

**CONTRAST AND CHANGE: EXPLORING THE EXPERIENCE OF
DISABLED CHILDREN IN BIRMINGHAM, 1730 TO 1862**

by

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ABSTRACT

Children's disability history is an emerging area of research. Experiences of disability have varied across different historical periods. This study uses the theme of historical experience, and uses a cross section of archives to demonstrate contrasting experiences of disabled children across old and new poor laws, early philanthropy and care for the 'insane', revealing the environments disabled children occupied that changed rapidly throughout this period, reflecting developing attitudes of society to both mental and physical impairment but also developing attitudes to children. It considers the provision of care for disabled children within the poor law system, a largely unresearched subject. The importance of periodisation, in providing context to disabled children's experiences is demonstrated.

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ABBREVIATIONS

BAC Birmingham Archives and Collections

BPP British Parliamentary Papers

PLB Poor Law Board

PLC Poor Law Commissioners

WHO World Health Organisation

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INTRODUCTION: CONTRAST AND CHANGE: EXPLORING THE EXPERIENCE OF DISABLED CHILDREN IN BIRMINGHAM, 1730 -1862

In the early nineteenth century, details of childhoods of two disabled individuals, George Smith and Fanny Johnson Crompton, were published in contrasting publications in Birmingham. In 1826, George Smith was famous throughout Birmingham as details of care by his family were published in the *Birmingham Journal*, and scrutinised keenly by the Birmingham public. Twenty years later in 1845, Fanny's details were published in Reports of the Deaf and Dumb Asylum at Birmingham for subscribers to vote to elect children into that institution.¹

Setting the contrasting experiences of George and Fanny in context allows the rapidly changing concepts and treatment of children's disability, in the late eighteenth and early nineteenth centuries to be examined.

George Smith was born an 'idiot' in 1780 and cared for by his family, comfortably off farmers, in a Staffordshire farmhouse outside Birmingham but was kept in increasing isolation from the community as he became an adult. On 25 January 1826, a magistrate and constable visited the family farmhouse and found, after braving 'the stench that issued from the room' that

It was dark, no aperture to it, the windows closed up with bricks. They found the floor covered with chaff and human ordure, so much so that they will swear there was as much as filled two baskets. Struck with horror, they opened the

¹ Birmingham Archives and Collections (BAC), Deaf and Dumb Institution Reports 24 -35, 1836 – 1847 1845 33rd Report (71782)

window, or pulled the bricks out of the window, when they saw a bedstead, to which Miss Smith went, and turning some of the covering, which consisted of an old coat, two sacks, and part of a dirty blanket and said "There he is". There he was, certainly, in the month of January, naked, stark naked, lying on a chaff-bed. Coiled up like a greyhound. Mattress there was none, but there the object lay, in his own ordure. ²

George was removed and sent to Stafford County Lunatic Asylum two days after this visit by the magistrate Mr Broughton, the parish constable and Mr Eld. The magistrates felt under a duty to intervene as gossip had circulated about George; a former servant of the Smiths now worked for Mr Eld, and owing to public concern over mistreatment of 'lunatics' they felt it necessary to intervene. This official visit and insistence on seeing George, invading the personal space of the family, and George's removal to the new county asylum, demonstrate that caring for someone 'insane' was no longer a private family matter but now a matter of justifiable public interest.³ Staffordshire County Asylum, where George was sent, had recently opened in 1818 for one hundred and twenty patients to serve Staffordshire and neighbouring counties and towns such as Birmingham, being one of the earlier county lunatic asylums erected by groups of counties to economise on expensive costs for parish lunatics in private madhouses.

Allegations of the family's neglect of George in local papers led to charges of libel being issued by George's brother William against the *Birmingham Journal* and

² *The Times*, August 7th 1826

³ A. Suzuki, 'Enclosing and disclosing lunatics within the family walls: domestic psychiatric regime and the public sphere in early nineteenth century England', in P. Bartlett and D. Wright (eds.) *Outside the Walls of the Asylum: The History of Care in the Community 1750 – 2000* (London, 1999), pp. 115-130

their counter allegations of cruelty, and the case of ‘The Idiot Smith – Smith v Hodgett and others’ was reported nationally. George was an adult when removed to the Asylum, but details of his childhood were given by witnesses (twenty three including servants, tradesmen and neighbours, and five surgeons and physicians), and provided a rare glimpse into the life of a disabled child in the late eighteenth century. Born around 1780, his parents were fond of him and he grew up ‘so far rational as to drive the cattle and do errands, and could give a correct answer to any plain question’.⁴ Elizabeth Wynn, a former servant, said George had worked for his father driving cows, driving at plough and winnowing but ‘was never allowed to go out without somebody near him, being insensible to any danger for she often saw him near falling into the fire or water’, stressing George’s vulnerability.⁵ As a youth, he would be spotted in the fields and in the house. After his mother died in 1807, his father cared for him until his death in 1812, leaving £1500 in trust for George’s maintenance; eventually he was cared for by his sister but was confined in a locked room with a boarded up window. Francis Bentley, a family friend, had stayed several times and repeatedly heard George, but no one opened his door, kept securely locked by three locks. The libel case debated why George was kept in a locked room with bricked up windows (light aggravated fits), whether he was fed through a hole in the wall, and whether he had slept under an old coat on a chaff bed but allegations of cruelty against the family were not proved.

⁴ *The Times*, August 7th 1826

⁵ *The Times*, August 7th 1826

George grew up not far from Birmingham at a time of transition in society's attitudes to disabled individuals, particularly the 'insane'. Until the mid 1700's, there was little special provision for the disabled. They were cared for by families or within the community for better or worse, often working like George on farms or as servants. Other than parish relief (if available) or family care, little notice was taken of them and the disabled coped as best as they could in a harsh world. Without work, parish out relief or family support, they begged or starved, often resorting to workhouses and gaols. In medieval times, monasteries had provided care for the destitute and sick including the 'insane'. St Mary of Bethlehem was a religious order that by 1403 specialised in 'lunatics' at Bethlehem Hospital, later shortened to Bedlam, one of the few specialist places providing 'care'. After the Dissolution of the Monasteries, most monastic care for the sick and poor ceased and very few monastic hospitals continued. The collapse of this national system of care had major implications and various Tudor Poor Laws established a new system where each parish took responsibility for its own poor and sick. The 1535 Poor Law Act provided parishes 'shall find and keep every aged, poor and impotent Person' and by 1552, responsibility for registering the poor and collecting compulsory rates was a parish duty. Acts consolidating the law in 1597 and 1601 stated overseers should provide necessary relief for 'the lame, impotent, old, blind and such other being poor and not able to work', with no special distinction for lunatics. This old poor law system survived in most areas until 1834, being the only 'state' system George might have accessed if not cared for by his family who chose not to send

George to a private madhouse. The Midlands was in fact well served by the 'trade in lunacy', with Staffordshire having several private madhouses and asylums.⁶

George's life provides rare details of a young disabled person growing up in the late eighteenth century in the care of family but subject to increasing control of local magistrates and the developing lunacy laws in the early nineteenth century. His experiences as a disabled child were published in Birmingham and national newspapers as part of litigation as society's attitudes to the 'insane' were changing. Within a hundred and fifty years, between the mid eighteenth and late nineteenth centuries there was a fundamental change in society's attitudes to the disabled, particularly mental disability. Radical changes in public attitudes led to legislation impacting on lives of people and children. New lunatic asylums, resembling prisons, were built reflecting cultural changes in attitudes and new policies of care for the 'insane', including children. Certain physical impairments, particularly sensory impairment, also attracted increasing public attention. Although traces of George disappear, tracing and contrasting the changing experiences of other disabled children in Birmingham such as a young girl called Fanny Johnson Crompton provides a valuable insight into both children's disability history and the history of childhood in the eighteenth and early nineteenth centuries.

⁶ The Report from the Select Committee appointed to enquire into the State of Lunacy in 1807 reported forty four lunatics in private madhouses in Staffordshire. The Return of the Number of Houses Licensed (as Madhouses) in 1819 reported two asylums in Stafford, one with four people and Stafford General Lunatic Asylum with fifty four; there was also a private asylum in Lichfield with eight people, one near Stone with seventeen and an asylum at Bilston.

Fanny Johnson Crompton was a 'deaf and dumb' child with a sensory impairment whose details were published in a very different context in Birmingham in Annual Reports of the Deaf and Dumb Asylum, revealing very different experiences of disability. The Deaf and Dumb Asylum was a subscription charity; children were proposed for admission by subscribers and voted on in a competitive system. Its 1845 Report published details of fifteen children for election with details of age, father's occupation and address.⁷ At the meeting where Fanny was elected, chaired by the Hon Frederick Gough, fifteen children were voted on, but only thirteen admitted. Sarah and Alfred Wright came first and second, receiving 419 and 375 votes respectively and being from a family of ten siblings, eight of whom were deaf and dumb. Fanny came third with 375 votes, a popular choice. Fanny was then eight and spent four years in the Deaf and Dumb Asylum, admitted by her father from Great Hampton Street in Birmingham on 15 January 1846. While Fanny attended the Deaf and Dumb Asylum she was at an institution that was a showpiece of Birmingham and the Midlands, supported by an elite mix of amateurs, wealthy landowners and aristocracy, industrialists and high-ranking Anglican clergy. It was a specialist environment for children with a sensory impairment set up by early Birmingham philanthropists and medical men. In 1812 Dr Gabriel de Lys had given a lecture to the Birmingham Philosophical Institution on Instruction of the Deaf and Dumb with an eight year old girl Jane Williams, deaf and dumb since birth, to illustrate techniques of education;

her countenance was full of intelligence, and all her actions and attitudes, in the highest degree, animated and expressive; while the eagerness with which she

⁷ BAC, Deaf and Dumb Institution Reports 24-35, 1836 – 1847 1845 33rd Report (71782)

watched the countenances of her instructors, and the delight with which she sprang forward to execute, or rather to anticipate their wishes, afforded a most affecting spectacle.⁸

Jane could read and write and communicate using signs. The Deaf and Dumb Asylum opened in 1814 with a long list of important patrons and subscribers. The school was open for inspection most days and visiting by the public was encouraged, including personal examination of pupils.⁹ This elite, very public education reflected the combination of early philanthropy and growing interest in disabled children and education for the deaf, to restore children to the 'Word of God' and to usefulness in society.

After four years at the Deaf and Dumb Asylum, Fanny, like George, was admitted to specialist care for the insane after this different experience of childhood disability. Fanny was apparently fourteen, but probably twelve, when admitted on 6 March 1850 to the Birmingham parish workhouse (possibly its Insane Ward) and recorded in the 'Register of the Insane'.¹⁰ Her entry reads

Brot from Deaf and Dumb Asylum on account of her bad temper. Had been there four years. A girl of moderate height and bulk of sanguine temper[ament] looks intelligent and shows no sign of mental aberation. Can read and write.¹¹

Her literacy was by no means common, showing the quality of her education at the Deaf and Dumb Asylum. Her 'sanguine temper[ament]' suggested she was lively and referred to the Greek 'humours' or types of personality. Early modern

⁸ BAC, Account of the General Institution Established in Birmingham for the Instruction of Deaf and Dumb Children, Including the Rules of the Society, 1828 (8333257)

⁹ Ibid.

¹⁰ BAC, HC/AS, MS 344/12/1 Case Book 1845-1850

¹¹ BAC, HC/AS, MS 344/12/1, Case Book 1845-1850, 6 March 1850 No. 302

medicine descriptions such as sanguine, phlegmatic, melancholic, or choleric, associated with bodily fluids such as blood, yellow bile, black bile and phlegm were still used in the mid nineteenth century. Fanny was legally recorded as 'insane' with remarkably little direct evidence of insanity.

The 'Register of the Insane' of the workhouse that recorded Fanny's details is an impressive volume preserved in Birmingham Archives and Collections, created after 1845 to record admission of 'lunatics' after public concern over the insane peaked in the later eighteenth and early nineteenth centuries. Private madhouses had to be licensed after 1774 and there were Parliamentary Select Committees in 1807 and 1815 as care of the insane became a matter of public concern. Major lunacy legislation in 1845 confirmed the requirement to keep records of the insane, and this large volume recorded details of 'lunatics' admitted to the Birmingham workhouse from 1845, with some retrospective entries to the early 1840's. Prescribed sections required description, duration of illness, whether suicidal or epileptic, whether dangerous to others and if 'of unsound mind'. Fanny was first registered on 6 March 1850 entering the workhouse, and later the Register began its numbering again in June 1850 on the opening of the new Birmingham Borough Lunatic Asylum, with the later entries recording much briefer details. Fanny was therefore recorded a second time on 13 June 1850 when she was transferred to the new lunatic asylum, and a very different child was presented by this second record in the Register. Her second short entry reads 'Suicidal mania and maniacal raving. Age 15. Deaf and Dumb.

Duration 4 years. Previously in Deaf and Dumb Asylum'.¹² There had been a sharp deterioration in her behaviour to 'maniacal raving' and suicidal behaviour. Fanny was inspected on admission by the Medical Superintendent of the new asylum, Thomas Green, who had also worked at the workhouse. In another mandatory register, 'Orders for Receptions of Pauper Patients', Green recorded Fanny was 'deaf and dumb, but in good bodily health' but 'suicidal and dangerous to others', and now subject to epilepsy.¹³ Her 'dangerous', certainly extremely confused behaviour, was possibly directed against staff and other patients. One final register of the Asylum, 'Index of Female Admissions', showed she was chargeable to Birmingham parish, giving a Mrs Shufflebotham of 70 Park Lane Aston as the 'Friend' admitting her.¹⁴ Fanny had no immediate family that can be traced in trade directories or the census. With no discussion of her confused behaviour or fits, or attempts to assist her deafness, Fanny entered the lunatic asylum as one of its first patients at either thirteen or fifteen, residing there for thirty six years until she died there in 1886. The rapid deterioration in Fanny's behaviour may have been caused by her contrasting experiences of disability as she moved between environments with conflicting agendas and aims; the elite Deaf and Dumb Asylum was replaced by the parish workhouse and in quick succession the Birmingham Borough Lunatic Asylum. Today her 'bad temper' might be understood as frustration, while the later silence about her in asylum records suggests she adapted into life there with no further problems.

¹² BAC, HC/AS, MS 344/12/1, Case Book 1845 – 1850, 13 June 1850

¹³ BAC, HC/AS, MS 344/15/1, Orders for Reception of Pauper Patients, Bundle 1, 1850

¹⁴ BAC, HC/AS, MS 344/11/2, Index of Female Admissions, 13 June 1850, No. 60

Fanny experienced three very different aspects of the developing institutional care system for disabled children in mid nineteenth century Birmingham. This study uses an interdisciplinary approach and a wide cross section of primary archival sources from Birmingham across both physical and mental impairment to explore historical experiences of disabled children in Birmingham from the mid-eighteenth to mid-nineteenth centuries, a period of rapid and significant change for disabled children. Within a hundred and fifty years there was a fundamental change in society's attitudes to the disabled, particularly the 'insane', although boundaries between mental and physical impairments were blurred. By exploring disabled children's contrasting experiences, it is possible to examine these radical changes and to show how society's attitudes to and policies of care for disabled children changed, how structures shaping those experiences developed over time and how these developments impacted directly on disabled children. The juxtaposition of contrasting policies of care for disabled children, for example between care for children with sensory impairments and those labelled 'insane', reveals changing attitudes of society not only to disability and impairment, but to different groups of disabled children as concepts of childhood developed throughout the eighteenth and nineteenth centuries. Society's changing attitudes impacted on Fanny and many other children. Early philanthropy created environments for specialist care while concern for the insane resulted in major legislation introducing new planned environments for their care. Poor law policies reacted to public concern over the poor. Following Fanny's experiences through some of these environments reveals the sharp contrasts between these areas of care, reflecting changing social and cultural attitudes to disabled children.

The history of disabled children has been overlooked, and lives of disabled children such as Fanny and George neglected in both histories of disability and childhood. The historiography of children's disability history has until recently been dominated by analysis of the rapid development of special education and special schools at the end of the nineteenth century.¹⁵ The numerous studies of insanity are only recently beginning to include 'insane' children.¹⁶ The history of disabled children has been a neglected subject, particularly in earlier periods of the eighteenth and early nineteenth centuries when concepts of disability and childhood were evolving, with more attention given by historians to the rapid increase in care for disabled children in the later nineteenth and twentieth centuries. In this study, Fanny's experiences and those of other disabled children in Birmingham are used as a means to illustrate and interpret how attitudes to, and provision of care for disabled children developed in this period. It explores disabled children's contrasting experiences across the mixed economy of care available for them, and developments in society's attitudes and policies that shaped a major part of their experiences. Three main areas of care (outside family care) for disabled children are explored; the poor law, philanthropy and care for the 'insane', illustrating the changing contexts that altered so quickly between the mid-eighteenth and mid-nineteenth centuries. The study seeks to provide a fresh interpretation of archives to explore the children's alternative narrative and to put disabled children, not institutions, at the centre of research

¹⁵ A. Borsay and P. Dale (eds.) *Disabled Children: Contested Caring, 1850 – 1979* (2nd edn. Abingdon, 2016), pp. 2-3

¹⁶ S.J. Taylor, *Child Insanity in England, 1845 – 1907* (London, 2017)

in order to challenge established official narratives, and to provide a broader perspective on children's disability history.

This study emphasises the importance of the poor law in providing care for disabled children, as well as more acknowledged areas of philanthropy and care for the insane. The poor law system managed the care of large numbers of children, including disabled children, and lack of previous research into this topic does not reflect numbers of pauper children. While no definite figures of disabled children within the poor law system can be ascertained, poverty contributed to an increased likelihood of impairment and higher numbers of disabled children by 'poor nutrition, accidents and diseases associated with poor housing, inadequate maternal care and health issues associated with intensive domestic industrial production'.¹⁷ Costs of caring for sick or disabled children could also force families to claim parish assistance; dealing with disabled children must have been a regular feature of life in poor law institutions. Numbers of children within the poor law system were substantial. Levene estimated child paupers in the eighteenth century constituted a third, with 50,000 indoor paupers in institutions and 200,000 on outdoor relief.¹⁸ Cunningham agreed child paupers formed one third of the workhouse population.¹⁹ Crompton estimated after 1834 one third of workhouse inmates were under sixteen, and thirty per cent of the sick in workhouses were

¹⁷ D. M. Turner, *Disability in Eighteenth-Century England: Imagining Physical Impairment* (Abingdon, 2012), p. 105

¹⁸ A. Levene, *The Childhood of the Poor: Welfare in Eighteenth Century London* (London, 2012), p. 108

¹⁹ H. Cunningham, *The Childhood of the Poor* (Cambridge, Mass, 1991), p. 202

children.²⁰ The chapter on exploring care of pauper disabled children is lengthy, as it covers a longer period of analysis under both old and new poor laws, administrative structures of the poor law in Birmingham and the different poor law buildings that were so important to the immediate context and broader environment of children's experiences. This longer period of research is dictated by surviving archives including early poor law accounts from the mid eighteenth century. Although disabled children appear clearly in these early accounts, locating pauper disabled children in records in the early nineteenth century becomes much harder, reflecting changing contemporary attitudes to both paupers and disability. This is a neglected subject and historical experiences of pauper disabled children, although challenging to trace, merit closer attention.

This introductory chapter initially sets out the main themes of the study; experience, environment and periodisation, followed by a discussion of the merits of using experience for historical analysis of children's disability history, but also limitations of such an approach. Reasons for the necessity of a cautious approach with using archives, particularly with official records that necessity forces the use of in children's disability history, are emphasised; it is essential to be aware of the need for careful interpretation of these archives. The importance of accurate periodisation within disability history, in order to give the correct context, is stressed. Problems with defining the upper age for disabled children used within this study are discussed, with reasons for the age of eighteen adopted in this study explained. Some of the characteristics of the town of

²⁰ F. Crompton, *Workhouse Children* (Stroud, 1997), pp. XIV - XV

Birmingham that contributed to shaping the experiences of disabled children are briefly set out.

Three key themes: Experience, Environment and Periodisation

A primary aim of this study is to explore contrast and change, and to examine the contrasting experiences of disabled children in Birmingham from the mid eighteenth to the mid nineteenth centuries to illustrate how social and cultural attitudes to and provision of care for disabled children changed throughout this period. Taking an experiential approach allows experiences across the three main areas of care for disabled children (outside family care) to be examined as each distinct area of care developed at different times throughout this important period of change, namely the poor law, early philanthropy and care for the 'insane'. This interdisciplinary approach allows analysis of a cross section of archival sources created by early philanthropic institutions and poor law and lunacy officials, demonstrating the complexity of different approaches and attitudes to disabled children, the multiple stakeholders involved in their care, and how aspects of care linked together or clashed, demonstrating contrasting developments in society's policies and attitudes. Boundaries of disability and impairment in the late eighteenth and early nineteenth centuries were blurred and it is a valuable exercise not to restrict research parameters to later concepts of 'physical' or 'mental' in order to achieve a wider overview of disabled children's experiences. Disabled children's experiences provide a window to analyse broader themes such as experience, environment and periodisation. The aim is to provide a fresh approach and interpretation of archives in their

historical context, providing new material on local practice and policies revealing aspects of disabled children's experiences.

Focusing on experience can combine and layer descriptions given in archives of attitudes, treatment, education and routines with details of environments children inhabited. This broader analysis will provide a better understanding of social and cultural factors driving developments that shaped disabled children's experiences, while keeping children at the centre of the research. 'Shared' experiences of disabled children such as conflict and 'contested caring' between parents and institutions have been the focus of recent research.²¹ Exploring their contrasting experiences assists a more detailed understanding of how care of disabled children changed between the early eighteenth and mid-nineteenth centuries, and reasons underpinning changes. By linking experiences of different aspects of care for disabled children in the rapidly growing industrial town of Birmingham, examining contrast and change in the context of the poor law, early philanthropy and care for the insane, both contrasting and 'shared' experiences of disabled children will emerge; a 'shared experience' of many disabled children was negotiation of contrasting experiences and environments. This study contributes to growing interest in children's disability history and the developing national picture of care for disabled children in the eighteenth and early nineteenth century that has been neglected in previous research.

One of the original ancillary aims was to begin to establish a narrative of disabled children's experiences from the children's perspective, to counteract the official

²¹ Borsay and Dale, *Disabled Children*, pp. 1-2, p. 8

top down narrative of adults from surviving archival and official records such as institutional histories, committee records, annual reports and accounts. A 'history from below' approach is incorporated to avoid this top-down analysis that merely reflects previously established institutional narratives and to attempt to discover children's stories within records, to locate 'hidden histories' of disabled children.²² Disabled children are present in records but have been overlooked in previous research. It is problematic to find or even approach the children's perspective, especially with disabled children. Lack of direct accounts or documents created by children, or even by adults acknowledging children's points of view, prevents any accurate evidence being found of how these children viewed significant events, actions, routines or buildings that featured so significantly in their lives. In the absence of locating the children's perspective, experience and environment are more productive ways to explore children's disability history.

The diverse experiences of disabled children took place in a variety of spaces and places.²³ The theme of environment is used to locate disabled children in various places in Birmingham that reflected conflicting agendas and changing attitudes, national and local policies and legislation, and to explore how these factors shaped experiences of disabled children. The environment played a fundamental role in establishing the context of the children's experience, and this study aims to locate the children within the public and semi-private spaces and environments they inhabited, worked and sometimes played in. Buildings

²² P.K. Longmore, *Why I Burned my Book and Other Essays on Disability* (Philadelphia, 2003), pp. 8-11

²³ Taylor, *Child Insanity in England*, p. 174

developed to reflect the broader environment of social and cultural policies, revealing aims and attitudes of society and how it regarded and treated disabled children across this period; establishing this broader environment plays a vital role in contextualising disabled children's experiences. Experiences in environments shaped by early philanthropy contrasted sharply with those of pauper disabled children in Birmingham located in poor law buildings accommodating them; this issue has received limited attention from historians.²⁴ Disabled children labelled 'insane' resided in heavily planned buildings designed for insane adults. These buildings, their function and design where relevant, are discussed in each chapter as essential context shaping the children's experiences in order to provide a broader analysis and better understanding of the social and cultural factors shaping disabled children's experience. While the details about the various buildings can appear extensive, they are essential in explaining and delineating children's immediate environments, living quarters, daily routines and expectations of them that in the lack of direct evidence by the children gives valuable evidence about their experiences. There is substantial and valuable literature on interpretation of space in buildings, schools and asylums that lack of space does not allow to be fully explored, but important literature relating to the function and architecture of buildings is discussed briefly in the literature review.

The final theme of this study is the importance of periodisation within children's disability history. Experiences of disability have varied between different

²⁴ Levene, *The Childhood of the Poor*, pp. 108-9

historical periods. Periodisation is essential to correctly contextualise both cultural and social attitudes to and experiences of disabled children, and a careful understanding of important periods of transition and developments within each particular period is vital. Metzler argued ‘concepts of what is, or is not, intellectual disability is situated in time and changes over time’, and any full explanation of topics such as ‘idiocy’ must refer to both earlier and later periods.²⁵ The significance of changes in attitudes and treatment of disability between discrete periods such as the eighteenth century, and the early and later nineteenth centuries, must be emphasised, and the specific period of an individual archive or record is necessary for its correct context. Distinctive periods of transition and intense activity at different times in the different areas of care must be emphasised, such as the rapid period of change in care for the insane in the mid nineteenth century. King criticises Turner for making ‘implicit chronological thresholds rather starker than they ought to be’; it is however essential between the eighteenth and nineteenth centuries to be specific about periodisation, as significant developments occurred at various times in attitudes to disabled children as care for them in different areas developed at uneven times.²⁶ The disability historian Longmore argued ‘Periodisation is not simply a way of segmenting the past into convenient chunks. It is a mode of charting change over time and identifying the causes of historical change’.²⁷

The lengthier time period between the mid eighteenth century and nineteenth century chosen by this study reflects dates of archives available for research.

²⁵ I. Metzler, *Fools and Idiots? Intellectual disability in the Middle Ages* (Manchester, 2017), p. 22

²⁶ S. King, ‘Constructing the Disabled Child in England, 1800 – 1860’, *Family and Community History*, 18/2 (2015), pp. 104-121

²⁷ Longmore, *Why I Burned My Book and Other Essays on Disability*, p. 4

Within previous literature, authors have generally focused on discrete periods such as the eighteenth century or the explosion of care in the later nineteenth century.²⁸ Examining developments over a longer period of time, linking sequential periods, allows an overview of changes and contrasts from the mid-eighteenth to the mid-nineteenth centuries to be identified, making the timeline of progression, and sometimes regression, clearer. It is important to highlight specific periods of change within each area of care; taking a more general approach risks failing to appreciate significant developments occurring, sometimes rapidly, at different times. This longer period has been chosen to allow a greater insight into changes in society's policies and cultural attitudes impacting on disabled children, and to extend research on children's disability history into the earlier periods of the eighteenth and early nineteenth century previously underrepresented in disability history.

The study draws on microhistorical approaches to the scale of study, by focusing on experiences and hidden histories of disabled children within a small geographical area, attempting to connect social and cultural changes within the structures controlling the children's lives with the children referred to. Fanny Johnson Crompton is traced through three of the institutions; Grosvenor suggested using a 'biographical turn' to reclaim hidden children's lives, collecting elements of life stories from multiple sources.²⁹ Steedman has used the approach of seeking individuals within archives, to reveal larger cultural changes through

²⁸ For example, Turner and Levene focused on the eighteenth century, while Taylor and Borsay and Dale focus on the second half of the nineteenth century (Turner, *Disability in Eighteenth-Century England*; Levene, *The Childhood of the Poor: Welfare in Eighteenth Century London*; Taylor, *Child Insanity in England*; Borsay and Dale, *Disabled Children*)

²⁹ I. Grosvenor, 'Seen but not Heard': City Childhoods from the Past into the Present', *Paedagogica Historica: International Journal of the History of Education*, 43. 3 (2007), pp. 405-29

the eyes of individuals who may be hard to trace in archives.³⁰ This approach is attempted with Fanny and other disabled children who can be traced in the records.

Descriptions and definitions within disability history

Various forms of impairment and disability are referred to in this study. The choice of the two main areas of specific care for disabled children that are explored, for 'deaf and dumb' children with a sensory impairment and 'insane' children in different chronological periods, have been dominated by the surviving archives and records. Their survival has not just occurred by chance. Sensory impairments in children such as deafness were an early object of intense interest by philanthropy in the late eighteenth and early nineteenth centuries in priority to other physical impairments, such as being 'lame' or a 'cripple' that were not of interest until much later in the nineteenth century. This difference in attitudes to sensory and physical impairments reflects social and cultural attitudes to impairment. The Deaf and Dumb Asylum, and consequently its records, have remained highly regarded and prestigious in the city and the safe conservation of their extensive archive in Birmingham Archives and Collections reflects society's respect for this charity and its aims. By contrast, the extensive and detailed records for insanity that included children were legally required to be kept by statute and this has ensured those records' survival over similar workhouse registers of individuals, many of which have been lost or destroyed. The details that were legally prescribed to be kept allow a much more detailed analysis. The choice of these two specific and contrasting areas of care has been

³⁰ C.Steedman, *Master and Servant* (Cambridge, 2007)

dictated by the survival of specific records and source material, preserved for very different reasons.

Attitudes to, and historical experiences of impairment and disability have varied over time and the provision of care focusing on very specific types of impairment and disability contributed to developing concepts of these; 'The very existence of such provision did much to define what disability was (as definitions expanded from conditions recognisable by lay people to those requiring expert diagnosis)'.³¹ Attitudes to impairment in children were very different at the end of the nineteenth century to the narrower and more restricted concepts in the early nineteenth century, and this study explores these changing attitudes to disabled children. It is not possible to clearly define children's 'disability' or 'impairment' overall in this period as attitudes were fluid and changing rapidly depending on class, economic opportunities, gender, and family attitudes. However, there was a consensus across society that insanity and sensory impairments such as blindness or deafness justified the provision of care by society, and this study focuses on these two defined aspects of children's disability and impairment; their importance in society is reinforced by the preservation and survival of their records. Attitudes to other disabled children within the poor law were far more ambivalent and are explored in Chapter Two.

However, these boundaries of disability in the eighteenth and early nineteenth centuries were blurred and cannot necessarily be accurately translated into modern terms. Children termed 'insane' might now possibly be identified with

³¹ Borsay and Dale, *Disabled Children*, pp. 1-2, p. 8.

epilepsy, cerebral palsy or deafness. Various descriptions were used in the eighteenth and nineteenth centuries for physical impairment such as 'lame', 'cripple' or 'deformed'.³² Insanity had a range of terms such as 'lunatic', 'idiot' or 'imbecile'; there was no medical or legal definition until the 1886 Idiots Act that attempted clarification for educational provision.³³ Contemporary terms for children from the archives and records are used, although these may be unacceptable to modern attitudes. It is not possible to replace these terms with modern terminology; 'language is historically contingent' and terms evolved and changed.³⁴ Contemporary terms are used for the correct interpretation of records, but their period of usage must be noted for the correct context.

The terms used in children's disability history have evolved over time and are continuing to evolve. Modern terms have evolved particularly rapidly with disability studies over the last thirty years. The term 'impairment' is now often used to describe an individual's physical or mental illness causing illness or lack of a particular function, and 'disability' to refer to the limitation of opportunities to engage equally in society owing to social or environmental barriers.³⁵ Terms used within the previous historiography fluctuate. In this study, 'impairment' has been used to refer to individual physical impairment; the more general term 'disability' is used to describe society's attitudes, provision of care and social construction of individual impairment.³⁶ The term 'impairment and disability'

³² Turner, *Disability in Eighteenth-Century England*, p. 17, pp. 16-34

³³ Turner, *Disability in Eighteenth-Century England*, p. 17, Idiots Act 1886 (49 Vict c.25).

³⁴ I. Hutchison, M. Atherton and J.Virdi (eds.), *Disability and the Victorians: Attitudes, Interventions, Legacies* (Manchester, 2000), Foreword, p. 1

³⁵ T.W. Shakespeare, *Disability Rights and Wrongs Revisited* (2nd edn. Abingdon, 2014), pp. 21-23

³⁶ I.Metzler, *A Social History of Disability in the Middle Ages: Cultural Considerations of Physical Impairment* (Abingdon, 2013), p. 5

has been used in this study where appropriate to include both, also reflecting terms used within previous historiography. 'Learning disabilities' is a commonly used modern term that is still felt to be relevant.

Social and cultural factors are referred to in exploring experiences of disabled children in the archives. Cultural history interprets historical experiences and understanding by linking intellectual ideas of society with systems of representation such as architecture and language to demonstrate cultural practices of particular periods; 'the aim of the cultural historian is to describe patterns of culture, and the characteristic thoughts and feelings of an age'.³⁷ A sociocultural approach is used, exploring varied archival sources revealing experiences of disabled children and setting them in the context of developing attitudes of society, early institutions and poor law and early philanthropic societies to demonstrate how policies and attitudes to disabled children changed throughout the eighteenth and early nineteenth centuries. Placing their experiences in this wider context over a period of time allows deeper understanding of ideas in society, how ideas linked and contrasted, influenced society's attitudes, and impacted on disabled children. Aspects of both cultural and social history can be usefully implemented.³⁸ Cultural history has incorporated varied approaches, such as Zemon Davis' imaginative work on mentalities through the French Annalists school.³⁹ 'Culture' has been interpreted widely to include popular culture and arts and sciences, common

³⁷ P.Burke, *What is Cultural History?* (Cambridge, 2004), p. 9

³⁸ G.Eley, *A Crooked Line* (Michigan, 2005), p. 181

³⁹ N.Zemon Davies, *Women on the Margins: Three Seventeenth Century Lives* (Cambridge, 1995)

practices and 'ideas, habits and values'.⁴⁰ The cultural approach has been criticised as being vulnerable; studies may neglect important factors such as economic or material structures, be anecdotal, or link practices with historical ideas with insufficient justification.⁴¹ Big conclusions have been drawn from small incidents.⁴² It is essential to criticise sources and links carefully, to examine why and by whom they were created, not to create links incorrectly.⁴³ Cultural historians such as Zemon Davies and Steedman used multiple sources such as archives and biographies to recreate 'hidden lives' of those neglected by history, placing sources in their historical, cultural and social context and giving these subjects a voice.⁴⁴ Metzler examined social institutions and cultural attitudes in her overview of attitudes and experiences of the disabled in the Middle Ages.⁴⁵ A sociocultural history approach is suited to children's disability history. By examining disabled children's experiences across the mixed economy of care, and the context and broader environment of their experiences, developing policies of care for disabled children in the eighteenth and early nineteenth centuries can be illustrated and examined.

Using experience with children's disability history

Experience has been a popular theme within histories of childhood and disability, and the theme is now increasing in popularity in preference to the theme of agency. These themes can be complementary, and both have been used

⁴⁰ Burke, *What is Cultural History?* pp. 29 - 30

⁴¹ P. Burke, *History and Social Theory* (Cambridge, 1992), pp. 1-21

⁴² Burke, *What is Cultural History?* P. 115

⁴³ D. Wahrman, 'Change and the Corporeal in Seventeenth and Eighteenth-Century Gender History: Or, can Cultural History be Rigorous?' *Gender & History*, 20.3 (2008), pp. 584-602

⁴⁴ Zemon Davies, *Women on the Margins: Three Seventeenth Century Lives*; Steedman, *Master and Servant*

⁴⁵ Metzler, *A Social History of Disability in the Middle Ages*

within histories of childhood and disability to frame and examine how individuals' lives engaged with the larger structures controlling them. The interplay between agency and experience has recently been the subject of much debate, but the plethora of recent criticism of agency by historians has not yet been matched by analysis of the merits of the concept of historical experience in histories of childhood or disability. The historical experience of disabled children is suggested to be a more appropriate and valuable method than agency to examine children's disability history, particularly changes in provision of care to disabled children over a period of time.

The recent move away from agency towards experience has occurred as historians have become dissatisfied with agency, and the theme has become controversial within the history of childhood. The next chapter discusses the most recent literature and debates around agency and experience that are relevant to the concept of experience, and summarised briefly here. The concept of agency has been popular, but growing criticism asserts that agency has been generally interpreted as self assertion, resistance or rebellion, reflecting primarily western ideas of free will, autonomy and independence that may not be available to all groups in society⁴⁶. Restricted interpretations could neglect complex, less visible forms of children's agency, or agency affected by age, gender or impairment; this has important issues for histories of childhood and disability. This 'agency trap' can restrict historians' ability to reveal children's historical significance. By artificially trying to fit children's lives into 'the agency ideal' of 'youthful autonomy and resistance', rebellion and independence,

⁴⁶ For a more detailed discussion, see pp. 63-66

historians risk limiting analysis to binaried interpretations that simply juxtapose children's actions with adults, neglecting more nuanced approaches; historians must engage with complexities of childhood and children's agency, particularly with vulnerable and marginalised children.⁴⁷ Less obvious forms of children's agency must be appreciated.

Historical experience is argued to be a less restrictive and more useful approach than agency to analyse complex histories of groups of children that have been omitted from more established histories, such as disabled children. It is capable of allowing a wide variety of contexts and archives to be examined critically. It must be acknowledged that there are inherent problems with using archives for children's history, particularly children's disability history and these are examined later in this chapter; official archives that are so often by necessity used to research histories of childhood and disability focused on the official narrative, not the child's, while the scarcity of records created directly by children, autobiographies or egodocuments created by children and consequent lack of children's voices exacerbate difficulties in locating evidence from children themselves, or even approaching their perspective. These problems can apply to both experience and agency. Experience, however, can be a more flexible way to achieve historical analysis from the bottom up, to examine lives of individuals controlled by others, avoiding any perceived need to artificially demonstrate children's 'agency'. Within the broader theme of historical experience, identifying agency can reinforce the importance of disabled children's actions,

⁴⁷ M. Gleason, 'Avoiding the agency trap: caveats for historians of children, youth and education', *History of Education*, 45/4 (2016), pp. 446-459, p. 458, pp. 447-448

but opportunities can be limited. Different forms of agency can be glimpsed within archives, not just resistance but less visible ways children negotiated to survive in strict environments, reflecting some element of choice. It is possible to obtain cameos of children's agency surfacing through numerous carefully phrased committee reports or minutes, but the concept of historical experience is a broader, more reliable way to explore histories of childhood and disability, to access disabled children's hidden histories over time, despite challenges of accessing these stories.

There are different types of historical experience including lived experience, physical and spatial experiences, social experience and sensory or emotional experiences. These have been approached across a range of fields from social and cultural history, to anthropology. Definitions are elusive and there is no established definition. Defining the concept of historical experience is complex but definitions that are felt most helpful to children's disability history are mentioned. Within disability history, experience has been approached as attempting 'a reconstruction of daily life and quotidian experience' of disabled people by teasing out from 'the many disparate sources some inkling of the "lived experience"'.⁴⁸ Analysis of experiences of childhood disability has defined experience as 'the outcome of personal circumstances and social structures', stressing the importance of social structures and institutions in shaping 'distinctive' experiences of childhood disability in 'complex, unpredictable and sometimes contradictory ways', often complicated by factors not relevant to

⁴⁸ Metzler, *A Social History of Disability in the Middle Ages* p. 1

adults or the social model of disability.⁴⁹ While these ‘distinctive’ experiences may emerge from archives, they are not necessarily easy to trace, and a broader approach to the concept of historical experience may be more useful.

Work within the histories of the senses and the emotions has recently focused on how it felt to be a particular individual, experiencing challenges or everyday life, and their approach is helpful. Analysis of the concept of historical experience, has called for a broader interdisciplinary, more abstract understanding of the ‘New Historical Experience’, incorporating a ‘world-brain-body’ and bio-cultural approach.⁵⁰ Humans process experiences such as fear, love or smell using human biological processes, and social neuroscience needs to be incorporated.⁵¹ A fresh definition is proposed of lived experience as ‘the ways in which living was real in historical terms’; ‘the lived, meaningful reality of historical actors’ or ‘how it felt, or how it was, to the historical actor’.⁵² The emphasis on feeling needs to include ‘past perception in their own terms’, sensory, emotional or cognitive, to produce a ‘re-entanglement of emotions and senses, mind and body’, stressing equal focus on each aspect, and to be set within the widest historical and cultural context.⁵³ These processes cannot be separated from ‘context, custom, cultural scripts and taboos’ as individuals personally interpreted their experiences.⁵⁴

⁴⁹ Borsay and Dale, *Disabled Children*, p. 1, p. 4

⁵⁰ R.Boddice and M.Smith, *Emotion, Sense, Experience* (Cambridge, 2020), p. 18, p. 47

⁵¹ *Ibid.*, p. 21

⁵² Boddice and Smith, *Emotion, Sense, Experience*, p. 17, p. 21, pp. 22 - 23

⁵³ *Ibid.*, p. 17, p. 18, p. 34

⁵⁴ R.Boddice, ‘The History of Emotions: Past Present Future’, *Revista da Estudos Sociais*, 62 (2017), pp. 10-15, p. 13

This recent focus on experience within sensory history and the history of emotions is extremely influential. The broader approach of combining sensory, physical and bodily experience is desirable and to be welcomed, but it is questionable whether it is possible to establish how disabled children felt; the emphasis on 'feeling' and senses creates conceptual problems within the particular challenges of children's disability history. Some sensory and emotional experiences of disabled children can be interpreted from records but any approach to seeking disabled children's experiences must incorporate recurring difficulties of locating evidence of how children felt within archives; children's views are filtered by adults and officials, if recorded, and possible communication difficulties of disabled children only increase these issues. Problems with using archives are discussed in more detail shortly. The challenge of obtaining evidence of how disabled children felt, their emotions and feelings, will control to what extent evidence of the experience of emotions and feelings is appropriate and dominates other more visible, tangible evidence of disabled children's experiences; physical and spatial experiences, environments, children's routines and treatment and the major importance of context in interpreting the experience of disabled children.

Investigation of disabled children's historical experience must therefore include physical and spatial experience to place individuals in their historical setting. Details of environments children occupied not only provide useful context, but sometimes evidence of experiences. Careful interpretation of records may reveal evidence of physical experiences of children caused by their environment; hunger, sickness, fear, punishment, exhaustion, restraint or physical

confinement. Physical evidence of impairment sometimes appears; deafness, blindness, physical treatment of the body for insanity. These physical experiences appear more regularly than sensory or emotional experiences, and are generally more easily traced. Sometimes, emotional experiences appear in official accounts of children's actions, such as anger, confusion, distress, or resistance, but these are hard to trace in archives. Archival evidence mostly reflects official narratives and policies, focusing on descriptions of buildings children occupied, buildings' faults and official improvements made, official agendas for children and daily routines. Aspects of physical experiences such as diets, education, work or occasionally training in farms, laundries or industrial locations thought appropriate to gender can supplement evidence. Insanity records reveal mid-Victorian treatment of insanity that focused on treating bodies, rather than minds. In the absence of archival evidence of how children felt, physical aspects of experiences, often affected by impairment, are highly valuable.

Experience allows a more nuanced approach to complexities of children's disability history, but keeps children at the centre of research. Multiple aspects can be included; contributory factors such as gender and class incorporated, collective and individual experiences included, and positive and negative experiences highlighted. The theme of experience can interpret silences about children's lives and gaps in the archives with more subtlety than agency, revealing how adults' apparent indifference to certain children reflected social and cultural attitudes to sections of society. The sharp contrasts between experiences of different groups of disabled children at times are important,

reflecting developing attitudes to both childhood and impairment; varied aspects of experience can reveal the developing agendas and attitudes of adults and officials who controlled children's lives. There is the capability to show intersections between different areas contributing of care of disabled children, such as poor law attitudes to childhood, insanity and 'insane' children, medicine and impairment, religion and early philanthropy, and to demonstrate how these impacted on children as areas overlapped or clashed.

Context, however, is essential for understanding and interpreting experience, particularly in view of the limited more direct evidence. Experience must rely heavily on context to frame and interpret the wide variety of disabled children's experiences that depended on periodisation, environment, gender, family's economic resources, class and individual impairment. 'Lived experience' including reactions of the body and the brain happen 'in a place, in a time, in a context' that is irrevocably bound with previous experience and a cultural framework.⁵⁵ The ability to establish a wider picture and breadth of context is a strength of the concept of experience. A major part of children's experiences were determined by their context, not only immediate environments they inhabited, but also the broader environment created by developments in the poor law, lunacy laws and early philanthropy. Context plays a vital role in interpreting disabled children's experiences. While details about the context, the various buildings and environments involved can sometimes seem excessive, these details are essential to explain and delineate children's immediate environments, living quarters, routines and to show the expectations of adults

⁵⁵ Boddice and Smith, *Emotion, Sense, Experience*, p. 32

controlling their lives. Context played a vital role in forming children's experiences and can provide evidence contributing to those experiences; how buildings were occupied or used by children, and how they shaped children's daily lives. Careful contextualisation must also involve the social, cultural, religious and political context that created structures directly controlling disabled children's lives, to allow experiences of disabled children to be framed by the wider structures that shaped them. Multiple contexts can be layered to reveal who planned children's environments and why, and how adults shaped children's lives. Understanding adults' agendas explains attitudes and aims for the children and explains the children's historical significance to those adults. Without understanding forces shaping adult agendas, a sensitive interpretation of the experience of disabled children cannot be achieved.

Despite the appeal and possibilities of using experience for historical analysis, there are limitations with the approach caused by certain methodological problems particularly with children's disability history, and it is necessary to consider how far archival sources can enable the capture or access of experiences of disabled children, or provide a representative sample for research. Possibilities of the concept of experience are dependent on discovering reliable evidence to justify any research conclusions, and there is a need to critically examine possible methodological problems.

Two significant difficulties with accessing personal experiences of individuals from the past from archives have been identified by historians of emotion, who have questioned whether language can ever accurately convey an individual's

emotional or sensory experiences. Firstly, possible inadequacy of language in describing how people felt can make personal accounts unreliable. Secondly, individuals' accounts of their experience could have been prescribed by social conventions or the set formula of documents, such as applications for poor law or philanthropic relief, that shaped descriptions of experiences of impairment in expected, conventional ways, rather than allowing individuals to express their experiences subjectively⁵⁶. Records may have recorded expected statements of how they felt, limiting reliability of accounts. Newton and Scheer suggest problems in the gap between the expression of an emotion and the individual's inner experience have been overstated, as expressions influence feeling; Newton is optimistic that historians can uncover past experience in order to gain 'insights into past feelings'.⁵⁷ Both these concerns are valid issues, but they assume the source evidence being relied on has been created directly by the object of research; this is not generally the case with children's disability history, where it is the lack of direct accounts by disabled children that is the major difficulty with seeking to access children's experiences.

It is not possible to accurately establish or to replicate the authentic experience of disabled children. 'The historian can neither re-experience nor re-enact the past, but only reconstruct it as far as possible'.⁵⁸ It is only possible to attempt to explore and reconstruct their historical experience, to gain valuable insights into their experiences but to be very cautious with any claims of establishing

⁵⁶ H.Newton, *Misery to Mirth: Recovery from Illness in Early Modern England* (Oxford, 2018), pp.28-29

⁵⁷ Newton, *Misery to Mirth*, pp. 29-30; M.Scheer, 'Are Emotions a Kind of Practice (and is that What Makes them Have a History)? A Bourdieuan approach to Understanding Emotion', *History and Theory*, 51 (2012), pp. 193-220, pp. 195-196

⁵⁸ Boddice and Smith, *Emotion, Sense, Experience*, p. 25

authentic experience as this can never be confirmed. It is rarely possible to obtain children's authentic experiences from the archives, and more problematic to access disabled children's experiences. It is only possible to interpret the physical, spatial, sensory and emotional experiences that can be collected and interpreted from archival evidence and placed in their context to provide valuable insights into disabled children's lives; these insights will be dominated by the evidence that is found in archives, and the paucity of evidence about disabled children's sensory or emotional experience may result in greater reliance on physical aspects of experience. There are also particular issues with using archives with children's disability history that are now explored.

Issues with using archives in children's disability history

There are specific methodological problems with using archives to seek experiences of children's disability history that require researchers to proceed with relying on archives cautiously. The research and interpretation of a cross section of archives form the basis of this study and they dictate the evidence and information available; the different types of archives will reveal different attitudes and stories in each area of care, shaping the narratives that can be found. The lack of previous research might suggest archives relating to disabled children could be scarce. Historical records created by children themselves are rare and elusive, particularly in the eighteenth and early nineteenth centuries, and lack of such primary sources created by children makes finding direct evidence of their experiences challenging. There are very few autobiographies or egodocuments, or accounts created by children, let alone disabled children, to provide evidence of their experiences and making it extremely difficult to find

the children's perspective. Records from the eighteenth and early nineteenth centuries in Birmingham Archives and Collections have survived from various care providers referring to disabled or sick children and some early subscription charities in Birmingham, such as the Deaf and Dumb Asylum, left annual reports. Disabled or sick children are mentioned in contrasting ways within Birmingham poor law records, as the old poor law developed into the centrally controlled stricter New Poor Law after 1834. However, many of these surviving sources within archives are official records created by adults, but the scarcity of archives created by children makes it necessary to use these as the basis of research.

There are difficulties in using these official records that can be one-sided and only reflect the official narrative, particularly in a study incorporating a 'history from below' approach exploring children's experiences. Records are rarely neutral. It is essential to consider their function, and the responsibilities and agendas of their creators, to establish the correct context and importance for interpretation. Annual reports and publications of early philanthropic institutions reflected official fundraising agendas to appeal to both subscribers and the public, to ensure continued financial support. They reflect the image the institution wished to portray, not the reality of life for the children in their care. Poor law records reflect their very different functions and agenda. The copious records of poor law guardians, minute books and correspondence with the Poor Law Board, reflect accountability to ratepayers for strict economy and efficient administration; guardians faced severe criticism because of rapidly increasing poor rates in the eighteenth and nineteenth centuries and repeated public demands for system reform. These contrasting agendas were reflected in the

creation of very different environments and experiences for children in their care, and this context must be reflected in the careful interpretation of sources in assessing disabled children's experiences.

It would be naïve to assume records of poor law authorities and early philanthropic bodies reveal views other than those of official policymakers and therefore an official perspective. They were not impartial accounts. Official minutes, annual reports, financial records such as annual accounts and legal documents form the bulk of records that have survived for researchers and have dominated conclusions of previous research. Less valued records about individuals were frequently not preserved; early casebooks or lists of recipients of relief, if they existed, have often been destroyed or lost. At Birmingham, no early records of pauper admissions to the parish workhouse have survived. This emphasis of surviving archives on the official perspective, and the challenge of lack of records relating to individuals or paupers, particularly children, must be acknowledged.

These problems are more complex with researching disabled children's experiences. Historians researching experiences of disabled children 'face unique difficulties' as the voices and experiences of disabled children have been 'buried within the historical record'; 'recovering the voices of disabled children is all the more difficult because capturing them was not the main purpose of the surviving records', while 'official documents often silenced the child by denying the

legitimacy of their experiences and prioritising the opinions of professionals'.⁵⁹ Hendrick commented on the general lack of agency given to children in historical research, arguing historians should evaluate them as 'social actors and informants in their own right'.⁶⁰ Any evidence of disabled children's experiences is filtered and sometimes misinterpreted by adults' narratives and perspective. The number of adults involved in disabled children's care, combined with their possible communication difficulties, makes finding evidence in archives difficult and unpredictable, yet all the more rewarding when useful references are discovered that reveal children's experiences and stories.

Searching for historical experiences of disabled children can be challenging. The use of official records creates particular difficulties with accessing experiences of disabled children. It cannot be claimed that the experiences of disabled children, when identified within official records, were their authentic experiences. It is only possible to reconstruct evidence for their experiences from all available sources, providing 'historical context in the broadest possible terms' but not possible to claim that experiences were authentic or definitive experiences, as 'the historian can neither re-experience nor re-enact the past, but only reconstruct it as far as possible'.⁶¹

The methodology adopted in this study has been to critically examine a wide variety of archival sources across a wide selection of types of record across the period studied to locate experiences of disabled children. It is necessary to

⁵⁹ Borsay and Dale, *Disabled Children*, p. 2, p. 6

⁶⁰ H.Hendrick, *Children, Childhood and English Society 1880 – 1990* (Cambridge, 1997)

⁶¹ Boddice and Smith, *Emotion, Sense, Experience*, pp. 17 -18

interpret official records carefully to locate children's experiences and to read between the lines and against the grain, to make links between records, to find references to disabled children and their behaviour to begin to create a narrative of their experiences. Records must not be taken at face value. Placing the children at the centre of the research allows a focus on the children and their experiences, rather than focusing on previously established official narratives of institutions. Comments in archives can reveal strategies of disabled children, sometimes obliquely, as they coped with life in environments created and recorded by adults, with adult expectations of them. Records have been carefully interpreted. Silences in the records should be questioned. Children can be sought in unconnected archives as they moved between institutions and types of care. Using a cross section of archival collections illustrates contrasts and connections between aspects of care, how sectors intersected or clashed in aims and policies, and comparisons to provide a richer, more thorough context for disabled children's experiences.

The archives and records used in this study

Separate care providers had their own distinct records, and sources created within each type of care can produce very different evidence of experiences. The range of poor law sources can produce varied results. While national poor law sources such as printed annual reports or inspectors' reports illustrate national administrative policies and decisions, local poor law records on the other hand with their accounts, endless guardians' minutes, and directives from the Poor Law Commission revealed local policies and how national policies were

implemented locally and impacted on children's daily lives.⁶² Bias in local records can be valuable; local guardians' minutes could reveal pauper life more realistically than filtered national reports, even if edited to reflect favourably on the local guardians creating them.⁶³ It must be noted that most poor law records contain very few details of individual paupers.⁶⁴ The context of poor law records that refer to disabled paupers must be acknowledged. Surviving references to pauper disability were usually made in the context of families claiming financial support from poor law officers, and were therefore 'tailored to the expectations of their audience', stressing vulnerability, inability to work or train, dependency, and always the claimants' respectability; these conventions of self-presentation shaped the ways families described disability or impairment and consequently experiences.⁶⁵ Records by professionals may not be impartial, but biased. Medical officers' reports on pauper children in the Asylum for the Infant Poor appear impersonal and an authoritative report on paupers' health by medical professionals. However, they were not impartial; their attitudes to children were influenced and shaped by the increasingly dismissive eighteenth and early nineteenth century views of paupers. Upton's recent work on the old Birmingham parish workhouse describes the effect of lack of surviving records of the Asylum for the Infant Poor, which consist mostly of shorter reports of the sub-committee of the Asylum with occasional newspaper references; this 'imperfect jigsaw' of 'fragmented and discontinuous records' means any account of this building for pauper children is discontinuous, reflecting views of one

⁶² Crompton, *Workhouse Children*, p. XVI

⁶³ *Ibid.*, pp. 225-226

⁶⁴ M.A. Crowther, *The Workhouse System 1834 - 1929: The History of an English Social Institution* (London, 1981), p. 193

⁶⁵ Turner, *Disability in Eighteenth-Century England*

person at one moment rather than a continual detailed assessment.⁶⁶ Lack of details of paupers makes seeking disabled pauper children challenging, but cameos do appear and these snapshots of disabled children's lives from fragmented records can be placed in the wider context to enhance knowledge of disabled children's lives.

The most comprehensive records revealing personal information about disabled children are records linked to insanity. Diagnosis of 'insanity' in persons, including children, on admission to the Insane Ward of the parish workhouse from 1845, or from 1850 into the lunatic asylum, triggered certain legally required, prescribed forms. Completion was mandatory. These detailed legal documents provide invaluable information about 'insane' children and lives before admission. Reception orders, certificates of insanity, admission and discharge registers and casebooks provide researchers with rich information about experiences of disabled children labelled 'insane'. Individual children are described and elusive information given about home and sometimes work, revealing previous lives and family support received. Certificates of Insanity classified the person admitted as a lunatic, 'idiot', or 'of unsound mind', and required facts completed by certifying physicians and details of insanity from others, usually family or poor law officers. Equal space was given to both, providing details given by the family of problems forcing admission of the child to seek specialist care. Issues with cleanliness, physical and mental capacity, and erratic or violent behaviour are given to prove 'insanity' to justify admission. Reception orders had to be signed by a clergyman (or magistrate), requiring

⁶⁶ C.Upton, *The Birmingham Parish Workhouse 1730 – 1840* (Hatfield, 2019)

brief descriptions of social and medical characteristics, home and address, previous care and duration of attack, and whether the patient was suicidal, dangerous or epileptic. These mandatory forms provide glimpses of disabled children's care and how families coped with challenging behaviour. Appearance is described, revealing changes in attitudes to children as officials became more critical. These patient-centred admission documents reveal families played a significant role in initiating identification of mental disability, negotiating with officials and the certification process.⁶⁷ Melling and others argued medical professionals used these forms to display developing medical expertise while shaping family statements into qualifying legal documents; 'insane' children were administrative, legal and social constructions rather than medical or therapeutic ones.⁶⁸ Admission documents of 'insane' children provide detailed descriptions by close family of disabled children's experiences.

The archives used in this study that have survived and are preserved at Birmingham Archives and Collections dictated both the period and parameters of disability and impairment included. Some early poor law sources, volumes of highly valued accounts, exist from the 1740's, and records increase in number throughout the eighteenth century. There are gaps in collections and record sequences. A large number of early workhouse records at Birmingham Archives and Collections, previously stored in unsuitable locations, have been assessed as unsafe to serve to researchers, packaged in protective covers to prevent transfer

⁶⁷ Wright, *Mental Disability in Victorian England: The Earlswood Asylum, 1847-1901* (Oxford, 2001)

⁶⁸ J.Melling, R.Adair, and B.Forsythe, 'A Proper Lunatic for Two Years': Pauper Lunatic Children in Victorian and Edwardian England. Child Admissions to the Devon County Lunatic Asylum, 1845 – 1914', *Journal of Social History*, 31/2 (1997), pp. 371-405

of mould spores, and filed away. Whether they will in future be available to the public remains to be seen, but with repeated heavy cuts in funding to both archive services and conservation this seems unlikely. Archives in this study are not evenly distributed over the period or types of care, causing an unequal focus. Researchers can be faced with an uneven quantity of information, described by Steedman as 'a crisis of documentation', too little of one type of document and mountains of paperwork, 'a swamp of historical fact' of another source; her search for information about a country vicar, his valued servant and her illegitimate child was written 'as most histories are, out of absence and silence, out of records missing and lost. And the tiny flotsam of the found' carries different significance to researchers.⁶⁹ These issues with archives are common in children's disability history, and researchers must be aware of information that may be absent, acknowledging different priorities of officials in the past. Conclusions may be subjective and reflect attitudes and knowledge of individual researchers with risks of transference, 'an occupational hazard for historians', depending on individual knowledge and background of the historian.⁷⁰

This research is an interpretative account by a twenty-first century researcher, interpreting experiences of disabled children in the late eighteenth and early nineteenth centuries through modern eyes. Modern historians will often approach research with assumptions derived from modern ideas of childhood, including importance of education, protection from harm, freedom from work, privacy, and innocence. It is necessary to contextualise information derived from

⁶⁹ C. Steedman, *Masters and Servants: Love and Labour in the English Industrial Age* (Cambridge, 2007), pp. 7 - 9

⁷⁰ *Ibid.*, p. 9

archives within more realistic expectations of eighteenth and early nineteenth century children who were living very different lives throughout this important period as modern concepts of childhood and disability began to develop. Using multiple sources and a comprehensive selection of archives, ascertaining contrasting experiences of disabled children, assists a researcher's objectivity and reduces the possibility of making incorrect assumptions in interpreting evidence.

The upper age of childhood

While surviving records have dictated the types of impairment and the periods that have been examined, the age for children included in this study has been a subjective choice. There is no definite or correct answer to the question of the upper age of children, and it is problematic to decide an upper age for disabled children for this study. Other than laws associated with child labour that developed in the nineteenth century, 'a plethora of variables such as place of birth, gender, social standing, parental occupations and level of education all impacted on the boundaries that one might draw in defining childhood'.⁷¹

Attitudes to 'childhood' depended on factors that varied in different contexts and over time. Gender, class, and the family's way of life influenced adult ideas of childhood. Individual impairment and vulnerability were major factors in adults continuing to regard disabled young people as 'children'. The upper age of childhood has been fluid and never fixed, and was the subject of debate throughout the nineteenth century as attitudes to childhood evolved with more romantic ideals of innocence.

⁷¹ Taylor, *Child Insanity in England*, pp. 4-5

Varying ages have been chosen by historians of childhood but the context should be noted. Cunningham influentially took the age of upper childhood as fifteen.⁷² Levene, examining poor children in London in the eighteenth century, took the upper age for childhood as thirteen being the average age of apprenticeship, arguing childhood equated with dependency, with a period when young people were regarded as children or adults dependent on capability.⁷³ Two factors regularly referred to are poor law rules, and employment and apprenticeship patterns. The Poor Law in fact gave definite guidelines for children's protection. In 1836 the Poor Law Commission reinforced segregation of children in workhouses; boys over thirteen could be confined with adult able-bodied men, and girls over sixteen with able-bodied women, the older age for girls because of concern over girls 'unchaste' older women. Within two years these limits changed, making fifteen the relevant age for both sexes to share with adults.⁷⁴ Pauper children were strictly segregated from both the opposite sex and adults for their protection, although this was not practised uniformly.⁷⁵ Comprehensive lunacy laws passed in 1845 provided no age restrictions for children committed to lunatic asylums, although segregation of sexes in asylums was strictly enforced.

Economic activity of children has been used in assessing childhood and it was common for children to work in the eighteenth and nineteenth century. The

⁷² Cunningham, *Children and Childhood in Western Society Since 1500*, p. 17

⁷³ Levene, *The Childhood of the Poor*, pp. 16 -17

⁷⁴ Poor Law Commission (PLC), Consolidated Order, 7 March 1836. 2nd Annual Report 1836; PLC, Consolidated Order 1838. 5th Annual Report 1839.

⁷⁵ Crompton, *Workhouse Children*, p. 38

Factory Acts, introduced after vigorous campaigning throughout the nineteenth century, were influential in defining childhood; part of the drive for this reforming legislation was regulation of labour to enable children to grow up healthily.⁷⁶ The Royal Commission before the Factory Act, 1833 reported that at fourteen young people were no longer treated as children; 'For the most part they cease to be under the complete control of their parents and guardians. They begin to retain a part of their wages....They usually make their own contracts, and are, in the proper sense of the word, free agents'.⁷⁷ The Royal Commission, however, was investigating poor working children (and valuable cheap labour), not children of better off families, and not reporting with 'sole interests of children in mind'.⁷⁸ The Factory Act, 1833 restricted hours that children between nine and thirteen should work to eight hours a day (with two hours education each day), and later Factory Acts in 1844 and 1850 reinforced restrictions.

Using an assumed average age of apprenticeship to define childhood is unreliable as ages of apprenticeship varied widely. The age of fourteen for apprenticeship was more likely (but not fixed) for private apprenticeships rather than pauper apprenticeships. There was a significant difference between ages and terms of pauper apprenticeships organised for young children as cheap labour, and private apprenticeships organised by families paying premiums. Apprentices were not de facto regarded as adults; they may not have been subject to parental control but lived with and were dependent on their masters or sometimes mistresses, usually until twenty-one when apprenticeships ended.

⁷⁶ Cunningham, *The Children of the Poor*, p. 84, p. 95

⁷⁷ British Parliamentary Papers (BPP) Royal Commission, 1833, vol XX, p. 52; Cunningham, *Children and Childhood in Western Society*, p. 140

⁷⁸ Taylor, *Child Insanity in England*, p. 3

Masters could be subject to criminal charges if apprentices were maltreated. Pauper apprentices sent at seven or eight to cotton mills were still considered as children and concern was expressed over young apprentices because they were children. It is too simplistic to assert that because a child left home at fourteen or was apprenticed they were no longer regarded as children by society.

Assessing the upper age of childhood is more complex for disabled children. Individual impairment was an important factor in the age at which children were regarded as adults. In studies of mental disability, an older age for the limit of childhood has been adopted. Wright used eighteen in his study of learning disability in the middle class Earlswood Asylum for Idiots.⁷⁹ Melling and others used fifteen for children in the Devon Lunatic Asylum.⁸⁰ Gingell used fourteen for children in Powick Asylum in Worcestershire.⁸¹ These choices are all valid; adulthood occurred later in private institutions than for poor children in lunatic asylums.⁸² The age taken in this study to define a 'child' is eighteen, reflecting both the contemporary attitudes to disabled children revealed by the archives and twenty first century attitudes to 'children'.

The archives in Birmingham used in this study provide an insight into contemporary attitudes of officials to young disabled individuals. The term 'child' was used to describe young disabled people at an older age than would be expected from the guidelines used in recent historiography, showing flexibility in

⁷⁹ Wright, *Mental Disability in Victorian England*

⁸⁰ Melling, Adair, and Forsythe, 'A Proper Lunatic for Two Years', pp. 371-405

⁸¹ K. Gingell, 'The Forgotten Children: Children Admitted to a County Asylum between 1854 – 1900,' *The Psychiatrist*, 25/11 (2001), pp. 432-434

⁸² Taylor, *Child Insanity in England*, p. 4

attitudes to disabled children based on vulnerability. Of the first group of 'children' admitted to the new Deaf and Dumb Institution in 1814, Mary Banks was eighteen and Thomas Coxon was fifteen.⁸³ The 'List of the Poor' published in 1781 by Guardians of the Poor in Birmingham that advertised details of recipients of poor relief to justify increasing costs, mentioned 'children' between fourteen and eighteen.⁸⁴ These adolescents were not regarded as adults but assessed with their parents' household for poor law relief. Central to these contemporary assessments is an awareness of their impairment, and the sense that officials regarded them as needing assistance is clear. Even when the officials' subsequent actions were limited, it confirms many disabled children were regarded as 'children' at a later age than other children.

Defining Birmingham's boundaries

The study explores experiences of disabled children in the town and area of Birmingham, and a loose definition of this area is taken by necessity.

Birmingham grew rapidly in the eighteenth and nineteenth centuries, comprising an overlapping and ever extending area of local government bodies and boundaries, poor law unions, civil registration districts and parishes. It was a dominant Midlands town, with growing influence over surrounding areas in the eighteenth and nineteenth centuries. In this study examples are given from the local area of Birmingham's influence to supplement stricter geographical

⁸³ BAC, 'List of the Children' October 1814. Birmingham Deaf and Dumb Institution Reports 15 – 22, 1827-1834 (35999)

⁸⁴ BAC, List of the Poor, 1781 (61811). These included Catherine Dyason and her 'child' William 'sixteen years, insane' of Cluttons yard who received 1s 6d; Dorothy Pritchett of Bull Street, with an insane husband and three 'children' including Catharine, aged eighteen with the 'evil' (scrofula), three shillings; Mary Underhill, a widow of Hill Street, one 'child' of fourteen who was blind, 1s6d and Mary Ward, whose 'child' Joseph, aged fifteen, was a cripple 1s6d

boundaries. George Smith, living in adjoining countryside in Staffordshire, became famous in Birmingham because of the town's importance as a centre for publication of local newspapers.⁸⁵ Parishes close to Birmingham, although independent, relied heavily on the town. Edgbaston was developed in the late eighteenth and early nineteenth centuries as an exclusive residential area for wealthy Birmingham families, becoming part of Birmingham in 1851.⁸⁶ The Birmingham Deaf and Dumb Asylum moved to Edgbaston in 1814 in premises let by Lord Calthorpe at advantageous rates, in the adjoining healthier parish but still firmly established as the 'Birmingham Institution' and claiming patronage of many important Birmingham families. The focus of the study is the town of Birmingham, but examples from the wider area of influence of the town are used occasionally to give a richer illustration of factors contributing to changing experiences of disabled children.

Birmingham developed as an industrial town in the eighteenth century and was well known for its multiple metal industries, particularly guns and swords. Its 'toy trade' of small metal items included buttons, buckles, screws and decorative items (its brass trade was notoriously harmful to health), and its japanning and jewellery industries were famous, as were 'Birmingham bedsteads' of iron and brass. The focus on finishing metalwork items resulted in a town of numerous skilled craftsmen with small forges and workshops, rather than large factories, although by the 1830's and 1840's large manufactories using mass production techniques were replacing workshops. Children worked in these industries,

⁸⁵ J. Money, *Experience and Identity Birmingham and the West Midlands 1760 -1800* (Manchester, 1977)

⁸⁶ D. Cannadine, *Lords and Landlords: the Aristocracy and the Towns 1774 - 1967* (Leicester, 1980)

often apprenticed at a young age to craftsmen. There were no guilds of craftsmen in the town to control trades as its development had taken place after the medieval period, nor a strong local landowner or town council to create restrictions until the nineteenth century so ‘no unified local lobby’.⁸⁷ This ‘permissive economic environment’ encouraged industry to grow swiftly, while lack of restrictions encouraged Dissenters and nonconformists to relocate to the town.⁸⁸

Birmingham became an important and influential town in the Midlands, establishing its own separate identity as a progressive industrial town; its newspapers, theatres, clubs and societies all contributed to its emerging identity.⁸⁹ In the late eighteenth century, there was a vigorous public scene with taverns, clubs such as the Birmingham Book Club, and societies like the Birmingham Free Debating Society. Early newspapers such as the Birmingham Journal and Aris’s Gazette (from 1841) were important provincial newspapers. Disability would have been encountered regularly in the town, from people injured by work or illness or sometimes in entertainments; ‘I hear the market is full of shews – wild beast, puppets, dwarfs and giants – besides many other wonders – are now exhibiting themselves to the delight and amazement of all the Country Bumpkins who are come from far and near to see them’.⁹⁰

⁸⁷ S.Whyman, *The Useful Knowledge of William Hutton* (Oxford, 2018), p. 8

⁸⁸ M.Dick, ‘The City of a Thousand Trades, 1700 – 1945’, C.Chinn and M.Dick (eds) *Birmingham The Workshop of the World* (Liverpool, 2016), pp. 125 – 157, p. 127

⁸⁹ Money, *Experience and Identity*

⁹⁰ BAC, Galton Collection, MS 3101, 317/4, dated 1807, Bundle of letters from Violetta Galton nee Darwin to John Howard Galton, 1807-1818. Quoted in L.Davidoff and C.Hall, *Family Fortunes* (London, 1987), p. 407

Elite manufacturers such as Matthew Boulton and James Watt dominated Birmingham society, but there were opportunities available for self education for 'rough diamonds' like William Hutton, self made men with little formal education but keen to improve literacy skills and participate in the Midlands Enlightenment.⁹¹ Birmingham did not have a local aristocracy or gentry but a strong, articulate middleclass emerged in Birmingham by the end of the eighteenth century.⁹² The more formal societies of the late eighteenth and early nineteenth century dominated middle class society in the town.⁹³ An interest in medicine was an important social asset, and the charity for the General Hospital attracted both Warwickshire aristocracy and important Birmingham families supporting the General Hospital and the triennial music festivals arranged to raise funds for it.

The town's strong interest in philanthropy was encouraged by its non-conformist groups and the Evangelical Revival in the nineteenth century. Religion was an important force in the cultural, educational and social life of the town, and an important aspect of the context of disabled children's experiences. Steedman stressed the necessity of focusing on aspects of religion 'to examine seriously the effects of theology on everyday life and thought'.⁹⁴ Hutton reported fourteen different congregations in 1782, from six Anglican, one Roman Catholic, three Old Dissenting chapels, a Quaker meeting house, a Baptist and Methodist chapel, and a synagogue; by 1819, there were a further ten dissenting

⁹¹ Whyman, *The Useful Knowledge of William Hutton*, p. 4, p. 41

⁹² L.Davidoff and C.Hall, *Family Fortunes*, p. 39, p. 51 and p. 59

⁹³ *Ibid.*, pp. 417-419

⁹⁴ Steedman, *Master and Servant*, p. 4

congregations.⁹⁵ The Anglicans, the Church of England, were a major part of Birmingham society, with important families being the Calthorpes and Spooners. It was 'an accepted part of respectability if not gentility' to belong to a religious network, providing an identity and status.⁹⁶ Birmingham had a growing nonconformist community, comprised of early Dissenters such as Quakers, Unitarians and later Independents, with tension between competing groups. By the nineteenth century there were important and powerful nonconformist families, such as the Lloyds, Pembertons, Cadburys and Galtons. Unitarians and Quakers had an important economic and political effect in the town and were highly active in both business and philanthropic ventures.⁹⁷ Unitarians were a powerful force in religious and educational life although unitarian piety had a 'hard economic edge'; curing the sick and disabled enabled return to work, reducing expenditure from poor rates.⁹⁸ Religion played an important role in establishing new attitudes and provision of care for disabled people in the eighteenth century, as the religious revival in the eighteenth century renewed emphasis on the Christian duty to care for the sick and disabled.⁹⁹

Each of the following chapters provides further details of the individual and important factors in the town of Birmingham that contributed to the development of the three separate areas of care for disabled children.

The structure of this study

⁹⁵ W.Hutton, *History of Birmingham (continued to the present time by his daughter Catherine Hutton)*, 1819

⁹⁶ Davidoff and Hall, *Family Fortunes*, pp. 73 -76

⁹⁷ Whyman, *The Useful Knowledge of William Hutton*, p. 7

⁹⁸ Turner, *Disability in Eighteenth-Century England*, p. 44

⁹⁹ *Ibid.*, p. 42

The following chapters contain firstly the literature review, explaining important work contributing to this area of children's disability history; the challenge is to select what is relevant from three different areas of care. In the main section of the study, experiences of disabled children in the three main sectors of care for them are explored; the poor law, early philanthropy and care for the 'insane', and each chapter reflects both the distinctive archival material from that area and existing research. Chapter Two examines the earliest provider of care for children in Birmingham, the poor law, exploring experiences of disabled children from the 1730's where they can be identified. Chapter Three contains a case study of one of the early philanthropic charities in Birmingham in the early nineteenth century, the Deaf and Dumb Asylum, that chose deaf children as appropriate subjects for a progressive, religiously motivated education. Its rich archive of annual reports allows deaf children with sensory impairments to be traced and their experience to be imagined. The sharp contrasts in children's experiences reflect issues of class, developing concepts of disability and varying adult attitudes to separate groups of children in the nineteenth century, informing developing attitudes to childhood throughout the nineteenth century. Chapter Four examines the final aspect of care for 'insane' children at a critical time of major developments of care for the insane.

The study is constructed as an examination of disabled children's experiences within contrasting systems, revealing the mixed economy of care available to disabled children in the eighteenth and nineteenth centuries. Each sector has a complex background that is necessary to frame the distinctive archival sources and these are discussed in each chapter. Changes and developments occurred at

different times and areas of care have distinct yet overlapping chronologies that create difficulty in dividing analysis strictly chronologically into discrete periods that could be applied to all fields. However, exploring three main areas of care enable the developing contrasts and clashes between ideologies in different sectors to be highlighted, providing a clearer illustration of systems of care and how they evolved over time. Analysis of a cross section of archives illustrates the broader context of disabled children's experiences and varying attitudes to different groups of disabled children by society, reinforcing the necessity of appreciating developments within each field in different historical periods in understanding children's disability history.

Conclusion

By examining and linking sources and disabled children's lives, by discovering case studies of children such as Fanny and George, it is hoped to illustrate contrasting experiences of disabled children in Birmingham between 1730 and 1862. Research conclusions are necessarily dominated by the available archives, and there will inevitably be areas that reflect this and receive more focus. The process of investigation will, however, contribute to a more sophisticated knowledge of children's disability history.

CHAPTER ONE: THE INTERSECTING LITERATURE OF CHILDREN'S DISABILITY HISTORY

'Attitudes towards disabled children have been relatively neglected by historians'.¹ This quotation understates the position, particularly for the eighteenth and early nineteenth centuries. The history of disabled children is a recent, still somewhat neglected area of study and there is as yet no generally accepted historiography. The complex subject is wide and multidisciplinary and disabled children's 'narratives....intersect with wide historical literature, childhood, education, health, disability and empire'.² Each subject area played a significant role in changing experiences of disabled children in the eighteenth and nineteenth centuries, and the number of contributory topics makes selection of relevant literature a challenge, reflected in the length of this chapter.

Literature considered relevant to experiences of disabled children in Birmingham within the eighteenth and early nineteenth centuries is included and subsequent chapters dealing with specific areas of care include some relevant additional literature.

The scope of any study is limited, but this study aims to contribute to a more sophisticated understanding of children's early disability history in the eighteenth and early nineteenth centuries, a subject much overlooked by historians. Concepts of both disability and childhood were changing throughout

¹ Turner, *Disability in Eighteenth-Century England*, p. 131

² Taylor, *Child Insanity in England*, p. 174

this period. This study explores how attitudes to, and provision of care for disabled children changed and developed in a provincial town in this period. It seeks to discover disabled children's contrasting experiences across the mixed economy of care available for them, reflecting developments in society's policies and attitudes, and the environments that framed and shaped a major part of those experiences. The poor law was a major early provider of care for children including disabled children in the eighteenth and nineteenth centuries, yet its provision for disabled children remains largely unresearched.

Disability history is a 'nascent field'.³ Academic work within disability history needs to include and distinguish the complex history of disabled children as 'experiences of disabled children, now and in the past, are fundamentally different from those of disabled adults'.⁴ Society used different criteria to construct disabled children and treatment and care of disabled children was different to adults. In the eighteenth century most disabled children lived in the community, usually within families, until the mid nineteenth century. Selection and segregation of disabled children into institutions began in the early nineteenth century with early philanthropic efforts, and increased rapidly towards the end of the nineteenth century. Boundaries of disability in the eighteenth and nineteenth century were more blurred than today, and when researching children's disability history in the eighteenth and early nineteenth centuries it is useful not to restrict research parameters to more limited concepts of 'physical' or 'mental' impairments as this approach reflects more

³ Hutchison, Atherton, and Viridi, *Disability and the Victorians*, Foreword, p. 1

⁴ Borsay and Dale, *Disabled Children*, p. 2

accurately the mixed economy of welfare for disabled children in the eighteenth and early nineteenth centuries. By exploring their often sharply contrasting experiences, it is possible to show how society's attitudes and policies of care for disabled children changed, and how these developments impacted on children.

Children's disability history sits at the intersection of several overlapping topics; disability history, history of medicine, history of insanity, history of the poor law and the history of childhood. The theme of experience is used to link and contrast disabled children's experiences across these areas of research, to show the intersections between these separate areas and the impact on disabled children's lives. The chapters on the three main areas of care outside the family are arranged semi-chronologically, starting with provision of care under the old poor laws in the mid eighteenth century and tracing evidence of society's deteriorating attitudes to the poor, including disabled children, as it struggled to cope with increasing problems of poverty. The environments of the three poor law institutions that accommodated pauper children are described to show the different social and cultural forces shaping each environment; each environment provides important context and also provides some evidence of children's experiences. The second area of care examined, early philanthropy, demonstrates the hierarchy of sensory impairment; 'deaf and dumb' children were prioritised for specialist care, to receive the Word of God and to become useful citizens by leading model lives along developing ideas of romantic childhood. Their specialist care and education for the deaf evolved from a potent combination of early medical interest in deaf children, religious motives and social aspirations and was aimed at children of the respectable poor, although

small numbers of pauper children were admitted. The contrasting experiences of these two groups of disabled children in the early nineteenth century reflect overlapping areas of poor law and childhood, and history of medicine and disability and the history of childhood. The final area analysed is 'insane' children in the mid nineteenth century who were affected by society's growing concern over the insane, major insanity legislation in 1845 and the new environments created for them. Children were omitted from this legislation but were accommodated under its provisions in the large pauper lunatic asylums designed for adults that were erected in the mid nineteenth century. The failure of asylums to provide focused care for these children reveals the intersections between lunacy and the history of childhood. Examining intersections can create valuable insights; Hitchcock and Shoemaker linked related developments and tensions between the poor, social policy and crime to demonstrate how each contributed to shaping the city of London in the eighteenth century.⁵ These very separate areas, each with their distinct chronologies, make providing an integrated view of children's disability history difficult to achieve, but intersections between the contributory areas are stressed. It is the contrasts, however, that reveal so much about developing concepts of childhood disability and also childhood.

This chapter begins by commenting on debates within disability studies and their relevance to the history of disabled children. Recent approaches to the theme of experience, the major theme of this study, are discussed.

⁵ T.Hitchcock and R.Shoemaker, *London Lives: Poverty, Crime and the Making of a Modern City, 1690 - 1800* (Cambridge, 2015), p. 4

How previous approaches to children's disability history have developed are mentioned with research supplementing that subject; lack of work focusing on disabled children means it is necessary to include literature focusing on adults, but also relevant to disabled children. The recent work emerging using disabled children more generally as a category of analysis is mentioned, with popular themes.

Literature on pauper disabled children is outlined. The poor law was a major early contributor to poor children's experiences in the eighteenth and nineteenth centuries, including disabled children, and its importance cannot be overlooked in exploring care of these children. Scarcity of work on disabled pauper children is mentioned, with research on workhouses and poor children supplementing lack of research. Literature relating to 'insane' children is discussed. Subsequent chapters include some additional references to literature relevant to disabled children's experiences in Birmingham. The chapter on early philanthropy in Birmingham explains contributory factors of the religious and social mix that were peculiar to the town with its mix of industrialists, manufacturers and local gentry, and how these combined with interest in early medicine and educational methods for children with sensory impairments and deaf children to produce the elite Deaf and Dumb Asylum; the literature on philanthropy is dealt with as part of explaining these factors specific to Birmingham within that chapter.

Disability studies

It is necessary to begin by briefly mentioning important debates within the field of disability studies that underpins work on disability history. The two major

models of disability have been the 'medical' and 'social' models. The traditional approach to disability was the 'medical model', focusing on an individual's biological impairment as the source of their disability, to be cured by medical or clinical intervention. The term 'impairment' is now commonly used to describe the physical or mental illness or condition causing lack of function, with 'disability' to mean limitation of opportunities to engage equally in society owing to social and environmental barriers.⁶ The disability rights movement in America in the 1970's, and Britain in the 1980's, argued disability was not a result of an individual's impairment, but was created by social and cultural factors; the 'social model' argued it was society's attitudes and responses, environmental barriers such as design of buildings, and political and cultural policies that created disability, rather than an individual's impairment.⁷ Oliver and Barnes promoted the social model in Britain, arguing individual impairment is not the cause of disabled people's disadvantages and that disability can and should be removed by social change.⁸ These two approaches of the medical and social models have dominated the history of disability, but the social model's relevance has been questioned specifically in relation to disabled children, whose care is often dependent on carers or third parties, thus reducing their capacity for independence on which the social model theory depends.⁹

⁶ Shakespeare, *Disability Rights and Wrongs Revisited*, pp. 21–33; The World Health Organisation (WHO) defined Impairment as any loss or abnormality of psychological, physiological or anatomical structure or function, and Disability as any restriction or lack of ability to perform an activity within the range considered normal (WHO, 1980, *The International Classification of Impairments, Disabilities, and Handicaps*)

⁷ V. Finkelstein, *Attitudes and Disabled People* (New York, 1980); M.Oliver, *The Politics of Disablement* (Basingstoke, 1990)

⁸ M.Oliver and C.Barnes, *The New Politics of Disablement* (Basingstoke, 2012)

⁹ Borsay and Dale, *Disabled Children*, p. 2

The two opposing theories of the medical and social model have underpinned much work within disability history. More recently the 'new disability history' has called for a new more nuanced approach, reflecting that 'everybody's needs, aspirations and experiences are personal to them' and the previous less flexible 'dogmatic stances have consequently softened'.¹⁰ Shakespeare suggested in 2006 that the social model is outdated because of the increasing artificial distinction between impairment and disability, despite an individual's impairment being one of the causes of disability; the social model's emphasis on removal of barriers in society can therefore be inappropriate to certain types of disability.¹¹ In the second edition of *Disability Rights and Wrongs Revisited*, Shakespeare re-emphasised a new, more individual approach is needed; the 'strong social model' has not evolved since the 1970's, is inflexible and is an obstacle to the future development of disability studies. Any individual's impairment and 'disability' are interconnected, and separating them is difficult; previous work within disability studies has not adequately reflected the diversity of illness and individual impairment.¹² A new approach that balances both medical and social aspects such as individual factors and societal factors such as accessibility, attitudes and systems of support would show more accurately how disability is formed by the 'complex interaction of factors by society and 'bodies and minds'.¹³ Historical studies of disability need a new method of understanding bodily 'variability' including physical capacity, capability to come to terms with

¹⁰ P.K. Longmore and L.Umansky, 'Disability history: from the margins to the mainstream', in P.K.Longmore and K. Umansky (eds), *The New Disability History: American Perspectives* (New York and London, 2001), pp. 1-29; Hutchison, Atherton, and Viridi, *Disability and the Victorians*, Introduction p. 6

¹¹ T.W. Shakespeare, *Disability Rights and Wrongs* (London, 2006), p. 30.

¹² Shakespeare, *Disability Rights and Wrongs Revisited*, pp. 20-23, p. 4

¹³ *Ibid.*, pp. 4-5, pp. 72-91

physical difference, and how these are shaped by encounters with others.¹⁴ These debates refer to adults and have not reflected on their relevance to disabled children. The position of disabled children is more complex than adults; their actions and agency are filtered through carers, the delivery of services is complicated by issues not relevant to adults, and their independence, essential for the social model, is less attainable.¹⁵ These current debates should include children's disability history and a more nuanced and flexible approach reflecting the complexities of care for children, the multiple stakeholders often involved in their care and their limited opportunities for independence, would be more appropriate to reflect more accurately the position of disabled children.

The theme of experience within children's disability history

Important and popular themes in histories of disability and childhood are themes of experience, agency and voice; this study focuses on experiences of disabled children in preference to exploring themes of agency or voice. Focusing on historical experiences is a recent approach that has become popular. Within the history of childhood, children's experiences have been explored. Experience can highlight contrasts such as representation of children compared with realities of lived experience; any history of poor childhood must include the experience of being a child, as well as representation of childhood by others.¹⁶ Experience has been used to contrast how children cared for by Barnardo's early charity were represented to the public as abandoned 'waifs and strays' to maximise donations, and the 'surprising disjunction' with realities of children's

¹⁴ C. Mounsey. 'Introduction: Variability: Beyond Sameness and Difference'; in C.Mounsey (ed.) *The Idea of Disability in the Eighteenth Century* (Lewisburg, 2014)

¹⁵ Borsay and Dale, *Disabled Children*, p. 3

¹⁶ Cunningham. *The Children of the Poor*, p. 225

lives as families negotiated with agencies and officials making proactive (if limited) choices for survival, attempting to remain close to children.¹⁷ Analysis of poor children's experience in London in the eighteenth century, revealing practices of poor law and charity officers compared to contemporary theoretical writings, revealed society's ideas about pauper childhood deteriorating as attitudes to the poor hardened throughout the eighteenth century.¹⁸ Studies of experience within the history of childhood should be matched by studies within children's disability history. Wright's 'history from below' approach revealed experiences of children with learning disabilities at the Earlswood Asylum for Idiots; the use of asylums was 'one part of a lifelong strategy' of families to care for disabled relatives.¹⁹ Experiences of 'insane' children in four lunatic asylums in England in the later nineteenth century revealed distinctive use of asylums.²⁰ Disabled children's experiences have been overlooked, despite being distinctive and fundamentally different to those of disabled adults.²¹ Disabled children's experiences were the outcome of personal circumstances and social structures.²² Borsay and Dale called for more studies of 'shared experiences' of disabled children, particularly conflict in care and control between parents, service-providers and children as 'conflicts shaped the experiences of many children'; families negotiated with officials over children's admission and care, while

¹⁷ L. Murdoch, *Imagined Orphans: Poor Families, Child Welfare and Contested Citizenship in London* (New Brunswick, 2006), p. 2, p. 7

¹⁸ Levene, *The Childhood of the Poor*

¹⁹ Wright, *Mental Disability in Victorian England*

²⁰ Taylor, *Child Insanity in England*

²¹ Borsay and Dale, *Disabled Children*, p. 2; S. Eastoe, *Idiocy, Imbecility and Insanity in Victorian Society: Caterham Asylum, 1867 – 1911* (London, 2020), p. 9

²² Borsay and Dale, *Disabled Children*, pp. 1-2, p. 8

multiple stakeholders sought to control disabled children's lives.²³ Historical experiences of disabled children, however, have been generally overlooked.

The theme of experience is preferred because of difficulties in establishing historical voices of disabled children; 'the distinctive voice of the disabled child has been silenced by both the historic marginalisation of disabled people and the focus of the disability rights movement on adult priorities'.²⁴ Ascertaining the 'voice' and historical agency of disabled children can be problematic. The historical voice of the disabled child may be severely restricted, if not absent; the voices and perspective of disabled people have been almost absent from histories of disability and education.²⁵ Researchers of children's disability history face 'unique problems' as 'voices and experiences of disabled children have been buried within the historical record', but may be recovered by paying attention to what was distinctive about services offered to disabled children and families.²⁶ Caution must be exercised in claiming to identify disabled children's voices within archival sources, particularly when records used are institutional records. Modern assumptions of record keeping do not apply to eighteenth and nineteenth century records, particularly for groups historically neglected such as children. Cameos of disabled children's agency and voice can be glimpsed, but are not a reliable way to establish any historical disabled child's voice

²³ Ibid., pp. 3-4

²⁴ Ibid., p. 2

²⁵ F. Armstrong, *Experiences of special education: re-evaluating policy and practice through life stories*, (London, 2003)

²⁶ Borsay and Dale, *Disabled Children*, p. 6, p. 2

Experience is becoming a more popular concept for historical analysis than agency, but the two concepts do interrelate and the recent vigorous debates on agency are relevant to the concept of experience.

Gleason's prominent article highlighted the 'agency trap' of interpretive problems when using agency within the history of childhood, arguing agency can limit, not assist, historians' ability to reveal children's contributions and their historical significance. By artificially trying to fit children's histories into 'the agency ideal' of 'youthful autonomy and resistance', focusing mostly on children's resistance to adults and their independent actions, historians risk limiting historical analysis to a 'binaried' interpretation that simply juxtaposes adult actions with children's, neglecting how children functioned within their own criteria rather than adults.²⁷ A narrow, superficial or binaried approach of adult/child can limit more nuanced approaches to childhood; historians need to critically engage with complexities of childhood and children's agency must be reconceptualised as 'relational and complicated, rather than individual and rational, agency'.²⁸ This criticism has particular relevance to experiences of vulnerable and marginalised children.²⁹ Using narrow approaches to agency can limit examination of complex situations where children cooperated with adults, or negotiated experiences, rather than appearing superficially to act independently, and this reflects the particular difficulties of exploring lives of disabled children.

²⁷ Gleason, 'Avoiding the agency trap: caveats for historians of children, youth and education', pp. 446-459, pp. 447-448

²⁸ *Ibid.*, p. 458

²⁹ *Ibid.*, p. 448

To conceptualise agency within the historical experience of children, it is necessary to conceptualise agency as 'relational and contextual', rather than the individual and relational agency more suited to adults' agency, with ideas of agency epitomised by the usually male individual, driven by rational choice; the problem was reliance on modern western assumptions of free choice.³⁰

The recent important AHR Exchange on children and agency has produced vigorous debate. Maza suggested children are limited; they produce few direct sources, have limited agency and vanish, growing into adults quickly and are rarely historically significant, and therefore approaches to the history of childhood should not look at children, but through them.³¹ This has been criticised by many, including Ischita Pande as unnuanced and narrow, not reflecting more subtle, or less western forms of agency; rebellion or resistance are mainly young male, western types of agency and are less relevant indicators of agency outside western culture.

These criticisms of agency are important as historians move towards experience as a less restricted category of historical analysis. Gleason has contrasted her criticisms of agency with the promise of using experience as a much more generous theme for the historical analysis of children, to show how children made sense of their world, asking if children are only worth investigating if they

³⁰ M.J. Maynes, 'Age as a Category of Historical Analysis: History, Agency and Narratives of Childhood', *Journal of the History of Childhood and Youth* 1 (2008), pp. 114-124

³¹ S. Maza, 'The Kids Aren't All Right: Historians and the Problem of Childhood', AHR Exchange, *The American Historical Review* 125/4 (2020), pp. 1261-1285, <https://doi.org/10.1093/ahr/rhaa380> with responses, including Ischita Pande, 'Is the History of Childhood Ready for the World? A Response to 'The Kids Aren't All Right'', *The American Historical Review* 125/4 (2020), pp. 1300-1305, <https://doi.org/10.1093/ahr/rhaa383>

'have' agency or if they are historically significant?³² Agency can be a valuable concept as it shows individuals had some power, even if limited, to control their life and interactions, demonstrating individuals were historically significant; there has been little analysis of historical significance and this is relevant to both agency and experience to show why children were important, and how they connected to the wider structures controlling them.³³

There has been increased interest in historical experience as a category of analysis, particularly within the history of childhood and the histories of the emotions and senses that have attempted analysis of the concept of 'historical experience', seeking to define and widen the concept and calling for a new, interdisciplinary, robust understanding, the 'New Historical Experience'.³⁴

Historians of emotion have moved towards incorporating a broader interdisciplinary 'world-brain-body' approach, calling for previously discrete work on historic feelings and sensations to combine with social neuroscience to incorporate how the brain mediates experiences, and how human biological processes such as fear, love or smell cause experience to be personal to individuals. The artificial division between histories of emotions and senses has hindered work understanding the human as a historical and biocultural entity and this new bio-cultural approach must include both aspects equally, and sensations and physical processes like love, touch, fear and smell must be

³² Mona Gleason, Keynote: 'Agency, Experience and the Challenge of Historical Significance' accessed at <https://events.tuni.fi/historyofexperience2021/keynotes/mona-gleason-agency-experience-and-the-challenge-of-historical-significance>

³³ Ibid.

³⁴ Boddice and Smith, *Emotion, Sense Experience*, p. 18

properly historicised and put in context.³⁵ It is no longer useful to think of emotions or senses separately, as 'discrete elements' of human experience, but 'as culturally contingent and dynamically connected parts of a whole'; it is impossible to be a 'human untouched by culture'.³⁶

This fresh definition of experience is proposed to be 'the ways in which living was real in historical terms' and 'the lived, meaningful, reality of historical actors', whether their subjective or collective reality, and incorporating all the features of past perception in their own terms, whether sensory, emotional, cognitive, or supernatural including 'historical context in the broadest possible terms'; the aim is to achieve a 'fuller, more textured understanding of practices of being human' and a 're-entanglement of emotions and senses, mind and body'.³⁷ Experience, including whatever happens to the body or brain must be placed in context, as it is 'done in a place, in a time, in a context' which are bound together with an individual's own experience and the cultural framework that makes the experience meaningful.³⁸

Boddice and Smith criticise Joan Scott's essay 'The Evidence of Experience' for not including the body, insisting experience could only be a linguistic event.³⁹ Scott was criticising direct accounts of experience in feminist theory, arguing that using one's own experience for historical claims was unsatisfactory; experience was therefore a linguistic event and it was not possible to use

³⁵ Ibid., p. 34

³⁶ Ibid., pp. 30-31

³⁷ Ibid., p. 23, pp. 17-18

³⁸ Ibid., p. 32

³⁹ J.W.Scott, 'The Evidence of Experience', *Critical Inquiry*, 17 (1991), pp. 773 -797

subjective linguistic accounts to form assumptions of common experiences, or claim theoretical experiences. Insisting experience is uncontested only perpetuates the discourse that constructs oppressive power relations.⁴⁰ However, Scott was assuming experience would be created from first hand accounts: assessing experiences of disabled children where first hand accounts are rare requires separate criteria for assessment, and Boddice and Smith's inclusion of the body and physical experiences is attractive to explore experiences of disabled children to include individual impairment or disability and is perhaps a more nuanced way to proceed towards a new definition of experience for disabled children.

Children's disability history

Disability history of children is a diverse and multi-disciplinary subject, and current research links aspects of disability history, social history and the poor law, history of medicine and philanthropy, history of lunacy and learning disability, and the developing field of the history of childhood. Each area contributes to the history of disabled children in the eighteenth and early nineteenth centuries with separate, yet overlapping, chronologies, and it is a difficult task to select the most relevant literature.

Previous literature within disability history of children has taken different approaches over time. Until the last three decades, historical studies of childhood disability were limited and were mostly biographical and empirical studies of childhood disability focusing on separate types of impairment or disability.

⁴⁰ Ibid., p. 777-778

Studies of individual institutions or biographies of wellknown male philanthropists running national or local campaigns or institutions, were produced. These studies related official policies and narratives and used the 'medical' model of disability, assuming disability was a personal issue requiring medical intervention to produce a cure.⁴¹ Little social or cultural context explained national policies or campaigns behind the establishment of institutions, and it was assumed that care was given to grateful, passive children and their families. These studies contributed to establishing local developments for disabled children, but analysis of children's disability history was limited.

Early work on children's disability history took a social policy progress approach. Pritchard's study *Education and the Handicapped 1760 – 1960* in 1963 marked a transition in the historical analysis of care and education of disabled children, presenting an account of developing arrangements and education of disabled children as linear, becoming more progressive and humane and reflecting existing dominant official narratives.⁴² This assumption of a consistently progressive approach was challenged by developments in disability rights activism, and social and cultural history studies.

Social history studies from the 1970's increased focus on neglected or marginalised groups. How philanthropy had acted to improve unacceptable living conditions and the lives of poor children from the eighteenth to the early twentieth centuries were more popular subjects than disabled children; studies

⁴¹ C.Barnes, 'Forward', in Borsay, *Disability and Social Policy*, p. X

⁴² D.G. Pritchard, *Education and the Handicapped, 1760 – 1960* (London, 1963); F. Armstrong 'Disability. Education and Social Change in England since 1960', *History of Education*, 36/4 (2007), pp. 551-568

focused on London and poor Victorian children rescued from chimneys, mills and mines. *Coram's Children* mentioned disabled children briefly, examining how appalling conditions of poor children in London in the early eighteenth century were publicised after persistent efforts by Thomas Coram, leading to the establishment of the Foundling Hospital in London in 1741.⁴³ The hospital's original policy of open admission meant disabled children were admitted in the mid eighteenth century needing care. Governors accepted Philip Jones' offer in 1777 to apply his 'Spinal Machine for curing Distortions in Children' on two children, one girl was 'electrified' and trusses, leg braces, spectacles and special shoes were purchased for children. Country nurses were paid a premium to accept blind, epileptic or 'idiot' children. Higher premiums were paid for apprenticeships; tailors and shoemakers accepted lame boys but not girls. Some children were employed at the Hospital, remaining as adults. 'Idiots', 'crippled', dumb, and epileptic children were mentioned, but numbers decreased in the eighteenth century as admission policies changed.⁴⁴

As disability studies became a political force, work within disability history emerged based on the social model, correcting previous approaches.

Many studies focused on adults. Borsay included both adults and children, dismissing earlier limited studies to provide an overview of social policies for the disabled across the 'shifting mixed economy of commercial, charitable, state and family provision' for disabled people from 1750.⁴⁵ Economic rationality contributed to establishment of voluntary infirmaries and early workhouses

⁴³ R.K. McClure, *Coram's Children: The London Foundling Hospital in the Eighteenth Century* (New Haven and London, 1981), pp. 216-217

⁴⁴ *Ibid.*

⁴⁵ Borsay, *Disability and Social Policy*, p. 10

aiming to cure the disabled for work, reflecting less sympathetic attitudes for disabled people than the elderly as old age could be verified but 'disability was fluid, contestable and open to abuse'; the old poor law provided 'a threadbare patchwork' of relief with disabled people living at the margins of society.⁴⁶ Educational institutions for disabled children offered 'a combination of spiritual salvation and employment skills'.⁴⁷ Work's important relationship with disability reveals an individuals' full integration into communities, although this became harder throughout the nineteenth century as charities used 'divisive segregated training and sheltered workshops that traded in outdated manual skills' with poorly paid, low-status work like basketmaking.⁴⁸ Children often contributed to the family economy according to class, age and ability, but varying informal contributions and lack of family records makes this difficult to assess. The limited institutions for disabled people developing in the early nineteenth century were privately owned, charitable or funded by local government for their statutory responsibilities, rather than the central state extending power over the disabled, and therefore a fundamentally different situation to Foucault's 'great confinement' in France.⁴⁹ While Borsay has been challenged, her analysis of disability policies remains a pillar of disability history, although separate analysis of disabled children was limited.

The emergence of cultural history from the 1990's has encouraged historical analysis of different perspectives, especially marginal groups who have

⁴⁶ Ibid., p. 6; pp. 149 -150

⁴⁷ Ibid., p. 115, p. 119

⁴⁸ Borsay, *Disability and Social Policy*, p. 139

⁴⁹ Ibid., p. 19; M.Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason* (London, 1965)

previously understudied. Within the last decade especially, disability history has begun to provide analysis of children's disability history using a cultural history approach, using concepts such as representation, construction of concepts of disability, and experience. Cultural history is well suited to disability history, researching marginalised lives overlooked by society. Lack of research on children means that research on adults must be used to underpin children's disability history. Disability is a modern construct.⁵⁰ A cultural approach has shown how concepts of physical disability and impairment were represented and constructed in the eighteenth century, as attitudes towards the disabled changed significantly from the 'monstrous' to potential objects of sympathy.⁵¹ Disabled people self-presented themselves as deserving of sympathy and financial aid, deliberately emphasising their own vulnerability.⁵² Borsay's 'threadbare patchwork of services' for disabled people under the old poor law is contradicted.⁵³ The self-representation of disability was shaped by various factors, particularly class and gender, relying on the importance of context such as applications for poor law relief. 'Ordinary people emerge as historical actors in their own right and the human drama of disability is played out'.⁵⁴ The context of philanthropy, on the other hand, heavily emphasised compassion and pity. Religion and the Christian duty to care for the disabled had a resurgence in the eighteenth century, and philanthropy combined religious and early medical perspectives in treating, not stigmatising, the disabled; the 'sick and lame' were objects of compassion, to be cured to serve God, and physical impairment

⁵⁰ Hutchison, Atherton, and Viridi, *Disability and the Victorians*, Introduction p.1

⁵¹ Turner, *Disability in Eighteenth-Century England*, p. 5

⁵² *Ibid.*, p. 127

⁵³ Borsay, *Disability and Social Policy*, p. 6 refers to 'the threadbare patchwork of services'

⁵⁴ Turner, *Disability in Eighteenth-Century England*, p. 6, p. 113, p. 126, p. 137, pp. 144-145

facilitated becoming an object of compassion.⁵⁵ The striking feature of eighteenth century representations of disability, however, was emphasis on what people could do.⁵⁶ Physical or mild learning impairments did not prevent individuals working and work was essential for non-elite groups.⁵⁷ The close links between work and disability and impairment have been reinforced by recent research showing how disabled people contributed to, and shaped responses to, industrialisation, particularly mining.⁵⁸ The importance of employment is harder to evaluate with children and women, whose work depended more on appropriate local employment.⁵⁹ Research on the construction of disability in children is limited. Turner refers to disabled children briefly, stressing the family's prominence in caring for disabled children despite economic difficulties that emphasise children's importance, and calling for more research into disabled children particularly in earlier periods before the nineteenth century.⁶⁰

King extended discussion of construction of disability to disabled children in the first half of the nineteenth century, examining attitudes of officials and adult paupers to children.⁶¹ Officials constructed 'hierarchies of ability rather than disability' with a 'sophisticated sense of degrees of mental and physical impairment', not considering either as completely disabling.⁶² This attitude to

⁵⁵ Ibid., p. 42, pp. 137-138

⁵⁶ Ibid., p. 127, p. 151

⁵⁷ Ibid., p. 127

⁵⁸ D. Turner and D.Blackie, *Disability in the Industrial Revolution: Physical Impairment in British Coalmining, 1780 – 1880* (Manchester, 2018)

⁵⁹ Turner, *Disability in Eighteenth-Century England*, pp. 150-151; M.Pelling, *The Common Lot* (Harlow, 1998), pp. 134 -154

⁶⁰ Ibid., p. 131, p. 104, p. 144

⁶¹ King, 'Constructing the Disabled Child in England', pp. 104 -121 at p. 106

⁶² Ibid., p. 110

disability/ability underlines eighteenth and early nineteenth century approaches to disability and impairment in poor adults and children. The disabled were not 'pushed to the social margin of their communities' but embedded into their communities.⁶³ Financial and medical relief was tailored to children's needs without necessarily using institutions. King argues regional data (inquests, poor law records from mostly rural parishes, correspondence from four poor law unions, and pauper letters to officials) demonstrates officials' 'sophisticated sense of degrees' of disability.⁶⁴ A wider range of contexts is needed across a variety of sources and areas to fully establish this claim. Victorians were certainly guided by 'perceptions of able-bodiedness' and ability to work, to minimise numbers claiming poor relief, and attempted to differentiate between those who were genuinely disabled, and those not meriting support.⁶⁵ Attitudes focusing on the necessity of enabling the disabled, including children, to work shaped many poor disabled children's experiences throughout this period.

Analysis of alternative sources such as newspapers and medical and childrearing texts has also showed causes of and responses to, childhood impairment in the eighteenth century. Confidence in 'medical' methods increased society's focus on children as a separate group, and the increased possibility of cure to restore their usefulness for future employment was an important early element in constructing childhood disability.⁶⁶ Public attention focused on the 'problem' of disabled children who became the target of medical and philanthropic

⁶³ Ibid., pp. 104 -106, p. 118; Borsay, *Disability and Social Policy*, p. 6 refers to 'the threadbare patchwork of services'.

⁶⁴ King, 'Constructing the Disabled Child in England', p. 110;

⁶⁵ Hutchison, Atherton, and Viridi, *Disability and the Victorians*; Borsay, *Disability and Social Policy*

⁶⁶ D.M.Turner, 'Impaired Children in Eighteenth-Century England', *Social History of Medicine*, 30/4 (2017), pp. 788-806, p. 789

intervention; the idea of them as a separate concept, competing with adults for resources, was established.⁶⁷ Early philanthropy targeted sensory impairment such as deaf and blind children to restore them to 'usefulness'. Models of eighteenth century childhood sentimentalised children, but on the other hand society also evaluated poor children for future economic potential; these two factors merged, focusing attention on children with certain types of sensory impairments such as blindness and deafness, prioritising their care over other types of disability such as physical or learning disability and impairment that were largely overlooked by society until the later nineteenth century.

Work focusing on an integrated approach to disabled children as a category of analysis is starting to emerge. The history of disabled children has been an overlooked subject, despite being 'fundamentally different' to that of disabled adults; 'the distinctive voice of the disabled child has been silenced by both the historical marginalisation of disabled people and the focus of the disability rights movement on adult priorities' promoting the 'social model' and independence, that are less relevant to children.⁶⁸ Borsay and Dale is the first volume to focus on the 'varied and distinctive' experiences of disabled children after 1850, 'the outcome of personal circumstances and social structures'.⁶⁹ Conflict shaped experiences of children as experts claimed jurisdiction over children, and triangular relationships between service-providers, parents and children created tension.⁷⁰ Institutions providing care shaped experiences of childhood disability in 'complex, unpredictable and sometimes contradictory ways' while 'the very

⁶⁷ Ibid.

⁶⁸ Borsay and Dale, *Disabled Children*, pp. 1-2

⁶⁹ Ibid., p. 1

⁷⁰ Ibid., pp. 3 -4

existence of such provision did much to define what disability was'.⁷¹ This recent separate focus is highly valuable, identifying experiences of disabled children as distinctive from both disabled adults and other children. The only 'really distinctive' historiography relevant to disabled children relates to the development of special education and schools at the end of the nineteenth and early twentieth centuries; this in itself may have contributed to the marginalisation of historical experiences of disabled children.⁷² Borsay and Dale seek shared experiences; one shared experience of many disabled children was the variety and contrast of experiences they coped with. This study extends research into establishing contrasting experiences of disabled children, and seeks to identify their earlier experiences before 1850. This earlier period is much neglected, and experiences of disabled children generally under-researched.⁷³ Work on children in asylums has broadened analysis of disabled children; Taylor's analysis of 'insane' children in asylums over four counties provides a wider area of study geographically than a single institution and aims towards a national picture.⁷⁴

Despite general work on disabled children still developing, common themes are emerging. The most popular period of study for children's disability history is the second half of the nineteenth century to 1907 or 1913. Learning disability, particularly at the end of the nineteenth century, has been a popular subject. The

⁷¹ Borsay and Dale, *Disabled Children*, pp. 1-2, p. 8. Mankin discusses conflict in deaf children and the conflict between dualism and manualism in the 1880's, see M.Mankin, 'The Question of Oralism and the Experiences of Deaf Children, 1880 -1914', in Borsay and Dale, *Disabled Children*, pp. 6-61

⁷² Borsay and Dale, *Disabled Children*, p. 3

⁷³ Turner, *Disability in Eighteenth-Century England*, p. 3

⁷⁴ Taylor, *Childhood Insanity in England*

growth of institutions such as asylums or philanthropic institutions, often with a narrow focus on one type of impairment, has been a popular theme, and this study attempts to broaden the focus of research by keeping the children at the centre of the research, rather than institutions. Studies have used experience, although this has not been defined. Further work is necessary to extend research into earlier periods and across a wider picture of the provision of care.

This study focuses on three contrasting areas of early care for disabled children, each having their own distinct literature. The context and agenda of each environment providing care was of paramount importance to its attitude to children's impairment, their care and their contrasting experiences. Juxtaposing these different and sometimes contradictory aspects of the provision of care provides an insight into social and cultural factors shaping society's attitudes to, and care of, disabled children in the eighteenth and early nineteenth centuries.

Pauper disabled children

The first area of care discussed is that of pauper disabled children. A major provider of early care for the disabled was the poor law, its policies and buildings that governed the lives and experiences of many children, including disabled children. The Poor Law is a vast subject with many subject areas of research, and major work by Keith Snell has dominated study of aspects of both the Old and New Poor Law and its impact on lives of the poor⁷⁵. King's recent *Writing the Lives of the English Poor, 1750s – 1830's* approaches the negotiation

⁷⁵ K.D.M.Snell, *Annals of the Labouring Poor: Social Change and Agrarian England, 1660-1900* (Cambridge, 1985)

of the poor for relief under the Old Poor Law positively, the poor showing skilled negotiation.⁷⁶ Pauper children have not received significant attention from historians and this study focuses on the experiences of pauper disabled children, a more neglected subject. The literature chosen therefore sets out relevant factors affecting pauper children within the poor law systems, with emphasis on those with impairments.

Poverty increased children's chances of ill health and impairment through poor housing and family care, and health issues associated with poverty such as rickets and tuberculosis.⁷⁷ Inappropriate working conditions for poor children causing impairment were a matter of public concern in the nineteenth century. Poor law relief was an important avenue of survival for the disabled, with old poor law accounts regularly showing expenditure for them and sometimes reimbursement from relatives.⁷⁸ This study locates changing experiences of pauper disabled children in Birmingham, and places them in the context of the broader environment of developing poor law attitudes, policies and buildings shaping those experiences. Owing to the very limited research on pauper disabled children, relevant supplemental literature on poor children and workhouses is mentioned. There is substantial and valuable literature on the interpretation of aspects of historical space in buildings, schools and asylums that lack of space within this study cannot incorporate, but the various poor law buildings' contribution to disabled pauper children's experiences is mentioned.

⁷⁶ S.A.King, *Writing the lives of the English Poor, 1750's to 1830's* (London, 2019)

⁷⁷ King, 'Constructing the Disabled Child in England, 1800 -1860', p. 105

⁷⁸ Turner, *Disability in Eighteenth-Century England*, pp. 130-131; Borsay, *Disability and Social Policy*, p. 19.

The topic of disabled or sick children within the poor law system has received limited attention from historians.⁷⁹ Attitudes and agendas of poor law officials (and society) to disabled children varied throughout this period, resulting in the creation of different environments and routines for children. Examining developments in their care shows this was not always progress; ‘the abandonment of a linear trajectory means that disabled people’s experiences of exclusion have to be assessed with reference to a “moving frontier” in a mixed economy of welfare’.⁸⁰ Research on pauper children has mostly focused on the New Poor Law after 1834. Crompton provided the first social history of pauper children, using local guardians’ reports to reconstruct treatment in workhouses after 1834 in rural and some urban areas in Worcestershire; by the 1840’s children in workhouses had higher standards of living than those outside with education, health and apprenticeship opportunities, and were argued to be ‘more eligible’, not ‘less eligible’, than an ‘independent labourer of the lowest class’.⁸¹ While workhouse officials tried to apply centrally controlled regulations for uniformity, local variations were caused by differences in size as officials struggled with numbers in urban and industrialised areas, more threatening to officials because of associated social problems.⁸² The assessment of families and children as passive was criticised by Murdoch, who demonstrated families interacting with agencies and poor law officials and making active choices for survival.⁸³ Pauper children’s upbringing and ‘reformation’ after 1834 was

⁷⁹ Levene, *The Childhood of the Poor*, pp. 108-9

⁸⁰ Borsay, *Disability and Social Policy*, p. 3, quoting G.Finlayson, ‘A Moving Frontier: Voluntarism and the State in British Social Welfare, 1911–1949, *Twentieth Century British History* 1 (1990) pp. 183 -5

⁸¹ Crompton, *Workhouse Children*, p. XV

⁸² *Ibid.*, p. 227

⁸³ Murdoch, *Imagined Orphans*, p. 7

'carefully planned, managed and debated' and officials used pity to justify expense on pauper children, countering arguments that their treatment was more advantageous than other poor children.⁸⁴ Earlier periods of poor law administration and institutions, revealing policies of the old poor law in the eighteenth and early nineteenth centuries, need more research, particularly their care of children. Children in workhouses were distinctively different to other inmates, their childhood constructed by their family's use of the workhouse to survive in difficult periods, and children with parents outside the workhouse were sent to country nurses less frequently.⁸⁵ Upton includes details of children's lives in the parish workhouse and Asylum of the Infant Poor that opened in Birmingham in 1797 from the fragmented records that survive.⁸⁶

The more limited subject of sick or disabled pauper children is under researched, reflecting limited research generally on sick children and difficulties in locating appropriate poor law sources.⁸⁷ Negrine examined care for sick children in Leicester workhouse in the later nineteenth century.⁸⁸ Sick children in workhouses received valuable medical care when other options for poor children's medical care were very limited; children in metropolitan workhouses were sent to London hospitals.⁸⁹ Crompton suggested sick children in

⁸⁴ L.Hulonce. *Pauper Children and Poor Law Childhoods in England and Wales 1834-1910* (iBooks, Rounded Globe, 2016), pp. 17-18

⁸⁵ Levene, *The Childhood of the Poor*, pp. 113 -114

⁸⁶ Upton, *The Birmingham Parish Workhouse*, pp. 170-196; C. Upton and J. Fellows, 'Birmingham and its workhouses' *The Birmingham Historian No 4* Spring/Summer 1989, pp. 13-16

⁸⁷ S. King, 'Poverty, Medicine and the Workhouse in the Eighteenth and Nineteenth Centuries', in J.Reinarz and L.Schwarz (eds.), *Medicine and the Workhouse* (Rochester, 2013), p. 244

⁸⁸ A. Negrine, 'The Treatment of Sick Children in the Workhouse by the Leicester Poor Law Union, 1867 - 1914', *Family and Community History*, 13/1 (2010), pp. 34-44

⁸⁹ Levene, *The Childhood of the Poor*, pp. 121-122

Worcestershire shared adult wards.⁹⁰ Workhouses provided increasing levels of medical care in the eighteenth and nineteenth centuries, but workhouse infirmaries were considered second rate to more prestigious voluntary hospitals being established.⁹¹ Significant medical care was provided by workhouses in Birmingham; the town had a well-developed pauper medical service up to the mid-nineteenth century, helping to train medical students.⁹² Further regional studies on workhouse infirmaries are called for.⁹³ Ritch's study of medical care in the Birmingham workhouse mentions children in the nineteenth century, and the difficulties in locating records for sick children that were often included within other poor law classifications of 'children', the 'infirm' or 'bedridden', making relevant data hard to obtain.⁹⁴ The role of the workhouse in providing medical care to children and disabled children needs further investigation, but problems in obtaining reliable data make this a complex area of study.

Provision of poor relief was varied with national directives negotiated by local culture; 'disabled people were on the receiving end of policies that evolved through processes of negotiation in which national interests were mediated by vibrant local welfare cultures.'⁹⁵ King suggested disabled child paupers did well in the early nineteenth century in a discretionary welfare system with significant cash and medical payments.⁹⁶ Disability did not prevent individuals, including

⁹⁰ Crompton, *Workhouse Children*, p. 82

⁹¹ J. Reinartz and A. Ritch, "Exploring Medical Care in the Nineteenth-Century Provincial Workhouse; A View from Birmingham", in J.Reinartz and L.Schwarz (eds.), *Medicine and the Workhouse* (Rochester, 2013), p. 140

⁹² *Ibid.*, p. 143

⁹³ *Ibid.*, p. 141

⁹⁴ A.E.S. Ritch, 'Medical Care in the Workhouses in Birmingham and Wolverhampton 1834 – 1914', PhD thesis University of Birmingham, 2014

⁹⁵ Borsay, *Disability and Social Policy*, p. 23

⁹⁶ King, 'Constructing the Disabled Child in England', p. 104, p. 113, p. 117

children, from working.⁹⁷ Poor law officials did not ‘generally regard physical or mental impairment as completely disabling’, underlining the eighteenth and early nineteenth century approach to disability and impairment in the poor, including children.⁹⁸ Despite increasingly strict poor law policies of segregation and classification, disabled children in the eighteenth and earlier nineteenth century were not segregated from other pauper children. Developing classification processes within the poor law did not separately identify disabled children in the early nineteenth century. Disabled pauper children’s experiences were integrated with other pauper children for much of the eighteenth and early nineteenth centuries and this contrast with the later nineteenth century, as disabled children were increasingly segregated from other children, must be emphasised.

Exploring experiences of disabled children requires additional research into the environments that shaped those experiences to locate them in the correct context. Disabled children were dealt with in ‘a variety of spaces and places’ and poor disabled children were transferred between different buildings to suit wider official agendas.⁹⁹ Workhouses and buildings for pauper children such as the Birmingham Asylum of the Infant Poor provided significant care to children and each building reflected developing poor law policies over time, providing important context for children’s experiences and their daily routine. Some research on workhouses has illustrated children’s lives.¹⁰⁰ Fowler included children’s experiences, including education, in metropolitan and regional

⁹⁷ Turner, *Disability in Eighteenth-Century England*, p. 127

⁹⁸ King, ‘Constructing the Disabled Child in England’, p. 113

⁹⁹ Taylor, *Childhood Insanity in England*, p. 174

¹⁰⁰ N. Longmate, *The Workhouse* (2nd edn. London, 2003)

workhouses with autobiographical details of several workhouse children in the later nineteenth century.¹⁰¹ National analysis of workhouses has included references to children.¹⁰² National changes in poor law legislation, and local and later national policies impacted on poor law buildings and paupers, including children.¹⁰³ The changing design of buildings ‘mirrored shifts in the attitude of those in authority towards the poorest elements in society....different classes of pauper were regarded as more deserving of pity – or reprobation than others’.¹⁰⁴ Digby used analysis of workhouses in Norfolk to demonstrate regional poor law policies and social attitudes.¹⁰⁵ Driver analysed poor law buildings to reveal poor law policy and social attitudes.¹⁰⁶ Researching changing poor law buildings and environments from analysis of poor law and workhouse records provides valuable context, as direct information about paupers’ experiences is challenging to find. Workhouse records reveal little of the views and experiences of paupers themselves.¹⁰⁷ Experiences of pauper children, and particularly pauper disabled children, remain particularly elusive.

Additional interpretation of the design of poor law buildings by architectural historians is useful in explaining the broader context and agenda of each building. These Victorian workhouses built in the mid-nineteenth century were designed to deter potential paupers, using elements of prison architecture and

¹⁰¹ S. Fowler, *The Workhouse* (Barnsley, 2014), pp. 103 -155

¹⁰² A.M. Ross ‘The Care and Education of Pauper Children in England and Wales, 1834 to 1896’ PhD thesis, University of London 1955; K. Williams, *From pauperism to poverty 1834 – 1884* (London, 1981)

¹⁰³ K. Morrison, *The Workhouse: A Study of Poor Law Buildings* (Royal Commission on Historical Monuments of England, 1999)

¹⁰⁴ *Ibid.*, p. 192

¹⁰⁵ A. Digby, *Pauper Palaces* (London, 1978)

¹⁰⁶ F. Driver, *Power and pauperism; the workhouse system, 1834 – 1884* (Cambridge, 1994)

¹⁰⁷ Crowther, *The Workhouse System* p. 193

influenced by Bentham's theoretical twelve sided 'Panopticon House of Industry' to facilitate constant supervision of inmates.¹⁰⁸ Markus analysed building types as social objects, locating workhouses and asylums in their social context, showing how social relations were affected by design, function and form, arrangement of space, classification and language, and demonstrating how inhabitants were subjected to disciplined control for the formation or reformation of character.¹⁰⁹ Design of space dominated interactions between users and staff, and allowed surveillance. Markus' analysis of workhouses and asylums is less detailed and the 'architecture as power' theme brief, compared to other analysis of early educational buildings and mills. Architects designed buildings, 'material objects which enclose and organise space' relying on linguistic choices of their instructing briefs.¹¹⁰ Architectural arrangement and design of space can create direct relationships of power, dominate interactions with officials and occupiers, create functions, and allow surveillance by staff.¹¹¹ Workhouses were buildings where 'classification formed an essential part of these institutions' regimes', and were hierarchical buildings of power.¹¹² They were designed to be disciplinary buildings.¹¹³ Examining workhouses and poor law buildings in Birmingham that disabled pauper children occupied illuminates the broader environment of developing poor law policies and attitudes that impacted on disabled children and shaped their experiences throughout the eighteenth and nineteenth centuries.

¹⁰⁸ Morrison, *The Workhouse*, p. 33

¹⁰⁹ T.A. Markus, *Buildings and Power: Freedom and Control in the Origin of Modern Building Types* (London, 1993)

¹¹⁰ T.A. Markus and Deborah Cameron, *The Words between the spaces: buildings and language* (London, 2002), p.15

¹¹¹ Markus, *Buildings and Power*

¹¹² Markus and Cameron, *The Words between the spaces: buildings and language*, p. 69

¹¹³ Driver, *Power and pauperism*, p. 7

The experience of pauper children in the eighteenth and early nineteenth centuries reflects the intersection between developing ideas of childhood according to class and increasingly negative attitudes to paupers. Experiences of pauper disabled children were additionally affected by changing attitudes to certain types of impairment. Hulonce's recent study of pauper childhoods in Wales includes pauper disabled children whose care was funded in charitable institutions for the blind and deaf in the later nineteenth century, exploring intersections between impairment, philanthropy and pauper childhoods. These pauper children were not however living in poor law institutions, but were controlled by the distinct aims and agendas of philanthropic institutions who 'generally enabled, rather than disabled' children in their care.¹¹⁴ While the poor law had ultimate control of children by controlling funding, 'intersections between state aid and private philanthropy revealed competing ideologies of care and cost, and fostered class and gender friction'.¹¹⁵ Deaf and blind children, including pauper children not always acceptable to other subscription charities, were however generally seen as 'unproblematically deserving' of charity, and dedicated institutions for them were well supported by 'vast local and nationwide networks of supporters'.¹¹⁶

The studies of poor children in the eighteenth and nineteenth centuries do provide additional important background on changing attitudes to poor children and childhood that impacted on disabled pauper children, and supplement lack

¹¹⁴ Hulonce. *Pauper Children and Poor Law Childhoods*, pp. 112 -113

¹¹⁵ Ibid.

¹¹⁶ Ibid.

of previous research. The poor foundling child was a popular image for society throughout the eighteenth century, promising the saving of lives, changing the effect of poverty and the poor law, and providing a workforce and army.¹¹⁷ Poor children were ‘deserving’ of charity and poor law relief in the early eighteenth century, but attitudes to families were more complex.¹¹⁸ Attitudes to pauper children deteriorated in the late eighteenth century as increasingly negative views of paupers conflicted with early developing concepts of childhood as a time of innocence.¹¹⁹ The economic value of poor children, plans for training them in religion and morality to make them useful, and increasing ideas of sentimentality about childhood merged to cause significant changes in policies for care of poor children in the eighteenth century; the deserving child was to be saved and trained to become useful.¹²⁰ These changing and conflicting attitudes to poor children shaped the developing experiences of disabled pauper children in the eighteenth and nineteenth centuries, and were reflected both in the environments created for children and the expectations of them by society.

‘Insane’ children

The final aspect of provision for disabled children examined is the care provided for ‘insane’ children. The history of madness has been an area of much debate.¹²¹ However, children diagnosed as ‘insane’, ‘idiots’ or ‘imbeciles’ with mental health issues have been neglected within previous work and have received limited

¹¹⁷ Levene, *The Childhood of the Poor*, p. 4, p. 8, p. 142

¹¹⁸ *Ibid.*, p. 8

¹¹⁹ *Ibid.*, pp. 2-3, p. 171, p. 175

¹²⁰ 1762, The Act for the keeping of Regular, Uniform and Annual Registers of all Parish Poor Infants under a Certain Age (2 Geo.III c.22); 1767 An Act for the Better Protection of Parish Poor Children (7 Geo.III c.39); Levene, *The Childhood of the Poor*, p. 11

¹²¹ Wright, *Mental Disability in Victorian England*, p. 2

attention. 'Historical understanding of children with mental illnesses or disabilities has been narrow and undeveloped', although childhood insanity was a 'much more important and universal state' than acknowledged.¹²² There is recently growing attention on 'insane' children. The period most often chosen for study is after 1845 when major lunacy legislation was introduced and keeping records became compulsory, enabling more comprehensive archives for study. Melling, Adair and Forsythe analysed child insanity in the pauper Devon County Asylum from 1845, examining reasons for admission; cooperation of families in admission of children to the asylum was vital as they negotiated their certification as lunatics, children being represented as a threat to the family. The construction of 'insane' children was for administrative, legal and social reasons rather than medical or therapeutic reasons; failure to admit children to the asylum showed an unwillingness by professionals to treat child insanity similarly to adults.¹²³ Rosenthal reveals attitudes to insane children by various authorities and officials in the later nineteenth century, discussing concern for the issue of child insanity by philanthropists and doctors.¹²⁴

Taylor's recent work corrects lack of attention on 'insane' children, including 'idiots' and 'imbeciles', studying children admitted to four pauper asylums (Birmingham, Northants, Manchester and Colney Hatch) from 1845 to 1913.¹²⁵

Taylor uses children as a 'prism' to understand asylums, their function and

¹²² Melling .Adair and.Forsythe, 'A Proper Lunatic for Two Years', pp. 371-405

¹²³ Melling, Adair and.Forsythe, 'A Proper Lunatic for Two Years', pp. 371-405

¹²⁴ A. Rosenthal, 'Insanity, Family and Community in Late-Victorian Britain', in Borsay and Dale, *Disabled Children* pp. 29-42

¹²⁵ Taylor, *Childhood Insanity in England*

purpose, in caring for disabled children in the nineteenth century.¹²⁶

Development of spaces of care for ‘insane children’ was part of the trend in developing spaces ‘to observe and control the young’ that increased towards the end of the nineteenth century, as ‘nineteenth century society developed responses to childhood illnesses that clearly separated it from the adult world’, but pauper lunatic asylums were not planned for children with no mention of age in the 1845 lunacy legislation.¹²⁷ Taylor examines pauper lunatic asylums as a network, arguing individual regional studies are too narrow causing inaccuracies when used for national analysis, with variations in care given by asylums in rural and urban areas. Taking a longer period of analysis, Taylor does not however emphasise the major periods of transition between 1845 and the end of the nineteenth century, such as the deterioration in optimism in attitudes towards the insane in the 1850’s and 1860’s. National studies of ‘child insanity’ are essential but more regional studies should not be discounted, as they contribute to knowledge of different aspects of the mixed economy of care for disabled children, reveal local variations in care that shaped experiences of disabled children, and contribute to the complex national picture.

The early history of children with learning disabilities has also been a neglected subject. Research has been dominated by the extensive work on special schools and attitudes to ‘feeble-minded’ children in the late nineteenth and early twentieth century. Wright’s study of the private Earlswood Idiot Asylum established in the mid 1840’s examined the first early middle class institutions

¹²⁶ Ibid., p. 70

¹²⁷ Ibid., p. 174

focusing on ‘idiots’ and ‘imbeciles’, providing a narrative of their experiences ‘from below’ as Earlswood developed its progressive training programmes that were influential nationally.¹²⁸ The history of ‘idiot’ asylums must be appreciated with family care ‘in a dynamic’ with society.¹²⁹ The family negotiated necessary subscriber recommendations for admission, using the asylum for temporary, not permanent, care for children.¹³⁰ The controversial theories of John Langdon Down in the 1860’s must be set in the context of the popular subject of phrenology, within the debates over race and degeneration theories that were becoming popular.¹³¹ Despite differences in class, the pioneering and influential work at Earlswood in the care of children with learning disabilities in the mid nineteenth century provides a sharp contrast with attitudes of officials to ‘idiot’ and ‘imbecile’ children in the lunatic asylum in Birmingham.

This study extends research into disabled children labelled ‘insane’ in the less studied period of the mid nineteenth century. This has been a neglected subject, compared with the focus on ‘feeble-minded’ children later in the nineteenth century. Brown examined Birmingham’s policies for children with learning disabilities, the ‘feeble-minded’, in the period from 1870. She places ‘the starting point of the history of special education not as a result of problems within the classroom, but in changing ideas of ‘childhood’; ‘feeble-minded’ children in Birmingham had been identified before the first special schools were established, contradicting the general historical view that children were singled out by amateur experts in education and a segregated system of special schools

¹²⁸ Wright *Mental Disability in Victorian England*

¹²⁹ *Ibid.*, p. 8

¹³⁰ *Ibid.*, p. 6; p. 197

¹³¹ *Ibid.*, p. 156, pp. 167-9

created in response.¹³² The policy developing special schools was a ‘top-down’ policy of the progressive Birmingham School Board.¹³³ Legislation was not applied consistently but implemented locally with variations.¹³⁴ Brown’s arguments throw light on developing attitudes to disabled children in Birmingham and their impact on children with learning disabilities in the important period of rapid change after this study.

Gaps in current research

Significant gaps remain within the literature and this is an appropriate place to note gaps in research. Children’s disability history remains an emerging area, and disability history seeks to uncover lives of those depicted as ‘passive’ or hidden by society.¹³⁵ There is a need to establish a historiography for children’s disability history that starts to merge the different contributory strands of research. More work has been called for on disabled children with physical impairments.¹³⁶ Borsay and Dale argue analysis of disabled children’s experiences has been overlooked, despite being distinctive and fundamentally different to those of disabled adults, while the ‘distinctive voice’ of disabled children has been ignored.¹³⁷ Their work on ‘shared experiences’ of disabled children, including conflict, needs to be added to by further research across different sectors of care to begin to establish a more comprehensive and unified picture of children’s disability history, rather than the fragmented picture that

¹³² A. E. Brown, ‘Special Schooling and the ‘Feeble-Minded’ in Birmingham, 1870-1914’ Unpublished PhD thesis at the University of Birmingham, 2007, pp. 304 -5.

¹³³ *Ibid.*, p. 305

¹³⁴ *Ibid.*, p. 307

¹³⁵ Longmore, *Why I Burned My Book and Other Essays on Disability*, p. 41 and pp. 8-9,

¹³⁶ Borsay and Dale, *Disabled Children*; Turner, *Disability in Eighteenth-Century England*, pp. 3-4; Turner, *Impaired Children*

¹³⁷ Borsay and Dale *Disabled Children*, p. 8

currently exists. This study provides a comparison of three areas of care for disabled children, rather than focusing on one institution or type of care to increase work in this area..

Some periods are yet to be explored, particularly the eighteenth and early nineteenth centuries. Sick children in the seventeenth century have been researched.¹³⁸ Lives and experiences of disabled children in the eighteenth and first half of the nineteenth century, however, are still a neglected topic. King refers to the 'widely accepted but lightly researched experiential threshold in the 1850's and 1860's' as disabled children's experiences changed; this particular time of transition and its importance to disabled children needs more research.¹³⁹

Some areas of disability and impairment are more neglected than others. Physical impairment has had a lower profile in disability history than insanity and learning disabilities. Research into physical impairment, particularly with disabled children in the eighteenth century, has been acknowledged as a 'relatively neglected' area.¹⁴⁰ This study examines care for disabled children with a sensory impairment in the early and mid- nineteenth century to increase research in this area. Despite the substantial body of work on asylums and madness, work has until very recently mostly excluded 'insane' children that

¹³⁸ H. Newton, *The Sick Child in Early Modern England 1580 - 1720* (Oxford, 2012)

¹³⁹ King, 'Constructing the Disabled Child in England, 1800 - 1860'

¹⁴⁰ Turner, *Disability in Eighteenth-Century England*, pp. 2-4, p. 131; Turner, 'Impaired Children in Eighteenth-Century England', pp. 788-806

Taylor begins to correct. Further studies of children with learning disabilities in the mid nineteenth century are needed.¹⁴¹

Experiences of poor disabled children in workhouses and other poor law institutions for children have been mostly ignored in previous literature, despite the large numbers of children controlled by the poor law. The chapter on seeking pauper disabled children traces children within fragmented poor law records, and changes in adult attitudes to them from the mid eighteenth to mid nineteenth centuries. This interesting area of study, although challenging to research, has been much neglected and deserves further study.

Limited attention has been paid to regional variations of the mixed economy of care for disabled children, despite this providing a more sophisticated approach. Children's disability history in Birmingham has received little attention, and this study adds to knowledge of children's disability history in the developing town as it responded to increased focus on disabled children by society.

The importance of regional studies

Recent work on disabled children has included both regional and national studies, and it is important not to lose sight of the complexity of regional variations. Analysis of disability history relating to children has moved beyond individual histories of institutions and philanthropists to more sophisticated

¹⁴¹ Taylor, 2017 begins to correct this, dealing with certain provincial towns; Wright, *Mental Disability in Victorian England*

cultural approaches, assessing both regional and national policies and practices, seeking to identify distinctive 'shared experiences' of disabled children. 'Disabled people were on the receiving end of policies that evolved through processes of negotiation in which national interests were mediated by vibrant local welfare cultures'.¹⁴² The poor law, including both the decentralised old poor law system and the New Poor Law with its uniformity principles, had substantial local variations.

Borsay and Dale use various regional studies to extend and understand a national picture of 'shared experiences' of disabled children. This is a valuable approach, given local variations in policy caused by economic factors, local poor law and philanthropic policies. Provision of care can vary as much between districts as between different countries; in the South Wales coalfields, lack of a significant middle class resulted in little philanthropic activity, and with no 'industrial paternalism' it was 'the paucity of provision for children, especially sick and disabled children that is striking', lacking behind other regions in Britain and contrasting with multiple institutions established in larger cities and towns.¹⁴³ The regional approach facilitates better appreciation of the contrasting nature of the provision of care for disabled children in Britain, including rural and urban contrasts. The variety and complexity of regional patterns form an essential part of the national picture and must not be underestimated. Research into different localities and their 'hidden histories' of disabled children will produce a greater understanding of regional variations and a more balanced

¹⁴² Borsay, *Disability and Social Policy*, p. 23

¹⁴³ S.Thompson, 'The Mixed Economy of Welfare and the Care of Sick and Disabled Children in the South Wales Coalfield, c.1850 – 1950' in Borsay and Dale, *Disabled Children*, pp. 43-44, pp. 55-56

national picture, identifying similarities and to what extent regional variations formed a national policy of care for disabled children.

Conclusion

This study will build on previous work to explore disabled children's experiences, particularly contrasting experiences, in Birmingham in the eighteenth and early nineteenth century. Studying historical experiences of disabled children has become a useful focus of academic investigation, allowing changes in society's attitudes to disabled children to be illustrated and the impact of social, cultural, religious and legislative policies to be explored. Identifying multiple contrasting experiences allows developments in different aspects of care for disabled children to be juxtaposed. This approach, used with the history of poor children, should be applied to historical experiences of disabled children.¹⁴⁴

¹⁴⁴ Levene, *The Childhood of the Poor*

CHAPTER TWO: 'TAINTED UNHEALTHY STOCK': FINDING PAUPER DISABLED CHILDREN IN THE ARCHIVES

In the eighteenth and nineteenth centuries, a significant number of pauper disabled children in Birmingham were cared for within the poor law system in a jigsaw of provision. The poor law was an early and major provider of care for children, including disabled children, in Birmingham and a dominant part of the mixed economy of welfare that poor families and their children utilised, described as a 'welfare patchwork'.¹ Guardians of the poor in Birmingham had responsibility for thousands of children over this period, and pauper children with physical and learning impairments were not unusual. 'The sheer scale of mental and physical impairment' in society meant it was 'impossible for the residents of most places not to have come into regular and sustained contact with people who were experiencing obvious/well known physical or mental issues', and poor law documents show disabled people were 'a substantial and visible part of parochial and community life'.² Poverty created 'impaired children through poor nutrition, accidents and diseases associated with poor housing, inadequate maternal care and the health issues associated with intensive domestic industrial production', ensuring regular numbers of disabled children within the poor law system.³ Hunting for disabled pauper children who surface clearly at certain times in the records yet disappear from view at others, being present but hidden in the records, reveals early experiences of children's

¹ Levene, *The Childhood of the Poor*, p. 11

² King, 'Constructing the Disabled Child in England, 1800 - 1860', p. 118, p. 109

³ *Ibid.*, p. 105

disability history in Birmingham that changed as the industrial town expanded rapidly. It also serves as an example of the problems with finding evidence of disabled children's experiences, demonstrating the difficulty of locating poor disabled children across fragmented poor law records throughout this period.

Despite difficulties of locating disabled children in poor law records, poor children and indeed poor disabled children were by no means invisible in contemporary society and popular culture, receiving popular attention in the later eighteenth and nineteenth century. *The History of Tom Jones, a Foundling* was published in 1749 and Tattycoram in *Little Dorrit* (1855 – 57) was a Foundling Hospital child (hence the 'coram' appellation). The most famous pauper Oliver Twist was introduced to readers between 1837 and 1839, and Dickens described poor children abandoned by families at Dotheboys Hall School in *Nicholas Nickleby* (1839). Nicholas arrives at the school and looks at the children being 'physicked' by Mrs Squeers with brimstone and treacle,

children with the countenance of old men, deformities with irons upon their limbs, boys of stunted growth' with 'the hare-lip, the crooked foot, and every ugliness or distortion that told of unnatural aversion conceived by parents for their offspring, or of young lives which, from the earliest dawn of infancy, had been one horrible endurance of cruelty and neglect.

Smike, a vulnerable youth of nineteen, was lame and a 'poor half witted creature'. Tiny Tim (*A Christmas Carol*, 1843) added to the poor disabled children the Victorian public were asked to recognise from their communities, and to pity. While these characters were fictional, they were deeply influential and established a vivid picture of workhouses and poor children that survives today. Were they realistic, and was their experience based on real children?

Dickens' aim was to focus attention on this group of poor children; allowing for his caricature, his characters were recognised as realistic portraits of poor children, some of whom had impairments. These fictional characters provide a vivid counterbalance to the copious official records of the poor law system that have survived, mostly guardians' minutes and poor law reports, providing an insight into contemporary attitudes to poor disabled children. This chapter explores the historical experiences of disabled pauper children that can be found in, or interpreted from poor law records in Birmingham.

Significant changes occurred in the eighteenth and nineteenth centuries in the care and treatment of both pauper children and poor disabled children under both old and new poor laws. Out relief and parish nursing provided support in the eighteenth century, while institutions accommodating pauper children developed over a century and a half. The old Birmingham parish workhouse was occupied by children throughout the mid-eighteenth century until the Asylum of the Infant Poor opened on Summer Lane in 1797, a separate establishment for children. The parish workhouse and the Asylum for the Infant poor co-existed until 1852, when the new Birmingham Union workhouse opened in a highly planned, strictly segregated building for both adults and children. Disabled children in the workhouse were not segregated from other children until the mid nineteenth century; few alternative institutions or options in fact existed for them. Subscription charities often excluded those on parish relief who were not considered the 'respectable poor'.⁴

⁴ Levene, *The Childhood of the Poor*, p. 131

Children in workhouses and poor law buildings have been neglected in research, despite forming a significant section (roughly one third) of the workhouse population.⁵ This chapter attempts to identify (where possible) poor disabled children in Birmingham within changing poor law systems, to explore their experience reflecting local practice and policies, and to locate them in the environments they inhabited that formed a fundamental part of their experience. It traces changes in care of, and attitudes to, pauper children, including disabled children, throughout the eighteenth and early nineteenth centuries as changing ideologies, and local and national poor law policies impacted on pauper children. It attempts to put children's experiences at the centre of the research, in the context of social and cultural factors driving changes in society's attitudes and poor law agendas. Examining children's experiences begins to produce a more balanced narrative of poor disabled children, and society's attitudes to different groups of children reveal the varied approaches to children and childhood developing in the eighteenth and nineteenth centuries. It is not easy at times to identify pauper disabled children within poor law records, but this difficulty reflects contemporary attitudes to the poor and the challenges of using archives. While old poor law sources such as accounts identified individual disabled children in Birmingham receiving outrelief, identification of individual disabled children disappears in the early nineteenth century and silences in the records have to be interpreted. Records of the Asylum of the Infant Poor that accommodated pauper children have not survived; the records available for research of that environment are sub-committee records reporting to the main

⁵ Levene, *The Childhood of the Poor* (pp. 108–9) estimated child paupers were a third of the total; Crompton, *Workhouse Children* (pp. XIV–XV) estimated one third of workhouse inmates in Worcestershire were under sixteen with thirty per cent of the sick being children.

board of guardians, and external third party reports on public health such as Medical Officers' reports. Neither source in the early nineteenth century directly identifies individual disabled children, despite medical officers' reports giving extremely detailed information about sick children. Attitudes to pauper children at this time, unsympathetic and critical, reflect deteriorating changes in society's attitudes to the poor, the 'increasingly negative view of pauperism from the eighteenth century' that did not reflect contemporary early developing views of childhood as a time of innocence, but regarded pauper children negatively.⁶ Pauper disabled children's experiences reflect society's attitudes to the poor, revealing their historical significance.

Experiences of children in the different poor law buildings in Birmingham are a useful way to explore children's disability history. The correct periodisation is necessary here to show distinct changes in the way disabled children were treated, between the beginning and the end of the nineteenth century. The most striking distinction of the experiences of poor disabled children in the eighteenth and early nineteenth centuries, compared with the later nineteenth century, was that these experiences were shared with other poor children. The paradigm shift of segregating disabled children into separate institutions occurred from the second half of the nineteenth century, as society's attitudes and policies towards disabled children changed; the striking factor about this earlier period is lack of segregation of poor disabled children. Although early philanthropy identified specific sensory impairments such as deafness and blindness as deserving of their special attention, at a time when segregation and classification were

⁶ Levene, *The Childhood of the Poor*, p. 1, p. 170

fundamental poor law policies and children were strictly segregated from adults and other sexes, disabled children were not separated; their experiences were shared with other pauper children. Experiences of pauper children generally are therefore also explored here as essential context, and disabled children highlighted where they can be traced in the records.

Poor law records contain very little evidence of the views of paupers.⁷ Using official poor law records must affect the interpretation of any research, and the conclusions reached. To explore experiences of disabled pauper children, it is essential to be aware of the bias inherent in official records and to examine records carefully to interpret how policies impacted on children. Identifying experiences of individual children can be difficult, but it is possible to identify their interactions, routines and details of buildings with limited comments about children, linking available details that can be obtained to imagine children's experiences. The use of available records can demonstrate the importance of the poor law in human lives.⁸ Grosvenor suggested using a 'biographical' turn to reclaim hidden children's lives, collecting traces of lives from multiple sources and linking them with 'social biographies' of buildings such as asylums to reveal connections between social practices in institutions and individual experiences, revealing how official discourses impacted on lives of children.⁹

⁷ Crowther *The Workhouse System*, p. 193

⁸ Digby, *Pauper Palaces*, p. 231

⁹ Grosvenor, 'Seen but not Heard': City Childhoods from the Past into the Present', pp. 426-427

The policies established in this period had ‘enormous influence on modern day perceptions of, and assumptions about, disabled people’.¹⁰ This earlier period of children’s disability history, particularly within the poor law, is under-researched. Towards the end of the nineteenth and early twentieth centuries disabled children were increasingly identified, classified and segregated in cottage homes, colonies and institutions, and this aspect of children’s history is well researched. This chapter contributes to comparisons of experiences of disabled children in contrasting sectors of society, development of attitudes to poor disabled children and changes in local and national policies, providing a more sophisticated understanding of the history of disabled children.

This chapter is lengthy. It covers the old poor law in Birmingham in the eighteenth and early nineteenth centuries and outlines how the poor law developed in Birmingham, as guardians’ policies for children reflected this. Background information about society’s concerns over child labour and damage to children’s health provides context for poor children’s increased risks of impairment. Aspects of care for children under the old poor law are explored. Parish nursing in Birmingham in the eighteenth century, a practice affecting many pauper children, is set out; later policy of guardians was affected by previous ill treatment of these children. The chapter then examines outrelief payments under the old poor law to individual disabled children who were carefully identified in eighteenth century poor law accounts, and traces deteriorating attitudes to paupers, including children, by the end of the eighteenth century through documents published to defend the ever increasing

¹⁰ Borsay, *Disability and Social Policy*, p. XI

costs of poor rates . Experiences in eighteenth and early nineteenth century old poor law buildings, the Birmingham parish workhouse and the Asylum for the Infant Poor are examined separately as aspects of care, the particular environment and the context provided by each are distinctive. It is significant that the sense of individual disabled children disappears within poor law records in the early nineteenth century; it is only possible to glimpse details of disabled children, such as Fanny Johnson Crompton who resided briefly in the old workhouse, probably in its insane ward, or Samuel Bolton, whose specialist education at the Liverpool Blind Asylum was funded by guardians.¹¹ The change in society's attitudes leading to the Birmingham Union Workhouse being opened in 1852 under the New Poor Law is explained. In order to explore experiences of disabled pauper children, it is necessary to explore experiences of pauper children generally to set the broader environment, to examine official records interpreting their reports and also their omissions in order to piece together the historical experience of disabled children.

The age children were regarded as 'children' in the eighteenth and nineteenth centuries varied, but was prescribed for paupers. Poor law regulations in 1836 classified children as boys between seven to thirteen, and girls between seven and sixteen, girls needing protection from older immoral women in workhouses. The upper age of boys was raised to fifteen and girls reduced to fifteen.¹² Children and infants were under seven. Paupers under sixteen were generally

¹¹ Fanny Johnson Crompton: BAC MS 344/12/1, Case Book 1845 -1850, 6 March 1850; Samuel Bolton: BAC, GP/B/2/1/8 Guardians' Minutes 1850 -1851, 13 November 1850, 20 November 1850

¹² PLC, Consolidated Order, 1838. 5th Annual Report, 1839

classified as children.¹³ Disabled individuals up to sixteen were regarded as children in earlier poor law documents. In the 1781 'List of the Poor' in Birmingham, a published list of outrelief, ages of 'children' ranged from four to eighteen and some older disabled teenagers were still listed as 'children'.¹⁴ Within this study, children are included up to sixteen, or if referred to as 'children' within the individual source referred to. This chapter focuses on poor or pauper children with sensory or physical impairments, rather than children regarded as 'insane' whose care was controlled by separate insanity legislation. Physical impairment has received less attention compared to the history of madness and learning disability, particularly for children.¹⁵ It can however be difficult in this period to separate 'physical' or 'mental' impairments. This chapter focuses on the old poor law, workhouses and the Asylum for the Infant Poor providing care for pauper children. Children regarded as 'insane', labelled 'idiots' 'imbeciles' or 'insane', are the subject of separate analysis in Chapter Four.

Poor children, and impairment

Debates and public concern over the health of poor children in the late eighteenth and early nineteenth centuries provide useful background evidence of physical impairment in children caused by poor working conditions. The health of poor children was a public issue by the second half of the eighteenth century. There was general public concern over poor children becoming disabled

¹³ Crompton, *Workhouse Children*, p. 42

¹⁴ BAC, 'List of the Poor of Birmingham, 1781' (61811). Ages given are 4, 7, 11, 9, 12, 13, 9, 13, 5, 14, 15, 16 and 18 years. 'Dyason Catherine, 1 child, William, 16 years, insane. Cluttons Yard 1 shilling'; 'Pritchett, Dorothy, husband insane, 3 children Catherine, 18, evil [scrofula] Bull Street 3 shillings'; and 'Ward, Mary, 1 child, Joseph 15 years, a cripple 1s 6d'.

¹⁵ Turner, *Disability in Eighteenth-Century England*, pp. 2-4, p. 131

by harsh working conditions, although no suggestion they should not work.¹⁶ Birmingham guardians sent pauper children to cotton mills near Bury and from 1796 small groups of guardians inspected the children. They reported poor conditions and children's illnesses, but 'no medical advice has been had', and children received 'Punishment Beat with sticks'; 'Many of the poor Children flocked round us and cryed to come home'.¹⁷ Despite their report, no action was taken.

Publicity over pauper children disabled by work, particularly cotton mills, continued throughout the early nineteenth century as part of debates over child labour. An important argument for the 1833 Factory Act was that children, particularly under nine, should be allowed to grow without their health being damaged by poor working conditions.¹⁸ After 1833, a medical certificate was necessary stating any pauper child being apprenticed was 'of ordinary strength and appearance at the age of nine' to protect pauper children's health; this standard requirement shows how widespread problems were.¹⁹ In 1841, William Dodd 'the Factory Cripple' published an account of how, sent to work aged five as a piecer (a child who joined broken threads of cotton) in the woollen mills, a 'fine strong healthy lardy boy', he had become 'a complete cripple' from work and thrashings received; 'it is in the situation of a piecer that the greatest number of cripples are made from over exertion' while his sister, working at

¹⁶ Cunningham, *The Children of the Poor*, p. 66; Health and Morals of Apprentices Act. 1802

¹⁷ BAC, GP/B/1/2/1/1 Board of Guardians' Vestry Room Minutes, 1783-1806 28 June 1796

¹⁸ Cunningham, *The Children of the Poor*, pp. 94-95. The 1833 Act restricted work of children under thirteen to eight hours a day.

¹⁹ Factory Act 1833, 3 and 4 Will.IV. c.103. (1833)

seven, was 'made a cripple for life, and doomed to end her days in the factories or workhouses'.²⁰

In the early nineteenth century, campaigns sought to avoid damage to poor children's health from poor working conditions. This was not wholly unselfish. Children were to be raised to be economic assets to the parish, not burdens, and damage to health stopped them becoming independent. Birmingham guardians felt obliged to demonstrate their pauper children were not becoming disabled by inappropriate labour. In 1804, they reported health of children at the Asylum for the Infant Poor had been good for weeks, despite the contradictory comment 'none have been sick, and seldom more than one or two on the list, few in such a number have died, and there are scarcely any instances of deformity; none from oppression in labour'.²¹ A report on children in 1809 commented 'none are oppressed with hard labour, so as not to produce deformity, which was not uncommon while under the care of hireling nurses in the neighbouring villages'.²² This previous ill-treatment of pauper children by parish nurses caused guardians to publicly adopt policies excluding 'hard labour' to protect children's health. Birmingham guardians felt it necessary to report publicly that they were avoiding pauper children becoming disabled to avoid any risk of the parish having to maintain them as adults.

²⁰ *A Narrative of the experience and sufferings of William Dodd, a factory cripple*, 1841 (London, 1968). Dodd was born in 1804 in Kendal and published his book describing his maltreatment as a child worker in a textile factory. He was later employed by Lord Ashley (the Earl of Shaftesbury) and reported on factory conditions in the Midlands and the North.

²¹ BAC, GP/B/1/2/1/1 Board of Guardians' Minutes, 1783–1806 9 October 1804

²² BAC, MS 2738 *Report of the Society for Bettering the Conditions of the Poor No. XIII*, from 'Of The Education of the Poor; Being the First Part of a Digest of the Reports of the Society for Bettering the Condition of the Poor', 1809, p. 215.

Thirty years later, it was still thought necessary in the 1840's to protect vulnerable children becoming disabled from harsh working conditions. A public health report in Birmingham in 1842 was concerned about effects of early labour on poor children. It was only common in 'pin-manufactories and a few others' for children under ten to

be employed in manufacturing processes in the workshops. When they are made to labour at so early an age, the development of the frame appears to be impeded; such individuals, when arrived at maturity, are generally short in stature, and their muscles unequally evolved.²³

Individual impairment did not prevent poor children from working and in the eighteenth and nineteenth centuries disabled people and children were expected to work depending on the local economy.²⁴ Debates over childhood impairment and employment provide context to the prevalence of poor children's impairments and reinforce the continuing importance of work to children throughout the nineteenth century.

Poor Law administration in Birmingham

It is necessary to give brief details of how poor law administration developed in Birmingham, as the structure of the poor law influenced official agendas and approaches to pauper children. The Poor Law Act of 1601 had required every parish to elect overseers of the poor to levy a compulsory rate on owners of property to provide support to the elderly or 'infirm', to put the 'able-bodied'

²³ *Report on the State of the Public Health in the Borough of Birmingham. Sanitary Conditions of the Labouring Population*. Local Reports for England and Wales in conjunction with the Chadwick Inquiry 1842 (House of Lords) Vol. XXV11, p. 211. Library of Birmingham B. Col 45

²⁴ M.Pelling, *The Common Lot*, pp. 105-133

poor to work and punish those who refused. It was a paternalistic local system, not administered centrally, and each parish had wide discretion to appropriate relief to those settled in the parish.²⁵ The 1662 Settlement Act provided a child's settlement at birth was to be the father's, although illegitimate children were granted settlement of the parish of birth.

The parish of Birmingham operated its old poor law system throughout the eighteenth and early nineteenth centuries, controlled by local guardians. In the early eighteenth century, St Martin's and St Philip's parishes merged, opening the Birmingham parish workhouse in the 1730's under Knatchbull's Act (1723).²⁶ Six overseers administered outrelief and the workhouse. As Birmingham expanded quickly, it struggled with growing numbers of poor claiming relief. The Birmingham Poor Law Union was incorporated in 1783 as a 'Gilbert's Union' under a local Act of Parliament.²⁷ A large Board of Guardians (originally one hundred and eight) divided into smaller committees, each dealing with one aspect of relief such as workhouses. Gilbert's Act, 1782 had allowed parishes to combine into unions, usually to build workhouses for those with 'Old Age, Sickness or Infirmities' who were unable to work, and 'orphan children', later extended to 'Infant children of tender years, and who from Accident or Misfortune' were chargeable to the parish.²⁸ Gilbert's Act provided 'no person shall be sent to such poor house or houses, except such as are become indigent by old age, sickness or infirmities, and are unable to acquire a maintenance by

²⁵ Borsay, *Disability and Social Policy*, pp .6-7

²⁶ Poor Relief Act (Workhouse Test Act or Knatchbull's Act) 1722-3 (9 George I, c.7)

²⁷ Gilbert's Act, Relief of the Poor Act 1782 (22 Geo III. c.83)

²⁸ *Ibid.*

their labour'.²⁹ The able-bodied poor were not admitted but given work. This system was administered by a combination of unpaid poor law guardians and overseers elected from contributors to the rates, unpaid magistrates, and poorly paid officials. As well as the workhouse, guardians were responsible for payment of outrelief.

In the later eighteenth century workhouses were increasingly thought unsuitable for children. The Asylum of the Infant Poor opened in Birmingham in 1797 for pauper children to save on rising costs of nursing out.³⁰ Outrelief continued; the context of payments in the earlier eighteenth century contrasts with details of outrelief published by guardians at the end of the century, as guardians justified rapidly increasing expenditure and underlining the importance of periodisation in setting the context for understanding disabled children's experiences. By the late eighteenth century, general disapproval of outrelief and concern over rising costs resulted in national calls for a much harsher system; 'the workhouse came to be seen as a moral and social, as well as an economic failure'.³¹ Despite numbers of sick people accommodated in workhouses, they were regarded as full of undeserving paupers capable of work. Dissatisfaction with administration led to the Poor Law Amendment Act in 1834, with its plan of national uniformity and deterrent workhouses, to remove these perceived 'abuses' by able-bodied adults. Only indoor relief was available; conditions in the workhouse were to be worse than those of the poor outside, 'less eligible' than an 'independent labourer of the lowest class'. The Poor Law Commission was established to

²⁹ Borsay, *Disability and Social Policy*, p. 8

³⁰ Levene, *The Childhood of the Poor*, pp. 12-13

³¹ Morrison, *The Workhouse*, p. 31

ensure uniformity, achieved by a regimented, nationally controlled environment. Early poor law unions established under local acts and Gilbert Unions such as Birmingham originally escaped Poor Law Commission control, retaining greater autonomy until the mid nineteenth century. After 1834 Birmingham guardians continued to act under the 1783 local Act, but by the 1850's the Poor Law Commission achieved tighter control over poor relief in Birmingham.³² In the mid-nineteenth century, most poor law provision in Birmingham was focused on the new workhouse that opened in 1852. This large, purpose built institution was built under New Poor Law rules for both adults and children. Its design reflected stringent national poor law policies, strictly segregated spaces and constant supervision over children's daily routines and their interactions with adults. Investigating old and poor law administration in Birmingham as it affected children is necessary to set the context and broader environment, to frame the experiences of both pauper children and disabled children. Some details of the practice of nursing out children are given first, a practice affecting many pauper children.

Nursing out

The policy of placing young pauper children with parish nurses was common in the eighteenth century and was employed by Birmingham guardians. Children were placed with paid nurses in neighbouring countryside, regarded as healthier than towns. Supervision of this system of nursing children outside workhouses was a key innovation for pauper children in the 1760's, but the innovation was

³² P.Higginbotham, *Workhouses of the Midlands* (Stroud, 2009), p. 104

supervision, not the practice.³³ Jonas Hanway, who campaigned for improvements in care of poor children, produced investigations revealing an extremely high mortality rate of pauper children in London (claimed as high as a hundred per cent in some parishes); parish nurses had no incentive to keep these children alive.³⁴ In 1767, Hanway's Act (An Act for the Better Protection of Parish Poor Children) copied the system of the London Foundling Hospital, established in 1741, requiring children under seven sent to schools in the country to have mandatory inspections, creating a duty of care on parish officers to ensure pauper children survived.³⁵ With Hanway's Act for Keeping Regular, Uniform and Annual Registers of all Parish Poor Infants under a Certain Age in 1762, these two acts created the first uniform parish system of childcare.³⁶ These important statutes meant it was no longer acceptable for a high proportion of young parish children to die.³⁷ This critical change in society's attitudes to pauper children improved conditions, especially for children with poor health. Birmingham overseers paid 10s6d to David Davis in 1747 for 'Nursing Overton's Child 7 weeks 10s6d' but a further shilling 'For Carrying Overton's child to Church', presumably for burial after the child's death.³⁸

Birmingham overseers' accounts show small numbers of children nursed out in 1739. Four shillings was paid on 5 October 1739 'For keeping Cooper's child eight weeks' and '12 shillings to Widow Parsonage for four children for eight

³³ Levene, *The Childhood of the Poor*, p. 45

³⁴ Jonas Hanway, *An Earnest Appeal for Mercy to the Children of the Poor*, (1766)

³⁵ 7 Geo.III c.39

³⁶ 2 Geo.III c.22

³⁷ Levene, *The Childhood of the Poor*, p. 12, p. 70

³⁸ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out Relief to the Poor 1739-1748, 29 February 1747

weeks', sixpence per week per child. On 18 April 1740, Jane Moor received two shillings for keeping 'a foundling child'.³⁹ In 1739 five children were nursed out with non-family members, both men and women, compared to seventy-one children receiving outrelief with families.⁴⁰ In 1739, the phrase 'for keeping' is commonly used (for example 'William Ffaulkner for keeping Hazeldine's child till Easter 7s'⁴¹), but this changes to 'nursing' consistently by 1741, implying a greater degree of care that may not have existed in practice. If men were carers, more 'masculine' terms were often used; in 1742 'Samuel Kennet 2 months pay for Jones' child 5s' is noted. By 1748, numbers had increased, with six to fourteen children nursed out at weekly rates between 6d and a shilling, and approximately ninety children received outrelief with families. Numbers of children nursed out expanded rapidly in the later eighteenth century reflecting the town's growth. Three hundred children were placed out in Warwickshire in 1796.⁴² *Rules of the Workhouse*, published in 1784, provided that a register should be kept of children at nurse, and guardians requested every three months to visit when necessary, reporting 'state and condition of the children'.⁴³ Birmingham guardians were conscious of their duty of care to pauper children but did not prioritise it.

³⁹ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out Relief to the Poor 1739 – 1748 April 18th 1740

⁴⁰ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out Relief to the Poor 1739 - 1748

⁴¹ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out Relief to the Poor 1739 – 1748, February 6th 1739/40

⁴² BAC, GP B 1/2/1/1 Board of Guardians' Minutes 30 March 1796

⁴³ BAC, *Orders and Rules to be observed in the Birmingham Workhouse*, 1784 (49736)

By the 1790's, guardians were unhappy with the policy of nursing out, finding it unsatisfactory and expensive. By 1796, they were anxious to build a specialist nursery, complaining of delay in transferring suitable land:

the town is deprived of the use of the said land which would contribute to the health, comfort, education and morality of three hundred children by collecting them under one roof, who are now scattered about the country at nurse, many of whom are neither sufficiently fed or properly taught.⁴⁴

The Asylum for the Infant Poor opened in 1797 and children between five and ten or twelve transferred there, while infants and small children continued nursed out or staying with mothers. Poor law policy in the late eighteenth century was for younger children to remain with parents if possible, but nursing out pauper children up to five continued in Birmingham throughout the eighteenth and nineteenth centuries.⁴⁵

Outrelief for disabled children

A major part of the old poor law was payment of outrelief, to individuals and families with children. Local overseers had wide discretion. In 1739, a shilling was paid to 'Mr Pemberton under misfortune' and 'John Hadley for Encouragement', demonstrating a paternalistic administration.⁴⁶ Outrelief included medical equipment and drugs.⁴⁷ Medical care was provided for

⁴⁴ BAC, GP/B/1/2/1/1 Board of Guardians Minutes, 30 March 1796

⁴⁵ Levene. *The Childhood of the Poor*, p. 93

⁴⁶ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out-Relief to the Poor 1739–1748 13 August 1739, November 1739; Borsay, *Disability and Social Policy*, p. 20

⁴⁷ BAC, CP B/380943; a bottle of wine for the sick' costing two shillings in 1748 shows standard eighteenth century care, 9 December 1748; Thomas Rayner received three shillings for 'a Rheumattick Disorder' on 28 September 1739; Four shillings for 'Opium for Sarah Wassall' and 'Paid Mr Nuttall for Opium for Sarah Wassall' were noted in 1739. Sarah's coffin cost five shillings on December 21st 1739, suggesting compassion in authorising expensive pain relief

children, if necessary elsewhere; ‘Widow Ashford, six children, one afflicted with the stone, to send it to London to Ge[orge] Cubit 7s6d’.⁴⁸ ‘Accounts of the Workhouse and Out-Relief to the Poor’ between 1739 and 1748 reveal early administration of outrelief in Birmingham, justifying payments with a single word; this volume has almost certainly survived because its important function was accounts, and therefore of greater value than records of individuals. Accounts in 1744 reveal women and children dominated payment of outrelief, payment to thirty adults, thirty one children, three babies and a ‘large family of five’ were as follows⁴⁹;

Table 1: Birmingham Outrelief to the Poor payments, 31 March 1744

Disabled children	3
Women paid for nursing	3 (plus 6 children)
Women lying in	3 (7 children)
Women with families, one ill	5 (plus 15 children)
Women, single	7
Women, ill	5
Women, old	2
Men	2
Men, ill	2
Men, old	1

⁴⁸ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out-Relief to the Poor 1739 – 1748, 7 March 1739/40

⁴⁹ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out-Relief to the Poor 1739 – 1748, 31 March 1744

Three entries (or nine per cent) relate to disabled children referred to by parents' names; 'Wid[ow] Harris lame child', 'William Harvey's wife lame child he soldier' and 'Edward Hill's blind child'. Twenty-five entries (or seventy five per cent) relate to women, either individually or with families; only fifteen per cent relate to men. Excluding women lying in, thirty per cent of individuals received relief owing to illness, four with an impairment that potentially affected earning capacity. Poor relief provision for children was substantial. In the mid-eighteenth century having children, if poor, justified claiming outrelief. Numbers of children were carefully recorded. The family was regarded as a unit, with impairment or sickness of an individual family member used for further justification, particularly if claimants were male. 'Arthur Tomasman lame four children 1s 6d' appeared frequently from December 1739.⁵⁰ 'Widow', 'husband a soldier' or 'he run' provided additional justification for outrelief. In 1740 Elizabeth Harrison with 'four children he in Jayle' received 1s 6d, and two shillings paid to 'Langdon's wife 3 children he a villain', these facts given as further justification for outrelief paid to mothers and families.⁵¹

Impairment and illness were factors used by the poor in negotiating and justifying claims for outrelief, both by disabled adults and children. In 1746 1s 6d was paid to 'Robert White Lame and Wife blind'.⁵² In an adult, an individual impairment could hinder economic independence justifying outrelief, but was this relevant for young children? Impairment enabled a claim for poor relief for

⁵⁰ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out-Relief to the Poor 1739 – 1748 16 April 1748

⁵¹ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out-Relief to the Poor 1739 – 1748; 5 January 1739/40 and 29 May 1740

⁵² BAC, CP B/380943 Accounts of Birmingham Workhouse and Out-Relief to the Poor 1739 – 1748, June 1746

young children, despite lack of economic justification as small children would not have fully contributed to family income. Impairment was a well-established ground for justifying outrelief for both adults and children, emphasising paupers were not passive but successfully using factors they could access to negotiate claims.⁵³ King suggested that with significant cash and medical payments disabled individuals fared well in this discretionary welfare system'.⁵⁴ There was, however, no personal legal entitlement to relief but only a general obligation to supply assistance to 'deserving' cases'.⁵⁵

Disabled children received outrelief payments in their own right, demonstrating that parents negotiated successfully for children. Identification of disabled children in these mid eighteenth century poor law accounts shows guardians' specific acknowledgment of a duty towards individual disabled children, contrasting strongly with the later lack of any individual references to disabled children later in the early nineteenth century in the Asylum for the Infant Poor. The first mention of outrelief directly paid for a disabled child is on 28 September 1739: 'Edward Hill's blind child for a quarter 2s6d'.⁵⁶ This quarterly nature distinguished it from weekly temporary payments of a shilling or sixpence to families, demonstrating its longterm nature. By 1741 it altered into a weekly payment of one shilling, often to the mother Dinah; payment continued to 1748, suggesting it originated when the child was small. The amount did not increase, but matched the amount for 'Josiah Hamonds, blind', an adult, who

⁵³ See Murdoch, *Imagined Orphans*, p. 7

⁵⁴ Borsay, *Disability and Social Policy*, p. 1 ; King, 'Constructing the Disabled Child in England, 1800 - 1860', p. 118,

⁵⁵ Borsay, *Disability and Social Policy*, p. 155

⁵⁶ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out-Relief to the Poor 1739-1748, 28 September 1739

received a shilling on 2 December 1748, demonstrating equal status to relief. Despite no absolute right to poor relief, Edward Hill used the 'customary social right', and 'entitlements that were communally acknowledged', to successfully negotiate poor relief for his blind child.⁵⁷ In 1747, three disabled children were claiming relief; Widow Onions with 'One Child almost blind' and Widow Harris 'with Two children One Lame' received a shilling a week. These claims were by widows with children, another well-established 'deserving case' for relief, matching the Hills' weekly amount for one child. Edwin Hill had successfully enforced his disabled child's claim, equal to an adult's, despite lack of economic justification when the child was small. Attitudes of officials in the mid eighteenth century to these disabled children claiming outrelief contrast with attitudes to disabled children in the early nineteenth century at the Asylum for the Infant Poor; these differences in attitudes underline the importance of periodisation in understanding the changing contexts of disabled children's experiences.

Further evidence of outrelief paid for poor disabled children in Birmingham later in the eighteenth century can be traced in archives whose function was very different. By the 1760's, guardians were publishing 'Lists of the Poor' publicising recipients' details, including children's names, addresses, and sometimes impairment, to justify rapidly increasing poor rates to poor rate contributors in Birmingham, as the industrial town grew rapidly and poor housing and poverty increased. Numbers of the poor had dramatically increased; in 1766 there were 466 'receivers' of outrelief with 326 children, costing £28 14s 9p per week, and 'The Poor in the House', were approximately three hundred. The 1766 'List of the

⁵⁷ Borsay, *Disability and Social Policy*, p. 7

Poor' identified five disabled children (out of 326 recipients); John Harding, an eleven year old deaf boy from Dale End, Huw Jonas' daughter, 'an Ideot' with elderly parents, John Kesterton, dumb, aged ten from Chapelside, James Alcock, a nine year old 'Ideot' and 'the Shaw family, one child blind' in Aston.⁵⁸

By the later eighteenth century, there was real dissatisfaction in the town with the continued increases in poor rates in Birmingham and nationally. *'A proposal for building a new Workhouse'* in Birmingham in 1782 complained 'the outpensioners are the chief foundation of our public grievances'.⁵⁹ In 1781, the 'Lists of the Poor' mentioned guardians' defensive concern at increases that had reached 'the present alarming amount', the 'General Outpoor' costing £6456.0.3d, and 'lunatics' in expensive private asylums, £171.12s.6d.⁶⁰ Claims for poor relief for disabled children now needed to be made in this increasingly hostile and critical public environment. Levene dates deterioration and more negative attitudes to poor children in London to the 1770's.⁶¹ It is certainly noticeable in Birmingham by 1780. In the 1781 'List of the Poor' in Birmingham, of twenty two children listed with impairments, there were eight 'cripples' or lame, three 'afflicted with the evil' (scrofula, a form of tuberculosis), three blind/'bad eyes' (probably ophthalmia, that caused blindness), one insane, four children with fits, one 'deformed' and four children of Henry Sale, 'all small'.⁶² The average paid was a shilling, with 9d for young children, not increased since the payment to Edwin Hill's blind child forty years before. By 1822, the

⁵⁸ BAC 'List of the Poor Belonging to Birmingham' August 1766 (61811)

⁵⁹ BAC *'A proposal for building a new Workhouse'*, 1782 (60342)

⁶⁰ BAC 'List of the Poor of Birmingham, 1781' (61811)

⁶¹ Levene. *The Childhood of the Poor*, p. 133

⁶² BAC 'List of the Poor of Birmingham, 1781' (61811)

published 'List of the Outpoor Receiving Pay' took an even harsher tone. The point of publication was not only public accountability, but naming and shaming, 'to gain information of unworthy receivers of relief from the parochial Funds, that the same may in future be prevented'.⁶³ With increasing classification, poor were divided into four categories. 'First class' was 'Aged, Infirm, or Idiotic cases', 'Second class' was 'Wives and Families of Soldiers', 'Third class' was 'Casual Sickness, Widows with families, orphan children' and Fourth class illegitimate children. The few disabled children mentioned were classified Third class, mostly 'cripples' or 'idiots', placed in the category of 'Casual Sickness' receiving between a shilling and 2s6d a week. The First class category contained mostly elderly paupers, nearly blind, 'cripple' or 'lame and blind' who were at the top of the pauper hierarchy. Disabled children's assessment as 'Third class' reflected their now lower status in ranks of the 'deserving poor' and officials' lack of interest in them, despite growing interest in children's health elsewhere.⁶⁴ Claiming poor relief in the early nineteenth century was difficult. It was a harsh environment for paupers; 'relief to disabled people was delivered through a system designed to stigmatise applicants without work and exclude them from the community'.⁶⁵ The difficulty in obtaining work was underlined by the List's recommendation in 1822 to ratepayers to hire employees monthly, in order to prevent any settlement rights being acquired.

Exploring outrelief payments to poor disabled children during the eighteenth and early nineteenth centuries reveals society's attitudes to pauper children

⁶³ BAC 'List of the Outpoor Receiving Pay' 1822 (61811)

⁶⁴ Levene, *The Childhood of the Poor*, p. 7

⁶⁵ Borsay, *Disability and Social Policy*, p. 152

changing and deteriorating, and this period of transition in the children's experiences should be highlighted. In addition to outrelief, pauper children were also accommodated at the Birmingham parish workhouse and after 1797, at the Asylum for the Infant Poor. Provision of residential care for children in workhouses and the Asylum of the Infant Poor in Birmingham was a major aspect of poor law relief that shaped many experiences of pauper children, including disabled children, and is explored next.

Poor law buildings in Birmingham

The poor law buildings occupied by disabled children provide important context to their experiences; 'the experiences of the disabled minority confined in the workhouse were a product of the physical environment'.⁶⁶ The different buildings reflected developing agendas of local poor law officials, illustrating how changing policies impacted on children's lives. The distinction between the old Birmingham parish workhouse and the new workhouse that opened in Birmingham in 1852 is emphasised; in addition, from 1797 the Asylum for the Infant Poor provided care separately for pauper children. They were distinct buildings with different principles from separate legislation and administrative systems underpinning their regimes for inhabitants. The popular image of the mid-Victorian workhouse dominates ideas of early workhouses erected under the old poor law, such as the older parish workhouse in Birmingham. The later Birmingham Union workhouse, referred to here as the 'new workhouse', was designed at the height of the New Poor Law drive to establish workhouses as a deterrent, in compliance with strict central poor law requirements including

⁶⁶ Ibid., p. 26

uniformity. Earlier smaller workhouses reflected more varied eighteenth century poor law systems, and had evolved over time reflecting changing priorities of society.

The Birmingham Parish Workhouse

The first workhouse in Birmingham was established on Lichfield Street near Coleridge Passage, Steelhouse Lane in the 1730's, erected 'to employ and set to work the poor of Birmingham for their better maintenance'.⁶⁷ Hutton described it as resembling 'a gentleman's house'.⁶⁸ Upton suggests the workhouse was built in 1734/5 with its two wings and belltower in place by 1750.⁶⁹ One wing was an infirmary and the other a 'place of industry'. Early workhouses often resembled neighbouring properties and were established within communities, unlike the later workhouse built out of town on Birmingham Heath, an area dominated by poor law institutions and the lunatic asylum.⁷⁰ A 'Town Infirmary' was added in 1793 for 150 patients, and a 'Lunatic Branch' of the Town Infirmary in 1835 for sixty 'insane' people, although 'harmless lunatics' often remained in the main workhouse; these additions stress the growing importance of healthcare to functions of the workhouse.⁷¹ In 1835 twenty-three 'insane' women remained in the workhouse lunatic ward, while thirty-six 'insane' people occupied the new building; by 1847, seventy eight people occupied the new building built for

⁶⁷ BAC, Birmingham Town Book 16 May 1727 (286011)

⁶⁸ William Hutton, *An History of Birmingham* (Birmingham, 1783), p. 216

⁶⁹ Upton, *The Birmingham Parish Workhouse*, p. 26; BAC, Map of Birmingham surveyed by Samuel Bradford, 1750 (14002)

⁷⁰ Morrison, *The Workhouse*, p. 192

⁷¹ Reinartz and Ritch, "Exploring Medical Care in the Nineteenth-Century Provincial Workhouse; A View from Birmingham", in Reinartz and Schwarz, *Medicine and the Workhouse*, p. 142

sixty.⁷² Fanny Johnson Crompton can be traced entering the workhouse in March 1850 and was registered 'insane'; she probably occupied these overcrowded areas with 'insane' women, explaining her distress.⁷³

Originally the Birmingham parish workhouse housed around 400 people, increasing to over 500 by 1847, although numbers fluctuated.⁷⁴ In 1783 there were 173 children in the workhouse between the ages of seven and fifteen (65 boys and 108 girls).⁷⁵ A pamphlet in 1782, *The Present Situation of the Town of Birmingham respecting its Poor* called for a new workhouse, complaining children slept 'six to a bed'.⁷⁶ Workhouses were increasingly thought unsuitable for children, and in 1797 many pauper children transferred to the new Asylum for the Infant Poor, children afterwards staying in the parish workhouse only for short periods until moved to permanent places.⁷⁷ Overcrowding was consistent and the workhouse extended piecemeal several times; 'the mistress of the workhouse has been under the necessity of putting four grown up persons in a bed; and six children have for a long time slept in a bed together'.⁷⁸ A description from 1816 refers to the 'old garret' where 82 men and 30 boys shared thirty two beds, and a 'new garret' with 78 men and 27 boys sharing thirty four beds. 170

⁷² BAC GP/B/2/1/3 Guardians' Minutes 7 April 1835, 15 November 1837; GP/B/2/1/5 Guardians' Minutes 20 April 1847

⁷³ BAC MS 344/12/1 Casebook 1845-1850, 6 March 1850

⁷⁴ BAC, GP/B/2/1/11 30 May 1785, quoted in Reinarz and Ritch, 'Exploring Medical Care in the Nineteenth-Century Provincial Workhouse: A View from Birmingham,' in Reinarz and Schwarz, *Medicine and the Workhouse*, pp. 140-163

⁷⁵ BAC, GP B/2/1/1 Guardians' Minutes 8 December 1783

⁷⁶ BAC, *The Present Situation of the Town of Birmingham respecting its Poor, considered with a proposal for building a new Workhouse addressed to the Inhabitants by the Inhabitants by the Overseers of the Poor*, 1782 (60342)

⁷⁷ Levene. *The Childhood of the Poor*, p. 12, p. 67

⁷⁸ BAC, *The Present Situation of the Town of Birmingham respecting its poor*, 1782 (60342)

children shared twenty-five beds in the 'children's sleeping room'.⁷⁹ Segregation of sexes and ages was practised in workhouses and children separated from adults, both during the day and at meals, although children under seven could stay in adult female wards. The yard was divided into areas for males and females by a wall, with a separate children's yard. The inadequacy of the building was problematic; described as 'decayed and dangerous' (except the newer infirmary) with poor ventilation in the yard and small courts, disabled children must have struggled with uneven floors, partitioned rooms, and cramped conditions.⁸⁰ Samuel Jervis was paid £1 15s for 'cleaning ye clock' in 1739, essential for the strict workhouse routine.⁸¹ The workhouse was well equipped originally.⁸² 'A Thousand of Plants for the Garden' purchased for three shillings in 1743 suggests large gardens.⁸³ Food purchased shows the mid-eighteenth century diet was more varied than restrictive diets prescribed a century later by the Poor Law Board.⁸⁴ Parish officials faced constant public criticism; private charity was thought preferable.⁸⁵ 'The tension between humanitarian concern and the desire to keep costs as low as possible was apparent in the treatment of

⁷⁹ BAC, CP B/660983 Birmingham Overseers' Minutes, Volume 2 24 December 1816

⁸⁰ BAC GP B/2/1/4 Guardians' Minutes 2 July 1839

⁸¹ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out-Relief to the Poor 1739 - 1748, 5th October 1739

⁸² Ibid. 'Pewter spoons and a close stool pan for the House' purchased on September 7th 1739, an egg slice and three dozen spoons on 24 December 1739, five shillings 'paid to John Mantle for Bed blankets and sheets', eight shillings on knives, and in April and May 1748 nearly three shillings on 'bosoms' and '12 dozen birch bosoms'. Linen, woollen cloth and soap were purchased.

⁸³ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out-Relief to the Poor 1739 - 1748

⁸⁴ BAC, CP B/380943 Accounts of Birmingham Workhouse and Out-Relief to the Poor 1739 - 1748 show beef and cheese regularly and mutton occasionally, eight strikes of pease', oatmeal, malt, corn, 'flower' and 'white bread and barm', honey, onions, turnips and greens supplied. In February 1739/40 loaf sugar, 13lb of raisins, 3lbs of currants, half a pound of 'Jameco pepper', half a pound of ginger, two ounces of nutmeg and cinnamon, and hops were purchased. Cows and calves were kept for milk and beef, and the butcher slaughtered 'piggs'. Tobacco was purchased, and 'ale for the washerwomen'

⁸⁵ D. Andrews. *Philanthropy and Police: London Charity in the Eighteenth Century* (New Jersey, 1989), p. 49

the poor at all times' and this was reflected in the officials' attitudes to pauper children, seeking to economise at all times.⁸⁶ Some of the children's experiences surface through the records, such as hunger, discomfort, overcrowding and segregation.

In 1784, Rules for the workhouse were published, revealing a tightening routine driven by public dissatisfaction with local poor law and workhouse administration, and a stricter regime controlling lives of adults and children. Workhouse Rules revealed strict routines for adults and children. A bell was rung at 5.45am in summer and 6.45am in winter for outworkers, including older children, to go to work; inmates worked from 6am to 7pm in summer and 7am to 6pm in winter, retiring at 9pm in winter and 10pm in summer. The 'old and infirm' were excused work until 9am. Bells rang at 9am, 1pm, and 7pm for meals in the 'long room', supervised by the Governor to ensure no one stole food; discipline was enforced by controlling food and latecomers 'forfeited' meals. The Pantryman weighed out bread, cheese and meat and weighed back any surplus, giving exact accounts to the house clerk. Anyone not attending prayers three times a week, leaving without permission, or lurking after retiring time, 'forfeited' a meal. 'Disorderly conduct' included swearing, not washing, refusing to work, or playing at cards, and was punished by withdrawing food. 'Refractory conduct' (disobeying an officer, being drunk, damaging property or stealing) was punished by solitary confinement.⁸⁷ The Governor, meanwhile, was to remind the poor to be grateful for their 'comfortable situation'.⁸⁸

⁸⁶ Morrison, *The Workhouse*, p. 192

⁸⁷ BAC, *Orders and Rules to be observed in the Birmingham Workhouse*, 1784 (49736)

⁸⁸ BAC, *Orders and Rules to be observed in the Birmingham Workhouse*, 1784 (49736)

Pauper children's experiences were dominated by segregation, bells, and adults enforcing routines and restriction of food. Physical experiences such as hunger and fatigue must be interpreted from these records. On entering the workhouse, children were dressed in pauper uniforms of coarse material and their hair was cropped, the sign of a workhouse child. The Governess was responsible for children. Her duties included supervising meals, and on a 'meat day' to appoint 'women to cut the allowance into small bits', perhaps ensuring smaller weaker children received strict daily allowances. She had to check wards were clean and nurses took 'proper care' of children.⁸⁹ Contact with the outside world was restricted; all inmates, including children and teenagers, needed permission to leave the workhouse unless for work. Children were separated from families and emotional experiences such as loneliness, homesickness and fear of officials and punishment are possible interpretations of these poor law records. Children were expected to work; boys were sent to work in workshops and apprenticed as quickly as possible, while girls did domestic service, sewing and knitting until sent out as domestic servants. By 1846 there was a wall several feet high to prevent exit, although escapes were not unusual and provide a glimpse of young people's agency as they rebelled against the strict regime; Thomas Wilkes, aged sixteen, escaped for the second time in February 1846 'by getting over the old wall fell to the ground from a height of several feet although apparently without sustaining any serious injury'.⁹⁰ The term 'old wall' suggests a secondary new wall, both restricting contact with the outside. On Fridays, long queues formed

⁸⁹ BAC, *Orders and Rules to be observed in the Birmingham Workhouse*, 1784 (49736)

⁹⁰ BAC, HC/AS, MS 344/12/1, Casebook 1845-1850, February 1846

from dawn outside the walls to collect weekly outdoor relief like bread, food, clothing or tickets for money.⁹¹ Children queued with families and this noisy area was crowded with poor of all ages; overseers expressed concern at the 'infirm condition' of many queuing for relief.⁹²

Some form of limited education was provided in the parish workhouse. A Poor House School was attached, started in 1797 for instruction of pauper children. Attendance was temporary as children moved on quickly. In 1840 there were only ten boys and twenty girls, other children 'permanently thrown upon the parish being removed to the Asylum schools', while 'strangers' (children without settlement rights) were 'passed as speedily as possible to their respective parishes'; reading, writing and knitting were taught, and moral and religious studies were 'inculcated', that term substituted for 'included'.⁹³ Education, including moral education, was that thought suitable for paupers. Before 1834, education for pauper children was to give moral training and to create habits of industry.⁹⁴ Standards of education were poor and conditions harsh, and cruelty was common.⁹⁵

It is difficult to identify disabled individuals in the parish workhouse, but glimpses of them can be obtained. Disabled adults were reported in 1836.

Nineteen lame and blind adults and 100 'insane' and 'idiotic' adults were

⁹¹ J.A. Langford, *A Century of Birmingham Life 1741 – 1841*, BAC (269873) 73.2 BCOL

⁹² BAC, CP B/660894 Birmingham Overseers' Minutes 18 September 1827

⁹³ BAC, MS 1683 '*Report on the State of Education in Birmingham*' by the Birmingham Statistical Society for the Improvement of Education. April 1840, published in the Journal of Statistics Volume 3 1840

⁹⁴ Digby, *Pauper Palaces*, p. 180

⁹⁵ Fowler, pp. 110 –118; Longmate, pp. 167–181.

mentioned, with fifty-nine inmates in the infirmary; children in the workhouse now comprised only twelve infants and eighteen children between seven and twelve.⁹⁶ Classification and segregation controlled life and experiences in the workhouse, controlling the records that were kept and have survived. Classification was used as a deterrent and for effective administration of paupers.⁹⁷ Paupers were divided into classes for segregation and recordkeeping and these prescribed classes changed throughout the nineteenth century, making it problematic to identify disabled adults and children. From 1834, classes that disabled children might have been recorded in were 'children', 'able bodied' and 'the aged and really impotent' but after 1842, classification of 'aged and impotent' changed to 'infirm through age or any other cause', possibly including disabled children making them hard to identify.⁹⁸ Disabled patients were also sometimes included in 'infirm' or 'bedridden' numbers.⁹⁹ Birmingham was unusual in maintaining 'bedridden wards' as well as 'sick beds', mentioned first in 1842 and often overcrowded.¹⁰⁰ These centrally imposed classification policies make it difficult to locate disabled children who were hidden within different classifications in the records.

Provision of medical care in workhouses became increasingly important. In 1784, the Rules had provided for out-surgeons and a House Apothecary to prepare medicines 'agreeably to the pharmacopocia' and keep 'a necessary

⁹⁶ *Birmingham Journal*, 15 October 1836

⁹⁷ Digby, *Pauper Palaces*, p. 144

⁹⁸ Ritch, *Medical Care in the Workhouses*, pp. 58-63

⁹⁹ *Ibid.*, p. 46, pp. 61-62

¹⁰⁰ BAC, GP B/2/3/1/1 Guardians' Minutes 5 April 1842; GP B/2/8/1/3 27 January and 2 November 1860

assortment of drugs and galenical and chymical medicines'.¹⁰¹ Care was provided in the Infirmary, from the Dispensary and in homes. By 1795, three surgeons shared care, increased to six by 1832.¹⁰² In 1823 Thomas Green was appointed as first resident house surgeon to the workhouse infirmary, later becoming Medical Superintendent of the Lunatic Asylum in 1850.¹⁰³ The Birmingham workhouse had a well-developed medical service before 1834, providing good medical treatment for the poor; the workhouse infirmary preceded Birmingham's first General Hospital by some fifty years.¹⁰⁴ However, this role reduced by 1850 as New Poor Law regulations took greater priority.¹⁰⁵ The workhouse had an educational role in training workhouse medical staff and students at the new medical school, and guardians cooperated with Sands Cox in allowing operations on inmates (although this later stopped), supplying pauper corpses for the medical school.¹⁰⁶ The Register of Lunacy, a rare surviving source, reveals different wards of the workhouse around 1845 used by sick or disabled children registered as 'insane'. Ellen Edwards was 'brought from No.3 ward' in 1847 with epilepsy, perhaps a general ward to the Insane ward.¹⁰⁷ Elizabeth Williams, fifteen, was 'brought to No.3 ward yesterday. She had fits, never having had any before' but 'in a very weakly condition, half-starv'd' dying after a week.¹⁰⁸ Sarah Ellis, an epileptic aged seventeen, was discharged to the

¹⁰¹ BAC, *Orders and Rules to be observed in the Birmingham Workhouse*, 1784 (49736)

¹⁰² BAC, GP/B/2/1/1 Guardians; Minutes 27 October 1795 and 27 September 1803; GP/B/2/1/3 Guardians' Minutes 25 September 1832

¹⁰³ BAC, GP/B/2/1/1 Guardians' Minutes 11 March and 1 July 1823

¹⁰⁴ Ritch, *Medical Care in the Workhouses*, p. 38

¹⁰⁵ R.G Hodgkinson. *The Origins of the National Health Service: The Medical Services of the New Poor Law, 1834 - 1871* (London, 1967), pp. 190-191

¹⁰⁶ Reinartz and Ritch, 'Exploring Medical Care in the Nineteenth-Century Provincial Workhouse: A View from Birmingham,' in Reinartz and Schwarz, *Medicine and the Workhouse*, pp. 143-145

¹⁰⁷ BAC, HC/AS: MS 344/12/1, Casebook 1845-1850 No. 147

¹⁰⁸ BAC, HC/AS: MS 344/12/1, Casebook 1845-1850 No. 279

Lying In ward in 1845 to have twin girls.¹⁰⁹ In Worcestershire, sick children in workhouses were treated in general children's wards, occasionally adult sick wards, demonstrating the low priority of sick pauper children at a time of increasing interest in children's health.¹¹⁰ This practice varied but Reinarz and Ritch conclude sick children in Birmingham shared wards with adults.¹¹¹ Lists of staff in 1850 reveal the nurse in the general Children's Ward, Sarah Hemming, was paid £2 p.a. while nurses in men and women's fever wards, a bedridden ward, a lying in ward, No.1 and No.3 wards, and a night nurse in the 'Infirmary', were paid £3 15s a year.¹¹² It is difficult to identify disabled or sick children in the parish workhouse or their treatment but there was a dedicated Sick Children's Ward in the Asylum for the Infant Poor by 1836.¹¹³

The Asylum for the Infant Poor

Although the parish workhouse provided accommodation for pauper children, by the late eighteenth century there was a developing view that workhouses were unsuitable for children.¹¹⁴ Birmingham guardians were progressive in establishing specialist provision for pauper children. The Asylum for the Infant Poor opened in 1797 to provide specialist care, and reduce overcrowding in the workhouse and high costs of boarding children out. It was the main provider of institutional care to pauper children until 1852 when children occupied the new workhouse. It is impossible to estimate numbers accommodated there, but given

¹⁰⁹ BAC, HC/AS: MS 344/12/1 Casebook 1845-1850: Sarah Ellis discharged 6 July 1845 to the Lying In Ward. Admitted May 21 1845 age 17 when eight months pregnant. 'Epilepsy. Duration of disease 6 or 7 years. Confined with twin girls'.

¹¹⁰ Crompton, *Workhouse Children*, p. 85

¹¹¹ Reinarz and Ritch, "Exploring Medical Care in the Nineteenth-Century Provincial Workhouse; A View from Birmingham", in Reinarz and Schwarz, *Medicine and the Workhouse*, p. 152

¹¹² BAC, GP/B/2/1/8 Guardians' Minutes 1850-1851 18 December 1850

¹¹³ Upton, *The Birmingham Parish Workhouse*, p. 179

¹¹⁴ Levene. *The Childhood of the Poor*, p. 67

increased risks of impairment in poor communities and disabled children mentioned in earlier records, some disabled children resided there, although finding them in records is challenging.

A report in the early nineteenth century claimed families sent their weakest children to the parish and the Asylum for the Infant Poor, retaining healthier siblings of economic value to the family. Children admitted were

the weakly members of a family, for in times of distress it is reasonable to conclude that parents who are under the necessity of sending some of their children to be taken care of by the parish authorities, will first get rid of those who require the most attention, and are least able to do anything for the support of themselves or their family'; they were 'tainted unhealthy stock' ...'selected from the worst offspring of the most degraded and indigent classes in the town.¹¹⁵

Disabled children may have been included as 'weakly members' in this critical and unsympathetic description. Poor families used available institutions to care for children temporarily, allowing other family members to work and to survive.¹¹⁶

A Report in 1809 explained previous childcare policy of Birmingham guardians; 'The expediency of separating the children of the poor, from those depraved and incorrigible persons who too frequently form the population of a parish workhouse' caused Birmingham guardians to board out children from four to ten

¹¹⁵ BAC, *Report of the Cases of Sickness that occurred at the Asylum for the Children of the Poor*, 1837, p. 456 (1011083)

¹¹⁶ Levene. *The Childhood of the Poor*, p. 93

with nurses in neighbouring villages.¹¹⁷ In 1797, to reduce boarding out costs, the Asylum opened a mile from the town, with a matron, schoolmaster and mistress. Children between five and ten or twelve were sent there, staying 'if not removed by their parents, till they are able to be apprenticed or placed in service'.¹¹⁸ The Asylum was at the edge of town by Summer Lane and Walmer Lane, away from the community. It was built on clay, exposed to east and west winds, and 'necessarily cold and damp'.¹¹⁹ Hutton related 'the manufacture of pins, straw-plait, lace etc is carried on for the purpose of employing the children, whose labour produces a profit to the parish. There is a bath, garden, playground, school and chapel'.¹²⁰ By 1837 'accommodation was a common room on the ground floor; a separate dormitory about a hundred feet long, 25' wide, and 11' high – 140 boys slept in one, and 100 girls in the other; a lofty and spacious room for the infants, and other rooms where the younger and weaker children are kept by themselves, that they may not be oppressed by those of stronger growth', and there were large playgrounds.¹²¹ West's directory in 1830 refers to gardens at the front and rear, and surrounding land let as gardens.¹²² On its sale in 1851, it was described as 'Asylum and buildings in Summer Lane and cottages situate in Walmer Lane and piece adjoining garden, and also that piece of land lately used as gardens, with the bath thereon, situate in Summer

¹¹⁷ BAC, MS 2738. *Report of the Society for Bettering the Conditions of the Poor No. XIII*, from 'Of The Education of the Poor; Being the First Part of a Digest of the Reports of the Society for Bettering the Condition of the Poor', 1809, pp. 208–216.

¹¹⁸ BAC *Report of the Cases of Sickness that occurred at the Asylum for the Children of the Poor*, 1837, p. 455 [1011083]

¹¹⁹ BAC *Report of the Cases of Sickness that occurred at the Asylum for the Children of the Poor*, 1837, p. 455 [1011083]

¹²⁰ William Hutton, *An History of Birmingham* (6th edn., Birmingham, 1836)

¹²¹ BAC *Report of the Cases of Sickness that occurred at the Asylum for the Children of the Poor*, 1837, p. 455 [1011083]

¹²² W. West, *The History, Topography and Directory of Warwickshire* (Birmingham, 1830) p. 248

Lane'.¹²³ A pin manufactory was added in 1800, and further substantial buildings costing £600 in 1819. A new schoolroom in 1822 replaced the original room for three hundred children with its low ceiling.¹²⁴

In the eighteenth and early nineteenth century, children of the poor were to be inured into habits of labour.¹²⁵ Older girls did gendered roles of domestic work, training them for service. They were taught to read, knitted stockings for the workhouse and did external sewing work. Boys worked outdoors in farms and gardens and picked stones while smaller children made oakum from old ropes. Profits from work built a shop, where forty boys headed pins and forty girls plaited straw for ladies' hats.¹²⁶ In 1830, 124 children worked in the pin manufactory and 56 made lace.¹²⁷ The Asylum aimed 'to prove that the moderate labour of children is not only productive of present profit, but of permanent and extensive benefit to the parish, and society'.¹²⁸ Poor children were to be trained to be an asset, not a drain on the parish. By the early nineteenth century, the idea of children having economic value extended to detailed profit and loss accounts for pauper children.¹²⁹ Profits from 1800 to July 1804 were published at £5761 4s 4d, less expenses of £3481.10s.7d, making a profit of £2351 10s 9d over four years.¹³⁰ Labouring people were regarded as having a value and 'often discussed

¹²³ BAC, GP B/1/1/1 29 March 1851

¹²⁴ BAC, GP B/2/1/2 Birmingham Guardians' Minutes 10 July 1822

¹²⁵ Cunningham, *The Children of the Poor*, p. 2

¹²⁶ William Hutton, *An History of Birmingham* (6th edn., Birmingham, 1836)

¹²⁷ BAC, MS 2126/EB9/1829 Regulations of Birmingham Workhouse

¹²⁸ BAC, MS 2738 *Report of the Society for Bettering the Conditions of the Poor No. XIII*, from 'Of The Education of the Poor; Being the First Part of a Digest of the Reports of the Society for Bettering the Condition of the Poor', 1809, pp 208–216.

¹²⁹ Levene. *The Childhood of the Poor*, p. 4

¹³⁰ BAC, MS 2738 *Report of the Society for Bettering the Conditions of the Poor No. XIII*

as units of production'.¹³¹ This included children; their economic value, coupled with 'the conviction that preserving children could change the nature of wider problems of poverty and productivity' was important in the late eighteenth century, with growing sentimentality about the nature of childhood.¹³² In practice, there was little sentimentality expressed at Birmingham about children at the Asylum for the Infant Poor. An important function was to save costs and in 1805 guardians published substantial savings achieved in the previous seven years.¹³³ Saving costs was the priority, not caring for children's health.

Care provided was thought appropriate for pauper children, 'to take care of their health and direct their morals'.¹³⁴ While a matron was in charge originally, by 1814 Samuel Brueton and his wife were employed at a joint salary of £80 p.a. plus board, half the salary of the workhouse governor.¹³⁵ The children's diet was claimed as adequate.¹³⁶ The guardians' aim for children was to create

early habits of industry and subordination, to which they were before entire strangers; their rude and savage manners and disregard of authority, had

¹³¹ Andrews. *Philanthropy and Police*, p. 23

¹³² Levene. *The Childhood of the Poor*, pp. 4-5

¹³³ BAC, MS 2378, *Savings to the Parish*, 1805: Numbers of children fluctuated; 248 in 1798, 290 in 1799, 269 in 1800, 281 in 1801, 250 in 1802, 200 in 1803 and 253 in 1804. In 1798 costs of maintenance (including rent, fire and wages) were 1s 4d per child per week, compared to two shillings per child per week for nursing out, saving the parish £405.10 per week. Maintenance costs rose to 1s10d per child per week in 1800, 2s 1d in 1801 and 1802, and sharply to 2s 9d in 1804; nursing out costs also rose. Savings to the parish claimed by guardians between 1797 and 1804 were a substantial £3009.3s.1d.

¹³⁴ BAC, GP/B/2/1/1, Guardians' Minutes 27 October 1795

¹³⁵ BAC, GP/B/2/1/3 Guardians' Minutes 20 May 1828

¹³⁶ Children had meat three times a week, with soup, puddings, rice, milk, bread, cheese, and also beer; these details should be regarded with scepticism, considering illnesses linked to malnutrition. A Poor Law Board Order of 16th November 1849 to Birmingham Guardians prescribed a strict diet. Depending on age, breakfast was four to five ounces of bread with half to a pint of milk 'porridge' made with a spoon of oatmeal mixed with a pint of water and milk. Dinner was three to five ounces of meat, with eight to sixteen ounces of vegetables and potatoes; on Sundays and Wednesdays there was six to twelve ounces of suet pudding. Supper was bread and broth, with bread, treacle and milk on Sundays.

produced habits so untractable and turbulent, as for some time to baffle every effort of the Committee to correct them.¹³⁷

Boarding out had not achieved necessary discipline and deference to authority, and adults 'in charge' struggled to establish control; children were not passive.

Children were taught order by

conducting them in order round the governor in the playground, several times a day; when he had an opportunity of marking their individual conduct, of correcting the disorderly. And of applauding the tractable''They who had once been the pest and dread of housekeepers and manufacturers, are now sought with avidity, as orderly and useful servants.¹³⁸

This description suggests a lively, uncooperative group of children. Some groups were thought more deserving of sympathy than others.¹³⁹ There was, however, little sympathy or sentimentality for children in the Asylum of the Infant Poor in the early nineteenth century.

The Asylum provided care to children from 1793 to 1852, straddling both old and new poor laws. After 1834, life became harder as guardians and children adapted to harsher central rules under Less Eligibility rules. Control by the central Poor Law Board tightened over Birmingham guardians; any unnecessary payment by guardians was challenged and relief monies could only relieve destitution. In 1851, 500 buns were provided as a treat for Asylum children at the Feast for paupers on laying the foundation stone of the new workhouse, but

¹³⁷ BAC, MS 2738 *Report of the Society for Bettering the Conditions of the Poor No. XIII*, p. 210, p. 212

¹³⁸ *Ibid.*, p. 210, p. 212.

¹³⁹ Turner, *Disability in Eighteenth-Century England*, p. 137

the cost was deemed 'illegal' (although allowed on appeal).¹⁴⁰ In 1851 the Warwickshire Auditor disallowed the chairman of the guardians, Frederick Dee, a repayment of £1 3s 11d for pennies for good conduct 'given customarily to the children of the Infant Poor Asylum, upon the occasion of their attending the Annual Fair in Birmingham'; children had been allowed to visit the fair each year with a penny for treats, suggesting a more lenient regime for children before 1850 but 'such gratuities are not lawful disbursements from the Poor Rate, raised only for the relief of destitution' and repayment disallowed.¹⁴¹ Matters came to a head between guardians and the Poor Law Board in March 1852. One hundred thousand people visited the new workhouse before it opened in 1852, but the Poor Law Board refused to authorise expenses for the opening. Guardians complained they were 'mere Automata with little else to do than to obey the biddings of an unnecessarily unconstitutional and very expensive permanent Central Board and their extravagantly paid Representatives', and pledged to uphold the Local Act for the Government of Birmingham.¹⁴² Birmingham guardians had objected to the stricter control imposed by the Poor Law Board, but their attitude that more lenient standards should apply to pauper children had not succeeded. By the early 1850's children received more treats from the public, suggesting an increase in public sympathy for them. In 1851 children were invited to view William Cooke's 'Equestrian Exhibition' 'free of cost' and a 'Diorama of the Holy Land' at the Shakespeare rooms 'gratuitous'.¹⁴³

¹⁴⁰ BAC, GP B/1/1/1 30 August 1851

¹⁴¹ BAC, GP B/1/1/1 15 January 1852

¹⁴² BAC, GP B/2/1/8 Guardians' Minutes 1850 -1851, 26 February 1851, 17 March 1852

¹⁴³ BAC, GP B/2/1/8 Guardians' Minutes 1850 -1851, 26 February 1851

The Asylum provided medical care for sick children and children's health was poor. 'Medical gentlemen' from the workhouse and two physicians attended children each week, and later the surgeon of the Town Infirmary.¹⁴⁴ In 1831, fifty children had medical issues, seven being 'sick', nine 'bad', ten with 'bad fingers' and six with 'bad feet' suggesting experiences of physical impairment.¹⁴⁵ In 1837, the mortality rate was 'an exceedingly high' one in fifteen and this was blamed on location, children closeted together for ten hours at night, and weaker children sent there.¹⁴⁶ Minor illnesses (itch (scabies), scaldhead, and scrofula, a form of tuberculosis) were managed at the Asylum while more serious illnesses transferred to the Town Infirmary; measles, whooping cough, scarlet fever and diphtheria were common. There was a separate sick bay by 1836, a children's Sick Ward by 1850 with a nurse Sarah Vicarage paid £2 10s p.a., and a separate Scald Ward.¹⁴⁷

Medical reports on children, published for public scrutiny, rarely mention disabled children but focused on ill health. Deaths resulted from measles, phthisis (a form of tuberculosis), and stuma, a swelling of the thyroid from iodine deficiency. Several deaths resulted from cancrum oris, a gangrenous inflammation of mouth and genitals found in conditions of extreme poverty, chronic malnutrition and poor sanitation. Charles Pashley, only three, 'of intensely strumous diasthesis with small limbs and a large belly' whose cheek

¹⁴⁴ BAC, MS 2738 *Report of the Society for Bettering the Conditions of the Poor No. XIII*, p. 211 (1809)

¹⁴⁵ BAC, CP B/660985 Birmingham Overseers' Minutes 5 April 1831

¹⁴⁶ BAC *Report of the Cases of Sickness that occurred at the Asylum for the Children of the Poor*, 1837, p. 456 (1011083)

¹⁴⁷ BAC, CP B/660986 Birmingham Overseers' Minutes 1 March 1836; GP/B/2/1/8 Guardians' Minutes 1850-1851 18th December 1850

was perforated with cancrum oris, received medicine of opium, quinine, wine and nourishing food, but died; Ellen Jukes, four, 'a large bellied scrofulous child' was sent to the workhouse with a sore 'from the external corner of the eye to the angle of the mouth, presenting a most hideous spectacle', the surgeon was surprised she survived, attributed to better air at the workhouse; William Brodie, aged five with croup, measles, and cancrum oris was treated with leeches to the throat, calomel (a form of mercury used as a purgative), syrup of poppies and decoction of bark, quinine, port wine, and opium and recovered.¹⁴⁸ These comments illustrate the experience of sick, not disabled children. Crompton argued as medical care was funded by middle and upper classes, medical care and scientific attention focused on contagious illnesses, while conditions linked to malnutrition and poverty were neglected.¹⁴⁹ In the Asylum, the focus was on 'sickness' and infectious diseases rather than impairment that attracted very little comment. Two deaths in 1851 were from 'scrophulous phthisis, the last aggravated by disease of the hip joint and lumbar vertebrae'.¹⁵⁰ These experiences of illness, not impairment or disability received attention from medical professionals. Publication of these children's details in Birmingham is surprising to modern ideas of child protection and anonymity, but public scrutiny of care of pauper children took priority.

If children's care was problematic they were transferred to the infirmary or lunatic wards at the workhouse. Emma Oxford, thirteen, probably epileptic, was 'brought from ye Asylum', the Asylum for the Infant Poor, to the workhouse

¹⁴⁸ BAC, *Report of the Cases of Sickness that occurred at the Asylum for the Children of the Poor*, 1837, p. 456 (1011083)

¹⁴⁹ Crompton, *Workhouse Children*, pp. 73-74

¹⁵⁰ BAC, GP B/1/2/1 Guardians' Minutes 1850-1851 31 March 1851

lunatic ward in 1845; other lunatic asylums were always referred to by place name. Emma had a 'strap round body and fastened to bedsteads at night', dying from 'violent fits' in September 1848 at sixteen.¹⁵¹ The Asylum for the Infant Poor had struggled to cope, and the workhouse lunatic ward provided rare alternative care. Emma was identified in a workhouse document recording admission of the 'insane'; other records of disabled children at the Asylum are non-existent. The sense of individual disabled children at the Asylum for the Infant Poor is lost in the earlier nineteenth century, even in medical reports naming children, despite physical impairment making it theoretically easier to qualify as an 'object of compassion'.¹⁵² This absence of contemporary comment about disabled children in the early nineteenth century in poor law records confirms poor law officials emphasised what people were able to do, and King's 'hierarchies of ability not disability'; these attitudes included poor children.¹⁵³ In the early nineteenth century, officials and society were guided by 'perceptions of able-bodiedness and ability to perform productive and self-supporting work', reflecting their vested interests in reducing numbers claiming poor relief.¹⁵⁴ Disabled children were expected to manage with everyday life unless qualifying as a medical case. Medical conditions discussed in public reports were measles, tuberculosis, scrofula and their complications. There are no references to physical impairments such as 'lameness' or sensory impairments such as blindness or deafness, although they had previously been listed carefully in children in eighteenth and early nineteenth century poor law documents, and

¹⁵¹ BAC, HC/AS, MS 344/12/1 Casebook 1845-1850 No. 31

¹⁵² Turner, *Disability in Eighteenth-Century England*, p. 137

¹⁵³ Turner, *Disability in Eighteenth-Century England*, p. 151; King, 'Constructing the Disabled Child in England, 1800 - 1860', p. 113, p. 104

¹⁵⁴ Hutchison, Atherton and Viridi, *Disability and the Victorians*, p. 11

reported in adults in the workhouse; this absence of comment reinforces officials' lack of interest in such cases despite their being important in the Birmingham community. In the early nineteenth century, pauper children were not assessed for their impairments in the Asylum for the Infant Poor; they were regarded as units of production, to be trained for future employment, not to be a burden on the parish but 'sought with avidity, as orderly and useful servants'.¹⁵⁵ Ability to work, not disability, was the focus for pauper children. These contemporary attitudes of society are reflected in poor law and linked records, stressing the necessity to be aware of context, society's attitudes changing and careful periodisation in interpreting records.

Education at the Asylum for the Infant Poor

The increasing focus on education for poor children in the earlier nineteenth century allows a limited but valuable opportunity to identify experiences of pauper disabled children, as arrangements began to be made for a few children with sensory impairments by the mid nineteenth century and individual children are once more identified within poor law records in the mid nineteenth century.

An Asylum School next door on Asylum Road was established in 1797 for appropriate education of the 'poor and destitute'. In practice, in 1831, only an hour's education a day was provided; children worked eight hours a day, with an hours' 'schooling' for older children after work.¹⁵⁶ Younger children had two

¹⁵⁵ BAC, MS 2738 *Report of the Society for Bettering the Conditions of the Poor No. XIII*, p. 210, p. 212.

¹⁵⁶ BAC, CP B/660985 Overseers' Minutes Volume 4, 6 December 1831

hours morning and afternoon.¹⁵⁷ The priority was work to produce income for the Asylum. In 1827, 73 were working in the pin shop, 31 were making lace, 22 were stringing beads, 7 were cutting glass, and 21 making small wire articles.¹⁵⁸ From 1834, workhouses were to provide three hours schooling a day, in reading, writing, arithmetic and Christian Education.¹⁵⁹ In 1836 surgeons demanded an extra hours' recreation for children and a maximum six hours' work a day, reflecting popular concern over long working hours affecting children's health.¹⁶⁰ Increased attention on play and wellbeing resulted in a new playground in 1839; overseers commented on girls' skipping.¹⁶¹ *A Report on Education* in 1840 reported '190 scholars, 120 boys who are taught Reading, Writing and Arithmetic, and 70 girls who learn Reading sewing and knitting. Moral and Religious Instruction according to the Church of England', boys headed pins and girls learnt domestic work. An Infants school had 65 scholars, 36 boys and 29 girls, run on Wilderspin's system that stressed religion and play. Reading, moral and religious duties were taught to children under seven.¹⁶² There is no mention of any arrangements for disabled children.

By 1850 education had become a more important function of the Asylum of the Infant Poor. The staff now included George Kirkup the Schoolmaster, Elizabeth Foukes the schoolmistress, an assistant schoolmistress, and Ann Mullings the infant schoolmistress, a significant provision for three hundred children. The

¹⁵⁷ BAC, Guardian's Minutes GP B/2/1/3 5 October 1836

¹⁵⁸ BAC CP B/660985 Birmingham Overseers' Minutes Volume 4 6 December 1831

¹⁵⁹ Higginbotham, *Workhouses of the Midlands*, p. 20

¹⁶⁰ BAC CP B/660985 Birmingham Overseers' Minutes Volume 3 3 June 1836

¹⁶¹ BAC, Guardian's Minutes GP B/2/1/4 3 October 1839; BAC, CP B/660985 Birmingham Overseers' Minutes Volume 5 28 March 1837

¹⁶² BAC, MS 1683 *Report and Notes: 'Report on the State of Education in Birmingham'*.

By the Birmingham Statistical Society for the Improvement of Education April 1840, published in the *Journal of Statistics* Volume 3 1840

chaplain oversaw education; in 1850 his report on 'teaching the Children at the Asylum on the Hullah Method of singing', early musical education, was discussed by guardians.¹⁶³ In 1851 Ann Mullings was criticised for poor discipline. The Inspector was sympathetic, 'knowing how difficult it is to keep discipline among infants in a school room such as the present temporary one each of whose longer sides forms almost one continuous window', one side looking into the boys' and the other into the girls' ward, so that children could see everything 'by merely turning their heads'; Ann objected to this criticism as discipline had been much worse before her arrival, with the support of the inspector.¹⁶⁴

Disabled children were not mentioned at the Asylum schools, but by the mid-nineteenth century guardians' minutes start to reveal separate arrangements made for education of individual disabled children, usually with sensory impairments. Parishes had sometimes paid for pauper children to attend specialist institutions since the early nineteenth century, but practice varied. Rules of the Deaf and Dumb Institution in Birmingham in 1828 stated they would only accept children whose relatives, or parishes, contributed towards their maintenance and clothing at the set rate.¹⁶⁵ Parish policy varied. Under the New Poor Law, after 1834 sending pauper children to institutions for disabled children was contrary to central policies against specialist education under 'Less Eligibility' rules; it was argued pauper children would receive better education than poor children outside the workhouse. Despite this, by the mid nineteenth century Birmingham guardians had regular arrangements with various

¹⁶³ BAC, GP/B/2/1/8 Guardians' Minutes 1850 -1851 2 October 1851

¹⁶⁴ BAC, GP/B/2/1/8 Guardians' Minutes 1850 -1851 19 March 1851

¹⁶⁵ BAC, Reports of Birmingham Deaf and Dumb Institution 1827-1834, 1828 16th Report (71775)

institutions. In January 1851 accounts with guardians' minutes show payments of £8 3s to the Deaf and Dumb Asylum in Birmingham and £3 12s for the 'Blind Asylum Islington' (Islington Row Birmingham), both being for unnamed children, and £4 9s 4d paid to the Liverpool Blind Asylum for Samuel Bolton.¹⁶⁶ There was no disagreement recorded in the minutes over this expensive funding of specialist education for children with sensory impairments. Blindness and deafness were 'popular unproblematic causes' with children regarded as 'unproblematically deserving', selected by early philanthropy to restore children to the Word of God and become useful members of society, away from parish relief; 'pity was a key dynamic' used to justify funding for these children.¹⁶⁷ Children with other physical impairments such as 'lameness' or 'cripples' had to wait until the late nineteenth century for focused education, and must have remained at the Asylum for the Infant Poor with other children, and no special arrangements for them can be traced.

In 1850 Samuel Bolton applied to Birmingham guardians for funding at the Liverpool Blind Asylum to learn the employment of Chair Mat making for twelve months, and this was approved for Samuel 'as a pupil of this parish', despite his being nineteen.¹⁶⁸ Guardians were funding Samuel's expensive training at an institute for the blind where specialist trades were taught, although Samuel originally started at Liverpool in 1843 aged twelve funded by an Edward Grey, not by Birmingham guardians. The Royal School for the Blind in Liverpool was one of the first in England, opening in 1791; the Birmingham Institute for the

¹⁶⁶ BAC, GP/B/2/1/8 Guardians' Minutes 1850 -1851 8 January 1851

¹⁶⁷ Hulonce, *Pauper Children and Poor Law Childhoods*, pp. 112-113, p. 471, p. 404

¹⁶⁸ BAC, GP/B/2/1/8 Guardians' Minutes 1850 -1851 13 November 1850, 20 November 1850

Blind was still a small establishment opened with six blind pupils in Edgbaston in 1847, extended in 1848 to twenty five. Funding Samuel's training shows Birmingham guardians were progressive in agreeing to fund Samuel's training, aiming for independence from the parish as an adult. Guardians were not fully authorised to fund specialist education until the Poor Law (Certified Schools) Act of 1862, but Samuel's case shows Birmingham guardians ignored this in Samuel's interests, or their own.¹⁶⁹ Worcestershire guardians were more conservative, not sending pauper children to specialist schools either before the 1862 Act or to uncertified schools (such as the Birmingham Blind Institution) afterwards.¹⁷⁰ Disabled children's experiences varied with local poor law policies. Birmingham guardians, with additional powers under their 1783 local Act, were more progressive and took less notice of stricter national policies, hoping specialist training would help children become independent. Their further powers were however limited, and Samuel's career in chair mat making did not proceed. In 1851 the Liverpool Superintendent wrote to guardians 'to ascertain whether they would advance him Forty Shillings to enable him to commence the Trade of Basket Weaving' by purchasing equipment. The Poor Law Board refused this, stating guardians could not 'legally' fund this, so Samuel's request was refused.¹⁷¹ Samuel's experience, controlled by guardians inclined to fund his specialist education but subject to central Poor Law rules, reveals the impact on one young disabled person as 'intersections between state aid and private philanthropy revealed competing ideologies of care and cost'.¹⁷²

¹⁶⁹Poor Law (Certified Schools) Act 1862, 25 & 26 Victoria c.43

¹⁷⁰ Crompton, *Workhouse Children*, pp. 189-195

¹⁷¹ BAC, GP/B/2/1/8 Guardians' Minutes 1850 -1851

¹⁷² Hulonce, *Pauper Children and Poor Law Childhoods*, p. 328

Concern had been expressed about the poor health of children at the Asylum of the Infant Poor and the suitability of the site since the early nineteenth century. The children at the Asylum for the Infant Poor were moved to the new Birmingham Union workhouse erected in 1852, a building designed to accommodate Birmingham paupers including children, and disabled children were forced to cope with a new and challenging location, as society's stricter attitudes to the poor shaped their experiences once again.

The Birmingham Union Workhouse

The new workhouse was a highly planned building, unlike the old parish workhouse that had evolved piecemeal over time reflecting developments in legislation and society's attitudes to different classes of pauper. It opened in 1852, and was one of the largest workhouses in England, reflecting Birmingham's size and importance. It stood in five acres on Birmingham Heath, now Winson Green, an area then dominated by pauper institutions. The new workhouse was designed for seven hundred adults and six hundred children, with a separate infirmary for three hundred paupers at a cost of £44,476.¹⁷³ Children from the Asylum of the Infant Poor moved there in April 1852. In 1852, about six hundred and forty seven children were in the care of the parish, with two hundred and forty now living at the new workhouse.¹⁷⁴ These pauper children now resided in the institutional area of Birmingham, a bleak area on the edge of town containing the prison, the lunatic asylum, and the Fever Hospital. Overcrowding at the workhouse caused two hundred and seventy four beds to

¹⁷³ The Builder, 31 January 1852; Higginbotham, *Workhouses of the Midlands* p. 104

¹⁷⁴ Reinartz and Ritch, 'Exploring Medical Care in the Nineteenth-Century Provincial Workhouse: A View from Birmingham,' in Reinartz and Schwarz, *Medicine and the Workhouse*, p. 152.

be added in 1856, and a further three hundred and forty beds added to the infirmary in 1864, stressing its important health care role.¹⁷⁵ In 1889 a further separate large infirmary building opened on the same site.

The new workhouse was a highly planned building, designed to comply with requirements of central Poor Law Commissioners. The plan reflected the aims of the New Poor Law to establish deterrent workhouses throughout the country, to strictly segregate men, women and children, and to provide harsh conditions to act as a deterrent based on Less Eligibility policies.¹⁷⁶ The Birmingham workhouse was a corridor plan workhouse influenced by prisons, designed to segregate men, women and children. There was one entrance controlling access to the whole institution, known as the 'Arch of tears'. The main building had a long open corridor ten foot wide with a central rectangular well, open from the second floor to the roof, while iron galleries on each floor allowed staff to constantly supervise inmates. Arches with large iron gates divided male and female corridors.¹⁷⁷ There were separate areas and yards for boys and girls, and an infants' ward. In 1850 the architects, Bateman and Drury, suggested amending original plans for the children's (infants') department by substituting 'iron pallsading on a dwarf wall instead of an eight foot wall of brick forming the passage way through the Children's Department from the adult department to the Chapel', perhaps to allow children to glimpse relatives walking to chapel.¹⁷⁸ The chapel had two small galleries in the transepts for children. A steam boiler supplied hot water throughout and heated infirm wards, the bath, washhouses,

¹⁷⁵ Ibid., p. 146

¹⁷⁶ Morrison, *The Workhouse*, pp. 32–33, p. 43

¹⁷⁷ Ibid., p. 88

¹⁷⁸ BAC GP/B/2/1/8 Guardians' Minutes 1850 – 1851 23 November 1850

kitchens and sculleries, gas lighting was fitted throughout, and the ventilation system was an important modern feature to facilitate health. It was a showpiece building, yet contemporary descriptions of the building were sparse compared with those of voluntary institutions and hospitals in the Victorian period.¹⁷⁹ The corridor style workhouse was not designed or adapted for disabled people nor 'made any concessions to the design needs of disabled people, leaving them to survive as best they could within an environment constructed for the able-bodied'.¹⁸⁰ Children were segregated and some never left their quarters in the workhouse for years, moving between their accommodation, dining room, school, chapel and the yards. Children with physical impairments or limited vision must have struggled to cope with the austere building.

On admission, paupers including children were thoroughly cleansed, examined by a medical officer and put in workhouse dress before being separated from relatives.¹⁸¹ Hair was cut short. Lists of staff from 1852 show an extensive children's department of separate boys and girls' departments, and an infants' department. By 1861 a dedicated Children's Sick Ward named the nurse in charge as Amelia Orgill.¹⁸² Overcrowding continued to be a standard experience. Children were badly affected by overcrowding and within three years of opening, there were complaints of overcrowding and poor conditions. Bedridden wards were often overcrowded.¹⁸³ Lunatics and epileptic patients were one of the largest groups of sick inmates of the workhouse, possibly most affected by

¹⁷⁹ Reinartz and Ritch, 'Exploring Medical Care in the Nineteenth-Century Provincial Workhouse; A View from Birmingham', in Reinartz and Schwarz, *Medicine and the Workhouse*, pp. 145-146

¹⁸⁰ Borsay, *Disability and Social Policy*, p. 26

¹⁸¹ *Ibid.*

¹⁸² BAC, GP/B/2/1/27 Board of Guardians' Minutes 1861-1862 24 December 1861

¹⁸³ BAC, GP B/2/8/1/3 27 January and 2 November 1860

overcrowding.¹⁸⁴ The new workhouse continued to provide a significant and increasing element of medical care; Reinartz and Ritch date its identity as a place of healing to the 1860's.¹⁸⁵ By 1861, there were extensive wards – male sick and epileptic wards, bedridden wards, infirm and separate sick wards with night nurses, a children's sick ward, epileptic female ward, and a syphilitic ward.¹⁸⁶ Ritch stresses disabled patients were included in those categorised as 'infirm' or in 'bedridden' wards, making it hard to identify the extent of their impairment; disabled children may have been classified primarily under 'children'.¹⁸⁷ The new workhouse had separate specialist wards for 'idiots', epileptics, and convalescing patients, and separate buildings for fever, infectious and maternity cases.¹⁸⁸

Provision of outrelief to families, without fathers working for it, was only in exceptional circumstances and by medical certificate. In 1861, only 59 people in the whole Birmingham Union area, mostly men, were entitled to receive this. Reasons provided on the medical certificates rarely mention 'child's debility', as children's ill health no longer qualified fathers to claim poor relief. Only one payment of outrelief in 1862 refers to a disabled child, and this was the first use of the word 'disabled' in the guardians' minutes; William Tell, his wife and three children were allowed 4 shillings and 4 loaves outrelief each week because one

¹⁸⁴ Reinartz and Ritch, "Exploring Medical Care in the Nineteenth-Century Provincial Workhouse; A View from Birmingham", in Reinartz and Schwarz, *Medicine and the Workhouse*, p. 157

¹⁸⁵ *Ibid.*, p. 146

¹⁸⁶ BAC, GP/B/2/1/27 Guardians' Minutes 18 December 1861, 1 January 1862

¹⁸⁷ Ritch, *Medical Care in the Workhouses*, p. 83

¹⁸⁸ Reinartz and Ritch, "Exploring Medical Care in the Nineteenth-Century Provincial Workhouse; A View from Birmingham", in Reinartz and Schwarz, *Medicine and the Workhouse*, p. 146, p. 152

child was 'disabled'.¹⁸⁹ In 1861, there were labour stations at Dudley Road, Icknield Port Road and Chester Street and the rate of labour relief for a man with three children was one penny poor relief 'per barrow of stone broken'.¹⁹⁰ Without medical outrelief, some disabled children would have been forced into the workhouse seeking medical care. New Poor Law reforms were to remove abuses by the able-bodied, 'always a small minority of claimants'; the idea was not to incarcerate the 'deserving poor', but that was the outcome, with disabled children who may previously have received assistance by way of outrelief being forced into the workhouse, when medical outrelief ceased.¹⁹¹

A school was attached to the new workhouse and in 1861, there were 150 children.¹⁹² In January 1861, Guardians let premises at the Cape of Good Hope at Smethwick for the Boys' School; this was important business as the clerk left a governors' meeting to attend a meeting on a 'District School for poor children' and the Cape Hill School opened in 1864, allowing the old school ward to be converted to another epileptic ward.¹⁹³ Conditions in the workhouse school were poor and the Medical Officer complained in 1861 that 'the water closets are in a very unhealthy state'.¹⁹⁴ In 1861 William Bird was Schoolmaster, Jane Dunn Schoolmistress, with an assistant schoolmistress, infant schoolmistress, and probationary schoolmistress and schoolmaster; the Assistant master's duties included 'preserving industry and subordination'.¹⁹⁵ Teachers usually resided in

¹⁸⁹ BAC, GP/B/2/1/27 Board of Guardians' Minutes 1861-1862 15 January 1862, 5 February 1862

¹⁹⁰ BAC, GP/B/2/1/27 Board of Guardians' Minutes 1861-1862 15 January 1862

¹⁹¹ Borsay, *Disability and Social Policy*, p. 51

¹⁹² BAC, GP/B/2/1/27 Guardians' Minutes 1861-1862 18 December 1861

¹⁹³ BAC, GP/B/2/1/27 Guardians' Minutes 1861-1862 1st January 1861

¹⁹⁴ BAC, GP/B/2/1/27 Guardians' Minutes 1861-1862 24 December 1861

¹⁹⁵ BAC, GP/B/2/1/27 Guardians' Minutes 1861-1862 19 February 1862

the workhouse, often becoming institutionalised themselves.¹⁹⁶ Pupil teachers were often workhouse children. Henry Smith, a pupil teacher at the workhouse for four years, told guardians he might have to enter the workhouse as he was unable to teach or attend college after illness, but moved to an industrial school.¹⁹⁷ The monitorial system was used, where children acted as monitors for younger children repeating lessons to them.¹⁹⁸ Vocational training still took priority over formal education and was gendered. Girls worked in the laundry and kitchens, while boys' experiences were more outdoor, carrying out outdoor work.

Certain disabled children in Birmingham were by this time being selected and sent to specialist institutions, removed from the workhouse school and its poor education. Guardians were not legally authorised to pay for education of pauper children until 1862, owing to objections about their receiving better education than poor children outside the workhouse.¹⁹⁹ Borsay dates the specialisation movement, the use of specialised institutions to the 1860's.²⁰⁰ The Poor Law (Certified Schools) Act of 1862 enabled Guardians to pay for children in certified schools if blind, 'crippled', or Roman Catholic or refractory schools.²⁰¹ Policies varied; from at least 1850 Birmingham Guardians had paid for specialist education for children. By 1861 Birmingham guardians regularly paid for disabled pauper children to attend special educational facilities. Children are not

¹⁹⁶ Crompton, *Workhouse Children*

¹⁹⁷ BAC, GP/B/2/1/27 Board of Guardians' Minutes 1861-1862 2 February 1862

¹⁹⁸ Digby, *Pauper Palaces*, p. 184

¹⁹⁹ Poor Law (Certified Schools) Act 1862, 25 & 26 Victoria c.43

²⁰⁰ Borsay, *Disability and Social Policy*, p. 32

²⁰¹ Poor Law (Certified Schools) Act 1862, 25 & 26 Victoria c.43. Morrison, *The Workhouse*, pp. 133-134

named but 1861 accounts show fees of £2 12s paid for ‘Maintenance of Blind, Deaf and Dumb and Crippled Poor to St Mary’s Hospital Stone’; £7 6s 5d paid to T. Goodman (the treasurer) at the Blind Institute, Birmingham, and a substantial £13 14s 6d paid to the Deaf and Dumb Institute in Birmingham.²⁰² Throughout 1862, regular payments were made monthly to the Blind Institute, £5 paid to the Deaf and Dumb Institute and £10 to the Eye Infirmary.²⁰³ The Blind Institute in Birmingham did not become a certified school until 1863. Birmingham guardians used their stronger powers under the 1783 Local Act to fund expensive specialist education for disabled children, ignoring stricter national guidelines and the policy that only certified establishments should be used. Their progressive policy over education for children with sensory impairments was not challenged by the Poor Law Board, despite debate over whether this was legally allowed, revealing tolerance in practice, if not national policy, for funding specialist education for disabled pauper children. Selected for their sensory impairments, experiences of deaf pauper children are explored in Chapter Three.

Conclusion

This chapter has been necessarily lengthy, attempting to explore changes in attitudes over a long period within an early provider of ‘care’ for poor disabled children and their experiences under both old and new poor laws, residential provision and outdoor relief. It is difficult to isolate experiences of disabled children within poor law records, but glimpses of their experiences do emerge from the records at certain times with careful interpretation. Positive

²⁰² BAC, GP/B/2/1/27 Guardians’ Minutes 18 December 1861, 1 January 1862

²⁰³ BAC, GP/B/2/1/27 Guardians’ Minutes 5 February 1862

experiences for the children such as the lantern show or treats contrast with negative experiences; delousing, hair cutting, being made to march to show obedience and restriction of food. Physical experiences are easier to trace – gendered physical work, hunger, sickness, fear, exhaustion and occasionally children’s impairments. Glimpses of agency appear in children’s resistance or refusal to cooperate. Sensory or emotional experiences, however, are elusive and have to be imagined from a researcher’s interpretation of the records.

It is important to place poor disabled children in their social, cultural and physical context. The poor law buildings described are buildings many disabled children occupied in the eighteenth and early nineteenth centuries, providing an important context to their experiences; ‘the experiences of the disabled minority confined in the workhouse were a product of the physical environment’.²⁰⁴ Fanny Johnson Crompton spent a short period at the old workhouse before moving to the new lunatic asylum.²⁰⁵ Different buildings reflected changing national and local agendas, illustrating how changes in policies impacted on children’s experiences. Poor law buildings were not designed for disabled children, either the ‘garrets’ of the old workhouse or the austere corridor plan of the new workhouse. Changes deriving from the New Poor Law impacting on children were slower to be fully introduced in Birmingham, owing to a strong local poor law administration and structure.²⁰⁶ The poor law was an important provider of care to disabled children, but it is necessary to examine the

²⁰⁴ Borsay, *Disability and Social Policy*, p. 26

²⁰⁵ BAC, MS 344/12/1 Casebook 1845-1850

²⁰⁶ Higginbotham, *Workhouses of the Midlands*, p. 104

experience of pauper children generally to provide context, while highlighting the experiences of disabled children where they can be found.

Hunting for disabled children in records is part of the wider picture of childrens' disability history. Yet individual disabled children were carefully identified in old poor law accounts and records in the eighteenth century, receiving comparable outrelief to adults. Impairments such as being blind or lame gave rise to a well-established, if not legally entitled, right to claim outrelief. Lists of the Poor, in the late eighteenth century, still acknowledged disabled children as a justification for outrelief, although they were presented to the public in a less positive light, with details published defensively to justify expense. By the early nineteenth century, the Lists' purpose in publication was 'naming and shaming' recipients. The deterioration of attitudes to the poor and their children affected disabled children's experiences.

By the early nineteenth century, within residential provision for children in the Asylum of the Infant Poor, individual disabled children disappeared from view. Evidence becomes vague and there are only glimpses of children who might be disabled, with 'bad legs', 'bad eyes' (ophthalmia, a cause of blindness) and 'small limbs'; disabled children are hidden within the records. At a time when medical care was an increasingly important function of workhouses, particularly in Birmingham, the focus on children's health is on 'sick' children requiring cure and disability is overlooked. Do limited references in records in the early nineteenth century reflect lack of interest in poor disabled children, or 'the children of the poor'? Other contemporary sources show public interest in poor

and pauper children, and concern in preventing impairment. The sense of individual disabled children at the Asylum for the Infant Poor is lost in the early nineteenth century, even in medical reports naming children, despite physical impairment helping to qualify as an 'object of compassion'.²⁰⁷ Absence of comments about disabled children in the early nineteenth century confirms King's and Turner's arguments that officials focused on ability, not disability, particularly ability to work, although there is no evidence of any 'fine variation' nor 'the subtle nature of official framing of impairment at local level'.²⁰⁸ The agenda of poor law officials in the early nineteenth century was that children should be economically viable and not a burden on the rates; it was logical for them to focus on pauper children's ability, and degrees of ability, to work rather than issues of disability, with the extra consequent financial liability. Most disabled children lived with other pauper children and they were not segregated. Children were expected to manage in the Asylum unless their condition was regarded as 'medical' and of interest to medical officers. In the early nineteenth century pauper children, like adults, were not assessed for impairment in the Asylum for the Infant Poor in Birmingham; they were regarded as units of production to be trained for future employment, not to be a burden on the parish and 'the pest and dread of housekeepers and manufacturers', but 'sought with avidity, as orderly and useful servants'.²⁰⁹ Disabled children were one section of a large pool of children to be dealt with. The phrase 'the children of the poor' requires emphasis on the words 'the poor', and not 'the children'; Levene explored 'the faultline between the increasingly negative view of pauperism', and

²⁰⁷ Turner, *Disability in Eighteenth-Century England*, p. 137

²⁰⁸ King, 'Constructing the Disabled Child in England, 1800 - 1860', p. 113, p. 104, p. 110; Turner, *Disability in Eighteenth-Century England* p. 133

²⁰⁹ *Report of the Society for Bettering the Conditions of the Poor No. XIII* (1809) p. 210, p. 212.

‘the near universally positive view of childhood’.²¹⁰ The experience of disabled pauper children changes at the end of the eighteenth century, dominated by negative identification as ‘the poor’ until the mid-nineteenth century. By the later 1840’s, guardians’ minutes acknowledge costs of funding special arrangements for individual children with sensory impairments and disabled children appear once again from the records.

Exploring a wider cross section of archives and extensive poor law records allows the context of disabled children’s experiences to be illustrated over time and children’s disability history to be accessed. The impact of changing social and cultural attitudes and poor law policies was an important factor shaping disabled children’s experiences at different times. Lack of provision of care in the late eighteenth and early nineteenth centuries, coupled with increasing concern for children, created a gap and the new arrangements that the Birmingham community were keen to create because of dissatisfaction with poor law care for disabled children are explored in the next chapter. Comparison of disabled children across different sectors and contexts, pauper and early philanthropic projects, reveals sharply contrasting attitudes to different groups of children. Upton describes researching the Asylum of the Infant Poor as ‘an imperfect jigsaw but one that is well worth piecing together’, and this description best describes the search for experiences of disabled pauper children.²¹¹

²¹⁰ Levene, *The Childhood of the Poor*, p. 170

²¹¹ Upton, *The Birmingham Parish Workhouse*, p. 172

**CHAPTER THREE: 'THE MOST FORLORN AND PITIABLE
AMONG THE CHILDREN OF SORROW'; DISABLED
CHILDREN'S EXPERIENCES AT THE DEAF AND DUMB
ASYLUM, 1814 TO 1862**

Having attempted to locate the experience of disabled children within the poor law system, it is now necessary to explore contrasting experiences of other disabled children within the early charitable sector in Birmingham in the late eighteenth and early nineteenth centuries. Numerous subscription charities were established from the late eighteenth century in the town, choosing a variety of subjects for the benefit of their attention, and were an important element in the mixed economy of care available to disabled children. This chapter contains a case study of one such institution, the General Institution for the Instruction of the Deaf and Dumb, established in Birmingham between 1812 and 1814 and commonly referred to as the Deaf and Dumb Asylum. This charity has been chosen for a case study because of the considerable detail about disabled children with sensory impairments in Birmingham in the early nineteenth century contained in its archive. In comparison, the Birmingham Institute for the Blind opened later in Edgbaston in 1847 with six pupils, increased to twenty five in 1848 and was not operating in the town in the early nineteenth century. The archive of the Deaf and Dumb Asylum is far richer in details of children than the town's poor law archives, reflecting the charity's primary focus on disabled children. Their annual reports were published for both subscribers and the

public and gave details of subscribers, children applying to the institution for election by subscribers, the disabled children residing there and arrangements made for them by the charity. Publication of these details in annual reports, the information given to the public about children and their families in the early nineteenth century is surprising to modern day preconceptions of children's privacy. This detailed and rich material surviving in the Birmingham archives deserves more attention to reveal disabled children's experiences, historical attitudes to, and arrangements made for disabled children with sensory impairments, despite adopting a cautious approach to obtain evidence. Public inspection of children was encouraged and facilitated by the charity to gain sympathy and support from subscribers; 'pity was a key dynamic within discourses of sensory deprivation'.¹ Their disclosure of children's details allows both the care provided by the charity and the criteria underpinning that care to be reviewed. This chapter extends work on children's disability history in Birmingham by analysis of the Deaf and Dumb Asylum archives in the early nineteenth century, an important period of rapid growth in establishment of early philanthropic organisations in the town and transformation in the provision of care to certain disabled children who qualified as objects of their focus. This earlier period of growth in institutions for those with sensory impairments is a neglected area of research, and foreshadows the explosion of institutions for disabled children that occurred later in the nineteenth century.

It is hard to establish experiences of deaf children at the Asylum as their official records, mostly annual reports to subscribers, generally presented a glowing

¹ Hulonice, *Pauper Children and Poor Law Childhoods*, p. 404

picture to impress subscribers and the public and, designed to increase public support, understated negative incidents. Official bias must be acknowledged. A few annual reports acknowledged problems occurring, conceding a more negative view of events. This glimpse into the real world of the environment of the Asylum and the children's reactions to changes in staff and teaching policies reveal the impact of changing policies on the children's lives. Deaf children's experiences, as well as better documented opinions of educationalists and officials (often lay people) running such educational establishments are important in order to understand the complexity of disabled children's situations; but 'these deaf voices are hard to find, andrequire careful reading of institutional sources'.²

It is in the records of the Deaf and Dumb Asylum that Fanny Johnson Crompton is mentioned for the first time. Fanny was admitted in January 1846 from Great Hampton Street in Birmingham in the area now known as the Jewellery Quarter, and entered a well established Midlands, if not national, subscription charity looking after fifty two 'deaf and dumb' children.³ Fanny lived at the elite institution for four years from the age of eight to twelve, but by 1850 her name had been removed from their List of Children published each year in their annual report. In March 1850 she had been sent to the Birmingham parish workhouse, and her name entered in the 'Register of Insane' volume required to be kept there; within three months she was transferred to the new Birmingham Borough Lunatic Asylum as one of its first occupants, residing there until her death some

² Mantin, 'The Question of Oralism and the Experiences of Deaf Children, 1880-1914', in Borsay and Dale, *Disabled Children*, pp. 6-61

³ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1846 34th Report (71782)

thirty years later.⁴ Experiences of disabled children regarded as ‘insane’ in Birmingham, including Fanny, are examined in Chapter Four.

The Deaf and Dumb Asylum that Fanny entered in 1846 was established in 1814 as a result of social, medical and religious developments in Birmingham that resulted in a major increase in philanthropic activity in the town during the long eighteenth century. Numerous subscription charities were established, focusing on a variety of objects and becoming an important element of the mixed economy of care for the disabled. Many of these charities were religiously motivated. There was a strong link between charity and religion, and ‘the Christian duty to care for the disabled received renewed emphasis in eighteenth century England’, being promoted by both eighteenth century secular and religious moralists as ‘an act of social sympathy, that tended to the good of society, to the industriousness of the nation, and the ‘enjoyment’ of the individual’, encouraging ‘a wave of private philanthropy and charity [that] would bring together religious and medical perspectives on sickness and disability in a flourishing of social action’.⁵ These early philanthropic efforts were established within a network of charitable activities that stressed both the importance of religion, and aristocratic and class privilege, in establishing their networks of support and providing services.⁶ The disabled were attractive to subscription charities in the ‘philanthropic bonanza’ of the late eighteenth century because of the potential for increased economic independence of the recipients.⁷ Certain

⁴ BAC, HC/AS MS 344/11/2 Index of Female Admissions 13 June 1850

⁵ Turner, *Disability in Eighteenth-Century England*, pp. 42-43

⁶ P. Starkey, ‘Club Feet and Charity: Children at the House of Charity, Soho, 1848 – 1914’, in Borsay and Dale, *Disabled Children*, pp. 15-28

⁷ Borsay, *Disability and Social Policy*, p. 10

impairments in the early nineteenth century were of more interest to society and religiously motivated groups than others, and sensory impairments such as blindness and deafness were popular early causes for philanthropy because they 'denied access to the Word of God and appealed to Christian sympathies'.⁸ Children with sensory impairments were seen as 'unproblematically deserving', demonstrated by their huge networks of support.⁹ Other societies for physical disabilities such as 'crippled' children did not become generally popular until much later in the nineteenth century, for example, the Crippled Children's Union set up in Birmingham in 1896. The education of children, particularly poor children, was always an extremely popular object of charity approved by society and was regarded in itself as a form of religious instruction.¹⁰

Religion was an important aspect in the establishment of charities and a significant part of the context of disabled children's experiences in the eighteenth and nineteenth centuries. Religion was a critical part of social, cultural and educational life. The evangelical revival was one of the most important social movements of the late eighteenth and early nineteenth centuries, and created not only a huge increase in establishment of charities and Sunday Schools, churches and chapels, but also encouraged the increasing importance of religion in all aspects of life, with an almost compulsory requirement for attendance by middle classes at some religious group; 'religious belonging carried with it numerous benefits, both spiritual and material', providing families with an identity and membership of a definite section of the

⁸ Starkey, 'Club Feet and Charity: Children at the House of Charity, Soho, 1848-1914', in Borsay and Dale, *Disabled Children*, p. 15

⁹ Hulonice, *Pauper Children and Poor Law Childhoods*, pp. 112-113

¹⁰ Steedman, *Master and Servant*, p. 120

community including class.¹¹ This was especially true in the rapidly developing town of Birmingham, with its tensions between the Anglican community and its large nonconformist community of Old and New Dissenters. Religion was important to emerging middle class society in Birmingham in the late eighteenth and early nineteenth centuries, to an extent that is difficult for today's modern lay society to imagine.

In the late eighteenth century, religious divisions and tensions in Birmingham separated religious groups such as Evangelical Anglicans from different groups of nonconformists. Evangelical Anglicans, usually middle or upper class, were active in setting up societies to win converts, focusing frequently on vulnerable subjects such as women and children, and competing with projects established by Old Dissenters such as Unitarians and Quakers who were a small but important section of Birmingham's community, and active philanthropically.¹² Originally these different groups rarely cooperated on projects. However, the town was badly shaken by the 1791 Priestley Riots, and by the 1820's Evangelical and nonconformist groups had begun to cooperate on projects such as the Birmingham Infant School, working together to encourage access to a 'more Christian way of life to reduce religious tensions in the town'.¹³ Cooperating in societies and subscription charities focusing on religion, philanthropy, education and science, the middle class in Birmingham established their own new strong identity relying on horizontal and family ties, although sponsorship and patronage by aristocracy and the town's elite still remained an

¹¹ Davidoff and Hall, *Family Fortunes*, p. 25, p. 71, p. 75, p. 78.

¹² *Ibid.*, p. 25, p. 81

¹³ *Ibid.*, p. 93

extremely important social bond.¹⁴ ‘The web of family, social and business connections’ was tighter and more widespread at the end of the eighteenth century.¹⁵ Starkey placed early initiatives to assist disabled children within this network of charitable activities promoted from religious beliefs and patronage.¹⁶ Setting up early subscription charities such as the Deaf and Dumb Asylum was an established way to promote a group’s religious aims and to create valuable links with the local social elite in the growing industrial town.

These early subscription charities also reflected the developing medical focus on disabled children, and there was a ‘close relationship’ between “religious” and “medical” responses to impairment’.¹⁷ The initiators of the Deaf and Dumb Asylum assisting ‘deaf and dumb’ children like Fanny were medical men in Birmingham’s active early medical community. Increased interest in children’s health during the second half of the eighteenth century produced medical works focusing on children’s illnesses, and on causes and treatment of childhood disability explaining them not as ‘monstrous births’ but within medical parameters such as Timothy Sheldrake’s *Observations on the Causes of Distortions of the Legs of Children*.¹⁸ John Cook published ‘*A Plain Account of Diseases Incident to Children*’ in 1769 and Michael Underwood ‘*Diseases of Children*’ in 1784, while Dr Charles West published his influential ‘*Lectures on Diseases of Infancy and Childhood*’ in 1848. There was also a growth in charitable foundations supporting advances in paediatric medicine and surgery and

¹⁴ Ibid., p. 33

¹⁵ Andrews, *Philanthropy and Police*, p. 167

¹⁶ Starkey, ‘Club Feet and Charity: Children at the House of Charity, Soho, 1848 – 1914’, in Borsay and Dale, *Disabled Children* pp.15-28

¹⁷ Turner, *Disability in Eighteenth Century England*, p. 42

¹⁸ Ibid., p. 46

specialist hospitals.¹⁹ Great Ormond Street Hospital was established in 1852. This growing medical and paediatric focus on children and on their education in the late eighteenth and early nineteenth centuries, combined with philanthropy, led to development of new provision for certain groups of disabled children. Charities chose particular groups of children and defined them as suitable subjects for charitable attention and types of care; ‘the very existence of such provision did much to define what disability was’.²⁰ Education for disabled children was provided by various institutions with little coordination between them, developing into ‘a marginal but somewhat exclusive activity underpinned by strict entry criteria for pupils and the social status of patrons, board members and donors’.²¹ From the mid nineteenth century, impairment in children became an issue of increasing interest to both medical and educational organisations as ‘Victorians sought to better identify, categorise and manage these individuals who were unable to conform to society’s expectations’ and who were increasingly analysed and identified.²² Provision of care for disabled children by the later nineteenth century was by a range of uncoordinated institutions, set up by private individuals for certain types of impairment in children that appealed to the general public and subscribers.

In Birmingham, in the late eighteenth and early nineteenth centuries, numerous subscription charities were set up allowing subscribers rights to nominate individuals for assistance. Many early charities had medical objectives. The

¹⁹ Starkey, ‘Club Feet and Charity: Children at the House of Charity, Soho, 1848–1914’, in Borsay and Dale, *Disabled Children*, p. 15

²⁰ *Ibid.*, p. 8

²¹ *Ibid.*, p. 9

²² P.Hellal and M.Loach, ‘Victorian medical awareness of childhood language disabilities’, in Hutchison, Atherton and Viridi, *Disability and the Victorians*, Chapter 6, p. 1

General Hospital was established by John Ash in 1766, although it took some years before it became a successful charity, supported by the prestigious Triennial music festival that attracted elite Midland and national families. The Birmingham Dispensary, providing outpatient medical and maternity care, was set up in 1792 and the Eye Infirmary established in 1824. The Birmingham Institution for the Blind was set up later as a private school in 1846 by Elizabeth Bache Harrold and Mary Badger and became the Birmingham Institution for the Blind in 1848. The Orthopaedic Hospital was a medical charity established in 1817 as the 'General Hospital for the Relief of Bodily Deformities' to focus on 'Bodily Deformity', and injuries such as 'Rupture'; industrial injuries, particularly hernias in the industrial town were common and prevented men from working. Annual subscribers of one guinea could recommend two patients for treatment of Rupture, while two guineas gave the right to recommend four patients for Rupture and one for Bodily Deformity. The charity supplied Trusses and 'Instruments for Deformity'. It developed in 1857 into the helpfully named 'Birmingham and Midland Counties Orthopaedic Institution for the cure of Hernia, Club Foot, Spinal Diseases, Contractions and Diseases of Limbs and all Bodily Deformities', and subscribers of one guinea could recommend six patients for trusses for Hernia, or one patient for 'supports for the Spine, or instruments for deformed limbs'; twice a week the Surgeons gave free advice to the 'deformed poor' but tickets were needed for 'instruments'.²³ Its 1862 Annual Report contained its first direct reference to disabled children, referring to treatment for fifty children born with club feet in the town, each requiring 'almost constant attention for at least a year' costing £2, but then able to be

²³ M.W.White, *Years Of Caring: The Royal Orthopaedic Hospital* (Studley, 1997), pp.18-20

'human beings, who instead of being miserable cripples will in the majority of cases, have no evidence of their deformity remaining'.²⁴ These subscription charities had a wide variety of aims and objects, usually focusing on provision of one important aspect of medical care, perceived to be important to the town but not coordinated with the other institutions.

The Deaf and Dumb Asylum in Birmingham was one of the earlier subscription charities in the town, and one of the first in the United Kingdom to provide education for deaf children. The objects of the charity reflected both the growing interest in children, and increasing interest in education of the deaf in the late eighteenth century in Great Britain and on the continent. Previous schools for the deaf were unconnected. Each pioneer of deaf education developed their own system of education but there was little joint or published work on education for the deaf and there was vigorous debate about the merits of each system. The Abbe de l'Epee (1712 – 1789) started a school in Paris in 1760 using a manual system of hand signs that developed into French sign language. Schools in Germany used an alternative oral system that taught children to speak using lipreading. Britain used mixed manual and oral methods. Thomas Braidwood (1715 – 1806) opened the first deaf school in Britain in Edinburgh in 1760, teaching a combined system of speech and lipreading and using instruments to teach children sounds. The Braidwood family developed their own system for teaching the deaf and guarded it jealously. Their private school transferred from Edinburgh to Hackney in about 1783, where Braidwood's son and grandson both

²⁴ BAC, HC/RO/A/1 Orthopaedic Hospital Committee Meetings Minute Book 1817–1884 10 May 1862

continued to teach the family's system, the Braidwood family dominating the teaching of the deaf in Britain until the 1820's.²⁵ A school was opened in Liverpool in 1791 and one in Bermondsey in 1792, both taking private pupils and the children of the 'respectable poor'.²⁶

Throughout the nineteenth century there was constant tension in deaf education between different oral and manual signing systems, and this study shows how changes in competing systems impacted on children at the Birmingham Deaf and Dumb Asylum. Mantin explored growing tensions within deaf education at the Cambrian Institution for the Deaf and Dumb in Wales in the later nineteenth century as deaf teachers imposed oralism, using articulation and speech rather than manual sign language that was more popular with deaf people, and resistance of deaf children to this compulsory imposition of the oral system after 1880. The oral system was increasingly popular with officials from the 1850's and came to dominate deaf education, but was much less popular with pupils than teachers.²⁷ In 1880, the International Congress on the Education of the Deaf in Milan almost unanimously decided that manual sign language should be removed from deaf education, but its compulsory imposition on deaf children by officials was 'a contest with varying levels of acceptance and realism'.²⁸ This was not a linear process, as deaf children resisted and continued to sign secretly between themselves, and there was a 'frequently contradictory attitude to the value and ideology of oralism' and a 'deeply fought contest for the identities and

²⁵ Mantin, 'The Question of Oralism and the Experiences of Deaf Children, 1880-1914', in Borsay and Dale, *Disabled Children*, pp.59-71, p. 61

²⁶ Borsay *Disability and Social Policy*, p. 95

²⁷ *Ibid.*, p. 63

²⁸ *Ibid.*, p. 59, p. 70

lives of deaf children which, from a national perspective did not simply lead to an instant shift from manualism ...to oralism'.²⁹ The practice of oralism was not passively accepted by deaf children but contested, while the more popular practice of manualism and sign language was suppressed. After 1880 many deaf schools imposed oralism, focusing on the acquisition of speech rather than the manual or 'combined system', resulting in increased difficulties for children communicating with speech. Research has explored other reasons for suppression of sign language, such as the perceived danger of a separate deaf community being established away from general society with intermarriage producing further congenital deafness and later links with developing eugenic theories.³⁰ The oral method was slower and more complicated to teach, benefiting private pupils who received more intensive teaching rather than lower class pupils taught in larger groups.³¹ The imposition of oralism after 1880 belongs to the next period following this study in the late nineteenth century. However, examining deaf children at the Birmingham Deaf and Dumb Asylum and their earlier experiences of resistance to competing teaching methods extends research into factors contributing to the strong culture of Deaf identity and culture, Deaf Studies and deaf history that has developed in recent years alongside disability studies, based on sign language and focusing on anthropological and linguistic issues of Deaf culture.³² The children's resistance and rebellion at the school, unusually referred to in official records in the early nineteenth century, provides a strong rare example of disabled children's agency

²⁹ Ibid., p. 60

³⁰ D.C. Baynton, 'Savages and Deaf-Mutes: Evolutionary Theory and the Campaign against Sign Language in the Nineteenth Century' in J.V. Van Cleve (ed.), *Deaf History Unveiled*, pp. 92-112; M.G. McLoughlin, *A History of the Education of the Deaf in England* (Liverpool, 1987)

³¹ Borsay, *Disability and Social Policy*, p. 96

³² P. Ladd, *Understanding Deaf Culture: In search of Deafhood* (Clevedon, 2003)

as part of their experience, reinforcing that these themes can be complementary and are not mutually exclusive.

This charity has been chosen for a case study because the archival material that has been preserved discloses valuable evidence of the disabled children's experiences in the Asylum. The printed annual reports, aimed at subscribers, are supplemented by memoirs by head teachers and teaching aids written by them, produced to satisfy the growing demands for deaf education in the nineteenth century. The chapter considers the establishment of the charity, its aims and support network that were so fundamental to the nature of the charity to explain its framework, the environment they created, the attitudes of officials to the children, and to provide valuable context for disabled children's experiences. Early teaching methods of deaf education used by head teachers and their impact on the children are explored. These changes in teaching methods were top down policies imposed by staff and officials. Caution must be used when using official records as sources for research, with agendas of adults carefully noted when assessing evidence, but the children's reactions to changes in teaching methods are clear, providing a good example of more sensory experiences; how the children felt was in no doubt. Admission criteria and type of children admitted are examined, and the daily life and experiences of children, including details of buildings they occupied, are explored.

The early charity

The Birmingham Deaf and Dumb Asylum originated because of enthusiasm in teaching deaf children by medical men in Birmingham's flourishing medical

community. Dr Jean Gabriel Marie De Lys was a physician at the Birmingham General Hospital, and in 1812 he and another doctor, Alexander Blair, became interested in teaching 'a very engaging and intelligent child Jane Williams, a native of this town, whose facilities were so quickly developed by their instruction as greatly to interest the public mind'.³³ De Lys gave a lecture in 1812 at the Birmingham Philosophical Institute on the Instruction of the Deaf and Dumb, introducing Jane Williams who was eight years old and 'deaf and dumb' from birth. Jane was displayed as a curiosity to excite the town's interest in educating deaf children and made a good impression on members. Her appearance was 'remarkably engaging.....full of intelligence.....animated and expressive''the light with which she sprang forward to execute, or rather to anticipate their wishes, afforded a most affecting spectacle'.³⁴ Jane was bright, could read and write and 'communicate her sentiments'.³⁵ Jane's literacy is striking, as literacy was by no means usual for poorer children at this time, particularly for girls who were sometimes taught merely to read. A later report after De Lys died in 1831 referred to De Lys wanting to attempt instruction of a 'deaf and dumb' child 'from among the humbler classes of society', being referred to Jane whose father was a jobbing carpenter; some teaching was given at Jane's home, but most took place at De Lys' lodgings.³⁶ Jane was the focus of a progressive scientific and medical experiment in the early days of deaf education, as Birmingham's medical community established new areas of expertise.

³³ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1860 48th Report (71782)

³⁴ BAC, The Royal Institution for the Instruction of Deaf and Dumb Children, Edgbaston, Birmingham *Record of One Hundred Years' Work 1812-1912* (248974) p. 4

³⁵ *Ibid.*, p. 4

³⁶ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1831 19th Report (35999)

A committee was appointed in 1812, to select a teacher and locate premises for a school. Finding an experienced teacher was critical, and after rejecting several applicants James Woolley, the new charity's Treasurer, visited a private school in Hackney for the deaf and dumb run by Thomas Braidwood and his mother. The Braidwood family were famous for teaching the deaf and dumb. The ambitious Birmingham committee sought 'Mr Braidwood's acknowledged skill in the art which had been in the possession of his family for two generations', seeking to give the Birmingham school 'a distinguished character'; after some difficulty in getting Thomas Braidwood to accept, he moved and a day school opened with a few children in January 1814.³⁷ The committee were pleased with children's progress 'to articulate the sounds of language' but higher religious aims were 'what is most important'the children needed to learn to speak and write the language but also to understand it 'for the highest purposes of intellectual and moral culture''for inculcating the precepts of morality, or for unfolding the truths and the hopes of Religion'and to realise they were inheritors of the 'promise of the life that now is, and of that which is to come'.³⁸ A primary focus of the charity was religion and reinstating deaf children's access to the word of God.

At the second general meeting in August 1814, the children performed 'the Play of the Deaf and Dumb' and went through lessons before the Duke of Devonshire and subscribers 'to prove successful instruction'; the committee were nervous their progress might be regarded as slow, explaining 'the language itself of

³⁷ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1814 1st Report (35999)

³⁸ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1814 1st Report (35999)

explanation and instruction must in the first place be established between them' and promising in future 'the general advancement of the School will be more rapid'.³⁹ It was taking time for Braidwood to teach children his family's 'combined system', despite numbers kept small at fifteen to facilitate this.

The composition of this early committee and its subscribers in 1814 gives an insight into the aims of the charity for 'deaf and dumb' children. The organising committee of the charity in 1814 was mostly Anglican; out of twenty one members there were seven senior Anglican clergy including the Rev. E Outram, Rev. Rann Kennedy, Rev. John Rentol, and T.L.Freer, the Rector of Handsworth. The Quaker community was represented by Richard Tapper Cadbury, Samuel Galton (junior) and Samuel Tertius Galton, and there was also James Taylor the Unitarian minister, William Phipson from Carrs Lane Church and Thomas Ryland, another Unitarian, on the committee. This mix of religious groups displays the recently cooperative attitude within the town to work on joint projects encouraging access to the word of God. Three medical men (Edward Johnstone, John Johnstone and Alexander Blair) reflected medical interest in the philanthropic project, while Dr De Lys was secretary. The charity was also supported by the Society of Druids, a fraternity society started in 1781. Reverend Outram was thanked for his charity sermon on behalf of the charity and this had been printed; charity sermons were an important part of philanthropy in the town and a socially prestigious way to raise funds for charities.⁴⁰

³⁹ BAC, Deaf and Dumb Institution Reports 15–22, 1827–1834 1814 2nd Report (35999)

⁴⁰ Turner, *Disability in Eighteenth Century England* p. 43; BAC, Deaf and Dumb Institution Reports 15–22, 1827–1834 1814 2nd Report (35999)

The original subscribers to the charity in 1814 were formed of the elite in Birmingham, the Midlands and beyond. The president was the Duke of Devonshire and fifteen patrons were headed by six earls including the Earls of Stamford and Warrington, Dartmouth and Plymouth, with two Viscounts, five lords and two lord bishops . Matthew Robinson Boulton of Soho House subscribed ten guineas, and Miss Boulton one guinea, presumably Anne Boulton who was herself an invalid, as well as James Watt and his wife.⁴¹ Its 421 subscribers came from Birmingham, from most nearby Midlands towns and from across the United Kingdom (Bath, Cheltenham, Glasgow, London, Norfolk, Northamptonshire and Worcester).⁴² The charity was considered respectable for women and original subscribers included three patronesses including a countess, viscountess and a lady, the Misses Whateleys and Whitakers, and ‘the young ladies at the Crescent School’, while twelve women formed a committee ‘for the purpose of superintending the management and Employment of the Girls.’⁴³ In 1828, a sixth of subscribers were women (fifty four out of 308), including Sophia Sturge, Joseph Sturge’s sister; despite health issues she was an active Quaker philanthropist and had set up the antislavery society, the Birmingham Ladies Society for the Relief of the Negro Slaves, in 1825.

Lists of subscribers to the charity in the early and mid-nineteenth century reveal a charity that was extremely well supported in elite and middleclass society across the Midlands and the United Kingdom. Women were well represented as subscribers; charity was thought a suitable interest and ‘the natural province’ for

⁴¹ S.Mason, *The Hardware Man’s Daughter; Matthew Boulton and his ‘Dear Girl’* (Chichester, 2005)

⁴² Towns included Derby, Coventry, Sutton Coldfield, Derby, Shrewsbury, West Bromwich, Lichfield, Dudley and Wolverhampton.

⁴³ BAC, Deaf and Dumb Institution Reports 15–22, 1827–1834 1814 2nd Report (35999)

women, as long as the charity was considered respectable; the combination of 'deaf and dumb' children, education and religion was an ideal philanthropic combination for women in the nineteenth century reflecting 'the inescapable importance of religion in the lives of nineteenth century women'.⁴⁴ Women were able to play a more active part in respectable philanthropic societies.⁴⁵ Female subscribers in 1827 included sixteen patronesses including one duchess, seven countesses, two viscountesses and four ladies; this was not merely a local Birmingham charity.⁴⁶

By 1836 subscribers in Birmingham included a number of important Quakers such as Richard Tapper Cadbury, John Cadbury and Benjamin Cadbury, Joseph Sturge of Edgbaston, John Sturge, (a long time supporter until his death in 1846) and Edmund Sturge; while the Anglican Lord Calthorpe subscribed two guineas and gave £100 from a building fund. Richard Spooner, from the Evangelical Spooner family related to the Calthorpes, John Taylor and William Chance subscribed. The charity had an excellent Midlands and national support base. Donations and legacies were received from Cheltenham, Essex and Leicestershire and subscribers listed by county included Middlesex (Miss Compton Cox, giving her address as "Foundling, London', presumably the daughter of Samuel Compton Cox, Treasurer of the Foundling museum between 1806 and 1839), Northamptonshire, Oxfordshire (the Duchess of Marlborough), and Somerset, making a total of twenty seven counties in all, as well as Wales and Scotland. J. Archer Esq of Van Dieman's Land (Tasmania) subscribed two

⁴⁴ Davidoff and Hall, *Family Fortunes*, p. 429; F.K.Prochaska, *Women and Philanthropy in Nineteenth Century England* (Oxford, 1980), p. viii, p. 11, p. 39

⁴⁵ Davidoff and Hall, *Family Fortunes*, p. 429;

⁴⁶ BAC, Deaf and Dumb Institution Reports 15–22, 1827–1834 1827 15th Report (35999)

guineas. There were sub-committees in Bridgnorth, Lichfield, Walsall, Worcester, Stafford and Cheltenham.⁴⁷ In 1837, the Annual Meeting was held the day after the Music Festival when Midlands aristocracy and elite would be resident in the town, increasing attendance and linking the charity to the prestigious General Hospital charity. In 1837, the committee were keen to increase subscriptions and appointed Charles Powell Higgs as full time secretary at the lucrative salary of £100 per annum, plus five per cent of subscriptions collected, in order to increase funds.⁴⁸ Funds were also raised regularly by Charity sermons, preached in the town by important clergymen on Charity Sunday. A Charity Sermon was preached at St Martins in October 1825 by Henry, Lord Bishop of Lichfield and Coventry. Collections were also made at St Martins, and the collection at the Druids' Society after the Sermon in 1831 produced £42.⁴⁹

After a year, the small Deaf and Dumb Asylum moved to Edgbaston in 1815 with fifteen pupils. Lord Calthorpe had granted property on a generous lease at £100 a year, reducing to £75 p.a. in 1822, 'on terms exceedingly liberal, and peculiarly adapted to the condition of infant institution'; the building 'stands single, on a very pleasant spot of ground, quite spacious enough for the amusements and exercises of the children, and at such a distance from the town, as, both the advantage of air and in other respects makes it very desirable as a place of abode for children'.⁵⁰ Calthorpe's philanthropy was motivated both by his evangelist Anglican beliefs and self-interest as a landowner, as he hoped to enhance the appeal of the developing Edgbaston estate to the middle classes of Birmingham

⁴⁷ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1836 24th Report (71782)

⁴⁸ BAC, Deaf and Dumb Institution Reports 24 -35, 1836-1847 1837 25th Report (71782)

⁴⁹ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1831 20th Report (35999)

⁵⁰ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1814 2nd Report (35999)

by helping local societies seeking a healthier environment than the adjacent town.⁵¹

Little is known about Thomas Braidwood's time as first headmaster at the school. After his death in 1825, the committee criticised his 'System of Instruction' as 'defective' with children 'imperfectly educated', as they 'did not acquire a proficiency in language equal to that attained in other Institutions abroad', and they considered introducing a different system similar to that pursued on the 'European and American continent'.⁵² Braidwood was succeeded as headmaster by Louis du Puget, a Swiss Protestant, an assistant of Pestalozzi in Switzerland who had set up schools for poor children and a small 'deaf and dumb' school. Du Puget immediately changed Braidwood's education system at the Asylum, introducing a 'material alteration in the system of instruction' by adoption of a 'extended and definite use of signs' and this change to a more manual system was not popular with children resulting in 'something like a rebellion amongst the pupils against their new master'.⁵³ The committee openly acknowledged 'difficulties' in 1827 as the 'system is still yet in its infancy' and instruction 'retarded by the necessity of their unlearning habits formed upon a somewhat different system'; the new system was based on the 'use of written language' as the 'most effectual means of acquiring and communicating ideas'.⁵⁴ The children were not passively accepting this new system and protested against the unfamiliar, confusing and complex system imposed. Du Puget acquired a

⁵¹ Cannadine, *Lords and Landlords*, p. 97, p. 148

⁵² BAC, Deaf and Dumb Institution Reports 15–22, 1827–1834 1828 16th Report (35999)

⁵³ BAC, The Royal Institution for the Instruction of Deaf and Dumb Children, Edgbaston, Birmingham *Record of One Hundred Years' Work 1812 – 1912* (248974) p. 9

⁵⁴ BAC, Deaf and Dumb Institution Reports 15–22, 1827–1834 1827 16th Report (35999)

reputation for severity (that later improved), but after 'stringent measures, order was restored' and teaching settled into 'a better and more vigorous course of instruction'; the committee insisted on more discipline but supported the head teacher, assuming the children's reluctance was prejudice against a more disciplined system.⁵⁵ This rebellion by the deaf children is an unusual and clear example of collective agency of disabled children in the early nineteenth century. Their rebellion, even as narrated and mediated by adults and the charity's officials, shows deaf children's autonomy, their personal control in running away and resisting the new regime, and their ability to negotiate with staff. These were not powerless children but spirited and independent. Their rebellion must have been known in the town and was openly referred to in official records; the deaf children were visible, exercising control and agency at the school.

An account of this time that is more sympathetic to the children was provided by the memoir of Charles Baker, who worked as an assistant at the Asylum for short periods before going as headmaster to a new Asylum for the deaf and dumb at Doncaster, where he published educational books for children and articles about education of the blind and deaf. Baker was a young Sunday school teacher at the Deritend and Bordesley Sunday schools and helped at the Deaf and Dumb Asylum in 1818 when Braidwood was absent for a short while. Baker's father had taken him to 'an examination of Mr Braidwood's pupils' in the Shakespeare Rooms', where the chair was taken by the Duke of Devonshire, who had seriously impressed the boy. Baker was only fifteen, 'not much older than the boys', and enjoyed teaching the deaf children, but complained 'not a book used in their

⁵⁵ *Ibid.*, p. 9

instruction was to be found. All had been carefully locked up, as though the craft would have been in danger if a boy of fifteen had been allowed to penetrate its mysteries'.⁵⁶ The Braidwood family had no intention of sharing their methods. Baker used copybooks, drawing books, pictures and writing and drawing equipment in teaching, playing and taking the children for long walks but Braidwood blocked Baker having a permanent position.

Around 1825 Baker was asked to help again by Dr De Lys and Dr Blair, as under the new headmaster Du Puget the Asylum was 'in a state of utter disorganisation and confusion, the lads running away at the rate of three or four a day, and the girls in rebellion, the matron disaffected like the children toward the master, and the assistant master who had resided there for several years gone away....'; after a day of Baker being there, he claimed children became calmer as 'they had literally been prisoners for weeks', asking him to take them outside despite the staff's concern they would escape, although the children 'scorned the idea' and promised not to run away.⁵⁷ Even allowing for Baker's self congratulation in the way he narrated the incident, children were forcibly expressing how they felt about changes at the school, and their agency was recognised by staff and the committee. Baker lived on the premises and was close to the children, pointing out Du Puget was only there during the day to teach. Baker controlled the children except for their 'occasional ebullitions of temper' for the three years he taught there, taking children out into the countryside for days and encouraging natural history; in 1828 he produced a book *British Butterflies* with lithographic

⁵⁶ 'Biographical Sketch of the late Charles Baker, Ph.D', *American Annals of the Deaf and Dumb*, 20/4 (1875), pp. 213-215

⁵⁷ *Ibid.*

instructions drawn by the children, based on butterflies in Edgbaston.⁵⁸ Neighbouring landowners of substantial 'private parks' in Edgbaston allowed the children to wander in their gardens. Baker and Du Puget studied Pestalozzi's methods and learnt other techniques of teaching the deaf at night without any printed books, as 'not a scrap of practical information as to modes of procedure had been left behind' by Braidwood.⁵⁹ Baker became opposed to the 'alphabetical' mode of teaching reading, believing it required 'needless difficulty and lots of time', while children taught the 'combined system' made progress far more quickly, learning names of common objects within six months rather than eighteen months.⁶⁰ Although the charity was supported by eminent medical men in Birmingham and De Lys and Dr Blair took an active part in the administrative running of the school, the education of the children was under Du Puget and somewhat haphazard.

Du Puget resigned in November 1840 and was succeeded by Arthur Hopper. Hopper taught the 'combined system', using both signs and the manual alphabet, and disliked the popular oral system of teaching, believing it was less appropriate for those who were born deaf than the combined system.⁶¹ A clear illustration of the manual alphabet taught at the Asylum was included in the annual report to subscribers from 1843 right through to 1873. The committee were pleased with Hopper, acknowledging both in 1841 and 1842 previous problems under Du Puget and additional arrangements made for 'more effectually carrying out that order and discipline in the establishment which are

⁵⁸ *British Butterflies* (Birmingham, 1828)

⁵⁹ 'Biographical Sketch of the late Charles Baker, PhD'

⁶⁰ BAC, MS 3911 Memorials of Charles Baker PhD, p. 35

⁶¹ *Ibid.*, p.11

necessary for the full attainment of its objects'.⁶² Such disclosure in a mid-nineteenth century report to subscribers, drafted to meet their expectations and usually containing only glowing praise, suggests the problems with discipline were public knowledge in the town. Hopper was praised in 1842 both for his 'aptness for the peculiar kind of instruction required from him' and for his zeal in superintending 'moral and religious education' of pupils.⁶³ He continued as Head until the 1860's.

The charity not only aimed to provide deaf education. An equally important aim of the charity, running parallel with the provision of deaf education, was enabling deaf children to gain access to the word of God; the support of the various religious groups on the committee, particularly Anglican and Quaker, demonstrates the importance of that agenda to those communities. In 1830, the charity aimed to cultivate 'those moral and intellectual capacities' that would have been dormant, and most importantly 'of training them, as responsible and immortal beings, for the happiness of a future state' by leading them to the knowledge of 'the only true God'.⁶⁴ The cooperation of the various religious factions in the town was acknowledged by the committee in 1841, recognising 'the expanding influence of our common Christianity – the living exemplification of that religion'; forms of disability thought suitable for Christian attention were identified from the bible as 'the eyes of the blind shall be opened, and the ears of the deaf shall be unstopped; the lame man shall leap as a hart, and the tongue of

⁶² BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1842 30th Report (71782)

⁶³ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1842 30th Report (71782)

⁶⁴ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1831 19th Report (35999)

the dumb shall sing'.⁶⁵ In 1848 Howard Luckcock, the chairman and Unitarian, confirmed the original aims of the charity 'viz the bodily health, and the mental, moral and religious instruction of the children' were still being pursued.⁶⁶; they sought to enable 'the labourer or the mechanic...to give his children the blessings of a Christian education, of which, owing to their misfortune and his poverty, they might otherwise have remained ignorant'.⁶⁷

The aim of the school was to give children an acquaintance with 'elements of Art and Science' and to be useful; 'here they are in the course of being trained for a life of usefulness and happiness'.⁶⁸ A main focus of charitable institutions in the early nineteenth century was restoring the disabled to usefulness.⁶⁹ A portion of the boys' time in 1830 was used for 'learning some mechanical and manual trades', and in 1831 the committee were 'hoping to provide employment in varied mechanical occupations' for the older boys, the headmaster visiting larger towns in England and 'adjoining countries' with 'one or two of the most advanced male pupils', to excite additional interest.⁷⁰ In 1836, additional buildings allowed an increased number of children (sixty five) who the charity wished 'to educate in habits of industry, and be led into the paths of virtue'.⁷¹ In 1833, the committee were anxious to appoint extra teaching help and to choose assistant teachers, apparently equally concerned about girls as boys. Their

⁶⁵ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1841 29th Report (71782)

⁶⁶ BAC, Deaf and Dumb Institution Reports 36-53, 1848-1865 1848 36th Report (71782)

⁶⁷ BAC, Deaf and Dumb Institution Reports 36-53, 1848-1865 1849 37th Report (71782)

⁶⁸ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1839 27th Report (71782)

⁶⁹ A. W. Farnbach Pearson, 'Restoration to usefulness: Victorian middleclass attitudes towards the healthcare of the working poor', in Hutchison, Atherton and Viridi, *Disability and the Victorians*, Chapter 1

⁷⁰ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834, 1830 18th Report; 1831 19th Report (35999)

⁷¹ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1836 24th Report (71782)

original idea to merge the offices of female teacher and Matron to teach the girls had failed, and the committee worried 'the want of a female assistant in the Schoolroomplaced the girls under a serious disadvantage'.⁷² Two pupils who had recently finished were appointed, James Fogg and Margaret Thompson. James was sixteen and had arrived in 1827 aged ten from Ashbourne Derbyshire, his father a Dissenting Minister, while Margaret was fifteen, having followed her brother Thomas in 1823 from Newport where her mother was a milliner.⁷³ This began a longstanding policy at the Asylum of appointing former pupils as assistant teachers, a common policy in education in the early nineteenth century.

There were discussions in 1853 about whether to create an industrial department at the School where various trades could be taught up to a journeyman's level like the Edinburgh Deaf and Dumb Asylum, who taught trades such as printing, shoemaking, carpentry and gardening, but it was decided to establish an 'Apprentice Fund' to pay for apprenticeships, supplementing premiums or wages if necessary, as there was concern an industrial department would make a financial loss.⁷⁴ The opportunities for work were gendered. In 1860, boys had gone on to brass casting, optician's work, locksmith and bellhanger's work, shoemaking, and labourer, while girls went on to dressmaking and domestic service.⁷⁵ By 1862, the committee's aims were more focused on practical experience, rather than moral and religious training. Lord Calthorpe, in the chair, asked what would happen to boys when they left; 'the

⁷² BAC, Deaf and Dumb Institution Reports 15–22, 1827–1834 1831 19th Report (35999)

⁷³ BAC, Deaf and Dumb Institution Reports 15–22, 1827–1834 1833 21st Report (35999)

⁷⁴ BAC, Deaf and Dumb Institution Reports 36 -53, 1848–1865 1853 41st Report; 1854 42nd Report (71782)

⁷⁵ BAC, Deaf and Dumb Institution Reports 36-53, 1848–1865 1860 48th Report (71782)

instruction given to them is only the means to an end. It is the instrument by which they are to make their way in life.....We must assume, as a practical fact, that the children in our Institution must all earn their bread as handicraftsmen. They must become shoemakers, or tailors, or smiths, or any of the other trades in which speech is not an essential requisite'.⁷⁶ The committee wanted the children to be independent in the real world. This policy of arranging real apprenticeships was a valuable policy for children, as other institutions sometimes focused on restricted training and work like basket making that had limited career opportunities. Opportunities for work for disabled people became more difficult throughout the nineteenth century by charities 'promoting divisive segregated training and sheltered workshops that traded in outdated manual skills and associated impairment with poorly paid, low status work'.⁷⁷ The Asylum avoided that trap by engaging with supportive tradesmen in the industrial town and being prepared to pay a supplemental premium for apprenticeships. The charity was ambitious for their boys to become respectable tradesmen in the real world, enabling proper training in worthwhile jobs.

Examining how the support of the society was composed and the aims of the committee for children gives an insight into plans the committee had for the charity, to satisfy their subscribers and appeal to the wider public. It establishes the charity's agenda for their children and how their policies impacted on disabled children in their care, and gives context for the children's experiences.

⁷⁶ BAC, Deaf and Dumb Institution Reports 36-53, 1848-1865 1862 50th Report (71782)

⁷⁷ Borsay, *Disability and Social Policy* p. 139

Children's admission into the Asylum

Examining the charity's stringent criteria for entrance into the Asylum reveals the profile of children chosen to receive the privilege of attendance and its pioneering education. The charity was singling out deaf children to be educated and to give them access to religious belief. The children's sensory impairment of deafness was central to their selection process into an elite institution supported by aristocracy and Birmingham's premier families. In the early nineteenth century, education was not standard for children, and children of tradesmen would have struggled to obtain an adequate education from small private schools, dame schools, and Sunday schools. Successful self made men in the town continued to self educate themselves, encouraging trades such as printers, booksellers, newspapers and writers like William Hutton in the town.⁷⁸ The very real privilege of the children's education in the Asylum must be appreciated in this context. Children in the Deaf and Dumb Asylum in the early nineteenth century were being selected for an elite institution for a progressive education that was unusual at that time.

Entrance into the Institution was a competitive process and subscribers to the charity voted on the desirability of children, each subscriber having the right to one vote per guinea subscribed, with donors of £10 and executors of legacies of £50 entitled for life to members' privileges. Ballots took place shortly before the General Meeting most years, although occasionally there were more spaces than applications, children were admitted without being voted on, for example in

⁷⁸ Whyman, *The Useful Knowledge of William Hutton* p. 4, p. 41

1850.⁷⁹ Rules of the Institution published in 1814 provided only children between eight and thirteen could be admitted, but older children were admitted when the Asylum opened in 1814. The 'List of the Children' in October 1814 included Mary Banks, eighteen, and Thomas Coxon aged fifteen.⁸⁰ Children at the Asylum, once admitted, remained until their later teenage years. In 1836, John Clark, Josiah Barnett, Robert Wand and Anna Jelson were all fifteen, while in 1844 there was one seventeen year old, Henry Lount from Leicestershire, two sixteen year olds and three fifteen year olds.⁸¹ The looser concept of 'childhood' for disabled children, linked to children's perceived vulnerability enabled these older adolescents to be regarded and indeed labelled as 'children' for the purposes of the Asylum.

Details of children and families (including occupations) were published in annual reports, although less information on families is provided after 1845. These details provide glimpses of disabled children's previous lives and experiences in families and in the community, and the selection process itself. In 1845 when Fanny applied, fifteen children had applied, five of whom were girls. Fanny Johnson Crompton was a popular candidate, coming third with 326 votes.⁸² Details of private pupils were not thought suitable for subscribers or the public and no information about them was revealed.

⁷⁹ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1850 38th Report (71782)

⁸⁰ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1814 2nd Report (35999)

⁸¹ BAC, Deaf and Dumb Institution Reports 24- 35, 1836-1847 1836 24th Report; 1844 32nd Report (71782)

⁸² BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1845 33rd Report (71782)

Examples of the children's fathers' occupations given in annual reports before 1845 were mostly respectable tradespeople and semiskilled workmen, such as brick layers, cordwainers, copper sash makers, glass cutters, chaisemaker, watchmaker, waggoner, blacksmith, basket maker, millwrights, small farmers, and policeman, with many lower occupations like labourers, colliers and a nailmaker from Sedgeley. Mary Ann Edwards' father was a waterman at Stourport, Cleopholas Lole's father a weaver, while Joseph Assinder's father in 1844 was a bookbinder.⁸³ Occasionally widowed mothers were referred to, such as a lacemaker, a milliner, and a widow keeping a prep school for little boys in Newhall Street.⁸⁴ Children arrived from Birmingham, the Black Country and most Midland counties, but also from further away such as Yorkshire, Cumberland and Ireland.

As well as the children of respectable tradesmen, certain parishes paid for pauper children to attend. The charity accepted pauper children; many charities, such as the General Hospital in Birmingham, did not. The Rules provided that no child was to be lodged 'unless their friends, or the parishes to which they belong, contribute towards the expense of their maintenance and clothing' at the set rate.⁸⁵ The details given of children before admission disclosed their experiences in the community. One of the first pupils, Nathaniel Adey, twelve, was sent from

⁸³ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1841 29th Report, 1844 32nd Report (71782)

⁸⁴ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1838 26th Report; John Covey, nine, his mother running a 'prep school for little boys on Newhall Street' came first in the election.

⁸⁵ BAC Deaf and Dumb Institution Reports 1827-1834, 1828 Report; Rules of General Institution for Deaf and Dumb 1827. (71775)

the workhouse at Bewdley in 1814.⁸⁶ Ann Boden, sixteen, whose mother was ‘an inmate of the workhouse’ in Derby, attended in 1823. Thomas Williams aged twelve, an orphan, came from the Tewkesbury workhouse in 1830.⁸⁷ Mary Ann Lawrence, aged eleven, arrived in 1838 after her father was transported, her mother dead, and her sister an inmate of the Fordern House of Industry in Montgomeryshire. She came first in the election in 1837, with the largest number of votes at 335, perhaps a sympathy vote for a child in very difficult circumstances.⁸⁸ Birmingham guardians paid fees to the Deaf and Dumb Asylum in the 1850’s; payments of £5 in 1852 and 1853 were made and later in 1863, but the children funded were not identified. Absence of any payments made before the 1850’s suggests Birmingham pauper ‘deaf and dumb’ children remained in the Asylum for the Infant Poor before then. The Deaf and Dumb Asylum became ‘fully certified’ in 1863 to receive pauper children under the 1862 Certified Schools Act. Before this act, ‘it was doubtful whether Poor Law Unions could legally send, and pay for, children in such Institutions’.⁸⁹ Parishes varied in their policies of willingness to send and fund disabled pupils for specialist education, but many parishes funded deaf children’s attendance from the inception of the charity and were prepared to pay. Although class was relevant to admission, some pauper children were able to benefit from this specialist care.

⁸⁶ BAC, Deaf and Dumb Institution Reports 15–22, 1827–1834 1814 2nd Report (35999)

⁸⁷ BAC, Deaf and Dumb Institution Reports 15–22, 1827–1834 1830 18th Report (35999)

⁸⁸ BAC, Deaf and Dumb Institution Reports 24–35, 1836–1847 1837 25th Report; 1838 26th Report (71782)

⁸⁹ BAC, Deaf and Dumb Institution Reports 36–53, 1848–1865 1863 51st Report (71782)

'Juvenile associations' of the charity were formed in 1833 and these local branch institutions also funded children; by 1847, the West Bromwich branch supported ten children and Northampton five at the Institution.⁹⁰ Small numbers of private children were accepted and the Annual Report often contained a reference to these children, with an advertisement for private tuition by the headmaster; the children resided with him, but details of these children were never published and they were entitled to privacy in a way the other children were not.

The charity was specific about the type of children it wanted. The Rules of the Institution made it clear it would not support sick or problematic children, or children with learning disabilities. 'No child deficient in intellect or subject to fits' was to be an 'object of the charity', and two 'respectable housekeepers' had to give security to pay for board and 'in the case of the sickness, or death, or of being found, after sufficient trial, from any circumstance an improper object, to undertake to remove such child from the Asylum'.⁹¹ The charity would not be sympathetic in case of children facing difficulty. A detailed questionnaire had to be completed on application, giving information about siblings, occupations of parents, whether the child was born deaf or had become deaf through illness, whether the child showed 'intellect' and memory, whether the child had had fits or a nervous affliction, and whether they had learnt any 'manual labour' or been employed.⁹² The charity was specific about children it proposed to help and only wanted healthy, able children who were deaf, not disabled children of which hearing loss was a part. Children applying who lived within twenty miles of the

⁹⁰ BAC, Deaf and Dumb Institution Reports 15–22, 1827–1834 1834 22nd Report (35999); 1847 35th Report (71782)

⁹¹ BAC, Deaf and Dumb Institution Reports 24–35, 1836–1847 1836 24th Report (71782)

⁹² BAC, Deaf and Dumb Institution Reports 24–35, 1836–1847 1836 24th Report (71782)

Asylum could be required to appear personally before the committee for inspection before being placed on the list for election.⁹³

It was not unusual for multiple siblings in a family to be deaf with congenital deafness. There were frequent references to deaf siblings in the records, and the existence of other 'deaf and dumb' siblings was a relevant factor in obtaining subscribers' sympathy and votes. In 1827 Thomas Gibson whose father was a small farmer at Durham had five deaf and dumb siblings.⁹⁴ David Collier aged nine and his brother, William, were together at the Asylum in 1832. Coming from West Bromwich, their father was 'a labourer at the Gas-works' and possibly the West Bromwich branch funded both boys' fees.⁹⁵ Noah Stevenson, aged eleven, was admitted in 1842; his older sister had been a pupil and 'she now, with the assistance of charitable friends, supports herself and one brother: resides at Tamworth'.⁹⁶ William Turner was admitted in 1831 aged ten, the younger brother of Reuben and Martha Turner who had also been pupils; their father was a sickle maker in Eckington, Chesterfield with his three children all deaf.⁹⁷ George Keatley, aged fourteen, and his sister Sarah, nine, were both attending in 1836; their mother had died and their father deserted his children, with the remaining four brothers and sisters left in Sutton Coldfield workhouse. George was a pupil since 1832 and Sarah joined him in 1836, George staying on as Assistant Instructor.⁹⁸ Sarah Lea, fourteen, whose father was a 'small farmer' from Feckenham in Worcestershire with six children, followed her sister Mary, a

⁹³ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1814 2nd Report (35999)

⁹⁴ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1827 15th Report (35999)

⁹⁵ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1832 20th Report (35999)

⁹⁶ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1844 32nd Report (71782)

⁹⁷ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1831 19th Report (35999)

⁹⁸ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1838 26th Report (71782)

former pupil in 1836.⁹⁹ Siblings frequently attended at the same time or consecutively but there was no policy of preference. In 1836, Sarah Key Barfoot, aged eight from Somerset, failed to gain admission despite her older sister Elizabeth having attended.¹⁰⁰

The profile of children admitted reflects the specific criteria of the charity in selecting disabled children that became influential in establishing concepts of philanthropy, and the choice of certain types of children's impairment for philanthropic attention. The high profile of charities among the educated classes meant these models of 'deserving' children and the types of care provided by the charities became influential in society.¹⁰¹

Children's experiences in the Asylum

Once children had been admitted, their experiences reflected the agendas of the adults that were shaping the children's lives. Public inspection of the children was an integral and repeated part of their experience, both by subscribers at the Annual Meeting and by visitors during the week. The committee wanted to encourage public visiting for financial support and the children were regularly on display and under observation, by teachers, the committee, subscribers and the wider public. Every week the Asylum was open for inspection twice a day by visitors between eleven o'clock and midday, and between three and four o'clock on Mondays, Tuesdays and Thursdays.¹⁰² In 1818, Adele Galton took a group to visit the Asylum, interested in the charity as her brother and father were on the

⁹⁹ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1836 24th Report (71782)

¹⁰⁰ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1836 24th Report (71782)

¹⁰¹ Levene, *The Childhood of the Poor*, p. 142

¹⁰² BAC, Deaf and Dumb Institution Reports 24 - 35, 1836-1847 1847 35th Report (71782)

committee; 'Some mornings ago Violetta the children and myself with the Miss Dents we went to the Deaf and Dumb Institution which is for Patricians as well as Plebians it is I think an interesting sight one or two I heard speak but I must confess unless I were in the constant habit of hearing them I never should be able to make out what they say it is more unintelligible than German – it is astonishing however to see the rapidity with which they converse with their fingers – how cleverly they add up and multiply how they write down answers to questions which are written down for them on a slate. Lady Heathcott's son is there....about twenty a very interesting young man he has dined twice at [Seetings?] – now and then I can make out a few words which he says....he plays a little at chess – well at Backgammon'.¹⁰³ Adele Galton highlighted the children's rapid communication by manual signing, consistently preferred to the slower oral system that was less popular.

Children were inspected and 'examined' by the headmaster and subscribers annually at the General Meeting; in 1844 the children were 'Examined in the various Branches of their Education' and found to be 'healthy, cheerful and neat in appearance'.¹⁰⁴ Children's appearance was an important part of the presentation of the Asylum to raise funds, and in 1851 the committee stressed this, referring subscribers to 'the appearance of children who are now before you'.¹⁰⁵ The inspection of pupils was competitive and prizes were given, the written work of advanced pupils praised as 'comparatively free from the broken

¹⁰³ BAC, Galton family papers, MS 3101/C/D/10/1/22 Adele Galton to John Howard Galton 3 May 1818

¹⁰⁴ BAC, Deaf and Dumb Institution Reports 24-35, 1836–1847 1844 32nd Report (71782)

¹⁰⁵ BAC, Deaf and Dumb Institution Reports 36-53, 1848–1865 1851 39th Report (71782)

English which so frequently used to appear'.¹⁰⁶ Art and drawing was important in the curriculum. Children's artwork was displayed each year at the General Meeting, as painting was encouraged, and in 1851 the sale of paintings raised £1 2s 4d.¹⁰⁷ It was thought many 'Deaf-mutes' 'attained distinction in the Fine Arts; for which many of them possess a special taste'.¹⁰⁸ A drawing master, Allen Edward Everitt (1824 – 1882) was employed in 1851; his father Edward Everitt had been Secretary and A.E. Everitt was a well known Birmingham 'society' artist, who taught art at the Deaf and Dumb Institution for the next thirty years, part of the elite network of the charity that possibly was also to his benefit.¹⁰⁹ In 1851 there was no 'usual exhibition of Pictures', after Mr Green, the previous drawing master had died.¹¹⁰ Painting was 'a fruitful source of pleasure now but one that promises to become a means of gaining a livelihood hereafter', while in 1853 pupils who had gone on to artistic careers were held up as examples of the charity's success, reflecting the middleclass and genteel aspirations the charity had for the children.¹¹¹

The routine in the school was strict. Children often found it difficult to adapt to its discipline, 'frequently found to be, on their admission and in the early part of their education, extremely unwilling to the discipline of the School, having been previously injured by the mistaken tenderness, neglect or ignorance of parents'.¹¹² Pupils' resistance was obliquely referred to again in the 1845 annual

¹⁰⁶ BAC, Deaf and Dumb Institution Reports 36-53, 1848-1865 1862 50th Report (71782)

¹⁰⁷ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1851 39th Report (71782)

¹⁰⁸ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1860 48th Report (71782)

¹⁰⁹ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1851 39th Report (71782)

¹¹⁰ BAC, Deaf and Dumb Institution Reports 36-53, 1848-1865 1851 39th Report (71782)

¹¹¹ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1853 41st Report (71782)

¹¹² BAC, Deaf and Dumb Institution Reports 36-53, 1836-1847 1838 26th Report (71782)

report. 'Here also the character is moulded, as well as the intellect cultivated; their too frequently violent tempers are brought under control, and their naturally irregular habits corrected'.¹¹³ The deaf children's agency surfaces again here, rebelling against a strict regime; it was suppressed by staff. Expectations of children's behaviour were high, and their constant inspection by the public necessitated strict discipline.

Some of the children's experiences were illustrated by details in *Elementary Lessons for the Deaf and Dumb*, written by the headmaster Arthur Hopper as a teaching aid for pupils in the Institution, published in 1848 as an educational tool for teaching the deaf as this type of material became widely popular.¹¹⁴ The book introduced grammar, using examples of daily life in the Asylum to help with understanding; this was an integral part of children's education. The children learnt phrases revealing daily life in the schoolroom; 'our slates are on the desks', 'John sits on a form', 'the abacus hangs behind a door' and 'I write in a copy book'. There are references to drawing materials, easels and portfolios. Descriptions of activities show gendered roles of household work; girls pared potatoes and washed porringers after breakfast, and boys grew lettuces, radishes and leeks in the gardens. 'Our clothes get shabby before the holidays' but 'Men do not wash the clothes'. Mary the housemaid was a well-known character to the children and featured in several sentences, cleaning fire-irons, fetching coal and eating apples. There are references to children's diet; bread and milk for breakfast, meat, bread, vegetables and suet pudding on Sundays,

¹¹³ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1845 33rd Report (71782)

¹¹⁴ BAC, A. Hopper, *Elementary Lessons for the Deaf and Dumb* (Birmingham, 1st edition 1848; 2nd edition 1864) L46.02

bread and treacle or bread and cheese for supper but ‘never cocoa or chocolate’ but ‘we eat cabbages often’.¹¹⁵ A later description of a visit in 1888 referred to the tin plates and cups previously used by children being on display, replaced by earthenware crockery.¹¹⁶

Hopper’s instruction book set out details of the children’s lives, teaching concepts of obedience, hard work and suitable behaviour, using contrasting examples of ‘an obedient/disobedient child; a harsh/indulgent master; a diligent/idle pupil’ and criticism; ‘You took Thomas’ marbles from him on Friday last’. Discipline was enforced without corporal punishment, as ‘They do not beat us’. They read the bible every day and Church was on Sundays, where they met the Sunday School girls in their ‘white tippetts’, the drawing master came on Wednesdays and Thursdays, and there was no school in the afternoon on Saturdays. The calendar was marked by visits to see flowers in the nearby Botanical Gardens in May, and longer walks to Moseley and Kings Norton and trips to Sutton Park.¹¹⁷ Hopper’s instruction book, whose function was to allow the children to learn from daily routine, illustrated the deaf children’s world giving closely observed examples of their physical and emotional experiences in the Asylum. Religion, lessons, play and identity are listed with examples of suitable behaviour and obedience, reflecting current theories of suitable education for middle class children, with religious themes, drawing, and nature walks¹¹⁸. The concept of the romantic ideal childhood was developing

¹¹⁵ Hopper, *Elementary Lessons for the Deaf and Dumb*

¹¹⁶ BAC, *A visit to the Royal Institution for the Instruction of Deaf and Dumb Children, 1888: Visit by S.D.R* Birmingham Institutions D/11 (209999)

¹¹⁷ Hopper, *Elementary Lessons for the Deaf and Dumb*

¹¹⁸ *Ibid.*

throughout the nineteenth century.¹¹⁹ This concept was selective, and different groups of children were treated in contrasting ways. The charity aspired to give the deaf children in their care an ideal romantic middle class Victorian's life, being educated, trained in art and enjoying nature walks; these deaf children were selected by middle class philanthropists to be appropriate subjects for a 'romantic' childhood. They were to be observed by the public to be well cared for and to be having an appropriate, exemplary childhood, to satisfy expectations of subscribers and the committee.

Hopper's *Elementary Lessons* described their environment, the buildings that formed the basis of the children's physical experience. A 'lofty schoolroom' was lit by gas, but other accommodation was segregated. Girls shared a sitting room, large dormitories and playground, while boys had bedrooms, a playground with a few trees and a washroom leading off the playground. Separate sickrooms for girls and boys were on the second and third floor. Outside there was a terrace and lawn with a sunk fence, but children's space was clearly defined; 'the sunk fence is our boundary' as 'we seldom play on the lawn'. The *Lessons* were published, and possibly used to publicise slight matters of irritation; the comment there was only one stove in the building suggested the building was cold, but 'the pipes are hot in winter'.¹²⁰

The children were expected to carry out some work, but unlike pauper children, work was ancillary to their education that was prioritised; deaf children in the

¹¹⁹ Cunningham, *Child and Childhood in Western Society*, p. 160, p. 188

¹²⁰ Hopper, *Elementary Lessons for the Deaf and Dumb*

Asylum were not regarded as economic units in the early nineteenth century in the same way as pauper children were, being prepared for a life of hard work and industry. In the 1830's, the committee stressed children were carrying out some form of gendered work. Older girls were instructed in knitting and needlework and were 'employed in turns as assistants in the work of the house'.¹²¹ They were not however carrying out heavy work in the laundry or kitchens. A portion of the boys' time in 1830 was used for 'learning some mechanical and manual trades'.¹²² The new matron Mrs Green started teaching girls sewing and knitting after she took over from Mrs Bellamy in 1843, the Matron having always been in charge of girls as well as the household.¹²³ From 1844 this changed; 'the female pupils will be particularly under the charge of Miss Hopper' who also taught a limited number of private pupils.¹²⁴ The headmaster's daughter was providing a higher standard of education than the Matron's practical skills. By 1859 the teaching course included writing, arithmetic, geography, drawing and 'Callisthenic Exercises' with 'moral and religious instruction'.¹²⁵

General comments are made about children's general health but ancillary to the efficient running of the school, rather than focusing on any perceived medical issues connected with children being deaf. In 1836 health of children was reported as 'good on the whole, the exceptions being only such as naturally belong to schools and assemblies of children; from which cutaneous affections

¹²¹ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1831 19th Report (35999)

¹²² BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1830 18th Report (35999)

¹²³ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1843 31st Report (71782)

¹²⁴ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1844 32nd Report (71782)

¹²⁵ BAC, Deaf and Dumb Institution Reports 36-53, 1848-1865 1859 47th Report (71782)

can seldom be entirely banished'; the Matron's care was 'exemplary' in her 'attention to cleanliness.....and the comfort of the children'.¹²⁶ Improvements to the building led to better health reported in 1849, owing to increased accommodation, better drainage, and the 'new mode of warming the schoolroom' and other rooms that had reduced previously frequent 'troublesome and painful ailments' of the children, possibly colds or chilblains from a chilly environment; sick wards 'had increased the 'comfort of the children in every possible way'.¹²⁷ In 1851 children's health was 'below average' owing to measles and whooping cough.¹²⁸ In 1854, several children had measles and the committee brought forward a holiday to prevent it spreading throughout the Asylum. In 1862, children and teachers were suffering from a 'sore throat of a diphtheric character'.¹²⁹

Children's leisure time was important and stressed in annual reports, giving the impression of a healthy routine; children's health was necessary and this was to be displayed to satisfy public expectations for the children. There were large well supervised playgrounds and children played on a ball court paid for by Lord Calthorpe in 1846.¹³⁰ The children regularly visited the nearby Botanical Gardens, with longer walks to Moseley and Kings Norton and trips to Sutton Park.¹³¹ In 1859, the children were invited by Lord and Lady Hatherton to visit Teddesley, their home near Penkridge and in 1862, children went on a trip on a

¹²⁶ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1836 24th Report (71782)

¹²⁷ BAC, Deaf and Dumb Institution Reports 36-53, 1848-1865 1849 37th report (71782)

¹²⁸ BAC, Deaf and Dumb Institution Reports 36-53, 1848-1865 1851 39th Report (71782)

¹²⁹ BAC, Deaf and Dumb Institution Reports 36-53, 1848-1865 1862 50th Report (71782)

¹³⁰ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1846 34th Report (71782)

¹³¹ Hopper, *Elementary Lessons for the Deaf and Dumb*

train at Great Barr, organised by Thomas Bagnall who paid their 'Railway travelling expenses'.¹³²

Children's experiences in the Asylum were dominated by the buildings the children inhabited, an important contributory element. Schools are 'products of social behaviour'.¹³³ The original building revealed the charity's influential contacts as they were able to lease a building in Edgbaston 'peculiarly adapted to the condition of infant institution'; the building 'stands single, on a very pleasant spot of ground, quite spacious enough for the amusements and exercises of the children, and at such a distance from the town, as, both the advantage of air and in other respects makes it very desirable as a place of abode for children'.¹³⁴ The original building was not purpose built, but extensive plans drawn up later in 1857 were carefully designed to organise children's daily lives. The design of schools reflected both the aims of officials in charge and society's expectations of different types of children.

Improvements and extensions were regularly carried out to the original building. One of the first improvements made was to build a house onsite for the headmaster, to have him on site to take full responsibility and 'united them, as one family, under your roof' taking upon themselves 'the character and duties of the parents of that family'; and in order to supervise the 'moral culture' of the pupils, teach the 'precepts of morality' and 'the truths and commands of

¹³² BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1859 47th Report; 1862 50th Report (71782)

¹³³C.Burke and I. Grosvenor, *Schools* (London, 2008) p. 8

¹³⁴ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1829 18th Report (35999)

Religion'.¹³⁵ The building needed to accommodate the residential role of the headmaster, his family and the private pupils living with the family.

Substantial donations were received for improvements to the building. In 1833, ambitious building work to double pupils to sixty-five was funded by Charles Holt Bracebridge and the cost of £300 covered a new enlarged schoolroom and large dormitory.¹³⁶ In 1845 further 'extensive repairs' were carried out after a donation of £500 from the Earl of Stamford and Warrington of Enville Hall, suggesting the building had previously been less than ideal for children.¹³⁷ In 1841 for the new headmaster Arthur Hopper, the house was repaired and a new kitchen installed. In 1846, a 'ball court for the children' was paid for by Lord Calthorpe.¹³⁸ Sick wards were built in 1847 for boys and girls, and an additional dormitory for boys.¹³⁹ An improvement in children's health was reported in 1849 owing to the better accommodation, better drainage, and the 'new mode of warming the schoolroom' and other rooms.¹⁴⁰ Buildings were kept in good condition, as they were on regular public display and there were extensive repairs in the 1850's; they were 'thoroughly repaired and painted, coloured and cleansed' in 1852.¹⁴¹ Expensive additions costing £550, including new washhouses and a laundry, were made to accommodate up to eighty children.¹⁴² Despite these substantial extensions, in 1857 the charity's medical officers warned the space of buildings 'especially the sleeping department' was very

¹³⁵ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1814 2nd Report (35999)

¹³⁶ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1833 22nd Report (35999)

¹³⁷ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1845 33rd Report (71782)

¹³⁸ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1846 34th Report (71782)

¹³⁹ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1847 35th Report (71782)

¹⁴⁰ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1849 37th Report (71782)

¹⁴¹ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1852 40th Report (71782)

¹⁴² BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1854 42nd Report (71782)

much below what was 'absolutely necessary' and warned numbers had to be reduced or the building substantially extended, and new ambitious plans were publicised.¹⁴³ In 1858 and 1859, a large extension enlarged and improved the building to enable it to take 120 pupils (increased from seventy seven).¹⁴⁴ The architects' plans show the headmaster's house placed to the side of the school, directly next to the boys' day room and overlooking the boys' playground (and washroom) to exercise maximum supervision over lively teenage boys, the Assistant Masters Sitting Room being on the other side, while the girls' day ground and playground, presumably a calmer environment, was situated on the other side of the school overlooked by the Matron's room. Washrooms and a large laundry emphasise the importance of cleanliness. Both are at the rear of the school, to allow the front of the building and gardens to appear attractive to the regular public visitors.¹⁴⁵ The illustration of the schoolroom in the centre of the building shows long forms set in a rectangular pattern, focusing children's attention on the centre of the room; all teaching took place centrally in the one school room where assistant teachers dealt with smaller groups of children according to age and ability. The detailed plans reveal the architect's aim to create a organised environment for the children, with clearly defined and significant areas for leisure and education but also presentable for public visitors, a priority for the charity.

The charity's aims for children and how they judged their 'successes' were partially reflected in their attitudes to the later lives of children. Efforts were

¹⁴³ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1857 44th Report (71782)

¹⁴⁴ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1859 46th Report (71782)

¹⁴⁵ BAC, MS 1060/94 Plans for proposed extensions, Institution for the Instruction of Deaf and Dumb Children, Birmingham 1858/9

made by the charity to trace pupils, revealing deaf children's adult lives and experiences. Concern was expressed by the committee from the 1830's about children who had left and enquiries were made, reporting details of successes to subscribers. This may have been owing to concern from the charity's subscribers about how pupils had turned out, as the success of a few children, but the 'bad conduct' of some after leaving, was referred to in 1842; the committee defensively stressed the somewhat qualified advantage of the additional aspect of religion for the 'large average number of children, who having been taught to exercise their moral and intellectual powers, have been enabled, more or less, to employ them in furthering the glory of their Maker'.¹⁴⁶

The committee were proud of children who had proceeded to have artistic careers, reflecting the genteel aims of the committee. George Lunt Budworth had arrived aged fourteen in 1827 from Hilderstone, Stone in Staffordshire where his father was a day labourer. George was a pupil for eight years, attaining 'great excellence' as an artist, living in Sandon and completing a painting for his patron the Earl of Harrowby in 1838 when he died; the local clergyman reported he had spoken of the Instructor Louis du Puget and his wife 'with gratitude and affection', and 'expressed himself.....a subject of own sinfulness and nothingness in the sight of God, using at the same time the strongest gesticulations of self abhorrence'. The committee was pleased with the 'efficiency of the educational system adopted' by the Asylum, and gratified at his religious belief on his deathbed; the religious agenda at the Asylum was still paramount.¹⁴⁷ Another

¹⁴⁶ BAC, Deaf and Dumb Institution Reports 36-53, 1848-1865 1842 30th Report (71782)

¹⁴⁷ BAC, Deaf and Dumb Institution Reports 15-22, 1827-1834 1832 21st Report; 1838 26th Report (35999)

pupil who became a successful artist was Reuben Turner from Eckington Yorkshire, the son of a sicklemaker, who had been privately sponsored by a lady in the neighbourhood. Reuben had been taught painting at the Asylum and was apprenticed to a glassblower in Birmingham; in 1839 an Exhibition at Sheffield to raise funds for the Aged Female Society contained fourteen of Reuben's pictures. Both Reuben's siblings, a brother and sister, had been at the Asylum with him.

From 1847, a formal register began to be kept for seven years of details of children who had left since 1843, 'to trace the beneficial results of the excellent education' given to children, as the committee were keen to establish progress of children, 'who might seem the most forlorn and pitiable among the children of Sorrow, are delivered from mental darkneses.....and may become intelligent, moral, and religious creatures; happy in themselves and beneficial to society'.¹⁴⁸ In 1861 enquiries were sent out to local clergymen or 'influential people in each parish' and the children, presumably boys, were reported to have gone on to a wide range of occupations, becoming carpenters, shoemakers, a tailor, a gardener, a mason, and a glass stainer, and skilled jobs such as glass stainer, engraver, a letter-press printer and copper sash maker and fitter; John Glover, the 'ornamental printer' had been apprenticed and was described as 'quick and industrious', careful and saving, and in every respect a well conducted young man'.¹⁴⁹ The policy of arranging assisted apprenticeships for boys had worked well. The girls mostly entered domestic work. One of the girls became a

¹⁴⁸ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1847 35th Report (71782)

¹⁴⁹ BAC, Deaf and Dumb Institution Reports 36 -53, 1848-1865 1861 49th Report (71782)

seamstress, while a detailed report was sent back about Eliza Bayliss who was carrying out household work in Bromyard, praising her work as ‘the house is a model of cleanliness’, Eliza showing ‘great aptitude and intelligence in purchasing provisions for the family’, having ‘an affectionate disposition’ but ‘nasty and obstinate in her temper’; as Eliza also cared for her disabled or ill grandmother, only attending church when the ‘grandmother’s infirmities permit’, some allowance could perhaps have been made.¹⁵⁰ Sarah Edwards, a nursery governess to two children between 1856 and 1858, had easier employers who reported the children were ‘much attached’ to her.¹⁵¹ Although girls had found more limited gendered roles in households, the variety of occupations achieved by boys shows the successful efforts made by the Asylum within its networks of support to train and apprentice boys in real jobs in the town, rather than training them in limited jobs felt suitable for the disabled in the nineteenth century such as basket making that restricted career opportunities.

Experiences of the children, including experiences on admission, education, their public display, their publicly visible leisure and physical activity and their training have been explored. The two examples of agency that surface from the records, where the children’s rebellion is clearly visible, highlight important incidents. Although these are useful, looking at the wider examples of children’s experiences demonstrates more valuable insights into the children’s lives than the isolated incidents of agency. The charity’s attitudes and agendas for the

¹⁵⁰ BAC, Deaf and Dumb Institution Reports 36 -53, 1848–1865 1861 49th Report (71782)

¹⁵¹ BAC, Deaf and Dumb Institution Reports 36 -53, 1848–1865 1861 49th Report (71782)

children are reflected in the children's experiences, and these demonstrate why these deaf children were historically significant in the town of Birmingham in the early nineteenth century, an important period of transition where the rapid development of philanthropy and interest in sensory impairments and children intersected and institutions providing care for disabled children, of a certain type, began to be established.

The records of the deaf and Dumb Asylum also reveal the beginning of the personal narrative of Fanny Johnson Crompton, the 'deaf and dumb' girl of eight admitted to the Asylum from Great Hampton Street Birmingham, in January 1846, having been elected the previous year.¹⁵² The 1845 Annual Report set out the extremely competitive process of her election. Fifteen children applied and thirteen were 'elected' by subscribers. Fanny came third, with 326 votes.¹⁵³

Sarah Wright, aged nine, and her brother Alfred, aged eight, from Heage, Derbyshire came first and second that year with 419 and 375 votes respectively; from the same family of ten children, eight of them deaf and dumb.

Unfortunately few details of backgrounds were given in annual reports from 1845, so although Fanny's address is given as Great Hampton Street Birmingham, no other family information was provided. Trade Directories reveal John Crompton, a gold chain maker and Joseph Crompton, a furniture broker, both on Great Hampton Street at no. 138 and no. 64 respectively, but both vanish in trade directories after 1849.¹⁵⁴ Aris's Gazette Obituaries on 29 December 1845 referred to a John Crompton of Hampton Street aged 42 who died on 26

¹⁵² BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1846 34th Report (71782)

¹⁵³ BAC, Deaf and Dumb Institution Reports 24 - 35, 1836-1847 1845 33rd Report (71782)

¹⁵⁴ Post Office Directory of Birmingham, 1845; Wrightson's Directory of Birmingham, 1846

December 1845, perhaps Fanny's father, as there is no further mention of family in Fanny's life.

Fanny arrived in January 1846, to join an establishment with sixtytwo children, thirty four boys and twenty eight girls. Annual fees had just been reduced from £8 to £6, payable by parents or friends. She was admitted on the same day as four other eight year olds; Sarah Ann Nicholls, from Birchall, Walsall, John Underhill from Lancaster Street, Birmingham, Eliza Muddyman from Northampton, and William Knight from Coventry; most children were from Midland counties but William Thomas, eight, had travelled in 1846 from Loweswater in Cumberland.¹⁵⁵ Also with Fanny were Agnes Burgess from Dudley and Hannah Stanton from Coseley, both admitted aged eight the following year and Fanny probably looked after them, played, ate and slept with them. Other pupils had more successful careers at the Asylum than Fanny. Hannah became an assistant instructor in 1857, when she was eighteen and had lived at the Asylum for ten years. For able pupils, the Asylum provided a secure environment and potential livelihood for many years. In 1847, the Assistant instructors teaching Fanny were Albert Lockwood, Margaret Thompson, Ann Stanyon and Ann Penn, all previous pupils. Ann Penn had arrived in 1836 aged eleven from Bromsgrove where her father was an innkeeper, and was assistant instructor for over twenty years, struggling to work after 1862 because of ill health; unusually the committee granted her a pension of £12 p.a., but subject to

¹⁵⁵ BAC, Deaf and Dumb Institution Reports 24-35, 1836-1847 1846 34th Report (71782)

their approval each year.¹⁵⁶ Ann Stanyon had arrived aged ten in 1831 from Northampton, her father dead and her mother a mangler, and stayed until she retired in 1852.¹⁵⁷ Albert Lockwood worked until 1853, when he moved to teach the blind.¹⁵⁸ Margaret Ann Thomson died in 1856, having been a pupil and an assistant teacher at the Asylum for twenty six years.¹⁵⁹

The teaching given at the Asylum was effective and Fanny received an education and could read and write. Fanny's first public examination before subscribers at the annual general meeting took place on August 20th 1846, with other children and she would have been examined annually, but her performance was unlikely to have been satisfactory. Fanny's name was removed from the lists of children in the annual report of 1850, and she was no longer a pupil at the Asylum. In 1850, the year Fanny was removed, the asylum was not oversubscribed and no ballot to choose children had to take place, and three boys and five girls were admitted without election.¹⁶⁰ The Asylum was comfortably off financially (its income that year was £2,663 13s) and it funded the annual fees of £6 for fourteen children, showing the possibility of subsidised fees for Fanny that the Asylum had chosen not to pursue.¹⁶¹ The same year the committee announced 'a manifest and increasing improvement in the intellectual and moral tone of the children, as well as their bodily health', suggesting the Asylum was aiming to

¹⁵⁶ BAC, Deaf and Dumb Institution Reports 24-35, 1836–1847 1847 35th Report; 1839 27th Report; 1847 35th Report (71782); BAC, Deaf and Dumb Institution Reports 36 -53, 1848–1865 1861 49th Report (71782)

¹⁵⁷ BAC, Deaf and Dumb Institution Reports 15-22, 1827–1834 1831 20th Report (35999); Reports 36 -53, 1848 – 1865 1852 40th Report (71782)

¹⁵⁸ BAC, Deaf and Dumb Institution Reports 36-53, 1848–1865 1853 41st Report (71782)

¹⁵⁹ BAC, Deaf and Dumb Institution Reports 36-53, 1848–1865 1856 46th Report (71782)

¹⁶⁰ BAC, Deaf and Dumb Institution Reports 36 -53, 1848–1865 1850 38th Report (71782)

¹⁶¹ BAC, Deaf and Dumb Institution Reports 36-53, 1848–1865 1850 38th Report (71782)

improve the appearance and ‘tone’ of its children, and that Fanny’s behaviour had failed to meet their now higher expectations.¹⁶² Constant inspection and public examination each week and at the annual meeting, so important for the charity’s public perception and support, meant that superficial appearance and behaviour of the children took priority over individual children’s welfare; Fanny no longer qualified as an ‘object of the charity’. She was transferred to the Birmingham Parish Workhouse to become a pauper, her entry on admission on 6 March 1850 read: ‘

Brot from Deaf and Dumb Asylum on account of her bad temper. Had been there 4 years. A girl of moderate height and bulk and sanguine temperament looks intelligent and shows no sign of mental aberration. Can read and write.¹⁶³

The entry was in the Register of the Insane. The treatment of deaf people within the poor law, arguing they were seen as both ‘defective’ and unproductive; unable to work, but not facilitating their work with support, has been perpetuated and ‘deaf people in the United Kingdom remain the victims of Victorian attitudes towards disability’.¹⁶⁴ This area remains largely unresearched. The next chapter follows Fanny’s narrative as she experienced care in the workhouse and lunatic asylum for the pauper insane, including children, in mid nineteenth century Birmingham.

Conclusion

¹⁶² BAC, Deaf and Dumb Institution Reports 36 -53, 1836–1847 1850 38th Report (71782)

¹⁶³ BAC, HC/AS, MS 344/12/1 No. 302 6 March 1850

¹⁶⁴ M.Atherton, ‘Allowed to be idle: perpetuating Victorian attitudes to deafness and employability in United Kingdom social policy’, in Hutchison, Atherton and Viridi, *Disability and the Victorians* Chapter 10

This study seeks to identify disabled children's experiences and to locate disabled children in their environments, highlighting individual children's experiences. The Deaf and Dumb asylum was a progressive, focused environment for disabled children in early nineteenth century Birmingham, and the children's experiences reflected contemporary attitudes of society both to children and the specific sensory impairment of deafness.

The experience of admission to the elite Deaf and Dumb Asylum was a highly selective and competitive process. Deaf children were selected for the new education for the deaf that was still developing, according to strict criteria, 'historically targeted for interventions that were meant to promote their independence'.¹⁶⁵ Class was a relevant factor, both the class of children selected and the class of philanthropist subscribers that shaped the children's environment and experiences; class and type of disability were important determinants of disabled person's life choices and experiences of care.¹⁶⁶ The election process of the children demonstrated those selected as 'deserving' recipients of charity by the charity's subscribers from the developing middle class and elite of Birmingham, and their choice is clear; children of tradesmen or semiskilled workmen predominate. Pauper children were elected although in the minority, but they were not excluded from the charity; their specific disability qualified them for entry into this high profile specialist environment supported by Birmingham's elite, while less 'deserving' disabled pauper children were

¹⁶⁵ Borsay and Dale, *Disabled Children*, p. 3

¹⁶⁶ *Ibid.*, p. 2

invisible, left in the Asylum of the Infant Poor or after 1852, in the new workhouse, to cope with little specialist care.

Religion underpinned these deaf children's experiences, both as a major motivation for establishing the charity, and also as an important daily part of children's lives. The charity prioritised education of deaf children, with their 'moral and religious' training reflecting general nineteenth century ideas of an appropriate education. The children's appearance and wellbeing was important and children were not regarded purely as 'economic units of production' to be prepared for a life of hard work, as were pauper children and charity school children at the time.¹⁶⁷ Physical experiences appear in the records, or can be interpreted from the plans for the extension of the school. The charity's focus on apprenticeships in a variety of trades allowed deaf children to successfully access work in a variety of genuine trades rather than be trained in a restricted career such as basketmaking. Satisfactory details of children's leisure time, their walks and nature visits were supplied to subscribers who were concerned about the children and their later lives. Discipline in the school was strict, and there was conflict when new more complex teaching methods of deaf education were introduced by officials imposing educational methods upon children, who refused to cooperate with adults influenced by the 'variety of experts [who] historically claimed jurisdiction over the disabled child'.¹⁶⁸ Their protest against changing teaching methods developing in the wider deaf education culture shows deaf children using their 'voice' and agency in protest in the early

¹⁶⁷ Levene, *The Childhood of the Poor*, pp. 4-5

¹⁶⁸ Borsay and Dale, *Disabled Children*, p. 4

nineteenth century, extending the inclusion of their agency in the historical narrative.

The contrasts in the deaf children's experiences in education, work, religion and leisure with their pauper contemporaries at the Asylum of the Infant Poor reflected issues of class but also developing concepts of disability and impairment, and differing adult attitudes to separate groups of children. It reflected the developing concept of childhood in the nineteenth century, and how different groups of children qualified (or failed to qualify) as children, entitled to a childhood, at different times.¹⁶⁹ The charity aimed to give deaf children an ideal romantic middleclass Victorian child's life, reflecting subscribers' aspirations for children; in the early and mid nineteenth deaf children were selected by middle class philanthropists as appropriate subjects for a romantic childhood. The looser concept of 'childhood' for disabled children, linked to children's perceived vulnerability enabled older adolescents to be regarded and indeed labelled as 'children' for the purposes of the Asylum.

Fanny Johnson Crompton had experienced family life, followed by her family managing her admittance as a pupil to a middleclass, child centred environment for carefully selected deaf children. After four years of progressive education, she managed the challenging experience of not meeting the specific criteria dictated by the charity's narrow agenda. With limited opportunity to communicate any protest or her 'voice', she was moved to the Birmingham parish workhouse early in 1850, probably to its Insane Ward, before moving after three months to the

¹⁶⁹ Cunningham, *Child and Childhood in Western Society*, pp. 64–69; p. 160

new Birmingham Borough Lunatic Asylum. Her confusion and distress can only be imagined. Experiences of disabled children regarded as 'insane' in the Birmingham parish workhouse and the Lunatic Asylum, including Fanny, are dealt with in the next chapter.

CHAPTER FOUR: LOOKS INTELLIGENT AND SHOWS NO SIGN OF MENTAL ABERATION': 'INSANE' CHILDREN IN THE BIRMINGHAM PARISH WORKHOUSE AND BIRMINGHAM BOROUGH LUNATIC ASYLUM, 1845 – 1862

This chapter explores a third important aspect of care for disabled children, namely care given to children and young people regarded as 'insane' in mid-Victorian Birmingham, their experiences and the broader context of their treatment and environments. The role of both lunatic asylums and the workhouse in the care of disabled children labelled 'insane' has been neglected by academics until recently, and underrepresented in the historiography of disabled children.¹ The history of learning disability in the mid nineteenth century particularly 'remains a marginal topic' and 'experiences of the incurable insane have been overlooked'.² While lunacy and asylums have been the subject of much attention, 'historical understanding of children with mental illnesses has been narrow and undeveloped, with experiences of children overlooked'.³ 'Insane' children in workhouses are a neglected topic of research and 'the

¹ S.J.Taylor, "All his ways are those of an idiot": The Admission, Treatment of and Social Reaction to Two 'Idiot' Children of the Northampton Pauper Lunatic Asylum, 1877 – 1883', *Family & Community History*, 15/1 (2012), pp. 34-43, p. 34

² Wright, *Mental Disability in Victorian England*, p. 3; Eastoe, *Idiocy, Imbecility and Insanity in Victorian Society: Caterham Asylum, 1867 – 1911*, p. 7

³ Taylor, *Child Insanity in England*, p. 174

significance of the workhouse in the tapestry of care for mentally disordered people in England has tended to be underestimated by historians'.⁴

Although numbers of disabled children accommodated in these environments were small, their experiences are significant, reflecting changing legislation and attitudes of society to children with mental and learning disabilities in the mid-nineteenth century. Their experiences demonstrate how adults shaped children's experiences, how important changes in society's attitudes impacted on disabled children, and illustrate sharp contrasts with disabled children in other sectors of the mixed economy of welfare for them such as early philanthropy. It is difficult to assess experiences of 'insane' children.⁵ It remains challenging to establish their experiences from official records created by adults, reflecting problems in communication and lack of focus on children. Exploring their experiences within records of care for the 'insane' brings a fresh interpretation to this somewhat neglected subject, adding to both histories of childhood, lunacy and disability.

After 1845, on entry to the parish workhouse or lunatic asylum, details of 'insane' children were entered alongside adults in the 'Register of the Insane'.⁶ This large volume, preserved in Birmingham Archives and Collections, dates from 1845 but includes some retrospective information. As the Birmingham Borough lunatic asylum opened in 1850, earlier entries relate not only to the lunatic asylum but also to the Birmingham parish workhouse insane wards.

⁴ L.D. Smith, "A Sad Spectacle of Hopeless Mental Degradation": the Management of the Insane in West Midlands Workhouses, 1815-60' in J.Reianarz & L.Schwarz (eds.), *Medicine and the Workhouse* (Rochester, 2013), pp. 103-22, p. 103

⁵ Taylor, *Child Insanity in England 1845-1907*, p. 94

⁶ BAC, HC/AS, MS 344/12/1

Several entries refer to children, the youngest aged five, eight and nine, providing evidence of disabled children labelled 'insane' in mid Victorian England, their treatment and experience. From June 1850, the Register's format changed, recording in briefer detail increasing numbers of 'insane' patients now admitted to the new lunatic asylum. These two sections of the Register straddle two different aspects of care for the 'insane' including children, in two separate environments; firstly the lunatic or insane wards of the old Birmingham parish workhouse, and after 1850, in one of the new pauper lunatic asylums made compulsory by major 1845 lunacy legislation and erected over England and Wales in the mid-nineteenth century.⁷ Supplemental asylum records such as casebooks and admission records throughout the 1850's provide additional evidence of experiences of disabled children and young people in mid-nineteenth century Birmingham.

This provision of care for the 'insane' was the final aspect of care for the disabled that Fanny Johnson Crompton experienced. Fanny disappeared quietly from Deaf and Dumb Asylum records with no mention made of her after 1850, despite their claimed attempts to trace former pupils. The 'Register of the Insane' recorded Fanny's admission to the workhouse on 6 March 1850, and this entry allows the connection of independent archives to create links revealing Fanny's continued narrative and experiences.⁸ Entry number 302 describes Fanny as fourteen and deaf and dumb, acknowledging her physical disability; 'Brot from Deaf and Dumb Asylum on account of her bad temper. Had been there four years. A girl of

⁷ *An Act for the Regulation of the Care and Treatment of Lunatics*, 1845, 8 and 9 Vic., c.100; *An Act to Amend the Laws for the Provision and Regulation of Lunatic Asylums for Counties and Boroughs and for the Maintenance and Care of Pauper Lunatics in England*, 1845, 8 and 9 Vic., c.126

⁸ BAC, HC/AS, MS 344/12/1 No.28

moderate height and bulk and sanguine temper[ament] looks intelligent and shows no sign of mental aberation. Can read and write'.⁹ Admitted at eight to the Deaf and Dumb Asylum, Fanny was twelve, not fourteen; her 'sanguine temperament' meant lively and sociable. She was admitted to the workhouse, possibly the women's Insane Ward, remaining there for four months, and transferred to the new lunatic asylum in June. Fanny's second entry in the Register on her transfer to the lunatic asylum, number 28 in the renumbered sequence, showed a marked and rapid deterioration in behaviour from her previous admission to the workhouse; 'suicidal mania including maniacal raving duration four years' and now 'dangerous'.¹⁰

Fanny's transfers to the workhouse and lunatic asylum within a short period of time were major and unsettling experiences. The contrast of the workhouse female insane ward with the Deaf and Dumb Asylum's philanthropic, child focused environment would have been shocking, and to a young girl with a hearing disability and difficulties in communication, distressing. The Deaf and Dumb Asylum gave Fanny's 'temper' as their reason for her removal. While today her behaviour might be more sympathetically regarded, it was clearly difficult, and confusing changes in environment resulted in further rapid deterioration. Fanny's inability to cope with changes, probably poorly communicated, cannot have been unusual; resilience was an attribute disabled children needed to acquire as they coped with changing policies and contrasting adult agendas and environments.

⁹ BAC, HC/AS, MS 344/12/1, No.302.

¹⁰ BAC, HC/AS, MS 344/12/1 No.28

Fanny serves as an example of the historical experience of ‘insane’ children at an important period in the mid nineteenth century. This chapter is divided into two periods, firstly examining experiences in the old Birmingham parish workhouse in the 1840’s until 1850 when the new lunatic asylum opened, and secondly children’s experiences from 1850 to 1862 in the lunatic asylum, the optimistic period after its opening until the 1860’s when optimism began to fade as the promised cures were not delivered, and asylums struggled with overcrowding.¹¹ Each short period reflected external pressures from changing attitudes of society, developments in history of medicine and lunacy, and administrative tensions. Although this period is short, dictated by availability of archives, it is a critical period covering introduction of major legislation in 1845 establishing a nationwide system of lunatic asylums. It is the beginning of a period when ‘narratives, experiences and diagnoses of childhood mental illness are complex and constructed at a formative time for psychological and psychiatric medicine’, when ‘a range of social, cultural, and scientific ideas meshed to provide wide and varied understandings of what it meant to be insane’.¹² Lunacy legislation in 1808 and 1845 made no reference to children considered ‘insane’ or age limits, and this absence of provision for children with mental disability in the mid nineteenth century is part of intersecting histories of childhood, lunacy and disability.¹³ This shorter period is often included within longer periods of

¹¹ A. Scull, *Museums of Madness: The Social Organisation of Insanity in Nineteenth-Century England* (London, 1979), p. 191; M. Jackson, *The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in late Victorian and Edwardian England* (Manchester, 2000), p. 77

¹² Taylor, *Child Insanity in England*, pp. 23-24

¹³ County Asylums Act 1808 48 Geo.3, c.96; *An Act for the Regulation of the Care and Treatment of Lunatics*, 1845, 8 and 9 Vic., c.100; *An Act to Amend the Laws for the Provision and Regulation of*

analysis up to the early twentieth century, but deserves more focus to highlight important distinctions between critical periods of change in the mid-nineteenth century.

Exploring 'insane' children's historical experience is relevant not only to histories of lunacy and disability, but also childhood. Taylor argues representations and experiences of children inside pauper lunatic asylums have been 'a significant lacuna' in the understanding of children and childhood during the nineteenth century.¹⁴ Rosenthal, focusing on late Victorian 'insane' children, suggested Victorian children presented a paradox to Victorians who could not equate ideas of childish innocence with insanity.¹⁵ Taylor emphasised this paradox, that children began to be confined inside asylums without specialised treatment, when other parts of society were starting to regard childhood as a separate period of life and a time of innocence, and when legislation was starting to protect them in areas such as employment; children were beginning to be regarded as 'children' for the first time.¹⁶ 'The conceptualisation of the 'innocent' Victorian childhood has not accommodated the mentally ill or disabled'.¹⁷ This silence about 'insane' children in legislation and asylum regulations in mid nineteenth century contrasts with experiences of other Victorian children, particularly poor children who were the subject of increasing attention from varied agendas. 'Perceptions of asylum children existed in isolation from the

Lunatic Asylums for Counties and Boroughs and for the Maintenance and Care of Pauper Lunatics in England, 1845, 8 and 9 Vic., c.126

¹⁴ Taylor, 'Depraved, Deprived, Dangerous and Deviant', p. 1

¹⁵ Rosenthal, 'Insanity, Family and Community in Late-Victorian Britain', p. 32

¹⁶ Taylor, 'Depraved, Deprived, Dangerous and Deviant', p. 4; Taylor, *Child Insanity in England* pp. 178-179; P. Aries, *Centuries of Childhood: A Social History of Family Life*; Cunningham, *The Children of the Poor*; Cunningham, *Children and Childhood in Western Society since 1500*

¹⁷ Taylor, *Child Insanity in England*, p. 178

emerging nineteenth century discourse of childhood as a space of innocence and perfection'.¹⁸ Highlighting attitudes to different groups of nineteenth century children at critical times extends knowledge of developing concepts of childhood, although it is essential to be cautious with periodisation and to distinguish between the developing position of childhood in the mid nineteenth century with the dynamic period of rapid development in the late nineteenth and early twentieth centuries as the right to an innocent childhood extended to all children, including poor children.¹⁹

This chapter explores disabled children's experiences in two environments both providing care for the 'insane'; between workhouse insane wards in an early eighteenth century building with piecemeal extensions and garrets, and the new Birmingham Borough lunatic asylum carefully designed for the insane that opened in 1850. Neither environment was designed for children. 'Insane' children were dealt with in a 'variety of spaces and places', part of the 'broad economy of makeshifts, hitherto only partially uncovered, for the treatment of children with mental health problems'.²⁰ The chapter begins with re-examining the upper age of eighteen used for the term 'children', followed by a brief account of the history of local provision of care for the 'insane' in the local area, as provision of private 'madhouses' in surrounding countryside and towns near Birmingham increased in the later eighteenth and early nineteenth century. An overview of archives used is given; records of 'lunatics' were legally required to prevent abuse, and their function was important. Records of the 'insane' were

¹⁸ Taylor, 'Depraved, Deprived, Dangerous and Deviant', p. 5

¹⁹ Murdoch, *Imagined Orphans*; Cunningham, *Children and Childhood in Western Society since 1500*, p. 188

²⁰ Taylor, *Child Insanity in England*, p. 174; p. 7

created and have survived because of strict statutory requirements requiring details of facts indicating insanity and evidence of this from family or officials. While they are official records providing history from the top down, these 'patient centred admission documents' can be interpreted to provide a history from below revealing children's perspective and experiences.²¹ Experiences of 'insane' children have to 'be distilled from records created for quite different purposes'.²² Admission records and their information about disabled children's diagnoses, experiences and external lives are examined together for both periods, from 1845 to 1862 to provide continuity across the period examined. The two environments of the old parish workhouse insane wards and lunatic asylum are afterwards examined separately, with children's experiences placed in the context of wider contributory factors. Only the older parish workhouse environment can be examined as comparable records of 'lunatics' have not survived for the Birmingham Union Workhouse that opened in 1852, although 'harmless' lunatics resided there, and there were wards for lunatics and epileptics. While individuals were mentioned, similar analysis of disabled children's experiences in this later workhouse after 1852 cannot be attempted owing to lack of archives.

Children in this chapter have been traced in archives of the Birmingham Borough Lunatic Asylum, later known as All Saints or Winson Green Asylum. Many records have not survived, and no separate records were kept for children. Details are brief, a line or half a page, and linking references between volumes is

²¹ Wright, *Mental Disability in Victorian England*, p. 1

²² Rosenthal, 'Insanity, Family, and Community in Late-Victorian Britain', p. 30

like completing a jigsaw with missing pieces. Modern expectations of more comprehensive records are misplaced. Children of all ages were labelled 'insane' and admitted to the workhouse's lunatic and later epilepsy wards, and after 1850 to the lunatic asylum. Young children were in the minority but were present. In the workhouse, Richard Andrews was nine in 1844 with 'congenital imbecility' and epilepsy; Emma Johnson was eight in 1843 with 'Congenital Imbecility' and 'deficient power in back and legs', dying there in 1846; Ivy Jane Hollins was ten in 1847 and 'idiotic'.²³ Ellen Edwards was nine in 1847 when transferred to the lunatic ward with epilepsy and dementia after measles, dying there in 1850; Caroline Swingler was ten when spending three months in the insane ward in 1849.²⁴ In the lunatic asylum after 1850, small numbers of children of all ages resided there. Ebenezer Heslett was 'a congenital idiot' aged ten with 'actions, speech and physiognomy sufficiently indication of his condition', admitted in 1855 after violence at home.²⁵ The workhouse accommodated other children, but the lunatic asylum was a robust adult environment.

It is difficult to define 'children' to choose an upper age limit to apply and a loose definition is employed, with eighteen used in this chapter. The definition of 'child' is fluid, varying between different historical periods and cultures, and between different genders, societies and classes within the same period of history. The concept of childhood was developing throughout this period. Adult attitudes to childhood varied; it is difficult to set exact ages at which 'childhood'

²³ BAC, HC/AS, MS 344/12/1: Nos. 25, 7, 132.

²⁴ BAC, HC/AS, MS 344/12/1, Nos. 147 and 237.

²⁵ BAC, HC/AS, MS 344/12/2A No.18

stopped, especially for 'insane' children. Impairment and vulnerability were relevant factors in this assessment. Historians of varying aspects of childhood and disability have chosen different limits and it is relevant to note context. Different impairments affected capability, particularly mental disability. Wright chose eighteen in his study of the history of learning disability and the middle class Earlswood Asylum for Idiots, set up by private subscribers in the mid-nineteenth century.²⁶ Melling and others used fifteen for their study of children in the Devon County Asylum.²⁷ Taylor used fourteen, arguing children had concluded any education and entered work as apprentices, usually no longer under parents' control.²⁸ However, apprentices were not suddenly regarded as adults and were under direct control of masters, not parents, until apprenticeship indentures finished, usually at twenty one. 'A Victorian childhood was consequently not a linear experience', particularly for disabled children, making it impossible to set an exact age for the end of childhood in this study.²⁹ Children were regarded as adults later in private institutions such as Earlswood Idiot Asylum than for poor children in lunatic asylums, reinforcing the need to take higher age limits in estimating when disabled childhoods were regarded at an end.³⁰ It is impossible to set any age with certainty.

Significantly, the majority of children in this chapter were paupers (although the asylum admitted some private patients) and the relevant age for pauper childhood was prescribed by poor law rules. Inmates of workhouses under

²⁶ Wright, *Mental Disability in Victorian England*

²⁷ Melling, Adair, and Forsythe, 'A Proper Lunatic for Two Years'

²⁸ Taylor, *Child Insanity in England*, pp. 2-3; Taylor, 'Depraved, Deprived, Dangerous and Deviant', pp. 4-5

²⁹ Taylor, 'Depraved, Deprived, Dangerous and Deviant', p. 5

³⁰ Taylor, *Child Insanity in England*, p. 4

sixteen were regarded as children by the Poor Law Commission.³¹ In 1834, 'children' were classified as both sexes under seven, boys between seven and thirteen, and girls between seven and sixteen years of age.³² The maximum age of boys increased to fifteen in 1838, while girls' age decreased to fifteen.³³ Inmates of workhouses under sixteen were classified as children.³⁴ In the lunatic asylum, the Medical Superintendent's reports gave annual numbers admitted using two categories for younger patients, those under fifteen and those between fifteen and twenty, emphasising a distinction around fifteen.³⁵ Terms used by staff demonstrated that ages of young people regarded as childlike varied, reflecting adults' assessment of dependency and vulnerability. James Reynolds, admitted to the workhouse insane ward in 1848 at fourteen with Epilepsy and Imbecility, was sent in 1849 to Haydock Asylum near Liverpool; 'This Boy having become very violentit was considered necessary to send him to an Asylum'.³⁶ Emma Swain in 1849 was a 'A delicate looking girl – in appearance not so much as sixteen', her age.³⁷ Young people whose age qualified them as adults in the outside world were referred to by terms stressing youth. Ann Sawyer James was a 'girl' at eighteen in 1856.³⁸ Emma Smallman, admitted in 1848 at twenty two, was epileptic and deaf and dumb. 'I have never been able to learn anything about this girl.... I can discover nothing more to be the matter with her except

³¹ Crompton, *Workhouse Children*, p. 42

³² Annual Report of the Poor Law Commissioners, 2nd Annual Report, 1836: Consolidated Order, 7 March 1836.

³³ Annual Report of the Poor Law Commissioners, Consolidated Order, 1838; PLC, 5th Annual Report, 1839

³⁴ Crompton, *Workhouse Children*, p. 42.

³⁵ BAC, HC/AS, MS 344/2/1 and HC/AS, MS 344/2/2

³⁶ BAC, HC/AS, MS 344/12/1. No.253.

³⁷ BAC, HC/AS, MS 344/12/1. No.236.

³⁸ BAC, HC/AS, MS 344/12/2A p. 68

that she is deaf and dumb'.³⁹ 'Youth' was used to twenty. James Bratt, sixteen in 1855 was a 'thin imbecile looking youth of sanguine temperament'.⁴⁰ David Friend was 'A little strong built youth', nineteen when admitted in 1850 with acute mania, and William Wheeler, a jeweller from a London workhouse, was a 'youth' of twenty when admitted in 1847 with epilepsy and dementia: 'Although this youth wears a cushioned cap he generally falls so as to cut or contuse the lower lip – it has been cut quite through two or three times. Has now a cushion fitted upon ye chin as a protection'.⁴¹ 'Youth', 'boy' and 'girl' do not equate with 'child', but acknowledges they were not yet regarded as adults, vulnerable because of their disability; a higher age limit is therefore appropriate. Taking an older age limit allows a greater range of experiences of children and young people not regarded as adults to be examined. In this chapter, details of children up to eighteen are included. Occasionally young adults are used to emphasise particular issues, or if they had been 'insane' since childhood.

Previous care of the insane in the local area

Before exploring 'insane' children's experiences in Birmingham in the mid-nineteenth century, it is necessary to set out earlier provision of care for the insane in the Midlands. In the eighteenth century there was no organised national or local system of care. The insane were sometimes dealt with under the old poor law. In 1739, Philip Caughton was paid both 'for maintenance of Mary Tommason, a lunatic 1s6d. To carry her out of town 1s', suggesting her removal

³⁹ BAC, HC/AS, MS 344/12/1. No.185.

⁴⁰ BAC, HC/AS, MS 344/12/2A.

⁴¹ BAC, HC/AS, MS 344/12/1. Nos.364 and 110.

to her parish of settlement.⁴² Small private ‘madhouses’ began to be established, usually in the country for seclusion, and the ‘trade in lunacy’ flourished as better off families placed relatives there. Larger lunatic asylums were established by private subscription in Manchester (1766), York (1777) and Liverpool (1797).⁴³ After 1774 madhouses had to be licensed.⁴⁴ The area around Birmingham was well provided by the ‘trade in lunacy’ with madhouses in Bilston, Droitwich, and Sutton Coldfield.⁴⁵ Henley in Arden, near Stratford upon Avon, became a centre with three madhouses established in the eighteenth century, including Mr Burman’s madhouse in 1795, used by Birmingham overseers until 1828.⁴⁶ The Stone House in Henley in Arden opened in 1818 for genteel patients with games, card parties and music. Quality varied and medical care was not always provided and not required until the Madhouse Act 1828. Birmingham overseers sent pauper lunatics to William Ricketts’ private asylum at Droitwich by 1799, sending thirty four in 1815.⁴⁷

In the later eighteenth century, the public became increasingly concerned over conditions in asylums, particularly illegal confinement, restraint and abuse. Conditions in Bethlem in London were notorious. Concern over abuses and growing numbers of lunatics led to Parliamentary Select Committees reporting

⁴² BAC, CP B/380973 Accounts of Birmingham workhouse and Outrelief to the Poor 15 December 1739

⁴³ L.Smith, *Lunatic Hospitals in Georgian England 1750 – 1830* (Abingdon, 2007), p. 113

⁴⁴ The Act for Regulating Private Madhouses, 1774 (14 Geo.3 c.49)

⁴⁵ The Return of the Numbers of Houses Licensed, 1819, showed private madhouses at Bilston run by Samuel Proud, three at Henley in Arden, the Driffield at Sutton Coldfield and a large madhouse at Droitwich run by William Ricketts.

⁴⁶ W. Parry Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (London, 1972); Scull, *Museums of Madness*, p. 24

⁴⁷ BAC GP B/3/1/1 Guardians’ cash books 16 April 1799; GP B/2/1/2 Birmingham Guardians’ minutes, 18 July 1815

on care of the insane in 1807 and 1815.⁴⁸ The County Asylum Act in 1808 enabled groups of counties to establish pauper asylums in 1808 to reduce madhouse costs for lunatics, but was not compulsory and not all counties complied, only twelve being built in England between 1808 and 1834.⁴⁹ Stafford County Asylum opened in 1818 to serve the Midlands, taking both private and pauper patients.⁵⁰ George Smith, referred to in the Introduction, was sent here from his family farm by the magistrate in 1826.⁵¹ Birmingham overseers often sent difficult lunatics to Stafford Asylum.⁵² County asylums and madhouses provided a mixed economy of care for the insane in the early nineteenth century, and used by parishes for lunatic paupers.⁵³ By the 1830's in the Midlands there was a range of private madhouses and asylums providing care such as Duddeston Hall in Birmingham, established by Thomas Lewis, a surgeon, in 1835. Duddeston had eighty patients by 1844, regularly taking difficult pauper lunatics from Birmingham parish.⁵⁴ Competition was fierce and Lewis negotiated to undercut fees charged by Stafford Asylum, Birmingham moving pauper lunatics to Duddeston in 1837.⁵⁵ From the 1830's, larger parishes provided care for their own pauper lunatics and workhouses provided increasing care for

⁴⁸ *Select Committee Report on Madhouses in England*, Parliamentary Papers. VI, 1816

⁴⁹ County Asylums Act 1808 48 Geo.3, c.96; Wright, *Mental Disability in Victorian England*, p. 13

⁵⁰ R. Wynter, "Good on all respects": Appearance and Dress at Staffordshire County Lunatic Asylum, 1818-1854' *History of Psychiatry* 22/1 (2011), pp. 40-57; R.Wynter, *A Brief History of Staffordshire Lunatic Asylum*

⁵¹ *The Times*, 5 August 1826

⁵² L.D. Smith, 'The County Asylum in the Mixed Economy of Care, 1808 - 1845', in J.Melling and B. Forsythe (eds) *Insanity, Institutions and Society, 1800 - 1914: A Social History of Madness in Comparative Perspective*, (London, 1999), pp. 23-47.

⁵³ Smith, 'A Sad Spectacle of Hopeless Mental Degradation', p. 117

⁵⁴ L.D. Smith, 'Duddeston Hall and the "Trade in Lunacy" 1835-1865', *Birmingham Historian* 8, (1992), pp. 16 -22

⁵⁵ Upton, *The Birmingham Parish Workhouse*, p. 202, pp. 206-208

lunatics; the Birmingham parish workhouse was reorganised, adding two new buildings as insane wards in 1835 to accommodate sixty insane people.⁵⁶

Concern over lunatics led to improved care. In the late eighteenth century there was a significant shift in attitudes to lunatics, previously regarded as 'untreated brutes, ferocious animals that needed to be kept in check with chains, whips, strait waistcoats, barred windows and locked cells' to 'sick human beings, objects of pity whose insanity might be restored by kindly care'.⁵⁷ Humanitarian and therapeutic treatments known as 'moral management', promising cures, were established at the influential Quaker York Retreat, opened in 1792 by Samuel Tuke after a scandal at the main York Asylum.⁵⁸ Therapeutic treatment to cure the insane was 'a revolution in public attitudes', and the idea that lunatics could be cured gained in influence.⁵⁹ Tuke's work was extremely influential in the fundamental changes that developed at the end of the eighteenth and early nineteenth centuries in society's attitudes to the insane becoming more humane. Moral treatment was based on kind and rational treatment, with no restraint, employment, cleanliness, and treating patients as human. It aimed to return the patient to a 'rational individual', appearing to show high percentages of cure.⁶⁰ Moral management was adopted as a progressive treatment by medical men, influentially by John Connolly, the physician at the Hanwell (Middlesex) Asylum

⁵⁶ Smith, 'A Sad Spectacle of Hopeless Mental Degradation', p. 110

⁵⁷ E. Showalter, *The Female Malady: Women Madness and Culture, 1830 – 1980*. (New York, 1985), p. 8

⁵⁸ William Tuke's grandson Samuel Tuke's *Account of the Retreat*, published in 1813; Scull, *Museums of Madness*, p. 65; Wright, *Mental Disability in Victorian England*, p. 3

⁵⁹ Wright, *Mental Disability in Victorian England*, p. 3

⁶⁰ Scull, *Museums of Madness*, pp. 65-70.

(the largest pauper asylum that opened in 1831) after 1839.⁶¹ Connolly had been a young doctor at Stratford and Henley in Arden.

No separate arrangements were made for 'idiots' and 'imbeciles' in the early nineteenth century, who were generally to be pitied unless dangerous.⁶² They were regarded as and accommodated with the insane in private madhouses and workhouses. In workhouses, the primary distinction for 'idiots' was 'dangerousness'; 'in an asylum system that emphasised controlling the 'dangerous' and treating the curable, the vast majority of idiots and imbeciles occupied a conspicuously inferior place' and they were kept in workhouses unless thought 'dangerous'.⁶³ Dangerousness was an essential element in constructing the insane pauper to qualify for an asylum.⁶⁴ Lunatics were supposed to be transferred promptly to asylums but in reality were retained at workhouses as asylum places were more expensive than the workhouse, and assessment of 'dangerousness' was frequently an economic decision by parish officials.⁶⁵ By 1847 Commissioners in Lunacy were expressing concern about lack of attention on 'imbeciles' and 'idiots' in workhouses; although 'idiots' were 'seldom fit objects for a curative asylum, they are in general capable of being greatly improved, both intellectually and morally, by a judicious system of training and instruction'.⁶⁶

⁶¹ Wright, *Mental Disability in Victorian England*, p. 24

⁶² Jackson, *The Borderland of Imbecility*, p. 33

⁶³ Wright, *Mental Disability in Victorian England*, p. 17

⁶⁴ Bartlett, *The Poor Law of Lunacy*, p. 44

⁶⁵ Smith, 'A Sad Spectacle of Hopeless Mental Degradation', p. 107, p. 115

⁶⁶ Annual Reports of the Commissioners in Lunacy, Second Report, 1847

Popularity of 'moral management' in the early nineteenth century with optimism about curing lunatics resulted in an informal campaign for specialised treatment of 'idiot' and 'imbecile' children with learning disabilities.⁶⁷ Wright suggests lack of statutory provision for 'idiot' and 'imbecile' children, and increasing focus on children generally, encouraged philanthropy to fill this gap; the first private Idiot Asylum at Park House opened in 1848, linked to the Earlswood Asylum for Idiots established in 1855, both being subscription charities for those with learning disabilities with educational aims, including training by drill, exercises to control physical quirks and reading, writing, and industrial training in shoemaking and basketmaking.⁶⁸

In 1845, legislation required a compulsory national system of pauper asylums, and from 1850 lunatic asylums were erected over England and Wales, changing care for the insane. 'These great museums of madness....laid the basis of institutional provision for generations to come'.⁶⁹ The Birmingham Borough Lunatic Asylum, later known as All Saints or Winson Green Asylum, opened in 1850 and admitted disabled children labelled 'insane' such as Fanny.

Archives and records used

Dates of surviving records dictate, as always, periods of research. The first admission register available, the 'Register of the Insane', began in 1845, the year of major legal reform and started (and preserved) to comply with statutory

⁶⁷ Wright, *Mental Disability in Victorian England*, p. 27

⁶⁸ Wright, *Mental Disability in Victorian England* p. 33, p. 39

⁶⁹ Scull, *Museums of Madness*

regulations.⁷⁰ A few references date retrospectively to 1841. The 1845 Lunatics Act required asylums to record medical treatment, and the printed prescribed columns of this register required names, dates of admission and discharge, form of insanity, whether 'dirty' or dangerous, age and marital status, and "Result (Cured or Relieved)"; occasional case notes by medical officers recorded restraint, injury, and on death, descriptions of post mortem.⁷¹ From June 1850, when the lunatic asylum opened, numbered entries began again, each briefer entry consisting mostly of one line. Many were, like Fanny, being transferred from the workhouse to the new lunatic asylum and familiar names reappear, with others admitted from Edgbaston, Aston and Kings Norton. These compulsory admission records required signature by officials to prevent abuse. The 1828 County Asylums Act had required committal of paupers to a lunatic asylum to be signed by two magistrates, or by an overseer and clergyman, with a medical certificate and this regulation was confirmed in 1845.⁷² Reception orders admitting lunatics also needed signature by a Justice of the Peace and included personal and medical history, condition, responsible parish and inspecting doctor on admission. Brief case notes outline behaviour revealing insanity, medical and other treatment and daily routine in the asylum. A small number of Medical Superintendents' reports have survived between 1850 and 1853 supplementing admission records.⁷³ Although reflecting the voice of the official in charge, they provide occasional further details of behaviour and environment, routine, care and problems.

⁷⁰ *An Act for the Regulation of the Care and Treatment of Lunatics*, 1845, 8 and 9 Vic., c.100; *An Act to Amend the Laws for the Provision and Regulation of Lunatic Asylums for Counties and Boroughs, and for the Maintenance and Care of Pauper Lunatics, in England*, 1845, 8 and 9 Vic., c.126

⁷¹ BAC, HC/AS, MS 344/12/1.

⁷² County Asylums Act 1828 (9 George 4 c.40)

⁷³ BAC, HC/AS, MS 344/2/1 and MS 344/2/2 Medical Superintendents' Reports

Admission documents from 1845 to 1862 will be discussed showing how children were presented as ‘insane’ to gain admission, the reasons given and details of children’s external lives in the community that emerge. Examining children’s diagnoses allows a rare opportunity to access disabled children’s lives and experiences in the mid nineteenth century. Experiences in each environment of the workhouse insane wards and the lunatic asylum buildings are then explored separately.

Admission of ‘insane’ children

Admission documents created significant paperwork, revealing reasons for children entering the asylum, valuable information about children’s external lives and their experiences of mental disability. Certifying physicians recorded diagnosis of insanity, causation, and symptoms reported by families and workhouse staff. Understanding how children were diagnosed as ‘insane’ enhances understandings of children and childhood.⁷⁴ The process reflected complex negotiation between families, poor law officials, physicians, magistrates and guardians of the poor, revealing examples of ‘contested caring’ of disabled children.⁷⁵ In the mid nineteenth century officials had wide discretion over diagnosis and admission and assessment of insanity was subjective, subject to later challenge by Commissioners of Lunacy.

⁷⁴ Taylor, *Child Insanity in England*, p. 175

⁷⁵ Melling, Adair, and Forsythe, ‘A Proper Lunatic for Two Years’, p. 379; Rosenthal, ‘Insanity, Family, and Community in Late-Victorian Britain’, p. 30

Ascertaining numbers of 'insane' children at any time in the workhouse insane wards or lunatic asylum is difficult, with children regularly leaving or dying. Numbers were small. In the mid-nineteenth century 'insane' children were often discharged by parents after a short stay, then re-admitted if families struggled.

Table 2: Ages of 'Insane' children admitted to the Birmingham Parish Workhouse, 1841 - 1850

	Female	Male
Age 7	1	
Age 8 - 9	2	1
Age 10	2	
Age 12		1
Age 13 - 14	6	4
Age 15 - 16	6	7
Age 17	3	5
Age 18	4	6
Total	24	24

Out of total annual admissions, numbers of children admitted were small. For example, four males and four females between fifteen and twenty were admitted out of 207 in 1850; one male and one female under fifteen and four males and two females between fifteen and twenty out of a total of 176 in 1851, and one male under fifteen and one male and five females between fifteen and twenty out of 120 in 1852.⁷⁶ Between 1845 to 1850 cases admitted to the workhouse insane

⁷⁶ Taken from BAC, Medical Superintendents' Reports, HC/AS MS 344/2/1

wards averaged ten a month, but after the asylum opened in 1850 admissions at the workhouse dropped to five a month.⁷⁷

Admission records reinforce the importance of family in disabled children's care as primary carers before admission. Scull argued asylums were used by families to get rid of unwanted, less productive relatives.⁷⁸ More recent work has stressed the family's importance as the primary place of care for children with mental or learning disabilities. Wright argued asylums and communities were 'in a dynamic' of care for the mentally disabled, estimating eighty four per cent of children were 'integrated members' of families before admission; families usually initiated admission procedures and participated significantly in diagnosis.⁷⁹ Melling, Adair and Forsythe argued children's admission to the Devon lunatic asylum was the last resort of families struggling to cope, examining families' strategic responses as they constructed a 'disruptive idiot or imbecile who ranged beyond the family's effective control' or threatened them to gain admission and specialist care.⁸⁰ 'Insane' children were 'administrative, legal and social constructions' created by parents and officials, as doctors completed legally prescribed admission forms with parents' evidence, rather than independent medical evidence.⁸¹ Suzuki examined complex motivations of families, including economic concerns and protection of family privacy and reputation, in applications to the Commission of Lunacy in the period from 1820

⁷⁷ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports 14 January 1852.

⁷⁸ Scull. *Museums of Madness*; Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700 – 1900* (London, 1993)

⁷⁹ Wright, *Mental Disability in Victorian England*, pp. 6-8, p. 49

⁸⁰ Melling, Adair, and Forsythe, "A Proper Lunatic for Two Years", p. 372.

⁸¹ *Ibid.*

to 1860, including the libel case over George Smith reported nationally and in Birmingham.⁸²

There was little guidance for assessing children's 'insanity', diagnosed in similar ways to adults, and reasons for admission were complex.⁸³ Ideas about what constituted 'insane' behaviour, especially for children, were fluid in the nineteenth century.⁸⁴ Parents stressed children's socially unacceptable, violent or suicidal behaviour to authorities to prove children were 'insane', putting family or themselves in danger and providing an unacceptable threat.⁸⁵ Children were presented negatively to gain access to specialist care in the asylum, being presented as 'depraved, deprived, dangerous and deviant'.⁸⁶ Antisocial behaviour such as violence, biting and spitting, destruction of clothes or property, or wandering the neighbourhood at risk were used. Thomas Parkes, a tailor aged sixteen was admitted in 1855 'in a fit of raving mania threw himself upon the floor and tried to strike, kick or spit upon anything who came near him'; Ebenezer Heslett, aged ten in 1855, threw knives, stones and missiles at relations, while John Harrington, an imbecile and epileptic aged seventeen in 1857, had 'lately become violent' and 'attempts to injure himself, his mother or anyone who offends him'.⁸⁷

Evidence could be unreliable, confirming deliberately negative presentations of 'insane' children to gain admission. Sophia Preston, aged eighteen, was admitted

⁸² Suzuki, *Madness at Home* pp. 166-170; pp. 179-181

⁸³ Rosenthal, 'Insanity, Family, and Community in Late-Victorian Britain', p. 30

⁸⁴ Taylor, 'Depraved, Deprived, Dangerous and Deviant', pp. 13-14

⁸⁵ Melling, Adair, and Forsythe, "A Proper Lunatic for Two Years", pp. 386 - 387

⁸⁶ Taylor, 'Depraved, Deprived, Dangerous and Deviant', p. 4

⁸⁷ BAC HC/AS, MS 344/12/2A p. 37; HC/AS, MS 344/12/2A No.18; HC/AS, MS 344/12/2A, p. 145

with 'hysterical mania' in 1845, having threatened to jump through a window and strike others; but 'perfectly quiet and harmless since admitted'.⁸⁸ Emma Smallman was admitted in 1848 with causation as 'Epilepsy, deaf and dumb', but the Medical Superintendent noted 'I have never been able to find out anything about this girl – the admission note was for 'fits' - she has had no fits since she came to us and I can discover nothing more to be the matter with her except that she is deaf and dumb'.⁸⁹ Like Fanny, Emma was vulnerable to allegations of insanity because of difficulties in communicating.

Admission documents included diagnosis of 'insanity' and the majority of younger children were usually admitted described as 'idiots' or 'imbeciles' from birth or a young age. Older children were frequently admitted with 'mania' or other 'curable' mental disorders. The terms 'idiot' and 'imbecile' were common, 'imbecile' being less severe and applied to a wide range of mental disability. "Idiocy" was a general 'catch all term'.⁹⁰ Ivy Jane Hollins, ten in 1847, was simply 'idiotic'.⁹¹ The terms 'congenital imbecility' or 'congenital idiot' were used for children disabled from birth or as infants. Physical appearance was an important factor in diagnosis; appearance as 'an idiot' was recorded. Louise Hobday, who spent several years in the workhouse before transferring to the lunatic asylum in 1862 at eighteen, was 'a congenital imbecile', her 'expression of features imbecile', and 'noisy, destructive and fond of biting other patients'.⁹² Yet 'idiot' children were also admitted without reference to challenging or violent

⁸⁸ BAC HC/AS, MS 344/12/1, No. 9.

⁸⁹ BAC, HC/AS, MS 344/12/1. No.185

⁹⁰ Taylor, *Child Insanity in England*, p. 46

⁹¹ BAC, HC/AS, MS 344/12/1, No. 132

⁹² BAC, HC/AS, MS 344/12/2A

behaviour, and paternalistic comments demonstrate officials regarded them as young and vulnerable. Mary Jane Hollins was a 'poor helpless idiotic child' in 1852 (no age given).⁹³

There was a clear distinction between 'idiots' and 'imbeciles' with those with diagnoses of 'curable' temporary 'insanity' usually admitted when older as adolescents.⁹⁴ Diagnoses of mania, dementia and melancholia relied on socially unacceptable behaviour. Elizabeth Hayden, a 'thin and delicate looking' teacher in an infant school aged sixteen, was admitted in January 1847 with 'Acute mania Religious', with 'raving delirium chiefly on religion (Dawsonite)', and was 'restless obliged to be confined in bed with a belt that pleased her'.⁹⁵ George Dawson was a charismatic nonconformist Unitarian preacher and social reformer in Birmingham who preached the 'Civic Gospel', encouraging practical Christian work, changing civic structures that reinforced poverty and poor conditions. Elizabeth was 'cured', but many with 'mania' were readmitted. Ann Bayliss, sixteen, was admitted with mania, 'Incoherent and rambling in conversation - she has religious delusions' in 1850; when first ill, the minister was sent for.⁹⁶ Emma Swain was admitted at sixteen in 1849 with acute mania but discharged by Commissioners in Lunacy in March 1849 who considered residence in the lunatic ward unnecessary, demonstrating superior authority over officials.⁹⁷ Ann Sawyer James, eighteen on admission in 1856 was diagnosed with 'melancholia of five months' after her mother's death, 'a pale, delicate

⁹³ BAC, HC/AS MS 344/2/1 22 September 1852

⁹⁴ Wright, *Mental Disability in Victorian England*, p. 16

⁹⁵ BAC, HC/AS, MS 344/12/1,

⁹⁶ BAC, HC/AS, MS 344/12/1, No.293.

⁹⁷ BAC, HC/AS, MS 344/12/1, No.236.

looking girl with resigned melancholy expression'.⁹⁸ Increased admissions for teenagers suggests it was inability to control behaviour as children became older that contributed to admission, although girls could be retained longer at home if useful domestically.⁹⁹

Another occasional, mostly female diagnosis was 'moral insanity'. Charlotte Bayliss, a French clogs maker aged eighteen, was admitted with 'moral insanity' after attempting to strangle herself in 1846, with additional female complaints of hysteria and 'mismenstruation'. Her illness was caused by 'an altercation with her relatives' and 'separation from Mr M'; she had been 'living for two years with Mr Makerin late of Birmingham Police'.¹⁰⁰ The concept of 'moral insanity' originated with James Cowles Pritchard, a Commissioner in Lunacy, in 1835, being 'morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions and natural impulses, without any remarkable disorder or defect of the intellect' particularly affecting 'women with certain mental and corporeal characteristics'.¹⁰¹ This more subtle and judgmental diagnosis could include any behaviour society, or families and officials thought deviant.

Admission details available between 1845 and 1850 give an indication of diagnoses of idiocy and imbecility compared with mania, and ages.

⁹⁸ BAC, HC/AS, MS 344/12/2A p .68

⁹⁹ Taylor, *Child Insanity in England*, p. 29

¹⁰⁰ BAC, HC/AS, MS 344/12/1. No.25

¹⁰¹ J.C. Pritchard, "A Treatise on Insanity" (London, 1835); Showalter, *The Female Malady*, p. 29

Table 3: Diagnosis and ages of females under 18, Birmingham Parish Workhouse, 1845 - 1850.

Diagnosis	Numbers	Ages (years)
Idiotic	1	10
Congenital Imbecility	3	8, 13, 15
Epilepsia, imbecile	1	18
Average age 12.8 years		
Acute Mania or Mania	3	14, 16, 16
Acute Mania Religious	1	16
Acute Mania with hysteria	1	
Average age 15.5 years		
Moral Insanity and hysteria	1	18
Epilepsy	6	Between 10 and 17
Epilepsy and dementia	1	9

Table 4: Diagnosis and ages of males under 18, Birmingham Parish Workhouse, 1845 - 1850.

Imbecility and epilepsy	3	9, 14, 17
Average age 13.33		
Mania	2	18, 18
Mania with epilepsy	4	15, 15, 18, 18
Average age 17		
Epilepsy	8	Between 12 and 16
Epilepsy and dementia	7	Between 15 and 18

Epilepsy and fits were poorly understood but played a huge role in admissions, frequently linked with other diagnoses.¹⁰² Between 1845 and 1850, eighteen out of twenty one males admitted under eighteen were epileptic; of girls under eighteen, twelve out of eighteen admitted had epilepsy or fits.¹⁰³ Deaths from fits were common. In 1845 M.A. Spence, twenty, suffering with ‘epilepsia and morose’ since four, was sent to Duddeston where she died from fits.¹⁰⁴

Causation was often noted in admission documents as mental disorder was thought to be hereditary, or caused by external factors or stress to the ‘lunatic’ or mother. Relevant factors were hereditary or congenital issues, or factors such as illness, shocks during pregnancy, seizures or falls.¹⁰⁵ Amos Walton, aged twelve in 1847, suffered from epilepsy after a ‘blow to the head’ at three.¹⁰⁶ Fright was considered a cause of epilepsy. Fanny

¹⁰² O. Temkin, *The Falling Sickness* (1971)

¹⁰³ BAC, HC/AS, MS 344/12/1

¹⁰⁴ BAC, HC/AS, MS 344/12/1, No. 20.

¹⁰⁵ D. Cohen, *Family Secrets: Living with Shame from the Victorians to the Present Day* (London, 2013), p. 85; p. 94

¹⁰⁶ BAC, HC/AS, MS 344/12/1, No.199

Docker, seventeen in 1841, suffered from fits caused by 'fright by a fall from a cart when a child'.¹⁰⁷ Ivy Jane Foxley's epilepsy was caused by a 'fright occurred when swinging' and 'in half an hour followed by a Epileptic Fit to which she has since been subject'.¹⁰⁸ Ellen Edwards' fits in 1847 were brought on by measles five years before, causing epilepsy and dementia; she was brought into No. 3 Ward having nearly drowned in a canal, proof of danger to herself.¹⁰⁹ Benjamin Tabberner's acute mania in 1855 was caused by the sixteen year old's 'excitement of a country visit after very close application to business'.¹¹⁰ Hereditary factors were recorded; on admission at sixteen, Thomas Parkes' aunt was recorded as insane, although the cause for Thomas's acute mania was 'fornication and subsequent religious fear', treated by arrowroot and brandy.¹¹¹ Henry Price, seventeen in 1858, had been 'insane under a week, cause love'.¹¹²

Physical descriptions were recorded. A common description was 'sanguine temperament'. In the late eighteenth and early nineteenth century, the doctrine of temperaments or humours based on classical Greek medical theories of Galen was still used. The balance of the four bodily fluids of blood, phlegm, and yellow and black bile determined a person's health and personality; sanguine (blood), phlegmatic (phlegm), choleric (yellow bile) and melancholic (black bile). A 'sanguine temperament' described a flushed complexion and lively personality, perhaps overexcited. Fanny Johnson Crompton, as described earlier, was 'a girl of moderate height and bulk and sanguine temper[ament]'.¹¹³ Ann Bayliss,

¹⁰⁷ BAC, HC/AS, MS 344/12/1, No.22

¹⁰⁸ BAC, HC/AS, MS 344/12/2A, p. 527. 1863.

¹⁰⁹ BAC, HC/AS, MS 344/12/1, No.147

¹¹⁰ BAC, HC/AS, MS 344/12/2A, No.11

¹¹¹ BAC, HC/AS, MS 344/12/2A, p. 37.

¹¹² BAC, HC/AS, MS 344/12/2A, p. 154.

¹¹³ BAC, HC/AS, MS 344/12/1, No.302.

sixteen, admitted with mania in 1850, was 'of light complexion and sanguine temperament. Rather tall, face pale and anxious. Pupils large and eyes restless. Pulse feeble, tongue furred. Incoherent and rambling in conversation'. After attacking her sister she was sent to Haydock Asylum in Liverpool where dangerous 'lunatics' were sent.¹¹⁴ In 1855, the term was still being used; Benjamin Tabberner, a baker of sixteen admitted in 1855, was a 'slightly built youth of sanguine temperament'.¹¹⁵ Physical disabilities and quirks were also described; Robert Buckley, admitted aged eighteen with mania in 1846, had 'curious grotesque motions'.¹¹⁶

Physical descriptions were recorded carefully as medical professions attempted to identify physical evidence of lunacy.¹¹⁷ Descriptions became more precise, with scientific and medical terms used, and observation increased.¹¹⁸ Children began to be measured on admission, particularly heads. Ebenezer Heslett, a 'congenital idiot' aged ten and 'short, slight and of sanguine temperament', was measured in 1855 at four feet, with a 19" head circumference, his 'actions speech and physiognomy sufficiently indicative of his condition'.¹¹⁹ Medical attempts to identify signs of madness, particularly idiocy and imbecility, used phrenology, a popular and accepted Victorian practice, practised by Joseph Connolly at

¹¹⁴ BAC, HC/AS, MS 344/12/1, No. 293.

¹¹⁵ BAC, HC/AS, MS 344/12/2A No.11

¹¹⁶ BAC, HC/AS, MS 344/12/2A No. 131

¹¹⁷ Wright, *Mental Disability in Victorian England*, pp. 8-9

¹¹⁸ Ibid.

¹¹⁹ BAC, HC/AS, MS 344/12/1, No. 22

Hanwell Asylum and at Earlswood by Connolly and John Langdon Down.¹²⁰

Pulses were recorded and the tongue's condition was described.

Medical observation continued after death as doctors attempted to identify physical differences for insanity, such as lesions.¹²¹ Detailed post mortems took place and the brain described. Richard Andrew was admitted at nine in 1844 with 'congenital imbecility'; his post mortem showed a 'brain firm and healthy' but an 'enormously thickened' left ventricle in his heart.¹²² Thomas Simmons' brain when he died in 1847 at seventeen from epilepsy after six years in the workhouse had a 'skull unusually thick and solid'.¹²³ George Mobbs, a chaff cutter of eighteen from Kings Norton, died in September 1849; 'the brain was unusually firm' with 'convolutions flattened and faced closely together as if too large for its case'.¹²⁴ Elizabeth Horton was a 'servant in a badhouse' who died three weeks after admission in 1846, her 'speech imperfect, mind imbecile', in Number 8 ward of the workhouse with gonorrhoea. Her post mortem report used medical descriptions; 'skull cap firmly adherent to dura mater so that it was with *great difficulty* they could be separated. Brain unusually firm'.¹²⁵ This observation by medical officials was not benign but for the purposes of medical research as medical men took over control of asylums.¹²⁶

¹²⁰ Jackson, *The Borderland of Imbecility*, p.93; Wright, *Mental Disability in Victorian England*, p.162

¹²¹ Showalter, *The Female Malady*, p. 31

¹²² BAC, HC/AS, MS 344/12/1, No.25

¹²³ BAC, HC/AS, MS 344/12/1, No.85

¹²⁴ BAC, HC/AS, MS 344/12/1, Nos.72 and 30

¹²⁵ BAC, HC/AS, MS 344/12/1. No.93.

¹²⁶ Wright, *Mental Disability in Victorian England*, pp. 8-9

Descriptions reflect adults' attitudes to children, and changes can be detected between 1845 and 1862 in officials' comments. While Green's earlier comments about 'insane' children appear more sympathetic, by 1860 comments became less tolerant of children's personalities and bodies, reflecting deteriorating attitudes to the insane. Earlier comments were less critical. Emma Swain, sixteen in 1849, was a 'delicate looking girl', despite being 'very disorderly'; Emma Bailey, eighteen, was described as 'mischievous', yet described as a 'dangerous' lunatic by Commissioners in Lunacy; Andrew Weaver, sixteen in 1847 with epilepsy, was in a 'feeble, almost helpless state all his faculties in a state of torpor'.¹²⁷ As expensive lunatic asylums became overcrowded with chronic, incurable cases and expected cures failed to materialise, officials' attitudes hardened, reflecting the pessimism society felt.¹²⁸ Children were not treated differently. By the early 1860's comments emphasise unpleasant aspects of behaviour and failure to control bodies in socially acceptable ways to support diagnoses of 'insanity'. The term 'Stupid' was commonly used. Richard Hayes was admitted in 1862 at sixteen, 'Dull and stupid these two days & not at work', 'Constantly moaning', sitting with 'head drooping and slobbering at ye mouth'; in 1863 he was 'Very stupid often wets himself'.¹²⁹ Andriou Rusia, an Italian 'wandering lunatic' boy of fourteen admitted in 1855, was 'destructively mischievous pulling down gasburners and such like. He evidently knows he is doing wrong for he watches to see whether he is observed before he attempts any mischief'.¹³⁰ Caroline Bishop, seventeen in 1856 and a servant, was 'obstinate and spiteful', 'tells a good many lies' and 'fond of giving other patients sly pinches'.¹³¹ Thomas Tyrer, fifteen in 1862, 'goes to work at times at other times he is destructive and perverse' and by 1866

¹²⁷ BAC, HC/AS, MS 344/12/1 Nos. 236, No.6, and No.115

¹²⁸ Jackson, *The Borderland of Imbecility*, p. 34; p. 77; Smith, 'A Sad Spectacle of Hopeless Mental Degradation', pp. 103-120, p. 115

¹²⁹ BAC, HC/AS, MS 344/12/2A p. 446

¹³⁰ BAC, HC/AS, MS 344/12/2A, p. 24.

¹³¹ BAC, HC/AS, MS 344/12/2A, p. 35.

was 'demented, incoherent and childish'.¹³² Adults were critical of sexual behaviour, used as evidence of deviancy. Sarah Ann Philips, an imbecile of twelve, was criticised in 1858 as having 'lost all sense of decency.....walks into the street in a state of semi-nudity', but described as 'well-made'.¹³³ Abel Sunnings Davenport, seventeen, was 'saucy to and interfering with others' in 1863.¹³⁴ Jackson dates growing negativity towards children with mental disability to the 1870's, but negative comments about children appearing in Birmingham records suggest changes in attitudes began earlier.¹³⁵

Descriptions of these children contrast strongly with adults' attitudes to other disabled children in the early philanthropic sector in the mid nineteenth century, emphasising disabled children's varied experiences. As described in Chapter Three, the committee at the Deaf and Dumb Asylum were proud of their children's appearance, promoting public visiting to encourage support for their work in restoring children to a neat, orderly life with access to the 'Word of God' and nature walks, the ideal Victorian childhood. In the mid nineteenth century, philanthropists started to encourage the idea that childhood should be a separate time of innocence.¹³⁶ Public observation of 'deaf and dumb' children was to encourage fundraising, but disabled children in the asylum were observed as medical specimens, to be recorded and identified as 'insane'. There was little public observation of 'insane' children, observed for medical reasons even after death. Their classification as 'insane' in workhouse insane wards and the lunatic asylum controlled their experiences in the mid nineteenth century, in priority to

¹³² BAC, HC/AS, MS 344/12/2A, p. 460.

¹³³ BAC, HC/AS, MS 344/12/2A,

¹³⁴ BAC, HC/AS, MS 344/12/2A, p. 521

¹³⁵ Jackson, *The Borderland of Imbecility*, p. 4; p. 77

¹³⁶ Cunningham, *Children and Childhood in Western Society since 1500*, p. 160

any classification or emerging status as children. There is no evidence of specialised treatment for them as 'children'.

Details of disabled children's external lives, given as parents described behaviour, allow a rare opportunity to glimpse their experiences in the family and community in mid Victorian England. They feature contemporary issues such as religion that underpinned life in nineteenth century Birmingham. Ann Bayliss, sixteen, had religious delusions in 1850.¹³⁷ Samuel Moncks, seventeen, was admitted from Liverpool with acute mania and hallucinations twice in 1845, with delusions that 'he was a great sinner and should be sure to go to hell. Is a Methodist. The more marked symptoms of insanity came on after being much teased by his shopmates' while 'he washes a dozen times a day'. Restraint was used; Samuel was 'obliged to be strapped in ye early part to keep him in bed' and 'fastened to a chair to keep him from going out' before his transfer to Haydock Asylum in January 1846.¹³⁸ Richard Hayes, seventeen, was admitted in 1862 with delusions, 'seeing the Devil'.¹³⁹ John Reynolds, older at twenty in 1862, was 'afraid the Mormons are coming to kill us all they are torturing his brains to death they will upset the church and bury all the ministers'.¹⁴⁰ Other aspects of life in Birmingham were also reflected; George Chapman, fifteen, was admitted in 1847 with acute mania, 'much excited declaiming passages from plays' and 'rather excited today with his theatrical illusions'.¹⁴¹

¹³⁷ BAC, HC/AS, MS 344/12/1, No. 293

¹³⁸ BAC, HC/AS, MS 344/12/1, No. 80.

¹³⁹ BAC, HC/AS, MS 344/12/2A p. 446.

¹⁴⁰ BAC, HC/AS, MS 344/12/2A, p. 460.

¹⁴¹ BAC, HC/AS, MS 344/12/1, No.150

Having mental disabilities had not prevented these disabled children and young people working. Eliza Sherriff, admitted at eighteen in 1848 with 'Congenital Imbecility', was a servant; 'Mind somewhat weak and very deaf has been in service but unable to stay. Wesleyan'.¹⁴² Emma Preece, seventeen and epileptic, went into a domestic 'situation' when discharged by her mother in 1849. She was of economic value to her family, perhaps why she was discharged.¹⁴³ James Bratt, admitted at sixteen in 1855 was a white metalcaster, who despite convulsions in infancy, 'had full intelligence till twelve when he was put to his father's business after that he gradually became imbecile but able to assist his father till lately'; some degree of learning disability had not precluded his contributing to the family economy.¹⁴⁴ In 1857 John Harrington was admitted aged seventeen, an 'imbecile, epileptic' whose 'Father tried to teach him his own trade of glassblowing, but could not', admitted when trying to injure himself and his mother.¹⁴⁵ These details reveal earlier working lives of disabled children and economic contributions to the family before admission.

Life at home could be challenging. Stereotypes of workhouse and asylum life being harsher than in the community must be questioned. There was evidence of neglect of Elizabeth Williams, fifteen, admitted with fits in 1849, 'in a very weakly condition. Half starv'd', and died in a week'.¹⁴⁶ Ebenezer Heslett, the 'congenital idiot' aged ten in 1855, was treated harshly, 'incapable of learning anything and can't understand the object of punishment which has frequently

¹⁴² BAC, HC/AS, MS 344/12/1, No.227.

¹⁴³ BAC, HC/AS, MS 344/12/1, No.210

¹⁴⁴ BAC, HC/AS, MS 344/12/2

¹⁴⁵ BAC, HC/AS, MS 344/12/2A, p. 145

¹⁴⁶ BAC, HC/AS, MS 344/12/1. No.279

been tried'.¹⁴⁷ Ann Sawyer James, a domestic servant admitted in 1856 aged eighteen with 'melancholia' after her mother's death, was a 'pale delicate looking girl' but 'not clean, her head full of vermin'.¹⁴⁸

Admission documents disclose rare personal stories of disabled children's lives in families, in communities, and at work, being rich sources of evidence to attempt to identify disabled children's historical experiences within the family but also in workhouse insane wards and asylums. These two different buildings and environments that dominated 'insane' children's experiences are now described briefly, and children's experiences within each examined separately. Major changes in legislation, developing environments for the insane and society's attitudes at this time impacted significantly on disabled children in mid-Victorian England.

Children's experiences in the Birmingham workhouse insane wards, 1845 to 1850

The Birmingham parish workhouse was described generally in Chapter Three, and additional details are given here about specific arrangements for the insane and if they can be identified, 'insane' children's experiences.

Workhouses increasingly provided medical care for paupers, the community, and the chronically sick. In the early nineteenth century, there was increasing criticism of care for the insane in workhouses. No separate accommodation or

¹⁴⁷ BAC, HC/AS, MS 344/12/2A

¹⁴⁸ BAC, HC/AS, MS 344/12/2A, p. 68.

treatment was provided for lunatics who shared workhouse facilities with paupers.¹⁴⁹ A Select Committee on Madhouses in 1815 collected evidence against workhouses and William Ricketts, who owned a private asylum in Droitwich, Worcestershire, gave evidence of unsatisfactory care: “It would be useless for me to repeat to you the cruelty daily exercised on lunatics in workhouses’; when a pauper became insane parish officials would not pay private madhouse fees until ‘it becomes dangerous; in most cases he is then consigned to the workhouse, where he is chained down, and nothing done for him until he becomes a raving maniac; and it very often happens that he is not removed from the workhouse until they are incapable of keeping him from his being in a state of violence’.¹⁵⁰

The original Birmingham parish workhouse was a heavily extended early eighteenth century building. Separate accommodation was provided in workhouses for lunatics from the 1820’s, for example at Shrewsbury; Birmingham guardians reorganised and extended the workhouse in 1835 with two new buildings to save fees paid to private asylums; the ‘Lunatic Branch’ of the Town Infirmary housed thirty six ‘idiotic cases’ and patients with ‘mental aberration’, later increased to sixty.¹⁵¹ Section 45 of the Poor Law Amendment Act 1834 stated ‘dangerous’ lunatics or idiots should only be retained at workhouses for fourteen days before transfer to an asylum; early treatment was essential for cure, but there were arguments between parish officials wanting to retain them to save costs and asylum officials. The Poor Law Amendment Act

¹⁴⁹ L.Smith, ‘A Sad Spectacle of Hopeless Mental Degradation’, p. 110.

¹⁵⁰ *Select Committee Report on Madhouses in England*, BPP, 1816 (6), p. 54

¹⁵¹ Smith, ‘A Sad Spectacle of Hopeless Mental Degradation’, p. 110.

1834 was an important watershed in provision of workhouse care for those with mental disability, following heavy criticism of care in workhouses.¹⁵²

Metropolitan Commissioners in Lunacy criticised Birmingham's lunatic ward in their survey of 1842–43 and 1844 report; 'There are seventy one lunatics. Amongst them were an unusual number of epileptics, namely eleven males and sixteen females. Several of these were idiots; others were subject, after their paroxysm of epilepsy, to fits of raving madness, or epileptic furor, during which they were stated to be excessively violent. Besides these, there were several patients who were occasionally under great excitement, and furiously maniacal. Two of the females had strong suicidal propensities, and one of them had attempted suicide'.¹⁵³ The insane ward was run jointly with the private madhouse at Duddeston Hall; 'half the Patients under the care of Mr Lewis belong to the parish of Birmingham, where the practice is to detain them in the lunatic wards of the workhouse until they become unmanageable, when they are sent to Duddeston. It is stated, not only that the worst cases are sent to the asylum, but that those who are in a state of improvement are prematurely removed back to the Workhouse', to save fees.¹⁵⁴ Duddeston Hall was criticised as an 'outhouse' asylum (with patients kept in outhouses), but 'the proprietor treats their patients with kindness'.¹⁵⁵ The 1844 Report demanded more asylums for lunatics to be admitted promptly, for the best chance of cure.

¹⁵² Smith, 'A Sad Spectacle of Hopeless Mental Degradation', p. 106; *Report from his Majesty's Commissioners for Inquiring into the Administration and Practical Consequences of the Poor Laws*, BPP, 1834 (27), app.A, 171 A, 266 A, 429 A, 527 A, 662 A, app.C, 168c.

¹⁵³ *Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor, 1844*, p. 42.

¹⁵⁴ *Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor, 1844*, pp. 230 – 235

¹⁵⁵ *Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor, 1844*, p. 41

In 1841, Birmingham guardians had commissioned an investigation into the workhouse insane wards. Samuel Hitch's report described two lunatic sections, the 'Asylum Ward' and the 'Mad Garret' (for females), with a courtyard divided by iron railings between them, remote from main parts of the building and linked to them by a narrow passageway. The dining room had simple benches, patients ate with hands, being used for exercise if wet. Rooms were clean, small and unventilated, some were windowless, corridors used for living and sleeping, and restraint equipment visible in several locations. Accommodation was criticised as 'defective', with no exercise or quiet areas and 'no means of classification' or segregation; patients were mixed together and when released from wards 'the two sexes are so exposed to each other the grossest immorality may take place unless more than a common supervision is kept over them'.¹⁵⁶ After Hitch's report, reforms were made and Thomas Green appointed medical officer for the insane.

There was no mention of separate wards for children, who shared adult insane wards and experienced environments of workhouse insane wards, lunatic asylums and private asylums. Crompton suggested few children were admitted to workhouses as lunatics, but were kept by relatives who received outdoor relief for them.¹⁵⁷ In Birmingham, however, there is no evidence of outdoor relief paid for 'insane' children and children were admitted to adult insane wards.

Charlotte Timbrell moved between Haydock and Duddeston where difficult 'lunatics' were sent, dying at the lunatic asylum in 1853: 'A poor weakly girl

¹⁵⁶ Samuel Hitch, 'Report of the Insane Poor Confined in the Workhouse Birmingham,' October 31, 1844. The National Archives, MH/13288/18261. Smith, 'A Sad Spectacle of Hopeless Mental Degradation', p. 113

¹⁵⁷ Crompton, *Workhouse Children*, p. 89, p. 153.

admitted June 1850 and who had previously been at Duddeston and Haydock died yesterday from general exhaustion'.¹⁵⁸ In 1844, Edwin Chadwick, a commissioner in lunacy, criticised the Birmingham workhouse for retaining 'dangerous lunatics' who should be sent to an asylum; Emma Bailey, aged seventeen, and Martha Gould were kept under mechanical restraint. Martha was transferred but Emma, seventeen, remained; an imbecile 'from childhood', she had lived at the workhouse since fourteen.¹⁵⁹

'Insane' children shared accommodation with insane adults and this lack of segregation breached important poor law rules. 'Insane' children were not segregated from insane adults, providing evidence that their primary classification under poor law regulations was as 'insane', not as 'children'. A primary experience of pauper children in workhouses was to be segregation, A Poor Law Board order from 1848 confirmed 'separation must be entire and absolute between the sexes, who are to live, sleep and take their meals in totally separate parts of the building, with an enclosed yard for each'.¹⁶⁰ Children were to be segregated from both the opposite sex and adults; girls were to avoid contamination with immoral women.¹⁶¹ Children had separate general wards, but there is no evidence of a dedicated sickbay for children even in the Asylum of the Infant Poor until 1836.¹⁶²

¹⁵⁸ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports 26 January 1853

¹⁵⁹ Smith, 'A Sad Spectacle of Hopeless Mental Degradation'; BAC GP/B/2/1/4 Guardians' Minutes 15 January 1844

¹⁶⁰ Poor Law Board, Order, 1848.

¹⁶¹ Crompton, *Workhouse Children*, pp. 42-43.

¹⁶² BAC, CP B/660986 Birmingham Overseers' Minutes, Vol 5, 1 March 1836; Upton *The Birmingham Parish Workhouse* p. 179

Treatment of adults and children labelled 'insane' relied on early modern medical methods that influenced care up to the mid nineteenth century. Treatment focused on digestion, sleep, and treating different types of blood. Emetics (or 'vomits') and purgatives were the main types of medical 'physic' used, to reduce impurities in the blood. Purging featured heavily, using purgatives such as Calomel (chloride of mercury) and castor oil.¹⁶³ William Roper, 'much excited' with 'queer thoughts at night and can't sleep. Thinks he is going by Railway to heaven', was treated with camphor and Rice water purging for two days in 1845.¹⁶⁴ Bloodletting was used occasionally but leeches were widely used.¹⁶⁵ Fanny Docker, seventeen, suffering 'from more than usual number of fits' had leeches unsuccessfully applied to her temples in 1847.¹⁶⁶ Water treatments such as showers and baths were important in the early nineteenth century for treating lunacy and were used in workhouse lunatic wards in the 1840's, calming patients by tepid baths for mania, cold baths for 'melancholy' or shower baths.¹⁶⁷ Sarah Holt, fourteen, with acute mania, was prescribed 'her hair to be cut short and a warm bath' in 1848, as was Emily Carrington, with acute mania and hysteria at age seventeen in 1849.¹⁶⁸ Emma Swain, admitted with acute mania at sixteen in 1849, was removed from a hip bath.¹⁶⁹ There is no reference to children receiving separate treatment to adults.

¹⁶³ Smith, *Lunatic Hospitals in Georgian England*, pp. 142 -143

¹⁶⁴ BAC: HC/AS, MS 344/12/1. No.14

¹⁶⁵ Smith, *Lunatic Hospitals in Georgian England*, pp. 146 -147

¹⁶⁶ BAC, HC/AS, MS 344/12/1. No.22

¹⁶⁷ Smith, *Lunatic Hospitals in Georgian England*, pp. 147 -149

¹⁶⁸ BAC, HC/AS, MS 344/12/1, No.232; HC/AS MS344/12/1, No 215

¹⁶⁹ BAC, HC/AS, MS 344/12/1, No.236

Children received the same treatment, although medical men were aware of specific childhood illnesses such as epilepsy from the seventeenth century.¹⁷⁰

Mechanical restraint was still common practice in asylums in the early nineteenth century, partly to reduce the necessity for supervision especially at night, and used on both sexes of all ages. The movement against restraint gained influence in the early nineteenth century.¹⁷¹ It was used in the old parish workhouse in the 1840's. George Proctor, admitted in 1842 aged fourteen with epilepsy, violent fits and dementia, 'has on a pair of boots at night which are secured to bedsteads' but 'fell down the stairs at night going to the water closet'.¹⁷² Fanny Docker, seventeen on admission in 1841, had a strap on at night to 'prevent her falling out'.¹⁷³ Emma Bailey, seventeen in 1845, an imbecile 'from childhood' and in the workhouse since fourteen, was 'Mischievous' with 'a strop passed round the body and fastened to one side of bed at night'.¹⁷⁴ By the early nineteenth century, mechanical restraint had become unacceptable. The Birmingham workhouse was criticised for instruments of restraint placed around rooms by Samuel Hitch in his 1844 report.¹⁷⁵ It was still used, although explained; Elizabeth Hayden, a teacher of sixteen, was admitted in 1847 with 'raving delirium' and acute mania, was 'restless obliged to be confined in bed with a belt which pleased her'.¹⁷⁶

¹⁷⁰ Taylor, *Child Insanity in England* p. 93; H. Newton, *The Sick Child in Early Modern England, 1580 – 1720* (Oxford, 2012)

¹⁷¹ Smith *Lunatic Hospitals in Georgian England*, pp. 156

¹⁷² BAC, HC/AS, MS 344/12/1. No.9

¹⁷³ BAC, HC/AS, MS 344/12/1

¹⁷⁴ BAC, HC/AS, MS 344/12/1, No.6.

¹⁷⁵ Samuel Hitch, 'Report of the Insane Poor Confined in the Workhouse Birmingham,' 31 October 1844. The National Archives, MH/13288/18261.

¹⁷⁶ BAC, HC/AS, MS 344/12/1, No.119.

There is no mention of educational arrangements for these children, or training. Some children could read and write, and recording this suggests it was not commonplace. Ellen Edwards, an epileptic aged nine in 1847, 'Can read a little, having learnt before she had fits. No improvement since then'.¹⁷⁷ Robert Bland, aged fourteen, 'can read but not write. Rather intelligent'.¹⁷⁸ Fanny Johnson Crompton could read and write, having been taught at the Deaf and Dumb Asylum. Education of some form, optional for many children in the mid nineteenth century depending on family circumstances, played no part in 'insane' children's lives in Birmingham in the mid nineteenth century.

Changes in environment were common occurrences in pauper children's experiences and 'insane' children were no exception, being transferred considerable distances between workhouses and private, county and pauper asylums for officials' changing criteria. Workhouses did not retain difficult or violent paupers; the criteria for transfer to an asylum was 'dangerousness', not insanity, with no standard test.¹⁷⁹ Young unmanageable patients were transferred to the large Haydock Asylum near Liverpool that held 450 patients, to Hunningham near Leamington Spa, to private asylums such as Duddeston Hall, or county asylums such as Stafford. Emily Carrington, seventeen, was moved to Hunningham Asylum in 1848, and later 'cured'.¹⁸⁰ James Reynolds, admitted in 1848 aged fourteen with epilepsy and imbecility, was discharged to Haydock Asylum in 1849 as 'This Boy having become very violent....it was considered

¹⁷⁷ BAC, HC/AS, MS 344/12/1, No.147

¹⁷⁸ BAC, HC/AS, MS 344/12/1. No.221

¹⁷⁹ Smith, 'A Sad Spectacle of Hopeless Mental Degradation', p. 115.

¹⁸⁰ BAC: HC/AS: MS 344/12/1, No.215.

necessary to send him to an Asylum'.¹⁸¹ Sarah Holt, fourteen, admitted by her father with acute mania on Christmas Day 1848 and again in January 1849, was 'very disorderly. Screams shouts and makes use of very foul language', and 'naturally odd tempered', and quickly transferred to Haydock in March 1849.¹⁸² Transfers to the workhouse to make room at the asylum and from private or charity asylums also occurred. Sarah Jones was 'brought from Magdalen Asylum' with mania and hysteria in 1845, discharged 'cured' after five days.¹⁸³ The Magdalen Asylum and Refuge for Fallen Girls (for girls between fourteen and eighteen) was established as a small subscription charity in Birmingham in 1829.¹⁸⁴ Young people also made active decisions about their location and escape attempts were frequent. Thomas Wilkes, a pearlworker aged eighteen with epilepsy admitted in 1844, ran away in April 1845. Re-admitted in July, in February 1846 he 'made another attempt to escape by getting over the old wall and fell to the ground from a height of several feet but apparently without sustaining any serious injury'.¹⁸⁵ Henry Price, seventeen, with epileptic mania, ran away in February 1847.¹⁸⁶

Fanny Johnson Crompton lived in the workhouse for four months, probably in the women's 'Mad Garret' as she was later labelled 'dangerous', until becoming one of the first patients of the new Birmingham Borough Lunatic Asylum in June 1850. Reception orders, another legal form in the multitude of admission paperwork, showed Thomas Phillips, a Justice of the Peace, examined Fanny on

¹⁸¹ BAC: HC/AS: MS 344/12/1. No. 253.

¹⁸² BAC: HC/AS: MS 344/12/1, No.232

¹⁸³ BAC: HC/AS: MS 344/12/1, No. 36.

¹⁸⁴ Morrison, *The Workhouse*, List of workhouses

¹⁸⁵ BAC, HC/AS, MS 344/12/1. No.17

¹⁸⁶ BAC, HC/AS, MS 344/12/1. No.113

13 June 1850 with a physician, Henry Roberts, a graduate of Medicine from Glasgow, finding her 'of unsound mind', 'suicidal and dangerous to others' and now apparently epileptic while Paul Facey, a parish relieving officer, gave evidence that Fanny had been insane for four months; Thomas Green, the Medical Superintendent examined her on 15 June certifying she was a 'suicidal lunatic' and 'deaf and dumb, but in good bodily health'.¹⁸⁷ Fanny is mentioned briefly twice in the next three months in Medical Superintendent's reports, suggesting Green was particularly watching her progress; Fanny was 'going on very favourably', and 'The deaf and dumb girl F.J. Crompton, has been quite well during the last month. She has not been visited by anyone or enquired after, since she came'.¹⁸⁸ Green's comments conflicted with evidence on Fanny's admission with no mention of further behavioural problems or fits. Fanny became visible in records because of her temper, but was compliant in the Asylum and alongside so many others who were not problematic or interesting, she vanishes.¹⁸⁹ Not mentioned further in asylum records, she disappears into the Asylum until her death is recorded in April 1886 after she had lived in the lunatic asylum for thirty six years.¹⁹⁰ The next part of this chapter explores possible experiences of Fanny and other disabled children in the new Birmingham Borough Lunatic Asylum from 1850 until 1862, the end of the period of this study.

Children's experiences in the Lunatic Asylum

¹⁸⁷ BAC, HC/AS, MS 344/15/1 Orders for Reception of Pauper Patients Bundle 1 No. 60

¹⁸⁸ BAC, HC/AS, MS 344/2/1, 24 July 1850

¹⁸⁹ Taylor, "All his ways are those of an idiot", p. 38

¹⁹⁰ BAC, HC/AS, MS 344/15/1 Orders for Reception of Pauper Patients Bundle 1 No. 60

The lunatic asylum opened in June 1850 for pauper lunatics from Birmingham, Aston and Kings Norton. Thomas Green, Medical Officer of the insane at the workhouse became Medical Superintendent of the new asylum, remaining until the 1870's. This consistency in management between these two environments assists continuity and changes in children's experiences to be identified.

After 1845, it was compulsory to provide lunatic asylums for paupers at public expense. Birmingham Corporation purchased twenty acres in Winson Green in 1847 by the Old Birmingham canal and built an asylum, farm, and wharf next to the gaol, designed by the same architect, D.R.Hill, that opened in 1850. The location was well away from the town, next to the gaol in an area that became blighted by these institutions. Designed for 300, by 1853 it was overcrowded.¹⁹¹ In 1861, it was extended to 500 patients and further extensions increased capacity to 625. It was the first Borough asylum in England, taking paupers from Birmingham, Aston and Kings Norton parishes, with paupers from other parishes and some private patients until overcrowding prevented this.

Asylum design was a popular subject in the nineteenth century, as medical and public health theories merged with society's views on appropriate and efficient administration of the insane. 'Surveillance, moral management and moral therapy dictated the design, space and arrangement of the lunatic asylum'.¹⁹² The highly planned design reflected and anticipated rules and routines for patients as 'the building and its management determine who does what, where, with whom,

¹⁹¹ BAC, HC/AS: MS 344/2/1, Medical Superintendents Reports, 12 January 1853

¹⁹² Eastoe, *Idiocy, Imbecility and Insanity in Victorian Society*, p. 49

when and observed' by whom, and the design of its space dominated interactions between users and staff, facilitated routines, and allowed surveillance and control.¹⁹³ Architects designed buildings, 'material objects which enclose and organise space' relying on linguistic choices of their instructing briefs; asylums were buildings where 'classification formed an essential part', and also 'hierarchical buildings of power'.¹⁹⁴ The Specification of Work issued by the architect in 1847 reveals a modern and large complex with a chapel and recreation hall, and separate male and female sections each with galleries, airing courts, and workrooms, and residences for the medical superintendent and matron.¹⁹⁵ The design was on a linear or corridor plan, with a long corridor leading from the entrance to the administration offices and kitchen complex at the rear, with corridors to male and female sections on either side. There were nine galleries each for males and females with day and sleeping rooms with hooks 'for changing straw on beds', large windows to provide good light, and baths, water closets and lavatories. Warming and ventilating apparatus was fitted underneath male and female wings and the chapel. The supply of clean air was critical to avoid 'miasma' or unhealthy air. The asylum was designed to facilitate constant surveillance of patients and security; doors had inspection plates, and iron doors were fitted in inspection passages at the end of galleries on the ground and first floors. The kitchen department with cooking kitchen, scullery, potato paring room and pantry was equipped with large stone sinks adjoining a kitchen court with a well, and there was a large laundry and washing

¹⁹³ Markus, *Buildings and Power*

¹⁹⁴ Markus and Cameron, *The Words between the spaces*, p. 15, p. 54, p. 69

¹⁹⁵ BAC, MS 830 Specifications 'The Borough of Birmingham Asylum for Pauper Lunatics: Specification of the Work and Particulars of the Materials to be used in the Erection of the Asylum' D.R.Hill, 1847.

and drying department where girls and women patients worked. Hygiene for patients' improved general health was important.

Specifications of Work revealed architecture on a grand scale, certainly for visitors and officials, if not occupants. The entrance doorway had a shield of arms, scroll and inscription, and an oriel window. Best quality wrought iron gates were used. Entrance doors to buildings for lunatics were double doors, five foot wide. Chimneypieces and WCs denoted hierarchy. Boardrooms had grand chimneypieces costing £12, parlours in residences £10, and superintendent's office, physician and porters' rooms, waiting room, dispensary and chaplain's room £6. Day rooms had basic fireplaces costing £2. WC's for lunatics and servants had deal seats, while boardrooms, the medical superintendent and matron used cedar.

Robert Martineau, mayor of Birmingham, explained the priorities of design had been 'classification of the patients, and a ready and complete method of inspection with light and airy rooms for the patients and a perfect system of warming Ventilation'; the design using 'a modification of that form which has been called the H has been adopted as superior to either the E or the radiating forms' for the basic shape, thought better to allow 'a more ready communication between all the parts and avoids the confined yards of such awkward forms, as will be found necessary in any plan on the radiating principle'.¹⁹⁶ Patients' surveillance was a priority and to allow inspection and communication a passage from the entrance ran through the asylum to the kitchen and offices, branching

¹⁹⁶ BAC, MS 1412/9 Correspondence of Robert Martineau as mayor of Birmingham

right to the mens' and left to womens' wards, while another passage allowed inspection of galleries, day rooms, and associated sleeping rooms; a patient who was 'violent can be readily and securely conveyed to that part which is allotted for the reception of the violent, without passing through any of the wards or being seen by any of the patients'.¹⁹⁷ Staircases were constructed so patients could not throw themselves over the rails. Water was efficiently pumped by a steam engine, also used for driving drying machines and mangles, emphasising the importance of cleanliness.

The building was altered after occupation, disclosing immediate preferences of officials. Airing courts by refractory wards (for difficult patients) were changed quickly to gravel as patients, especially females, 'were much given to throwing stones' and drain covers; more inspection plates were added to doors as they were useful 'to examine the Patients without disturbing them', facilitating observation, especially at night; padded rooms were increased, particularly for males, and windows in refractory courts and galleries were strengthened by wire after being regularly broken.¹⁹⁸ Nightlights, used in bedrooms to allow observation, 'being within reach of the Patients are not free from danger'.¹⁹⁹ Gas burners were used in suicide attempts.²⁰⁰ In 1855, the Italian boy of fourteen, Andriou Rusia, a 'wandering lunatic', was deliberately 'pulling down gas burners

¹⁹⁷ Ibid.

¹⁹⁸ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 3 July 1850, 24 July 1850, 23 October 1850, 18 December 1850, 22 January 1851, 30 July 1851

¹⁹⁹ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 31 December 1851

²⁰⁰ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, John Randall attempted suicide by suspending himself from the gas burner, 18 December 1850; Charles Barnitt committed suicide in a water closet by suspending himself by his neckscarf to the gas burner.

and such like'.²⁰¹ Male patients were used to improve the courts. Three rear courts had gravel and two courts by the recreation hall had turf, but 'two courts in front, being more conspicuous than the others', were ornamental, laid 'with grass; intersected with gravel walks and tastefully interspersed with a few shrubs and flowers'.²⁰² One airing court was described in detail in 1869, when Mary Acland was killed by another patient Bridget Hart: it was 'about sixteen yard by twenty four. It has an oval grass plot in the centre, with walk around it, and beyond that is planted with low bushes. It is enclosed on three sides by the building, on the fourth by palisades, and it is overlooked on one side by windows in the day rooms of numbers seven and two, and on the opposite side by windows in the day rooms of numbers eight and one'.²⁰³ Ward 7 was then a refractory Ward with twenty six patients, and Ward 8 an epileptic ward with forty-two patients. Airing courts had steep hahas to prevent escape without walls; 'A Young girl named Charlotte Timbrell fell down the sunk fence in one of the airing courts' as 'these steep descents are not altogether free from danger'.²⁰⁴ Details of these early alterations give an insight into use of buildings by occupants, as patients, including children, adapted to this highly planned environment, so different to the garrets, cramped rooms and yards of the old parish workhouse.

It was not only officials who called for amendments to the building and its interior. In 1853 Commissioners in Lunacy found wards bleak and suggested pictures, 'small tables for 'patients to associate themselves in groups' and plants

²⁰¹ BAC, HC/AS: MS 344/12/2A

²⁰² BAC, HC/AS: MS 344/2/1, Medical Superintendents Reports, 28 August 1850

²⁰³ BAC, HC/AS, MS 344/2/2, Medical Superintendents' Reports, 19 March 1869

²⁰⁴ BAC, HC/AS, MS 344/2/1. Medical Superintendent's Reports, 24 July 1850

to give a more cheerful appearance.²⁰⁵ From the 1850's Commissioners in Lunacy increasingly called for domestic furnishings such as open fireplaces, curtains and rugs in asylums as this was believed to inspire correct behaviour as part of moral management, 'a means of control through the material world'; domestic interiors, cleanliness and routines were 'powerful forces for control', expected to produce correct behaviour by patients keeping organised mealtimes, chapel attendance and daily work routines, according to gender.²⁰⁶

The lunatic asylum had opened in 1850 on the wave of optimism that promised to cure lunatics, and Green was conscious of the necessity to produce cures.²⁰⁷ His first report in 1851 stressed 'cure of insanity mainly depends upon its being taken under treatment in an early stage, before it has had time to induce organic change in the condition of the Brain'.²⁰⁸ Patients in 1851 were classified into seventeen curable, seventy six uncurable, twenty two epileptics, eleven paralytics and four congenital imbeciles, with two criminal lunatics.²⁰⁹ The classification and tension between curable and 'uncurable' was important. As the asylum became overcrowded, 'full on the female side' in 1853, Green pushed to stop admission of incurable cases and removal of those received, showing the lack of interest in these patients.²¹⁰ In 1852 he defended low rates of cure, at 27% of admissions: 'Having regard to the large numbers of chronic and incurable

²⁰⁵ BAC, HC/AS, MS 344/2/1. Medical Superintendent's Reports, 30 November 1853

²⁰⁶ J.Hamlett, *At Home in the Institution* (Basingstoke, 2015), pp. 20-21; p. 162

²⁰⁷ Scull, *Museums of Madness* p. 70

²⁰⁸ BAC, HC/AS, MS 344/2/1. Medical Superintendent's Reports, 6 January 1851

²⁰⁹ BAC, HC/AS, MS 344/2/1. Medical Superintendent's Reports, 6 January 1851

²¹⁰ BAC, HC/AS, MS 344/2/1. Medical Superintendent's Reports, 26 October 1853

cases admitted this is as great an amount of success as could fairly be expected'.²¹¹ The asylum's focus in the 1850's was to provide cures.

Wright argued 'idiots' and 'imbeciles' held a secondary place in asylum importance; 'in a system that emphasised controlling the 'dangerous' and treating the curable, the vast majority of idiots and imbeciles occupied a conspicuously inferior place'.²¹² There was concern developing for 'idiot' children in lunatic asylums and Earlswood Asylum for Idiots opened in 1855 as a private subscription charity, after struggling to raise funds.²¹³ Earlswood became the 'mid-Victorian flagship of institutional treatment for idiot children', with a few other private subscription 'idiot' asylums built in the 1860's such as the Midlands Asylum for Idiots, later the Midland Counties Middle Class Idiot Asylum, opening in 1868 in Dorridge near Solihull.²¹⁴ John Langdon Down, medical superintendent at Earlswood Idiot Asylum from 1855 to 1868, identified Down's Syndrome in 1867, controversially suggesting an 'ethnic classification' of Down's as a reversion to a less developed race, reflecting the context of contemporary Victorian attitudes to evolution and degeneration theories.²¹⁵ Down's identification and classification of Down's was part of his drive for separate 'idiot asylums' from pauper lunatic asylums, setting up The White House, later Normansfield, a private idiot asylum, in 1868.

²¹¹ BAC, HC/AS, MS 344/2/1. Medical Superintendent's Reports, 14 January 1852

²¹² Wright, *Mental Disability in Victorian England*, p. 9; p. 17

²¹³ *Ibid.* p. 43

²¹⁴ Wright, *Mental Disability in Victorian England*, p.194

²¹⁵ Wright, *Mental Disability in Victorian England*, pp. 156-159; pp. 163-164; J. Down, 'Observations on Ethnic Classification of Idiots', *Journal of Mental Science* 13 (1867), p. 122

Eastoe has recently argued for a more balanced view of ‘idiots’ and ‘imbeciles’, suggesting Wright’s approach is through ‘the lens of lunacy, a perspective which can create a distorted picture and uneven reading of the history’, overlooking nuances in treatment.²¹⁶ Her recent work focuses on adults (over sixteen) at Caterham Imbecile Asylum, the first pauper imbecile asylum established by the Metropolitan Asylums Board in 1870 after ‘a wave of sympathy, of responsibility and humanitarian care’ sought to provide this group with their own dedicated long term care and appropriate accommodation, their lives suggesting ‘a different set of responses to idiocy and imbecility that challenge earlier readings of the status of the idiot and imbecile in the Victorian period and in the mixed economy of care.’²¹⁷ Eastoe argues long term care expectations of adults, involving moral therapy and also management with ‘issues of sanitation, health and hygiene’, were significantly different to ways in which ‘idiot’ and ‘imbecile’ children were discussed, as focus on training and educability was the purpose of private asylums such as Earlswood.²¹⁸ These comments relate to the late nineteenth century but emerging research on ‘insane’ adults and children in different institutions are valuable, although careful attention must always be given to periodisation. Wright’s focus was children in Earlswood Idiot Asylum, while Taylor focused on ‘insane’ children in a selection of rural and urban lunatic asylums with both ‘curable’ mental illness and learning disabilities. The different foci and functions of individual institutions and their distinctions, and how they contrasted and contributed to the mixed economy of care for ‘insane’ children, are starting to emerge, allowing a more sophisticated analysis of the mixed

²¹⁶ Eastoe, *Idiocy, Imbecility and Insanity in Victorian Society*, p. 9

²¹⁷ *Ibid*, p. 191, p. 194

²¹⁸ *Ibid*, p. 16

economy of care, 'the variety of spaces and places' they inhabited and children's experiences in those environments to be established, revealing contemporary debates and influences over appropriate care for 'idiot' children in the asylum.²¹⁹

'Insane' children in the lunatic asylum included both 'curable' and incurable with learning disabilities. Ebenezer Heslett was a 'congenital idiot' of ten admitted in 1855 'whose actions speech and physiognomy sufficiently indicative of his condition', Sarah Ann Phillips was an 'imbecile' of twelve admitted in 1858, while Benjamin Tabberner, aged sixteen, was admitted with acute mania as he 'fancies himself about to be commander in chief, Emperor of France'.²²⁰ Children with a variety of mental illness and learning disability were accommodated within the lunatic asylum. Attempting to identify these children's routines and experiences within the asylum and its wards is difficult.²²¹ There is an absence of comment about focused routines or arrangements for children or young people. In 1868, the first mention of children as a discrete group requiring attention was made in the Medical Superintendent's Reports when Green proposed placing Number 9 ward 'under the charge of a married couple. This is the ward in which the children are placed with whom a little female influence would no doubt have a beneficial effect'.²²² This was not a children's ward but an adult ward where children were placed, with adult routines. This lack of segregation of children from adults, a sacrosanct Poor Law principle, confirms their classification primarily as 'lunatics' and not as children. Lack of appropriate female involvement had been noticed, thought desirable for children only in 1868.

²¹⁹ Taylor, *Child Insanity in England*, p. 174

²²⁰ BAC, HC/AS, MS 344/12/2A p. 18, p. 11

²²¹ Taylor, *Child Insanity in England* p. 94

²²² BAC, HC/AS, MS 344/2/2, Medical Superintendents' Reports, 29 May 1868.

William Brayley and his wife were engaged; married couples were regularly employed as ward attendants. Brayley was later assaulted by another attendant William Tipton, who was suspended.²²³

Silence in the records over children makes exploration of their experiences more difficult but it is possible to extract details from admission records and case notes. Children's treatment was similar to treatment of adults in the asylum. Treatment was based on 'moral management'; kind and rational treatment with no restraint, regular employment, treating patients as human and participating in regular daily domestic routines.²²⁴ Cleanliness was important and use of straw stopped for 'dirty patients', and mattresses covered with india rubber sheeting costing two shillings a yard.²²⁵ Patients who were disruptive or violent were moved to refractory wards or secluded under closer supervision. Green insisted 'no mechanical restraint' was used with 'seclusion for short periods having hitherto been found fully adequate to meet any emergency'.²²⁶ These ideals of non-restraint were compromised; Catherine Mackay, nineteen, was seen by Commissioners in Lunacy in 1857 'under constraint a straightwaistcoat and strapped in bed'.²²⁷ Mechanical restraint ceased, but physical restraint was still used. Discontinuing restraint required increased observation of patients, 'Careful night watch very important'.²²⁸

²²³ BAC, HC/AS, MS 344/2/2, Medical Superintendents' Reports, 8 January 1869.

²²⁴ Scull, *Museums of Madness*, pp. 65-70.

²²⁵ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 25 June 1850.

²²⁶ BAC, HC/AS, MS 344/2/1, 24 July 1850, 14 January 1852, 12 January 1853.

²²⁷ BAC, HC/AS, MS344/12/2A, p 110.

²²⁸ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 12 December 1850.

Showers and baths were used to soothe excitement, a popular contemporary treatment for lunatics.²²⁹ Green wrote to Mr Gaskell (a Commissioner of Lunacy and superintendent at Lancaster Asylum) about using shower baths to treat lunacy.²³⁰ Benjamin Tabberner, sixteen on admission in 1855, was prescribed a 'tepid bath' to reduce excitement and 'repeat bath' and prescribed Calomel, a form of mercury used as a purgative, as 'bowels not open'.²³¹ Bowels were linked to the mind being 'much disturbed'.²³² James Bratt, admitted in 1855 aged sixteen with 'delusions in vision and violent paroxysms of excitement' was treated with a shower bath that 'immediately set his medicine to work and it acted freely, being the first time his bowels had been moved'.²³³ Afterwards James 'ate voraciously of pudding three days ago and since then has not been so well' and received Oil of Croton, a laxative. James also received an enema, 'a combination of purgatives with nux vomica' (a form of strychnine) and 'glysters', a purgative.²³⁴

Traditional remedies were still used and food and drink were part of treatment as healthy bodies helped to improve minds. Wine was used as a tonic. Andriou Rusia, the fourteen year old Italian boy and 'wandering lunatic', was given a glass of wine in 1855 by Green when examined initially with an interpreter; 'in answer to a lady who speaks that language he says he is fourteen years of age and has been in England a year, that he cannot read or write and can only speak Italian

²²⁹ Scull, *Museums of Madness*, p. 141; Smith, *Lunatic Hospitals in Georgian England 1750 – 1830*, pp. 147-149

²³⁰ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 26 June 1850.

²³¹ BAC, HC/AS, MS 344/2A

²³² Scull, *Museums of Madness* p. 128

²³³ BAC, HC/AS, MS344/12/2A

²³⁴ BAC, HC/AS, MS344/12/2A

yet when I gave him a glass of wine he instantly said thankyou'.²³⁵ Case notes noted patients' difficulty taking food. Reported illnesses were not linked to malnutrition, as at the Asylum for the Infant Poor and some individuals were reported getting 'stout'.²³⁶ Improvements were made to the original asylum diet. Meat pie was substituted for Irish stew 'to make the dietary a little more substantial without increasing its cost – for the Irish stew as here prepared is but soup under another name, and three soup days in the week were thought to be too much'.²³⁷

Treatment had become more medical but was used alongside traditional treatment. While treatment still focused on seventeen year old Abel Sunnings Davenport's bowels in 1863, he received morphia and chloric ether, a form of chloroform, becoming 'much more tranquil and employs himself in the ward'.²³⁸ Thomas Parkes, admitted at sixteen in 1855 with acute mania caused by 'fornication and subsequent religious fear', was 'quietened' by arrowroot and brandy, a pint of ale, castor oil and milk with warm baths, and calomel to open his bowels, then receiving morphia, quinine and digitalis, while opium was 'suspended' to open his bowels; on December 27th he 'slept most of the night after inhaling chloroform', but after relapsing in January (including hooting), blood was taken by cupping.²³⁹ Green was progressive, trying new treatments. In

²³⁵ BAC, HC/AS, MS344/12/2A, p. 24.

²³⁶ BAC, HC/AS, MS344/12/2A p. 35, p. 8: Caroline Bishop, seventeen, was getting 'very stout' in 1855 and James Bratt, sixteen, ate three helpings of pudding on June 25th 1855.

²³⁷ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 8 October 1850.

²³⁸ BAC, HC/AS, MS344/12/2A, p. 521.

²³⁹ BAC, HC/AS, MS 344/12/2A, p. 37

1851, he requested five guineas for equipment for the use of galvanism, reporting the equipment had been applied 'beneficially'.²⁴⁰

Keeping patients occupied with employment was an important part of moral management, helping to control patients including children.²⁴¹ 'Knowing how important is full occupation for the insane, how much it tends to induce a healthy tone of mind and thereby to promote recovery'.²⁴² Work was originally therapeutic and was gendered, women's work usually being inside. In 1851 twenty patients worked in the laundry under Mrs Burrows the laundress; it was vigorous work prized by Victorians as suitable for women.²⁴³ Catharine Jukes (an adult) suffered 'contusions about the hips caused by one of the washing machines'.²⁴⁴ By 1851, thirty-five women were employed in needlework, ten in knitting and one on the farm: 'The Females make the whole of their own clothing; shirts, stockings, and Frocks for the men'.²⁴⁵ In 1853, Commissioners of Lunacy disliked Ticking dresses, a cheap cotton fabric, but 'only seven patients so clothed, four females and three males. Without ye employment of such dresses the destruction of clothing would be enormous'.²⁴⁶ Caroline Bishop, seventeen in 1855, 'regained the power in her hands' and 'can sew today', also working in the laundry possibly with Ann Sawyer James, eighteen.²⁴⁷

²⁴⁰ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, April 1851 and 10 June 1851

²⁴¹ Scull, *Museums of Madness* p. 69

²⁴² BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 14 January 1852.

²⁴³ Showalter, *The Female Malady* p. 82

²⁴⁴ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 3 October 1851 and 31 January 1850.

²⁴⁵ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Report, 14 January 1852.

²⁴⁶ BAC, HC/AS, MS 344/2/1. Medical Superintendent's Reports, 30 November 1853

²⁴⁷ BAC, HC/AS, MS 344/12/2A, p.35. HC/AS, MS 344/12/2A, p. 68

Finding occupation for men and boys was harder. By November 1851, thirty outworkers had prepared courts and garden walks, built the road between the Asylum and the prison, and worked on the farm, a third under direction of other patients.²⁴⁸ 'Wheeling a barrow is an occupation which affords plenty of muscular exertion, whilst it requires very little thought; it is therefore well suited to the capacities of a large proportion of the insane'.²⁴⁹ No special arrangements for children were recorded and they were expected to work. Andriou Rusia, the fourteen year old Italian boy, was 'sent into the field' to work when his behaviour proved difficult in 1855.²⁵⁰ Patients were employed as helpers in wards, house cleaners, in the kitchen and laundry, store room and clerks office, as coal porters, as outworkers, needleworkers, and knitting.²⁵¹ Twenty eight worked in the garden and land.²⁵² By the 1860's, work was no longer therapeutic but essential to asylum self sufficiency; patients were required to work and criticised if not. Patients' willingness and ability to work was indicative of their condition or recovery.²⁵³ George Andrews, eighteen in 1862, worked at the farm despite being 'at times stupid and obstinate, almost idiotic' and without any 'mental ability to employ himself in any useful occupation'.²⁵⁴

Positive experiences were also provided for patients but again there is no reference to children. Music was encouraged; in 1851 Peter Passmore, an assistant, was put in charge of the musical department, playing the organ in the

²⁴⁸ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports

²⁴⁹ BAC, HC/AS, MS 344/2/1. Medical Superintendent's Reports, 24 July 1850

²⁵⁰ BAC, HC/AS, MS 344/12/2A

²⁵¹ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, Annual Report 1850

²⁵² BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 3 October 1851

²⁵³ Eastoe, *Idiocy, Imbecility and Insanity in Victorian Society*, p. 107

²⁵⁴ BAC, HC/AS, MS 344/12/2A, p. 447.

chapel.²⁵⁵ From the winter of 1851/1852, selected males and females were allowed to meet for music, singing and dancing. 'These social meetings are greatly enjoyed by the Patients, and really form a very interesting feature in the management of the institution'.²⁵⁶ There were 'ample materials for the formation of a very respectable band....but since King left, the singing, for want of a leader, is apt to run into confusion'.²⁵⁷ These weekly 'get togethers' continued through the 1860's. As asylums adjusted to patients remaining longterm, amusements became routine and asylum balls took place.²⁵⁸ Thought went into providing diversions. In 1852 Green suggested purchasing a Magic Lantern 'with dissolving views for the amusement of the patients'; a bowling green opened and the purchase of Bowls for patients was authorised.²⁵⁹ Special meals were provided on occasion for amusement. On 17 July 1850 'all the Patients both Male and Female, were regaled with Roast Beef and Plum Pudding, these being a present from the Superintendent. The dinner was provided in the Hall, and sixty-three males and sixty-one females sat down to it, leaving seventeen in the galleries. After dinner the females had music for an hour or two, then the whole one hundred and twenty four assembled in two parties on the grass where they took tea and amused themselves with different games till their bedtime - conducting themselves throughout this occasion as on the former, with remarkable decorum and propriety'.²⁶⁰ Female patients were treated to tea and cake 'upon the grass'

²⁵⁵ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 21 May 1851 and 30 July 1851.

²⁵⁶ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 14 January 1852.

²⁵⁷ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 26 October 1853

²⁵⁸ Scull *Museums of Madness* p. 199

²⁵⁹ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 25 June 1852 and 7 April 1852.

²⁶⁰ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 24 July 1850.

on 25 June 1850 and picnics on the grass held annually, although there is no mention of any entertainment for children.²⁶¹

Although medical care, spiritual care and employment were provided and occasionally entertainment, no education was mentioned. Education or training was not important in the asylum and management of lunacy took priority. There was no mention of education or training for children or for adults. While the medical superintendent investigated progressive new medical treatment for lunatics such as baths and galvanism, there was no apparent interest in the famous Earlswood Idiot Asylum that had opened in 1855, or its aims and training programmes for educating 'idiot' children that were influential nationally in mid Victorian England.²⁶² Earlswood Idiot Asylum was a charity for middle class patients with learning disabilities and the Birmingham lunatic asylum accommodated 'insane' paupers, but it too provided care for 'idiot' and 'insane' adults and children. Despite other specialist and progressive care provided at the asylum, there was no interest shown in training 'idiot' children who were overlooked, possibly because of their small numbers but more importantly because of their lack of capacity to be 'cured'. While this reflected issues of class and function between pauper and charitable asylums with different aims, it is marked in a specialist institution that was progressive in other ways, when similar institutions such as workhouses were required to provide basic education for pauper children. Taylor argues 'their very presence meant they were judged to be incapable of education' and while this relates to the later

²⁶¹ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 24 July 1850.

²⁶² Wright, *Mental Disability in Victorian England*, p. 33; p. 39

nineteenth century, after education became compulsory, it is pertinent to this period.²⁶³ Despite growing demands for education for poor children and national interest in learning disability, particularly in children, there was no special interest in Birmingham in this, no attempt at training or education. Ahead in other ways, the lunatic asylum at Birmingham in the nineteenth century was behind national trends in treating learning disabilities and in distinguishing children's needs from adults.

Despite attempts to describe an orderly atmosphere with regular occupation and careful supervision, in reality there were incidents of rebellious, often violent behaviour by patients, including children and staff. Destruction of property and violence were common. Black eyes, scratches and bruises, and other injuries, were recorded on males and females. George Andrew aged eighteen in 1852 'has fits of ungovernable passion when he will throw hammers or bricks at any one'.²⁶⁴ Airing courts were lively places, particularly by refractory wards. Bad behaviour was witnessed by younger patients who joined in. Stone throwing in airing courts made it necessary to lay gravel, and one female patient 'found out that the gratings over the drains are loose – she gets them up and throws them about the courts, and the same patient has a penchant for setting the water taps running'.²⁶⁵ Patients were regularly secluded for breaking windows. Rejection of the asylum's rules was not unusual. Attempts to escape occurred frequently. 'It is a very easy matter to get over the airing court wall'.²⁶⁶ The coal cellar was frequently used; Jemima Wagstaff escaped through the coal wharf door, and three men through the coal cellar in

²⁶³ Taylor, *Child Insanity in England*, p. 179

²⁶⁴ BAC, HC/AS, MS 344/12/2/2A, p447.

²⁶⁵ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 3 July 1850.

²⁶⁶ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 6 November 1850 and 4 December 1850.

1851.²⁶⁷ Men escaped from the farm.²⁶⁸ All opportunities were taken; Susan Oliver had a 'dislocated ankle caused by jumping through a window on her way to chapel'.²⁶⁹ The external boundary wall was no problem; Thomas Blease used a ladder left against it, and William Cotterill went over it straight to the pub.²⁷⁰ These cases were adults but children copied. George Lee, sixteen, attempted to escape through the window in 1857.²⁷¹ Benjamin Tabberner, sixteen, the day after admission in June 1855 'in the afternoon while walking in the grounds with many others he tried to run away and on the attendants following him a struggle ensued, the latter was knocked down and severely injured. His face was cut and his knee was dislocated'.²⁷² He was sent to the infirmary where his father discharged him.

Interactions with staff formed an important part of children's experiences in the asylum. Children had daily contact with ward staff, but minimal interaction with senior officials. Ward staff, both day attendants and night attendants, were unqualified, sometimes patients themselves. Green requested uniforms for male attendants to distinguish them from 'Patients for whom at present they are not infrequently mistaken'.²⁷³ In 1850 twelve males and six females helped on wards.²⁷⁴ It was difficult to attract staff, especially female staff, with a high turnover of staff. In 1862, Robert Hodgson was dismissed as attendant on the epileptic ward for 'gross impropriety of conduct' and neglect of duty.²⁷⁵

²⁶⁷ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 21 May 1851 and August 1851

²⁶⁸ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 13 November 1851

²⁶⁹ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 14 January 1852

²⁷⁰ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 5 November 1851 and 1 June 1852

²⁷¹ BAC, HC/AS, MS 344/12/2/2A, p. 118

²⁷² BAC, HC/AS, MS 344/12/2/2A p. 11

²⁷³ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 14 August 1850

²⁷⁴ BAC: HC/AS: MS 344/2/1, Medical Superintendents Reports, Annual Report 1850.

²⁷⁵ BAC, GP B/2/1/27 22nd January 1862

Relationships with staff were important for children as contact with families were limited. When the asylum opened in 1850, visits by 'Relatives and Friends' were allowed once a week and Green's comment in 1850 that Fanny Johnson Crompton received no visitors suggests this was unusual, suggesting families maintained regular contact.²⁷⁶ Visits were reduced to monthly in 1853 as 'Frequent visiting is attended by many evils' and 'positively injurious to the patient, rarely beneficial'.²⁷⁷ Families interfered, and their observation of patients was unwelcome, interfering with specialist treatment controlled by medical staff and officials.

Transfer between institutions occurred regularly for children as well as adults, according to officials' criteria. Children moved back to the workhouse if not requiring specialist care. Sarah Ann Phillips, an imbecile aged twelve, was transferred to the workhouse in 1861 to make room.²⁷⁸ The converse applied if workhouse inmates were thought 'dangerous' or in need of specialist care, particularly for epilepsy, although the workhouse had its own epileptic ward. Fanny Hodson, seventeen, 'an idiot who rarely speaks, can't tell her own name' was transferred to the asylum in 1863; she had been at the workhouse for five years since twelve but began to suffer badly from fits, dying from them in the asylum in 1865.²⁷⁹ Alice Tangye, a Quaker of twenty one, 'completely imbecile. Short thin delicate looking' was transferred to the Quaker York Retreat within three weeks of entering the asylum in 1859, her religion ensuring a place at the

²⁷⁶ BAC, HC/AS, MS 344/2/1, Medical Superintendent's Report 21 August 1850: 'The deaf and dumb girl, F.J. Crompton, has been quite well during the last month. She has not been visited by anyone or enquired after, since she came'.

²⁷⁷ BAC, HC/AS, MS 344/2/1, Medical Superintendents' Reports, 23 February 1853.

²⁷⁸ BAC, HC/AS, MS 344/12/2A

²⁷⁹ BAC, HC/AS, MS 344/12/2A, p. 497

prestigious Quaker asylum.²⁸⁰ Fanny, however, remained in the lunatic asylum until she died in 1886.²⁸¹

By examining the care of 'insane' children in asylums in the mid nineteenth century, it is possible to ascertain how children were treated but also perceived within the specialist world of the asylum. 'The nascent concept of childhood' was starting to emerge and children of the poor were being accepted as a 'vulnerable social group in need of security'.²⁸² However, children labelled 'insane' were also occupying the adult world of asylums where their classification as 'insane' intersected with their developing status as children. Lack of attention on these children in the mid nineteenth century reveals the complex and sometimes conflicting attitudes to childhood that contributed to the development of the concept of childhood throughout the nineteenth century.

Conclusion

This chapter has attempted to place Fanny within the context of developing care for 'insane' children in the mid nineteenth century in two environments created by adults, and to use Fanny and other children's experiences to highlight the impact of significant changes for disabled children in the mid nineteenth century, as national and local policies were interpreted and put into practice by officials. The topic of childhood insanity is complex, and historically children's experiences and 'the insane child's voice have been particularly difficult to

²⁸⁰ BAC, HC/AS, MS344/12/2A p. 273.

²⁸¹ BAC, HC/AS, MS344/12/15/1

²⁸² Taylor, *Child Insanity in England*, p. 32

save'.²⁸³ Research has neglected experiences of these children until recently, and Taylor has called for more detailed examination of the 'spaces and places' they occupied.²⁸⁴ Important lunacy legislation of 1845 created new environments for the insane, but made no mention of children by providing age limits or specific provision for them, and it was left to the discretion of workhouse, asylum and medical staff to diagnose and provide appropriate care for disabled children.

While the workhouse had experience of dealing with children generally (although 'insane' children shared wards with insane adults), the lunatic asylum was a robust adult environment with few concessions made for children or adolescents in the 1850's and 1860's. Medical Superintendent's Reports neglect to mention children as a group needing attention until 1868, and then only to suggest appointing a married couple to supervise the adult ward where children were usually accommodated; the desirability for extra support for children is implied but not expressed.²⁸⁵ Silences in the archives over such arrangements reveal adults' attitudes to pauper 'insane' children within the asylum, whether with learning disabilities or 'curable' mental illness. There is no mention of education or training for children. This absence of attention contrasts with society's growing focus on other children, particularly poor children, in the mid-nineteenth century in areas such as charitable education, health, child employment and training. While the Medical Superintendent investigated progressive medical treatment for lunatics such as baths and galvanism, there was no interest in the 1850's in the famous Earlswood Asylum, its aims and

²⁸³ *Ibid.*, p. 175

²⁸⁴ *Ibid.*, p. 160, p. 174

²⁸⁵ BAC, HC/AS, MS 344/2/2, Medical Superintendent's Reports, 29 May 1868.

training programmes to educate 'idiot' children that was influential nationally in mid Victorian England.²⁸⁶ Despite other specialist and progressive care provided at the asylum, there was little interest in 'idiot' children, overlooked perhaps because of their small numbers but also their lack of capacity to be cured. While this reflected issues of class and function between pauper and charitable asylums, it is noticeable in an otherwise progressive institution treating a wide range of mental illness.

Analysis in this chapter covers a short but important period of some twenty years in mid-Victorian England, covering introduction of major legislation and a new compulsory lunatic asylum for the 'insane'. This period of analysis of 'insane' children's experiences is at the end of the period of research of this study, controlled by availability of archives. It is an important period of significant change on the cusp of major changes in attitudes to children with mental disabilities, increasing classification of 'insane' children, and the establishment of special schools and colonies at the end of the nineteenth century. Studies have frequently focused on the longer period from 1845 to the early twentieth century. Focusing on this shorter period, however, reveals changes both in environment and attitudes to them as optimistic attitudes to the 'insane' began to deteriorate in the 1860's, underlining the importance of careful periodisation being relevant to the context of disabled children's experiences.

This chapter has examined experiences of disabled children labelled 'insane' in the workhouse and lunatic asylum, both part of the 'mixed economy of

²⁸⁶ Wright, *Mental Disability in Victorian England*, p. 33, p. 39

makeshifts' that existed for disabled children at this time.²⁸⁷ These included removal from the family at a distressing time of crisis, repeated physical inspection by medical officers, and committal to a bewildering environment designed for 'insane' adults. There was little special treatment for children. Daily life for children included restraint, seclusion, violence, medication designed to drug difficult behaviour, early modern treatment such as leeches and a heavy emphasis on bowels. Religion was part of children's lives, but often recorded as a cause of worry or delusion. Secluded from public view, they were the subject of medical and official observation as behaviour and physical attributes were recorded (even post mortem) for medical research and evidence of insanity.

Rosenthal highlights 'an element of contested caring' in admission of disabled children to the lunatic asylum between families, officials, magistrates and medical advisors while Borsay and Dale stressed the importance of establishing disabled children's 'shared experiences', including conflict.²⁸⁸

This chapter builds on concepts of conflicting and shared experiences by exploring experiences across the mixed economy of care for disabled children. It highlights contrasts with other disabled children in different sectors of care, such as the philanthropic Deaf and Dumb Asylum. Descriptions of 'insane' children contrast strongly with adults' attitudes to other disabled children in the early philanthropic sector in the mid nineteenth century, emphasising disabled children's varied experiences. These contrasts illuminate the wider context of

²⁸⁷ Taylor, *Child Insanity in England*, p. 70

²⁸⁸ Borsay and Dale, *Disabled children: Contested Caring, 1850 - 1979*; Rosenthal, 'Insanity, Family, and Community in Late-Victorian Britain', p. 30

attitudes and agendas of society for different groups of children and how adults created and shaped those children's experiences.

Both 'deaf' and 'insane' children were selected for special care by society for contrasting reasons. Supported by the elite of Birmingham and Midland counties, deaf children's experiences reflected religious and genteel agendas of subscribers. Restoring children's access to the 'Word of God' was a primary focus of the charity, reflecting religious motivations of subscribers from different religious groups, repeatedly stressed in fundraising. Children were educated, had apprenticeships organised, were trained in art by a well connected artist and enjoyed nature walks around elite private gardens, reflecting the charity's aspirations for their deaf children of an ideal romantic middle class Victorian child's life.²⁸⁹ In the mid nineteenth century, philanthropists started to encourage the idea that childhood should be a separate time of innocence.²⁹⁰ Regular public observation was encouraged for fundraising; children were inspected regularly and their neat, respectable appearance praised. Disabled children in the lunatic asylum, however, were secluded from the community and observed as medical specimens, to be recorded and identified as 'insane', even after death. Their classification as 'insane' in the lunatic asylum controlled their experiences in the mid nineteenth century, in priority to any poor law classification as children or emerging social status as children and there is little evidence of specialised treatment for them as 'children'. Focus on deaf and 'insane' children's appearances was for deeply contrasting reasons, reflecting

²⁸⁹ Cunningham, *Children and Childhood in Western Society Since 1500* pp .64- 69; p. 160

²⁹⁰ *Ibid.*, p. 160

complex factors contributing to the context of each very different environment providing care for disabled children.

The concept of the romantic ideal of childhood was developing throughout the nineteenth century, and by the end of the century the modern idea of an innocent and sheltered childhood, separate from adults, was established.²⁹¹ This concept was selective and different groups of children were treated in contrasting ways; 'the conceptualisation of the "innocent" Victorian child has not accommodated those mentally ill or disabled.'²⁹² As the concept of childhood developed throughout the nineteenth century, 'perceptions of asylum children existed in isolation from the emerging nineteenth century discourse of childhood as a space of innocence and perfection'.²⁹³

Analysis of care provided to 'insane' children in the mid nineteenth century shows an absence of provision for children in workhouse insane wards and asylums, by legislation, medical, educational or personal care, and this absence is a significant aspect of the development of childhood in the mid nineteenth century that has been neglected by historians. This lack of attention is in marked contrast with the growing focus on children with mental and learning disabilities emerging in the late nineteenth century. Increased attention later led to a campaign in 1875 to treat children in workhouse lunatic wards separately from

²⁹¹ Cunningham, *Children and Childhood in Western Society Since 1500*, p. 188; Taylor, *Child Insanity in England*, pp. 178 -179

²⁹² Taylor, *Child Insanity in England*, p. 178

²⁹³ Taylor, *'Depraved, Deprived, Dangerous and Deviant'*, p. 5

adult lunatics.²⁹⁴ The introduction of compulsory elementary education by 1880 led to School Boards establishing specialist provision for children with learning disabilities or special educational needs, confirmed by the Elementary Education (Epileptic and Defective Children Act) 1899, although Birmingham School Board arranged its own classes from 1898 within schools.²⁹⁵ Ideas of national degeneration and arguments of eugenicists were influential from the 1870's and 1880's impacting particularly on children, leading to increased focus on classification of mental disability in children.²⁹⁶ The 'feeble-minded' particularly, who occupied the 'borderland', were thought more susceptible to poverty, promiscuity and criminal behaviour, posing a threat to society.²⁹⁷ Social policy and attitudes to children were influenced by these ideas, and children with learning disabilities were increasingly removed from the community into colonies and schools. By the early twentieth century Mary Dendy in Manchester and Ellen Pinsent in Birmingham were identifying children for special classes locally and setting criteria for their selection, both becoming influential nationally within education for children with learning disabilities.²⁹⁸ This intense more negative focus and attention on disabled children with mental disabilities in the late nineteenth and early twentieth centuries contrasts with the absence of focus on 'insane' children in the mid nineteenth century in workhouses and asylums, reinforcing the argument that the development of the concept of

²⁹⁴ 1877, Charity Organisation Society 'Report of a Special Committee of the Charity Organisation Society on the education and care of idiots, imbeciles and harmless lunatics' (London, 1877)

²⁹⁵ Brown, 'Special Schooling and the 'Feeble-Minded' in Birmingham, 1870 - 1914

²⁹⁶ M. Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy and Social Policy in Britain c. 1870 - 1959* (Oxford, 1998); Jackson, *The Borderland of Imbecility*

²⁹⁷ Jackson, *The Borderland of Imbecility* p. 1

²⁹⁸ Jackson, *The Borderland of Imbecility*; A. Brown, 'Ellen Pinsent: Including the 'Feeble-minded in Birmingham, 1900 - 1913,' *History of Education*, 34/5 (2005), pp. 535-546

childhood in the nineteenth century did not include children with mental disabilities.

Understanding these comparisons between society's attitudes to, diagnosis of and treatment of 'insane' children and children in different sectors of the mixed economy of care for disabled children, and also between disabled children and children not affected by disability, is a neglected aspect of both the histories of childhood and disability.

CONCLUSION

This study has explored a wide cross section of archival material to identify disabled children's experiences, and has located them in the context of the contrasting broader environments that shaped their experiences across three main areas of provision of care for them in the eighteenth and early nineteenth century in Birmingham. The challenges of using fragmented poor law and lunacy archival material ensure that this study cannot be comprehensive, but narratives of disabled children and their 'hidden histories' begin to emerge to balance previous official narratives established by earlier literature. The three distinct chapters of this study examine the three main areas of the varied provision of care for disabled children outside family care, namely the poor law, early philanthropy and care for the 'insane', highlighting experiences of children where they can be found. The juxtaposition of contrasting policies for disabled children in each area of care reveals the contrasting attitudes of society to disabled children depending on their impairment, and how these varying attitudes of society impacted on children themselves.

The study begins chronologically with exploring experiences of disabled pauper children in the eighteenth and early nineteenth centuries under the old poor law, showing how the provision of care developed under changes introduced by the New Poor Law after 1834. This is a much neglected topic of research. Individual disabled children were identified in old poor law accounts and records in the eighteenth century, receiving comparable outrelief to adults. Impairments such

as being blind or lame gave rise to a well-established, if not legally entitled, right to claim outrelief. By the early nineteenth century, within the few surviving records of residential provision for children in the Asylum of the Infant Poor, individual disabled children disappear from view. Evidence becomes vague and there are only glimpses of children who are likely to be disabled. At a time when medical care was an increasingly important function of workhouses, particularly in Birmingham, and interest in children's health was growing, the officials' focus on children's health is on 'sick' children requiring medical cures while impairment and disability were overlooked, reflecting the agendas of society and poor law officials for children generally. The sense of individual disabled children at the Asylum for the Infant Poor is lost in the early nineteenth century, even in medical reports naming children, despite physical impairment helping to qualify as an 'object of compassion'.¹ The agenda of poor law officials in the early nineteenth century was that children should be economically viable and not a burden on the rates; it was logical for them to focus on pauper children's ability, and degrees of ability, to work rather than on impairment and disability with the consequent additional financial liability on the poor law. Most disabled children lived with other pauper children and they were not segregated, despite national strict segregation and classification policies being enforced within the poor law. The experience of disabled pauper children at the end of the eighteenth century was dominated by negative identification as 'the poor' until the mid-nineteenth century. It is not until the 1840's that guardians' minutes once again acknowledge costs of funding special arrangements for individual children with sensory impairments, and individual disabled children appear once again from

¹ Turner, *Disability in Eighteenth-Century England*, p. 137

the records. The sharp contrast of experiences shaped by various poor law policies compared with those shaped by early philanthropy is illustrated by the case study of children's experiences within the environment of the Deaf and Dumb Asylum in Birmingham, an elite, progressive, focused environment for disabled children with sensory impairments in early nineteenth century Birmingham. Fanny Johnson Crompton was admitted here by family in 1846, and was educated here for four years. Admission to the elite Deaf and Dumb Asylum was a competitive process and deaf children were 'historically targeted for interventions that were meant to promote their independence'.² Class was a relevant factor, both of children selected and the class of philanthropist subscribers that shaped the children's environment and experiences. Religion underpinned their experiences, both as a motivation for the charity to restore deaf children to 'the Word of God', and as an important daily part of children's lives. The children's appearance and wellbeing was important and children were not regarded purely as 'economic units of production'³.

These sharp contrasts in deaf children's experiences in education, work, religion and leisure with their pauper contemporaries at the Asylum of the Infant Poor reflected issues of class, but also developing concepts of impairment and disability and differing adult attitudes to separate groups of children. They reflect the developing concept of childhood in the nineteenth century, and how different groups of children qualified (or failed to qualify) as children, entitled to a childhood, at different times.⁴ The charity's aim was to give deaf children an

² Borsay and Dale, *Disabled Children*, p. 3

³ Levene, *The Childhood of the Poor*, pp. 4-5

⁴ Cunningham, *Child and Childhood in Western Society*, pp. 64-69, p. 160

ideal romantic middleclass Victorian child's life, reflecting subscribers' aspirations for children; in the nineteenth century deaf children were selected by middle class philanthropists and religious men who were influential in society as appropriate subjects for a romantic childhood. Other physically disabled children, such as 'cripples', were not the focus of society's attention until the later nineteenth century.

Fanny moved to the Birmingham parish workhouse early in 1850, probably to the Insane Ward, and then moved quickly to the new Birmingham Borough Lunatic Asylum. This study places Fanny within the context of developing care for 'insane' children in the mid nineteenth century in two environments created by society, and uses Fanny and other children's experiences to highlight the impact of rapid and significant change for disabled children in the mid nineteenth century. The lunatic asylum was a robust adult environment, with few concessions made for children or adolescents in the 1850's and 1860's. Silences in the archives over children in their care, and lack of arrangements for disabled children, reveal adults' attitudes to pauper 'insane' children within the asylum, whether with learning disabilities or 'curable' mental illness. There is no mention of education or training for 'idiot' or 'imbecile' children. This absence contrasts strongly with society's growing focus on other children, particularly poor children, in the mid-nineteenth century in areas such as charitable education, health, child employment and training. Despite other specialist and progressive care for insanity provided at the lunatic asylum, there was little interest in 'idiot' children, overlooked perhaps because of their small numbers but also their lack of capacity to be 'cured'. While this reflects issues of class and

function between pauper and charitable asylums, it is noticeable in an otherwise progressive institution treating a wide range of mental illness.

The analysis of 'insane' children in this study covers a short but important period of transition of some twenty years in mid-Victorian England, covering introduction of major legislation and a new compulsory lunatic asylum for the 'insane'. It is an important period of significant change, on the cusp of the major changes in attitudes to children with learning disabilities, increasing classification of 'insane' children, and the establishment of special schools and colonies at the end of the nineteenth century. Focusing on this important period of transition reveals changes both in environment and society's attitudes to them, as the previously optimistic attitudes to the 'insane' began to deteriorate in the early 1860's, underlining the necessity of careful periodisation to the context of disabled children's experiences and children's disability history. The concept of the romantic ideal of childhood was developing throughout the nineteenth century, and by the end of the century the modern idea of an innocent and sheltered childhood, was established.⁵ As this concept developed in the nineteenth century it was selective, and different groups of children were selected and treated as 'children' in contrasting ways; 'the conceptualisation of the "innocent" Victorian child has not accommodated those mentally ill or disabled.'⁶ Exploring a wider cross section of archives and extensive poor law records allows the context of disabled children's experiences and the sharp contrasts in their diverse experiences to be illustrated over time in the rapidly

⁵ Cunningham, *Children and Childhood in Western Society*, p. 188; Taylor, *Child Insanity in England*, pp. 178-179

⁶ Taylor, *Child Insanity in England*, p. 178

growing industrial city of Birmingham, and children's disability history to be accessed. Understanding comparisons between society's attitudes to, diagnosis of and treatment of 'insane' children and children in different sectors of the mixed economy of care for disabled children is a neglected aspect of both the histories of childhood and disability. Exploring and identifying these contrasts across disabled children's experiences and the broader environments contributing to their care reveals cultural changes developing throughout the eighteenth and nineteenth centuries, a time of significant and rapid change in children's disability history.

Using the theme of experience has allowed the children's varied experiences to be linked to the wider environments that shaped their experiences. The children's experiences reflected adult attitudes and agendas, and this reflects their historical significance to adults within the cultural and social changes for the disabled that were developing so rapidly throughout this period.

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