

# CONSTRUCTING THE DISABLED CHILD IN ENGLAND, 1800-1860<sup>1</sup>

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*At the core of much of the historiography of disability in so far as it relates to nineteenth century England is a belief that the support offered to those with physical and mental impairments was threadbare and that such people could be and were pushed to the social margins of their communities. The current article uses poor law records, letters, newspapers and coronial inquests to suggest that officials in fact had a sophisticated sense of degrees of mental and physical impairment and relief/support systems were tailored accordingly. Like many of the pauper families who wrote to them about children with impairments I argue that officials tended to construct hierarchies of ability rather than disability and that doing so took them deeply into areas like labour market subsidy and the avoidance of institutional confinement. On the subject of children with mental and physical impairments, officials and pauper shared a common rhetorical register and strategic approach to classification and treatment.*

## *Introduction*

For many historians, the everyday nineteenth-century experience of those with physical or mental impairments makes for grim reading. A growing interest in organised spectacle, sensation and monstrosity fixed extreme physical deformity in the popular imagination (Durbach, 2007; Durbach, 2009). Professional groups such as museum curators or doctors, as well as amateur collectors sought out physical curiosity in both life and (through the appropriation of skeletons, bodies and organs) also in death (Alberti, 2011; Hurren, 2012). The nineteenth century also witnessed a rapid rise in the number of institutional spaces for the incarceration, control and treatment of mental and physical impairments. Public and private asylums for the insane were supplemented with institutions for the blind, deaf, dumb, idiots and unruly, while the workhouses of the Old and New Poor Law served as a backbone of institutional provision at the most local level (Carpenter, 2000; King, 2013). Most of those with physical and mental impairments spent the majority of their lives outside such places, but institutional sojourns nonetheless became increasingly common as the nineteenth-century progressed (Walton, 1979).

In turn, institutional provision went hand-in-hand with new systems of classification and a growing sense of the remediability of physical and mental impairments. Developing anaesthetic techniques from the mid-nineteenth century onwards meant that physical deformity became tractable for the first time (Snow, 2006), while parallel developments in psychiatry and medicine offered moral and then chemical models for the amelioration of mental illnesses (Smith, 2013; Hamlett and Hoskins, 2013). For the medical and emergent psychiatric professions, remediation became a personal, professional, moral and state duty rather than simply a possibility, contributing to a sharpening of the divide between the 'normal' and the abnormal in the nineteenth-century popular and literary imagination (Long, 2014; Craton, 2009). Just as the abnormal came to be pathologised, so it also came to be criminalised (disability and vagabondage/illegal begging was intrinsically linked in some nineteenth-century social commentary), and, many have argued, stigmatised and marginalised (Borsay and Dale,

2012: 2-5; Borsay, 2012). Those with impairments came to be classified by some commentators as of a different substance to ordinary people; late nineteenth-century British eugenic narratives focussed heavily on these 'other' groups, foremost amongst them the idiot and feeble-minded (Lovesey, 2013; Renwick, 2011; Bland and Hall, 2010). Unsurprisingly, then, it has been suggested that a medically, socially and culturally constructed group of the abnormal were pushed to the physical, cultural and economic edges of their communities, particularly post-1850 (Borsay, 2005: 1-16).

Within this broad narrative, children with mental and physical impairments occupy a liminal position. They were simultaneously part of a wider nineteenth-century debate about how a child might be defined and the character of childhood identified and secured, yet at the same time one removed from such debates by underlying narrative dichotomies of normal/abnormal or perfect/imperfect (Creighton, 2013; Sattaur, 2011; Humphries, 2010). Unlike some adults, they could not be blamed for their conditions, but proto-eugenic discourses constructed them as the embodiment and receptacle of parental failings (Atkinson, 1997: 113; Miller, 2007: 34). Impaired children (as we will see) had deeply ingrained and widely recognised moral claims on the public and charitable welfare systems of nineteenth-century England, yet on the other hand they could become a symbol of the corruption of the urban social system if they begged or stole. When cared for by kin groups and neighbourhood networks impaired children could be symbolic of the strength of the English family; when such arrangements broke down they became emblematic of a wider problem of the dilution of individual and kinship responsibility and self-reliance (Melling, 2007; Suzuki, 2006). Poverty in part created impaired children through poor nutrition, accidents and diseases associated with poor housing, inadequate maternal care and the health issues associated with intensive domestic industrial production, but caring for such children also drove many families inexorably to dependence on local welfare. And while children with mental or physical impairments were viewed as essentially malleable, their presence in institutions of treatment as opposed to containment was at best patchy in nineteenth-century England (Borsay, 2007; Miller, 2007: 34). In short, more than any other group the impaired child (here taken to mean anyone up to the age of 16, though this threshold is of course contestable) provides a vehicle for understanding how disability was constructed in this time of fundamental medical, administrative, legal and socio-cultural change.

The current article thus asks three interlinked questions for the period from the early 1800s to the 1860s. This period is deliberately chosen. Much of the existing historiography has seen the 1850s as a turning or starting point for the construction of disability. In part this reflects richer later nineteenth-century sources and the changing scale and complexion of the institutional provision that underpins many of the negative perceptions of the experience of disability in this period. Medical and eugenic discourses on disability also became more clearly articulated and powerful after this date. Whether such a mid-century dichotomy has any real explanatory value when judged against the detailed everyday experiences of those with mental or physical impairments is open to question. Even if it does, we have nothing for the period 1800-1860 to match David Turner's overview of the construction of disability for the eighteenth century, perhaps making implicit chronological thresholds rather starker than they ought to be (Turner, 2012). My questions are thus: Firstly, how was impairment defined and how might it be measured? Secondly, and with a particular focus on the children of the dependent poor,

how was the disabled child constructed in the official imagination? Finally, how were such children constructed by parents, neighbours, kin and even themselves? Initially, however, we turn to the question of sources.

### *Sources*

From 1851, the decennial census sought to collect information on loosely defined and mutable categories - 'blind', 'deaf', 'dumb' 'idiot', or 'insane' - of physical and mental impairment. The labels themselves are blunt instruments, taking no account of degree (partial sight or poor hearing as opposed to blindness or deafness, for instance) and failing to encompass many common physical problems linked to diet, work or accident (Curtis and Thompson, 2014). These were in fact cultural categories linked to a wider agenda of the building of the information state (Levitan, 2011). Nonetheless, the recent digitization of the census from 1851 onwards affords an important, if partial, window onto the scale of mental and physical impairment, one which crosses the chronological divide implicit in the historiography and allows us to systematically separate out the experiences of children and adults (Jones, 2011). In this article, such census material is supplemented by a large database of 8,000 coronial court records drawn from the Lincolnshire Coronial Circuit and spanning the period 1800-60.<sup>2</sup> In England and Wales the (legally rather than medically qualified) coroner investigated all unexplained or suspicious deaths. Each coroner had a broad 'circuit' for which he was responsible and the controversial nature of the work ensured media interest in his activities. Coroners had powers to compel testimony from witnesses and interested parties and while it is true that such testimony was mediated - recorded by a clerk or reporter - witnesses tended to be very forthcoming so as to assure the coronial jury that they themselves had no part in an unexplained death which might end up as a case in the higher criminal courts. The role of the coroner was then to sift the factual evidence and associated gossip, rumour and innuendo, in order to arrive at a consensus about causation (Hurren and King, 2014). In this he ranged widely over ordinary lives, and in his court we frequently find those with impairments appearing as victims, perpetrators and witnesses. The testimony thus garnered provides a vibrant sense of the subtlety with which impairments were understood and disability constructed as well as providing a sense of the wider scale of impairment not captured by the census. To take just one example, the 'child' Ann Hannath, from Wispington in Lincolnshire, burned to death in July 1844. The fact that she was 'only 26 inches high and had been helpless from her birth', and that she had four siblings with similar physical impairment, would not have been picked up in the conventional censal categories (LRSM, 12 July 1844).

Three further large-scale databases are also brought together here. The first comprises transcripts of vestry minutes, overseers' correspondence, workhouse records and overseers' accounts for 12 parishes spread over three English counties and covering the closing decades of the Old Poor Law from 1800 to 1834.<sup>3</sup> The second is an analogous database of official correspondence for four New Poor Law Unions, each containing at least one of these Old Poor Law parishes and covering the period 1834-1867.<sup>4</sup> Finally, the article draws upon the largest collection of pauper letters and the correspondence of epistolary advocates ever assembled. Comprising more than 10,000 narratives written by or on behalf of the poor, these letters were directed either to the pauper's parish of

settlement under the Old Poor Law or to the various central authorities under the New. While sometimes formulaic and strategic, most commentators have accepted (King, 2012: 69-91) that such letters provide a window onto the feelings and circumstances of the poor as well as a sense of what the officials to whom they wrote expected to hear. The corpus as a whole includes material from every English, Welsh and Scottish county and while letters from children are rare, material *about* them is very common indeed.

Collectively, these large datasets allow us to provide a nuanced sense of the scale of impairment in the period 1800-60 and to explore the complex ways in which officials, family members and sometimes even children themselves constructed disability prior to and overlapping with a widely accepted but lightly researched experiential threshold in the 1850s and 1860s. A particular focus on the dependent poor means that we can test through broad summative overview the ingrained sense in the historiographical literature that those with impairments were systematically ‘othered’ in nineteenth century society and pushed to the margins of their communities.

### *Defining and Measuring Impairment*

The nineteenth century witnessed a complex interweaving of administrative, medical, moral, legal and popular categorisations of physical and mental impairment. Boundaries between normal and abnormal or perfect and imperfect shifted, as I have already suggested, according to perceived remediability, changing medical and eugenic discourses, aesthetic norms, the concentration of people with impairments into identifiable places, the nature of spectacle and collecting, and exogenous influences like the substantial physical impairment legacy associated with nineteenth-century wars. There were also significant linguistic shifts, both co-terminus with these wider developments and an independent refinement of the English language. Thus, the word ‘dull’, used extensively in the 1790s by poor law officials in the midlands to describe those we would understand as having learning difficulties, had passed into memory by the 1860s, replaced by the catch-all categories of ‘idiot’, ‘feeble-minded’, or ‘imbecile’ (Wright, 2001). The latter categorisation can be first encountered in the Lincolnshire coronial records as late as 1844, when Susannah Tailles aged 21 ‘a person of imbecile mind’, was ‘left nursing an infant’ and managed to set her clothes on fire (LRSM 1 March 1844).

Development and then codification of official categorisations clearly gathered pace after 1850. The labels employed by census officials are hotly contested by new disability history, but provide a starting point for measurement (Linker, 2013). In turn, the rise of the public and private asylum necessitated new (pathologically orientated) categories to differentiate the insane incarcerated in institutions and those who remained in the domestic setting or circulated through various forms of community provisions such as boarding houses or workhouses (Melling, 207: 247). By 1913, the Mental Deficiency Act had defined and labelled mental impairments on a spectrum between the essentially harmless ‘idiots’ or ‘feeble-minded’ more of a danger to themselves than to the wider community, through to those with essentially pathological mental disorders (Jackson, 2000). Nonetheless, categories such as ‘lunatic’, ‘idiot’, or ‘imbecile’ were inconsistently understood and applied on a spatial basis for much of the nineteenth-century (Jones, 2011) and it remains unclear how far the construction of mental disability really changed

post-1850. Categorisation of physical impairment is even more problematic. While missing limbs, total blindness and deafness were well understood (if not uncontentious; beggars could pretend to be blind or missing limbs) the data employed here point to the sense that contemporaries struggled to understand or categorise other physical impairments. To take just one example, ruptures (largely but not completely to be understood as hernia) could have an even more significant impact on the everyday lives of adults and children than a more visible lost limb or eye. Moreover, we know from the records of the poor law and scientific correspondence to *The Lancet* or *Gentleman's Magazine*, that the affliction was common and commonly treated with ever more sophisticated trusses to hold and shield the problem area. Yet, the appearance of ruptures in discussions - contemporary or modern - of nineteenth-century physical impairment can at best be described as light.

Understanding the incidence of mental and physical impairment is thus problematic, the more so in children where unformed minds and bodies sometime made it genuinely difficult to firmly locate what contemporaries could have taken as 'abnormal'. As a starting point, the post-1851 census ostensibly records those who were blind, deaf, mute and (from 1871) lunatics, imbeciles and idiots.<sup>5</sup> Thus, in 1851 28,937 people (less than 0.1 per cent of the population) were recorded as having speech, hearing or sight loss. By 1881 some 131,690 people (around 0.5 per cent of the entire population and higher than the 102,127 people recorded in the official census summary) had recorded impairments, with 46.19 per cent classified as lunatic/idiot, 12.86 per cent deaf, 2.4 per cent blind and 28.2% either dumb or deaf and dumb. Of the overall total, 66,770 people (50.7 per cent) were recorded as living in institutions while 64,920 (49.3 per cent) were in private households or their equivalents such as small boarding houses.<sup>6</sup> By contrast only 2.7% of the total censal population was to be found in institutions such as hospitals, workhouses or cottage homes. Such figures provide support for the argument that *recorded* impairment and institutionalisation were becoming more closely entwined by the later nineteenth century. The poor in particular sometimes found themselves confined in spaces from which they found it extraordinarily difficult to extricate themselves. Nowhere was this clearer than in London, which had the greatest propensity to institutionalise, and the industrial northwest. By 1911 these characteristics were even more firmly embedded. Some 258,121 people had recorded physical or mental impairments (0.5 per cent of the population; figures in the official census appendix were 230,100) and those with hearing and speaking problems had quadrupled in number since 1851. Institutionalisation was even more common; 62.6 per cent of all of those with recorded impairments were resident in institutions (Miller, 2007: 29-33). Long-residence in such places had also, as much new disability history suggests, become more common (Linker, 2013). In part because these collective figures were dominated by those with mental classifications (and also because mental and physical issues sometimes emerged slowly in children), the number of child impairments recorded is vanishingly small. In 1851, for instance, only 8,236 people under the age of 16 were recorded in any category; by 1911 this had risen to just 26,345. These figures would remain modest even if we allow for the sorts of age misstatements and heaping problems familiar to scholars of the census.

The small scale of physical and mental impairment post-1850 is intuitively unlikely. In part this reflects weaknesses in the system itself. Census enumeration

categories were sufficiently fluid to allow those filling in the forms to apply judgements as to the degree of impairment which might justify them answering in a particular way. And of course lies, omissions and mistakes were part of the day-to-day realities of the census. For years coalescing around 1851 we can take a sample of 125 people who appeared in some capacity at the Lincolnshire coronial courts, were recorded as having an impairment and who had unusual (and thus discoverable) forenames or surnames, and trace them in census entries. This simple exercise lays bare the scale of the problem, with only 27 of this sample (22 per cent, all adults) labelled as having an impairment in census data. Such disjuncture might be expected: census categories, even as they developed in the later nineteenth century, excluded what were likely to have been common physical (and some mental) impairments: amputations, physical deformities, bone curvature, ruptures, back problems, arthritis, impairment of sight and hearing as opposed to loss, speech impediments and chronic incapacity associated with age or particular occupations such as painting, bleaching, metal smelting, grinding and mining. It is thus no surprise that in our sample of Old and New Poor Law records, the welfare authorities spent very considerable sums on treating conditions and the economic consequences of conditions which clearly equate to physical, mental or dual impairment.<sup>7</sup> This was particularly true of children where officials often spent prodigiously on nursing care so as to keep those with impairments *out* of institutions (King, 2014).

Ultimately, it is impossible to garner a complete picture of the scale, intensity and longevity of physical and mental impairment in the period 1800-60. What we can say with confidence is that the latent pool of such impairment was very considerable and captured in only the smallest way by census data or other official reporting. Poor law accounts, correspondence books, coronial court proceedings and the letters of paupers themselves, all point to those with permanent or temporary impairments as being a substantial and visible part of parochial and community life in this period. It would, I suggest, have been impossible for the residents of most places not to have come into regular and sustained contact with people who were experiencing obvious/well-known physical or mental issues. Accepting this contention raises important questions about how disability was (or was not) constructed prior to the significant changes ascribed to the later nineteenth century by disability historians.

### *Official Constructions*

Debate over whether disability is a medically, socio-culturally, legally, economically or administratively constructed category remains intense (Linker, 2013). It is, however, possible to observe that coroners, coronial juries, welfare officials, advocates for the poor and the poor themselves rhetoricised and evidenced a much more nuanced understanding of impairment and its consequences (and thus constructed inability, disability and ability in more complex ways) than some new disability histories focussed on the later nineteenth-century have allowed. Two features of the underlying data deserve greater exploration in this context.

First, there is little sense from coronial cases, poor law records or correspondence trails that officials or parochial social elites at any time in the period 1800-60 saw lumpen categories of the impaired, or translated such impairment to a singular category of the disabled. This observation is not new but the subtle nature of official framing of

impairment at local level has not genuinely been appreciated. For adults, poor law officials seem to have distinguished rhetorically and in terms of perceived eligibility between those physically impaired by service to King and country, birth, or accident, and those whose physical or mental impairments were caused by moral conditions such as heavy drinking or venereal disease. For children there is even clearer evidence that communities and officials understood and applied fine gradations of impairment, as a focus on the term 'idiot' in my underlying data suggests. Often seen as a catch-all term for those with learning disabilities until attempts to unpack it from a medico-scientific, administrative or classificatory perspective in the later nineteenth-century (Goodey, 2011), nothing could in fact be further from the truth. Elizabeth Flinton (aged eight) died in January 1845 after being given a fatal dose of a calmative medicine by her mother. She had, the coroner noted 'been an idiot from her birth'. This clear distinction between congenital mental impairment often coinciding with lifelong dependence and that developing later in childhood or (through accidents for instance) in adulthood is a constant in the coronial reports for Lincolnshire (LRSM, 24 January 1845). Thus William Reed was said to have 'become an idiot' over his early childhood (LRSM, 18 June 1850) while nine year old Ellen Parker was said to have 'become like an idiot' after a field accident in 1849 (LRSM, 1 July 1849). Many of the distinctions made between individuals by coroners were rhetorically but apparently deliberately fine. Henry Tunnard 'aged 16 or 18' committed suicide in June 1846. He 'was of rather weak mind' and after joining the Methodists he 'expressed himself very fearful of punishment in a future state' (LRSM 12 June 1846). William Parker of Leake came home from ploughing in May 1848 and hung himself. The coroner noted that the 16 year old was 'a remarkably stout youth, about 13st weight' and had killed himself while 'labouring under mental delusion' associated with his weak mind (LRSM 5 May 1848). We first encounter Parker, however, in an 1845 case when aged 13. At that point he was described as having become 'a few degrees from an idiot' during childhood. The sense that it was possible to understand the depth or intensity of idiocy and that idiocy might moderate into a weakness of mind or intensify into violent lunacy punctuates the coronial record. Thus, Henry Bell could not be held responsible for the death of John Strand in 1826 because he was 'an idiot boy not in possession of his faculties' whereas in the same year Mary Strawbridge was allowed to give evidence in a case because she was 'Some degree from an idiot by her own statement' (LRSM, 4 April and 19 August, 1826).

Nor were coronial courts the only place that this subtly differentiating labelling was played out. Fusing vestry records and correspondence from the parochial poor law sample shows that the label 'idiot' was interchangeable with more than 20 other terms, including in several instances the word 'impaired'. Moreover, this exercise also suggests that contemporaries understood at least 25 distinct categories of the mental status 'idiot'. Gradation was clearly situational and might occur according to degree, as we have seen from the coronial records, but also according to degrees of sense (simple, a sensible idiot, a dark [threatening but not violent] idiot), docility (harmless, violent, unpredictable), community participation (*our* idiot lad; a wandering idiot and cripple; many years our idiot), belonging (Walter's idiot boy; an idiot with no one to claim him) and particular measures (partly an idiot, largely an idiot, or (oddly) 'a sensible idiot'). Hence in the Lancashire town of Culcheth there were 9 different ways of referring to an 'idiot' but officials made a distinction between Jonathan Hargreaves who was 'drop't on his head'

as an infant, Mary Smith who was ‘born no degree from an idiot’ and the aged William Turner who, after a stroke, ‘became simple and is not a degree from an idiot’ (LRO Poor Law Account: 1 May 1804; 13 July 1806; 28 November 1814). In Thrapston (Northamptonshire), Henry Curchin had been ‘an idiot all his life’, Mary Jewkes had become ‘an insensible idiot’ after a bout of childhood smallpox and William bond was ‘simple’ (NRO, L(c)1718).

This evidence of fine variation in classification extends to most of the other major categories of mental and physical impairment. Welfare officials were seemingly well able to distinguish in practice and rhetoric between melancholic disorders, temporary ‘lunacy’ and recurrent or thought-to-be permanent mental problems which might warrant sustained periods of incarceration. Equally, they distinguished degrees of lost or failing sight both when considering those who applied for relief at the same time and over time in the cases of individual paupers. The need for her father to care for Mary Lawes (aged around 14) of Cowpe (Lancashire) because of ‘failing sight’ consequent on early work as a seamstress was seen as a reason for relief by the overseer of the town when he considered the case in March 1826. At the same meeting, Martha Briggs’s application for extra relief because she had to care for a daughter who ‘is now totally blind’ was accepted. While these allowances were permanent or semi-permanent, that given to Thomas Hargreaves by the same overseer in July 1827 was renewable every month because his son: ‘is thought temporary blind after an explosion at Whitehead’s [mill]’ (RL, Overseers Accounts for Cowpe). By contrast the sample of vestry records, overseers’ accounts, and (Old and New Poor Law) correspondence has very little to say either about deafness or degrees of hearing impairment unless this was associated with other conditions such as ‘decline’ (applied to both children and the aged), idiocy or other physical conditions. Deafness was certainly seen as a reason to give relief and some parishes and unions spent very considerable sums on sending deaf children in particular to institutions and keeping them there for some time. It does not seem, however, to have been a clearly divisible category for contemporary administrators, particularly with regard to children.

This aspect of pauper experience requires more long-term work. In the meantime, a second feature of the underlying data is that the subtle differences contemporaries appear to have drawn between people with the same physical or mental impairments were more than mere rhetoric, personal choice on the part of officials, a reflection of changed knowledge over time, or local/regional differences in the linguistic register. Rather, they denoted understanding of degrees of ability, contribution, responsibility, and (parochial state and family) obligation. We see this clearly played out in the welfare response. At the aggregate level, disability histories have often stressed the inadequate allowances and medical care offered to or foisted onto those with impairments within the discretionary welfare system that dominated nineteenth century social policy (Borsay, 2005: 1 and 6). Certainly, and particularly in the industrial districts of the north, west and midlands, cash payments were not large either under the Old or New Poor Laws. At between 2s and 4s per week the per capita allowances were somewhat below subsistence level. Moreover, there was some tendency for both their mean value and usual duration to shrink over time. At three key periods – the late 1810s, late 1820s and 1871-83 – we see concerted nationwide attempts to scale back relief, resulting in the slashing of relief lists. Most



parishes and unions also had periodic panics about their own costs and sought episodically to cut back both allowances and eligibility.

There is thus some foundation to a notional sense in which the benefits of the impaired poor were simultaneously inadequate and insecure. Yet when compared to the experience of other groups of the dependent the situation looks rather more complex. Under the Old *and* New Poor Laws, adding cash allowances to the value of other help provided for the impaired poor (rent, boarding, nursing, clothing etc) means that in 'normal' times those with mental or physical impairments usually cost parishes and unions most, both in cash terms and the proportion of relief dedicated to them. Moreover, while it is true that relief histories could be randomly and suddenly truncated, rarely were such efforts at economy effective. Many of those cut out of relief lists or having allowances slashed in the period 1800-60 subsequently regained their initial position. Indeed, the impaired poor were both least likely to lose their allowances and quickest to regain them of all pauper groups. Officials under the Old Poor Law do not seem to have been prone to delay, refuse or modify the demands of the impaired poor, a reflection perhaps of the paternalistic, humanitarian and customary obligation that this group engendered. This is clearly, but not uniquely, apparent in a letter from the overseer of Birmingham to his counterpart in Rothersthorpe (Northamptonshire) in June 1833. Reflecting on previous correspondence about 'a blind cripple' called James Hilton, the unnamed overseer demanded: 'you have an obligation to this *boy* and the calls of humanity, custom and precedent should pull on your conscience much as they have pulled upon the neighbourhood here who are unanimous in the need for relief in such a case. Please to tell me what relief to admit and not to delay in this lest you bring shame upon the town' (RPC, 23 June 1833, *my italics*).

This general sense of humanitarian obligation and Christian paternalism is played out across all of the source genres. Thus eleven year old Harriet Whittaker died from natural causes in September 1845. Her parents were 'hard-working people, and have had to *endure much affliction*, having a son subject to the most violent and dangerous fits, and who, when attacked, injures himself and those around him: he has been in the asylum and workhouse'. Harriet had also 'been subject to fits' and 'on Thursday she was attacked by a succession of them, which terminated her existence' (LRSM 19 September 1845, *my italics*). The implication of the coroner's statement - that the jury and subsequent readers of the case would all understand the physical and emotional journey of dealing with people subject to epileptic and other fits - points both to the frequency with which a sustained history of fitting appears in the coronial (and hence presumably the public) record and to the existence of a humanitarian concern for the family. This was also extended to other areas of impairment. James Bruce (aged 25) poisoned himself in July 1846. Concluding that he was of unsound mind, the coroner discovered that he had become disordered when 'a young woman about three feet high and sixteen years of age had refused to marry him'. Asked to explain her refusal (something common to all courtship related suicides (Hurren and King, 2014)): 'she assigned two reasons ... the first was that she was subject to violent fits, and the second that she did not like the man' (LRSM 3 July 1846). The coroner duly absolved her from responsibility for the suicide and praised her conduct, no doubt aware that his deliberations on the matter cut across developing public debates about whether those with lifelong physical or mental impairments should be allowed to marry (Jackson, 2000).

Given that the coroner was simultaneously an official of the state and channel for the sentiment of the community over which he presided, these observations are significant. We see them too in the wider poor law and correspondence sample. At Hulme (Manchester), children born with impairments or attaining them through accident or (commonly) disease were apprenticed at parish expense where there was any hope of future independence through work. This was more than a matter of potentially reducing future welfare bills; as one copy letter from 1822 makes clear ‘to have a chance in life he [Jonathan Lloyd, ‘cripple’ aged nine] must be put to a good master’ (MRO M10/814). The process was undertaken with some feeling. Considering more than 40 years of records, it is clear that the Hulme overseer placed children with impairments in a much closer radius than was the case for others, inspected such children in the workplace more regularly and was more willing to change arrangements that were unfavourable than was the case for others. Where children had little hope of sustained gainful employment and thus economic independence, the overseer actively bargained a joint package of family, parish and periodic institutional care for the child concerned. He was also willing to fund a rota of specialist nurses where impairments were degenerative. Many of these arrangements are masked in the parish accounts by broad entries for apprenticeship fees, legal costs, journeys by officials and block payments to nurses. A focus on end-of-process accounts thus significantly underplays the sense of obligation felt by officials in this rapidly growing urban parish to the impaired poor. Certainly there is no evidence that the processes of urbanisation, population turnover and rapid physical growth in communities dis-embedded the impaired poor from everyday life (Borsay, 2005: 22-36).

These examples begin to hint that in the period 1800-60, officials did not generally regard physical or mental impairment as completely disabling. Rather, their administrative infrastructure of application, inspection and decision was orientated to understanding and responding to *degrees* of ability and capacity. The latter was apparently judged in both economic (potential or actual earnings, likelihood of independence) and socio-cultural (prior contribution to the community, markers of current belonging etc) terms. Thus, when welfare officials used an intricate rhetorical infrastructure to describe, label and come to decisions about different ‘idiots’ they were in effect creating a dual hierarchy: Of degrees of ability in a local pool of people with mental impairments on the one hand and of the capacity of a local matrix (family, communal and institutional) to provide long-term care and support solutions to these people on the other. Such hierarchies translate into subtleties of poor law practice that have often escaped both disability and welfare historians, leading them to give undue weight to the later nineteenth century as a period of fundamental definitional and experiential change.

Thus, sustained study of the Speenhamland and roundsman systems show clearly that that the Old Poor Law spent significant sums on subsidising wages, working-age families or seasonal underemployment. While formal and systemic subsidies were less prevalent and less durable than early commentators allowed few English parishes between the 1790s and 1830s did not implement some sort of subsidy scheme. On the other hand, we know almost nothing about the dimensions and longevity of another form of systematic labour market support mechanism: the subsidy of employment, wages or aggregate family economy for those with degrees of impairment. Such subsidies were of course most relevant to the post-16 age group and might comprise direct payments to

employers, the removal of expenses such as rent from the budgets of workers with impairments, provision of clothing, top-up payments for inadequate wages or more subtle support such as the periodic boarding out of surplus children. Nonetheless, apprenticeship paid for by the parish was also a labour market subsidy, while in industrial areas poor law accounts provide consistent evidence of direct payments to employers so that they would employ children with varying degrees of physical or mental ability. Such, for instance, was the subsidy of 2s per week paid to David Whitehead of Bacup (Lancashire) for taking on Jonathan Scott (aged 14) who was partly deaf and had only one arm, or the 4s per week paid to William Robertson of Newhallhey (Lancashire) for employing 14 year old Hannah Whalley who was said to be ‘slow but not incapable’ (RL, Overseers Accounts for Bacup and Newhallhey, 1807 and 1809). Indeed the frequency with which the impaired poor of all ages ended up in ‘normal employment’ is evidenced by persistent coronial records of workers being killed, where the impaired poor were both victims and witnesses. The fact that these payments continued into the later nineteenth century is masked by the general absence of outdoor relief registers for poor law unions, but the work of Elizabeth Hurren clearly shows wage and employment subsidies still in place by the 1870s (Hurren, 2007)

Nor, of course, were poor law authorities averse to intervening to support the impaired poor in other ways. In the case of children, an obvious strategy judged by its frequency in parochial records or correspondence, was to pay for them to become or remain independent dealers in everyday goods. We have long known that parishes were willing to set female paupers up with ‘a basket’ of small goods such as flowers or pins in order to enhance their independence. Men too were given tools, ready-made clothing or wood to sell. In part because most poor law records lack any recording of age data, the fact that children, and children with impairments in particular, were also established in this way, has been less clear. William Hales, a ‘sensible [clearly a denotation based upon extensive personal knowledge] idiot’, was given 5s and a basket to become a vendor of lollies by his parish, and only a detailed reconstruction of his relief history reveals that Hales can have been no more than 14 at the time. He became so successful at the venture that by the age of 20 we find him lending small change to the overseer so that he could pay weekly relief allowances (RPC, Letter 23 June 1823). Across the whole sample of parishes and unions considered here we can find literally hundreds of instances of children with varying degrees of ability set up in petty business in this way. How to read such evidence is unclear but one interpretation might be that officials took this avenue both as a way of increasing economic independence (it rarely cost them less than they would have had to pay in cash and other allowances, and so it cannot have been a simply money saving device) and fixing the child more firmly in the consciousness of the community around them.

A final aspect of poor law policy that carries a different hue when we understand that overseers constructed and supported various degrees of ability within a wider welfare matrix, is institutional confinement. More people with impairments spent more of their lives in institutions as the nineteenth century progressed, something that is true of all conditions that became pathologised, medicalized and subject to ‘professional’ scrutiny in the same period. For ‘lunatics’ we have now come to a more refined understanding that patients circulated within and between institutional contexts (Smith, 2013; Smith 2012: 117-41) and that children were relatively infrequently sent to asylums as opposed to

being cared for in domestic premises, parochial/union institutions or sent overseas (Taylor, 2014). The journeys of those who ended up in specialist institutions for impairments – themselves collection points for people with highly variant degrees of ability – have often been less clear. Poor law data and correspondence, however, suggests that officials rarely took decisions to support institutional confinement for children compared to the number of cases that would have been eligible. This was almost never a matter of economy. In practice poor law authorities spent very considerable sums on alleviating the physical attributes of impairment, running from operations and sea bathing through to the employment of witches and wise women. If paying for institutional sojourns often involved hefty bills, we find little by way of complaint from officials and ratepayers when such decisions were taken. Rather, and echoing recent research on the factors propelling adult lunatics to the asylum, overseers seem to have considered institutional confinement of all sorts where the caring circumstances for the child concerned changed (most obviously for instance the death of a parent) or where the public and private display of symptoms resulting from impairment could be seen to worsen.

Across the period 1800-60, then, welfare officials and other agents of the state seem to demonstrate a nuanced understanding of the substantial pool of mental and physical impairment that crossed their paths. Labels such as ‘idiot’ were not bluntly applied and parochial and union officers often seem to have differentiated degrees of impairment based upon intensive personal or community knowledge. Such differentiation fed through into a policy of constructing ability rather than disability. Moreover, there is evidence that these practices continued well past the 1850 watershed that some disability historians have seen as marking a distinctive chapter in disability history. The scale of definitional or experiential change in the later nineteenth century was thus either much more fundamental than we have thought or simply does not exist.

### *Pauper Constructions of Disability*

Of course, officials were only one part of a triangular negotiation over the classification and treatment of children with impairments, the other two being the family and the child itself. The voice of the child in this relationship is often difficult to detect, something to which I return below, but that of parents is both recoverable and powerful. Parents or their advocates wrote to parochial authorities, central government departments, magistrates and all manner of local elites throughout the nineteenth century. Their letters are in many ways problematic but in the context of this article they show clearly that officials and parents shared a common strategy for identifying degrees of ability rather than inability, rhetoric for describing it and a negotiating space for tailoring relief to ability. This common ground reflects the fact that those with impairments embodied the core dilemma of the Old and New Poor Laws: Of all the sick poor the ‘disabled’ promised to be the most expensive but also had the strongest moral, customary and theological claims both to relief and to relief on their own terms, that is, outside the workhouse. Three emblematic examples represent something consistently seen across the most substantial corpus of pauper correspondence ever assembled.

Thus, Francis Soundy wrote to the parish of Pangbourne (Berkshire) at an unknown date in 1823. Apologising for her letter, she noted that a ‘gentillman ad rote to

you consarning my son humbly craving your assistance to binde him prentise'. There had clearly been no reply from Pangbourne. Soundy now wrote being 'a fraid of lusing the opotunity' of apprenticing the boy to a local barge builder and 'I with the boy throw our salves on your goodness hoping you will assist us to do it'. There would be nothing unusual in this request for an apprenticeship fee to be paid by the parish (Honeyman, 2007). Soundy, however, added a short postscript: 'Gentillmen this poor boy John Soundy as got an empedement in his speach so that he can not git his living by servitude'. As we might expect given my argument that parish apprenticeship was one of the areas in which overseers went out of their way to accommodate impaired children, receipt of this letter prompted Pangbourne to begin the process of finding the requisite fee. Before they could react formally, however, Soundy wrote again, in October 1823, noting that the prospective master required an answer forthwith. She warned that:

My son his now turned 15 years so that he will soun be tou old to be boun prentise any ware and gentillmen I ham sorry to say if he his not bound I shall have him at home all the winter on my hands a gain as he as empediment in his speach so that he can not go Service as he can not vary wall be understud.

As if to reinforce the timeliness of an intervention, James Soundy (John's erstwhile estranged father) appended a further note to the effect that John 'his quit incapable of giting his living other mens So gentillmen we umblely pray you to assist this poor lad in giting his living and your Perrishoners in duty bound will ever pray' (BRO D/P 91/18/ 3 and 4).

The contention that John Soundy could not be well understood is, when set against the remarkably orthographic communicative from of his parents, amusing. Nonetheless, the case also carries with it serious lessons. Francis Soundy constructed a case based upon a degree of (in this case physical) impairment, much like overseers themselves did. John Soundy was not mute but had a speech impediment (itself an interestingly precise definition) and presumably one that was lifelong. She also offered, however, a sense of the severity of the case - John Soundy could not be well understood but he could be understood enough to undertake barge building – both because she suspected the overseers would want to know this information but also because overseer and family needed to agree implicitly that the investment of an apprenticeship fee was likely to pay off. Francis also concentrated first and foremost on the ability of her son – he was not fit for service, a common route for children in early nineteenth century London, but he could learn a skill which was in high demand and required less vocal ability – much as overseers themselves seem to have done. And above all the Soundy's offered a partnership; in return for the apprenticeship fee the family would find lodgings, food and clothing for their son even though this would be an intense struggle in the context of their denuded family economy. The request to the parish was, in other words, proportionate and the parish responded in its stead, both as a means of saving future costs but also reflecting the wider humanitarian and paternalistic attitudes we see above.<sup>8</sup>

Some of these framing mechanisms were also employed by families dealing with temporary – or potentially temporary – impairments. Mary Colderwood wrote from the Hampshire town of Brocklehurst to her settlement parish of Peterborough St John (Northamptonshire) on 6 December 1833. Referring to a letter from the overseer which

obviously threatened to cut her own allowance, Mary noted 'I am in great distress, having four of my children still at home'. Her biggest concern, however was for her eldest daughter (then 16) who 'has been obliged to leave her place in consequence of being suddenly seized with violent fits, four persons cannot hold her during their continuance'. Her problems, she informed the overseer 'are indeed very great and I trust you will have compassion on me' (NRO Peterborough St John Letters (bundle 243), Letter 6). In this letter Colderwood sought to give a sense of the intensity of the impairment – it took four people to hold her young daughter when fitting – both because the overseer would have wanted to know as part of his own deliberations but also perhaps because of the ubiquity of fits as a physical condition, as evidenced by the coronial records. Before the overseer had a chance to respond, a second letter provided an update. Noting that Colderwood had sought the advice of a local doctor it told the parish that while her daughter had permanently lost her prior position as a domestic servant, Mary expected that she would be fit for light work in a month and 'will have thrown off the impediment' (NRO Peterborough St John Letters, Loose letter). In cases of physical disability, whether temporary or permanent, the capacity to work was simultaneously a key indicator of deservingness for poor relief and of one's place in a community more generally.

These family voices were a crucial part of both establishing entitlement for relief, and constructing ability and disability in the minds of parish officers who had a general moral and philanthropic tendency to regard relieving impairment positively. The voices of children with impairments are much more muted. They are not, however, entirely missing. Thomas Noble signed a letter to Rothersthorpe parish while resident in Leicester. An orphan, blind in one eye and 'a cripple' he had left Rothersthorpe to improve his situation by selling sweets. Dated 5 June 1818, he notes that 'I have got the coachman to write this letter to you'. How far we should believe the strategies, rhetoric and sentiment to be found in mediated letters of this sort is a moot point, but I have tended to read them as texts genuinely encompassing the views of the person signing. Noble went on say that his initial business had gone well but that 'I was laid down by the ague'. With a little relief, however, he expected to get well quickly and he assured the overseer that 'although completely a cripple' his former customers would return as soon as he was able to tour the streets again. Noble hoped 'never to be a burthen to my parish' and to live an independent life. He closed with the usual demonstrations of gratitude but appended a brief postscript: 'Sir I am able to do much here and would ask you to let me remain where I am known and respected' (RPC, Letter 5 June 1818). The sheer weight of physical and mental impairment that must have been clearly visible to parochial elites on the streets – through the presence of people such as Noble - in the fields, through relief applications and in the church porch inevitably meant that the boundaries between what was 'normal', what was 'impaired' and what was disabled must have been very fluid indeed during the period 1800-60.

### *Conclusion*

This article has suggested that, in the case of the dependent poor at least, the understanding and labelling of mental and physical impairment by both officials and by the poor themselves in the period 1800-60 was rather more complex than generalist disability histories implicitly assume. Such impairments could translate into complete

disability and where it did considerable expectations of care and attention was imposed on families, officials and communities. In most cases, however, officials and paupers seem to have concentrated on degrees of impairment and thus on associated degrees of ability and therefore negotiated relief. Remarkably few children were found completely incapable – constructed as definitively disabled – a status that was largely reserved for those in advanced old age. The existence of this definitional and capacity based spectrum does much to explain why we see marked (and often counter-intuitive; Norfolk, for instance, exhibits higher rates of impairment than Lancashire) regional differences in the notional incidence of physical and mental impairment traced by the census.

These observations, allied with what is likely to have been the sheer scale of mental and physical impairment, means that it is not at once clear that impairment translated easily to disability or that people, children in particular, were pushed to the economic, physical and social edges of their communities. This does not mean that poor treatment and casual institutional confinement were absent. Coronial records throw up instances of the ‘unknown cripple’ dying in a field, ‘an idiot child’ beaten to death by a cruel master, a ‘simpleton who could not speak’ starving to death in a stable or Mary Hodges, a deaf and partially blind child who died ‘ridden with vermin and emaciated to the point of being a skeleton’. Yet equally depressing (and certainly more numerous) examples exist for the apparently ‘normal’ population of Lincolnshire and in any case the numbers of such cases seem slim compared to the likely distribution of mental and physical impairment. Moreover, the accounts of the Old and New Poor Laws provide significant evidence of officials, sometimes with the smallest of tokens, recognising the embeddedness of those with physical and mental impairments into their communities. This might be the act of placing children with such attributes at a lesser distance from their families than other sorts of children. It certainly extended to a decent funeral in the event of death (Hurren and King, 2014). If a focus on per capita expenditure figures under the Old and New Poor Laws has led some disability historians to characterise welfare as parsimonious and ‘threadbare’ (Borsey, 2005: 1), the truth is rather more complex. Combining cash allowances with payments in kind, medical care etc suggests that the poor with mental and physical impairments fared remarkably well in a discretionary welfare system. They did so, I suggest, because officials, paupers, advocates and families shared a common perspective on how eligibility for this distinctive group should be claimed, maintained, rhetoricised and negotiated. The situation may have looked different after 1860, but if it did, the nature of the definitional and experiential shift was much more profound than even new disability histories have suspected.

### *Notes*

1. Professor Kevin Schürer provided the census data used here.
2. The Lincolnshire Coronial Circuit was chosen because, like Herefordshire (Jones, 2011), it seems to generate high levels of physical and mental impairment in census data.
3. The counties are Lancashire (Hulme, Cowpe, Rawtenstall, Bacup/Newhallhey, Culcheth), Northamptonshire (Thrapston, Oxendon, Peterborough, Rothersthorpe) and Berkshire (Pangbourne, Wallingford, Tilehurst). The late Margaret Hanly found, transcribed and shared accounts and letters for Cowpe, Rawtenstall, Culcheth and Bacup.

4. The New Poor Law Unions were chosen so as to map onto Old Poor Law parish records, hence Peterborough, Oundle, Tilehurst and Leigh.
5. In subsequent analysis I triangulate the appendices relating to impairments in all of the censuses with searches of the new digital version of the census because the two do not correspond.
6. This is likely to have been an understatement. Census data provides only a snapshot of those places in existence, whereas we are now increasingly clear that smaller institutional locations, particularly for mental impairments, opened and closed with considerable rapidity (King and Gear, 2013). More generally, children seem to have circulated through institutions at a much faster rate than adults, such that a focus on institutions and on the snapshots of the census figures for 1881 and 1911 gives only the most general sense of the scale of childhood impairments.
7. This observation still understates the likely scale of impairment; paupers with mental or physical problems often presented late in the relief process rather than at the start, leading to underestimation of the duration and intensity of impairment in the background community.
8. In the later nineteenth-century it is possible that John Soundy would have been sent to an institution, especially as parish apprenticeships dwindled. Speech impediments were, however, common and even by the 1890s it is unlikely that any more than a small proportion of those who could have been consigned to institutions actually were.

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