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CHILDREN, SPACES AND IDENTITY

AN OFFPRINT FROM
Childhood in the Past Monograph Series: Volume 4

CHILDREN, SPACES AND IDENTITY

Paperback Edition: ISBN 978-1-78297-935-7

Digital Edition: ISBN 978-1-78297-936-4

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Oxford & Philadelphia

www.oxbowbooks.com

Published in the United Kingdom in 2015 by
OXBOW BOOKS
10 Hythe Bridge Street, Oxford OX1 2EW

and in the United States by
OXBOW BOOKS
908 Darby Road, Havertown, PA 19083

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Paperback Edition: ISBN 978-1-78297-935-7

Digital Edition: ISBN 978-1-78297-936-4

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Printed in the United Kingdom by Hobbs the printers

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Front cover: Image from the exhibition "The last Carpetans. The oppidum of El Llano de la Horca (Santoraz, Madrid)" (2012). Museo Regional de Madrid. Author: Arturo Asensio.

CONTENTS

List of contributors	viii
Acknowledgements	xi

PART I

CHILDREN, SPACES AND IDENTITY

1. Children, Childhood and Space: Multidisciplinary Approaches to Identity	2
<i>Margarita Sánchez Romero, Eva Alarcón García and Gonzalo Aranda Jiménez</i>	
2. Steps to Children's Living Spaces	10
<i>Grete Lillehammer</i>	

PART II

PLAYING, LIVING AND LEARNING

3. Complexity, Cooperation and Childhood: An Evolutionary Perspective	26
<i>Juan Manuel Jiménez-Arenas</i>	
4. Children as Potters: Apprenticeship Patterns from Bell Beaker Pottery of Copper Age Inner Iberia (Spain) (c. 2500–2000 cal BC)	40
<i>Rafael Garrido-Pena and Ana Mercedes Herrero-Corral</i>	
5. Social Relations between Adulthood and Childhood in the Early Bronze Age Site of Peñalosa (Baños de la Encina, Jaen, Spain)	59
<i>Eva Alarcón García</i>	
6. Gender and Childhood in the II Iron Age: The Pottery Centre of Las Cogotas (Ávila, Spain)	75
<i>Juan Jesús Padilla Fernández and Linda Chapon</i>	
7. Playing with Mud? An Ethnoarchaeological Approach to Children's Learning in Kusasi Ceramic Production	88
<i>Manuel Calvo Trias, Jaume García Rosselló, David Javaloyas Molina and Daniel Albero Santacreu</i>	

8. Infantile Individuals: The Great Forgotten of Ancient Mining and Metallurgical Production..... 105
Luis Arboledas Martínez and Eva Alarcón García
9. Learning to Be Adults: Games and Childhood on the Outskirts of the Big City (San Isidro, Buenos Aires, Argentina) 122
Daniel Schavelzon
10. Disabled Children and Domestic Living Spaces in Britain, 1800–1900 136
Mary Clare Martin
11. La evolución de los espacios de aprendizaje de la infancia a través de los modelos pedagógicos 155
Victoria Carmona Buendía and Elisa Valero Ramos
12. Montessori y el ambiente preparado: un espacio de aprendizaje para los niños 168
Fátima Ortega Castillo
13. Didactics of Childhood: The Case Study of Prehistory 179
Antonia García Luque
14. *Once upon a time...* Childhood and Archaeology from the Perspective of Spanish Museums 193
Isabel Izquierdo Peraile, Clara López Ruiz and Lourdes Prados Torreira
15. Home to Mother: The Long Journey to not Lose one's own Identity 208
Angela Anna Iuliucci

PART III

SPACE, BODY AND MIND: CHILDREN IN FUNERARY CONTEXTS

16. Use of Molecular Genetic Procedures for Sex Determination in 'Guanches' Children's Remains 218
Alejandra C. Ordóñez, Matilde Arnay-de-la Rosa, Rosa Fregel, Guacimara Ramos-Pérez, Emilio González Reimers and José Pestano
17. Salud y crecimiento en la Edad del Cobre. Un estudio preliminar de los individuos subadultos de Camino del Molino (Caravaca de la Cruz, Murcia, España). Un sepulcro colectivo del III milenio cal. BC..... 230
Susana Mendiola, Carme Rissech, María Haber, Joaquín Lomba, Azucena Avilés and Daniel Turbón

18. Infant Burials during the Copper and Bronze Ages in the Iberian Jarama River Valley: A Preliminary Study about Childhood in the Funerary Context during III–II millennium BC 243
Raquel Aliaga Almela, Corina Liesau, Patricia Ríos, Concepción Blasco, and Lorenzo Galindo
19. Premature Death in the Vaccean Aristocracy at Pintia (Padilla de Duero/Peñañiel, Valladolid). Comparative Study of the Funerary Rituals of Two Little ‘Princesses’ 262
Carlos Sanz Minguez
20. Dying Young in Archaic Gela (Sicily): From the Analysis of the Cemeteries to the Reconstruction of Early Colonial Identity 282
Claudia Lambrugo
21. Maternidad e inhumaciones perinatales en el *vicus* romanorrepblicano de el Camp de les Lloses (Tona, Barcelona): lecturas y significados 294
Montserrat Duran i Caixal, Imma Mestres i Santacreu and M. Dolors Molas Font
22. Children and Funerary Space. Ritual Behaviours in the Greek Colonies of Magna Graecia and Sicily 310
Diego Elia and Valeria Meirano
23. Children and Their Burial Practices in the Early Medieval Cemeteries of Castel Trosino and Nocera Umbra (Italy) 327
Valentina De Pasca
24. La cultura lúdica en los rituales funerarios infantiles: los juegos de velorio 342
Jaume Bantulà Janot and Andrés Payà Rico
25. Compartiendo la experiencia de la muerte. El niño muerto y el niño frente a la muerte 355
Virginia de la Cruz Lichet

DISABLED CHILDREN AND DOMESTIC LIVING SPACES IN BRITAIN, 1800–1900¹

Mary Clare Martin

INTRODUCTION

While children's living spaces have recently received more attention from historians,² there has been little focus on disabled children and the domestic interior. This is surprising, given the incidence of disability in the nineteenth century.³ Given the limitations of their conditions, homes could be even more important to disabled children than to their able-bodied counterparts. Thus, from the 1870s, workers at the Passmore Edwards settlement in London found that disabled children might be locked in all day while their parents were at work.⁴ Anne Borsay and Pamela Dale argued that, between 1850 and 1970, the home was a site of 'contested caring' between parents and different agencies.⁵ While the home and domestic ideology in the period 1780–1850 have been a focus of fierce controversy within women's history,⁶ there has been little debate on children's use of living space. Current studies concur on the spatial separation of children from adults in the middle class home from the mid-nineteenth century.⁷ Indeed, John Gillis argued that such children were 'islanded' within their homes.⁸ More recently, however, Leonore Davidoff emphasised that many middle class homes were quite crowded and that spatial separation occurred mainly in the late nineteenth century.⁹

Disability theory has been shaped by present-centred and sociological approaches, mainly developed in the 1970s and 1980s, rather than by a primary focus on childhood in the past. According to these paradigms, in the nineteenth century, disability was regarded in terms of a 'medical model' of impairment and disabled people as a burden. The 'social model' in which disability is viewed as the failure of society to accommodate the needs of disabled people, was only identified from the 1970s and 1980s.¹⁰ Borsay and Dale have recently critiqued the social model as it applies to children, on the grounds that its emphasis on independence is not appropriate for children, by definition dependent beings.¹¹ Quite different models can be derived from other contemporary nineteenth-century texts. Thus the 'School of Pain' presented the disabled person as an exemplar of fortitude and the sickroom as the centre of the house. While this model, sometimes

characterised as ‘heroic’, could be perceived as making unfair demands on the disabled person, it nevertheless conferred a superior status to that of the able-bodied.¹²

This chapter will consider the relevance of these models to disabled children’s experiences of domestic spatial arrangements, and to factors of class and gender, in the nineteenth century. While historians have argued that childhood was structured by gender in this period,¹³ it is an open question as to whether boys’ masculinity was problematized by disability. Marianne Farningham argued that ‘A sick daughter is as an angel in the house’,¹⁴ and Lois Keith represented disability as coded feminine.¹⁵ However, mid-century literature for adults contained sympathetic images of disabled boys of different social classes, notably Charles Dickens’ Tiny Tim in *A Christmas Carol* (1843) and Paul in *Dombey and Son* (1848),¹⁶ while Claudia Nelson argued that boyhood was feminised over the nineteenth century.¹⁷ Class difference is also significant. Iain Hutchison argued that ‘the professional classes found it harder to accept people who did not conform to their idea of normality’.¹⁸ Seth Koven cited the Queen’s Nurse, Margaret Loane, who stated in 1917 that ‘the rich closeted their crippled children out of shame’ as in Frances Hodgson Burnett’s *The Secret Garden* (1911). Conversely, Loane argued, the poor were more accepting, and might even exhibit disabled children.¹⁹ This contrasts with Humphries’ findings that many working-class families tried to conceal their disabled children.²⁰ Moreover, as Hutchison argued, the wealthy indubitably had more resources with which to ameliorate their children’s conditions.²¹

SOURCES: DISCOURSE AND EXPERIENCE

Borsay and Dale have shown the difficulty of recovering the voices of disabled children, which are often obscured in official documents constructed for other purposes.²² While life-story writing or oral history has been used effectively for the twentieth century,²³ there have been few studies from the nineteenth century. Iain Hutchison, one of the few authors in this field, has argued that ‘the most important published narratives of the experience of disability should be found in works produced by people with disabilities. Yet authorship of this nature is relatively sparse and gives a skewed overview’.²⁴ Despite the methodological difficulties of recovering the ‘voice of the child’,²⁵ Jane Hamlett and others have argued that autobiographies can be used to recover children’s experiences.²⁶ This chapter will draw on surviving autobiographies and biographies, some by family members, to consider the relevance of models of disability to children’s lives over the nineteenth century. Given the paucity of sources available, I undertook a keyword search on ‘disability’ in the *Oxford Dictionary of National Biography* (2004) and examined any accounts which referred to the authors’ childhoods. The narratives range from abuse, to affection, heroism, stoicism, a belief that all were ‘in the hand of God’, to a more secular view that disability provided improved opportunities. While such sources could be regarded as unrepresentative, in that my subjects became famous, or were at least memorialized in print, these examples represent images of disabled people as active rather than as victims. Of course, such sources have limitations, one being that the narrative was shaped by the preoccupations of the time in which they

were written (from the 1870s to the 1960s). ‘Domestic biography’ written by family members, might intentionally conceal information from the public domain.²⁷ However, another perspective is that some autobiographers exaggerated their hardships, or were unduly harsh about family members.²⁸

Different types of text, such as fiction, poetry, drama, and biography may reflect the same themes at any one period of time, and that of the ‘School of Pain’ can be found in children’s literature such as *What Katy Did* (1872) or *Pollyanna* (1899).²⁹ Fanny Bickersteth’s biographers referred to the ‘School of Patience’, in both 1860 and 1892.³⁰ Advice books, such as *Little Scholars in the School of Pain*, were still being published in the 1900s.³¹ While the autobiography, published in 1938, of Agnes Hunt, the future nurse and pioneer of clinics and open-air schools for children, was ironical and self-deprecating in tone, she also used the language of the ‘apprenticeship to crippledom’ and ‘the great education of pain’.³²

BACKGROUND

The subjects explored here came from a range of class and occupational backgrounds, from the aristocratic Campbells of Scotland, the family of the Duke of Argyll, to lesser gentry and professionals, manufacturers, businessmen, artisans and labourers. Some lived in country houses with large grounds, others rectories, small houses, and town houses. While the upper and the middle classes are better represented, the wide spread of occupations also facilitates examination of different kinds of homes, both urban and rural. It also shows the instability of class position. The father of Joseph Barker (1806–75) was a small cloth merchant who fell into ‘absolute want’, like many others in the post-Napoleonic period.³³ The business of Florence White’s father was affected by the agricultural depression of the 1870s.³⁴ After an examination of types of disability, this chapter will consider home as a place of danger, including accidents and abuse, as well as a site of medical treatment. More specific attention to exclusion and inclusion will be gained through examination of the uses of different rooms, and experiences of the outdoors. The implications of disability for relationships with household members will be considered, as well as education both inside and outside the family home. Throughout, I will consider disabled adults’ reflections on their life-stories, and whether they felt they were disadvantaged by their condition and its treatment.

The nature of the household and of family structure over the period affected children’s experiences. Joseph Barker was the fourth of eleven children.³⁵ By the late nineteenth century, average completed family size in the middle and upper classes was six, a decline from the ‘large sprawling families of mid-century.’³⁶ Whereas upper and middle class children lived in households which would include a number of servants, the lower middle class would be more likely to have just one, and the poor, none at all.³⁷ While Anna Davin has highlighted how home could be peripatetic for poor working class children,³⁸ many of the upper classes moved between several residences. The aristocratic Campbells had two homes in Scotland, including Rosneath Castle, from 1803, as well as Argyll Lodge in London, though Frances Balfour (née Campbell, 1858–1931) claimed

that her parents would have been just as happy in an encampment.³⁹ Augustus Hare (1834–1903) and his mother, related to country clergy, moved to Stoke Rectory for five months every winter from Lime, near Hurstmonceaux in Kent.⁴⁰ Over the life-cycle, rooms might be used very differently. Florence White's family moved three times, and each time the configuration of the rooms changed, according to whether there were young children, and they could afford or have room for live-in servants.⁴¹ Households also varied in size. Augustus Hare lived alone with his adoptive mother and a servant Mary Ann Lea for twenty-five years.⁴² Families with substantial resources, such as the Campbells, might adapt their lifestyles to help produce a cure for the ill or disabled person, visiting the sea or watering-places all together.⁴³ Relatives' and friends' homes were also important as places to convalesce, and could be preferred to those of parents.⁴⁴

TYPES OF DISABILITY

Disability is not a fixed state: indeed, Altenbaugh and Verstraete noted how many disability theorists characterize the majority as 'temporarily non-disabled'.⁴⁵ Nor were all my subjects disabled throughout their entire childhood. In the nineteenth century, the major threats to life and health were measles, scarlet fever, diphtheria, smallpox, typhus, typhoid, whooping-cough, phthisis, pneumonia, bronchitis, and convulsions.⁴⁶ Despite medical developments such as the smallpox vaccine, and the decrease in virulence of the killers scarlet fever and measles by 1900, the 'white plague' tuberculosis was still a threat to health, and could cause lasting bone malformations.⁴⁷ Four of my subjects suffered from partial blindness,⁴⁸ two deafness,⁴⁹ while Dudley Ryder (1798–1888), the second Earl of Harrowby, had a speech impediment.⁵⁰ Many suffered lameness or paralysis, often as a result of illness.⁵¹ Frances Balfour, future suffragist, had disease of the hip joint, which was later named tuberculosis.⁵² These conditions were not entirely disabling, for many of these subjects lived active lives and became well known. By contrast, Fanny Bickersteth (1830–1854), who suffered from irritation of the nervous system and pulmonary disease, died young in 1854.⁵³ Some had learning disabilities. 'Little Charles Waring' Darwin (1856–8) 'was so clearly backward...he made strange grimaces' and was described as 'lacking in the full measure of intelligence' now categorised as Down's syndrome. His sister Bessy (1847–1926) had some similar symptoms.⁵⁴ Cecil Tyndale-Biscoe (1863–1949), later schoolteacher in Kashmir, had meningitis in infancy which he considered left him 'a weakling' and unable to learn by heart.⁵⁵

HOME AS A PLACE OF DANGER: ACCIDENTS, OVERWORK, ABUSE

While 'separate spheres' ideology delineated home as a haven, and John Tosh has argued that both Evangelicals and Romantics thought children should be protected within the home,⁵⁶ it could also be a site of danger from birth onwards, caused by accidents or ill-treatment. These were often attributed to servants, which marks a well-known theme of 'the enemy within'.⁵⁷ Dudley Ryder's father reputedly saved his life when he interrupted a servant who was giving Dudley, aged four, the 'hot treatment',

after he had been vaccinated for smallpox.⁵⁸ The family of the future politician, Herbert Morrison (1886–1965), son of a policeman, blamed the midwife for his partial blindness.⁵⁹ Accidents occurred when children were alone, with siblings, or even with adults. Fanny Bickersteth fell on her head when she was eighteen months. She initially suffered from pulmonary disease and her ‘whole system became disorganised’ as she grew older and eventually died.⁶⁰ The blindness of the poet Philip Marston was attributed to an accidental blow received playing with other children, aged four.⁶¹ Cuthbert Heath (1859–1939), a pioneer in insurance broking, had an accident aged twelve while playing with his siblings which seemed to exacerbate his latent deafness.⁶² The father of Florence White, the future cook, brought home a chameleon top with a spring when she was eight. The wire jumped out and hit her in the eye, leading to partial blindness.⁶³ The future scientist Alfred Newton (1829–1907) was playing riotous games with his brothers in the family home at Elveden in Suffolk, when he fell and hurt one of his knees, causing permanent lameness. ‘Little was made of it, but serious injury had been done, and his right leg never grew equally with the other, causing permanent harm’.⁶⁴ In similar vein, Agnes Hunt (1867–1948), nurse and pioneer of treatment for the disabled, indicated how the culture of stoicism prevented discovery of her condition. She had two abscesses when she was nine which led to blood-poisoning, but thought they were due to growing pains: ‘Children in Victorian days were not encouraged to complain’.⁶⁵ Lady Frances Balfour was taught that tears were inappropriate, and did not speak about her paralysed leg, as she was afraid it would be cut off.⁶⁶

Others made more direct claims of abuse. Augustus Hare claimed his disabilities were the result of neglect at home: ‘I was constantly sick, so thin almost a skeleton-which I really believe now to have been entirely caused by the way in which the miseries of my home life preyed upon my excessively nervous disposition. I was talked to about death and hell and urged to meditate upon them’.⁶⁷ Hare had been adopted by an aunt who was over-conscientious about not indulging him and was subject to ‘severe discipline’ from a young age, which he felt weakened his constitution.⁶⁸ Joseph Barker and Louise Jermy (1877–1952) both argued that overwork led to deformity or illness. Barker’s story was an indictment of the poverty in which the town of Bramley was thrown after 1815, rather than of his family. In order to pay off the family debts, he worked long hours in the family shop or on the cotton frame, sometimes from three or four in the morning in summer to eight to nine o’clock at night.⁶⁹ Louise Jermy, née Withers, whose mother died when she was three, recovered from erysipelas, aged eight. However, she developed a tubercular hip, aged thirteen, turning a mangle all day, taking in washing to help pay off the family loan on the house. ‘My health and strength were bartered for that house’.⁷⁰ Florence White had to work as general servant and nursery governess after her father’s business failed, though her complaint was not the work but the constant criticism from her stepmother.⁷¹ Although Jermy and White were treated as burdens, which would seem commensurate with the medical model, they nevertheless made significant contributions to the maintenance of the household.⁷²

DOMESTIC SPACE

While an increased amount of institutional care was targeted at poor children over the nineteenth century, for many, care at home was the only option.⁷³ In the absence of medical cure, good nursing could alleviate the condition. John Buchan (1875–1940), the future writer, and Constance Smedley (1876–1941), campaigner and founder of the Lyceum clubs, had to lie on their backs for long periods.⁷⁴ Randall Davidson (1848–1930), future Archbishop of Canterbury, later considered how it was odd that the only treatment for being shot was staying in bed and care by an old, untrained nurse, even though Lister had begun his studies of antiseptic surgery.⁷⁵ The bedroom might be represented and experienced as the centre of the house, as in the mid-nineteenth century imagery of the ‘School of Pain’, as in the novel *What Katy Did* (1872).⁷⁶ This theme also emerges in biography. Fanny Bickersteth spent six years in her bedroom, after her health declined. Her sister Charlotte later noted that ‘Fan’s bedroom was the brightest place in all the house...She had learnt the difficult lesson of living almost entirely beyond her own little world of disease and pain and opening her heart wide to receive all the sympathies and interests’. She made handicrafts for the London City Mission from 1848 to 1852 and village girls were invited in to be taught ornamental work.⁷⁷ In similar vein, Frances Balfour commended the exemplary behaviour of her sister Victoria (1854–1910) in doing her tedious exercises, and described Victoria’s couch as ‘Bethel’.⁷⁸ While this term has religious connotations, Frances also recalled Victoria’s bedroom in the autumn of 1868 as ‘the centre of the fun and mischief that was going on in the family circle’.⁷⁹ Frances herself played games in her own bedroom, ‘Counterpane Land’, including a pretend duel with her brother, about 1860, and was given a miniature minstrel Blondin who wheeled a barrow on a string across her bed.⁸⁰ Yet, even for Fanny Bickersteth, described by her nurse as ‘patience itself’, confinement could be oppressive.⁸¹ Agnes Hunt recalled the frustration of staying in bed with a fever when everyone else went on a planned outing.⁸² As Florence White got older, she was ‘sent up to spend most of the day in my room’, showing how the bedroom could be a place of punishment.⁸³

Davidoff has argued that the middle class home could be a crowded place, with segregated children’s quarters only becoming common in the late nineteenth century.⁸⁴ Focus on disabled children’s experiences of different rooms within the house, as well as the garden, in this section will further call in question the claim that children were usually segregated from adults in nineteenth-century middle class homes.⁸⁵ Jane Hamlett’s argument that certain children might have privileged access to adult space could be particularly apposite to disabled children.⁸⁶ When Fanny Bickersteth was confined indoors all winter in 1846 with a weak chest, she took daily walks around her father’s study, her companions being Milton and Beethoven’s sonatas.⁸⁷ In the 1860s, the invalid aristocrat Frances Balfour was allowed to lie on a sofa in the drawing room, ‘while elders had their tea’, being fed with milk and ‘Inverary’ biscuit.⁸⁸ In the 1870s, Florence White’s elder brother Herbert put her in charge of dusting his room while he was studying for the law.⁸⁹

Rather than being excluded, the social model of adaptation to the needs of the disabled person would seem to be more appropriate. Richard Lane claimed that Anna Gurney, who had infantile paralysis (polio) aged ten months, disliked using a wheelchair and propelled herself around on her hands, which became stronger than in most children. Her cousin Catherine wrote in 1810 how ‘Anna is on the floor as usual’.⁹⁰ The Balfours played billiards, a game in which disabled children could participate.⁹¹ Indeed, many accounts show disabled and other children sharing family living space with adults, thus calling in question the stereotype of separation. Augustus Hare always had his meals with his mother, never in the nursery, and he was pictured with her in the drawing room, in the house that they shared with their servant Mary Lea.⁹² The Scot George Matheson (1842–1906) preached sermons to the whole family as a boy.⁹³ The Darwin children were allowed to ‘toboggan’ downstairs on a slide – ‘a specially constructed board’.⁹⁴ The Campbell children used to distribute themselves around the drawing room after their parents’ formal dinner parties, and talk to the guests, ‘the more elderly in our group insisting that we should not sit “in a pie”’. Their parents’ social lives in London included breakfast parties which started at 10 am, and again included the children.⁹⁵

While John Gillis argued that ‘the kitchen was one part of the (Victorian) house that remained unincorporated into the home’, and children might be banned from the kitchen,⁹⁶ Florence White’s experiences of the kitchen ranged from inclusion to exclusion. Her biological mother ‘had me with her as much as possible, for example, to help with banging out dough’ in the 1860s.⁹⁷ However, after her mother’s death the family moved, the old servant Eliza was replaced with two fashionable servants and Florence was initially not permitted in the kitchen. As she grew older, she was frequently in disgrace with her new stepmother and was ‘much better acquainted with the corner of the room than with the middle’.⁹⁸ The drawing-room, from which she was excluded, Cinderella-fashion, was occupied by her father, stepmother and new child.⁹⁹ White and Jermy’s isolation and banishment to the kitchens of large houses contrasts with the experience of Herbert Morrison, son of a policeman, from a more working-class background, who described playing games devised by their mother round the kitchen range.¹⁰⁰ However, it was not necessarily class, but the fact of remarriage and step-parenting which seems to have caused the most unhappy experiences.

OUTDOORS

Outdoor environments provided many opportunities for disabled children to participate alongside others, and again facilitated adaptation to the needs of the disabled person. The sedate walk taken by Fanny Bickersteth and her sister around the grounds of Watton Rectory in 1846 differed from the more rowdy games of the Gurneys, Hunts, Newtons, and Roydens.¹⁰¹ Anna Gurney insisted she be taken down to the beach at Cromer aged eight, about 1800, where she learned to swim alongside her able-bodied cousins.¹⁰² Alfred Newton, as good a shot as his younger brother, rode well, as well as engaging in birds’ nesting and recording migration of birds.¹⁰³ Lady Victoria Campbell used to ride strapped to a Spanish saddle on an island pony at Inverary with her siblings.¹⁰⁴

The Hunt children had so much freedom that their governess threatened to leave because they were allowed to ‘kill ourselves in ... many different ways’ on their family estate.¹⁰⁵ Agnes Hunt later praised her mother’s attitude to her disability, recalling that, ‘My brothers and sisters were never made to fetch and carry for me, or to consider me in their games. The consequence was that, without exception, they did what they could to enable me to join in their play and generally to enjoy life’.¹⁰⁶ Thus, one Christmas when they all played ice-hockey she was given a sledge and played goalkeeper, despite falling out endlessly.¹⁰⁷ Maude Royden played dangerous games with her siblings such as lying on railway lines to listen for the approaching train. She later thought she was not very aware of her disability as she was the youngest and weakest anyway.¹⁰⁸ While congruent with Humphries’ argument that middle class children were more protected than their working-class counterparts, in their gardens and large grounds,¹⁰⁹ these examples call in question Seth Koven’s argument that upper or middle class children were ‘hidden away’ by their families.¹¹⁰

RELATIONSHIPS WITHIN THE HOUSEHOLD

Research on ‘the Victorian family’ is most likely to note its patriarchal aspect. However, there were multiple forms of family, some female-headed, some single-parent (whether through death, adoption or abandonment), and many with live-in servants, or with relatives.¹¹¹ Thus, when Cuthbert Heath had the injury which exacerbated his deafness, he and his siblings were in the care of an aunt, as their parents were in India.¹¹² Many autobiographies describe warm relationships within the household. Although Steedman has argued that, from the employees’ perspective, a good place was one without children,¹¹³ some recalled their childhood attachment to their servants.¹¹⁴ The Darwins’ butler Parslow was a favourite of the baby Charles Waring.¹¹⁵ Indeed, servants might be kinder than relatives. Hare was devoted to their servant Mary Lea.¹¹⁶ Florence White recalled how the kindness of female servants contrasted with her stepmother’s harshness. She loved her daily governess, who was also a family friend.¹¹⁷ Elizabeth Knowles, who became Lady Victoria’s servant in 1866, was her lifelong and often only companion for thirty-nine years.¹¹⁸

Disability could either result in increased intimacy between parents and children, or be a cause of friction. Fanny’s sister recorded that, although Mrs Bickersteth’s deafness and Fanny’s quiet voice made communication between mother and daughter difficult, she developed a close relationship with her father.¹¹⁹ Frances Balfour’s mother cared a great deal when she was suffering pain, but was allegedly unaware of her ‘mental agony’ during her illness.¹²⁰ Given an appropriate environment, children with learning disability could flourish. Thus, Henrietta Darwin believed that ‘Emma’s sensitive and loving treatment of Bessy had brought out the best in a child who might otherwise have been difficult’.¹²¹

In several families, however, the discourse of the medical model of disability as a burden is apparent. Harriet Martineau (1802–76) argued that her family were first in denial about her deafness, insisting there was nothing wrong, then blaming her, and

only grudgingly agreeing to take action. Indeed, she later claimed that she had never seen a deaf child's education well managed, and that her own temper might have been made a good one 'by indulgence'. So much was learnt from 'oral intercourse' that they became awkward in their manners and suffered more from the ostracism that resulted than the disability itself.¹²² Parents and siblings might find the subject's disability harder to bear than the afflicted person. Herbert Morrison recalled that his father's anxiety that he might go blind in both eyes became a cause of friction.¹²³ Harry Platt felt his parents never came to terms with his disability.¹²⁴ Augustus Hare's aunt talked in his presence about how his ill-health made him a burden to his mother, again emphasising the 'medical model'.¹²⁵ Indeed, while he recalled being very happy with his adoptive mother, he attributed his most unhappy experiences to other relatives, notably 'Uncle Julius', who beat him.¹²⁶ However, relatives outside the nuclear family might provide additional care and support. Lady Victoria Campbell's unmarried aunt Emily MacNeill took a great interest in her and looked after her during her treatments.¹²⁷ Florence White liked being with her aunts in the country.¹²⁸

Family size and structure had a significant influence on children's relationships. Augustus Hare, adopted by relatives, and with no resident siblings, was unusual in being forced to play with children he hated, such as his cousin Marcus.¹²⁹ Large families provided regular social interaction for the disabled person but also allowed him or her to withdraw temporarily. Indeed, many of these families conformed to the 'social model' of adaptation to the needs of the disabled person. Thus, it was understood that Fanny Bickersteth could not participate with her more vigorous siblings.¹³⁰ The deaf Cuthbert Heath's sister Ada recalled that, although he was a little withdrawn, he was integrated into their activities.¹³¹ Frances Balfour, partially paralysed since the age of five, claimed that the youngest of ten did not get much attention but she and her sister were both carried about by or with the others when necessary.¹³² Her claim, 'I won through in a full nursery' reflected her poor opinion of the medical care available and attributed her partial recovery to the beneficial effect of a large family.¹³³

Davidoff's observation, that brothers as well as sisters might take on caring roles,¹³⁴ is also apposite. Fanny Bickersteth's brother was considered as good as a trained nurse, and his sister referred to 'the breezy joyousness of his manner'.¹³⁵ Florence White's brother Herbert coached her so she could receive a Sunday breakfast for saying her catechism correctly.¹³⁶ Brothers could, however, be harsh. Balfour was teased that she was 'lurching like a ship at sea' when she tried to walk after her recovery.¹³⁷ Cuthbert Heath felt his brothers thought him a 'poor fool' because unlike them, he had to go into the City, not the Navy, due to his poor hearing.¹³⁸ Conversely, Alfred Newton's biographer claimed that, as he was not able to join in the more boisterous activities of his elder brothers, he became closer to his younger brother Edward as a result of his disability. They both developed a passion for botany which formed the foundation for Newton's future career as a professor. Edward allegedly wished he too was lame, to make up for his brother's disability.¹³⁹ Others might be separated from their siblings for long periods, for education or treatment. Dudley Ryder attended a number of different

schools, to help with his speech defect.¹⁴⁰ Lady Victoria Campbell was often away from home for long periods, due to her treatment, though all the family went to Brighton in 1864 and Cannes in 1868.¹⁴¹ Other children might feel very isolated: indeed, Hare, Jermy and Martineau recalled wishing to commit suicide.¹⁴² Florence White ‘wished I might go to my mother in heaven’.¹⁴³ Indeed, Jermy said she liked hospital better than home as she was treated in a kindly way there.¹⁴⁴

EDUCATION

While middle class girls’ education in the nineteenth century has been considered as inferior to that of boys, high standards could be reached, whether at school or at home.¹⁴⁵ Indeed, opportunities for ‘familiar conversation’ and to use their fathers’ libraries might provide girls with a more satisfying intellectual experience than boys’ diet of enforced Latin grammar.¹⁴⁶ As many girls were educated at home, their disability might be less disruptive of their education than it was for boys. However, some mothers were committed to girls’ education and their careers.¹⁴⁷ It has been suggested that, as disabled girls were perceived as less marriageable, their education was even more important.¹⁴⁸

Many memoirs suggest my subjects were successful in continuing their education, despite or even because of disability. Indeed, the sisters of Fanny Bickersteth and Victoria Campbell commended their dedication to study and methodical approach to organising their time as an example to other invalids.¹⁴⁹ While Victoria’s sister Frances Balfour considered that, although their governess had an enthusiasm for knowledge, ‘a parish teacher might have been better at imparting it’,¹⁵⁰ a cultured atmosphere benefited her, as well as family friends: ‘Dr Story made me read Carlyle’.¹⁵¹ Davidoff noted how some sisters learnt Latin and Greek to share their brothers’ ‘arcane knowledge’, and Harriet Martineau and her sister were taught Latin by her brother.¹⁵² Sisters might also teach their brothers subjects such as Greek.¹⁵³ George Matheson’s younger sisters learnt Latin, Greek and Hebrew so they could help him study, as he was nearly blind, while his elder sister wrote down his sermons until he became a minister and had a secretary.¹⁵⁴ The blind poet Philip Marston could not read, but others wrote down his poems at his dictation, and his mother aided him to prepare them for press.¹⁵⁵ Such examples might seem to confirm established gender norms of females acting as amanuenses to males, who would then obtain the credit.¹⁵⁶ However, their acknowledgement in the subject’s biography did provide some public recognition.

Many middle class boys were taught at home, either, routinely, by governesses when very young, or as a result of illness. Home tuition might have mixed results. Cecil Tyndale-Biscoe recalled that his governess repeatedly boxed his ears for slowness, so he had to endure more punishment than other boys as well as damaged ears. Although this could be interpreted as abuse, retrospectively, he felt this was beneficial, in enabling him to understand other ‘dull scholars’.¹⁵⁷ Augustus Hare, who was removed from Harrow School for health reasons and had a private tutor for two and a half years, later wrote about his depression about the ‘utter waste of life’. Indeed, his friend Arthur Stanley was shocked by the restriction of educational opportunities available

to him.¹⁵⁸ However, he did go to Oxford University, while Harry Platt took medical degrees after home tutoring, mainly in classics and languages.¹⁵⁹ Florence White trained her memory during the six months she was bedridden with bandages over her eyes.¹⁶⁰ She was fortunate in having the same governess, Carrie Loveridge, a family friend, until she was well enough to go to school aged eight. When taken away, aged fourteen and a half, by her stepmother, she took exams from the College of Preceptors to three levels.¹⁶¹ For Constance Smedley, who had to leave school and lie on her back for some time, Birmingham Art School, where she was taught by May Morris, provided a new opportunity during her recovery.¹⁶² Many claimed they had developed solitary interests as the result of their disability, which might form the basis of their future careers: drawing,¹⁶³ music, reading, or writing.¹⁶⁴ Alexander Muirhead, the future electrical engineer, conducted solitary experiments.¹⁶⁵

Disability might constitute a reason for education away from home rather than maintenance inside it. Indeed, some disabled 'children' claimed they had a better education as a result. To help with his speech impediment, Dudley Ryder was sent away to numerous educational establishments: Mrs Braidwood's school, about 1803, a clergyman's home, and then John Thelwall's school.¹⁶⁶ Joseph Barker was sent to James Sigston's school in Leeds, aged sixteen, because his disability made him unable to work, and his parents' circumstances had improved.¹⁶⁷ Harriet Martineau claimed she was sent to a boarding school in Bristol, aged sixteen as her deafness caused so much tension at home.¹⁶⁸ Although Martineau's case was commensurate with the medical model of disability as a burden, in most families, sending a child away was conceived to be in the child's interests.

CONCLUSION

This chapter has analysed the ways models of disability were woven into the accounts of childhoods generated by disabled children in the nineteenth century. Some life-stories, notably those of Fanny Bickersteth and Lady Victoria Campbell, were constructed as exemplary by their sisters and are congruent with the 'School of Pain' theme. Agnes Hunt's autobiography, published in 1930, made more ironical references to this model. Another narrative, that of abuse, mirrors the medical model, since the disabled person was represented as a burden to relatives and family members. However, the same memoirs which link abuse to remarriage or adoption, indicate that these subjects had significant value for their own families. While Augustus Hare, from the professional middle classes, described himself and his mother as 'companions', the memoirs of Joseph Barker, Florence White and Louise Jermy, from the lower middle and upper working classes, indicate that they made a significant economic contribution. Indeed, while Barker and Jermy attributed their disabilities to the hard work they had to do, their labour would seem to have been essential to their family's survival.

Disabled children might be treated as exemplars, and given privileged access to adult living space, while their own bedrooms could be described in ways congruent with the 'School of Pain'. Furthermore, disabled children might be integrated into home life in

ways that resembled the ‘social model’ rather than regarded as burdens. Outdoor space would seem to have had a levelling tendency, allowing children with disabilities to play with others. Clearly upper and upper middle class families such as the Balfours, the Hunts, Newtons, and Gurneys had more resources than the poor to facilitate this, but such adaptations challenge the notion of the rich as wishing to conceal their disabled offspring. Since there is little evidence in these sources of home settings being rigidly differentiated on gender lines, it would be problematic to claim that disability made a great difference to boys’ status.

This chapter calls in question the notion that in the nineteenth century, the medical model of disability as a burden or individual tragedy dominated. While some children recalled being abused and being told they were burdens, this was often linked to family circumstances, notably remarriage. The social model of adaptation, assisted particularly by access to the outdoors, was often assisted by large families. Indeed, a frequent theme in life-stories was the beneficial effect of disability. Many subjects retrospectively claimed with the benefit of hindsight that disability provided new educational opportunities, or took them in new directions. While some had little choice about the change of course (Matheson might have gone in for the law, Heath was intended for the Navy),¹⁶⁹ it is plausible that many of their pioneering activities in women’s opportunities as well as the professions, the arts and social service, resulted from experiences of solitude, difference and adaptation.

NOTES

- 1 Previous versions of this paper were presented at the SSCIP annual conference at the University of Miami in 2009, to the ‘Children at Home’ conference at the Jeffrye Museum, London, in March 2011, and to the British Society for the History of Paediatrics and Child Health in Liverpool, September 2010. I am grateful to the organisers and participants for their comments and questions, and to Margarita Sanchez Romero for her patience
- 2 Hamlett 2010, 111–143; Sloane 2008, 42–60. See also recent conferences on this topic: SSCIP in Granada, October 2012, and the Society for the History of Childhood and Youth Biennial Conference, Children and Space, University of Nottingham, June 2013
- 3 Starkey 2012, 15–28; Ross 1993, 180–181; Dale 2012, 120–1
- 4 Hollis 1987, 129
- 5 Borsay and Dale 2012, 1
- 6 Davidoff and Hall 2002, 74–5, 114–118, 319–20, 364–9, 450–4; Vickery 1993, 388–9; Vickery 1998, 1–12, 285–294; Tosh 1999, 11–26, 43–78, 79–101
- 7 Hamlett 2010, 111–143
- 8 Gillis 2008, 316–320
- 9 Davidoff 2012, 87–8
- 10 Oliver 2009, 41–57
- 11 Borsay and Dale 2012, 3
- 12 Keith 2001, 84–94
- 13 Fletcher 2008, 3–11, 351–68; Davidoff 2012, 121–124
- 14 Nelson 1994, 5, 23
- 15 Keith 2001, 1–14 and *passim*
- 16 Lerner 1997, 92–3
- 17 Nelson 1994, 25

- 18 Hutchison 2007, 168
- 19 Koven 1994, 1177
- 20 Humphries and Gordon 1992, 36
- 21 Hutchison 2007, 105
- 22 Borsay and Dale 2012, 6
- 23 Humphries and Gordon 1992: Atkinson, Jackson and Walmsley 1997: Atkinson and Williams 1990: Potts and Fido 1991: Atkinson *et al.* 2000: Wade and Moore 1993
- 24 Hutchison 2007, 129
- 25 Hendrick 2002, 51–6: Viner and Golden 2000, 577–579: Newton 2012, 16–27
- 26 Hamlett 2010, 16–17: Hamlett 2009, 113–114: Dekker 2000, 12–20
- 27 Tolley 1997, 146–161
- 28 Martineau 1877, 6: Hunt, 1949, preface by Miss Tizie Kenyon
- 29 Martin 2014, 36
- 30 Bickersteth, 1860, 1892, 9–10
- 31 Bourdillon 1907, 13–15
- 32 Hunt 1949, 7
- 33 Barker 1880, 28–36
- 34 White 1938, 56
- 35 Barker 1880, 28
- 36 Sanders 2001, 3: Davidoff 2012, 102–107
- 37 Steedman 2009, 36–41: Hamlett 2010, 51–9
- 38 Davin 1996, 31
- 39 Balfour 1930, 12, 21
- 40 Hare 1896, I, 69
- 41 White 1938, 32, 38–9, 50
- 42 Hare 1896, I, 60
- 43 Balfour 1911, 8, 33,
- 44 White 1938, 48,
- 45 Altenbaugh 2004, 140: Verstraete 2012, 41–44
- 46 Hardy 1993, 9, 28–9, 56, 80–81, 151, 191, 210: Smith 1979, 142, 154, 171
- 47 Borsay, 2007, 94–8: Smith 1979, 175
- 48 Macmillan 1907, 9: Osborne 1926, 3: Morrison, 1960, 12: White 1938, 34–5
- 49 Brown 1980, 32: Martineau 1877, 72–78
- 50 Ryder 1891, 3–4
- 51 Louise Jermy, Harry Platt, Randall Davidson, Alfred Newton, Augustus Hare, Victoria Campbell, Frances Balfour, Maude Royden
- 52 Balfour 1930, 9
- 53 Bickersteth 1860, 3, 192–5
- 54 Healey 2001, 233–8
- 55 Tyndale-Biscoe 1951, 22
- 56 Davidoff and Hall 2002, 74–5, 114–118, 319–20, 364–9, 450–4: Tosh 1999, 11–26, 32, 43–78, 79–101
- 57 Steedman 2009, 228–238
- 58 Ryder 1891, 3
- 59 Morrison 1960, 12
- 60 Bickersteth 1860, 1–4, 78–80, 193–5
- 61 Osborne 1926, 3
- 62 Brown 1980, 32
- 63 White 1938, 34–5
- 64 Wollaston 1924, 4

- 65 Hunt 1949, 5
- 66 Balfour 1930, 9
- 67 Hare 1896, I, 240–241
- 68 Hare 1896, 240–41
- 69 Barker 1880, 36–7
- 70 Jermy 1934, 19, 22, 29–30
- 71 White 1938, 42, 44–5, 92
- 72 Jermy 1934, 85; White 1938, 63–71
- 73 Levene et al 2012, 15–17, 30; Levene 2013, 327–8; Viner and Golden 2000, 577–79
- 74 Smith 1965, 14; Smedley 1929, 15
- 75 Bell 1935, I, 18–19
- 76 Keith 2001, 84–94
- 77 Bickersteth 1860, 34, 79–81
- 78 Balfour 1911, 10
- 79 Balfour 1911, 33
- 80 Balfour 1930, 10
- 81 Bickersteth 1860, 20
- 82 Hunt 1949, 201–4
- 83 White 1938, 45
- 84 Davidoff 2012, 87–8
- 85 Hamlett 2010, 111–143
- 86 Hamlett 2009, 120
- 87 Bickersteth 1860, 2
- 88 Balfour 1930, 11–12
- 89 White 1938, 50
- 90 Lane 2001, 3
- 91 Balfour 1930, 139
- 92 Hare 1896, I, 101
- 93 Macmillan 1907, 20
- 94 Healey 2001, 197
- 95 Balfour 1930, 58, 61
- 96 Gillis 1996, 121
- 97 White 1938, 25
- 98 White 1938, 45
- 99 White 1938, 45
- 100 Morrison 1960, 37
- 101 Bickersteth 1860, 1
- 102 Lane 2001, 3
- 103 Wollaston 1921, 5–6
- 104 Balfour 1911, 10
- 105 Hunt 1949, 4–5
- 106 Hunt 1949, 4–5
- 107 Hunt 1949, 7–8
- 108 Fletcher 1989, 8
- 109 Humphries and Gordon 1992, 39–40
- 110 Koven 1994, 1177, citing Loane 1907
- 111 Davidoff 2012, 78–107
- 112 Brown 1980, 32. For other examples, see Buettner 2004, 118–20
- 113 Steedman 2009, 228–238
- 114 Hamlett 2010, 118–9

- 115 Healey 2001, 239
116 Hare 1896, I, 60
117 White 1938, 41
118 Balfour 1911, 79–82, 89
119 Bickersteth 1860, 4, 52
120 Balfour 1938, 9–10
121 Healey 2001, 285; Burkhardt and Smith 1991, 142, n. 2
122 Martineau 1877, 73–74
123 Morrison 1960, 27
124 Smith 1986, 864
125 Hare 1896, I, 256
126 Hare 1896, I, 60
127 Balfour 1911, 49
128 White 1938, 75–77
129 Hare 1896, I, 86–88
130 Bickersteth 1860, 3
131 Brown 1980, 32
132 Balfour 1911, 10
133 Balfour 1930, 10
134 Davidoff 2012, 125
135 Bickersteth 1860, 64
136 White 1938, 43
137 Balfour 1930, 10
138 Brown 1980, 62
139 Wollaston 1921, 5
140 Ryder 1891, 3–11
141 Balfour 1911, 58–9, 88–9
142 Hare 1896, I, 256; Martineau 1877, 45; Jermy 1934, 30
143 White, 1938, 19
144 Jermy 1934, 47
145 Petersen 1989, 68, 72, 160–191; Bellaigue 2007, 10–23, 49–52
146 Cohen 2009, 99–116
147 Hunt 1930, 81–2; Balfour 1930, 149
148 Fletcher 1989, 8
149 Bickersteth 1860, 3, 79–81; Bickersteth 1892, 3, 79; Balfour 1911, 9
150 Balfour 1911, 35
151 Balfour 1930, 117
152 Martineau 1877, 53–4
153 Davidoff 2012, 125; Taylor 1969, 75
154 Macmillan 1907, 20–21
155 Osborne 1926, 3–4
156 Gleadle 2009, 109–122, 226
157 Tyndale-Biscoe 1951, 22
158 Hare 1896, I, 261–4, 287
159 Smith 1986, 864
160 White 1938, 161
161 White 1938, 40–2
162 Smedley 1929, 15
163 Hare 1896, I, 82, 288
164 Morrison 1960, 19–21, 27

- 165 Birse 2011
 166 Ryder 1891, 4
 167 Barker 1880, 79, 102
 168 Martineau 1877, 83, 91, 93–6
 169 Macmillan 1907, 12; Brown 1980, 40, 60

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