INTRODUCTION

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Disability and the Victorians: Attitudes, interventions, legacies brings together the work of eleven scholars. The collection focuses on the history of disability and, while showcasing the work of a diverse gathering of historians, it also gives a flavour of how disability history engages the work of scholars from other disciplines and how they, in turn, enhance historical thought and understanding. Equally, while the focus is on the Victorian era, a time during which society changed significantly, both at the bottom and from the top, it was also a time in which patterns developed that were to have an enduring influence. Therefore a taste of that enduring influence is presented in chapters that suggest the resilience of Victorian thought and practices in the modern era. Consequently, an underlying aim is to encourage readers to take a broad view, both of 'disability' and of Victorian influences and values.

'Disability' is a wide and multifaceted concept. Indeed, the thinking and actions of Victorian elites drew heavily on a whole range of ways of classifying, not only sections within society, but also behaviours that they considered to be socially and morally deviant. Yet the collective and all-embracing term 'disability' is a modern construct that only rarely appeared in their rhetoric. Notably, through the application of Poor Laws in England and Wales, Scotland, Ireland and beyond, what Victorians were guided by were their perceptions of able-bodiedness and ability to perform productive and self-supporting work, on the one hand, and, on the other, their judgement, in sometimes considerably divergent and subjective ways, of people who were disabled from working through a range of physical, sensory and mental impediments.[1] After all, the comfortable classes, charged with funding Poor Law provision, had a vested

interest in reducing the numbers claiming poor relief.[2] As a consequence, they increasingly tried to differentiate between people whom they considered to be worthy of aid – people genuinely disabled from working, due to an impairment – and people whom they deemed to be unworthy of assistance and support, whom they considered to be able-bodied and capable of working, but who were unable or unwilling to find employment.[3]

The Victorian era, encompassing the latter six decades of the nineteenth century, was a period by which significant areas of the British Isles had become industrialised and urbanised. Both processes exacerbated the extent of impairing conditions, these ranging from industrial injury resulting from employment in mills, factories, quarries and collieries and on the burgeoning railways, through to the prevalence of debilitating physiological illnesses. These included diseases, such as tuberculosis and rickets, that were aggravated by squalid, overcrowded housing conditions, poor sanitation and uncontrolled industrial pollution. Maria Frawley points out that the Victorians were not only dealing with the consequences of rapid industrialisation, but simultaneously fostered a social climate that made it possible to acknowledge a diverse range of impairments, and for people to identify themselves, or others, as invalids.[4]

Indeed, as David Turner and Daniel Blackie assert, 'disability was central to the Industrial Revolution … Disabled people … contributed to Britain's industrial development, while disability in turn shaped responses to industrialisation'.[5] Jose Harris notes how, by the late-Victorian and Edwardian periods, 'the immensely varied, contradictory, fissiparous quality of many movements, values, and institutions … the riotous pluralism of human experience [were] embracing government, religion, work, family, moral attitudes, popular culture, and sexual relations'.[6] Such themes constitute a kaleidoscope of tensions and dynamics that exercised many comfortable minds, often conservative in outlook and therefore nervous of change and of aberration. It followed that some of their number were motivated to advance intervention in the lives of people with a diverse range of impairing circumstances. They often did this by marginalising them, moulding them, controlling them, segregating them and by confining them in the names of progress, rationalism, compassion and charity. Thus, a feature of the nineteenth century was the rise and the maturing of residential institutions for certain categories of disabled people. This resulted, for example, in people with mental impairments and afflictions being placed in asylums, or children and young people with sensory impairments being admitted to 'training' establishments.

By the Victorian period, mental asylums had become established features in the landscape, usually occupying rural locations. Onset of mental impairment had no respect of societal pedigree, but there were divergent responses as regards

social class, gender and marital status. Within asylums, classification divided inmates between curable and incurable, tranquil and furious, rich and poor, men and women, young and old. Indeed, the Victorian period saw the rise of a range of institutions: physically, in stunning grandeur as elaborate edifices of stone and mortar; but also organisationally, as religiously and philanthropically motivated fraternities and societies. These were particularly inspired by the values of the increasingly influential middle classes, while they also solicited endorsement and patronage from the landed and aristocratic elites.[7]

The industrialists, manufacturers, traders, professionals, etc., who formed the upper strata of the rising middle classes, strove to emulate the landed classes by assuming guiding roles in civic society, a society that in the nineteenth century was increasingly bound by regulatory and legislative intervention and where formal philanthropic activity was a way of channelling elite energy. Business entrepreneurs maximised the financial returns on their capital through the labour of working-class men and women who toiled long hours, often in debilitating conditions that were compounded by overcrowded and unhealthy housing provision. It was therefore ironic that these elites were driven to founding and supporting societies and institutions to aid the victims of grinding hardship and of disabling conditions that were frequently the outcome of the desperate poverty that their business entrepreneurship played a part in creating. At the end of Victoria's reign, when Seebohm Rowntree published his social survey of York, he found that 'An analysis of the persons in the city who are below the "primary" poverty line shows that more than one half of these are members of families whose main wage-earner is in work but in receipt of insufficient wages.'[8]

As Sarah Rose has shown, expectations of ability to work often relegated disabled people to poverty and second-class citizenship.[9] Indeed, even as multiple definitions of disability operated during Britain's Industrial Revolution, disability was 'often associated with … a general incapacity for *any* kind of work', even as industry (e.g. coal mining) adopted occupational definitions of disability: one's capacity to work mattered more than inability to work.[10] The latter nineteenth century was a period marked by, in the words of Colin Barnes, 'A mixture of religious altruism and conscience, this spirit of Victorian patronage …'.[11] Religious altruism had a particularly motivating tenor in welfare provision, which, Stephen Yeo has noted, 'was an area in which churches and chapels were especially interested'.[12] Writing of the late-Victorian and Edwardian eras, Yeo continues, 'Such interest was regarded by many members of churches or chapels as automatically accompanying their religion as an especially religious province … total unconcern would have been unthinkable to many religious activists at this time.'[13] Religiosity, philanthropy and Victorian values of godliness, charity,

sobriety and rational behaviour, hard work and desire for self-improvement, were inextricably intertwined.[14] Indeed, the elites were adept at marshalling the support of lower strata of society to embrace their values as their own. It formed part of a relentless process that is highlighted by Callum Brown:

> The great invention of evangelicalism was the voluntary organisation. It turned the elite organisation of eighteenth-century charity into the backbone of urban-industrial society, providing spiritual, educational, recreational, evangelising and moralising opportunities for the whole population … The voluntary organisation took over the regulation of the people's habits from the established-church parish-state of the early modern period.[15]

The gestures of philanthropic industrialists and manufacturers, merchants, professionals and clergy were often driven by their own perceptions of acceptable lower-order work ethic and social responsibility, which they sought to generate among the working classes while also being motivated by their own interpretations of rational, religious and moral behaviour.[16] By the end of the Victorian period, elite altruism directed at social reform still involved marshalling working-class voluntary action, and created a two-pronged attack 'often called "service" when done by the rich, and "initiative" or "independence" when taken by the poor'.[17] Despite, for example, the widening of the political franchise for males, direction continued to emanate from above, and some of the top-down, well-meaning but value-laden actions by elites, for whom institutions and organisations that aimed at alleviating the effects of a range of disabling conditions had an enduring appeal, are demonstrated by our contributors in Parts I and II, on 'Attitudes' and 'Interventions'.

Queen Victoria's death in 1901 heralded the Edwardian era, in which there were some ideological changes in approaches to the support of those in need – such as children, the elderly, the sick, people whose circumstances might have been caused or aggravated by impairment or who were at risk of eventually becoming disabled. This occurred under legislation and actions dubbed the 'Liberal welfare reforms', but which some commentators have suggested were also spurred by early Labour Party electoral successes and pressure, rather than purely the pro-active initiative of a Liberal Party that drew its support from the middle classes and from skilled working-class voters who aspired to, and embraced, middle-class values. James Hay, for example, has noted 'that political pressure from the working class was one of the main reasons for the origins of social reform', and that 'both the Labour Party and the Trades Union Congress had extensive social reform programmes by the early 1900s'.[18]

However, despite the growth in state patronage of social welfare, introduced even as the onset of the Great War was anticipated, Victorian values and practices

were to demonstrate considerable durability, casting a long and influential shadow across the twentieth century and beyond. The 1960s have been highlighted as the decade when 'Victorianism' underwent serious decline, the period that 'witnessed the decisive eclipse of "Victorian values"', but, as Ian Jones suggests in his study of religious change in Birmingham in the period after the Second World War, this is a simplistic judgement that is open to many challenges.[19] For example, Sue Wheatcroft notes that, in the post-war years of state intervention and welfare, 'many responsibilities previously met by the various voluntary societies' – which we recognise as being heavily embedded in the Victorian era – did not become obsolescent; rather, 'the role of charities changed, but in many ways they remained just as essential'.[20]

An advocate of the need for society to re-embrace Victorian values was Margaret Thatcher, Tory prime minister from 1979 to 1990, who equated the Victorian ethos as being 'entrepreneurial spirit, frugality and the authority of the family, all of them rooted in individual responsibility'.[21] Her espousal of Victorian values was cemented in a 1983 television interview when she revelled in the interviewer's suggestion that 'Victorian values' were what she stood for. Highlighting the likes of 'voluntary schools, [and] hospitals endowed by benefactors', she declared that 'as our people prospered, so they used their independence and initiative to prosper others, not compulsion by the State'.[22] Thatcher therefore had no hesitation in challenging the role of the wide-ranging welfare reforms that resulted from the Beveridge Report of 1942. Aspects of the continuity of the Victorian ethos in the face of change and modernity are showcased in the final section of this volume, 'Legacies'.[23]

Since the start of the twenty-first century, the number of different perceptions and understandings of what the term 'disability' represents have multiplied and caused significant argument and debate, 'disability' being both a relational and a value-laden concept.[24] The two dominant models of disability to prevail from the late twentieth century have been the medical model, stemming from clinical and scientific breakthroughs, notably from the nineteenth century, and the social model that defines disability as arising from societal attitudes and responses to impairment rather than from impairment itself. Advocates of the medical model have tended to posit disability as a 'problem' that needs to be 'fixed', with medical science playing the role of the knight in shining armour that will come to the rescue and banish disability. The social model argues that societal and political attitudes are the real problem, rather than the presence of a physiological impairment; but more recently there has been some compromise and overlap between these two models. Other models have also been recognised – such as the Expert or Professional model, the Tragedy or Charity model, the Moral model, the Legitimacy model, the Empowering model, the Economic

model, the Market/Consumerist model and the Spectrum model – all aiming to appreciate the various lived experiences of disability.[25]

Within this 'new disability history', everybody's needs, aspirations and experiences are personal to them and dogmatic stances have consequently softened.[26] New perspectives argue away from a 'same, not different' perspective to a cultural interpretation that identifies 'same *and* different'.[27] Hughes and Paterson highlight that aspiration for a more inclusive, understanding and tolerant world, which does away with 'disability', and the lived reality of 'impairment', are not polar opposites and that we should acknowledge that 'disabled people experience impairment, as well as disability'.[28] Furthermore, as Burch and Rembis argue, '[d]isability is ubiquitous, yet it is also irreducible. Lived experiences of disability defy universalised or essentialised interpretations … there are many different ways to think about disability and disabled people.'[29] While several contributors to this volume are influenced by the social model, the editors do not take a dogmatic stance, enabling the collection to encompass medical perspectives, social arguments, cultural influences and the blurred and complex space between frameworks.

The collection has three contributions that explore aspects of hearing loss, notwithstanding debates surrounding whether deafness is a disability.[30] Many deaf people share negative perceptions of their situation, would prefer not to be deaf and share widely held outside perspectives that they are disabled as a consequence of their deafness.[31] However, this view is often not shared by people born deaf or losing their hearing at an early age; consequently, they feel no sense of loss and choose instead to celebrate their Deaf identity through their membership of a unique community and culture at the heart of which is sign language.[32] Yet, in both practical and legislative terms, deafness has been, and remains, explicitly classified as a disability. From 1861 until well into the twentieth century, the decennial censuses have recorded being 'deaf and dumb' in pathological terms, while definitions of disability within the 1948 National Assistance Act and the 1995 Disability Discrimination Act specifically cite deafness as a disabling condition. Deafness is not explicit in the 2010 Equality Act, but sensory impairment is included in guidance on determination of disability.[33]

Just as Claire Jones's collection of essays on the history of the commodification of prosthetic devices successfully combines those designed as substitute limbs alongside appliances created to aid recovery of hearing in the commercialisation of enabling accessories, this volume embraces hearing loss alongside essays that explore sight loss and mental and physical impairment.[34] The volume therefore concurs with the contemporary argument, advanced by Burch and Kafer, of 'the need for deaf/disability alliances'.[35] To showcase these alliances, but also to demonstrate the diversity of experiences and approaches within a

particular strand of impairment, this collection takes deafness and hearing loss to highlight how one strand of impairment can occupy a broad landscape – and this model can, of course, be applied in other areas. So, in Part I, Attitudes, we see the conduct of deaf 'elite' personalities on the imperial stage (Chapter 2); in Part II, Interventions, we witness the medicalisation of deafness in clinics and hospitals (Chapter 4), and the linkages made between hearing impairment and childhood language development (Chapter 6); while in Part III, Legacies, Chapter 10 assesses the roots of continuing government policy mind-sets towards deafness as a disability. All these chapters use hearing loss to illustrate just some of the variety that can be identified under the broad umbrella terms of 'disability' and 'impairment'.

In this, and in other ways, *Disability and the Victorians* is intentionally varied. Just as the Victorian period was not just an era in time neatly bracketed between 1837 and 1901, the attitudes and outlooks generated reached beyond the British Isles – to Empire (Victoria became 'Empress of India' in 1886) and to the wider world. Medical, philanthropic, political and other elites engaged across frontiers through correspondence and investigative tours as they developed their individual philosophies, institutions and goals. Global journeys required considerable time to undertake, yet tours to Europe, North America and further afield were made by the likes of institution superintendents and philanthropic heavyweights in order to garner information on the perspectives and methods of their foreign counterparts and to exchange ideas. Thus, the Victorian reach and interface travelled far and wide – as two of our contributors, Esme Cleall and Caroline Lieffers, demonstrate in Chapters 2 and 7.

We argue that the Victorian gaze and influence endured long after the conclusion of a rigidly defined Victorian era. Victorian 'values' reverberated across the Edwardian period, through two world wars and into the decades of the British welfare state from its creation in 1948. We present examples of this in Part III by treading the established historical path of considering continuity and change. By the beginning of the twentieth century, the use of large institutions of various forms of confinement was increasingly challenged, but they were by then such established features of permanency on the landscape, representing considerable investment and serving as statements of philanthropic and civic largesse, that their continued role, irrespective of how inappropriate detractors might consider them to be, was simply because they 'already exist'.[36] Many of these buildings eventually underwent a process of identity change, such as becoming hospitals from 1948, or undergoing decommissioning from the 1980s. Examples still dot the landscape, some remaining in use as places of healthcare, some as majestic ruins, while some have been rehabilitated into new uses such as upmarket residential apartment complexes or educational establishments.

The diverse mix of contributions that comprises *Disability and the Victorians* comes from scholars whose writing demonstrates the profound impact that Victorian thinking and action had on shaping societal perceptions of physical, sensory and mental impairment and in establishing social responses, not only in Britain but also on the wider world stage. As stated earlier, the chapters primarily take a historical perspective, but contributions are included that demonstrate the growing and complementary overlap between 'pure' history and, for example, literary studies' use of disability as a genre, as demonstrated by Deborah Fratz in Chapter 3. Therefore, because of the heterogeneous nature of Victorian responses to impairment, the volume includes contributions that range from representations of impairment and disability in popular fiction, childhood language development and lived experiences of people in confinement, through to the disabling nature of alcohol dependency and abuse. These sit alongside more recognisable approaches on care provision, as showcased in chapters on deafness, blindness, prosthetics and medical care. Collectively, the chapters illustrate multifaceted understanding of the driving forces behind outsider intervention and insider experience in a way not usually found in disability history compendiums.

Overall, the volume does not set out to pursue the likes of Marxist or feminist perspectives. However, readers will find that individual contributors highlight experiences and approaches directed to varying degrees by, for example, gender (Chapters 5 and 7), social class (Chapters 1, 4, 5, 7, 10), work (Chapters 5 and 7) and ethnicity (Chapter 2). In marshalling the chapters under our three broad categories of Attitudes, Interventions and Legacies, we stress that these are not intended to be mutually exclusive, and we hope that the reader will find recurring themes and issues evident throughout the book.

Part I: Attitudes

Our collection begins with an examination of ways in which a variety of impairments were viewed by our Victorian forebears. These chapters explore the motivations that underpinned Victorian responses to people needing, and meriting, help and support – often with the objective of turning people experiencing debilitating infirmity or impairment into active and contributing members of society. This section investigates ways in which elites, in pursuit of their agendas of improvement, drove, for example, the establishment of voluntary hospitals in Scotland. It demonstrates how notions of physical and moral reform were exported across the British Empire. And it shows how perceptions of disability and chronic illness became a literary trope in the genre of 'Realism', revealing the depth of the perspectives of the comfortable classes and leading to their enrichment of all aspects of the Victorian psyche.

Amy Farnbach Pearson (Chapter 1) opens Part I by exploring the values and motivations of charitably funded voluntary hospitals, established by middle-class elites as places of cure for people experiencing chronic illness or impairment. Focusing on Glasgow Royal Infirmary (GRI) and the Royal Infirmary of Edinburgh (RIE), she shows how Scotland was an influential location in developing and disseminating the medical developments of the Victorian era, underpinned by middle-class ideals of restoring the deserving able-bodied from temporary illness or impairment to productive industry that energised the voluntary hospitals. This perspective of worthiness enacted at GRI and RIE reflected hardening societal attitudes towards the working classes, a tendency that increased during the nineteenth century among the middle classes throughout the British Isles. However, early and mid-Victorian reformers ultimately became disillusioned as they sensed failure in their efforts to restore significant numbers of individuals with impairments to able-bodiedness.

The Victorian period was the era during which the British Empire reached the zenith of its power and influence. The Empire presented opportunity to a wide spectrum of entrepreneurs, government administrators, military personnel, missionaries, adventurers, emigrants and refugees from the mother country. By exploring the life histories of three deaf educators and social reformers, Esme Cleall (Chapter 2) examines how these disabled white Britons fitted into the imperial matrix. John Kitto (1804–54), George Tait (1828–1904) and Jane Groom (1839–1918) can all, in some ways, be said to have lived imperial lives and to have adopted imperial attitudes to their surroundings. Cleall notes that, as disabled/deaf 'others', these were individuals who might be expected to empathise with the dispossessed indigenous peoples of colonised lands in their shared subjugation. However, she argues that they were all 'guilty' to some extent of embracing the imperialist project and of identifying with the coloniser rather than with the dispossessed and marginalised 'other'.

Disability history has a close association with aspects of literary studies, with numerous Victorian novelists perhaps being influenced, and inspired, by their personal experiences of impairing conditions. Among their ranks are Mary Elizabeth Braddon (1835–1915), Charlotte Brontë (1816–55), Wilkie Collins (1824–89), Dinah Craik (1826–87), Charles Dickens (1812–70), Elizabeth Gaskell (1810–65), Thomas Hardy (1840–1928), Robert Louis Stevenson (1850–94), Bram Stoker (1847–1912) and Charlotte Yonge (1823–1901). Deborah Fratz's (Chapter 3) exploration of representations of impairment and disability in the 'Literary Realism' writings of George Eliot (1819–90) and Harriet Martineau (1802–76) concludes Part I. Key to this genre are personal experience and social observation, which, Fratz argues, placed these authors and their literary methodology in a unique position to develop their characters'

familiarity with living with impairment. Observation, by the characters and their creators, pinpoints perceptions within wider Victorian society and prevailing social interaction. The characters and their authors thus serve to perpetuate Victorian attitudes towards disabled people, not only for their contemporaneous readers, but for those who continue to read these classic titles today.

Part II: Interventions

Defining and confronting disability has taken various forms through the course of history; the Victorian period witnessed increased institutionalisation of people with impairments, marking their removal from mainstream society for periods ranging from short-term to life-long duration. The aim and aspiration of social reformers was disabled people's eventual return to the outside world as 'whole' beings, although for some this was neither achieved nor achievable. Places entrusted with objectives of rehabilitation, restoration to health and usefulness, and grooming for societal integration, included schools, hospitals, institutions, asylums, workhouses and poorhouses, sheltered workshops and centres of therapy and convalescence. In order to determine who was eligible to 'benefit' from such innovations, legislation, rules and tests were introduced to hone criteria by which people with wide-ranging and complex features of disablement could be categorised and directed towards different forms of intervention.

Interventions, the overriding theme of the chapters by Virdi (Chapter 4), Woiak (Chapter 5) and Hellal and Lorch (Chapter 6), therefore forms our second group of contributions, their themes providing insight to the inevitable outcome of Attitudes. Part II concludes with an alternative response from Lieffers (Chapter 7), which recognises that there were also people with disabilities who were not subjected to institutional regimes. The chapter highlights 'passing' as one strategy of confronting disablement within the context of the public sphere, and persuasively argues a consumer model of disability experience.[37]

Jaipreet Virdi begins the theme of Interventions by considering practical, medical and technological responses to deafness. It was during the nineteenth century that specialist hospitals emerged, but medical specialisation was often ridiculed by general clinicians who took pride in having training and expertise that they felt equipped them to direct their skills to any kind of medical challenge. In their view, specialisation, from paediatrics to psychiatry, was the refuge of colleagues who lacked their own wide-ranging abilities and versatility. In Chapter 4 Virdi outlines the arguments put forward by those opposed to specialisation. It was a contest that they were destined to lose. She demonstrates the shift towards a more medicalised construction of deafness by examining the evolution of London's Royal Dispensary for Diseases of the Ear (RDDE) and its approaches

to the specialist treatment that it advocated. In due course, the RDDE became the Royal Ear Hospital, and Virdi charts the institution's progress and development from its foundation in the pre-Victorian early nineteenth century to the post-Victorian early twentieth century.

The debates surrounding what constitutes 'disability' and what are considered appropriate reactions to disabling conditions are highlighted poignantly, perhaps even controversially, in Joanne Woiak's examination in Chapter 5 of the historical background to psychiatric, eugenic and wider societal responses to inebriation. Discourses and policies that connected the concepts of alcoholism and degeneration were prominent targets around which disability was constructed in the Victorian and Edwardian eras. Woiak emphasises the roles that gender and social class played in eliciting contradictory responses – responses that demonstrated either compassion or prejudice towards the debilitating effects of alcohol addiction. She considers the competing arguments of the teetotal movement, social Darwinists and eugenicists, alongside the emerging medical disciplines of psychiatry and public health, to create a complex narrative about whether alcoholism should have been universally recognised as a disability during the Victorian period, and if Victorian attitudes continue to impact on contemporary thinking and discourses on alcohol dependency.

Medical surveillance in the interest of expanding clinical knowledge provides the focus for Paula Hellal and Marjorie Lorch's chapter on the linkage between perceptions of sensory impairment, in this case the ability to hear and to articulate, and learning development. The authors explore Victorian attitudes to childhood disability by focusing on how physicians attempted to describe and explain these newly identified developmental disorders of language. Focusing primarily on childhood aphasia, they highlight the haphazard ways in which the medical profession made breakthroughs to achieve greater understanding of the condition. This required abandonment of early ideas, which had often been without empirical foundation, in order to embrace fresh perspectives and understanding and to reappraise the long-held and dubious linkage made between deafness and 'dumbness'. Hellal and Lorch outline how research into childhood health conditions and disabilities was initially largely driven by individual interest and became more systematic only once hospitals brought together a large number of people, enabling greater understanding of various physiological conditions so as to benefit from medical collaboration.

There were, of course, people with disabilities who played active roles within able-bodied society, but life with a physical or sensory impairment in the public sphere took on many manifestations. Integration within mainstream society might mean endeavouring to mask an impairment so as to avoid stereotyping or being on the receiving end of false assumptions by people encountered

during daily life. Therefore, adopting a strategy of hiding an impairment – or 'passing' as able-bodied – motivated the likes of the insertion of a false eye or employing a range of other devices to make invisible an absent, malformed or damaged body part or function.

'Passing' was an objective of the prosthetic limb developed by Benjamin Franklin Palmer, and which is investigated by Caroline Lieffers in Chapter 7. Palmer was adept at marketing the benefits of his prosthetic devices in both practical and aesthetic terms by aligning his inventions with medical progress. He adhered to what Lieffers identifies as a medical-consumerist model where Palmer's prosthesis became a sought-after accessory based on medical innovation and modernity. Thus he capitalised on testimonials from satisfied customers: the prosthesis, wearers suggested, was able to merge with the body, making them 'whole' again, physically and psychologically; and it facilitated masculine ideals of sociability, labour and business success. For the wearer, it enabled life to be conducted as 'normal'. International marketing of Palmer's invention created a following for a device that was 'conspicuously inconspicuous'. Palmer's successful global outreach demonstrated that Victorian values and ideals were not limited to Britain and its empire; his invention originated at a local level in the 'new world', but eventually extended its appeal and success throughout the United States, and across the Atlantic to the 'old world'.

Part III: Legacies

Our final section highlights examples of how the shadow cast by our Victorian forebears has been a long one. In Chapter 8 Iain Hutchison traces the ways in which the treatment of chronically ill and disabled children evolved in late nineteenth-century Scotland and how those Victorian approaches and principles continued to evolve in the early decades of the twentieth century. Direct experience of the consequences of such institutional attitudes is explored in Chapter 9 through Fred Reid's very personal narration and analysis of his adolescent life and development in a residential blind school where surveillance, often guided by a Victorian mind-set, was the order of the day. Martin Atherton concludes the volume with his examination, in Chapter 10, of how government policy and practice directed at deaf and hearing-impaired people, from the nineteenth century through to the early twenty-first century, has often replicated, rather than challenged, the thinking that was prevalent in the Victorian period.

The ambiguous nature of the boundary between ill health and disability becomes apparent in Iain Hutchison's chapter on the experience of feeble, frail,

ill and impaired children in Glasgow. In opening Part III of this collection, Hutchison provides a longitudinal review of the interrelationship between Glasgow's Royal Hospital for Sick Children (RHSC), its use of a network of 'cottages' to aid post-treatment recovery, and East Park Home for Infirm Children, an institution created to aid children with a range of disabling conditions. He illustrates how the shortcomings of compulsory education from 1872, and the belated arrival of a children's hospital in 1883, precipitated a new approach to children with serious physical impairments, and traces continuity of the Victorian ethos when the children's hospital, and charity-run convalescence homes, evolved rather than transformed in the aftermath of the Great War. From the inter-war period, a close relationship developed between the RHSC and East Park Home, where residential and education facilities were provided for children with a broad and changing spectrum of impairing conditions, and which today continues to operate as an educational facility for children with disabilities.

Fred Reid's story gives a very personal insight into the continuity of Victorian values and practices well into the immediate post-Second World War era. Using his 2006 novella, *The Panopticon*, which is based on his own lived experience of growing up in a residential blind home and school during the middle of the twentieth century, Reid argues that the paternal ethos of residential institutions for disabled people nonetheless resulted in intrusive surveillance. His particular focus is on how personal relationships between pupils were regulated and impeded, and on the ways in which transgressions of the strict moral code of the institution were punished. While acknowledging the benefits that communal living with contemporaries could provide, he explains how residential schools failed to prepare teenagers for the emotional, romantic and sexual challenges of adolescence and adult life.

Rather than taking a linear approach from the Victorian era to modern times to evaluate continuity or change in categorising people with disabilities and, in particular, people with hearing loss, in Chapter 10 Martin Atherton examines the mind-sets that frame twentieth- and early twenty-first-century UK government policy. He argues that thinking which continues to marginalise deaf people from opportunities for meaningful employment, can be traced to roots in the Poor Law legislation for England and Wales of 1834. Although the last vestiges of the Poor Law were finally abolished by the creation of a welfare state in 1948, Atherton contends that, in practice, its ethos continues by excluding deaf and disabled people through placing emphasis on assumptions about what an individual might be unable to do, rather than on what they *can* do. He reveals how this results in low self-esteem and lack of self-belief – despite legislative trends aimed at creating a more equal and inclusive society.

Disability and the Victorians: Attitudes, interventions, legacies

Much has been written about disability, its construction and representation during the nineteenth century. There is a growing literature about the lived experience of impairing conditions during that time, and especially when it coincided with maturation of manufacturing and industry, urbanisation, medical investigation and discovery, political realignment as the electoral franchise widened, and imperial expansion on the back of demographic change and the global consolidation of military power. This period has become associated with Victorianism, not least because of the longevity of Queen Victoria's reign. The people who lived during the years between 1837 and 1901, and especially those who prospered, became The Victorians. They left their imprint, but people with a kaleidoscopic array of impairments were often the ones on whom that imprint left an enduring impression.

The ten chapters presented in *Disability and the Victorians* do not pretend to offer a comprehensive overview of how impairment was experienced, perceived or controlled during and beyond the Victorian decades, but aim to provide both a small sample of the variability of disability presentation and experience, and a taste of how the ethos that was spawned during the Victorian period was so powerful that it reverberated through the decades that followed. The historian's work is never done, and so it is with *Disability and the Victorians.* The contributions to this volume are intended to stimulate the reader, but also to generate debate and spur further research, to encourage exposition of the diversity of the Victorian dynamic and its reverberations across space and time. If our authors can achieve a little of that as an agenda, our pens can perhaps rest for just a short time before we again embark on the endless task of exploring disability in historical context, not just in the Victorian era but across the centuries – and across continents.

Notes

1 A. Borsay, *Disability and Social Policy in Britain since 1750* (Basingstoke: Palgrave Macmillan, 2005); A. Borsay (ed.), *Medicine in Wales, c. 1800–2000: Public Service or Private Commodity?* (Cardiff: University of Wales Press, 2003); V. Crossman, *Poverty and the Poor Law in Ireland, 1850–1914* (Liverpool: Liverpool University Press, 2013); L. H. Lees, *The Solidarities of Strangers: The English Poor Laws and the People, 1700–1948* (Cambridge: Cambridge University Press, 1998); I. Levitt, *Poverty and Welfare in Scotland, 1890–1948* (Edinburgh: Edinburgh University Press, 1988); D. S. Lucey, *The End of the Irish Poor Law: Welfare and Healthcare Reform in Revolutionary Ireland* (Manchester: Manchester University Press, 2015);

R. Mitchison, *The Old Poor Law in Scotland: the Experience of Poverty, 1574–1845* (Edinburgh: Edinburgh University Press, 2000).

2 Borsay, *Disability and Social Policy*.

3 S. King, *Poverty and Welfare in England: 1700–1850* (Manchester: Manchester University, 2000); Lees, *The Solidarity of Strangers*; L. Charlesworth, *Welfare's Forgotten Past: A Socio-Legal History of the Poor Law* (London: Routledge-Cavendish, 2012).

4 M. H. Frawley, *Invalidism and Identity in Nineteenth-century Britain* (Chicago, IL: University of Chicago Press, 2004).

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