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ARTICLE



# Professional competence and the classification and selection of pupils for schools for “feeble-minded” children in the Netherlands (1900–1940)

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## ABSTRACT

This article explores the tensions between medical and pedagogical professionals involved with the classification and selection of pupils for the special day-schools for “feeble-minded” children that were established from 1900 in the Netherlands to promote compulsory mass schooling’s efficiency. These are set against the increasing influence of child sciences, including the new technique of intelligence testing. These schools were meant for educable learning-disabled children, the classification of whom involved a child’s (ab)normality and (in)educability. The article discusses the categories defined and labels inscribed on children with learning disabilities. These focused mainly on a child’s capacity to communicate and learn to adapt to society, as the special schools aimed to educate productive members of society. In spite of the recognised merits of the schools, theorists turned out to be most concerned about undue placements of not “essentially backward” children, who would benefit more from educational support in a regular school. The selection and admission procedure of the schools was standardised by the introduction in 1920 of intelligence testing as part of a developing scientific assessment culture, which for want of psychologists and despite the headmasters’ professionalisation continued to be dominated by the medical profession up to the Second World War.

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## Introduction

During the first four decades of the twentieth century in the Netherlands, as elsewhere in the developed world, special education of children with learning disabilities matured.<sup>1</sup> It was part of a process of differentiation in education, that was promoted by a mixture of

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<sup>1</sup>In England this process was accelerated by the introduction of the Elementary Education Act (1914), that forced local authorities to establish special schools for learning-disabled children: Gillian Sutherland, *Ability, Merit and Measurement. Mental Testing and English Education 1880–1940* (Oxford: Clarendon Press, 1984), 25–96. In the US the establishment of special classes for learning-disabled children proliferated particularly in the interwar years after a period of deinstitutionalisation: Margret A. Winzer, *From Integration to Inclusion: A History of Special Education in the Twentieth Century* (Washington, DC: Gallaudet University Press, 2009), 77–104. In the Netherlands the most significant growth manifested itself likewise in the interwar period: Dorien Graas, *Zorgenkinderen op school. Geschiedenis van het speciaal onderwijs in Nederland 1900–1950* (Leuven/Apeldoorn: Garant, 1996); Annemieke van Drenth and Mineke van Essen, “Dutch Special Education Schools for Children with Learning Disabilities in the Interwar Period,” *Paedagogica Historica* 47, no. 6 (2011): 805–24. The latter authors focus on religion- and gender-based patterns of professionalism among Dutch teachers at special education schools.

new, child-focused ambitions<sup>2</sup> and health and welfare oriented “biopolitics” of a modernising state,<sup>3</sup> in which educational streaming<sup>4</sup> was supposed to contribute to compulsory mass schooling’s efficiency. Child sciences and new technologies for classification and allocation of pupils – based on measuring and normalisation – played an increasingly important role in this process.<sup>5</sup> In the densely populated country most “backward” pupils (88% in 1929) attended a special day-school and only a small minority of the more seriously “mentally deficient” children were institutionalised. Ungraded special classes attached to regular schools hardly developed.<sup>6</sup> Being educated in a separate school, segregated from “normal” pupils, with individualised teaching and a special curriculum, was conceived as in the best interests of both these and “normal” children and remained, therefore, unquestioned until the late 1960s.<sup>7</sup> Almost all of the special day-schools were meant for “educable” learning-disabled children. Therefore, the classification and allocation of these children involved two dividing lines: a child’s (ab)normality – whether or not a child needed special education – and a child’s (in)educability.

In the Netherlands schooling took place in a mixture of publicly and privately organised schools. Since the Primary Education Act of 1920 all regular schools were fully paid by the state, including schools led by religious organisations. Special education schools, however, had (up to 1958) to do with a lower level of state funding. This implied that, despite a legal status since 1920 and recognition in a Royal Decree of 1921, during the interwar years the schools for “feeble-minded”<sup>8</sup> children continued to be dependent on local authorities or private societies for additional funding.<sup>9</sup> Although financing was largely top-down, because of the strong influence of religious political parties state control of teaching was feared to such an extent that it was – and still is – limited to the work of school inspectors. A national inspector of special education was first appointed in 1920.

Towns with a school for “feeble-minded” children installed an admission committee, made up of the school’s headmaster and a local physician, usually the municipal school

<sup>2</sup>Marc Depaepe, *Between Educationalization and Appropriation. Selected Writings on the History of Modern Educational Systems* (Leuven: Leuven University Press, 2012); Antonio Fco. Canales and Simonetta Polenghi, “Classifying Children: A Historical Perspective on Testing and Measurement,” *Paedagogica Historica* 55, no. 3 (2019): 343–52 (introduction to special issue). These authors focus on New Education as source of inspiration.

<sup>3</sup>Michel Foucault, “Governmentality,” in *Power. The Essential Works of Foucault 1954–1984*, vol. 3, ed. James D. Faubion (New York: The New Press, 2000), 201–22.

<sup>4</sup>While educational streaming was in many countries explicitly linked to the promotion of meritocracy, this was not the case in the Netherlands before World War II. Neither was meritocracy an ambition that was served by the introduction of intelligence testing. See for the link between streaming, testing and the rise of meritocracy in the US, Canada, and Scandinavia: Theresa Richardson and Erwin V. Johanningmeier, “Intelligence Testing and the Legitimation of a Meritocratic Educational Science,” *International Journal of Educational Research* 37 (1998): 699–714; Patrice Milewski, Christian Ydesen and Karen E. Andreasen, “Mental Testing and Educational Streaming in Ontario and Denmark in the Early Twentieth Century: A Comparative and Transnational Perspective,” *Paedagogica Historica* 55, no. 3 (2019): 371–90; Christian Ydesen, “High-Stakes Educational Testing and Democracy: Antagonistic or Symbiotic Relationship?” *Education, Citizenship and Social Justice* 9, no. 2 (2014): 97–113; and Christian Ydesen, Kari Ludvigsen and Christian Lundahl, “Creating an Educational Testing Profession in Norway, Sweden and Denmark, 1910–1960,” *European Educational Research Journal* 12, no. 1 (2013): 120–38.

<sup>5</sup>André Turmel, *A Historical Sociology of Childhood. Developmental Thinking, Categorization and Graphic Visualization* (Cambridge: Cambridge University Press, 2008).

<sup>6</sup>Graas, *Zorgenkinderen*, 103.

<sup>7</sup>Ad van Gennep, *Paradigma-verschuivingen in de visie op zorg voor mensen met een verstandelijke handicap* (Maastricht: Maastricht University, 1997).

<sup>8</sup>Terms such as “feeble-minded”, “backward”, and “mentally deficient” are now considered insulting or offensive. However, in this paper the author tries to present an accurate rendition of historical discourses and developments.

<sup>9</sup>Graas, *Zorgenkinderen*, 67.

doctor. There was no regulation as to the composition of these committees until a Royal Decree stated in 1933 that a committee doctor had to be “acquainted with psychiatric examination of feeble-minded people”,<sup>10</sup> a qualification that did not exclude school doctors. Although from 1920 intelligence testing was used as a scientific instrument of selection, the committees could not avail themselves of a psychologist until after World War II, because few psychologists were as yet available and none were trained to work in education. That is why, unlike in Denmark and the English- and French-speaking world,<sup>11</sup> their profession did not play a role in the selection of pupils for the schools for “feeble-minded” children until after the war. Consequently, before World War II the selection and allocation procedure of Dutch children with learning disabilities remained a mixed medico-pedagogical affair.

From the early years of day-schooling of “feeble-minded” children – the first such school was established in 1899 in Amsterdam – the selection and allocation of its pupils by the two professions, medical doctors and teachers, seems to have been a source of inter-professional tensions. This article examines the professional turf war on this selection procedure, set against the increasing influence of international child sciences in general and the growing knowledge base on children with learning disabilities in particular. The focus is pointed at the labelling and categorising of pupils in relation to the selection for the special education schools, the criteria involved in classification, the evaluation of intelligence testing as a scientific instrument to assess the degree of a child’s learning disability, and the growing professionalism developing in and around these schools and the related assessment culture.<sup>12</sup>

First, this paper discusses the categories defined and labels inscribed on “mentally deficient” children by Dutch pioneers in the interdisciplinary field of special education theory from the nineteenth century. They were inspired by scripts – ideas and practices – from German-, French-, and English-speaking countries circulating in the developing international scientific community focusing on “mental retardation”. The second section addresses the selection and admission procedures of the schools for “feeble-minded” children as part of a developing scientific assessment culture, in which intelligence testing dominated from 1920. The final part concerns the evaluation of intelligence testing and the increasing critique in the 1930s of the key role played by IQ scores and physicians applying the test in the admission procedure, as expressed – here and elsewhere – by teachers involved with the selection. In this way the article aims to analyse changes in the relative weight of medical and educational professional competence claims concerning the selection of pupils for the schools for “feeble-minded” children.

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<sup>10</sup>Staatsblad 558, KB 31 oktober 1933. See Fedor de Beer, *Witte jassen in de school. De schoolarts in Nederland ca. 1895–1965* (Assen: Van Gorcum, 2008), 258.

<sup>11</sup>Turmel, *A Historical Sociology*; Nikolas Rose, *The Psychological Complex: Psychology, Politics, and Society in England 1869–1939* (London: Routledge & Kegan Paul, 1985); and Björn Hamre, Thom Axelsson and Kari Ludvigsen, “Psychiatry in the Sorting of School Children in Scandinavia 1920–1950: IQ Testing, Child Guidance Clinics, and Hospitalization,” *Paedagogica Historica* 55, no. 3 (2019): 392–415.

<sup>12</sup>According to Copeland this was a major determinant of the formation and growth of special education in England: I.C. Copeland, *The Making of the Backward Pupil in Education in England 1870–1914* (London: Woburn Press, 1999). See for a transnational and long-term perspective: *Assessment Cultures: Historical Perspectives*, ed. Cristina Alarcón and Martin Lawn (Berlin: Peter Lang, 2018).

## Classification

In the Netherlands children with learning disabilities and their educability were first discussed in 1821, when age-group level teaching was initially applied. H. Visser, a Frisian reverent and school inspector translated and annotated a German book on the teaching of pupils at a *Hilfsschule* by Traugott Weisse. Weisse distinguished three levels of “feeble-mindedness”: (1) children who were unsusceptible for any understanding and consequently ineducable, (2) those who lacked attention, because of an insufficient memory or consciousness, and (3) those with a normal but disharmonious capacity to think, either because of a lack of memory or insight or because of a too vivid attention. Both Visser and Weisse warned against assuming mental disability too easily. Even a brilliant child might seem inattentive and a slow learner should not be conceived as “feble-minded” too easily. The teaching method might be to blame.<sup>13</sup>

A plea to give “feble-minded” children special support in the regular school was first voiced in 1855, when age-group level teaching was more or less established, at least at the larger schools in the cities. Teunis Hofkamp, an experienced teacher at the first Dutch institute for deaf pupils in Groningen, was frequently confronted with deaf and learning-disabled pupils. That was why he reported on the various kinds of learning aids he had developed to “wake up” the “slumbering capacities” of children who seemed to lack intelligence. He likewise warned against jumping to conclusions as to “feble-mindedness” too easily and insisted that a poor school performance at an age-group levelled school was not an adequate criterion to establish “feble-mindedness”, because other factors might be at work, such as inadequate teaching or educational neglect at home. Extra support could save “truly feble-minded” children from becoming a “burden” for the community and “a disgrace for a civilised society”, he explained.<sup>14</sup>

Segregation of “feble-minded” from “normal” pupils in separate spaces was not practised until the mid-nineteenth century, when the reverent and literary author Cornelis E. van Koetsveld established his “school for idiots” in The Hague in 1855 and discussed the problem of “idiotism” in a scholarly book. He drew upon doctors working in deaf education, particularly Édouard Séguin in Paris and Carl Wilhelm Sägert in Berlin, and on educators of so-called “idiots”, such as the Swiss doctor Johann J. Guggenbühl and the English reverent Edwin Sidney.<sup>15</sup> At the time “idiot” (from Greek *idios*, standing alone) was a common designation of a person with a mental disability from birth or an early age, but it did not indicate whether or not a child was fit for schooling.

On the basis of descriptions and categorisations by foreign pioneers Van Koetsveld started his inquiries into “mentally deficient” children’s learning capacities. In *Idiotism and the School for Idiots (Het idiotisme en de idiotschool, 1856)* he reported his findings

<sup>13</sup>Johan T. Wei(s)se, *Verhandeling over de behandeling van kinderen met zwakke zielsvermogens* (translated and annotated by H.W.C.A. Visser) (Amsterdam: G.J.A. Beyerinck, 1821), 21–7. See also Theo Jak, *Armen van geest. Hoofdstukken uit de geschiedenis van de Nederlandse zwakzinnigenzorg* (Amsterdam: VU, 1988), 101–4.

<sup>14</sup>Teunis Hofkamp, “Aanvankelijke oefeningen voor doofstommen en kinderen met zwakke zielsvermogen,” *Nieuw Nederlandsch Tijdschrift voor Onderwijs en Opvoeding* 1 (1855): 73–89, 137–59, esp. 74–5. See also Jak, *Armen van geest*, 105–7, 122, 176.

<sup>15</sup>Cornelis E. van Koetsveld, *Het idiotisme en de idiotschool. Eene eerste proeve op een nieuw veld van geneeskundige opvoeding en christelijke philanthropie* (Schoonhoven: Van Nooten, 1856). The first two inspired his conceptualisation of “idiotcy”; the latter two inspired him with the example of establishing a separate institution. See also Graas, *Zorgenkinderen*, 138–42; Jak, *Armen van geest*, 111–36.

and presented a fourfold categorisation, that would be authoritative for more than half a century. Apart from the disfigured dwarf victims of a lack of iodine, mostly found in alpine regions, the so-called *crétins*, each of the three other categories were present in his day-school annexe institution. “Backward” children, slow in every respect, could be educated to become a craftsman or a maid servant, he stated. From Séguin and Sägert he took the idea that “true idiots” suffered from a disorder of the central nervous system or an acquired *dementia* and could be recognised by their lack of willpower and uncontrolled locomotion. They were educable, but only with great effort. Even more difficult to teach were the “natural lunatics”, a small category of only boys with a physically determined, innate or acquired “idiotism of overstrung nerves”, expressed in symptoms like compulsive movements and lack of contact, a profile that reminds us of today’s autism. At his school Van Koetsveld created four levels of instruction, according to the level of speech of the pupils, of which only the two higher ones practised in reading and writing. The education of the senses through play, singing, and gymnastics was the key focus on each level.<sup>16</sup>

In the Netherlands, as in the English-speaking world, it was not so much the introduction of age-group level teaching that stimulated the introduction of special education schools for “backward” pupils, as was the case for example in Switzerland,<sup>17</sup> but the introduction of compulsory education.<sup>18</sup> From 1901 every six-year-old Dutch child had to attend school for six years. This implied that teachers could no longer dismiss more seriously “mentally deficient” children. Neither could apparently “normal” pupils, who turned out to be hard to teach because of a lack of attention or understanding, be sent home any more. Teachers’ complaints that the instruction of “normal” pupils was threatened by the presence of these pupils were the immediate cause for many cities to establish a school for “feble-minded” children.

These complaints also stimulated study of “abnormal” children in general and their educability in particular. The director of the first day-school for “backward” children in Amsterdam (established in 1899) for example, Jan Klootsema, set out to study the literature, mostly German and French, on a wide variety of disorders and their classification, about which he published his immediately authoritative “introduction into pedagogical pathology and therapy”, *Misdeelde kinderen (Deprived Children)*, in 1904. According to him, children could lag behind in terms of development of their physics, cognition, and will. Causes could be determined by heredity (such as parental alcoholism or syphilis), acquired physical trauma (such as a difficult birth or encephalitis), or a neglectful environment. Like his most important German source of inspiration, the “pedagogical pathologist” Ludwig Strümpell, he indicated for each category of deprived children – from “backward” to delinquent and from epileptic to neglected – the degree of their educability and the desired educational approach or “care”.<sup>19</sup>

<sup>16</sup>Van Koetsveld, *Het idiotisme*; Graas, *Zorgenkinderen*, 141; Annemieke van Drenth, “Het zwakke geslacht en de armen van geest. Gender en de negentiende-eeuwse zwakzinnigenzorg in de Haagse Idiotten-school,” in *Zorgenkinderen in beeld. Facetten van de orthopedagogische praktijk in Nederland en België in de negentiende en twintigste eeuw. Jaarboek voor de Geschiedenis van Opvoeding en Onderwijs 2004*, ed. Marjoke Rietveld-van Wingerden et al. (Assen: Van Gorcum, 2004), 59–85.

<sup>17</sup>Michèle Hofmann, “Schwachbegabt, schwachsinnig, blödsinnig – Kategorisierung geistig beeinträchtigter Kinder um 1900,” *Bildungsgeschichte/International Journal for the Historiography of Education* 7, no. 2 (2017): 142–56.

<sup>18</sup>Sutherland, *Ability*, 5–24; Winzer, *From Integration to Inclusion*, 81–4; Graas, *Zorgenkinderen*, 35.

<sup>19</sup>J. Klootsema, *Misdeelde kinderen. Inleiding tot de paedagogische pathologie en therapie* (Groningen: Wolters, 1904), 5–107.

As to “idiots” and “backward” children Klootsema used a threefold classification, based on the French physician Paul Sollier’s conceptualisation of learning disabilities.<sup>20</sup> According to Klootsema, “idiots” and “imbeciles” were ineducable because of the low level of their intellect and should therefore remain at home or be nursed in a medical institution. Only the “better imbeciles” and “debiles” were fit for schooling. Particularly the latter could “under favourable conditions” be educated at a special school to become “fit for society”.<sup>21</sup> Like Van Koetsveld’s speech-based categorisation, this medical taxonomy was, apart from the level of the intellect, founded on a child’s capacity to communicate: “idiots” were said to stand outside society and be “extra-social”, whereas “imbeciles” experienced society as hostile and could be called “anti-social”. The “debiles” did not know much about society, but could be cured from their “dis-social” condition and thanks to remedial schooling be integrated into society, find a simple job, and learn to take care of themselves. This was also true of the additional group of “backward” children whom Klootsema conceived of as fit for schooling, the “psychopaths” or “inferior” children (*Minderwertigen* in German), who failed at a regular school because they were quickly worn out and inattentive, he explained.<sup>22</sup> They were often called “nervous” or “neurasthenic” (with weak nerves), a category in which we recognise modern AD(H)D-patients.<sup>23</sup>

Like Visser and Hofkamp, Klootsema warned against undue assumptions of “mental retardation”, for example in cases of dullness caused by nose breathing problems (*aproxexia nasalis*). That is why he strictly discriminated between “backward” and “underdeveloped” children. Only the former belonged at a special education school; the latter were victims of an unsupportive milieu or an acquired illness and needed extra support in the regular school. Unlike “backward” children, the “underdeveloped” ones could catch up with their peers. For a proper referral of a child with learning problems to a school for “backward” children at least two years of teaching and observation in a regular school were needed, he claimed.

Klootsema discussed the observable characteristics of “backward” children only briefly. Sollier had described these only for “idiots” and “imbeciles”, with whom they were as a rule more serious and manifest than with “debiles”. Therefore, in this respect Klootsema relied mainly on his own observations of the 72 “backward” children he had gathered in Amsterdam to be taught in his school. Apart from having fewer perceptions and ideas than “normal” children, the “backward” pupils also showed less attention, more sensorial dysfunctions, speech problems, tics, choreatic movements, left-handedness, deformed skulls, and moral shortcomings, such as lying and wandering.<sup>24</sup>

Klootsema’s colleague A.J. Schreuder, a medical doctor and director of a recently established medico-pedagogical institute for “backward and neurasthenic” children in De Bilt, discussed “backward” children in an educational encyclopaedia in 1905. Like Sollier he focused on the more seriously learning-disabled children and their physical abnormalities. As regards the educable children he discriminated between “accidentally

<sup>20</sup>Particularly on his *Psychologie de l’idiot et de l’imbécile* from 1891. See Klootsema, *Misdeelde kinderen*, 29.

<sup>21</sup>Klootsema, *Misdeelde kinderen*, 29–34.

<sup>22</sup>*Ibid.*, 31–2.

<sup>23</sup>Nelleke Bakker, “Before Ritalin: Children and Neurasthenia in the Netherlands,” *Paedagogica Historica* 46, no. 3 (2010): 383–401.

<sup>24</sup>Klootsema, *Misdeelde kinderen*, 30–46.



backward” and “essentially backward” children; only the latter belonged at a special education school. They had repeated a grade twice or more times already and still could not keep up with the group. From a colleague in Brussels he borrowed the label “medically backward” for these pupils, as against “educationally backward” pupils who had “accidentally” been ill or suffered from a sensorial dysfunction, a special learning disability, or a “dull school-life”. The latter pupils needed extra lessons and support in the regular school, the doctor argued.<sup>25</sup>

Unlike Schreuder, Klootsema firmly opposed institutionalisation of “backward” children, not just because “nothing on earth could replace motherly love”, but also because it isolated a child from society and limited the possibilities to learn a trade. In Germany he saw examples of all kinds of varieties and combinations of special education for so-called “half idiots” (*Halbidioten*): institutions, *Hilfsschule*, and *Nachhilfeklasse*. He endorsed the German commitment to the education of “*schwach- und blötsinniger Kinder*”, as expressed in the 1887 Gotha Teachers’ conference’s (*Lehrerversammlung*) approval of Heinrich Kielhorn’s proposition, but had a clear preference for one variety: separate day-schools. Klootsema feared that a special class attached to a regular school would gather an un-beneficial mix of pupils of various levels of development and of “truly backward” next to “underdeveloped” ones. “Backward” pupils in a special class would, moreover, be ridiculed by the “healthy” pupils in the same school and the teacher would miss the opportunity to specialise and develop “special didactics” for this category of pupils.<sup>26</sup> His arguments seem to have been authoritative to the extent that special classes developed only in the countryside and as a prelude to instead of an alternative for the development of a separate school.

The introduction around the turn of the century of the medical concept of “debiles”, next to the older pedagogical concept of “backward” pupils, added a new label to the already complicated nomenclature of the pupillage of special education schools for educable “feebleminded” children. Klootsema’s day-school for “backward” children had its origin with the Society for Speech-impaired and Backward Children, established in 1894 to provide for schools for these children. However, within a few years it was decided to separate these two categories of pupils, their mixing up being discarded as a remnant of the nineteenth-century belief that speech-impairment was a key symptom of “mental retardation”. Some schools or institutions were meant for “backward and neurasthenic” children, in which concept the idea resonated that mental deficiency was related to weakness of the central nervous system. Apart from Schreuder’s institute, this term was also used in 1903 for the new professional organisation of “teachers and physicians” working in schools for “backward and neurasthenic” children.<sup>27</sup> After Klootsema had left the Amsterdam school to become the assistant director of a newly established reform school for delinquent boys in Alkmaar, the school was renamed as an “extraordinary school”,<sup>28</sup> an uncontroversial name that was used from 1920 officially to indicate all kinds of special education schools, including those for blind or deaf children. Popular speech preferred either “debiles’ school” or “school for backward children”.

<sup>25</sup>A.J. Schreuder, “Achterlijke kinderen,” in *Paedagogisch woordenboek*, ed. C.F.A. Zernike (Groningen: Wolters, 1905), 35–86.

<sup>26</sup>Klootsema, *Misdeelde kinderen*, 10–3, 85–8.

<sup>27</sup>De Beer, *Witte jassen in de school. De schoolarts in Nederland ca. 1895–1965* (Assen: Van Gorcum, 2004), 250.

<sup>28</sup>W.A. van Liefland jr., *De school voor het afwijkende kind* (’s-Gravenhage: HAGA, 1948), 20.

Because the latter term had got a pejorative connotation and did not help to reconcile parents with a “shameful” referral of their child to such a school, the Royal Decree of 1921 that created a legal basis for these schools chose to call them “schools for feebleminded children”. This term was conceived as harmless until the 1960s, when it was replaced with “schools for children with (severe) learning difficulties”.<sup>29</sup>

Next to these schools, during the interwar period some cities started to teach “imbeciles” in separate, so-called “clarification” classes (*bezinkingsklassen*) that were attached to schools for “feebleminded” children. This indicates an increasing belief in the educability of more seriously learning-disabled pupils. However, a more important factor to make cities form these classes was the pressure exerted by teachers and parents. Complaints about children with an intellect that was too limited for even the individualised teaching at a “debiles’ school” had been voiced from the start and it was argued that the “imbeciles” not only disturbed the teaching of the more intelligent children – in the way “debiles” were said to disturb the teaching of “normal” children – but also scared off parents of “debiles” from having their child admitted to a special education school because of the more often visual signs of “imbecility”.<sup>30</sup> But not only parents were found ignorant of the educational needs of their learning-disabled child, teachers and general practitioners were likewise accused of not recognising many of the children qualifying for a special education school.<sup>31</sup>

In the meantime, from the late 1920s, the concepts of “feeblemindedness” and particularly “backwardness” met critique, as they focused on school performance instead of what Klootsema had termed “social instinct”.<sup>32</sup> At a conference of the Society of Teachers and Physicians working at Schools for Backward and Neurasthenic Children in 1928 the national inspector of special education, the former Groningen school doctor A. van Voorthuijsen, emphasised that the preparation for participation in society should be the core aim of the schools for “feebleminded” children.<sup>33</sup> The Amsterdam school doctor Dirk Herderschêe – one of the few Dutch child scientists who emphasised heredity as cause of debility more particularly<sup>34</sup> – took a further step by defining the essence of “feeblemindedness” not only in terms of cognition but also with regard to a person’s expected future (in)capacity to participate independently in society. Although capable of productive labour, “imbeciles” would always need guidance, whereas “debiles” could, with the help of good education, learn to take care of themselves and become productive citizens, he claimed.<sup>35</sup>

<sup>29</sup>Graas, *Zorgenkinderen*, 147–52.

<sup>30</sup>*Ibid.*, 50–3; Van Liefeland, *De school*, 44.

<sup>31</sup>G.J. van der Ploeg, “Ouders – kontra b.l.o.,” *Tijdschrift voor Buitengewoon Onderwijs* 13 (1932): 50–4; G.D. Swanenburg de Veye, *Het onderzoek der kandidaten voor de buitengewone, lagere scholen te Den Haag in de jaren 1926 tot en met 1934 en de resultaten daarvan* (’s-Gravenhage: Vereniging van Onderwijzers en Artsen werkzaam bij het Buitengewoon Onderwijs, 1938).

<sup>32</sup>Klootsema, *Misdeelde kinderen*, 29.

<sup>33</sup>A. van Voorthuijsen, “Het eigen karakter der zwakzinnigenzorg,” *Tijdschrift voor R.K. Buitengewoon Lager Onderwijs* 5 (1929): 130–8.

<sup>34</sup>D. Herderschêe, “Erfelijkheidsproblemen,” *Paedagogisch Tijdschrift* 3 (1912): 337–52; D. Herderschêe, “De oorzaken der zwakzinnigheid,” *Tijdschrift voor Buitengewoon Onderwijs* 6 (1925): 141–59; D. Herderschêe, *Achterlijke kinderen* (’s-Gravenhage: HAGA, 1934), 62–77. See for the limited influence of eugenics in the Netherlands: Jan Noordman, *Om de kwaliteit van het nageslacht. Eugenetica in Nederland 1900–1950* (Nijmegen: SUN, 1989).

<sup>35</sup>D. Herderschêe, “De definitie der verstandelijke debiliteit,” *Tijdschrift voor Sociale Geneeskunde* 3 (1925): 132–4; Herderschêe, *Achterlijke kinderen*, 13–14.

A psychiatrist from the Roman Catholic southern part of the country, J.H.M. Koenen,<sup>36</sup> likewise included the dimension of “social competence” in his definition of “feble-mindedness” and the target group of special education schools in 1933. He had investigated the life course of pupils who had failed at the regular school and found that a considerable number had not failed in society. Therefore, he proposed to differentiate between a “school intellect” and a “life intellect” and between “school debiles” and “life debiles”, the first failing in terms of intellect and the second failing in terms of social adaptation as well. Only children fitting the criteria for both categories belonged at a special education school, the psychiatrist claimed. “School debiles” were best served with educational support in the regular school,<sup>37</sup> a suggestion that had first been made in 1930 by Herderschêe and a headmaster of a special education school after a large-scale follow-up inquiry into the school careers of all Amsterdam children who had been examined by the city’s selection committee between 1924 and 1929.<sup>38</sup> For the time being the new concern for “school debiles” was hardly responded to, but immediately after the war it figured high on the expert agenda.<sup>39</sup> In the 1930s it was recognised only incidentally that these pupils might suffer from special learning difficulties, such as “alexia”, and were overrepresented in the lower social classes.<sup>40</sup> The older concern that too many children would be admitted to a special education school – the “pseudo-backward” – was redefined towards the already socially competent “school debiles”, who did not belong at a school that was supposed to teach that competence.

## Selection

Despite this complicated terminological web, around 1920 the structure of the teaching of learning-disabled children crystallised. As regards the concepts and labels that were used for educable “mentally retarded” children, we notice a shift of emphasis from “mental deficiency” alone to a connection with social (in)competence as distinctive feature. In the discourse we see, moreover, a movement from what was conceived as the essentials of “backwardness” to the practicalities of selection and admission to the schools for “feble-minded” children. Financial reasons may have reinforced the concern for undue placement, especially during the economic crisis of the 1930s, and the insistence on adequate selection, as special education schooling was much more costly than regular schooling and pressed harder on local communities because of considerably smaller classes. Notwithstanding the economic hardship of the interwar years, the number of schools for “feble-minded” children continued to grow at a very rapid speed (Table 1). This was

<sup>36</sup>Roman Catholics were in general critical as regards intelligence testing: see Antonio Fco. Canales and Simonetta Polenghi, “Classifying Children”.

<sup>37</sup>J.H.M. Koenen, *Zwakzinnigheid bij kinderen. Haar beteekenis in paedagogisch en sociaal opzicht, op grond van een onderzoek in eenige gemeenten in Noord-Brabant* (Waalwijk: Waalwijksche Stoomdrukkerij Antoon Tielen, 1933), 52–4.

<sup>38</sup>They used the concept of “school-backwardness”: J.J. Edens and D. Herderschêe, “Beschouwingen over zes jaar onderzoek voor het B.O. te Amsterdam,” *Tijdschrift voor Buitengewoon Onderwijs* 11 (1930), 142–6.

<sup>39</sup>Nelleke Bakker, “A Culture of Knowledge Production: Testing and Observation of Children with Learning and Behavioural Problems (1949–1985),” *Paedagogica Historica* 53, no. 1–2 (2017): 7–23. In the US this category of pupils was recognised first in the 1930s: Ryo Yoshii, “Classification of Children with Learning Problems and the Establishment of Special Classes in Delaware from the 1930s to the mid-1940s,” *Paedagogica Historica* 55, no. 3 (2019): 353–70.

<sup>40</sup>J. Waterink, “Leerverstand en levensverstand,” in: *Het buitengewoon onderwijs in Nederland. Gedenkboek, aangeboden aan dr. A. van Voorthuysen bij zijn aftreden als inspecteur van het buitengewoon lager onderwijs* (’s-Gravenhage: HAGA, 1937), 209–13; A. J. Schreuder, “Zwakzinnigheid bij schoolkinderen,” *Paedagogische Studiën* 14 (1933), 256–61.

**Table 1.** Dutch schools (and schools with special classes) for “feeble-minded” children (1910–1940).<sup>a</sup>

	Schools	Pupils
1910	10	1,032
1921	34	3,225
1929	72	6,815
1940	148	14,628

<sup>a</sup>*Verslag van de staat van het Onderwijs in het Koninkrijk der Nederlanden over 1921–1940*: Van Drenth and Van Essen, “Dutch special education schools,” 811; Graas, *Zorgenkinderen*, 101.

conceived as a blessing for the children concerned, the regular schools that got rid of them, and society at large, which was saved from the “burden” of large numbers of unproductive citizens thanks to the training for a simple job in a special education school. Because of the predominance of religion in early twentieth-century Dutch society, eugenic concerns about a growing number of learning-disabled children, especially among the lower classes, or plans to control births “selectively” hardly played a role in the Netherlands.<sup>41</sup>

At first the selection of pupils for the special education schools proceeded along rather accidental lines. A local physician or a school doctor and the headmaster of the special school formed a committee that decided if a child was “essentially backward”, i.e. not too “mentally retarded” for schooling and no victim of underdevelopment because of truancy or a physical illness either. In Klootsema’s words: “not too seriously backward on the one hand and not too little on the other hand.”<sup>42</sup> To find this middle ground the committees experimented with questionnaires about a child and its school performance to be filled up by the teacher of the referring regular school, next to a checklist of items to be examined by the members of the admission committee who saw the child and its parents. For both, Klootsema presented a model. Each city used a different list, but they included roughly the same items: the medical histories of the parents and the child, its present physical condition, and the attainment level at the regular school (including the quality of speech, reading, writing, arithmetic, and drawing).<sup>43</sup>

At face value medical and pedagogical expertise cooperated smoothly in the process of selection for the special education schools. As a rule the heads of the receiving schools acknowledged the doctors’ expertise in diagnosing “mental deficiency”. In 1911 the Society of Teachers and Physicians working at Schools for Backward and Neurasthenic Children explicitly mentioned in their annual report that “the diagnosing of mental abnormalities” and medical treatment were a doctor’s responsibility.<sup>44</sup> In the same spirit the editors of the Society’s journal added a caption to an article by a psychiatrist, who insisted on a larger role for the medical doctor in the schools for the “feeble-minded”, stating that “his more scientific knowledge of mental abnormalities and . . . of physical influences on intellectual functions” made him a “perfect and often indispensable co-

<sup>41</sup>In this respect the Netherlands stand out as against countries such as the United States, Britain, and Scandinavian countries: see Noordman, *Om de kwaliteit*; Ernst Mulder and Frieda Heyting, “The Dutch Curve: The Introduction and Reception of Intelligence Testing in the Netherlands, 1908–1940,” *Journal of the History of the Behavioral Sciences* 34, no. 4 (1998): 349–66.

<sup>42</sup>Klootsema, *Misdeelde kinderen*, 33.

<sup>43</sup>Klootsema, *Misdeelde kinderen*, 90–3; Graas, *Zorgenkinderen*, 208.

<sup>44</sup>7<sup>de</sup> Jaarverslag, uitgebracht op de alg. Vergadering van 15 April 1911,” *Tijdschrift der Vereeniging van Onderwijzers en Artsen werkzaam aan Inrichtingen voor Onderwijs aan Achterlijke en Zenuwzwakke Kinderen* 3 (1911), 46–50, esp. 48.

worker” of the teachers.<sup>45</sup> This seems to have been meant to cover up the increasing tension between the two professions united in the Society. In reality, teachers far outnumbered the doctors participating in it, but they feared to be outstripped by the doctors’ academic expertise. At first doctors who joined it were mostly psychiatrists working in institutions for more seriously “mentally deficient” children, but gradually school doctors (appointed from 1904) came to dominate as they took responsibility for the medical part of the selection procedure for the rapidly growing number of day-schools for “feeble-minded” children. In 1927 almost all admission committees made use of their services.<sup>46</sup>

The school doctors Van Voorthuijsen (Groningen) and Herderschêe (Amsterdam) were very active and agenda-setting members of the Society, well acquainted with the selection problem, and held in high esteem by the teachers. Together with some equally highly respected psychiatrists they set up the first summer courses for teachers of learning-disabled children in 1913, out of which developed the regular training courses for teachers in special education starting in 1929.<sup>47</sup> Though important in the process of professionalisation of the teaching of children with learning disabilities and in lifting the status of teachers who specialised in this field, these courses did not undo the unequal status of the two professions, the one academically trained and ready to teach the other non-academic profession. This is reflected for example in the chairing of the Society by subsequent school doctors, Herderschêe among them, despite their minority status.<sup>48</sup>

These suppressed tensions did not prevent school doctors and headmasters of the special education schools from working harmoniously together in the local admission committees for the schools for the “feebleminded”. As the school doctors’ assignment was purely preventative and the treatment of the many ailments that they found with schoolchildren was explicitly excluded from it, their status was relatively low among medical professionals. This means that for them the selection procedure for special education schools could become a niche for the development of some exclusive expertise. Whereas in the late 1910s all major towns appointed at least one school doctor, the larger cities could sometimes appoint a whole team, which created the opportunity for one of the doctors to specialise in the supervision of the special education schools, including the selection of pupils. Herderschêe for example started out in 1907 in Amsterdam as one of a team of 12 part-time school doctors, before he took charge of the admission to the two schools for “backward” children and joined the admission committee headed by the professor of neurology and psychiatry of the local university. In their Saturday afternoon meetings the committee discussed the information provided by the headmasters of the regular schools and through the questionnaires. These discussions triggered his interest and marked the beginning of a career in child science.<sup>49</sup>

<sup>45</sup>Caption of the editors of the journal of the Society added to: D.M. van Londen, “De psychiater als leider voor paedagogie op de school voor achterlijken,” *Tijdschrift der Vereeniging van Onderwijzers en Artsen werkzaam aan Inrichtingen voor Onderwijs aan Achterlijke en Zenuwzwakke Kinderen* 2 (1910): 80–91, 92.

<sup>46</sup>70 of the existing 83 selection committees included a school doctor: Centraal Bureau voor de Statistiek, *Statistiek van het Buitengewoon Lager Onderwijs over 1927* (’s-Gravenhage: CNS, 1929), 80 – 92, 15.

<sup>47</sup>An official certificate was only created in 1951: H. Menkveld, *Zestig jaar opleiden voor het speciaal Onderwijs. De geschiedenis van de Stichting Buitengewoon Onderwijs en het Seminarium voor Orthopedagogiek* (Utrecht: Van Mechelen, 1989).

<sup>48</sup>Fedor de Beer, “Dr. D. Herderschêe en het bepalen van wezenlijke achterlijkheid,” *Tijdschrift voor Orthopedagogiek* 50 (2011), 603–20.

<sup>49</sup>*Ibid.*

As a rule in these committees the medical doctor took charge of the physical examination of the child's health, including his/her physical appearance and sensorial and mental functioning, and of the interpretation of the child's and the family's medical histories, while the headmaster of the special education school evaluated the information about the child's school performance and tested his/her attainment level in key subjects to determine the degree of the trailing behind "normal" pupils.<sup>50</sup> Soon, however, members of the committees expressed their concerns about the lack of objectivity of the criteria for acceptance and of scientific knowledge about the normal development of a child at subsequent ages. A clear standard of reference for a "normal" child's intellectual capacities was missing and it was recognised that the norm for admission – a child's achievement had to be at least two years behind grade level – was all but precise. This stimulated committee members to find out about these things for themselves. The psychiatrist and school doctor of The Hague, J.W.H. Wijsman, had been about to do so when he learned about Alfred Binet and Theodore Simon's first series of tests and decided to translate and adapt these for Dutch pupils, together with the headmaster of the local special education school, P.H. Schreuder. They tested the intelligence of the candidates for this school during more than three years and reported satisfactory results as regards the assessment of a child's "capacity to understand, consider and judge" in a teachers' journal in 1908. According to them the advantage of the *échelle métrique de l'intelligence* was that it approached intelligence directly and left out "everything that hinted at pedagogy".<sup>51</sup>

### Intelligence testing

Despite the pioneering work of the The Hague committee, Herderschêe got the credits for the introduction of intelligence testing in the Netherlands, and consequently for introducing a scientific approach to the selection for special education schools. Although acquainted with the leading international journals on educational psychology and child sciences – including *Année Psychology* and the *Revue Philosophique* in which Binet published<sup>52</sup> – he did want to find out for himself. He started about the same time with the development of a list of 70 questions that he first used to test 33 "normal" six-year old pupils, about which experiment he reported in a leading medical journal in 1908. Unlike Wijsman he referred to many experimental psychologists as source of inspiration, among whom the German psychiatrist and psychologist Theodor Ziehen figured prominently.<sup>53</sup> Like Binet and Simon, Herderschêe brought together questions about a large number of everyday situations and experiences from which acquired school knowledge was excluded as much as possible. As he focused on a single age group, the concept of progressive understanding was no part of his research. A few years later he added the results of 23 recently admitted eight-year-old pupils of the two Amsterdam schools for "backward" children, which – as expected – turned out to be considerably worse than

<sup>50</sup>De Beer, *Witte jassen*, 252–3.

<sup>51</sup>J.W.H. Wijsman, "De psychologische methode van Binet en Simon ter bepaling van het intellectueele peil, toegepast op Haagsche schoolkinderen," *Vaktijdschrift voor Onderwijzers* 11 (1908): 126–42, esp. 127, 142.

<sup>52</sup>Marc Depaepe, *Meten om beter te weten? Geschiedenis van de experimenteel-wetenschappelijke richting in de westerse pedagogiek vanaf het einde van de 19<sup>de</sup> eeuw tot aan de Tweede Wereldoorlog* (Leuven: KU, 1989).

<sup>53</sup>D. Herderschêe, "Over het kennen en kunnen van het normale, zesjarige kind," *Nederlandsch Tijdschrift voor Geneeskunde* 52 (1908): 1546–56.

those of the “normal” six-year-olds. In the meantime he had studied many more German, British, French, and Italian publications on intelligence testing, which had convinced him of the uselessness of skull measuring to determine intelligence and of the usefulness of Binet and Simon’s questionnaire and scale for the different ages of primary pupils, which – according to him – should be supplemented with information about the various human types of observation. The Binet-scale, he admitted in 1913 at the first Dutch Conference on Child Study, was most practical for a “preliminary selection” of the pupils of a special education school as it allowed for the discrimination between “essentially” and “accidentally backward” children.<sup>54</sup> In other words, it was a quick, effective, objective, and science-based instrument.

From 1913 Herderschêe translated, adapted, and experimented with Binet’s revised scales, especially the version of 1911. In 1919, when the Binet–Herderschêe test was published, it was immediately generally applied by the selection committees responsible for the admission to schools for the “feeble-minded”. The addition of Wilhelm Stern’s age-related quotient (in 1911) made the test even more easy to use. To the published version of the test were added a “research booklet” and utensils (*utensiliën*), which replaced the questionnaires. This implied a high level of standardisation of the admission procedure. With the IQ-test, Binet’s handy criterion for admission to a special education school became the standard as well: a child needed to trail behind his/her peers at least two years at ages seven or eight, and three years from age nine.<sup>55</sup>

The testing itself needed, according to Herderschêe, to remain a prerogative of a physician, provided that psychologists were not available. In his eyes, teachers did not qualify, because they had no experience with research, whereas a physician was used to diagnosing “as objectively as possible” and avoiding any suggestion in the questions he asked, while a teacher’s “mission in life” was being suggestive. After the initial selection a physician should indicate the cause of the “mental deficiency”, which he assumed was likely to be found in heredity. The teacher was, according to him, only capable of determining if a child met the criterion that s/he would never be able to keep up with the tempo of the teaching or reach the end-terms of regular primary education, a judgement that did not have to be made often because at the time “ineducable idiots” were usually institutionalised well before age seven, the minimum age of selection.<sup>56</sup> Little opposition was heard, but some headmasters of special education schools preferred to do the testing themselves, because in their opinion a school doctor was insufficiently trained in psychology and missed experience in interpreting a child’s answers and performances required by the test.<sup>57</sup>

After IQ testing had become part of the standard procedure for admission, the discourse on learning-disabled children shifted to other aspects, such as hereditary causes, definitions, and IQ norms for debility (below 75/80), imbecility (below 50/55), and idiocy, the value of other kinds of tests, and a standard questionnaire developed by

<sup>54</sup>D. Herderschêe, “De beoordeling van het ‘Verstand’ van achterlijke kinderen”. *Verslag van het Eerste Nederlandsche Congres voor Kinderstudie* (Amsterdam: De Bussy, 1913), 251–76, esp. 265, 268. His reservations towards Binet’s scale had earlier been expressed in: D. Herderschêe, “Eenige methoden tot beoordeling van het intellect toegepast op normale kinderen,” *Psychiatrische en Neurologische Bladen* 13 (1909): 209–33; D. Herderschêe, *De candidaten voor de scholen voor achterlijke kinderen* [s.l.: s.n., 1911].

<sup>55</sup>D. Herderschêe, “De tests,” *Pais* 3 (1919): 132–45.

<sup>56</sup>D. Herderschêe, “De keuringscommissie van de scholen voor achterlijke kinderen,” *Pais* 1 (1917): 5–9.

<sup>57</sup>H.E., “Het paedagogisch onderzoek volgens Terman,” *Tijdschrift voor R.K. Buitengewoon Lager Onderwijs* 3 (1927), 220–3.

Herderschêe to acquire the necessary information from the referred child's regular school.<sup>58</sup> In the 1930s, however, as in other countries where testing was introduced as a scientific means of selection, teachers of special education schools criticised the key role played by external experts – psychologists or physicians – in the procedure and the strong emphasis on the results of the IQ test.<sup>59</sup> Apart from professional pride, in the Dutch case this scepticism was also inspired by the re-evaluation of social incompetence as a more relevant criterion and the wish to spare children with a good “life intellect” the stigma of “feble-mindedness”. It was argued by teachers that the receiving headmaster of the special education school ought to play a more important role in the procedure, whereas the physician's role should be reduced to the physical examination of the candidate. Even if the physician was acquainted with psychiatric examination of “feble-minded” persons – a requirement since 1933 – he still was no testing expert, they claimed.<sup>60</sup>

Having been trained by psychiatrists in the new courses for teachers in special education, in 1937 a group of headmasters of schools for “feble-minded” children issued a critical report on behalf of the National Teachers' Union, in which they proposed a more pedagogical approach to the selection. They defended the rule that a child's school performance should at least be two years behind the norm for an examination to be initiated. Intelligence testing had better be done with a less one-sided language-oriented test than the one that was currently used. Alternatives like Henri Goddard's, Otto Bobertag's, and Louis Terman's revisions of the Binet–Simon scale met the mounting international critique of the original test, they had learned from studying the international literature. For young children, moreover, a non-language-scale test was needed, like for example Rudolf Pintner's Picture Completion Test. Next to intelligence tests, a proper selection of pupils could profit from the use of other kinds of tests, such as performance, group, and character tests, they insisted. To enable this, the teachers suggested a three-month period of observation at the receiving special education school, during which the educational possibilities of a child would be determined. All of the proposed tests were to be administered by the headmasters of the receiving schools, whose judgement was to be decisive.<sup>61</sup>

School doctors answered the mounting critique of the current selection procedure, with a key role for the Binet–Herderschêe test, by once more demonstrating its effectiveness. One of them, for example, reported on longitudinal research into the school careers of all children who had been tested in the City of The Hague between 1926 and 1934, comparing the careers of the ones who had and those who had not been admitted to

<sup>58</sup>D. Herderschêe, “De definitie der verstandelijke debiliteit,” *Tijdschrift voor Sociale Geneeskunde* 3 (1925): 132–4; D. Herderschêe, “De oorzaken der zwakzinnigheid,” *Tijdschrift voor Buitengewoon Onderwijs* 6 (1925), 141–59; D. Herderschêe, “Test-onderzoek en schatting der begaafdheid,” *Tijdschrift voor Sociale Geneeskunde* 6 (1928) 197; D. Herderschêe, “Eenige paralleltests bij de methode van Binet,” *Psychiatrische en Neurologische Bladen* 33 (1929), 77–84; P. de Boer, “Het medisch-paedagogisch onderzoek aan de scholen voor B.O.,” *Jeugd en Beroep* 1 (1928), 58–63.

<sup>59</sup>Milewski et al., “Mental Testing”; Frederik Forrai Orskov and Christian Ydesen, “Playing the Game of IQ Testing in England and Denmark in the 1930s–1960s: A Socio-material Perspective,” *Oxford Review of Education* 44, no. 5 (2018): 599–615.

<sup>60</sup>Guided by these arguments the professional Society of Teachers and Physicians Working in and for Special Education Schools installed a research committee, consisting of two headmasters and Herderschêe. It reported in 1934, to the dissatisfaction of the teachers, that the Binet–Herderschêe test was still the best instrument of selection: “Verslag Algemene Vergadering,” *Tijdschrift voor Buitengewoon Onderwijs* 15 (1934): 144–9; F.A. van Riet, “Het intelligentie-onderzoek der kandidaten,” *Tijdschrift voor Buitengewoon Onderwijs* 16 (1935): 76–9.

<sup>61</sup>P. de Boer, A. ter Horst, J. van Ketel, F.A. van Riet and A. Timmer, *Rapport ener commissie, ingesteld door het hoofdbestuur van de Bond v. Ned. Onderwijzers* (Amsterdam: Bond van Nederlandse Onderwijzers, 1937).



a special education school.<sup>62</sup> A former colleague, now national inspector, Van Voorthuijsen presented the outcomes of a survey among all headmasters of schools for “feble-minded” children.<sup>63</sup> In each case the results supported the claim that the current procedure was essentially effective and that the key role should not be given to teachers, but continue to be played by school doctors. According to the doctors, the teachers were not fit to decide in this matter, because they were not trained adequately, did not understand a scientific procedure such as testing, or might feel tempted to help a child being tested, with the consequence of a useless result. In other words: teachers were not academics. Therefore, the procedure should not be changed and doctors and teachers should continue to cooperate as admission authority. It was admitted by some school doctors that the model for the Binet–Herderschêe test, the Binet–Simon test, was seriously criticised by experts, but most of them continued to accept the test as a useful tool to identify a truly “feble-minded” child.<sup>64</sup>

Being educated at a special place was, according to these professionals, a blessing for the “abnormal” child, for regular schooling, and for society as it created the opportunity for an otherwise “useless” person to learn for a simple job and took away the “burden of the retarded” from the regular school with the consequence of a better performance in the teaching of “normal” children. Parents and teachers in the regular school were to blame for not recognising the importance of an early referral to a special education school for a child in order to become a productive citizen.<sup>65</sup> These arguments continued to be presented in the after-war years, when they amounted even to boasting of the relatively high number of “feble-minded” children attending a special education school in the Netherlands.<sup>66</sup>

## Conclusion

In the Netherlands children with learning disabilities were separated from “normal” ones to be taught in a special education school from the mid-nineteenth century. Inspiration to do so was taken from both medical doctors teaching deaf children and educators of so-called “idiots” in German-, French- and English-speaking countries. The first classifications of “mental deficiency” focused mainly on a child’s capacity to communicate and learn to adapt to society, and to a lesser degree on attention. Day-schools for “backward” children developed since the turn of the century as an effect of compulsory education and a desire to promote mass schooling’s efficiency. They were meant for “educable feble-minded” children, indicated as “debiles”, who could thanks to special schooling become productive citizens. The more seriously mentally disabled “idiots” and “imbeciles” were

<sup>62</sup>Swanenburg de Veye, *Het onderzoek*.

<sup>63</sup>A. van Voorthuijsen, “Rapport van den Raad-Adviseur dr. A. van Voorthuijsen over: De keuze van de leerlingen der scholen voor zwakzinnigen,” in *Mededeelingen van het Ministerie van Onderwijs, Kunsten en Wetenschappen* (’s-Gravenhage: Ministerie van Onderwijs, Kunsten en Wetenschappen, 1939), 475–505.

<sup>64</sup>G.D. Swanenburg de Veye, “Over het medisch-paedagogisch onderzoek der candidaten voor Haagse buitengewone lagere scholen,” *Tijdschrift voor Buitengewoon Onderwijs* 16 (1935): 19–21; Swanenburg de Veye, *Het onderzoek*; Van Voorthuijsen, “Rapport”; D. Herderschêe, *De geestelijke volksgezondheid en het vraagstuk der zwakzinnigheid* (Amsterdam: N.V. Noord-Hollandsche Uitgeversmaatschappij, 1947), 97. It was demonstrated only in 1969, when the Binet–Herderschêe test was still used by the majority of committees, that it was never properly standardised: Mulder and Heyting, “The Dutch Curve”.

<sup>65</sup>Swanenburg de Veye, *Het onderzoek*, 13.

<sup>66</sup>Van Liefeland, *De school*, 25.

conceived as largely ineducable. They belonged at home or in an institution, experts agreed. Gradually, however, the belief in the educability of “imbeciles” grew.

Nevertheless, during the first four decades of the twentieth century the dividing line between “normal” and “mentally deficient” children appears as more important than the one concerning (in)educability. Each of the theorists who defined categories of educable learning-disabled children paid ample attention to criteria determining if a child needed special education. Despite the recognised merits of the special education schools they all warned against undue labelling as “backward” of low achieving children in the regular school and, consequently, against undue placements. Only “truly feeble-minded” or “essentially backward” children belonged at a school for “feeble-minded children”, not the “underdeveloped” or “accidentally backward” ones, it was argued. The latter were held to be victims of a sensorial dysfunction, illness, a special learning disability, or a “dull school-life” and would benefit more from extra lessons and support in a regular school. Gradually, from the late 1920s, the concepts of “feeble-mindedness” and “backwardness” met critique, as they focused on school performance instead of social competence, whereas special education schools aimed to prepare children for social participation, independent of a child’s scholastic attainment level. Alternative concepts, including a differentiation between “school debiles” and “life debiles” – of whom only the latter were said to belong at a special school – made this dividing line even more disputable.

At first a physician and a headmaster of a special education school who made up the admission committee determined if a child was not too seriously and not too little “backward” to qualify for a school for “debiles”. From 1920 IQ testing became part of a standardised selection procedure for admission to a school for “feeble-minded” children. The intelligence test was believed to be an objective and scientific instrument to discriminate between “essentially” and “accidentally backward” children and, therefore, to prevent undue admissions to the special education school. In the absence of psychologists, the testing was done by the medical doctor, who also took charge of the physical examination and the interpretation of the medical history of the child, whereas the headmaster’s authority concerned fields that lacked a scientific basis: the evaluation of a child’s school performance and the prognosis as to further development. Some committee doctors specialised to become child scientists. Together with psychiatrists they taught the first courses to headmasters of special education schools. In the 1930s, as in other countries, as a consequence of their professionalisation, these headmasters increasingly voiced critique of the predominant role of physicians in the selection procedure, arguing that measurement of a child’s intelligence was a too-narrow basis to decide if a child belonged at a special school.

Despite the professionalisation of the headmasters, in the expert discourse on the classification and selection of pupils for the schools for “feeble-minded” children, a major shift of emphasis between the medical and the pedagogical professional competence claims did not take place before World War II. The doctors continued to dominate the developing scientific assessment culture and this was reinforced by the introduction of intelligence testing. Consensus grew only after the war that the judgement of a child’s learning capacity and future social competence was best put in the hands of testing experts, such as psychologists, next to those whose daily work focused on guidance of children towards social participation. That required the training of educational psychologists and the elevation of special education studies to an academic level, processes that did not start until the 1950s.

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## Notes on contributor

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