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Impaired Children in Eighteenth-Century England

David M. Turner

Abstract

People in the early modern period had long been fascinated by 'monstrous births' as portents, prodigies and scientific marvels, but during the eighteenth century attention began to turn to the 'problem' of children growing up with physical or sensory impairments. During the second half of the century, against the backdrop of increasing professional interest in child health, the sentimentalisation of childhood, and growing concerns about the costs of a dependent 'useless' population, 'imperfect' children became publicly visible as targets for medical, philanthropic and pedagogical intervention. Using newspapers, child rearing and medical texts, this article examines causes of, and responses to, childhood impairment. While impaired children were often viewed as a 'burden', growing confidence in methods for restoring them to 'utility' began to set apart children with impairments from other people with disabilities.

According to some contemporary accounts, 'deformed', 'stunted', 'crooked', 'crippled' and otherwise disabled children were a ubiquitous sight on the streets of Georgian London. In June 1713 a correspondent to the *Guardian* periodical described the fate of a poor ten year old boy turned out of St Thomas's Hospital on the grounds of being 'incurable', one of many hopeless children 'corrupted away yet alive in the streets'.¹ Children were conspicuous figures in the begging underworld, taught to flaunt their impairments (fake or real) in order to elicit compassion.² And in 1804, the physician William Buchan painted a vivid picture of a London where 'every narrow lane ... swarms with rickety children' destined to join the ranks of an urban population where 'every third man is a pigmy' and 'many of the women are evidently stunted in their growth, and both in size and robustness, are below the standard of mediocrity'. Taking his cue from Laurence Sterne's *Sentimental Journey* (1768) where the author 'represents himself as struck with the number of dwarfs he saw at Paris', Buchan maintained that the situation in the 'English metropolis' was little better.³ In a city where, according to Jonas Hanway in 1785, half of those born each year died before their second birthday as a consequence of 'bad air, penury, and the viciousness of parents', such children were commonly represented as both victims and survivors whose bodies bore witness to the cruelties and hardships of the Georgian age.⁴

During the eighteenth century children with physical and sensory impairments became targets for sympathy, social criticism or medical intervention. Whilst poor nutrition, exposure to infectious disease, accidents and psychological trauma might have affected children's development and made 'imperfect' children noticeable in Georgian England, when writers commented on their ubiquity it was often to engage their readers in a critical reflection on social and medical practices deemed to be prevalent in the period.⁵ Just as later factory reformers would cite the deformities of children working in textile mills as evidence of the abuses of the industrial workplace, so eighteenth-century writers frequently deployed the impaired child as a symbol of the follies of fashion, the dangers posed by imprudent child rearing, or as a catalyst to philanthropic intervention.⁶ Such commentary amplified during the second half of the century, against the backdrop of increasing

professional medical attention given to childrearing, and gathering concerns about the desirability of promoting population growth as a benefit to society.⁷ If people during the early modern period had been fascinated by ‘monstrous’ births as prodigies, portents or scientific marvels, in the eighteenth century the ‘problem’ of children growing up with impairments, or acquiring them through ‘mismanagement’, began to attract public and professional attention. The idea of impaired children as a ‘burden’ on their families was culturally prevalent in this period, and prompted a range of responses, from charitable appeals on behalf of blind, ‘lame’ and ‘crippled’ children, to new technologies for straightening ‘deformed’ bodies. A variety of medical texts warned about the dangers that would lead to children developing impairments that would affect the rest of their lives, while new training initiatives sought to restore deaf and blind children to ‘usefulness’. Drawing on medical and childrearing manuals, newspapers and periodicals, this article charts and explains these developments and considers their implications, asking how representations of children with physical and sensory impairments differed from those of adults with disabilities in this period.

In the process, it contributes to our understanding of a relatively neglected area of eighteenth-century disability history. Although historical studies of disability have expanded in recent years, relatively little attention has been paid to childhood disability prior to the mid nineteenth century.⁸ Historians and literary scholars have examined the intensification of emotional responses to disabled children as documented in nineteenth-century melodramatic ‘fictions of affliction’, and paid attention to the growth of institutional responses to childhood disability in this period.⁹ The starting point for Anne Borsay and Pamela Dale’s anthology of essays, *Disabled Children: Contested Caring 1850-1979* (2012), is the growth of professional interest in both childhood and disability in the mid-Victorian period, which emerged out of public concern with child health and welfare more generally.¹⁰ The focus on the nineteenth and twentieth centuries reflects the extent to which the history of disabled children has been mapped on to the history of special education, which expanded significantly in the Victorian era, although new research is beginning to break this institutional mould.¹¹ Work in Disability Studies has emphasised the importance of

recognising the distinctiveness of childhood experiences in a life-cycle approach to disability, but in spite of recent calls for more historically-nuanced ‘disabled children’s childhood studies’ there remains a tendency to caricature attitudes towards childhood disability in periods prior to the modern industrial era as being characterised either by callous indifference (as evinced by the abandonment of imperfect children in some ancient societies), or dominated by superstition – as represented by the histories of ‘changelings’ or monstrous births.¹² Whilst significant strides have been made in our understanding of the religious and medical explanations of birth anomaly in the early modern period, the representations, medical diagnoses and treatment of childhood disabilities before the nineteenth century have received relatively little attention.¹³

From a medical perspective, recent studies have begun to explore experiences of childhood diseases and the evolution of distinctive therapeutic responses to children’s ailments in the seventeenth and eighteenth centuries. Hannah Newton has explored the contours of childhood disease between the sixteenth and the eighteenth centuries, showing how children’s bodies were conceptualised differently to those of adults.¹⁴ Recent work has also charted the development of medical expertise in child health from the middle of the eighteenth century, supported by new institutional responses to childhood disease such as the Foundling Hospital (established in 1739) and the London Dispensary for the Infant Poor.¹⁵ There emerged what Adriana S. Benzaquén describes as a ‘new medicine of childhood’, in which curative goals meshed with political, moral, economic and pedagogical concerns.¹⁶ A picture is now emerging which shows that rather than being neglected or treated with cold indifference, child health and welfare was treated seriously in eighteenth-century England.¹⁷ Whether via institutional support or parish nursing, poor children might receive quite extensive treatments for chronic or contagious diseases.¹⁸ However, few of these accounts have given much attention to children with disabilities in this period.

That disability has not featured strongly in recent work on eighteenth-century child health is not surprising given that medical writing of the time tended to focus on diseases that were

amenable to treatment, rather than the management of more problematic long-term impairments. The principal goal of authors of texts on children's health was to prevent in the first place illnesses or dangerous childrearing practices that would lead to permanent disabilities. As James MacMath wrote in 1694, deformity was 'easier prevented than mended'.¹⁹ George Armstrong, one of the founders of the London Dispensary for the Infant Poor, similarly saw the goal of medicine as being to protect the 'tender bodies' of infants from the 'violent and repeated shocks' of disease, in order to safeguard their future utility.²⁰ Armstrong estimated that from its first institution in April 1769 to his retirement in 1781, the London Dispensary had treated 35,000 young patients. Having 'saved so many useful lives', using methods 'best calculated for promoting population', Armstrong argued that the London Dispensary 'may justly considered as a nursery for labourers, tradesmen, soldiers and sailors'.²¹

Beyond this, the term 'disability' was scarcely used in eighteenth-century texts, even though there was a clear sense that certain long-term mobility or sensory impairments might have significant effects on people's lives and prospects. Nor is there much evidence that people with impairments were grouped together as 'disabled', or that impaired children in the eighteenth century shared the 'special needs' status bestowed on disabled children in modern times.²² Irina Metzler's preference for the terms 'impaired' or 'impairment' when discussing physical difference in the medieval period – referring to the physical condition – rather than 'disabled' or 'disability', which carry certain cultural and social connotations as an identity position that may have been absent in the past, may apply to the pre-industrial era more generally.²³ The term 'disabled' was used in a narrower sense in the eighteenth century than today, often (if not exclusively) referring to those maimed in battle.²⁴ Medical texts and midwifery manuals tended to view deformities or permanent impairments in the context of sickness, which meant that long-term impairment was frequently elided with temporary illness. Indeed, ill health and physical deformity were inextricably linked in the minds of eighteenth-century medical writers. Buchan, for instance, argued that a 'deformed body is not only disagreeable to the eye, but by a bad figure both the animal and vital functions must

be impeded, and of course health impaired'. Consequently 'few people, remarkably misshapen, are strong or healthy'.²⁵ Moreover, since the goal of medicine was to restore the young patient to productive healthiness, in order (in Armstrong's words) to 'grow up a more thriving, vigorous, hardy and *useful* race, by having their health restored at this critical age', 'incurable' impairment was represented as a mark of failure, the consequence of not heeding medical advice.²⁶ Letting temporary illnesses go untreated in children, argued Armstrong, might lead to scrofula, rickets and other chronic diseases 'which stunt their growth, often render them deformed and almost always valetudinary, so that instead of growing up useful members of the community, they become a *mortifying burden* to themselves and the public'.²⁷ In the public discussion of children and impairment, it was the dichotomy between being 'useful' and being a 'burden' that was most often used to classify bodies rather than modern concepts of 'disability' and 'able-bodiedness'.

Explaining and preventing childhood impairment

In the developing eighteenth-century medical and educational literature devoted to child health and illness, authors identified a number of factors that were liable to lead to long-term or permanent impairments. It was not uncommon for experts to blame imperfections on the environment in which children grew up, or on the damaging effects of accidents or bad posture. Bad air was blamed for a variety of disabling conditions to which children were susceptible, such as rickets. William Farrer's *A Particular Account of the Rickets in Children*, published in 1773, noted that 'nothing more effectually contributes to the production of this disorder, than an air which is cold, cloudy and impregnated with various hurtful exhalations'. Farrer observed that these environmental factors 'partly by debilitating the tone of the skin, retains the phlegmatic matters in the body; and partly by relaxing the lungs' hindered the flow of blood through the system. Thus the air of smoky and highly populated cities was especially conducive to the disorder, 'which generally renders the body languid and deformed', cementing links between the disease and industrialisation and urbanisation.²⁸

Buchan similarly blamed urban overcrowding and filthy living conditions for a variety of disorders. Children raised in urban squalor often arrived at maturity 'weak and deformed'. For Buchan, the importance of good air to infant health also made certain institutional environments unhealthy for children. Having developed his expertise on child welfare through working at the Foundling charity's Ackworth Hospital in Yorkshire, he supported the care of children in separate wards, warning that exposing young children to hospital environments where they would be exposed to 'old, sickly and infirm people', by which means 'the air is rendered so extremely pernicious, that it becomes a poison to young children'.²⁹

The domestic environment also posed a catalogue of dangers to children's well being through risk of accident.³⁰ Newspapers gave vivid accounts of people running out of the street in burning clothes, including the case of a beautiful young woman who was disfigured and lost the use of her limbs in a house fire.³¹ As interest in preventing accidents and saving victims increased during the second half of the eighteenth century, evidenced by the founding of the Humane Society in 1774, so the safety of children became more prominently discussed in childrearing manuals.³² Children were deemed especially vulnerable to serious injury, disability or death by burns or scalds, of cutting themselves with knives and sharp materials and breaking bones through falls. Falling from high windows was regarded as especially dangerous for the children of the London poor who often lived in upper floor apartments.³³ The leaving of children unattended, or in the care of siblings, while parents worked was especially liable to lead to mishaps. It was 'murder' to leave one child in the care of another, wrote Buchan, especially in the city where 'carts and carriages of every description go rattling along – where horses are galloping – bullocks are furiously driven – and crowds of people constantly rushing with thoughtless impetuosity'.³⁴

The work of children was also increasingly identified as a cause of significant impairment or disease. While concerns about the working environment would intensify in the early nineteenth-century movement for factory reform, during the later eighteenth century certain trades such as

chimney sweeping were already being targeted by medical authorities and philanthropists as posing particular threats. Percival Pott's discovery of a form of scrotal cancer particularly common in young chimney sweepers, attributed to the heat of the environment in which the boys worked, heightened concerns about the dangers of the trade and abuse of young workers by their employers.³⁵ Hanway's *Sentimental History of Chimney Sweepers* (1785) referred to the disabling consequences of being forced to work in a cramped environment from an early age in order to highlight these abuses. The frontispiece to his book included an image of a blackened boy supporting himself on crutches, and he devoted a whole section to describing a 'particular boy [who] became a cripple by sweeping chimneys'. Twelve years of age, dependent on crutches and 'hardly three feet seven inches in stature', his body bore the marks of the abuses of the trade and provided a focal point for outrage and compassion in equal measure.³⁶ Buchan likened the condition of chimney sweeps to that of African slaves, but highlighted a wider problem of children's constitutions being ruined by 'premature endeavours to earn a livelihood'. There was, he claimed an 'immense number of rickety, scrophulus, and diminutive creatures, that swarm in all our manufacturing towns', and, following the emphasis on bad posture as a cause of deformity found in Bernadino Ramazzini's early eighteenth century foundational text on occupational health, highlighted ways in which employments which forced children to remain in the same position for a long time hindered their development and led to 'personal deformities' and 'numberless other enemies to youth and beauty'.³⁷

Nevertheless, although environmental and occupational factors were frequently cited as causing long-term health problems in children, the primary emphasis in medical and educational texts was on the contribution of parents to their children's 'misfortune'.³⁸ Eighteenth-century prescriptive writing on child health was saturated with notions of parental guilt and blame, which began even before conception itself.³⁹ Buchan in particular devoted lengthy sections of his writing on child health and disease to imprudent breeding, regarding it as the primary cause of physical impairment in children. While recognising that checks on the liberty of individuals to form marriage contracts were deemed by many as 'inconsistent with the freedom of the British constitution', too

few men, he argued, devoted proper attention to 'health and form' in choosing marriage partners. For although it may be possible for a 'puny, dwarfish, or distorted woman' to become a mother, it would often 'be at the risk of her own life, and always with a certainty of transmitting some of her infirmities to her innocent and ill-fated offspring'.⁴⁰ Behaviour during pregnancy also had a crucial bearing on a child's long-term health and susceptibility to disabling conditions. Following Francis Glisson's seventeenth-century treatise on rickets, some eighteenth-century texts argued that children were at greater risk of developing the disease thanks to a 'mother's indulging herself in Indolence while with child' or 'an intemperate Use of Venery, during the Time of Pregnancy'.⁴¹ The author of *The Child's Physician* (1795) similarly contended that rickets was 'caused by being born of weak or sickly parents, or of persons who have been lazy or superfluous livers, or enervated by repeated salivations' for venereal diseases.⁴² The role of fathers was not neglected. Children 'begotten by men in the decline of life who are subject to the gout, the gravel, or other chronic diseases' were also susceptible to diseases such as rickets.⁴³ However, it was maternal imprudence, immorality and neglect that received greatest attention in guides to infant health. 'In all cases of dwarfishness and deformity', wrote Buchan, 'ninety-nine out of a hundred are owing to the folly, misconduct or neglect of mothers'.⁴⁴

Whilst heredity provided some explanation for childhood imperfections and long-term health problems, some physicians were reluctant to place too much emphasis on it since the patterns of inheritance were uncertain and it might be used as an excuse to absolve parents, or the sick and disabled themselves, from facing up to their own responsibilities in causing impairment.⁴⁵ For example, William Cadogan argued that many conditions described as 'family distempers' were 'falsely, and without the least Foundation' blamed on heredity 'when the real cause is either in the Complainants themselves, or bad Nursing that has fixed them early in wrong Habits'.⁴⁶ Similarly, Christian August Struve argued in *A Familiar View of the Domestic Education of Children* (1802) that many 'weak parents are apt to console themselves' that the 'diversified miseries and bodily defects' of their offspring were 'natural and inevitable events', without considering how the possibility of

'better management' might prevent these from occurring in the first place, or preventing inherited conditions from becoming debilitating.⁴⁷ Careful infant management became a moral duty, particularly for mothers. Whilst bodily defects, noted James Nelson in his *Essay on the Government of Children* (1753), were 'more or less the Lot of all Mankind', 'where Judgement free from Error can rectify them', either through careful management or medical intervention, it was an obligation to do so.⁴⁸ 'Babes, infants and children', warned John Cooke in his *Plain Account of the Diseases Incident to Children* (1769), 'too often cruelly suffer from the stupid insensibility of too many careless mothers and nurses'.⁴⁹ To keep children 'strong' and free from deformity there was 'but one way', argued another guide to child health: '[t]he father must be sober and industrious; and the mother learn to manage well'.⁵⁰ Drawing on Lockean notions of the child as a *tabula rasa*, in which careful nurture was crucial to a child's education and healthy development, eighteenth-century experts in child health and pedagogical development railed against a series of harmful practices that, if not properly checked, would lead to a child's long-term deformity or physical impairment.⁵¹ There were, warned the truss-maker Timothy Sheldrake in his *Observations on the Causes of Distortions of the Legs of Children* (1794), 'many instances of persons, who have become cripples from mismanagement and neglect'.⁵²

In their attempt to place parenting on a more rational footing, medical authorities criticised not just the heedlessness of parents for their children's well-being, but also their over-indulgence that allowed sentiment to get in the way of more prudent management. Buchan, for example, devoted a whole section of his treatise on childhood illness to the 'Baneful Effects of Parental Tenderness'. While lauding tender maternal feelings as being vital to the continuation of the human race, Buchan and others argued that emotions needed to be 'kept a little more under the conduct of reason' or else a child might become enervated through excessive 'delicacy' of treatment. The effects of maternal 'fondness' on causing debility were illustrated by the case history of Edward Watkinson, the son of a country clergyman, who came under Buchan's care at the age of 18, when he resembled a person of 'at least eighty'. Buchan described his valetudinarian features, 'his breast

narrow and prominent – his body twisted – his legs like spindles – his hands and fingers approaching nearly to the form of birds claws’, fearful of everything and the subject of teasing from the other boys in his village. Watkinson’s impairments were, Buchan argued, the consequence of a cosseted upbringing, kept confined to the home in order to prevent illness or harm. He died aged twenty-one of ‘premature old age’. The ‘fatal ravages of maternal fondness’ were even more prominent in girls, thanks to the greater involvement of mothers in the upbringing of their daughters. Another patient, Isabel Wilson, was severely impaired and rendered incapable of speech by the ‘extreme delicacy’ of her upbringing. Buchan described how he had treated her when she became subject to ‘fits’, but in spite of restoring her speech and mobility, she remained in a permanent infantile state, being ‘obliged to be led about by the arms like a baby’. Struve likewise advocated rational parenting, calling on fathers to take a more active role in child rearing. He presented the emotions of the parents as barriers to effective medical intervention that might prevent routine complaints becoming disabling. In particular he criticised those whose tenderness towards their children made them consider surgical operations ‘unnecessary torture to a child’, arguing that it was an ‘almost unpardonable weakness, to suffer children to languish, and sometimes even die’ where the surgeon might intervene to effect a cure.

In contrast, parental fretting about the appearance of infants might lead to misguided demands for surgical intervention to correct perceived ‘imperfections’, *causing* rather than *preventing* impairment. While medical men had not yet arrived at standardized measurement of ‘normal’ child development that would characterise eugenic approaches to childhood and disability in the nineteenth century, their ability to discern what was ‘imperfect’ about a child’s development from what was expected became an important feature of their growing claims of professional authority over child rearing in the later eighteenth century.⁵³ Midwives and parents were warned against attempting to bind the heads of young babies to create a more pleasing form, ignorant of the ‘soft and malleable’ state of infant heads that would eventually form a proper shape through the course of nature.⁵⁴ Compressing the head of an infant could cause brain injury and permanent

mental impairment; Struve cited the case of a thirteen year old boy of his acquaintance, a 'perfect idiot' who was 'indebted for this misfortune to a similar treatment'.⁵⁵ More generally, William Moss, surgeon to the Liverpool lying-in charity, warned that the 'future form of the features, limbs etc. cannot be sufficiently ascertained in childhood', and therefore intervention to remedy any supposed 'defects' ought to be approached with caution. He cautioned parents that 'any brownness of the skin, or clumsiness of the body or limbs, that a child may have from exposure to the weather and exercises, will not in any degree be a means of their remaining so when grown up'.⁵⁶

The focus of much medical advice literature was on how growth ought to be managed in such a way that harm was not done to the soft and tender bones of infants and young children. Following Jean-Jacques Rousseau's prescriptions for 'natural' child rearing in which it was argued that a child ought to be given liberty to move freely and discover his or her surroundings, most writers emphasised the importance of mobility and exercise in ensuring a child's healthy development.⁵⁷ Exercise helped the circulation of blood, aided secretions, ensured that humours were properly prepared and assisted the heart, lungs and the body's 'vital functions' in working properly.⁵⁸ Nelson regarded exercise as a primary defence against the development of long-term health problems and disabilities, informing his readers that 'Children for want of due Exercise grow rickety, become Cripples, or are puny all their Childhood, perhaps their whole Lives'.⁵⁹ Many writers emphasised the value of exercise in both preventing deformities and also in helping to avoid common diseases becoming chronic and debilitating. It was claimed that those who 'eat with an appetite, are gay, have sparkling eyes, and love exercise and company' were 'oftner cured than others' of diseases such as rickets.⁶⁰ However, while most writers agreed that exercise was beneficial to child development, some cautioned against encouraging children to walk before they were ready. Parents were accused of being 'often too eager to have their Children walk', which rather than helping physical development served rather to 'retard it'.⁶¹ In *Orthopaedia: Or, the Art of Correcting and Preventing Deformities in Children* (1743), Nicolas Andry blamed 'crooked' legs on the practice of allowing children to walk too soon, 'before their legs have acquired sufficient strength to support

the weight of the Body'.⁶² Dangers were also posed by inadequate or ill-fitting footwear. Shoes with 'paper soles' too often worn by 'People in inferior life', let in water and occasioned 'Coughs, sore Eyes, Head-ach, Rheumatism and other Disorders', whereas children's shoes that pinched made many 'so tender-footed and have such painful Corns, that they are a kind of Cripples their whole lives: and are not only very uncomfortable to themselves, but are often thereby greatly disabled from doing their necessary Business'.⁶³

Warnings against the disabling long-term consequences of inadequate footwear were part of a broader criticism of the impact of improper clothing on children's physical development. 'Deformity of body may indeed proceed from weakness or diseases', declared William Buchan in his popular guide to family health, *Domestic Medicine*, 'but, in general, it is the effect of improper clothing'. He suggested that 'nine tenths, at least, of the deformity amongst mankind must be imputed to this cause'.⁶⁴ At the heart of the matter was what Alun Withey has termed the 'politics of posture' – the desire to fashion a body shape that was in proportion and symmetrical and capable of the graceful deportment necessary to display politeness and good breeding.⁶⁵ Advocates of 'natural' child development often contrasted the healthy development of children in African and American indigenous societies, raised in a 'state of nature' free from harmful practices such as infant swaddling or forcing delicate young bodies into stays, with the 'deformed' bodies of the young in European societies where such practices were fashionable.⁶⁶ To this end, childhood imperfection or impairment was regarded as evidence of the pernicious effects of civilisation itself. Buchan echoed a common opinion in medical literature and travel accounts of the later eighteenth century when he stated that 'we shall find that mankind are stunted and distorted in proportion to their degree of civilization' and that 'those that go almost naked from their birth, and live in a state of nature' are generally 'well-shaped, strong, and healthy', whereas those who 'boast of their refinements' were often found to be nearer 'to the stature and to the weakness of pygmies'.⁶⁷ Forcing children into a 'good shape' by swaddling their limbs in infancy or wearing stays was presented as an obsession of those parents who sought social success for their offspring and (following similar arguments made

by John Locke in his treatise *Some Thoughts Concerning Education* (1693) and reinforced by Rousseau in *Emile* (1762)) medical experts and educators warned that ‘Narrow Breasts, short and stinking Breath, ill Lungs and Crookedness are the natural and most constant Effects of hard Bodice and Cloaths that pinch’.⁶⁸ Medical concerns about the malleability of children’s bones were long-standing.⁶⁹ Whilst a variety of factors might be cited as harmful to the mis-shaping of soft young bones, including excessively soft feather mattresses – regarded by Struve as the ‘principal cause of children growing crooked’ - it was the misguided pursuit of perfection of figure that aroused most attention.⁷⁰

Warnings about poor posture combined both health and social concerns. Distortion of the spine, wrote Philip Jones, a staymaker who invented a mechanical device to straighten the body, ‘not only gives a most unpleasant appearance to the human machine, but is productive of a variety of complaints, painful in their progress, often embittering life and fatal in their consequences’. Impeding the circulation of blood and the body’s vital fluids, spinal curvature impeded the normal working of the body so that ‘disease in various forms becomes the constant associate of these miserable beings’.⁷¹ His *Essay on Crookedness*, published in 1788, listed numerous cases where he had been approached by parents to treat their children, seeking to improve their health and remove the stigma of deformed appearance which, for the elite in particular, threatened to undermine their social standing. One Scottish aristocrat, for example, sent his daughter to Jones with ‘so awkward a form that it was remarked by some ladies, she looked as if she had carried the yokes’ – resembling a milkmaid rather than a young woman of quality. While Jones treated patients of both sexes, rich and poor – such as one poor boy whose treatment was funded by the proprietor of the Knightsbridge ‘manufactory’ where his father worked – the majority were girls of the middling and upper ranks of society.⁷² Jones was one of many postural practitioners at work in the medical marketplace of later eighteenth-century England, purveyors of bodily technologies ranging from ‘ladies collars’ to ‘neck swings’ aimed at restoring girls and young women to ‘good shape’, and remedy deformities that would ultimately hinder their marriage prospects.⁷³ Many writers agreed that correcting ‘shape’ was

of greater concern to parents of the 'fair sex', and that girls were more vulnerable to deformities of figure than boys.⁷⁴ According to Nelson, the 'solicitude of Parents about shape, is chiefly confin'd to the Girls', whereas Struve wrote that girls were 'compressed tight enough to suffocate them' on the erroneous principle that this 'contributes to an elegant shape', whereas it was 'the surest way of making children round-shouldered and deformed'.⁷⁵

Indeed, eighteenth-century writers on child health often addressed physical deformity in gendered terms. Girls were not just at greater risk from the follies of tight lacing, but also the greater 'weakness' and 'tenderness' of their bodies rendered them at risk to a variety of physical afflictions. Female susceptibility to bodily deformity had its roots in humoral medicine. For example, in the late sixteenth century, the French surgeon Ambroise Paré had observed that girls were more prone to 'crookedness' of figure, 'by reason that they are more moist and tender than the bodies of Boys'.⁷⁶ By the mid eighteenth century, the sentimental language of childhood attributed the quality of 'tenderness' to the bodies of all young children, but the perceived 'delicacy' of female bodies made girls more susceptible than boys to all causes of deformity. According to Nelson, since girls were 'by Nature more tender and delicate than Boys', they were susceptible to being 'deformed either thro' bad nursing, or some inbred infirmity'.⁷⁷ Such was the tender nature of girls' bones that Andry recommended that girls should not be made to curtsy before the age of five.⁷⁸ Girls were also deemed to be at risk from pedagogical practices that treated their development differently to boys and from employment or leisure activities that encouraged a more sedentary life. Parents of girls were advised to take care that they 'ought not to be allowed to sew or read except in an erect Posture', else their 'Bod[ies] will infallibly become crooked'.⁷⁹ Some went further in calling for the abolition of gendered practices in the rearing of young children. Although he opposed certain aspects of Rousseau's pedagogical prescriptions such as allowing children free rein in their actions so that they could learn their limitations, Struve emphasised the importance of 'active exercise' to the development of both sexes in childhood, arguing that remaining sedentary is 'extremely prejudicial to [children's] health, impedes the growth of the body, [and] contracts or cripples their limbs'. He

bemoaned the fact that ‘female children are cruelly neglected’ in active childrearing practices and wrote that the ‘bodily education of boys and girls ought in every respect be uniform’ so that girls as well as boys would develop the necessary ‘hardiness’ to avoid long-term physical impairment.⁸⁰

‘Troubles’, ‘Sorrows’ and ‘Expenses’: Philanthropic responses to the ‘burden’ of the impaired child

The frequent association of childhood impairment and long-term health problems with parental ‘mismanagement’ and ‘neglect’ in the medical advice literature of the later eighteenth century shows that the contested notions of caring for an imperfect child, in which the opinions of parents were set against the professional claims of medical experts, that Borsay and Dale identified for the late nineteenth century, were clearly visible a hundred years earlier.⁸¹ Accounts frequently portrayed impaired children as ‘distressed innocents’, whose ‘sorrows’ called for intervention.⁸²

While the true economic and emotional costs of raising a child with a physical or sensory impairment were seldom made explicit – still less the benefits impaired children brought to family life - the idea that impaired children needed intervention to improve their well-being became important not just in medicine, but more widely in public discussions of philanthropy, education and welfare in later eighteenth-century England. Representations combined on the one hand a powerful emotional language of ‘victimhood’ that made impaired children symbols of pathos, with a more economically minded assessment of their potential ‘usefulness’.

Although Georgian medical institutions such as the Foundling Hospital’s Ackworth branch had provided long-term care for children with a wide variety of disabilities, where they might receive costly treatment to try to alleviate or correct impairments, advice on caring for an impaired child was largely avoided in the printed medical guides to infant and child health.⁸³ Instead, writers tended to focus their attention on identifying potentially disabling medical conditions from an early age and prescribing appropriate forms of intervention in order to prevent them developing in such a

way that would make children a 'burden' on themselves and their families. Nelson described the effects of a child becoming a 'cripple' as causing 'inexpressible Trouble, Pains, and Expence' to his or her parents, but the implications of childhood disability or deformity on family life were rarely considered any further in medical or pedagogical texts.⁸⁴ The idea of the sick or impaired child as a financial burden was exploited in a variety of charitable appeals, from newspaper advertisements placed on behalf of needy individuals and their families, to petitions and pauper letters sent to the Poor Law authorities.⁸⁵ Appeals addressed to the 'Benevolent and Humane' placed among the advertisements of later eighteenth-century London newspapers articulated familial histories of disability which stressed the helplessness of impaired children and their inability to support themselves or contribute to the economic well-being of the family.⁸⁶ Such appeals wove the economic and emotional consequences of disability together into compelling narratives of need. For example, one advertisement placed on behalf of a 'Distressed Family' appealed for support on behalf of a mother and her 'naked children' who 'being lame and too young are incapable of getting their living', their father having been 'confined upwards of two years in a private madhouse, thro' the cruelty of his inhuman friends'.⁸⁷ Due to the cost of placing advertisements, possibly as much as 3s 6d, many of them were placed by well-wishers on behalf of the poor.⁸⁸ For example, following the murder of David Brewer, the Beadle of the London parish of St Sepulchre's, in a riot in 1796, a committee of parishioners mounted an appeal on behalf of his 'Poor but deserving and elderly widow, with two crippled children', one of whom had lost a leg, the other 'helpless by the joint evil', who had been left in an 'improvident state' after his death.⁸⁹

The costs of raising an impaired child were rarely discussed in the press, but in one particularly prominent appeal, on behalf of the clergyman Daniel Hall of Leven in the East Riding of Yorkshire and his children in 1781, the question of what constituted an appropriate level of support came under scrutiny. Hall had supported his wife and ten children 'with decency' on an income of £90 a year, but this was placed under threat by his declining health and 'afflicting circumstances'. Maintaining a large number of children on a modest income might place any family under strain, but

five of Hall's children – Timothy aged seventeen, John aged thirteen, Ann aged nine, Frances aged four and two year old Robert – were blind.⁹⁰ A certificate signed by two surgeons to York City Hospital, and three surgeons from the General Infirmary of Leeds, testified to the particular helplessness of these children:

The understandings of the four older children are so weak that we judge them unfit even for the common employments which are compatible with blindness. With respect to the youngest child, his tender age present us from forming a decisive opinion concerning the state of his understanding.⁹¹

What began as an appeal for the support of all the family quickly became focussed on the task of 'relieving the Rev. Mr Hall's blind children'.⁹² The remarkable response to the appeal testifies at least in part to the emotional pull of childhood disability in general – and perhaps blindness in particular – in stimulating philanthropic endeavour.⁹³ A report in the *London Chronicle* on 3rd January 1782 related an 'uncommon instance of charity' on behalf of a 'young lady in Warwickshire' who 'subscribed the sum of 100 l. for the relief of Rev. Mr Hall's family, with the positive injunction not to have her name mentioned'.⁹⁴ By the middle of February, four months after the case of Hall's children first appeared in the press, the fund had raised £4000. As this was considered by the trustees as being far in excess of what was needed to relieve the children, it was suggested that the money should be invested 'for the perpetual purpose of producing small annuities for such of the inferior clergy, their wives, widows, or children, as may unfortunately labour under blindness, idiotism, or lunacy'.⁹⁵ A charity, the York Emanuel, was founded to administer the funds for this purpose, and decided on an annual payment of £20, drawn from the interest, 'for the support of each of Mr Hall's blind children during their respective lives'.⁹⁶ While this settlement may have seemed reasonably generous, it drew a critical response from a correspondent, writing as 'Benevolus', in the *Public Advertiser* on Monday 15th April 1782, who challenged whether that sum would be enough to support those 'unhappy objects'. 'Surely', the author argued, 'an helpless blind person cannot, even

with the utmost Frugality, be supported for less than 30 l. Yearly. They must be fed, they must be clothed, and when they lose their Parents, they must be lodged'. Despite the assertion that it was 'impossible' to support a blind child into adulthood on anything less, the charity stuck to its original plans.⁹⁷

The representation of the Hall children drew on established models of eighteenth-century childhood that both sentimentalised children and evaluated them in terms of their future economic potential.⁹⁸ In spite of the generosity of the public response to their predicament, the idea that significantly impaired children placed a significant financial burden on families was repeatedly emphasised. While some impairment, such as the Hall children's congenital blindness, may have been unavoidable, and deserved sympathy and financial support, the economic strains on families publicised through cases like these served to reinforce the message of medical texts that prevention of conditions becoming disabling was important where possible. This idea was reinforced by a shift in focus in writings on political economy from the 1760s onwards, away from an older view of population growth as an unalloyed benefit to national strength and prosperity, towards the belief that uncontrolled demographic expansion might place resources under strain. The construction of impaired children as a 'burden' on themselves and others echoed new concerns about the growth of a 'useless population' - those that 'do no more than feed themselves' rather than contribute to productivity.⁹⁹

Nevertheless, the experiences of children with impairments varied considerably. Many eighteenth-century representations saw childhood disability in terms of a limitation of occupational potential, but not necessarily as a barrier to work altogether. Thus an account of Nicholas Reeks, a boy with significant mobility impairments having been born with both his feet turned inwards, published in the *Philosophical Transactions of the Royal Society* in 1750, described how he had been placed by his parish in apprenticeship to Richard Mocket, a tailor, 'apprehending it the only Trade he could be fit for as a Cripple' due to the sedentary nature of the work.¹⁰⁰ Poor children with

disabilities or deformities might be difficult for parishes to place in apprenticeships, but the efforts of the Foundling Hospital and other charities to provide imperfect children with some employment shows that impairment was never fully equated with an inability to work.¹⁰¹ By the nineteenth century, parishes invested a good deal in subsidising the labour market in order to supplement the earnings of impaired young people.¹⁰²

The philanthropic movement towards educating blind and deaf children that gathered pace from the 1760s similarly aspired to provide them with the means to achieve 'useful' employment. The British pioneer of deaf education, Thomas Braidwood of Edinburgh, regarded the teaching of 'deaf and dumb' children to speak, to acquire literacy, mathematical and bookkeeping skills, as an essential means of showing 'compassion towards persons in this unhappy situation'.¹⁰³ His son-in-law, John Braidwood, who kept a school for deaf pupils at Hackney, likewise proclaimed education as a means by which they may become 'proper Members of Society, which enables them to transact what Business may concern them in Life'.¹⁰⁴ New institutions for children with visual impairments, such as the asylum established in Liverpool in 1791 by 'some gentlemen who were struck with the number of poor children deprived of sight', likewise presented training for work as enabling children to become 'happy in themselves, useful to their community' and relieving their parents of 'the burthen of their support'. The asylum included a 'manufactory of articles which engage the hands without requiring sight', designed to 'relieve' blind children 'from the wearisome state of total inactivity'.¹⁰⁵

The emergence of new means of harnessing the 'utility' of impaired children similarly allowed parents to proclaim their sons' or daughters' potential. According to a testimony printed in the *London Evening Post* in July 1773, the Rev. Mr Rogers of Shroton, Dorset, claimed that thanks to Thomas Braidwood's methods for teaching the deaf to speak, his daughter now had a 'more perfect knowledge of things than most girls of her age, who enjoy the use of every faculty'. In a similar testimony published in the *Public Advertiser* four years later, the merchant William Grigson was able

to proudly state that after six years under Braidwood's care, his son was able to express his 'sentiments' on various subjects in such a way as 'not only [to] please, but also astonish myself and all his Friends'.¹⁰⁶ While such statements presented a slanted view of experiences of impairment that associated happiness and pride with 'cure' and normalisation, they acted as a counterpoint to the emerging proto-Malthusian fears about the dependency of a 'useless' population.

Conclusion: Imperfect Children and the History of Disability in Eighteenth-Century England

Childhood impairment was a recurring theme in the educational and medical advice literature that proliferated in later eighteenth-century England, but was subsumed under broader discussions of ill health and infant and child management, meaning that there was little distinction between temporary illness and more permanent impairments. The discussion of ill health and disability was frequently couched in the language of blame, in which the 'innocence' and 'tenderness' of young children was contrasted with the imprudent, neglectful or downright immoral behaviour of parents and caregivers, which was regarded as a primary cause of long term health problems or deformities. Medical experts built their authority on tackling manageable illness and in this respect permanent disabilities or lasting imperfections were cast as the consequence of not heeding professional advice. Experts wrote extensively of the follies that led to children becoming 'cripples', 'lame', 'deformed' or 'idiots' and regarded as axiomatic their inevitable result in causing 'sorrow' for the 'sufferers', and burdensome 'trouble' and 'expense' for their parents. In spite of expanding medical and philanthropic provision for sick and disabled children there was little recognition in the prescriptive literature at least that children with different physical and sensory impairments might have different needs or experiences, nor was there much elaboration about what their long-term care might entail if they were to prove unable to provide for themselves.

The focus on physically impaired children as the products of 'mismanagement' or parental faults promoted the victimhood of impaired children. Although recent work has shown that sentimentalism did not have a monopoly on representations of eighteenth-century childhood, the 'vulnerability' of impaired youngsters, particularly the deaf and blind, was increasingly exploited in both medical literature and charity fundraising.¹⁰⁷ Imperfect children were visible symbols of pathos, through which human benevolence could be demonstrated. As an account of the annual fundraising dinner for London's 'Asylum for educating the Deaf and Dumb children of the poor' remarked in May 1798, the display of the children and demonstration of their talents in reading, writing and conversation was a 'treat for the Philanthropist, for the Philosopher and for the Christian'.¹⁰⁸ At the same time, eighteenth-century ideas about the future utility of the child – regarded as a matter of national importance and not simply the private concern of families – similarly promoted both philanthropic initiatives and medical and technological responses to childhood disability and deformity. While intervention was often presented in sentimental terms of rescuing 'poor innocents' from a life of 'sorrows' and misfortune, the task of treating childhood diseases, preventing impairments becoming disabling, or intervening through technological or pedagogical methods to restore those 'afflicted' to usefulness, were geared towards fitting the young to take up their proper positions in society or to avoid dependency. Social, economic and health concerns were inextricably linked in developing thinking about childhood impairment.¹⁰⁹ Straightening the bodies of elite or bourgeois girls so they might make suitable marriage partners, or training the deaf or blind poor so they might replace 'wearisome inactivity' with healthy 'industriousness', shows how therapeutic or educative responses to childhood impairment were a tool for protecting social distinctions and preparing young people for their proper 'place' in society.

How did these representations compare with those of adults with disabilities in eighteenth-century England? 'Broken' soldiers and sailors were another group notable for their visibility in later eighteenth-century English culture and society. Like children, those injured in service might be subject to sentimental representation, indicating that unlike in the Victorian 'fictions of affliction'

examined by Stoddard Holmes, the polarisation between the disorderly, suspicious disabled adult male and the idealised, innocent and pitiable disabled child was not clear cut at this time.¹¹⁰ Indeed, in patriotic prints, prose and verse produced against the backdrop of late Georgian warfare, the heroic 'broken soldier' might himself be regarded as a figure of pathos. These sympathetic representations were, as Simon Parkes has shown, a form of 'containment', neutralising both the horrors of war and the social problems caused by the injured and maimed returning from the battlefield.¹¹¹ Nevertheless, the 'victimhood' of those who were disabled in the national service was a problematic notion for those seeking to promote the war effort, who instead emphasised the nature of disability as a form of heroic sacrifice, or portrayed ex-servicemen taking a cheerful or self-deprecating attitude to their disablement, laughing it off with a well-chosen quip.¹¹² Whereas the 'happiness' of these disabled adult men was portrayed as being achieved through their ability to bear their impairments stoically and find humour or virtue in them, in children impairment was much more often related to 'sorrow', with 'happiness' represented as achievable only through the charitable opportunities given to some children with sensory impairments to 'overcome' their perceived limitations through providing them with training to become economically productive.¹¹³

For some eighteenth-century philanthropic campaigners, impaired children needed to be made visible in order to compete for resources and care that might otherwise be denied to them. Some argued that these children needed philanthropic intervention and protection because they lacked the mechanisms of support provided by the state for disabled ex-servicemen. 'Not as a seaman maimed, has he any claim on the chest at Chatham', wrote Jonas Hanway of the boy who 'became a cripple by sweeping chimneys', referring to the initiative funded out of the wages of naval personnel to support those injured in service; instead he could claim only 'what pure humanity directs'.¹¹⁴ If the 'special needs' status of disabled children was not yet fully formed in eighteenth-century cultural, charitable and medical discourses, the idea of them being in competition with disabled adults for resources and support and struggling for visibility - prevalent today - was beginning to find expression in Georgian England.¹¹⁵

¹ *The Guardian*, 2 vols. (London: J. Tonson, 1714), I, 492 (no. 79, Thursday 11 June 1713).

² For various examples, see *The Museum: Or the Literary and Historical Register*, no. 15, (11 October 1746), 83-4; C. J. Ribton-Turner, *A History of Vagrants and Vagrancy and Beggars and Begging* (London: Chapman and Hall, 1887), 178-9; Tim Hitchcock, *Down and Out in Eighteenth-Century London* (London: Hambledon and London, 2004), 112.

³ William Buchan, *Advice to Mothers, on the Subject of their own Health; and on the Means of Promoting the Health, Strength and Beauty of their Offspring* (Philadelphia: John Bioren, 1804), 205-6.

⁴ Jonas Hanway, *A Sentimental History of Chimney Sweepers, in London and Westminster, shewing the Necessity of putting them under Regulations to prevent the grossest Inhumanity to the Climbing Boys* (London: Dodsley, 1785), 17.

⁵ Peter Kirby, *Child Workers and Industrial Health in Britain, 1780-1850* (Woodbridge: Boydell Press, 2013), chap. 1.

⁶ Ibid., 62-74.

⁷ Donna T. Andrew, *Philanthropy and Police: London Charity in the Eighteenth Century* (Princeton, NJ: Princeton University Press, 1989), 146-9.

⁸ For a more general discussion of disability in the eighteenth century see: David M. Turner, *Disability in Eighteenth-Century England: Imagining Physical Impairment* (London and New York: Routledge, 2012).

⁹ Martha Stoddard Holmes, *Fictions of Affliction: Physical Disability in Victorian Culture* (Ann Arbor: University of Michigan Press, 2004); Iain F. W. K. Davidson, Gary Woodill and Elizabeth Bredberg, 'Images of Disability in 19th Century British Children's Literature', *Disability and Society*, 9:1 (1994), 33-46; Anne Borsay, *Disability and Social Policy in Britain since 1750* (Basingstoke: Palgrave-Macmillan, 2005), 94-116.

¹⁰ Anne Borsay and Pamela Dale, 'Introduction: Disabled Children – Contested Caring', in Anne Borsay and Pamela Dale (eds.), *Disabled Children: Contested Caring 1850-1979* (London: Pickering and Chatto, 2012), 1-13. For important studies of child health and welfare see Roger Cooter (ed.), *In the Name of the Child: Health and Welfare, 1880-1940* (London: Routledge, 1992); Sian Pooley, "'All We Parents Want is that Our Children's Health and Lives Should be Regarded:' Child Health and Parental Concern in England, c.1860-1910', *Social History of Medicine*, 23:3 (2010), 528-48

¹¹ For critical engagement with institutional histories see the essays in Borsay and Dale, *Disabled Children*.

¹² Mark Priestley, *Disability: A Life Course Approach* (Cambridge: Polity, 2003), 69; Tillie Curran and Katherine Runswick-Cole, 'Disabled Children's Childhood Studies: A Distinct Approach?', *Disability and Society*, 29:10 (2014), 1617-1630.

¹³ The literature on monstrosity is voluminous. For various approaches see Alexandra Walsham, *Providence in Early Modern England* (Oxford: Oxford University Press, 1998); William E. Burns, *An Age of Wonders: Prodigies, Politics and Providence in England 1657-1727* (Manchester: Manchester University Press, 2002); Dennis Todd, *Imagining Monsters: Miscreations of Self in Eighteenth-Century England* (Chicago and London: University of Chicago Press, 1995); Alan W. Bates, *Emblematic Monsters: Unnatural Conceptions and Deformed Births in Early Modern Europe* (Amsterdam and New York: Editions Rodopi, 2005); idem, 'Good, Common, Regular and Orderly: Early Modern Classifications of Monstrous Births', *Social History of Medicine*, 18:2 (2005), 141-58.

¹⁴ Hannah Newton, *The Sick Child in Early Modern England 1580-1720* (Oxford: Oxford University Press, 2012).

¹⁵ Alysa Levene, *Childcare, Health and Mortality at the London Foundling Hospital 1741-1800: 'Left to the Mercy of the World'* (Manchester: Manchester University Press, 2007), esp. chap. 7; eadem, *The Childhood of the Poor: Welfare in Eighteenth-Century London* (Basingstoke: Palgrave-Macmillan, 2012); Ashley Mathisen, 'Mineral Waters, Electricity, and Hemlock: Devising Therapeutics for Children in Eighteenth-Century Institutions', *Medical History* 57:1 (2013), 28-44. See also Ruth McClure, *Coram's Children: The London Foundling Hospital in the Eighteenth Century* (New Haven: Yale University Press, 1981).

¹⁶ Adriana S. Benzaquén, 'The Doctor and the Child: Medical Preservation and Management of Children in the Eighteenth Century', in Anja Müller (ed.), *Fashioning Childhood in the Eighteenth Century: Age and Identity* (Aldershot: Ashgate, 2006), 13-24.

¹⁷ Mathisen, 'Mineral Waters'; Bailey, *Parenting*; Anja Müller, *Framing Childhood in Eighteenth-Century English Periodicals and Prints, 1689-1789* (Farnham: Ashgate, 2009).

¹⁸ Levene, *Childhood of the Poor*, 121.

¹⁹ James MacMath, *The Expert Midwife: A treatise on the Diseases of Women with Child and in Child-Bed* (Edinburgh: George Mosman, 1694), 385.

²⁰ Ibid., 8; Joanne Bailey, *Parenting in England 1760-1830: Emotions, Identity and Generation* (Oxford: Oxford University Press, 2012), 101-7.

²¹ Armstrong, *Account*, 197, 198, 200.

²² Steven King, 'Constructing the Disabled Child in England, 1800-1860', *Family and Community History*, 18:2 (2015), 104-21.

²³ Irina Metzler, *Disability in Medieval Europe: Thinking about Physical Impairment During the High Middle Ages, c.1100-1400* (London and New York: Routledge, 2006), 2, 3.

²⁴ Turner, *Disability*, 21-2.

²⁵ William Buchan, *Domestic Medicine: Or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines* (London: W. Strahan, 1772), 15.

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²⁷ Armstrong, *Account*, 198. My emphasis. Jason Szabo, *Incurable and Intolerable: Chronic Disease and Slow Death in Nineteenth-Century France* (New Brunswick, NJ: Rutgers University Press, 2009).

²⁸ William Farrer, *A Particular Account of the Rickets in Children; And Remarks on the Analogy to the King's Evil* (London: J. Johnson, 1773), 18-19; Valerie Fildes, "'The English Disease:': Infantile Rickets and Scurvy in Pre-Industrial England', in John Cule and Terry Turner (eds.), *Child Care Through the Centuries* (Cardiff: STS Publishing, for the British Society for the History of Medicine, 1986), 121-34; Kirby, *Child Workers*, chap. 1.

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- ²⁹ Buchan, *Advice to Mothers*, 90. Buchan's career is examined in Charles E. Rosenberg, 'Medical text and social context: Explaining William Buchan's *Domestic Medicine*', in idem, *Explaining Epidemics and other Studies in the History of Medicine* (Cambridge: Cambridge University Press, 1992), 32-56.
- ³⁰ Kirby, *Child Workers*, 46.
- ³¹ Buchan, *Advice to Mothers*, 251.
- ³² Roy Porter, 'Accidents in the Eighteenth Century', in Roger Cooter and Bill Luckin (eds.), *Accidents in History: Injuries, Fatalities and Social Relations* (Amsterdam: Rodopi, 1997), 90-106.
- ³³ Buchan, *Advice to Mothers*, 260.
- ³⁴ *Ibid.*, 264.
- ³⁵ Buchan, *Advice to Mothers*, 247-8.
- ³⁶ Hanway, *Sentimental History*, 77. The variety of representations of eighteenth-century chimney sweeps is discussed in Müller, *Framing Childhood*, 188-201.
- ³⁷ Buchan, *Advice to Mothers*, 244, 234; Bernardino Ramazzini, *A Treatise of the Diseases of Tradesmen* (London: Andrew Bell, 1705). See also Kirby, *Child Workers*, 61.
- ³⁸ Benzaquén, 'The Doctor and the Child'; Bailey, *Parenting*, 103.
- ³⁹ Turner, *Disability*, 45-8.
- ⁴⁰ Buchan, *Advice to Mothers*, 195-7.
- ⁴¹ *A Full Account of all the Diseases Incident to Children* (London: A. Millar, 1742), 197.
- ⁴² J. Denison, *The Child's Physician, or the Mother and Nurse Instructed in the Management and cure of ... Disorders incident to Children* (London: P. Boyle, 1795), 55.
- ⁴³ Buchan, *Domestic Medicine*, 581.

⁴⁴ Idem, *Advice to Mothers*, 195.

⁴⁵ David M. Turner, 'Birth Anomaly and Childhood Disability', in Raymond Stephanson and Darren L. Wagner (eds.), *The Secrets of Generation: Reproduction in the Eighteenth Century* (Toronto: University of Toronto Press, 2015), 230-2.

⁴⁶ William Cadogan, *An Essay upon Nursing and the Management of Children* (London: J. Roberts, 1750), 24-5.

⁴⁷ Christian August Struve, *A Familiar View of the Domestic Education of Children in the Early Period of their Lives* (London: Murray and Highly, 1802), 123.

⁴⁸ James Nelson, *An Essay on the Government of Children, under Three General Heads: viz. Health, Manners and Education* (London: R. and J. Dodsley, 1753), 113

⁴⁹ John Cooke, *A Plain Account of the Diseases Incident to Children* (London: Edward and Charles Dilly, 1769), 1.

⁵⁰ Thomas Beddoes, *A Guide for Self-Preservation and Parental Affection, or Plain Directions for Enabling People to keep themselves and their Children free from Common Disorders* (Bristol: Buglin and Rosser, 1790), 9

⁵¹ Hugh Cunningham, *The Invention of Childhood* (London: BBC Books, 2008), 108-15. The idea of children as a blank slate, however, may have been important in writing on child health and education before Locke: see Newton, *Sick Child*, 43.

⁵² Timothy Sheldrake, *Observations on the Causes of Distortions of the Legs of Children* (London: Egerton, 1794), iv.

⁵³ Lennard J. Davis, *Enforcing Normalcy: Disability, Deafness and the Body* (London: Verso, 1995).

⁵⁴ Buchan, *Advice to Mothers*, 122.

⁵⁵ Struve, *Familiar View*, 184.

⁵⁶ William Moss, *An Essay on the Management, Nursing and Diseases of Children, from Birth* (Egham: C. Boulton, 1800), 333-4.

⁵⁷ Hugh Cunningham, *Children and Childhood in Western Society since 1500* 2nd ed. (Harlow: Pearson, 2005), 62.

⁵⁸ Buchan, *Domestic Medicine*, 30.

⁵⁹ Nelson, *Essay on the Government*, 98.

⁶⁰ Denison, *Child's Physician*, 56.

⁶¹ Nelson, *Essay on the Government*, 120.

⁶² Andry, *Orthopaedia*, i, 210.

⁶³ Nelson, *Essay on the Government*, 137.

⁶⁴ Buchan, *Domestic Medicine*, 15.

⁶⁵ Alun Withey, *Technology, Self-Fashioning and Politeness in Eighteenth-Century Britain* (Basingstoke: Palgrave-Macmillan, 2016), 18-40.

⁶⁶ Turner, *Disability*, 31.

⁶⁷ Buchan, *Advice to Mothers*, 205.

⁶⁸ Nelson, *Essay on the Government*, 107.

⁶⁹ Withey, *Technology*, 26-7.

⁷⁰ Struve, *Familiar View*, 282.

⁷¹ Philip Jones, *An Essay on Crookedness, or Distortions of the Spine; Shewing the Insufficiency of a Variety of Modes made use of for Relief in these Cases* (London: S. Goswell, 1788), 8.

⁷² *Ibid.*, 133, 116-17.

⁷³ David M. Turner and Alun Withey, 'Technologies of the Body: Polite Consumption and the Correction of Deformity in Eighteenth-Century England', *History* 99:338 (2014), 775-96.

⁷⁴ Lynn Sorge-English, *Stays and Body Image in London: the Staymaking Trade, 1680-1810* (London: Pickering and Chatto, 2011), 96.

⁷⁵ Nelson, *Essay on the Government*, 110; Struve, *Familiar View*, 154.

⁷⁶ Ambroise Paré, *The Works of Ambrose Parey, Chyrurgeon to Henry II, Francis II, Charles IX and Henry III Kings of France* (London: Jos. Hindmarsh, 1691), 528.

⁷⁷ Nelson, *Essay on the Government*, 111.

⁷⁸ Andry, *Orthopaedia*, ii, 210.

⁷⁹ *Ibid.*, i, 86.

⁸⁰ Struve, *Familiar View*, 87, 154; Cunningham, *Children and Childhood*, 62.

⁸¹ Borsay and Dale, 'Introduction', 4.

⁸² Cooke, *Plain Account*, v.

⁸³ Levene, *Childcare, Health and Mortality*, 165-7.

⁸⁴ Nelson, *Essay on the Government*, 98.

⁸⁵ Joanne Bailey, "'Think Wot a Mother Must Feel:' Parenting in English Pauper Letters c.1760-1834', *Family and Community History*, 13:1 (2010), 5-19; Crawford, *Parents of Poor Children in England, 1580-1800* (Oxford: OUP, 2010), esp. 127-8; Turner, *Disability*, 136-41.

⁸⁶ Donna T. Andrew, "'To the Charitable and Humane:' Appeals for Assistance in the Eighteenth-Century London Press', in Hugh Cunningham and Joanna Innes (eds.), *Charity, Philanthropy and Reform from the 1690s to 1850* (Basingstoke: Macmillan, 1998), 87-107.

⁸⁷ *Gazetteer and New Daily Advertiser*, 12 February 1770.

⁸⁸ Andrew, "'To the Charitable and Humane'", 89.

⁸⁹ *The Times*, 3 April 1797.

⁹⁰ *London Courant and Westminster Chronicle*, 8 October 1781.

⁹¹ *London Chronicle*, 1-4 December 1781.

⁹² *London Chronicle*, 1-3 January 1782.

⁹³ On the particular emotional pull of blindness in Victorian literature and philanthropy see Stoddard Holmes, *Fictions of Affliction*, 29, 105.

⁹⁴ *London Chronicle*, 1-3 January 1782.

⁹⁵ *London Evening Post*, 14-16 February 1782.

⁹⁶ *London Chronicle*, 9-11 April 1782.

⁹⁷ *Public Advertiser* 15 April 1782. The amount paid under the Poor Law for the upkeep of disabled children varied greatly, but Patricia Crawford estimates that at the end of the seventeenth century, some London parishes paid around £13 a year for the upkeep of a physically disabled child: *Parents of Poor Children*, 127; cf. King, 'Constructing the Disabled Child'.

⁹⁸ Levene, *Childhood of the Poor*, 4-7.

⁹⁹ Andrew, *Philanthropy and Police*, 149.

¹⁰⁰ *Philosophical Transactions of the Royal Society*, xlvi (1749-50), 239-40.

¹⁰¹ Katrina Honeyman, *Child Workers in England, 1780-1820: Parish Apprentices and the Making of the Early Industrial Labour Force* (Aldershot: Ashgate, 2007), 30.

¹⁰² King, 'Constructing the Disabled Child', 114.

¹⁰³ *London Chronicle*, 3-5 April 1766.

¹⁰⁴ *Daily Advertiser*, 6 August 1773.

¹⁰⁵ *London Chronicle*, 21-23 February 1792.

¹⁰⁶ *London Evening Post*, 3-6 July 1773; *Public Advertiser*, 16 July 1777.

¹⁰⁷ Müller, *Framing Childhood*, 40 and passim.

¹⁰⁸ *The Times*, 4 May 1798.

¹⁰⁹ See also Anne Borsay, 'Returning Patients to the Community: Disability, Medicine and Economic Rationality before the Industrial Revolution', *Disability and Society*, 13(5) (1998), 645-63.

¹¹⁰ Stoddard Holmes, *Fictions of Affliction*, 95, 112.

¹¹¹ Simon Parkes, 'Wooden Legs and Tales of Sorrow Done: the Literary Broken Soldier of the Late Eighteenth Century', *Journal for Eighteenth-Century Studies*, 36:2 (2013), 191-207.

¹¹² *Ibid.*; Turner, *Disability*, 71, 74-6.

¹¹³ See also Ylva Söderfeldt and Pieter Verstraete, 'From Comparison to Indices: A Disabling Perspective on the History of Happiness', *Health, Culture and Society*, 5:1 (2013), 248-264.

¹¹⁴ Hanway, *Sentimental History*, 78.

¹¹⁵ Borsay and Dale, 'Introduction', 13.