

“Snips and Snails and Puppy Dog Tails”: Boys and Behaviour in the USA

Matthew Smith

Abstract. In *The Adventures of Tom Sawyer* and *Huckleberry Finn*, Mark Twain introduced two of the most iconic boys in American literature. Tom and Huck become heroic figures, despite their penchant for bad behaviour. Indeed, it is their propensity to be impulsive, break rules and defy authority that win them the day. Today, however, Tom Sawyer and Huck Finn have become the posterboys for a psychiatric disorder, Attention Deficit Hyperactivity Disorder, or ADHD. I trace how and why attitudes about pathological boys' behaviour reversed during the twentieth century, from a focus on shy, introverted, and physically passive boys to the very opposite – boys like Tom and Huck. I argue that, rather than imposing limits on childhood behaviour, we should be more accepting and encouraging of all types of children.

Keywords. ADHD, children, gender, United States, mental health

Résumé. Dans *Les Aventures de Tom Sawyer* et *Huckleberry Finn*, Mark Twain a fait connaître deux des garçons les plus emblématiques de la littérature américaine. Tom et Huck deviennent des personnages héroïques en dépit de leur mauvaise conduite. En fait, c'est leur tendance impulsive ; leur inclination à enfreindre les règles et à défier l'autorité qui les aide à sauver la mise. Aujourd'hui, Tom Sawyer et Huck Finn sont toutefois devenus synonymes d'un trouble psychiatrique : le trouble du déficit de l'attention avec ou sans hyperactivité, ou TDAH. Cet article démontre comment et pourquoi le 20^e siècle entraîne un revirement des attitudes vis-à-vis des troubles pathologiques du comportement chez les garçons, alors que l'accent n'est plus mis sur les garçons timides, introvertis et physiquement passifs, mais sur des garçons comme Tom et Huck. Cet article conclut que, plutôt que d'imposer des limites au comportement des enfants, nous

Matthew Smith – Department of History, University of Strathclyde

Originally submitted 23 November 2017; accepted 21 September 2018.

devrions avoir une attitude plus ouverte et supporter le développement de tous les types d'enfants.

Mots clés. TDAH, enfants, genre, États-Unis, santé mentale

What are little boys made of?
Snips and snails and puppy-dog tails;
That's what little boys are made of.

—Robert Southey¹

Introduction

In 1876, Mark Twain (1835–1910) introduced two of the most vivid, captivating, and emblematic boys ever to have graced American literature: Tom Sawyer and Huckleberry Finn.² On first blush, Tom and Huck appear to be quite different characters in *The Adventures of Tom Sawyer*. While Tom lives a relatively comfortable life with his stern, but loving, Aunt Polly, Huck is the son of the town drunk, who sleeps rough in good weather, and is depicted wearing hand-me-down adult overalls, held up by only one suspender. Tom's success “licking” a new boy in a fight and convincing his compatriots that they should pay him for the privilege of whitewashing a fence mark him out as a confident young man, perhaps a budding leader. Huck, in contrast, is described as “the juvenile pariah of the village” of St. Petersburg, Missouri.³ But despite their dissimilar economic and social circumstances, they are inextricably linked by a series of characteristics, namely mischievousness, impetuosity, creativity, and a certain degree of defiance when it comes to obeying the wishes of adults. They are both good boys in a moral sense, but not necessarily when it comes to following rules or avoiding trouble.⁴

But what would we make of Tom and Huck today? A recent article in *Slate* magazine suggested, quite convincingly, that Twain's heroes would both be diagnosed with mental disorders; while Huck presents the symptoms of Oppositional Defiance Disorder (ODD), Tom is a clear case of both ODD and Attention Deficit Hyperactivity Disorder (ADHD).⁵ As author Anne Applebaum describes, not only does Tom struggle to concentrate in school, he also

manifests many disturbing behaviors. He blames his half-brother for his poor decisions, thus demonstrating an inability to take responsibility for his actions. He provokes his

peers, often using aggression. He deliberately ignores rules and demonstrates defiance toward adults. He is frequently dishonest, at one point even pretending to be dead. Worst of all, he skips school.⁶

Although many of the adults in Tom's life see his behaviour as problematic – not least his long-suffering Aunt Polly, who blames Tom's misbehaviour on the fact that he is “full of the Old Scratch,” or the devil – it is also evident that these very behaviours, when described in a more positive light or applied in different circumstances, are also what help Tom ultimately win the day.⁷ Tom's “restless impatience” see him strike out at night to the graveyard, where he sees Injun Joe murder young Dr. Robinson.⁸ His impulsivity in the witness box during the trial that eventually follows allows him to testify against Joe, saving the drunk Muff Potter from the hangman's noose. His defiance in the face of pedagogic authority even helps him win the favour of Becky Thatcher, when he accepts blame for the damaging of a book that she has in fact torn. According to Applebaum, “the very qualities that made him so tiresome – curiosity, hyperactivity, recklessness – are precisely the ones that get him the girl, win him the treasure, and make him a hero.”⁹ Much of the same can be said of Huck Finn. Although he remains recalcitrant to “sivilization,” his heroic actions and humanity are rooted in a willingness to be unconventional, to break the rules when the situation demands that he do so.¹⁰

Why did the characteristics we identify with Tom and Huck become the symptoms of mental disorders? How did boyhood characteristics once identified as heroic become the stuff of the *Diagnostic and Statistical Manual of Mental Disorders*? In what follows, I suggest the following: first, prior to the 1950s, there was little psychiatric or societal concern about boys who exhibited the sort of attributes now identified as symptoms of ADHD (specifically, hyperactivity, inattentiveness, impulsivity, defiance, and aggression). When such behaviours were identified as problematic, as in the singular articles by Scottish psychiatrist Thomas Clouston (1840–1915) and the English pediatrician George Still (1868–1941) that are often cited as proof of ADHD's timelessness, they were thought to be so extreme that the exceptional children in question were thought to be destined for a psychiatric institution due to the danger they posed to others.¹¹ Second, the type of boys who were of concern were the very opposite type of boy – those characterized

by shy, nervous, withdrawn behaviour. Third, looming behind the shift in psychiatric concern from remote, introverted boys to boisterous, hyperactive boys were more fundamental revolutions in the American political, social, cultural, and domestic landscape, changes that disproportionately affected the ways in which boys and their role in American society were perceived. In other words, the ADHD boy of today did not exist prior to the 1950s because the factors that gave rise to concern about ADHD behaviours did not yet exist.¹² As expectations of boys changed, those who were unable to adapt to an environment that increasingly privileged intellectual over physical success were less seen as being charmingly boyish and evermore seen as disordered.

The Nervous Child

While young Americans during the late nineteenth and early twentieth centuries were reading about rascals such as Tom and Huck, Americans interested in the mental health of children were worried about an altogether different type of boy. As children's literature expert Jerry Griswold describes, reflecting on the contemporary observations of physician and polymath Oliver Wendell Holmes, Sr. (1809–1894) in *The Professor at the Breakfast Table* (1860), there were two views of the American child during this period. The first, personified in Tom Sawyer, was "hot-blooded (and) round cheeked,' full of robust vitality and 'hearty animal existence,' inclined to knock off hats and chalk doorways and shoot firecrackers." The other, which was represented in older children's literature, and to which the character Tom Sawyer was, to a degree, a foil, was the "thin, white-faced' sufferer, unfit for living, conscientious, an example of 'premature decay'".¹³ From a mental health perspective, it was this latter type of child, characterized not only by ill health, but also by neurotic, withdrawn, and introverted behaviour, that was the focus of physicians, educators, and other child experts. Concerns about nervous boys – and girls – reflected broader notions about neurasthenia (or nerve exhaustion) in adults, which were popularized by psychiatrists, such as Edwin Van Deusen (1828–1909), and neurologists, such as George Beard (1839–1883) and Silas Weir Mitchell (1829–1914).¹⁴ A nebulous and changeable disorder, neurasthenia could manifest itself in symptoms ranging from gastrointestinal problems and headaches to depression and fatigue.¹⁵ As historian David Schuster has described, a wide range of therapies were offered

to treat the condition, ranging from the Giant Power Heidelberg Electric Belt, which literally recharged patients with vitalizing energy, to tonics, nascent talking therapies, rest cures, exercise, and therapeutic spirituality.¹⁶

Just as those adults most susceptible to neurasthenia were those who worked too hard, children who studied too much and did not have enough time for physical activity in the great outdoors were at the greatest risk of succumbing to mental health problems.¹⁷ None other than Mark Twain refers to such dangers in *Tom Sawyer*, when he describes the fate of a “boy of German parentage,” who suffered a mental collapse memorizing the Bible in order to win the rather disappointing prize of “a plainly bound bible.” The German boy had “once recited 3000 verses without stopping; but the strain upon his mental faculties was too great, and he was little better than an idiot from that day forth – a grievous misfortune for the school.”¹⁸ Medical experts also believed that such overexertion and precocity could have a long-term effect on future mental health. As Philadelphia surgeon Walter L. Pyle (1871–1921) described in his domestic medical manual, *A Manual of Personal Hygiene* (1900), “the advent of school age presents many serious problems, and . . . it is often at this time that the laws of mental and nervous hygiene suffer the first infringement by which profoundly deleterious results are brought about.”¹⁹ Nervousness was not only a problem in itself; it was a predictor for future mental health woes.

In both adults and children, the excessive pressures and expectations of American society, along with a hereditary predisposition to nervousness, were thought to be at the root of the problem. Although Pyle contended that their “natural inattention and playfulness” safeguarded children under the age of 12 from such “deleterious results” in all but a small number of cases (sunlight, pure air and suitable furniture were more important factors in this age group), older children were much more susceptible to “brain overwork.”²⁰ As the surgeon warned:

After the age of twelve, the question of brain overwork really begins to assume proportions worthy of serious consideration, for it is then that what we may term the fancy-work of education commences. By this it is meant that children are launched upon the variegated curriculum of the high-school and academy, and are subject to a process of mental gymnastics sufficiently arduous to strain the powers of an adult.²¹

When puberty, and the even more pernicious risk of masturbation, were added to the mix, the adolescent schoolboy was seen by many contemporary medical and child development experts to be in great danger of "absolute mental and nervous ruin."²² Although schools were targeted for inducing such "overwork and overworry," parents were also blamed for demanding unreasonably high scholastic achievement and requiring their children take extracurricular classes, such as music lessons, which not only added to their workload, but also deprived them of "needed exercise and recreation."²³

For those children who were already nervous, special care was advocated. An 1888 editorial in the *Annals of Hygiene*, entitled "Never Make Fun of Nervous Children," described a ten-year-old boy, "who is the brightest boy in his class at school, fond of reading and natural history; but he is of a highly nervous temperament, and has not been taught to control the little wires, so to speak, on which he has been strung."²⁴ The writer proceeded to state that such children were commonplace and that the adults in their lives should treat them kindly: "Encourage them. Help them. Be patient with them. They are the making of our successful men and women, for they will work hard at whatever they undertake. Brace up your own nerves first, and then be indulgent towards the capers of your over-nervous children."²⁵ Such boys were certainly not made of snips and snails and puppy dog tails, but apparently of much more delicate material. But, as would be argued in the decades that followed the Second World War, they were nevertheless worth the investment in care and attention; the American future depended on their intellectual abilities.

Others noticed that nervous children tended to be "extremely bright," contributing to the great expectations of their parents, but that such "mental precocity is not often maintained in afterlife."²⁶ Such observations are somewhat ironic given that a large proportion of children diagnosed with ADHD have similarly been thought to possess above-average levels of intelligence.²⁷ It is also worth noting that what was often recommended for such nervous children were more opportunities for physical exercise and time in the outdoors, suggestions that have also been made regarding children diagnosed with ADHD today.²⁸ Unlike the epidemiological trends associated with ADHD, however, where boys have been disproportionately diagnosed, girls were seen to be equally, and sometimes more, susceptible to the perils of studying too hard, just as women were

seen to be at equal risk of succumbing to neurasthenia. Silas Weir Mitchell, who specialized in treating female sufferers of neurasthenia, believed that girls were especially vulnerable to overstudy, and others made similar observations.²⁹ Although the epidemiology of ADHD suggests that it has been a gendered disorder, the relationship between gender and nervousness in children was subtle, made all the more so by concerns about sexuality.³⁰ Girls could certainly be nervous, but it was a trait that was particularly pernicious to boys, partly because it was linked to fears of homosexuality. As historian Kathleen W. Jones has demonstrated with respect to Boston's Judge Baker Guidance Clinic, the inability of boys, in particular, to demonstrate "real boy" behaviour, the sort of behaviour that would help them "become a 'real man' lay beneath both the clinic's explanations of misbehavior and the treatment goals for adolescent males."³¹ Children's literature expert Kenneth Kidd similarly notes that concerns about boys and sexuality also informed "boyology . . . the American pseudoscience of boy analysis that flourished in the early twentieth century."³² Borrowing the term from YMCA leader Henry William Gibson, who wrote *Boyology or Boy Analysis* (1916) and *Camping for Boys* (1913), Kidd suggests that the YMCA, the Scouting movement, and the 4-H programs were all designed as "character-building" initiatives to ensure that boys had the proper training and mentorship to become men.³³

Medical interest in neurasthenia in adults had all but disappeared by the 1920s, due to changes in psychiatric theory, changes in medical marketing (it became more difficult to sell "cures" like the electronic belt), and the growth of scientific medicine, but nineteenth-century concerns about nervous children remained. As historian Sarah Hayes has argued with respect to the British context, "the concept of a maladjusted 'rabbit' developed following longstanding concerns with children who were considered to be overly nervous or emotionally 'delicate,'" which dated back to the nineteenth century.³⁴ The emergence of two influential forces in early-to-mid-twentieth-century psychiatry – first, the psychoanalytical theories and analytical psychology of Sigmund Freud (1856–1939) and Carl Jung (1875–1961), respectively, and, second, the mental hygiene and child guidance movements – exacerbated worries about nervous children because both approaches to mental health saw childhood nervousness as a precursor to future mental health problems. In the introduction to *The Problem of the Nervous Child* (1920), by educator

and child expert Elida Evans, none other than Jung enthused that Evans' book

will be a valuable co-operation in the fight against the widespread evil of neuroses in adults. More and more the neurologist of today realizes the fact that the origin of the nervousness of his patients is very rarely of recent date, but that it traces back to the early impressions and developments of childhood.³⁵

Such views, coming from the founder of analytical psychology, and Evans' approach to the problem of the nervous child more generally, fitted in neatly not only with Jungian ideas of neurosis, but also with Freudian psychoanalysis, which was beginning to have some influence in the US.³⁶

But the "nervous child" could also be viewed in more biological terms. French-born neurologist Alfred Gordon (1874–1953), who immigrated to the US in 1899, interpreted nervousness in a more literal sense, stating that the condition implied that an individual's "nervous system was not in perfect equilibrium."³⁷ The manifestations of nervousness, therefore, could be expressed either behaviourally, with "fear" being the predominant characteristic, or physically, in the form of tics, tremors, or even respiratory symptoms, such as asthma attacks and other allergic phenomena.³⁸ As with other child development experts, Gordon warned that nervousness needed to be addressed early on in life in order to prevent future problems.³⁹

This is not to say that other types of psychiatric problems were not recognized in children during the first half of the twentieth century. Children who exhibited delinquent, sexually inappropriate, violent, and generally antisocial behaviour were also identified by child guidance experts as troublesome, reflecting broader trends toward the medicalization of childhood behaviour in the US.⁴⁰ Moreover, many experts believed that these behaviours were often rooted in underlying nervousness.⁴¹ But child experts, particularly those increasingly influenced by Freud, Jung, and psychoanalytical theory, were more likely to single out neurotic children as particularly problematic.⁴² As American child psychiatrist Gregory Rochlin would note in the early 1960s, reflecting on the tendency of child experts of previous decades to focus on withdrawn children, "motor activity in the young child, even if excessive, is more favourably regarded

than its opposite. Although the child who is hyperactive may be as emotionally disturbed as the shy inhibited child, the latter is apt to receive more attention than the former.”⁴³

Or, as columnist and New York University education professor Alice Keliher (1902–95) remarked in 1957 in the American education journal *Grade Teacher*: “mental hygienists are more troubled about withdrawing, shy, really sick children.”⁴⁴ Similar sentiments were reflected in contemporary textbooks on child psychiatry, such as those written by pioneering child psychiatrist Leo Kanner (1904–81), which focused a great deal on nervous children, and other medical literature.⁴⁵ Just as interest in ADHD is reflected today in journals such as the *Journal of Attention Disorders*, concern about neurotic children was made evident by journals such as *The Nervous Child*, which ran from 1941 to 1956. While *The Nervous Child* unsurprisingly ran numerous articles on how to recognize and treat children who were anxious, fearful, or who had developed physical symptoms, such as tics, as a result of their neuroses, it also explored the relationship between nervousness and other health problems faced by children, including epilepsy, polio, cerebral palsy, allergic disease, and disabilities, such as hearing and visual impairments.⁴⁶ These associations both underline the heightened interest in psychosomatic aspects of illness during the 1940s and 1950s and highlight the significance of nervousness as a pathological factor.⁴⁷ Not only could nervousness trigger somatic conditions, such as asthma or tics, but it was also a pernicious enough symptom in itself to be worth considering in pediatric cases of polio and tuberculosis.⁴⁸ A causative factor in somatic disease, a portent of future emotional problems, and a challenge to masculinity, nervous behaviour, particularly in boys, was a symptom to treat seriously.

Boys Like Charles

Many child experts continued to express concern about “withdrawing, shy, really sick children” following the Second World War.⁴⁹ In “The Children We Teach” column that Cornell University’s Child and Family Studies professor Katherine Reeves (1899–1963) wrote for *Grade Teacher*, for example, nervous children were the most common topic of discussion. But an article Reeves published in 1956 entitled “Each in His Own Good Time” indicated that the characteristics of the troubled child, and especially the troubled boy, were

changing. After portraying a withdrawn, nervous child, as she had done on so many previous occasions, Reeves described another boy:

Charles, on the other hand, is tall, with quick dark eyes, restless hands and body and unreliable co-ordination which seems to come because he cannot synchronize his ideas and his movements. He slips from one interest to another, intense in his preoccupation of the moment, absorbing the essence of each, but moving insatiably from one activity to the next. Speed, movement, rapid-fire questioning, impatience, and irritability when he cannot manipulate situations successfully are characteristic of his behaviour.⁵⁰

Boys like Charles presented a markedly different challenge to not only child experts, but also teachers, physicians, and parents. Whereas nervous children had been characterized by anxiety and a lack of physicality, Charles' problem was the opposite. He had a surfeit of movement and an inability to control impulses. He was a completely different type of boy, but also a boy not too dissimilar to Tom Sawyer, Huckleberry Finn, and other boy heroes of American literature from generations past. But although Reeves optimistically predicted that "Charles will, in time, work with greater concentration, if with no less intensity," and hoped that he would not "be forced to compromise his essential personality," many of Reeves' contemporaries thought otherwise.⁵¹ By the early 1960s, boys like Charles, who presented hyperactive, impulsive, and distractible behaviours, had replaced the nervous, withdrawn child as the poster child of childhood psychopathology, and were being prescribed stimulant drugs, such as Ritalin, to treat their condition. Moreover, such boys posed a threat not only to themselves, but also to the very security and future prospects of the US.

There are many ways in which to interpret the shift in concern from nervous to hyperactive children during the late 1950s and early 1960s, a transition which culminated in the emergence of ADHD, the most common childhood psychiatric disorder for the past half-century.⁵² Among the many factors involved in the rise of hyperactivity include the demographic impact of the baby boom generation, the tensions of the Cold War, debates within the psychiatric profession, the expansion of psychopharmacology, the evolving domestic, educational, and recreational environment, and even changes in what children were eating.⁵³ But if we are to understand what this increased focus on hyperactivity meant for boys, two key

features of the shift in medical attention from introverted to hyperactive boys need to be highlighted. First, it is important to note that hyperactivity was a much more gendered disorder than nervousness. Whereas psychiatrists were somewhat more concerned about nervous boys than nervous girls, partly due to their overarching worries about male sexuality, hyperactivity was disproportionately a male phenomenon. Although girls were certainly diagnosed with hyperactivity, boys were more commonly associated with the disorder, a pattern which continues today.⁵⁴ The second crucial feature, which also contained elements of gender, involved where such behaviour was first identified and, by extension, the environments in which it was thought to be most destructive. While nervous, introverted behaviour could pose difficulties for children in many facets of their life, hyperactivity was firmly linked with academic underperformance and, ultimately, limited vocational potential. Hyperactivity was an educational disorder and it affected boys most of all.

So, why did the shift occur? In order to comprehend the rise of hyperactivity and the decline of the nervous child, it is crucial to elaborate upon the changing role of children, and especially boys, in postwar American society. Childhood historian Harry Hendrick has described the ways in which definitions and experiences of childhood have often altered according to changes in adult expectations of children. Children, according to Hendrick, are perceived predominantly as potentialities, securities that are not nurtured so much as exploited in the interest of adults. They “are to be possessed in order to maximise their potential as investments in *our* future,” an adult-centred interpretation of childhood that has contributed to the veritable pathologization of childhood and, particularly, boyish behaviour.⁵⁵

Many parallels can be drawn between Hendrick’s arguments about how adults view childhood and the understandings and experiences of children during the postwar period. Children born during the years following the Second World War were members of the baby boom generation, the most populous cohort in American history. Between 1946 and 1964, American mothers representing the smallest cohort of the twentieth century, those born in the 1930s, gave birth to 75 million children, a figure that equalled roughly half of the American population reported in the 1950 census.⁵⁶ It is difficult to overestimate the cultural, economic, and political impact of the baby boomers, particularly since their demographic heft continues to be felt today, not least if you are part of a pension plan.⁵⁷

But it is also important to note that their influence began almost immediately.

The baby boom generation, according to some historians, ushered in a virtually "filiarchal" society during the 1950s, that is, one preoccupied with and dominated by the supposed interests of children.⁵⁸ Epitomized by the proliferation of child-oriented television, rock n' roll, comic books, and toys, such as Barbie (b. 1959), match box cars, Mr. Potato Head, and, especially, educational toys, the perceived needs of children also fuelled suburbanization.⁵⁹ Although economic prosperity, low-cost mortgages for returning servicemen, racial tensions, and the boom in automobile ownership also help to explain why Americans fled urban centres for the periphery, the desire to give children an ideal place to grow up and learn was also central.⁶⁰ But alongside the urge to cater for the baby boomers was a deep-seated concern about the generation and their ability to see the US safely into the second half of the twentieth century. Central to these worries, which were constantly amplified by the spectre of the Cold War, were the mental health and the educational abilities of the baby boom generation.⁶¹

The focus on the mental health of children evolved, to a degree, out of broader debates about adults and mental illness, which were triggered by American participation in the Second World War. As part of the recruitment process, potential soldiers were given a psychiatric evaluation to assess their suitability for service. To the shock of the psychiatric community, including influential figures such as Robert Felix (1904–85) and William Menninger (1899–1966), a surprisingly high percentage of recruits were rejected on psychiatric grounds.⁶² Alarmed by the figures, Felix, Menninger, and other psychiatrists were able to convince the government that action was necessary and, in 1946, the National Mental Health Act was passed, leading to the creation of the National Institute of Mental Health (NIMH), with Felix at its head.⁶³ The National Mental Health Act was supplemented in 1955 by the Mental Health Study Act, which led to the Joint Commission on Mental Illness and Health, "an objective, thorough, nationwide analysis and re-evaluation of the human and economic problems of mental health."⁶⁴ One of the major findings reported by the Commission was that there was a "groundswell of pressure for a study on the mental health of children," and, subsequently, the Joint Commission on the Mental Health of Children (JCMHC) was created in 1965 as part of the Social Security Amendments of President Lyndon Johnson (1908–73).⁶⁵ The title of JCMHC's final report,

Crisis in Child Mental Health, indicated just how dire the authors believed the state of affairs was.⁶⁶

The spotlight on the mental health of children was amplified by similar fears about juvenile delinquency, which was believed to have been on the increase since the Second World War.⁶⁷ To an extent, concerns about juvenile delinquency during the postwar period should be seen as a separate, yet parallel, development to the emergence of hyperactivity. This is because delinquency was essentially a legal matter, which generally occurred out in the streets, rather than in schools, where hyperactive behaviour was problematized. But two key aspects of the way in which delinquency was characterized bore similarity to the emerging notion of the hyperactive child. First, although there were female juvenile delinquents, the problem was predominantly associated with boys. One 1954 report on aggressive and antisocial children conducted by child psychiatrist Eveleen Rexford, then director of the Douglas Thom Clinic for Children and later editor of *Journal of the American Academy of Child Psychiatry (JAACP)*, founded in 1962, stated that 97 out of the 109 children studied were boys.⁶⁸ Others estimated that boys were at least three times more likely to be singled out for delinquency, largely because they were seen to be more aggressive. In contrast, gender ratios in mental hospitals were about equal.⁶⁹

Second, delinquency was increasingly seen in psychiatric terms. Two issues of *The Nervous Child* (in 1947 and 1955), for example, targeted juvenile delinquency, and many of the first issues of *JAACP* also focused on the problem.⁷⁰ According to many psychiatrists, including Thaddeus Krush, a clinical director of psychiatry for the children's unit of a Massachusetts psychiatric facility, juvenile delinquency was indicative of underlying mental health problems. As such, delinquent behaviour should be treated, rather than punished. Although Krush was aware that such views were not always popular, least of which with members of the juvenile justice system and the media, who were liable to portray delinquent teenagers as "spoiled," "self-indulgent," and "thugs," they foreshadowed an increasing tendency to see social deviance as indicative of an underlying "sickness," which demanded psychiatric attention.⁷¹

The growing perception that juvenile delinquency was an issue of medical concern reflected similar trends in American education with respect to learning problems. But unlike many jurists, who resisted the pathologization of juvenile delinquency, educators were more willing to accept that a child's difficulty in school potentially

represented a medical problem. In order to understand why this was the case, the broader context of American schooling during the postwar period needs to be explored. From a general perspective, baby boomers exerted a great deal of demographic pressure on a school system that had lacked sufficient funding for over two decades, thanks to the Great Depression and the Second World War. The problem was also exacerbated by a teacher shortage, as many women left the profession to have babies of their own during the 1950s.⁷² As contemporary observers remarked, “crowded classrooms” and “expanding enrolments,” along with “serious shortages in trained teachers, classrooms, and up-to-date equipment” were all creating a “crisis in education.”⁷³ Adding to the sense of crisis was dissatisfaction with the prevailing pedagogical approach, namely, progressive education, a child-centred, experimental and egalitarian philosophy advocated by John Dewey (1859–1952), which emphasized practical, hands-on learning.⁷⁴ Although progressive education methods, such as teaching mathematics by operating a school store, had many laudable aspects – not least their appeal to energetic youngsters who liked to stay on the move – they were apt to be misinterpreted or misunderstood, resulting in chaotic, aimless classrooms where students did not appear to be learning anything.⁷⁵ As such, progressive education was often criticized by those who wanted a return to a more subject-centred, traditional approach.

With the launch of the two Soviet *Sputnik* satellites in October 1957, however, attacks on not only progressive education, but the entire American education system reached fever pitch.⁷⁶ Although Soviet technological capabilities had been increasing ever since the end of the Second World War, best evidenced by their burgeoning nuclear weapons program, *Sputnik* signalled to Americans that they were no longer scientifically superior to their Cold War enemies. For many American politicians, educators, military men, scientists, and journalists, the blame lay clearly with the education system, which specialized in producing too many “Dennis the Menaces” and not enough future scientists and engineers.⁷⁷ Critics, from “Father of the American Nuclear Navy” Admiral Hyman Rickover (1900–86) and former ambassador to West Germany and president of Harvard James Bryant Conant (1893–1978), to educators such as Max Rafferty (1917–82) and Arthur S. Trace, Jr., attacked American schools and demanded a return to a more rigorous curriculum based

on core subjects, such as mathematics, English, and the sciences.⁷⁸ As *Grade Teacher* editor, Toni Taylor remarked:

even the most indifferent parent and the most unthinking citizen cannot escape the knowledge that our schools have been, and are, under terrific fire. Allegations are made that our children are learning less than they did twenty-five years ago; that they are taught by incompetents; that American education stacks up badly against that of other countries and that we will not . . . be able to turn out the men and women who can save and maintain our civilization and our way of life.⁷⁹

Within a year, the government responded to such “allegations” by passing the National Defense Education Act (NDEA), which earmarked one billion dollars to address the situation.⁸⁰

NDEA reified the notion, attributed to nineteenth-century education reformer Horace Mann (1796–1859), that “what happens to education in the United States will be what happens to the United States.”⁸¹ It redressed, according to many American commentators, the “bitter, brutal fact . . . that, both in education and in the lay community, the human intellect has been held in contempt.”⁸² Fearing that they were losing the “Brain Race” to the Soviet Union, legislators used NDEA funding to attempt to improve the teaching of core subjects across elementary, secondary, and post-secondary education, to prevent adolescents from dropping out of school, and to hire guidance counsellors to help all students, including those living in deprived areas of the country, to reach their potential.⁸³ Counsellors were not only encouraged to “identify in children while they are very young any tendencies that might develop into serious mental, emotional, or psychological conditions,” but also to “be on the lookout for the bright boy or girl whose high ability has been demonstrated by the results of aptitude tests . . . but whose achievement, as measured by grades in courses, has been low.”⁸⁴ Far from the situation in decades past, where overstudy was believed to trigger mental disorder, it was now the underachieving Toms and Hucks who were entreated to pull up their socks and become the scientists and engineers (careers that males continued to dominate) who would help win the Cold War. The heroes who would win the Space Race would not be Mark Twain’s rapsallions, but “eggheads,” not popular children, but “the quiet, conforming, unsophisticated

boys and girls who remained unnoticed and often unhappy in the background of the adolescent community."⁸⁵ Put another way:

A country neglects its eggheads at its peril. . . . It is the egghead who invents the Sputnik, not the captain of football, or the winner of the sword of honour. . . . It is the egghead who discovers penicillin, who splits the atom, who thinks of the printed circuit, the electronic brain, the guided missile in the world of science.⁸⁶

Or, as a fundraising advertisement for the American Medical Association's Education Research Foundation put it, encouraging the ongoing search for talent, "Eggheads: They used to be considered oddballs or sissies. Today, they're walking on the moon or looking for a cancer cure. Funny thing about an egg; you never know what's inside until you take the care to bring it out."⁸⁷

To a degree, the efforts to seek out untapped educational potential from all across American society was something to be lauded. But as underachievement was increasingly scrutinized, certain characteristics associated with it were quickly highlighted by educators and mental health professionals as not only problematic, but pathological. One team of psychologists, for example, analysed the behaviours presented by "underachievers" and more promising students, whom they described as "future scientists." They found that not only were the "future scientists" less impulsive and more able to control their motor activity, they were "less concerned with immediate gratification and better able to plan for future goals."⁸⁸ Others made similar connections and, before long, hyperactivity, impulsivity, and inattentiveness were singled out as the predominant hurdles to educational achievement.⁸⁹ Since the drive to improve performance was expected to extend to children of all classes, races, and ethnicities, as highlighted in Conant's *Slums and Suburbs*, such behaviours were recognized in children from all backgrounds.⁹⁰ But it was to be gender, rather than these other factors, that differentiated hyperactive, impulsive, and inattentive children. Boys, who presented such behaviours more often than girls, and who were generally expected to become the "future scientists" who would win the Space Race and the Cold War, were increasingly diagnosed as hyperactive. No longer seen positively, the very characteristics associated with the heroics of Tom Sawyer and Huckleberry Finn were now perceived as the embodiment of what was wrong with the American schoolboy and were medicated away with stimulant drugs.

Helping to transform such behaviours from merely educational problems to the stuff of mental disorder was the emergence of a new childhood psychiatric condition. In 1957, a team of Rhode Island child psychiatrists coined the term “hyperkinetic impulse disorder” to describe children whose hyperactivity, impulsivity and short attention spans hampered their ability to succeed in school.⁹¹ Unlike previous descriptions of hyperactive children, the team emphasized not only how ubiquitous such behaviour could be, but also that the line between hyperkinetic impulse disorder and normal childhood behaviour was quite blurry. For some children, hyperactivity, impulsivity, and inattentiveness were simply transitory behaviours that they grew out of. But in an era of “cracking down,” “anxiety about America’s technical ability, as highlighted by the space race,” and “smoking out and stimulating the efforts of the under-achievers,” there was little patience for such children to develop “each in his own good time.”⁹²

For many parents, hyperkinetic impulse disorder (which entered the second volume of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-II)* in 1968 as “hyperkinetic reaction of childhood,” becoming Attention Deficit Disorder (ADD) in 1980’s *DSM-III*)⁹³ provided a powerful heuristic for why their boys struggled to succeed academically. Although parents, and especially mothers, were often blamed for their children’s psychiatric problems during the postwar period (for example, the “refrigerator mothers” blamed for autism), hyperkinetic impulse disorder and its successors were conceptualized as neurological dysfunctions that were often genetic in nature (when organic brain damage could not be identified). In the case of autism, sociologist Gil Eyal argues that parents played a key role in establishing the condition as a phenomenon of epidemic proportions by allying themselves with behavioural psychologists and occupational therapists (bypassing more traditional clinicians) to establish a new form of expertise that blurred the boundary between layperson and expert.⁹⁴ While the deinstitutionalization of “mentally retarded” children during the postwar period created a “new ecology” that could fuel the epidemic, parents were influential in shaping the expertise that would define autism and how to deal with it.⁹⁵

Parents also played an important role in establishing ADHD as a disorder of epidemic proportions, but did so in a different way. As Iliana Singh has argued, parents (specifically mothers) sought help for their misbehaving boys and many accepted the view of experts (psychiatrists, pediatricians, and other physicians) that such behaviour was pathological and deserving of a medical diagnosis.⁹⁶ In

turn, the worried mother was a trope that pharmaceutical companies employed in order to market Ritalin and other ADHD drugs in medical journals, often in the form of "before and after" narratives.⁹⁷ Although such advertisements were aimed at physicians, rather than mothers, they highlighted the mother's role in establishing ADHD as a legitimate disorder. Once convinced that their son had ADHD and needed medication, mothers became powerful allies. For instance, in a *Time* magazine article from 1968 entitled "Those Mean Little Kids," a mother describes how troubling and disruptive her son's behaviour had been prior to his diagnosis; afterwards, and with the help of medication, she declared, "Now I can love this child again."⁹⁸ An ADHD diagnosis, therefore, could help to heal the damaged relationship between mother and son. Moreover, by the late 1980s, many parents whose children were diagnosed with ADHD found themselves diagnosed with the disorder itself. With the disorder helping to explain their own personal troubles and difficulties, these parents were even more vocal advocates of the disorder and the extent to which diagnosis and medication could be transformative.⁹⁹

Conclusion

Perhaps the best way to conclude this discussion of boys and behaviour is to return to Mark Twain, and his original preface to *Tom Sawyer*:

Although my book is intended mainly for the entertainment of boys and girls, I hope it will not be shunned by men and women on that account, for part of my plan has been to try to pleasantly remind adults of what they once were themselves, and of how they felt and thought and talked, and what queer enterprises they sometimes engaged in.¹⁰⁰

For adults, childhood quickly becomes elusive. Many of us may remember some of our thoughts, feelings, and "queer enterprises," but it is more difficult to recapture the thrill, vitality, and effervescence that also accompanies – or, at least, should accompany – our youngest years. Probably one of the reasons for this is that adults, in attempting to prepare children for adulthood, have spent a great deal of time quelling such impulses in the interest of encouraging convenient behaviour, cramming facts into brains, and ensuring good scores on exams. Viewing childhood as a means to the end of creating more productive adults, rather than seeing childhood as an end in itself, not only underestimates the value of childhood, but also may not

be the best way of preparing children for an uncertain future where bold, creative, and innovative thinking will no doubt be required.

An analogy can be made by thinking about gender. I have chiefly described American boys and the ways in which expectations of how they should behave and act changed following the Second World War, according to the demands of American adults and the prevailing political, social, and medical context. After *Sputnik*, the introverted, cerebral boy, once believed to be destined for the psychiatric scrap heap, was transformed into the ideal, while the underachieving Toms and Hucks were now considered to be disordered. Consider, in contrast, how expectations of girls have expanded. Many girls of the baby boom generation were expected to do little more than become housewives, or perhaps work as teachers, nurses, or secretaries. The situation for girls today has changed markedly. Although it remains a struggle to entice girls into some male-dominated professions, such as engineering and IT, by and large, girls can do what they like, are on track to dominate certain fields, such as medicine and accounting, and continue to constitute the majority in careers traditionally associated with women workers.¹⁰¹ This is not to say that girls have it easier than boys when it comes to education or vocational opportunities, but rather to demonstrate that while expectations of what a girl can be when she grows up have expanded over the past half century, they have not done so for boys. Instead of trying to force boys or girls to be something they are not and, in the process, robbing them of the kind of freedom that will only be available to them in childhood, perhaps we should think about reforming society in a way that makes it easier to accept, encourage, and value all kinds of boys and girls.

Acknowledgements

This article was made possible by the support of Wellcome Trust studentship 080644/Z/06/Z/AW/HH.

Notes

1. Attributed to Robert Southey (1774–1843), English poet laureate in 1813. From Gloria T. Delamar, *Mother Goose: From Nursery to Literature* (1987; repr., Lincoln, NB: iUniverse, 2001), 175–76.
2. Mark Twain, *The Adventures of Tom Sawyer* (1876; Project Gutenberg, 2004), <https://www.gutenberg.org/files/74/74-h/74-h.htm> (accessed 20 November 2017).
3. Twain, *Tom Sawyer*.

4. Tom Sawyer and Huckleberry Finn are the most famous examples of "bad boys," who emerged in American literature during the late nineteenth and early twentieth centuries. Other examples are found in Thomas Bailey Aldrich's *The Story of a Bad Boy* (1870), James Otis Kaler's *Ten Weeks with a Circus* (1877), and Booth Tarkington's *Penrod* (1913). In the opening of Aldrich's memoir, he explains that he was "not a cherub. I may truthfully say I was an amiable, impulsive lad, blessed with fine digestive powers, and no hypocrite. I did not want to be an angel and with the angels stand. . . . In short, I was a real human boy." Thomas Bailey Aldrich, quoted in Jerry Griswold, *Audacious Kids: Coming of Age in America's Classic Children's Books* (Oxford: Oxford University Press, 1992), 147. Some might also include Horatio Alger's Dick from *Ragged Dick*, but others, such as children's literature scholar Kenneth Kidd, suggest that Dick is too well behaved to join this group of "bad boys." Kenneth B. Kidd, *Making American Boys: Boyology and the Feral Tale* (Minneapolis: University of Minnesota Press, 2004), 99.
5. Anne Applebaum, "The ADHD-ventures of Tom Sawyer," *Slate*, 9 August 2010, <https://slate.com/news-and-politics/2010/08/the-strange-comforts-of-reading-mark-twain-in-the-age-of-oppositional-defiant-disorder.html> (accessed 20 November 2017).
6. Applebaum, "ADHD-ventures."
7. Applebaum, "ADHD-ventures."
8. Twain, *Tom Sawyer*.
9. Applebaum, "ADHD-ventures."
10. Twain, *Tom Sawyer*.
11. Thomas S. Clouston, "Stages of Overexcitability, Hypersensitiveness and Mental Explosiveness and their Treatment by the Bromides," *Scottish Medical and Surgical Journal* 4 (1899): 481–90; George F. Still, "The Goulstonian Lectures on Some Abnormal Psychical Conditions in Children," *Lancet* 159 (1902): 1008–12; 1077–82; 1163–68.
12. See Ian Hacking, "Making Up People," in Mario Biagioli, ed., *The Science Studies Reader* (London: Routledge, 1999), 161–71; Hacking, *The Social Construction of What?* (Cambridge, MA: Harvard University Press, 1999), "Madness: Biological or Constructed," 100–24.
13. Griswold points out that much of the humour in *The Adventures of Tom Sawyer* is derived from Tom's attempts "to appear to be . . . the white-faced sufferer." Griswold, *Audacious Kids*, 150.
14. David G. Schuster, *Neurasthenic Nation: America's Search for Health, Happiness, and Comfort, 1869–1920* (New Brunswick, NJ: Rutgers University Press, 2011), 8–35. See also Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York: The Free Press, 1992), 220–32.

15. Schuster, *Neurasthenic Nation*, 1.
16. Schuster, 27–30, 46–51, 64–65, 113–39.
17. Although British physicians did not seize the concept of nervous exhaustion with quite the same alacrity as their American counterparts, many were concerned about over-work in schoolchildren. “The process of cramming the mind of the young while the mind is rapidly developing,” according to one British physician, “is fraught with deadly evil to the nervous child, and of serious mischief to the healthiest.” Hugh Campbell, *Nervous Exhaustion and the Diseases Induced by It: With Observations on the Origin and Nature of Nervous Force* (London: Longman, Green, Reader, and Dyer, 1873).
18. Twain, *Tom Sawyer*.
19. Walter L. Pyle, *A Manual of Personal Hygiene: Proper Living upon a Psychologic Basis* (Philadelphia: W.B. Saunders, 1900), 279.
20. Pyle did state, however, that certain “dangerously precocious” younger children were liable to suffer from “the modern over-stimulating methods of school instruction. . . . What such children really need is a repression rather than a stimulation of their mental faculties. For them the ideal training is one of their muscles and of their vegetative function and this they can get only by the freest possible life out of doors.” Pyle, *Personal Hygiene*, 279–80.
21. Pyle, 280.
22. Pyle, 281; Kathleen W. Jones, *Taming the Troublesome Child: American Families, Child Guidance, and the Limits of Psychiatric Authority* (Cambridge, MA: Harvard University Press, 1999), 20–21.
23. John T. Prince quoted in S. Weir Mitchell, *Wear and Tear, or Hints for the Overworked* (1891; Project Gutenberg, 2004), <https://www.gutenberg.org/files/13197/13197-h/13197-h.htm> (accessed 20 November 2017). Nervousness in children and neurasthenia in adults, as may be elucidated from some of these quotations, primarily affected middle-class, educated individuals, those most likely to be “brain workers.” In this way, it was perceived as a disease of modernity and civilization. As Schuster suggests, African Americans, American Indians, immigrants, rural southerners, and the labouring classes more generally were largely immune from its effects, since they did not tend to do such brain work. Schuster, *Neurasthenic Nation*, 20–22.
24. John F. Edwards, “Never Make Fun of Nervous Children,” *Annals of Hygiene* 3 (1888): 114.
25. Edwards, “Nervous Children.”
26. H.C. Sawyer, *Nerve Waste: Practical Information Concerning Nervous Impairment and Nervous Exhaustion in Modern Life: Their Causes, Phases and Remedies with Advice on the Hygiene of the Nervous Constitution* (San Francisco: Bancroft Company, 1888), 19.

27. Sabrina E.B. Schuck and Francis M. Crinella, "Why Children with ADHD Do Not Have Low IQs," *Journal of Learning Disabilities* 38 (2005): 262–80.
28. Richard Louv, *Last Child in the Woods: Saving Our Children from Nature Deficit Disorder* (Chapel Hill, NC: Atlantic Books, 2005). See also Benedict W. Wheeler, Matthew White, Will Stahl-Timmins, and Michael Depledge, "Does Living by the Coast Improve Health and Wellbeing?" *Health and Place* 18 (2012): 1198–1201; Stephen Moss, *Natural Childhood*, <https://nt.global.ssl.fastly.net/documents/read-our-natural-childhood-report.pdf> (accessed 9 April 2019).
29. Schuster, *Neurasthenic Nation*, 28; Mitchell, *Wear and Tear*, Charles K. Mills, "Overwork and Sanitation in the Public Schools of Philadelphia," *Annals of Hygiene* 1 (1886): 274–78.
30. For more on gender and the history of ADHD, see Matthew Smith, *Hyperactive: The Controversial History of ADHD* (London: Reaktion, 2012), 21, 84–85, 181.
31. Jones, *Taming the Troublesome Child*, 150.
32. Kidd, *Making American Boys*, 1.
33. Kidd, 1–2.
34. Sarah Hayes, "Rabbits and Rebels: The Medicalisation of Maladjusted Children in Mid-Twentieth-Century Britain," in Mark Jackson, ed., *Health and the Modern Home* (New York: Routledge, 2007), 128–52. For more on postwar conceptualizations of childhood in the UK, and on boys in particular, see Laura Tisdall, "Inside the 'Blackboard Jungle': Male Teachers and Male Pupils in English Secondary Modern Schools in Fact and Fiction, 1950 to 1959," *Cultural and Social History* 12 (2015): 489–507; Tisdall, "Education, Parenting and Concepts of Childhood in England, c. 1945 to c. 1979," *Contemporary British History* 31 (2017): 24–46.
35. Carl G. Jung, "Introduction," in Elida Evans, *The Problem of the Nervous Child* (New York: Dodd, Mead and Company, 1920), vi.
36. As Kathleen W. Jones suggests, Freud believed that boys found the process of personality development "particularly tortuous," due to Oedipal conflict. For boys, "the path to manhood . . . was strewn with obstacles." Jones, *Taming the Troublesome Child*, 158.
37. Alfred Gordon, "The 'Nervous Child,'" *Journal of the National Medical Association* 17 (1925): 7–12.
38. Gordon, "The 'Nervous Child,'" 7, 9; Hector Charles Cameron, "Underlying Disturbances of Metabolism of the Nervous Child," *British Medical Journal* 2 (1929): 185–87. For more on theories linking asthma and psychogenic factors, see Mark Jackson, "'Allergy con amore': Psychosomatic Medicine and the 'Asthmogenic Home' in the Mid-Twentieth Century," in Jackson, ed., *Health and the Modern Home*, 153–74, n. 35.

39. Gordon, "The 'Nervous Child,'" 10, 12; Bernard Myers, "The Nervous Child as Seen in Medical Practice," *British Medical Journal* 2 (1925): 158–62; Florence Clothier, "The Social Development of the Young Child," *Child Development* 9 (1938): 285–91.
40. William Healy, *The Individual Delinquent: A Text-Book of Diagnosis and Prognosis for All Concerned in Understanding Offenders* (Boston: Little, Brown, 1915); Cyril Burt, *The Young Delinquent* (London: London University Press, 1925); Harry Hendrick, *Children, Childhood and English Society, 1880–1990* (Cambridge: Cambridge University Press, 1997); Hayes, "Rabbits and Rebels"; John Stewart, "The Scientific Claims of British Child Guidance, 1918–45," *British Journal for the History of Science* 42 (2009), 407–32; Stewart, *Child Guidance in Britain, 1918–1955: The Age of Dangerous Childhood* (London: Pickering and Chatto, 2013).
41. Myers, "The Nervous Child," 159.
42. Margo Horn, *Before It's Too Late: The Child Guidance Movement in the United States, 1922–1945* (Philadelphia: Temple University Press, 1989); Theresa R. Richardson, *The Century of the Child: The Mental Hygiene Movement and Social Policy in the United States and Canada* (Albany: State University of New York Press, 1989), 88; Jones, *Taming the Troublesome Child*; Hayes, "Rabbits and Rebels," 128–42.
43. Gregory Rochlin, "Discussion of David E. Reiser's 'Observations of Delinquent Behavior in Very Young Children'" *Journal of the American Academy of Child Psychiatry*, 2 (1963): 66–68. An example that fits Rochlin's assessment can be found in a 1948 article on "Socializing the Difficult Child," which included a rating chart for children's behaviours. While "abnormal fears," "regression," and "withdrawal" were included, hyperactivity or excessive motor activity were not mentioned, even in the section on physical symptoms. Martha P. McMillin, "Socializing the Difficult Child," *Grade Teacher* 65 (1948): 21, 80–81.
44. Alice V. Keliher, "You, the Psychologist and the Child," *Grade Teacher* 74 (1957): 143.
45. Leo Kanner, *Child Psychiatry* (Springfield, IL: Charles C. Thomas, 1935).
46. Paul H. Hoch, "Neurodynamics of Tics," *The Nervous Child* 4 (1945): 329–34; Hilda C. Kramer, "Orthogenesis of Anxiety," *The Nervous Child* 5 (1946): 25–36; Leon J. Saul, "The Relations to the Mother in Cases of Allergy," *The Nervous Child* 5 (1946): 332–38; E.M. Bridge, "Emotional Disturbances in Epileptic Children," *The Nervous Child* 6 (1947): 11–21; Harold A. Abramson, "The Present Status of Allergy," *The Nervous Child* 7 (1948): 98–100; Grace M. Heider, "Adjustment Problems of the Deaf Child," *The Nervous Child* 7 (1948): 38–44; Harry V. Bice, "Psychological Services for the Cerebral Palsied,"

- The Nervous Child* 8 (1949): 203–13; M.A. Seidenfeld, "Polio and Personality," *The Nervous Child* 11 (1956): 6–9.
47. Today, children are diagnosed with Generalized Anxiety Disorder, which bears some similarity to "nervousness."
 48. Edwin L. Kendig, Jr., "Psychological Management of Children with Pulmonary Tuberculosis," *The Nervous Child* 7 (1948): 115; H.A. Robinson and Jacob E. Finesinger, "A Framework for the Psychopathology of Poliomyelitis," *The Nervous Child* 11 (1956): 10–17.
 49. Robert F. Topp, "Behavior Difficulties in Childhood as Portents of Future Emotional Disorders," *The Elementary School Journal* 51 (1950): 196–200; W. Warren, "Acute Neurotic Breakdown in Children with Refusal to Go to School," *Archives of Disease in Childhood* 23 (1948): 266–72; F. Schneersohn, "Play and Neuroses of Children," *American Journal of Psychiatry* 112 (1955): 47–52; Estelle Sollish, "One School Teacher and One Deeply Disturbed Child," *Grade Teacher* 82 (1964), 110–14; Paulina Frazier Bauguess, "How to Deal with the Emotionally Disturbed Child," *Grade Teacher* 85 (1967): 154–57.
 50. Katherine Reeves, "Each in His Own Good Time," *Grade Teacher* 74 (1956): 8, 117.
 51. Reeves, "Each in His Own Good Time," 117.
 52. A note on terminology: complicating the history of ADHD is the fact that many different terms have been used to describe hyperactive, impulsive, and inattentive behaviour in children since such characteristics were pathologized during the late 1950s. Among the terms used have been minimal brain damage, minimal brain dysfunction, hyperkinesis, hyperkinetic reaction of childhood, and Attention Deficit Disorder. Although the terms all describe the same type of behaviour, the variety of explanations for such behaviour are reflected in the different names (e.g., the term minimal brain dysfunction replaced minimal brain damage when it became clear that not all children presenting such behaviours had evidence of brain injury from perinatal trauma, a blow to the head, or infectious disease). Attention Deficit Hyperactivity Disorder has been the accepted term for the past 20 years or so, but many people still simply refer to such children as hyperactive. Due to the overlapping of terminology in the period covered in this part of the article, therefore, I use the term hyperactivity, the name that remains the most historically consistent.
 53. Matthew Smith, *An Alternative History of Hyperactivity: Food Additives and the Feingold Diet* (New Brunswick, NJ: Rutgers University Press, 2011); Smith, *Hyperactive*.
 54. Paulina E. Kernberg, "The Problem of Organicity in the Child: Notes on Some Diagnostic Techniques in the Evaluation of Children," *Journal of the American Academy of Child Psychiatry* 8 (1969): 517–41; Melrose Asquith, Robert Donaher, and Clifford Barton, "I have an

- emotionally disturbed child in my classroom,” *Grade Teacher* (1968): 77–81, 127; E. Arcia and C.K. Conners, “Gender Differences in ADHD?” *The Journal of Developmental and Behavioral Pediatrics* 19 (1998): 77–83; Patricia Quinn and Sharon Wigal, “Perceptions of Girls and ADHD: Results from a National Survey,” *Medscape General Medicine* 6 (2004), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1395774/> (accessed 20 November 2017); Jane Collingwood, “ADHD and Gender,” Psych Central, <https://psychcentral.com/lib/2010/adhd-and-gender/> (accessed 20 November 2017).
55. Italics in original. Harry Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol: Policy Press, 2003), vii, 198, 205.
 56. Centers for Disease Control and Prevention, “Live Births, Birth Rates, and Fertility Rates, by Race of Child: United States, 1909–1980,” <https://www.cdc.gov/nchs/data/statab/t1x0197.pdf> (accessed 20 November 2017). Some have argued that the baby boom actually began during the war, as couples who had delayed tying the knot during the Great Depression finally got married and began families. Judith Sealander, *The Failed Century of the Child: Governing America's Young in the Twentieth Century* (Cambridge: Cambridge University Press, 2003), 32.
 57. Historian Margo Horn has demonstrated that the opposite demographic factors affected the way in which adolescence was viewed during the 1920s. A decline in family size and a decrease in the proportion of young people in the overall population “democratized” families, according to Horn, contributing to a “crisis of family life,” which meant that there was “less pressure on adolescents to take on the responsibilities of adulthood,” paving “the way for more leisured youth, and greater investment in the proper nurture of children and adolescents.” Horn, *Before It's Too Late*, 36–37.
 58. Steven Mintz and Susan Kellogg, *Domestic Revolutions: A Social History of Family Life* (New York: The Free Press, 1988), 184–87.
 59. Amy F. Ogato, “Creative Playthings: Educational Toys and Postwar American Culture,” *Winterthur Portfolio* 39 (2004): 129–56.
 60. Anne Kelley, “Suburbia: Is It a Child's Utopia?” *New York Times Magazine*, 2 February 1958, 22; Scott Donaldson, *The Suburban Myth* (New York: Columbia University Press, 1969), 38.
 61. For more on the relationship between war and the intellectual and mental fitness of nations, see Mark Jackson, *The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in Late Victorian and Edwardian England* (Manchester: Manchester University Press, 2000).
 62. Gerald N. Grob, “Government and Mental Health Policy: A Structural Analysis,” *The Millbank Quarterly* 72 (1994): 471–500.

63. Gerald N. Grob, "Creation of the National Institute of Mental Health," *Public Health Reports* 111 (1996): 378–81.
64. Grob, "Government and Mental Health Policy," 485.
65. Reginald S. Lourie, "The Joint Commission on the Mental Health of Children," *American Journal of Psychiatry* 122 (1966): 1280–81, 1280.
66. Joint Commission on the Mental Health of Children, *Crisis in Child Mental Health: Challenge for the 1970s* (New York: Harper and Row, 1970).
67. Whether or not American children and adolescents were committing more crimes is a matter for debate. Certainly, the bulge in the juvenile population helps to explain some of the increase, and it is clear that lawmen, such as J. Edgar Hoover (1895–1972), and ambitious politicians, such as presidential hopeful Estes Kefauver (1903–63), who launched Senate hearings on the subject in 1955, exploited the issue for their own ends. Sealander, *The Failed Century of the Child*, 33.
68. Subcommittee to Investigate Juvenile Delinquency in the United States, *Juvenile Delinquency: Hearings Before the Subcommittee to Investigate Juvenile Delinquency of the Committee of the Judiciary United States Senate* (Washington, DC: United States Government Printing Office, 1954), 289.
69. Subcommittee to Investigate Juvenile Delinquency in the United States, *Juvenile Delinquency*, 292. Historian Judith Sealander has stated that male adolescents were five times more likely to be arrested than girls. Sealander, *The Failed Century of the Child*, 19.
70. For instance, J. Louise Despert, "Is Juvenile Delinquency a Psychiatric Problem?" *The Nervous Child* 6 (1947): 371–91; Stuart M. Finch "The Psychiatrist and Juvenile Delinquency," *Journal of the American Academy of Child Psychiatry* 1 (1962): 619–35; David E. Reiser, "Observations of Delinquent Behavior in Very Young Children," *Journal of the American Academy of Child Psychiatry*, 2 (1963): 50–65, 71.
71. Subcommittee to Investigate Juvenile Delinquency in the United States, *Juvenile Delinquency*, 291–93; Sealander, *The Failed Century of the Child*, 31.
72. Irving Bernstein, *Promises Kept: John F. Kennedy's New Frontier* (New York: Oxford University Press, 1991), 219; Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era*, 2nd ed. (New York: Basic Books, 1999), 76, 120–21; Doug Owram, *Born at the Right Time: A History of the Baby-Boom Generation* (Toronto: University of Toronto Press, 1996), 6, 116.
73. Paul L. Gardner, "(1961–62): 36–38; Betty Barton and Katharine D. Pringle, "Today's Children and Youth: I. As Viewed from the States," *Children* 7 (1960): 50–56.
74. Diane Ravitch, *The Troubled Crusade: American Education, 1945–1980* (New York: Basic Books, 1983), 43–46.

75. Alice V. Keliher, "I Wonder as I Wander," *Grade Teacher* 76 (1958): 141; Barbara Ehrenreich and Deirdre English, *For Her Own Good: 150 Years of the Experts' Advice to Women* (Garden City, NY: Anchor Books, 1979), 226–39.
76. For more details on the relationship between *Sputnik* and the emergence of ADHD, see Matthew Smith, "Putting Hyperactivity in its Place: Cold War Politics, the Brain Race and the Origins of Hyperactivity in the United States, 1957–1968," in Erika Dyck and Christopher Fletcher, eds., *Locating Health: Historical and Anthropological Investigations of Health and Place* (London: Pickering and Chatto, 2011), 57–70.
77. Ehrenreich and English, *For Her Own Good*, 232. Both the American and the British Dennis the Menace were introduced to the world on 12 March 1951, in what is nothing more than a strange coincidence. While Dennis from Dundee tends to terrorize anxious, timid children, one of the American Dennis' best friends has many of the characteristics of a "nervous child." Ironically, the American Dennis' father was an aerospace engineer. Although most educators looked inward for the solution to American educational shortcomings, some did turn to the Soviet Union, even visiting Soviet classrooms to determine what made them successful. One group noted that the egalitarian principles that underlined Soviet society (at least in theory) were applied to the classroom. So, a Soviet teacher was not "allowed to lead his students to believe that he is an exceptional, incapable, or simply mediocre pupil." A considerable amount of Pavlovian conditioning and peer-policing of behaviour were also witnessed. Adolph R. Stadel, "Have We the Answer Yet?" *Ohio Schools* 38 (1960): 16–17.
78. James B. Conant, *The American High School Today* (New York: McGraw-Hill, 1959); Arthur S. Trace, Jr., *What Ivan Knows That Johnny Doesn't* (New York: Random House, 1961); Max Rafferty, *Suffer, Little Children* (New York: Devin-Adair, 1962); Hyman G. Rickover, *American Education – A National Failure: The Problem of Our Schools and What We Can Learn from England* (New York: Dutton, 1963).
79. Toni Taylor, "Editorial: Take a Good Look This Year," *Grade Teacher* 76 (1958): 5.
80. The Johnson Administration followed up with the Elementary and Secondary Schools Act in 1965, which had Johnson's Great Society ambitions, rather than military superiority, at its heart.
81. Horace Mann, quoted in Palmer Hoyt, "What is Ahead for Our Schools," *Grade Teacher* 76 (1958): 21.
82. Hoyt, "What is Ahead," 20–21.
83. For more on the focus on underprivileged children, see James B. Conant, *Slums and Suburbs: A Commentary on Schools in Metropolitan*

- Areas* (New York: McGraw-Hill, 1961). Apart from the pressures of the Cold War, there was also a perception that the baby boom generation would be entering a more mechanised and automated workplace, one that would require workers with higher levels of education. There was no longer a need for a "large labour force of uneducated muscle men." Stafford L. Warren "Implementation of the President's Program on Mental Retardation," *American Journal of Psychiatry* 121 (1964): 549–54; Daniel Schreiber, "The Low-Down on Dropouts," in Eva H. Grant, ed., *PTA Guide to What's Happening in Education* (New York: Scholastic Book Services, 1965), 246; Daniel Blain, "The Presidential Address: Novalescence," *American Journal of Psychiatry* 122 (1965): 1–12.
84. Edward A. Richards, "Today's Children and Youth: II. As Seen by National Organizations," *Children* 7 (1960): 57–62; Conant, *The American High School Today*, 44–45.
 85. James S. Coleman, "Teenagers and their Crowd," in Grant, ed., *PTA Guide to What's Happening in Education*, 221–31.
 86. Viscount Hailsham, quoted in Alice K. Smith, "Eggheads of the World, Unite!" *Bulletin of the Atomic Scientists* 14 (1958): 151–52.
 87. Advertisement in *JAMA* from the late 1960s.
 88. Anthony Davids and Jack Sidman, "A Pilot Study – Impulsivity, Time Orientation, and Delayed Gratification in Future Scientists and in Underachieving High School Students," *Exceptional Children* 29 (1962): 170–74.
 89. A series of advertisements in *Grade Teacher* for Kellogg's cereal during the late 1950s provides intriguing evidence for the link between such characteristics, gender, and educational underachievement. Three types of children are portrayed, each symbolizing one of the problem behaviours; while the "Lemon Drop Kid" and the "Clockwork Kid" (both boys) represent hyperactivity and impulsivity, "Window-Watching Wendy" is the inattentive child. Girls tended to be identified with less disruptive behaviours, such as inattentiveness, meaning, according to some psychiatrists, that they had been underdiagnosed with ADHD. Ironically, Kellogg's did not recommend medication for such children; all they needed was a better breakfast.
 90. Conant, *Slums and Suburbs*. For an idea of how this has evolved more recently, see Alan Schwarz, *ADHD Nation: Children, Doctors, Big Pharma, and the Making of an American Epidemic* (New York: Scribner, 2016).
 91. Maurice W. Laufer and Eric Denhoff, "Hyperkinetic Behavior Syndrome in Children," *Journal of Pediatrics* 50 (1957): 463–74; Maurice W. Laufer, Eric Denhoff, and Gerald Solomons, "Hyperkinetic Impulse Disorder in Children's Behavior Problems," *Psychosomatic Medicine* 19 (1957): 38–49.

92. Dorothy Barclay, "A Turn for the Wiser," *Pediatrics* 23 (1959): 759–60.
93. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 2nd ed. (Washington, DC: American Psychiatric Association, 1968), 50.
94. Gil Eyal, "For a Sociology of Expertise: The Social Origins of the Autism Epidemic," *American Journal of Sociology* 118 (2013), 863–907.
95. Eyal, "For a Sociology of Expertise," 886. See also Gil Eyal *et al.*, *The Autism Matrix: The Social Origins of the Autism Epidemic* (New York: Polity, 2010).
96. Ilna Singh, "Bad Boys, Good Mothers, and the 'Miracle' of Ritalin," *Science in Context* 15 (2002), 577–603.
97. Ilna Singh, "Not Just Naughty: 50 Years of Stimulant Drug Advertising," in Andrea Tone and Elizabeth Siegel Watkins, eds., *Medicating Modern America: Prescription Drugs in History* (New York: New York University Press, 2007), 131–55.
98. "Those Mean Little Kids," *Time*, 18 October 1968.
99. Ironically, Eyal's autism theory maps more neatly onto the history of parents who rejected the idea that ADHD was a genetic, inherent neurological condition, and sought alternative explanations, such as the Feingold diet, a food-additive-free regimen for the disorder. "Feingold families" provided advice to other families and lobbied for better food labelling and more research, and – crucially – their experiences formed a vital role in establishing an evidence base for allergist Ben Feingold's theory, to the extent that they were called to testify in front of the Food and Drug Administration in 2011 during hearings concerning the link between additives and ADHD. Smith, *An Alternative History of Hyperactivity*, Feingold Families, 131–52.
100. Twain, *Tom Sawyer*.
101. United States Bureau of Labor Statistics, "Employed Persons by Detailed Occupation, Sex, Race, and Hispanic or Latino Ethnicity," <https://www.bls.gov/cps/cpsaat11.pdf> (accessed 20 November 2017).