁵⁷ He was not alone in this, as Martin Barr of Pennsylvania, showing fierce loyalty to his predecessor Isaac Kerlin, remained vocally dedicated to moral imbecility well into the teens.

well-understood thing.” He exploited moral defect as the defect hardest for the layman to detect and most likely to frighten readers into supporting his campaign for a clearing house.

“Thousands of these moral imbeciles, who may yield to their passions at any minute,” he warned in 1912, “are allowed to roam the streets!” This was not the only time Schlapp used moral imbeciles as a public educational tool. At the following year’s Exhibition on Mental Defectives, they were the main attraction as the stars of the featured motion picture. Joining mental and moral defects, he pointed also to high-grade defectives, or morons, as dangerous elements in the community. He promised that locating and segregating all such incurables would lower the city’s crime by at least forty percent.⁵⁸

Schlapp’s publicity worked. The CHMD gained funding from varied sources that exemplify the blurred bounds of public and private during the long Progressive Era. The CHMD was first established thanks to donations from those same politically involved women his editorials condemned for overtaxing themselves with fundraising efforts and club meetings. Among the donors was Anne Harriman Sands Rutherford, William K. Vanderbilt’s second wife. In 1913 the clinic received additional limited support from the Department of Public Charities. As a medical expert, Schlapp harnessed these funds to surveil and police the urban populace. The CHMD and other diagnostic bureaucracies acted as the arms of a diffuse state that nonetheless exercised far-reaching and intimate control of its citizens.⁵⁹ The first element of the CHMD’s work was to realize Schlapp’s vision of a registry containing information on every suspected defective in New York City. Every patient referred earned a file containing a photograph,

⁵⁸ “Urges State Surveillance of All Defective Children: Dr. Max G. Schlapp, Noted Psychiatrist, Advocates Segregation of Those Incurable,” *New York Times* July 28, 1912.

⁵⁹ Jessica Wang, “Dogs and the Making of the American State: Voluntary Association, State Power, and the Politics of Animal Control in New York City, 1850-1920,” *Journal of American History* 98 (2012): 998-1024; William Novak, “The Myth of the ‘Weak’ American State,” *American Historical Review* 113 (June 2008): 752-772.

fingerprints, and the details of their physical and mental examination. In interviews, Schlapp explained that fingerprints were taken “not with any idea of stamping the patient as even a potential criminal,” but simply to establish individuals’ identities.⁶⁰ Yet for the professional readers of *The Medical Record*, Schlapp admitted, “it is accepted as axiomatic that every mentally defective person is a potential criminal.” Ensuring the fingerprints “of all feebleminded persons were on file at the Clearing House,” meant that any prints found “by the police in any baffling case could easily be sent there for proper comparison and identification.”⁶¹

Such conflicting messages point to the value Schlapp ascribed to public support and participation. They also display his low expectations of the public’s ability to understand, as experts did, that medical science had proven all feeblemindedness was wedded with crime. Perhaps responding to criticism already received or else attempting to preempt it, Schlapp publicly downplayed the criminalizing implications of fingerprinting. Surely parents, teachers, and pastors would be less likely to bring forward peculiar children if they believed doing so would automatically mark them a criminal. Although he knew that fellow medical professionals would attach moral ambiguity and inherent criminality to any individual diagnosed a mental defective, he reassured readers such was not the case in order to encourage their participation in his registration initiative.

Schlapp was not alone in his emphasis on registration as a crucial task of diagnostic bureaucracies. For defect experts and physicians nationwide, registration’s purpose and potential utility extended beyond tracking down a suspect should their fingerprints be lifted from a crime

⁶⁰ This line was printed in multiple articles: “How We Detect the Feeble Minded and Save Them From Crime,” *The Times Dispatch* (Richmond, VA) Oct. 26, 1913; “Exhibit Will Show Work of Defectives,” *The Brooklyn Daily Eagle* Oct. 5, 1913;

⁶¹ Max G. Schlapp, “The Clearing House for Mental Defectives,” *Medical Record* Vol 88 No 8 August 21, 1915): 300.

scene. First, the lack of exact statistics on the size of the feeble-minded population was an ever-present challenge for defect experts, especially in their attempts to secure public support and increased state funding for expanding their institutions. If a network of clearing houses performing exams and registering defectives could be established throughout each state, with each network administered by a central state bureau that shared data with other states, reformers would obtain a detailed census based on consistent testing methods. These statistics and the family histories gathered would demonstrate the magnitude of the feeble-minded problem and provide valuable evidence for heredity as a prime factor in feeble-mindedness's increase. This data, defect experts hoped, could thus be used to gain public approval of segregation or even more drastic eugenic measures.⁶²

Second, registering those examined created the means for medical professionals to maintain close surveillance after the layperson's initial role of identification was done. This "extra-institutional supervision and control" could provide concrete examples of "the misconduct and incapacity" of the feeble-minded, showing the public "the need of legal provision for their forcible segregation."⁶³ As hope for total institutionalization faded, the ability to track and control those at liberty through registration became increasingly important. Permitting the feeble-minded to live outside of institutions, George Hastings of New York's Committee on Mental Hygiene asserted before the AMO, "is courting certain failure...unless the persons registered are accessible to the State or community authorities so that their care and training can be supervised and certain standards maintained."⁶⁴ Registration functionally placed all the

⁶² Ada M. Fitts, "How to Fill the Gap Between the Special Classes and Institutions," *JPA* Vol 20, No 3-4 (March and June 1916): 87; F. Kuhlman, "Part Played by the State Institutions in the Care of the Feeble-Minded," *JPA* Vol 21, No 1-2 (September and December 1916): 23;

⁶³ Walter E. Fernald, "The Burden of Feeble-Mindedness," *JPA* Vol 17, No 3 (March 1913): 94.

⁶⁴ George A. Hastings, "Registration of the Feeble-Minded," *JPA* Vol 22, No 3-4 (March and June 1918): 138. Also presented at the NCCC's annual meeting, May, 1918.

feeble-minded on probation. If they stayed off charity, maintained employment, and adhered to their supervisors' standards of morality, they were allowed their freedom. If they instead proved themselves a social danger through crime, unemployment, or reproduction, they could then be promptly located and "segregated."⁶⁵

Whatever his national notoriety and municipal successes in terms of defectives registered, Schlapp found a personal and political rival in Elizabeth Farrell, New York's Inspector of Ungraded Classes. Born in 1870 in Utica, New York to Irish and Welsh immigrant parents, Farrell was one of many college-educated middle-class women who sought out urban environments in which to put their education into practice. In 1899, Farrell moved to New York City and began teaching in the Lower East Side, where she soon found a home in Lillian Wald's Henry Street Settlement Home. Farrell used highly individualized instruction methods well-suited to the disruptive children compulsory education forced into her classroom. By 1906 she was appointed head of the newly created department of ungraded classes. Ungraded classes operated within public schools, providing individual attention and interactive pedagogical strategies—and the social stigma of separation from their peers—to those who were diagnosed mentally defective or were three grades behind expectations.

Conflicts between Schlapp and Farrell demonstrate the fragility of progressivism as a coalition. Though each of them seem to embody many of progressivism's values almost to the point of caricature, the two worked against each other at every turn. Whatever unified values they held were eclipsed by their competing claims to knowledge of and solutions for America's defectives. Schlapp was not the only medical defect expert with whom Farrell came into conflict. She issued a scathing critique of a 1912 report from Henry Goddard—the pioneer of American

⁶⁵ J. Moorhead Murdock, "State Care for the Feeble-Minded," *JPA* Vol 18, No 1 (September 1913): 35.

Binet testing—on New York City’s feeble-minded population and its program of ungraded classes. Although Goddard did recommend expanding the program, he questioned the qualifications of its teachers and the academically-oriented curriculum, advising the adoption of manual training instead. Farrell responded by challenging Goddard’s reliance on Binet intelligence tests as the sole measurement of defect and questioned the limited sampling from which he concluded that New York contained more than 12,000 defective children.⁶⁶

At issue between Farrell and defect experts was the purpose and capabilities of state institutions for the feeble-minded. Aided by the moral ambiguity attached to the diagnosis, defect experts had convinced the nation that feeble-mindedness was a problem, but other professions stepped in with competing solutions for this problem. New York’s State Commission to Investigate Provision for the Mentally Deficient—itsself evidence of the increasing importance state legislatures placed on feeble-mindedness—described this competition in 1914: “Thus our educational, charitable, judicial, and medical authorities are all devising special and elaborate machinery for the detection and protection of the mental defectives in the various groups with which they have to do.”⁶⁷ In 1913, just one year after Schlapp established the CHMD, Farrell founded her Psycho-Educational Clinic, which operated within the public school system to identify, diagnose, and sort defective children into ungraded classes.⁶⁸ The unique focus of each diagnostic bureaucracy may have ultimately increased the reach of surveillance and registration. While the Psycho-Educational Clinic detected defectives within public schools the CHMD received cases from the courts and voluntary associations. At the same time, these competing

⁶⁶ Kimberly Ellen Kode, “Guarding the Sacred Fire: Elizabeth E. Farrell’s Contributions to the Creation of Special Education in New York City,” (PhD diss., Marquette University, 2001).

⁶⁷ “Report of the State Commission to Investigate Provision for the Mentally Deficient: Pursuant to the Provisions of Chapter 272 of the Laws of 1914,” (Albany: J.B. Lyon Company, 1915).

⁶⁸ Kode, “Guarding the Sacred Fire: Elizabeth E. Farrell’s Contributions to the Creation of Special Education in New York City.”

experts and their diagnostic clinics muddied the waters of state funding by requesting money to undertake very similar missions. Although similar, the differences in their goals and methods also fueled public disagreements over the legitimacy of each profession's specialized knowledge and experience.

Farrell doubted the necessity of total institutionalization and the moral threat allegedly posed by defectives. She even permitted a student she described as a "so-called moral defective" in her special classroom. Overcrowding within state institutions convinced her that even if all defective children would be better off behind institution walls, there simply was not space for them there. Special classes themselves should act as clearing houses, relieving institutions from overpopulation by retaining defective students unless it became absolutely certain they should be institutionalized. In this way, special classes would "bring grist to the institution mill."⁶⁹

Farrell also criticized defect experts' efforts to gain funding and create change by building fear of the "menace of the defective." She challenged attendees at a New York conference of charities and correction who used fear as motivation for reform. "Shall we in fear seek to blot out what seems to threaten as a menace to the race?" she charged, "Or will we provide for the backward and defective children because it is their earnest and their sincere and their inherent right?"⁷⁰ Schlapp responded harshly to Farrell's challenge, standing after her presentation to criticize her reasoning as well as the public schools' efforts at diagnosis and care. In schools and on the street, defective children distracted and degraded their peers. "If the abnormal child is a menace to the normal child," Schlapp insisted, "remove the abnormal child." Whatever the other rights of the defective, they did not have the right to interfere with normal

⁶⁹ Elizabeth Farrell, "Treatment of Backward and Defective Children," *Proceedings of the Second Capital District Conference of Charities and Correction, 1914* in "Annual Report of the State Board of Charities for the Year 1914," (Albany: J.B. Lyon Company, 1915), 951.

⁷⁰ *Ibid*, 948-949.

children's access to academic knowledge. He also accused public schools' ungraded classes of siphoning funds better spent on institutions. Ungraded classes were experimental and would require immense energy and money to be made effective. "Why attempt," he scoffed, "at great cost, to educate or to train an individual who will never be self-supporting, who will always be, even if it sounds hysterical, a menace to the community?" Finally, Schlapp fired shots of professional authority and qualifications by advertising the CHMD and ranking its work as superior to the examinations in public schools that were "not adequate" for rendering exact diagnoses.⁷¹

Schlapp and Farrell's concerns echoed those between the physicians and educators who contributed to the AMO. Even before the advent of special classes, the "controversy" between medical and educational priorities created tension within and outside of the AMO.⁷² The name of the organization itself, as the Association of Medical Officers, declared the centrality of medicine to caring for the feeble-minded. This bold emphasis began to fade in the 1890s as successive Association presidents called for inclusion beyond the "strictly medical."⁷³ In response to "the constantly increasing army of defectives," it was crucial they expand their reach through a larger membership. Martin Barr vocally led the change, insisting in 1896 that the AMO's exclusivity meant the "power we should have" evaded them.⁷⁴ The following year, the group changed its name to the American Association of Institutions for the Feeble-Minded, and later to the American Association for the Study of the Feeble-Minded. More significant than a simple change in name, they not only eliminated the medical requirement for membership, but

⁷¹ Discussion, *Proceedings of the Second Capital District Conference of Charities and Correction, 1914* in "Annual Report of the State Board of Charities for the Year 1914," (Albany: J.B. Lyon Company, 1915), 953-954.

⁷² Montana State Training School, *Thirteenth Annual Report* (1907), 21.

⁷³ Dr. A.E. Osborne, "President's Annual Address," in *AMO Proceedings* (1894): 389.

⁷⁴ Dr. Martin Barr, "President's Annual Address," *JPA* Vol 1, No 1 (1896): 32.

also began publishing the *Journal of Psycho-Asthenics*. The journal maintained a medical emphasis, reflecting that physicians continued to fill the association's leadership, but it also featured articles gathered from other such fields as psychology and education.

Generally, medically-oriented defect experts supported special classes as a necessary evil, a stopgap for their overcrowded institutions and extensive waiting lists. In line with Farrell, many wanted special classes to act as clearing houses, but questioned how capable they were of performing this task independently. Their big concern was that sentimental teachers and parents might hang hope on a child's curability and allow truly institutional cases to remain in the classroom. More than this, sub-par medical examinations in schools might be failing to detect these cases, leaving them as dangers to their peers and to society if never sorted where they belonged.⁷⁵ While schools and special classes had a role to play, "the detection and diagnosis of scientific conditions of school children" were best made by "specialists under separate State supervision."⁷⁶ Educators, meanwhile, were ready to dismiss total institutionalization as idealistic, unattainable, and perhaps unnecessary. Institution leaders' efforts at gaining control of all the feeble-minded had lasted decades without success. Indeed, intelligence testing had ensured the numbers of the nation's defectives had only gone up as more borderline cases were detected. As far as educators were concerned, a new strategy was clearly needed, and compulsory education laws had made the schools "the organization to get these children...for sifting them from the normal."⁷⁷

⁷⁵ "President's Address," *JPA* Vol 7, No 4 (June 1903): 75-77; "Book Review: Report of Committee on Medical Inspection of Schools," *JPA* Vol 16, No 2 (December 1911): 96.

⁷⁶ Testimony of Dr. Walter Fernald in "Report of the State Commission to Investigate Provision for the Mentally Deficient: Pursuant to the Provisions of Chapter 272 of the Laws of 1914," (Albany: J.B. Lyon Company, 1915), 277.

⁷⁷ Discussion, *Archives of Pediatrics: A Monthly Journal Devoted to the Diseases of Infants and Children* Vol 30 (Jan.-Dec. 1913): 223-224.

Farrell and Schlapp's feud went unresolved. Their diagnostic clinics operated separately and simultaneously, the competition between medicine and education in the city becoming "a very sore point."⁷⁸ Still the CHMD did not lack for patients. Between its 1912 establishment and 1918, the institution registered more than 10,000 cases. After patients' initial registration at the CHMD, they received a physical and mental examination, diagnosis, and treatment recommendation. In 1918, Schlapp and one of the CHMD's psychologists, Alice E. Paulsen, published a revealing breakdown of their 10,000 cases in the *Medical Record*.⁷⁹ As did the nation's other diagnostic clinics, the CHMD examined patients referred by an impressive network of concerned public and private groups as well as individuals. The Children's Court contributed the greatest number of suspected defectives, followed by parents and friends, social workers, the Department of Public Charities, and physicians. Other sources of referrals included the Society for the Prevention of Cruelty to Children, churches, and even newspapers. Only 381 of the cases were diagnosed moral imbeciles, though the 1158 demonstrating "sex instability" and many of the 1032 morons also exhibited antisocial behaviors. A total of 3027 of the 10000 suspected defectives referred were recommended for institutional care (Figure 3). An earlier article from 1915 that Schlapp published with Leta Stetter Hollingworth focused only on those cases they had examined who were referred by the courts. Whereas the group of 10,000 from various sources contained about 3.1 percent moral imbeciles, 16 percent of the 520 individuals referred by the courts were diagnosed with moral defect. A higher percentage of those examined were also recommended for institutional care—coming in at 43 percent—though Schlapp and

⁷⁸ Testimony of Dr. Balliet in "Report of the State Commission to Investigate Provision for the Mentally Deficient: Pursuant to the Provisions of Chapter 272 of the Laws of 1914," (Albany: J.B. Lyon Company, 1915), 241.

⁷⁹ Max G. Schlapp and Alice E. Paulsen, "Report on 10,000 Cases From the Clearing House for Mental Defectives," *Medical Record* Vol 93 No 9 (Feb. 16, 1918): 269-275.

Hollingsworth also complained of 58 individuals, many of them moral imbeciles, for whom they were unable to render an appropriate recommendation. They did not belong in feeble-minded institutions, where they would only manipulate and corrupt gullible mental defectives; space in reformatories should be reserved for those actually capable of reform; and moral defectives should not be punished in penal institutions because they were not responsible for their crimes. Moral defectives belonged in none of these places, the authors argued, but they certainly did not belong in society. Therefore, it was imperative that the state provide separate institutional care for these dangerous individuals.⁸⁰

Reflecting the anxieties of the era's other reformers, Schlapp's publications included breakdowns of patients' crimes, ethnicities, religions, and genders. Varied crimes brought patients from the court, including theft, truancy, sexual crimes, begging, "associating with vile and vicious persons," and even three charges of "stabbing children and putting out their eyes." The majority of cases were either immigrants themselves or the children of foreign-born parents. "Semitic" ancestry provided the highest proportion of those referred. Presenting the ethnic statistics other professionals expected but perhaps self-conscious of his own foreign-born parentage, Schlapp avoided analysis of ethnicity beyond lamenting that family histories were impossible to procure when much of the family remained overseas.

Most interesting—and perplexing—is how Schlapp's political views on women's suffrage and female frailty translated into the practices and publications of the CHMD. In yet another contradiction between his rhetoric and action, Schlapp regularly employed and published with female psychologists. One wonders how he rationalized exposing these women to the stress

⁸⁰ Max G. Schlapp and Leta Stetter Hollingsworth, "The Mentally Defective As Cases in the Courts of New York City," *Medical Record* Vol. 87 No. 9 (Feb. 27, 1915): 337-341; Max G. Schlapp and Alice E. Paulsen, "Report on 10,000 Cases From the Clearing House for Mental Defectives," *Medical Record* Vol. 93 No 9 (Feb. 16, 1918): 269-275.

of the workplace despite his assertion that such exertions could make them—and the children they would produce—abnormal. The same published piece exploring the numbers behind individuals referred by the courts featured an analysis of society’s tendency to assign gendered expectations to crime. Whether Schlapp, Hollingworth, or the two collaborated on this portion of the article, their explanation of gender’s social roots and the unfair double standard that those roots created stands out as remarkably insightful analysis, especially considering Schlapp’s other opinions on gender. Whereas their data showed that girls were nine times as likely to commit sexual offenses as boys, the authors explained the numbers by pointing to pregnancy as incriminating evidence males were able to avoid. Additionally, sexual offenses were “regarded by parents and society at large as much more serious offense in the case of females...than boys, though the latter may actually be more prone to it than the former.” Rather than using their results to argue for the appalling promiscuity of feeble-minded females, as many of their contemporaries were prone to, they wrote that it was parents and probation officers who interpreted female sexuality as “indicative of mental weakness,” which explained the frequency with which such cases were referred to the CHMD.⁸¹

In another focused examination of the CHMD’s cases, Schlapp and Hollingworth published a piece on women age sixteen and older who had visited the clinic and been found feeble-minded. Most of the women had been referred from hospitals and private charities. In a clear demonstration that women’s sexuality served as a measure of their social and mental health, these institutions sent women primarily from their maternity and venereal wards.⁸² Most

⁸¹ Ibid, 10-11.

⁸² The authors included a section on “Immoral Relations,” which explained that reliable data was difficult to procure and thus their numbers were low. Nonetheless, they found 132 of 281 women “were definitely known to have had immoral relations” while 50 more were suspected without proof. Thirty-seven of those examined had a venereal disease. Max Schlapp and Leta Hollingworth, “An Economic and Social Study of Feeble-Minded Women,” *Medical Record* Vol 85 (Jan. 3, 1914-Jun. 27, 1914): 1027.

shocking for the authors was how often “accidental” circumstances brought women to the CHMD. A fight with a family member, a particularly heinous rebellious act (such as lighting a mattress on fire), performing poorly on an insurance examination, or simply getting lost in a railroad station could get a woman referred to the clinic. One woman brought her own children in to the CHMD, but was deemed suspicious and subsequently examined. As the authors wrote, “Many of them had survived in society for more than thirty years, and might have survived for many more years had not some crucial situation arisen...No one can doubt that there are scores of women as defective as these at large in society to whom such accidents have not happened.”⁸³ Thus their study quantified the very circumstances that defect experts had pinpointed as obstacles to effective marriage restriction and sterilization laws. Intelligence tests and expertly administered examinations had made it possible to label as defective countless individuals who otherwise would have remained hidden and disguised as normal, unaffected by eugenic legislation.

Two hundred and eighty-one women out of 474 the CHMD examined in one year were diagnosed with defects mental or moral. The authors’ primary research question asked how these feebleminded women could have survived in society for so long without being noticed and treated or institutionalized. Had charities unthinkingly and inefficiently supported women incapable of intelligently using the resources they were provided, or were these women actually able to function well despite their defects? Nearly one hundred of the women found feebleminded were described simply as “living at home” as assistants in simple tasks. The most common job for those employed was domestic service, followed by “simple factory operations” and prostitution. Rather than probing categories of impairment to question whether these female

⁸³ Ibid.

laborers were indeed defective, the authors struck a note of pity in their conclusions. They described these women as “at the mercy of the vilest and most unscrupulous elements in society, helpless before suggestion, easily coerced into anything.” Schlapp and Hollingworth believed that feeble-minded women endangered society, yet society, in turn, found “a use” for them by underpaying, overworking, and subjecting all those “unsegregated and at liberty” to degrading work conditions.⁸⁴

This well-meaning gesture at the “pathetic...suffering of the incompetents themselves” points to the hypocrisy and contradiction that suffused labor systems in institutions for the feeble-minded. Upon entering a state institution, many of these women would be sorted into crowded dormitories and assigned the same domestic work they had always performed, now unpaid rather than underpaid. The histories of the women the CHMD diagnosed as feeble-minded revealed they had, in total, produced 89 illegitimate children, and nearly all of the infants had been taken immediately following their births to be cared for by state charities. Deemed incapable of caring for their own children, upon institutionalization these women were used as caretakers for young and low-functioning inmates. Such an arrangement devalued both the inmates for whom they cared and the women themselves. As institutionalized caretakers, the women performed unpaid labor in positions that would otherwise have been filled by paid employees. And while the state could not trust the women to raise their own children who might yet be normal, those already declared defective were denied state protection from these same allegedly dangerous and incapable women. What Schlapp and Hollingworth deemed injustice in society became philanthropy behind institution walls, where labor benefitted the state budget. In

⁸⁴ Ibid, 1028.

an era of trust-busting and anti-monopolistic muckraking, defect experts claimed their own monopoly on exploitative labor practices through state institutions for the feeble-minded.⁸⁵

Institutions for the feeble-minded had long relied upon inmate labor. Assigning inmates to chores across institution grounds, Isaac Kerlin boasted to the AMO in 1887, created “a local market” which, because of its seclusion would “never be criticized by outside ‘labor unions,’ nor reached by ‘labor legislation.’”⁸⁶ Despite the money-saving labor inmates performed, institutions still found themselves chronically underfunded. Though motivations of preventing reproduction and protecting society fueled much of the rhetoric behind defect experts’ campaigns for compulsory commitment laws, institutional labor was a major practical factor in the push to retain inmates for life. Superintendents complained that once their students had received basic industrial training, their parents would withdraw them to help the household. To whom did the labor of the defective belong, the parents or the state? This was the question of compulsory commitment, and the answer was often the state.

While many states enacted commitment laws that made it possible to commit feeble-minded individuals to institutions indefinitely, these inmates’ labor could not offset the overcrowding that eventually worked against these laws’ enforcement. Often, children who had been legally committed were denied admittance because there was no space for them in the institution.⁸⁷ This overcrowding showed no signs of letting up, either. Mass intelligence testing, developed in order to screen military recruits during WWI, uncovered a far greater percentage of feeble-minded citizens than experts had estimated. These findings caused a shift in defect experts’ political approach as they realized that their already packed institutions could not possibly hope

⁸⁵ Ibid.

⁸⁶ “Status of the Work Before the People and the Legislatures,” in *AMO Proceedings* (1887): 78.

⁸⁷ General Correspondence, Governor’s Records, MC 35, 85/33, 119/8, and 160/10, Montana Historical Society Research Center, Archives, Helena, MT.

to hold every feebleminded American. Additionally, perhaps they had underestimated the intelligence required to function in modern society, as the tests demonstrated that hundreds of thousands of high-grade defectives were living average, law-abiding, economically stable lives.⁸⁸

The solution many proposed was “The Colony Plan,” a strategy that kept the feebleminded under close state supervision but expanded the reach of their labor beyond institution walls.⁸⁹ Dr. Charles Bernstein, superintendent of New York’s Rome Custodial Asylum, championed colonization with examples of his institution’s colony successes. Especially as WWI increased labor demands and shrunk the labor force, the colony system would “free the potential labor in the institutions” and place it “at the disposal of the State.” Thus, wartime mobilization provided opportunities for economic advancement not only for women and blacks, but for mental defectives as well. Various types of colonies offered places for inmates of differing abilities and both genders to make themselves useful. Male inmates were located in farms near the institution, living twenty to a farm under the supervision of farming couples. They grew large amounts of food for the institution, kept land under cultivation, and were permitted to rent themselves out to neighboring farms where they could receive payment for their work. Bernstein’s more novel colonial innovation was that of feebleminded forestry, working with the state’s Conservation Commission to send colonies of boys to reforest state lands in the Adirondacks.⁹⁰

⁸⁸ Zenderland, *Measuring Minds*, 319.

⁸⁹ Joseph T. Mastin, “The New Colony Plan for the Feeble-Minded,” *JPA* Vol 21, No 1, 2 (September and December 1916): 26-35.

⁹⁰ Charles Bernstein, “Self-Sustaining Feeble-Minded,” *JPA* Vol 22, No 3,4 (March and June 1918):150-160; “Practical Forestry,” *Forest and Stream* Vol 78 (January 27, 1912):113, 130; “On Reforestation of State Land by the Employment of Inmates of the Rome Custodial Asylum,” *Public Papers of Governor Whitman* (Albany: J.B. Lyon Company, 1919): 577-578.

The idea was a popular one. In 1913, New Jersey's Vineland institution established its Menantico Colony. A small advance group of colonists camped at their new home where they made 600 concrete blocks a day and constructed the buildings in which they and more than one hundred other male inmates would live (Figure 1). Clearing land for new buildings proved "an outlet" for their "destructive tendencies." As one report excitedly explained, "Instead of breaking windows, destroying furniture or setting fire to buildings or haystacks, they cut down bushes, pull up stumps and burn the brush heaps." Relocated in the woods and channeled in particular ways, fire-setting lost the threat it carried in the city and became an acceptable pastime. As the report asked, "What boy is not willing to work all day to gather the material for a bonfire?"⁹¹

New Jersey also undertook a successful experiment in public mobilization for colony building by creating the Burlington County Colony. The colony was established not by purely institutional initiative but rather through cooperative fundraising efforts in towns across the county. Leaders from various state departments—Forestry, Education, Agriculture, Roads, Children's Home Society, and the Training School—coordinated establishing the colony on 87 acres of forestry land. In return, colonists were "of help to these State departments by running fire lines and fighting forest fires, by furnishing a place for agricultural experimental work, and in reforestation."⁹² Other states, too, placed feebleminded inmates in their forests. In 1916, a representative from Pennsylvania informed the National Conference of Charities and Correction that colonists had been successfully used beyond tree planting, also "clearing, cutting fire lines, fighting forest fires," and draining swamp lands.⁹³

⁹¹ "Colony Care for Feebleminded," (Philadelphia: Committee on Provision for the Feeble-Minded, 1916): 8.

⁹² Ibid, 12.

⁹³ Walter E. Fernald, "The Growth of Provision for the Feeble-Minded in the United States," *Mental Hygiene* Vol 1 (1917): 54; Joseph P. Byers, "A State Plan for the Care of the Feeble-Minded," *JPA* Vol 11, No 1,2 (September and December 1916): 40;

Forest colonization fit well with the nation's emphasis on conservation both as part of progressivism and in response to wartime scarcities. Bernstein declared colonization "a conservation measure—a means whereby the tremendous number of defective minds in this country may not be a total loss to themselves or a dead weight to society."⁹⁴ Whereas the late nineteenth century's moral imbeciles had destroyed with fire, the twentieth century's criminalized feeble-minded fought and prevented fires. One Virginia representative at the AMO, Joseph Mastin of the state's Board of Charities and Corrections, even declared colonization a matter of inalienable rights for the defective, "not the right to live as he pleases, but the right to live the fullest life possible under proper guidance." Reflecting class prejudice and making arguments about defectives' innate characteristics, Mastin explained that simple living in the woods would provide the "fullest life" for the feeble-minded. Inmates' impoverished hereditary backgrounds meant that "they find little comfort in steam heat and polished floors" and were made nervous by conveniences like electricity. Colonies would "gratify their love for open spaces" and remove them from the modern society whose dangers and temptations had likely caused their defect in the first place. Mastin envisioned a national plan of colonizing all state lands, whereby "the whole country shall blossom as the rose" thanks to the labor of the feeble-minded, who found "heartbreaking and un-profitable work for normal persons...an agreeable, if not a joyful occupation."⁹⁵ The Committee on Provision for the Feeble-minded echoed this sentiment and added that the feeble-minded were eager to work and provide for their own care. "They ask only an industrial opportunity," the Committee declared for their colonists.

⁹⁴ Charles Bernstein, "Making the Feeble-minded Self-Supporting," *SCAA (State Charities Aid Association) News* Vol VI No 3 (December 1917): 5.

⁹⁵ Joseph T. Mastin, "The New Colony Plan for the Feeble-Minded," *JPA* Vol 21, No 1,2 (September and December 1916): 26-35.

They would be “delighted to do a thing over and over, if some normal person will pat him on the back, encourage him and give him a smile.”⁹⁶

Despite this gendered expression of paternalism toward the feeble-minded, female inmates also became laboring colonists. They were colonized as domestic servants in towns near institutions. Under the supervision of a house mother and a social worker, feeble-minded girls lived communally in town and were hired out at fifty cents a day. The institution placed advertisements in town for their girls as “capable of doing all kinds of domestic work except special cooking.” Unlike in the forest colonies, these girls gained some money for themselves, receiving 25 cents a week to spend on chaperoned social affairs and 50 cents a week for their individual savings accounts. More than the male colonies, domestic colonies served as testing grounds for potential release. Misbehavior, though, could mean the end of one’s time away from the institution. Twenty-five of the sixty-seven girls Bernstein colonized in one year were returned to the institution for “social offenses, such as flirting on the street, boisterous on the street, noisy at the colony etc.”⁹⁷

Colonization plans that extended beyond institutional farms into state forests or servant rentals were not implemented to the same degree as marriage restriction or sterilization, but their popularity within professional and political circles nonetheless shed light on several changes underway in the second decade of the twentieth century. Colonization represented a new professional effort to balance the necessity of institutional supervision with the challenges posed by the impossibly large defective population that intelligence testing had conjured. It also

⁹⁶ “Colony Care for Feeble-minded,” (Philadelphia: Committee on Provision for the Feeble-Minded, 1916): 18-19.

⁹⁷ Charles Bernstein, “Self-Sustaining Feeble-Minded,” *JPA* Vol 22, No 3,4 (March and June 1918):150-160; Charles Bernstein, “Making the Feeble-minded Self-Supporting,” *SCAA (State Charities Aid Association) News* Vol 6 No 3 (December 1917): 3.

presented a method by which defect experts might compete with educators in public schools. By clearing their institutions of trained adults, they would have space for the special classes' children, who could likewise be trained and sent out to provide labor for the state. Superintendents' increased willingness to release inmates—sterilized or not—showed an increased differentiation between harmless high-grade defectives who could be trusted in society and defective delinquents, who defect experts continued to insist required life-long detention in institutions set aside specifically for them.

The reassuringly quantitative knowledge that intelligence testing offered did not bring certainty with it. Assigning amorality to an ever-increasing number of feebleminded citizens had created a crisis too large for defect experts to fix. The policies they pursued confronted challenges of implementation and enforcement, largely due to the high number of people—with defects invisible to the layman—the laws were primarily meant to reach. Fear of moral imbecility persisted and merged with fear of mental defect, inspiring other professions to enter the fight against feeblemindedness in both cooperation and competition with defect experts. The state's quest for knowledge of its citizenry's mental and moral capacity relied upon diffuse public and private mechanisms of surveillance. At times, these arms of the state competed as they sought to prove that their experiential knowledge was superior to that of others. Teachers, psychologists, and psychiatrists battled over the legitimacy of certain testing methods and over who was qualified to administer them. Educators challenged institutional emphasis on manual training because it took away a child's right to academic knowledge. Defect experts knew that the moral failings of the feebleminded transformed academic skills into tools for crime. Through

these messy battles of professionalization and politics, one thing remained constant: the expansion of state and expert authority into the lives of suspected and diagnosed defectives.



DR. MAX G. SCHLAPP
Founder and head of the Clearing House for Mental Deficients in
New York City—friend and defender of the delinquent child.

Figure 1: Dr. Max G. Schlapp. Carolyn Sherwin Bailey, "Taking the Criminal in Time," *Social Progress*, Vol 5 No 9 (September, 1922): 311.

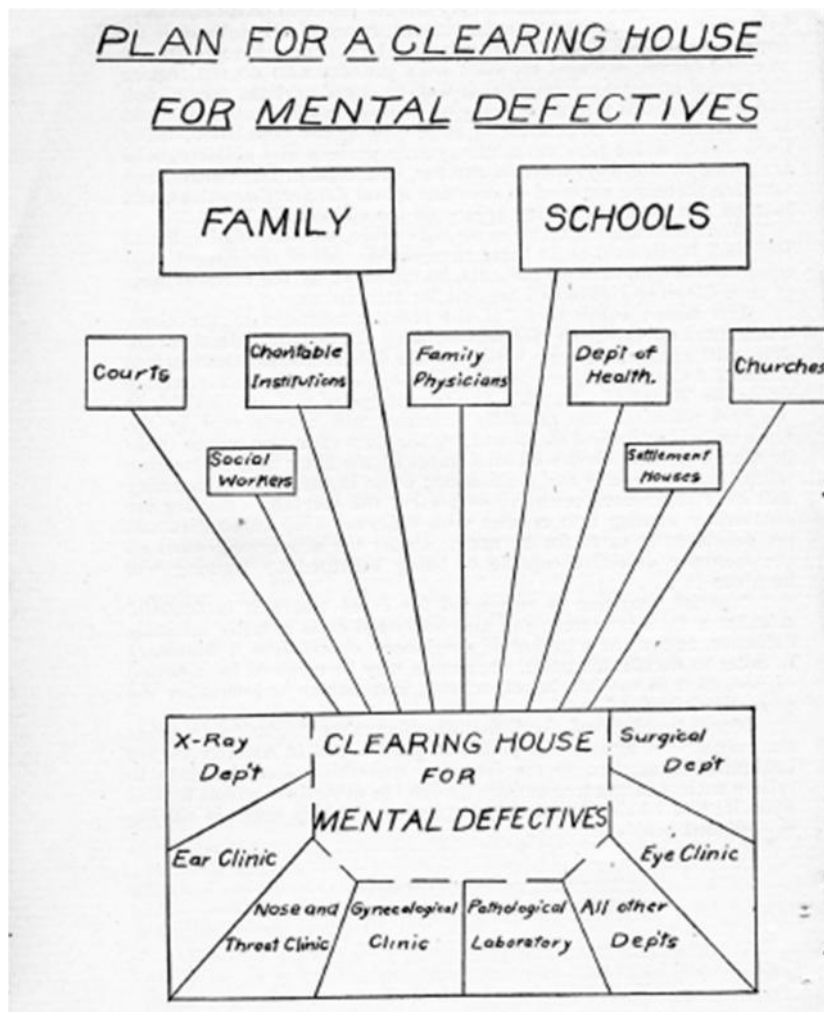


Figure 2: The efficiency of Milwaukee's suggested Clearing House. Max G. Schlapp, "The Problem of Mental Deficiency in the Public Schools: How Milwaukee Schools Care for Mentally Unfit Children," Report to Board of School Directors (August 1, 1914).

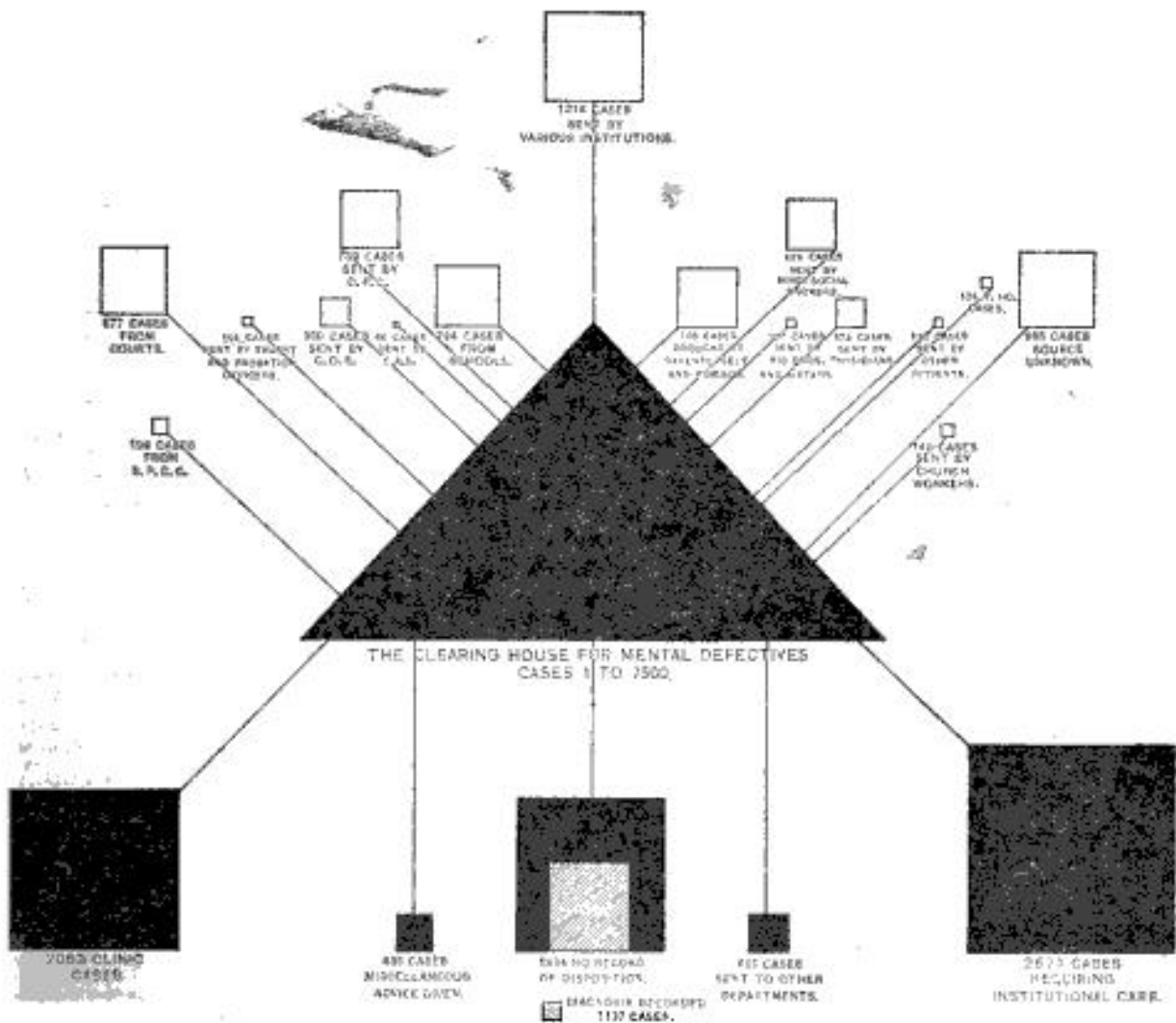


CHART 5.—Sources and Disposition of Cases 1-7500.

TABLE IV—SOURCE OF CASES (1-10,000).

Court	1345	U. H. C.	231
Truant and probation officers	146	Miscellaneous social workers	828
S. P. C. C.	238	Big Bros. & Sisters Assn.	170
C. O. S.	441	Other patients	220
C. A. S.	198	Physicians	663
Schools	1119	Parents and friends	840
Churches	173	Source unknown	1172
Various institutions	1570	D. P. C.	757

TABLE V—*DISPOSITION OF CASES AFTER EXAMINATION (CASES 1-10,000).

Given clinical care	3268
Sent to other departments	704
Institutional care recommended	3027
Diagnosis only made	1413
Miscellaneous advice given	609

*Doubtful cases not counted.

Figure 3: Sources and Disposition of Cases (Diagram for Cases 1-7500; Tables for Cases 1-10,000). Max G. Schlapp and Alice E. Paulsen, "Report on 10,000 Cases From the Clearing House for Mental Defectives," *Medical Record* Vol 93 No 9 (February 16, 1918): 273.

MENANTICO COLONY



MAKING CEMENT BLOCKS

Figure 4: Making Cement Blocks at Menantico Colony (New Jersey). "Colony Care for Feebleminded," (Philadelphia: Committee on Provision for the Feeble-Minded, 1916): 7.

Epilogue: Diagnosing the Past

Mary was exceedingly shy.¹ An illegitimate child whose new stepfather refused to have her in his home, she moved to Montana at age fourteen to live with her aunt and uncle, Charles and Rosa Coleman. Her timidity rendered her speechless in the presence of the opposite sex, which prevented her from enrolling in public school. Still, she formed relationships with the women of the Coleman household and made academic progress as she homeschooled with Rosa. But Mary's time with the Colemans was brief. In 1913, less than a year after moving from South Dakota, she was forced to move again. Charles was several miles away working with a threshing crew and Rosa was cooking when a breathless neighbor ran to tell them Mary had been taken to town and committed. Without warning, without learning who had deemed her suspicious and initiated the proceedings, and likely without even medical examination, Mary found herself committed to a new home full of strangers: the eighty other feeble-minded inmates confined within brick walls of the Montana School for Deaf, Blind, and Backward Children.²

It took the quiet teenager more than thirty years to find her voice or, rather, for her voice to be heard. Mary remained in the institution until 1945, living and working in the dormitory for the highest-functioning "school cases," those believed capable of academic rather than solely industrial education.³ Through Mary's institutionalized life she watched as the number of feeble-minded inmates grew by more than 400; over 100 of her peers underwent sterilization

¹ Mary did have a last name, though its spelling changed year to year as it appeared on the Montana school's roll sheets. In accordance with HIPAA and Montana Historical Society recommendations, use of her story was contingent upon limiting some of the information presented here, including her full name. While using her first name does personalize the story and perhaps risks infantilizing her, this is not my intent.

² 1930 U.S. Census, Toole County, Montana, population schedule, Charles F. Coleman; digital image, Ancestry.com, accessed March 14, 2015; Exchanges re: Mary in the institution in Governor's Records MC 35 Box 119 Folder 8, "General Correspondence (Training School)" MHS, Helena, MT.

³ Montana State Training School Thirtieth Annual Report (1924), 21.

procedures; and the deaf and blind students departed for their own institution after their successful political fight to escape the “irritating and mental torture” of the feebleminded inmates.⁴ She sent a letter to her aunt and uncle, appealing to them to get her out. The institution’s superintendent, however, refused to release her, denying even their request to bring her home briefly for a holiday. The Colemans forwarded Mary’s appeal with their own to their state representative, who added his own petition to the collection of letters and sent them all to the governor. Governor Ford and the Attorney General, moved by her letter and shocked by a social worker’s report on the undocumented circumstances of her commitment, traveled to the institution and secured her release from a resistant superintendent.⁵

Mary had been too quiet, suspiciously quiet. Fear of mental and moral defect had infiltrated even Montana, fueling surveillance that demanded a teenage, homeschooled girl’s removal from her isolated rural home. Perhaps if the region had possessed a clearing house, Mary might have stood a chance at being labeled normal or at least curable and returned home. Instead she spent the bulk of her life in the institution, likely performing valuable labor as a caregiver in surrounding “cottages” for custodial cases that sprung up one after another across the institution’s grounds. Mary’s long incarceration stood out to some of her contemporaries as a breach of justice. As her county’s state representative, George Wilson, wrote in his appeal to the Governor, “Thirty years is a long time...to deprive a person of their liberty when they have committed no crime.”

⁴ It is unclear whether Mary herself was sterilized. Montana Schools for Deaf, Blind, and Backward Children, *Annual Report* (1939); Archie Randles, “The Story of the Silent Struggle to Segregate and Remove the School for the Deaf and the Blind from the State Training School- Told for the First Time and Some of the Tragic Scenes Behind It, (n.d.) MHS Research Center, SC 2192.

⁵ Unfortunately, Mary’s original letter was not found within the collection.

His plea, however, did not signal the stirrings of a new national approach to care for those deemed mentally impaired. Mid-century, the rhetoric that justified mass institutionalization transformed under the auspices of Pearl S. Buck and other parent activists. The institution was to function as a uniquely positive good in the lives of its inmates, who were to be called patients and could now be institutionalized even in infancy. Moreover, mid-century justifications explained, the institution helped their families, who were ill-equipped to deal with their children's special needs.⁶ Parents were encouraged to come forward with their disabled children, and they did: Montana's number of inmates reached over 1,000 by 1970. The language changed, but the world of Dr. Schlapp's entreaty, "Why wait until they commit a crime?" survived in the form of mass institutionalization. Physicians continued performing sterilizations in many institutions at least through the 1970s.⁷ The mechanisms put in place by the long Progressive Era's response to moral defect made this rapid institutional expansion possible. Even as the diagnosis had declined and merged with mental defect, its cultural threat—exposed by Kerlin and Barr and maintained by professional and public narratives of moral imbecility—remained. That dire threat, because it embodied so many of the era's greatest anxieties, secured a surveillance state so far-reaching that it found and institutionalized a shy homeschooled girl in the middle of Montana.

If Mary were alive today, how would she be diagnosed? Without transporting her to a twenty-first-century diagnostician the question is perhaps unanswerable, though it also seems entirely natural to ask. The question certainly arose in my mind as I eyed the penmanship on the

⁶ James Trent, *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1994), 240-242.

⁷ Lombardo, *Three Generations, No Imbeciles*, 249.

only surviving archival evidence Mary produced herself: her single-sentence thank you note to Governor Ford, written after her reunion with the Colemans.⁸ The same could be asked of the other people whose stories appear in this thesis: Charles Guiteau, Anton Wood, Samuel Henderson, and dozens of case studies in moral defect identified only by their initials. Who are moral imbeciles today? How many of America's hundreds of feeble-minded foresters would be cognitively impaired by today's standards? While such questions may seem natural, they are also deeply problematic. They seek today's diagnosis as if it is a correct diagnosis rather than a culturally-dependent reflection of twenty-first-century values. They ask what these people "really" were. Were they really mentally impaired?

Many historians examining such questions have answered in the negative.

Feeble-mindedness, they argue, was a term imposed upon vulnerable but mentally fit people, especially poor women, as an excuse for their sterilization.⁹ Carrie Buck is America's best-known and most-studied sterilized person. Accounts of *Buck v. Bell* (1927), which declared Virginia's compulsory sterilization law constitutional, insist that Buck was not in fact feeble-minded. Paul Lombardo, author of the most recently published exploration of Buck's story, carefully historicizes much within his narrative. He explains that feeble-minded and defective, while "seemingly so hostile and contemptuous, were actually meant to be disinterested labels of hereditary analysis based on well-understood scientific categories." Yet he continues,

⁸ The note reads, "I am writing to thank you for getting me out and letting me come home. Yours Truly, Mary" Governor's Records MC 35 Box 119 Folder 8, "General Correspondence (Training School)" MHS, Helena, MT.

⁹ Nancy Ordover, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism* (Minneapolis: University of Minnesota Press, 2003); Gerald O'Brien, *Framing the Moron: The Social Construction of Feeble-Mindedness in the American Eugenic Era* (Manchester: Manchester University Press, 2013); Molly Ladd-Taylor, "Coping with a 'Public Menace': Eugenic Sterilization in Minnesota," *Minnesota History* 59 (2005): 237-248; Steven Gelb, "'Not Simply Bad and Incurable': Science, Morality, and Intellectual Deficiency," *History of Education Quarterly* 29 (Autumn 1989): 359-379.

“Was Carrie feeble-minded? Several of Carrie’s own teachers could have attested, with documents, that Carrie was not mentally deficient.” Lombardo’s evaluation misses the moral evaluation tied to feeble-mindedness as a historic diagnosis. He references her report cards and general school performance to demonstrate her mental fitness, assuming that academic performance was—or perhaps is—a direct demonstration of mental capacity. He then uses those assumptions to propose that by twenty-first-century standards and in fact, “Carrie was not mentally deficient.”¹⁰

Other, more general accounts of sterilization of the feeble-minded also invoke similarly ahistorical standards. Michael Grossberg’s classic *Governing the Hearth*, for example, dismisses feeble-mindedness out of hand as a “pejorative term” rather than a diagnostic category.¹¹ Nancy Ordover likewise disregards the term feeble-minded. Putting a troubling amount of stock in legal definitions, she writes that because feeble-mindedness had no “legally binding codification,” there was “no limit to its misappropriation and resulting abuse” by physicians and eugenicists. Additionally, her overuse of quotation marks—consistently putting quotes around such terms as feeble-mindedness, deficient, moron, and even the word evidence when referring to eugenicist arguments—seems to condescend to her subjects.¹² Johanna Schoen, as a final example, argues for sterilization’s “peculiarly sexist, classist, racist, and coercive character.” She identifies the “so-called feeble-minded” as sterilization’s rhetorical targets but proposes that in practice sterilization was aimed instead at primarily “sexually active single women.” Schoen later argues

¹⁰ Harry Bruinius, *Better for All the World: The Secret History of Forced Sterilization and America’s Quest for Racial Purity* (New York: Vintage Books, 2006); Paul Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell* (Baltimore: Johns Hopkins University Press, 2008); Steven Noll, *Feeble-minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900-1940* (Chapel Hill: University of North Carolina Press, 1995).

¹¹ Grossberg, *Governing the Hearth*, 147.

¹² Ordover, *American Eugenics*, 9.

that because of health problems and the risk of child abuse, in some cases when women “truly suffered from mental illness or severe mental retardation...sterilization was an appropriate answer.”¹³

Such narratives use ahistorical diagnostic categories to sort their historic actors. They assume the superiority and accuracy of twenty-first century diagnoses of mental capacity without analyzing them as culturally and historically contingent phenomenon. These accounts of American eugenics rightly point to the coercive injustice of women’s compulsive sterilizations. They emphasize that injustice by declaring that many of the sterilized women were not feeble-minded. Yet if their sterilizations were unjust because they were not feeble-minded by today’s standards, what of the people who were? Applying today’s diagnoses as the correct diagnoses sorts those who were sterilized into the more-wronged mentally fit and less-wronged mentally impaired. Doing so minimizes the violations of bodily autonomy committed in sterilizing those still deemed impaired in the twenty-first century. This carries implications beyond an ahistorical interpretation of the eugenics movement. The impulse to magnify eugenic wrongs by focusing primarily on those whom today’s experts would declare mentally fit reflects and fails to question the continued devaluation of people diagnosed with cognitive impairments.

This devaluation is especially visible in recent violent crimes committed against people diagnosed with autism or other cognitive impairments. In 2013, for example, Dorothy Spourdalakis killed her son Alex with the help of his caregiver. Alex was diagnosed with severe autism, and his diagnosis and its associated challenges led some to excuse her act. As one blog

¹³ Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill and London: University of North Carolina Press, 2005), 135. For an excellent work that addresses these questions in relation to eugenic segregation compellingly and historically, see Michael Rembis, *Defining Deviance: Sex, Science, and Delinquent Girls, 1890-1960* (Urbana, Chicago, and Springfield: University of Illinois Press, 2011).

insisted, “Don’t you dare judge her.”¹⁴ According to one disability rights activist and scholar, Dick Sobsey, not only are those classified as “developmentally disabled” more likely to be victims of violent crime, many homicides committed against them receive “unusually light sentences.”¹⁵ Media reports portray distressed parents justifiably driven to violence by the difficulty of providing their child care. Even today, Sobsey explains, killing a disabled person might not necessarily be murder; it could just as easily be designated a “mercy killing,” which can “imply that death is an appropriate alternative to life with a disability.”¹⁶

If Mary was alive today, how would she be diagnosed? The need to know arises not out of simple curiosity but as a means of measuring the injustice done to her. She was held against her will. Regardless of her mental capacity, her ongoing efforts to secure her release demonstrate this fact. Yet, with this information in hand we continue to seek a twenty-first diagnosis because it is that diagnosis that calculates her value. Just as general accounts of sterilization demonstrate, the degree to which she was normal determines the degree to which her rights were violated and defines our sense of outrage.

Was Mary disabled? Whereas historians cannot precisely determine how their subjects might be diagnosed today, the social model of disability makes it possible to declare definitively that yes, Mary was disabled. The medical profession and the state disabled her in response to her

¹⁴ Emily Willingham, “If a Parent Murders An Autistic Child, Who is to Blame?” *Forbes Magazine*, Sept. 5, 2013, <http://www.forbes.com/sites/emilywillingham/2013/09/05/if-a-parent-murders-an-autistic-child-who-is-to-blame/>; Eve Vawter, “Severely Autistic Boy Murdered By His Mother But Don’t You Dare Judge Her,” June 13, 2013, Accessed April 4, 2015, <http://www.mommyish.com/2013/06/13/autistic-alex-spourdalakis-murdered-by-mother/2/>; Jessica Hayes, “Katie McCarron,” Newsletter of Coalition of Citizens with Disabilities in Illinois, July-August 2006, http://www.ccdionline.org/newsletterjul06.html?article_id=26&.

¹⁵ Dick Sobsey, “Common Homicide: Killing of People with Cerebral Palsy,” Coalition of Canadians with Disabilities, May 12, 2000, <http://www.ccdonline.ca/en/humanrights/endoflife/latimer/2000/05b>

¹⁶ Richard Lucardie and Dick Sobsey, “Homicides of People with Developmental Disabilities: An Analysis of News Stories,” *Developmental Disabilities Bulletin* Vol 33, No 1-2 (2005): 89. <http://files.eric.ed.gov/fulltext/EJ844471.pdf>

perceived defect by removing her from her home, extracting her labor, and denying her personal autonomy. How far this social theoretical approach to disability should be applied is up for debate. Separating impairment from disability creates the same theoretical challenges gender historians have faced as a result of separating sex and gender. It risks applying an ahistorical separation upon the past and may obscure the degree to which impairment, too, is historically constructed.¹⁷ Still, the approach holds merit because it deconstructs the notion that today's concepts of impairment, diagnosis, and disability are somehow absolutely correct or more real than those in the past.¹⁸

The disabling diagnoses that defect experts and ordinary Americans confronted in the age of moral imbecility, though contested, were as real and scientific to them as those we confront today. They responded to these diagnoses and their associated social problems with a wide range of rational solutions. Regardless of her diagnosis past or present, Mary was disabled by a new power structure that pursued a wide spectrum of behaviors as grounds for indefinite institutionalization. Although a rising medical elite largely oversaw this power structure, it was ultimately a vast cultural and political project secured not only by expert efforts but by a growing bureaucratic state and a public mobilized by fear. The knowledge of defect that these groups cultivated to make sense of modernity united them in rational efforts to monitor and exclude society's unfit.

Moral imbecility, Mary's institutionalization, and the nagging question of her "real" diagnosis illustrate that rational responses to scientific problems can render terrifying results with long-lasting implications. This does not mean that all solutions to today's problems are doomed

¹⁷ On the construction of impairment, see Rembis, *Defining Deviance*.

¹⁸ On the social model, see Michael Oliver and Colin Barnes, *The New Politics of Disablement* (United Kingdom: Palgrave MacMillan, 2012). For an insightful critique of the social model, see Tom Shakespeare, *Disability Rights and Wrongs* (New York: Routledge, 2006).

to create injustice and thus worthless to seek or attempt. It instead means that those who devise solutions to these problems should be held to the highest ethical obligations of self, cultural, and historical awareness. Tempering calculating rationality by acknowledging that even the most logical thought process is shaped by the culture in which it exists is the best hope for avoiding those policies with results that future historians will explain with regret and disdain. While stepping outside our own place in history is difficult and perhaps impossible to do entirely, it is our obligation to try. Good luck—we'll need it.

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Boston Times
Brooklyn Daily Eagle
The Bryan Daily Eagle (Bryan, Texas)
Burlington Hawk Eye (Burlington, Iowa)
Canon Clipper (Canon City, Colorado)
Chicago Daily Tribune
The Democratic Banner (Mount Vernon, Ohio)
Evening Star (Washington, DC)
Evening Times-Republican (Marshalltown, Iowa)
The Farmville Herald (Farmville, Virginia)
The Gold Leave (Henderson, North Carolina)
Goshen Weekly News Times (Goshen, Indiana)
Greeley Tribune (Greeley, Colorado)
The Herald Statesman (Yonkers, New York)
Indianapolis Star
Keowee Courier (Pickens, South Carolina)
Lima Times (Lima, Ohio)
Lock Haven Express (Lock Haven, Pennsylvania)
Los Angeles Herald
The Middleburgh Post (Middleburgh, Pennsylvania)
The Morning Times (Washington, DC)
Narka News (Narka, Kansas)
New York Herald
New York Times

New York Tribune
New York World
Oakland Tribune
Omaha Daily Bee
Oneonta Daily Star (Oneonta, New York)
Rio Grande Republican
Rocky Mountain News (Denver, Colorado)
Salt Lake Tribune
The San Francisco Call
Sioux City Journal
The Somerset Herald (Somerset, Pennsylvania)
St. Paul Globe
The Sun (New York, New York)
The Times (Washington, DC)
The Times Dispatch (Richmond, Virginia)
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