

Representing the Lives of Disabled People in History

**A research project for Colchester Museums
by**

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Illustrations of John Vine inserted between pp 59 and 60

Disclaimer

The language of disability creates difficulties for historians, curators and archivists. Should the feelings of disabled people and the laws around equality of opportunity and access override academic and scholarly training? Should we qualify archaic and politically incorrect terms with quotation marks? Or should we refuse to use any unacceptable words?

On the one hand there are the opinions of people with disabilities for whom language is often seen as irrelevant in comparison to their other difficulties. If they refer to themselves, among friends and family, as ‘cripps’ or ‘weirdos’ how (they ask) can they insist on politically correct language from others? For them, language labels seem a distraction at best and a nonsense at worst.

But language is a major conduit for prejudice, stereotyping and stigmatisation. The word ‘cripple’ carries with it centuries of pity and compassion, neglect, charity and condescension, whereas words like cerebral palsy or amputee do not. A ‘cripple’ would not be running a major financial institution or a national newspaper in 2005, whereas someone who had had lost a leg in an accident and wore a discrete artificial leg might be.

So when historians, curators and archivists choose to use archaic words for disability their decision is as much to do with distancing the past from the present as it is to do with scholarly training. Quotation marks around the offending words help to maintain this distance and remove the imperative to consider whether such distance has truly been achieved or not. Since most disability activists and charity workers would doubt whether a fair and stigma-free world has yet been achieved for disabled people, we should be careful in our use of quotation marks around embarrassing words.

Accordingly, quotation marks are used sparingly in the following report. I use the archaic terms to show how disability was described in the past and I use politically correct language when writing of disability in the present. I trust that readers with or without disabilities will respect the reasons for this decision. In my view, people with disabilities will not achieve social parity until people *without* disabilities enlarge their imaginations and develop their powers of empathy and their understanding of justice. Museums and galleries have a significant part to play in achieving this end and the language that they choose to use to convey thought-provoking ideas will be crucial.

Representing the Lives of Disabled People in History

1. Introduction

“That the design of the charity be, not merely to take the idiot and imbecile under its care but especially...to prepare him... for the duties and enjoyment of life”¹

Colchester Museums is renowned for its archaeological collection and, in particular, its expertise in Roman history and artefacts. The castle is built on the site of the Roman temple of Claudius. The Emperor Claudius - one of Colchester’s best-known historical figures – was himself a disabled man. Suetonius described Claudius as a man who was at his best when seated and unemotional. This was because “he stumbled as he walked owing to the weakness of his knees” and because he had “an uncontrolled laugh, a horrible habit, under the stress of anger, of slobbering at the mouth and running at the nose, a stammer, and a persistent nervous tic – which grew so bad under emotional stress that his head would toss from side to side.”² Barbara Levick says that “the first known public acknowledgement that something was wrong came when Claudius took the *toga virilis*, the garb of manhood, probably at the age of fourteen, in 5-6. Normally a ceremonious occasion for rejoicing in which the youth was conducted into the crowded Forum by his father, in Claudius’ case it was furtive nocturnal event”. Levick also records that Claudius’ mother referred to him as ‘a monstrosity of a human being, one that Nature began and never finished’.³ Levick is of the opinion that Claudius suffered from cerebral palsy. Nevertheless, thanks to his gender, his family and his dogged persistence, Claudius overcame the doubters to achieve the highest political office.

In this ancient story many of the modern problems of disability are revealed – a multiplicity of awkward symptoms that do not necessarily add up to a coherent diagnosis and that militate against dignity in public and acceptance in private, a family that showed Claudius both rejecting and supportive, even parasitic, attitudes that changed through time, and the determination of Claudius himself to achieve his ambition despite his disability. At any period, for every Claudius, fuelled by determination and luck, there are dozens of disabled people whose lives are equally difficult, stigmatised and lonely and whose chances of ‘rising above’ their difficulties are reduced by poverty, bad luck and poor support. For them and their families, Claudius’ epic struggle to conquer his disability will sound all manner of chords.

Colchester Museums is beginning a significant attempt to uncover the hidden history of disabled people in Colchester and this project, funded by EEMLAC, is the first stage in this process. It has begun by setting up a pilot project of sixteen weeks’ duration whose research objectives are as follows.

1. To improve cataloguing and documentation of the history of disabled people in the museum collections in consultation with the Collections Manager and Documentation Officer, working from a sample of objects and records relating

¹ This aim is included in the constitution of the Eastern Counties Asylum for Idiots and Imbeciles. See its 32nd Annual Report and subscriber lists 1863-1866 which can be found at Colchester Library.

² Suetonius, *The Twelve Caesars* Trans, by Robert Graves (Penguin Books, 1962) p200.

³ Barbara Levick, *Claudius* (Batsford 1990) p 13-14.

- to disabled people in the museum collections together with a general overview of the database
2. Produce a documentation template with guidelines and recommendations in order to improve cataloguing and documentation of disabled people and their history in the museum collection which museum staff can continue to improve and update
 3. Locate and assess local sources with reference to uncovering the history of disabled people in Colchester and district
 4. Identify other important sources from further afield that may have specific relevance to the history of disabled people in Colchester
 5. Produce a report summarising the sources available for uncovering disabled people's history in Colchester and district from which museum staff can undertake further detailed research
 6. Produce a short case study illustrating how a disabled person's history can be reclaimed from the past

The following report is arranged in sections; the next section considers some general disability and disability-in-history issues, the third section considers why the museum's database is currently inadequate to make best use of its disability-related accessions, followed by a section working through how best to remedy the situation. The second half of the report uses primary and secondary sources to reveal how the welfare system operated in history (with special reference to Colchester) and the implications of this for disabled people and their families, and some out-of-county resources that curators might consider using when thinking about disability-related exhibitions and projects. Finally a case study is presented and developed to show how a historical disability story can be contextualised to suggest relevance for modern audiences.

A few weeks before the project ended, the museum invited delegates from Tyne and Wear Museums Service, Norfolk Museums Service, the National Archives, Kew, the Fitzwilliam Museum, the University of Leicester's Research Centre for Museums and Galleries, Luton Museum Services, representatives from Colchester Museums' Disability Access group (PORTAL) and representatives from the East of England Museums Libraries and Archives Council (EEMLAC) to a seminar at Colchester castle. Exchange of ideas, discussion and feedback was a significant part of the day and the results have been incorporated in this report wherever possible. I would like to take this opportunity to thank the delegates for their enthusiastic and thoughtful responses to the issues raised. Throughout the project I have received the most generous and helpful support from the curators, officers and assistants at the museum, all of whom have risen to the various challenges I have embodied with enthusiasm. I thank them all and look forward to hearing how they take the project forward.

2. Some disability issues that will inform museum accessioning and improve cataloguing and documentation of disabled people and their history in the museum collection

“How we view people who are different has less to do with what they are physiologically than with who we are culturally.”⁴

Before we can move to the details of how the museum might address disability in history through its database, classification terminology and data entering routines, we need to consider some fundamental questions about disability which will inform our choice of remedy. In considering how the task should be approached we have to consider three major areas. Firstly we should contemplate the cultural context of disability. Why do most cultures marginalise the disabled so that their history is hidden and lost to view? Why do a culture’s problems with ‘otherness’ reduce the disabled to this unenviable position? Secondly, we need to consider how disability should be defined for our purposes. Should we use old or new definitions? How much notice should be taken of political correctness in language? Thirdly we need to consider the language of disability, in particular how it can be harnessed by curators of different materials, the Collections Officer and the Documentation Officer so that this particular hidden history is more visible in the collection. Once we have understood these significant areas we will be better able to address the task of changing the database template.

Problems to do with the cultural context of disability

Attitudes to disability often betray a culture’s need to define its boundaries. Many sociologists define deviancy as any extreme conduct that elicits explicit sanctions from the people of a group, who consider it to threaten them or to produce ambiguity regarding the limits of conduct”.⁵ Terms such as ‘disability’, ‘madness’ and ‘mental illness’ have been defined, used and understood in different ways and it would be a mistake to assume that such usage was less complex in the distant past. The need to define what is ‘normal’ for a culture leads inevitably to definitions of the ‘abnormal’. The disabled are not inevitably excluded since different cultures interpret different phenomena as abnormal, different or dangerous.⁶ For instance, Icelandic myth links disability with powerfulness while Greek myth links madness with the control of destructive forces. In Europe, we are familiar with the idea of the king’s ‘fool’ – a figure peripheral to the court’s significant political discussion and yet allowed (because of his foolish image) to say the unsayable. In all societies some set(s) of individuals are excluded to help the main body define itself. Most cultures do seem to marginalize the economically unproductive disabled.

Why do many cultures select the disabled as being ‘other’? The usual sociological and psychological explanation is that we project our fear of mental and physical disintegration on to others in order to localise it. Developing this idea, Shakespeare

⁴ Robert Bogdan *Freak Show; Presenting Human Oddities for Amusement and Profit* (Chicago, 1988) p 10.

⁵ John K Papadopoulos ‘Skeletons in Wells: towards an archaeology of social exclusion in the ancient Greek world’ in *Madness, Disability and Social Exclusion; the archaeology and anthropology of ‘difference’* ed. by Jane Hubert (Routledge, 2000) p 103 quoting (Shay 1985:222).

⁶ A well-known example from the annals of anthropology would be beliefs about twins – some cultures in the past did not allow both babies to live.

suggests “the peculiar and particular fascination – the fear and loathing – that disability has for human beings is because impairment represents the physicality and animality of human existence”.⁷ Such fears are associated with anger. Once we have ‘located’ a fear in this way, the fear of our own dissolution (and the associated anger) is removed and becomes bearable.⁸ But this is not the whole story. Physical difference may evoke compassion, pity or embarrassment and such emotions are also difficult to deal with, often eliciting negative, inappropriate, condescending attitudes that tend to deny the disabled person individuality, human rights or equality. When disabled people are segregated into institutions, societal negativity towards them tends to increase. Institutions themselves often collude at hiding and segregating their patients.⁹ Physically disabled people may be better able to lobby against this prejudice than, for instance, people with severe intellectual or communication impairments who may literally have no voice.

So, if the disabled are marginalized, what does this do to their families? Knowing their disabled person as a (loveable) individual, some try to fight the perceived apathy, resistance or outright negativity that they encounter outside the home on a daily basis. This will to fight may itself conceal a range of uncomfortable and undeclared emotions that, in some mysterious way, provide the motive to continue the unrewarded and unending task of caring from a position on the cultural boundary. But other carers reject this boundary position. Steve Humphries and Pamela Gordon, writing about disabled children in the first half of the twentieth century, use oral history to make the point that it was difficult for some adults to accept the disabled child’s presence, let alone his need for reassurance and assistance. The sense of failure and disappointment at having produced a disabled child, in some parents, developed into disgust. Many parents preferred to think their children were slow learners rather than admit they had a physical disability. The child picked up the stigmatising attitude. “After I’d had my polio my parents didn’t let me out...it was as if they were ashamed of me and even as a child that made me feel awful”.¹⁰

But carers’ problems do not stop there. Disability can be expensive (special equipment, diet, bought in help) and often involves the parent in physical toil that affects *their* health and makes them fear for the future. They may develop a distrust of the authorities, either because the service offered is suddenly withdrawn or perceived as useless, or because they suspect there is a hidden agenda. Eighty years ago, working class parents of disabled children might have feared the authorities wanted forcibly or stealthily to remove their child into a local institution. Nowadays the suspicion might centre on a doctor’s reluctance to diagnose a condition (because expensive services would then be required) or on the political decision to close a special school. Thus the unsought plight of the carer is complex indeed. Some identify with their child’s problems and take on the world, sometimes to the extent of

⁷ T. Shakespeare, ‘Cultural Representation of Disabled People: dustbins for disavowal?’ *Disability & Society* vol 9, No 3 (1994) 283-299, p 296.

⁸ This psychological ‘truth’ is reflected in the methods used by hospices to help terminally ill patients deal with their anger.

⁹ Examples of this from Severalls Hospital, Colchester, can be found in Gittins (1998) - see book list p48 below for full reference. Writing of twentieth century institutions for disabled children “most had harsh reputations and the institutional authorities were widely seen in working class communities as a law unto themselves”. Steve Humphries and Pamela Gordon, *Out of Sight; the experience of disability 1900-1950* (Northcote House, 1992) p 15.

¹⁰ Humphries and Gordon, *Out of Sight* p 26.

alienating professional authority. Others are more or less unable to accept their child's difficulty and make the child's life more difficult through denial and apparent lack of compassion. Sitting in judgement on such complex reactions is all too easy; judgemental attitudes rain down sometimes from the child, sometimes from siblings or spouse who feel excluded or ostracised by society, sometimes by neighbours and teachers and sometimes by the medical profession. Even parental support groups are not immune from such judgemental attitudes.

So when we try to understand why disability causes non-disabled people problems, however hard we rationalise, we have to confront the fact that authoritarian and stigmatising attitudes make disabled people's difficult lives even more difficult. Disabled children are quick to internalise parental feelings of shame, anxiety and fear. "My grandma used to say that I'd been cursed and that I was being punished by God for what I'd done in a past life...I couldn't speak about my feelings because weakness wasn't tolerated...I used to have this great fear that they would get rid of me or put me down because I was disabled".¹¹ Ignorance about the cause of their disability in the Humphreys and Gordon study was associated in these children with strong feelings of guilt, frustration and fear of rejection. Such loss of self-esteem as a child is a real hardship – a second disability - a barrier to achieving adult goals and a threat to good mental health. When disabled people succeed in living successful lives and becoming paid-up citizens it is usually because *they* manage to 'rise above' their problems. In other words, they find a way to meet non-disabled people in such a way that their disability is not perceived to be significant. One of the Colchester Recalled oral history tapes tells the story of a married woman who went blind aged thirty.¹² Her mother came to help her when she left hospital but Joan was determined to learn to cope, even with cooking for her husband. When she later fell pregnant and consulted the doctor, he told her not to worry, adding an accolade recalled years later - "you will make a good mother". No doubt this quote was remembered because Joan met people who doubted her ability to cope on a daily basis. To be given permission by a professional man to live a normal life must have been a special experience. However, not all disabled people manage the trick of rising above their problems. Presumably not all of them would be inspired by a story like Joan's.

Problems to do with defining disability then and now

How was disability defined in history?

First of all we need to consider social status. Although, as we have seen, cultures tend to marginalise disabled people, social status was a significant factor. In the past, attitudes to disability were dictated by the non-disabled. Disability carried financial costs, both because disabled people had difficulty supporting themselves by working and because they needed medical attention and social care. The person picking up this financial tab was therefore in a position to make decisions about how and where a disabled person should live. In wealthier families the disabled person might retain control, buying in body servants and medical attention, negotiating his own 'care package', setting off on expensive journeys to find a cure or a change of air.¹³ If he

¹¹ Humphreys and Gordon, *Out of Sight* p 11.

¹² Colchester Recalled tape no 2269.

¹³ Chronic illnesses such as gout and kidney stones were not the preserve of the rich but only the wealthy could afford the treatments then available for such conditions.

was incapable of looking after himself, his family would decide what they felt was appropriate and pay for whatever level of care they decided upon. Gentry disabled do not seem to have suffered from social stigma provided their behaviour was not utterly embarrassing or dangerous.¹⁴ Gentry could also choose to enhance their social and local status by providing charitable trust funds and almshouses. The lucky recipients of this charity were chosen by trustees and lived by strict rules.

For impoverished families, the welfare officer was, in the eighteenth and nineteenth centuries, the parish overseer – a moderately affluent neighbour chosen by the parish vestry to oversee the poor. Whether or not the village overseer felt the pangs of fear and ambiguity that, as we have seen, the disabled are supposed to engender in many (but not all) cultures, he certainly would have felt the pressure of the ratepayers who did not want to spend more than they must on supporting the disabled and chronic sick in the parish. The moral dissonance that arose between economic calculations and human compassion was, and remains, a problematic area. For wealthier families, it might be particularly problematic where the disabled person was suffering delusions or obsessive-compulsive disorders that threatened the family's social standing. For poorer families it was altogether problematic. The overseer was spending ratepayers' money. He had to make some fine distinctions between the deserving and the non-deserving, between the dangerous and the merely difficult cases. So the poor disabled, *because* they lived on some kind of charity, either ratepayers' or benevolent, tended to be marginalized because they were needy. Poverty, just as much as abnormal behaviour or appearance, caused stigmatisation. Thus the poor (including the poor disabled and chronic sick) were put to survival stratagems in a system that was repressive and potentially mean-spirited.

How do the historian's primary sources help us to define disability in history? Given what I've just said about social stigma, we have to read between the lines. We are very unlikely to find overseers wasting ratepayers' account book paper by writing essays on the reasons they made critical decisions. So, as with most 'hidden histories' we have to search creatively for the evidence. For instance, ten of the twelve Colchester parishes had a small workhouse in the eighteenth and early nineteenth centuries. Some had been converted from an existing almshouse – a building given in charity to house the poor and now taken over in an attempt to reduce the expenditure of the ratepayers and to humiliate the impoverished, some of whom were disabled or suffering chronic illness. The workhouse and house of correction were each used as deterrents for the impoverished and the immoral and as last resorts for the disabled poor. There is some evidence in the local records of overseers being taken to the magistrate for refusing to support the disabled but it was not a strategy that the disabled poor could rely on.¹⁵ There is compelling evidence of the ability of the poor to assist their disabled neighbours, trading favours for favours. The sources also show that some conditions associated with disability have disappeared in the UK or become irrelevant, such as leprosy or malnutrition associated with dearth and starvation, or general paralysis of the insane (tertiary syphilis). And attitudes to tramps and beggars have also changed through time, some periods coming close to defining their social

¹⁴ There are many examples of this in eighteenth and nineteenth century novels. Essex had at least three 'madhouses' in the eighteenth century where affluent families could deposit mentally ill relatives and which the magistrates ensured were inspected at routine intervals. Thomas Tomkin's establishment in Witham evidently had two beds for the parish poor. See Appendix One and ERO Q/SBb 501/19.

¹⁵ For an example of this see p 26 footnote 47.

marginalisation as mental illness or incapacity, other periods punishing them for anti-social behaviour, idleness or deviancy.

Thus the historian encounters disability in the primary historical sources for the following reasons –

- Because disability cost money and generated laws, accounting systems and arguments at petty sessions or pension boards
- Because it was linked to charity which generated trustee records
- Because it could be a label to identify someone¹⁶
- Because it went with a special ability or inspired admiration or affection
- Because it left observable evidence behind (diseased bones, images etc.)
- Because the family of a disabled person sought help or circulated information about their problems

In addition, but perhaps less easy to identify, disability enters the historical record –

- Because it upset society and a response was called for
- Because it challenged belief systems
- Because it made society fearful

Primary sources suggest that ‘disability’ was not a separate concept in history. It was subsumed within a larger category of people who had difficulty supporting themselves or whose public life and work was threatened by relapses of chronic disability. While the wealthy disabled were able to secure attention and comforts that were denied the poor, impoverished individuals who could not earn enough to support themselves or their dependants *for whatever reason* had recourse to their parish overseer who was answerable to the magistrate and the parish ratepayers or, after the New Poor Law of 1834, to the local Board of Guardians. The parish overseer thus assisted people who were disabled through poverty as well as through chronic illness, old age, accident, mental illness or congenital disabilities. They do not seem to have tried to separate them in any meaningful way, merely listing those in receipt of weekly assistance and noting in their accounts references to ‘lameness’, ‘lunacy’ or ‘old age’.

Modern definitions of disability

When the last census came round Colchester in 2001, 20% of households reported that they had at least one disabled member resident. This understanding of disability was the perception of the head of the household and may or may not be covered by legal definitions of disability. The Disability Discrimination Act (1995) says you are disabled if you have a mental or physical impairment which has an adverse effect on your ability to carry out normal day-to-day activities and the adverse effect is substantial and long term (more than twelve months). By ‘normal day-to-day activities’ it is meant that at least one of the following must be badly affected – mobility, manual dexterity, physical co-ordination, continence, ability to lift, carry or move everyday objects, speech, hearing or eye sight, memory or ability to

¹⁶ Colchester Recalled and other sources within the museum draw attention to several local tramps who had pejorative names such as Silly Annas and Marmalade Emma.

concentrate, learn or understand and understanding the risk of physical danger. I find this definition of disability quite bizarre. It uses anodyne words such as ‘impairment’¹⁷ and ‘day-to-day activities’ and it fails to list the most crushing obstacles that people with disabilities face. It would seem to reduce *mental illness* to an inability to concentrate or to understand the risk of physical danger, with no mention of the stigma and other major problems associated with so-called deviant behaviour. There is no hint in this modern definition of disability of the hidden nature of many disabled people’s lives, a concealment which has to do with stigma, poverty, low status and the general lack of interest or understanding in the 80% of the population who do not live with disability (their own or someone else’s) during their “normal day-to-day activities”. In other words, we all need to use this modern definition with some caution.

The modern definition shows evidence of the efforts made since the 1970s by those seeking to improve the lives of disabled people. The disability movement arose because the segregation, discrimination and exclusion of disabled people from community life was perceived. The movement sought to challenge the way in which people were treated and labelled by the medical profession in particular and society in general. The **medical model of disability** defines disabled people as ‘other’ because they cannot achieve the norms that non-disabled people achieve. The disabled person is defined as medically incurable, the problems that ensue are his to deal with and he is viewed as an object of charity rather than a person of value, worth and individuality. The **social model of disability**, by contrast, does not focus on the physical or medical impairment but on the social oppression that results from it. Physical limitations of disability are just one of the problems; society’s failure to accept disabled people into the mainstream is fundamental. Once the social model of disability is accepted, it naturally follows that equality of access and challenges to other forms of discrimination, such as offensive language and patronising or stigmatising attitudes will follow.

So defining disability in history is quite complex. We have to consider whether and when the medical model reigned supreme and, in doing so, we have to review the significance of social class, gender, age, family context, overseer attitude, magistrate attitude, the disabled person’s attitude and the attitude of his or her carers. The primary sources and artefacts associated with this list are often hard to find. We will find that the medical model of disability has a short history, linked with the rise of the medical profession in the nineteenth century or even with the aftermath of the Great War. In searching for the model that preceded the medical model it will be important to look for evidence from below as well as from above.¹⁸

¹⁷ The understanding is that people have impairments rather than disabilities; ‘impairment’ refers to bodily (mal)function and ‘disability’ to the disadvantage or restriction of activity caused by a society which excludes impaired people. By this means, disability is located within society rather than within an impaired person.

¹⁸ ‘History from below’ is a term coined by E. P. Thompson and colleagues to describe an approach to social history which seeks the ‘hidden’ histories of working men and women to explain the consistency and purpose underlying their actions - which are often diametrically opposed to assumptions made about them by their social superiors. Thus, using documentation generated by gentlemen, a food riot might be explained as poor people driven to violence by hunger. When documents generated by the poor are used, the explanation shows poor people deciding to defend their perceived customary rights which have been denied through particular actions of the rich.

Problems to do with the language of disability

There are (at least) three problematic areas to do with language and disability. The first is to do with the cultural and historical context in which language is used. The eighteenth and nineteenth centuries were unembarrassed by words like idiot, lunatic, imbecile, cripple and dwarf. They were descriptive words communicating information on behaviour and appearance. They must also have signalled attitudes, but these are more difficult to tease out of the primary sources. Our culture has become more circumspect. Most of us (including disabled people) freely use words like 'mad', 'spastic', and 'ga-ga' and patronise shops with names like 'Mad House'; the connection with disability is peripheral. But when we want to talk *about* disability some (but not all) sections of society, and anyone uttering in a public arena, has learnt to be circumspect, to choose words with care so as not to offend or risk a media outcry. Since the 1970s we have generally begun to accept that conferring dignity begins with language, and the hope is that attitudes become benign in the process. Unfortunately, neither the disabled community nor the older generation necessarily accept this change and 'political correctness' may in fact *deflect* a proper consideration of the significance of language in creating stigma. Thus museum curators have to think creatively about this problem if they are to stimulate their disabled, carer and non-disabled visitors.

Secondly, classification systems have moved on. As the curator of the Royal Bethlem Hospital pointed out to me recently, when the hospital was (re)built in the seventeenth century, its inmates' health problems were summarised by two impressive statues in the hospital lobby, one depicting Mania and the other Melancholia. Now, of course, the psychiatric profession has an enormous classification system to identify different manifestations of mental illness. The same would be true of what we now call learning disability. But to what extent should curators 'translate' the historical impoverishment of understanding for a modern audience? When explaining an eighteenth-century attitude in terms of contemporary ignorance of mental illness, for instance, are they at risk of 'sanitising' the past for modern audiences? Alternatively, if they display the barbaric and inhumane ways in which some disabled people were treated in the past do they risk transmitting the message that disabled people have nothing to complain about their treatment in Colchester in 2005?

Thirdly, language and communication problems are themselves significant aspects of disability, often misunderstood. People with communication disabilities are not instantly recognisable; theirs is a 'hidden' disability. Good communication abilities are highly valued in our culture; people who lack these skills are routinely lampooned on stage and screen. Communication mistakes and problems always raise a laugh and might be seen to be a way of drawing non-disabled people in to the debate. Some disabled people with communication problems also find humour in their predicament. But it will be no easy task for a curator to tackle communication problems seriously so that visitors who suffer from disabling speech impediments, hearing loss or degrees of visual impairment, dyslexia, autism or Asperger's Syndrome, or mental illness can feel that some of the truths about living with a communication problem have been addressed.¹⁹

¹⁹ There is a more extended discussion of such curatorial dilemmas in 'Buried in the Footnotes' pp15-21. It is arranged under the following headings – will people stare at this; should a museum 'out'

Summary

This section aimed to discuss some of the more important issues that museum staff need to understand if they are to recognise significant disability artefacts and documents, including oral history accounts. In adapting and editing the museum database to improve cataloguing and documentation of disabled people and their history, there are several significant issues around the cultural context of attitudes to disability, including definitions and language concerning disability. In planning a disability-related exhibition or project not one but three groups of visitor have to be considered in relation to disability – the non-disabled, the disabled and the carers. For reasons explained, these groups are distinct (and complex) in their response to disability and in the effect that disability may have on their lives. It is possible that an exhibition aimed at just one of these three groups may antagonise or fail to attract the other two groups.

The current exhibitions in Colchester Castle Museum and Hollytrees Museum already contain disability artefacts. Considered objectively, these are both fairly random objects selected to support a general theme and items deliberately constructed to illustrate a disability theme. Meanwhile, the museum stores contain items that might be used in the future. The best examples of these are well known to the curators. But anyone penetrating the museum stores with disability in mind discovers a wealth of different kinds of material, some of which hides disability from sight. For instance, sampling among the files and boxes, I picked up a mayoral scrapbook of the early 1950s. It was a year's collection of newspaper cuttings relating to the mayor's work. It was notable for the small amount of time the mayor seemed to have devoted to the disabled residents of Colchester. It might also say something about the priorities of newspapers in post war Colchester. By contrast, the manuscript diary of the early twentieth century, written by E. J. Rudsdale, a museum curator, contains unconscious insights into the attitudes to disability current in his life time, including intemperate complaints about a colleague whom he describes as "rescued out of a lunatic asylum and employed at public expense at the Castle" and a reference to one of his own disabilities – stammering – which he described as "a serious affair very largely overshadowing my whole life".

One of the feebler excuses made for histories being hidden is that they are hidden because information about them is lacking. The answer is to look harder! In the process of uncovering a hidden history, the curator comes face to face with a cultural context in which it was acceptable, even advisable, to conceal activities and attitudes that are now unacceptable. It is curious how, once we begin to review our sources, whether artefacts or archival primary sources, with a hidden history in mind, we start to see connexions we have not seen before. I was not expecting to be able to add anything to the work of the archaeological section of the museum – I expected the flow of information would be entirely one way, from them to me – but it was evident from early in the project that it would be a two way exchange and that the very existence of some disability in history text books on my desk was helpful in relation to some current archaeological questions under debate in the museum.

someone as disabled; should we name disabled people; how do we tell difficult stories; should we make the link to disability more explicit?

3. General overview of the database which considers what needs to be changed and why

“As we descend from the station we pass that noble charity, the Essex Hall Idiot Asylum, originally built at great expense, for the purpose of a first rate hotel; but failing as a hostelry, it has been converted into a hospital, in which children from the Eastern Counties are comfortably housed and many of them redeemed from the living death of idiocy.”²⁰

For most of the museum’s long history, there has been little attempt to collect or document artefacts or documents to do with disability. This does not mean that information on disability or artefacts referring to disability are absent in the collection, but it does mean that, like many other legitimate subjects of enquiry or exhibition, disability is, at the moment, a subject very difficult to uncover. This, of course, is one of several reasons why it is called a ‘hidden’ history.

Why does the database need to be changed? There are two distinct reasons, both to do with increasing efficiency. Curators planning an exhibition must begin with the artefacts. So, for example, they need to be able to call up all the disability-related artefacts and supporting material in the collection and they should then be able easily to select those relevant to the current enquiry. Curators need to know what they have and where it is. A good database will tell them in less than a minute. The second reason is because databases are logical. Information that is managed logically is different in quality from information that is managed by an intelligent and memorizing human brain. Our ability to think logically is always thwarted by common sense. Perhaps only the autistic human brain thinks logically, putting information together without regard for relevance.²¹ The nearest the rest of us get to this is a database. It produces what we ask (without applying common sense) and we can often be creatively stimulated by odd juxtapositions of information. In addition, it is surprising how much basic planning information can be drawn from database searches to help set the parameters of a project.²² So I would argue that a well-designed database should provide not only a listing of accessions with the details of donor, materials and so on, but also enough conceptual information to allow creative connexions to be made.

Colchester Museums uses the database system called MODES which is designed for use in museums and galleries. This database allows artefacts, ‘finds’ and images to be described in words (their origin, date, material, significance etc.) under a (potentially large) series of classification headings. There is also the facility to add large bodies of text within certain fields. The words that are entered are amenable to a ‘key word

²⁰ D.W. Collier, *The People’s History of Essex* (Chelmsford, 1861) p 615.

²¹ Individuals on the autistic spectrum are credited by psychologists for moving the human race forward. Hans Asperger himself wrote “it seems that for success in science or art a dash of autism is essential”. Quoted in Tony Attwood, *Asperger’s Syndrome; a guide for Parents and Professionals* (Jessica Kingsley, 1998) p 126.

²² For instance, the Essex Record Office is one of many archives whose catalogue can be accessed on line. A researcher can use a variety of key word search facilities to discover the type of primary source that contains information relevant to his project, the geographical spread of these sources and any particularly rich collections of material associated with it. This information only relates to the catalogue entry and does not reduce the need to examine the primary sources themselves. Nevertheless, the ability to make this preliminary search is invaluable, reducing the time and effort that used to be necessary when the catalogues were paper files.

search' facility which allows an enquirer to search for a full listing of all identical objects or concepts. Of course, this facility is dependent on the ability of the person entering the data to see connexions and significances in the artefacts. For this reason there has to be a level of preliminary agreement on the classification system in use and any local modifications made to it. If the walking stick is not entered as a mobility aid, it will not be found under a key word search for mobility aids.

Colchester Museum's database is subdivided to make it more manageable. Four of the subdivisions were potentially relevant to this project²³ –

- excavations
- archaeological small finds
- social history
- oral history

I began by sampling 20% of this database, looking for artefacts that related (or might relate) to disability broadly defined.²⁴ I also subjected three of the sections of the database to keyword searches, which included the words used by the Leicester Research Centre for Museums & Galleries Research.²⁵ I found that none of these subdivisions was sufficiently sensitive to disability-related artefacts but they were all inadequate in different ways. The **archaeology small finds** section of the database, reading through one year in ten since the first accessioned object in 1846, revealed feeding bottles, small bells, pouring vessels with spouts and strainers, a chamber pot, a modern set of dentures, a post mediaeval shackle, a warming dish and the 'lower half of a pottery mould of a dwarf figure'. Any of these (but also none of them) might have been associated with a disabled person or with associated attitudes to disability.

The language in which such objects are described may cause problems. For instance, are the feeding bottles suitable to feed a helpless adult? Could the shackle have restrained a mentally ill person suffering with homicidal or suicidal mania? The post-mediaeval shackle appears as one of five entries in a key word 'shackle' search. *Chambers Twentieth Century Dictionary* provides the following definition for 'shackle' – "a prisoner's or slave's ankle ring or wrist ring, or the chain connecting a pair: a hobble: a staple-like link, closed with a pin: the curved moveable part of a padlock: a coupling of various kinds: (*in pl*) fetters, manacles: a hindrance..." Hence 'shackle' might or might not refer to restraint of the mentally ill; similarly 'fetters' (restraints to the feet) and 'manacles' (handcuffs) could be used to control someone thought likely to harm themselves or others. But fetters and manacles do not appear in a keyword search of this part of the database.

In the social history part of the database all three words appear. There are two shackles in this collection, one described as 'iron with spring chain and staple' and the other as a 'harness' or 'hobble' for a horse. A search for 'fetter' and 'manacle'

²³ It also has some Natural History and Geology files but these have not been consulted for the present project.

²⁴ See Section 2 of this report for a discussion on defining disability.

²⁵ Their search words were disabled/disability, blind, deaf, lame, surgical, cripple, dwarf, giant, lunatic and invalid. 'Buried in the Footnotes; the representation of disabled people in museum and gallery collections' (RCMG, University of Leicester, phase one report, September 2004).

retrieves two further accessions, one of which is an item of seventeenth century date described as follows –

Record number	COLEM: 1925. 5112
Number of items	
Identification	
Simple name	Handcuffs
Full name	
Brief description	fetter lock or handcuff

The other item is entered as follows -

Record number	COLEM: 1949.33
Identification	
Simple name	Lock
Full name	Fetter lock
Classified name	1.35 ²⁶
System	SHIC
Brief description	iron fetter lock keyhole in barrel
Admin Status	History file ²⁷

Achieving this level of accuracy in data entry language becomes crucial where hidden histories are concerned. The first three ‘shackles’ on the (small finds) list refer to buckles and only the fifth could possibly have been used by a mentally ill person although it is classified as ‘worn by slaves or prisoners’. In the absence of a clearer description or a photograph, the ‘post-mediaeval shackle’ may or may not have been a physical restraint for a man or an animal. My point is not that small finds should all be amenable to sharp definitions of use and function – this would not be possible or sensible - but rather that the words that may be used to describe them on the database may be sharper than is warranted. This might be acknowledged in a concept or notes field on the database. In addition, given that there is a lively and growing literature on disability in archaeology and anthropology, there should be room for review and updating of database entries in this section of the database and there is good reason to modify the template for this purpose.²⁸

In the **social history** part of the Museum’s database, this problem appeared in reverse. Rather than revealing a basic *lack* of disability connexions, the social history part of the database was unhelpfully endowed with disability references. For instance, sixty two items appeared under a key word search for ‘mental health’. Hardly any of these were specifically to do with *mental* (ill) health although all fell within a mental health/medical *concept*, being medical implements that happened to have been owned by a local mental hospital. Similarly, nineteen objects were summoned by a key word search for ‘deaf’ but almost all were mundane objects that happened to have belonged to a deaf man and which had nothing at all to do with his disability. Each of the

²⁶ In the SHIC system, 1.35 is the Law Enforcement category.

²⁷ If a history file relating to this object existed, the word ‘yes’ would be inserted here.

²⁸ Jonathan N. Tubb, ‘Two examples of disability in the Levant’ in *Madness, Disability and Social Exclusion; the archaeology and anthropology of ‘difference’* ed. By Jane Hubert (Routledge, 2000) pp 81-86. This paper revisits a 1950s excavation of a tomb in Jericho (eighteenth century BC) to suggest an alternative explanation for the presence of two wooden staves ‘found beside a skeleton’ in the 1950s report but ‘quite clearly tucked beneath the left shoulder, and, in this position, given the leg deformity, they should properly be interpreted as the constituent elements of a crutch’ in Tubb’s opinion.

twelve ‘giant’ results referred to silver spoons! While objects increase their value through association or context – which context should be noted on the database – these medical implements should carry a ‘Severalls’ rather than a ‘mental health’ association. In these cases the database was too crude and would have been no great help to the curator seeking ideas and connexions to do with disability within the collection.

The final section of the database is an archive of **oral history** – over 2500 interviews with Colchester residents. The tapes are currently being summarised and entered on the database and the hope is that, once some issues of confidentiality have been sorted out, this too will be accessible on a web site. My key word search of disability-related words yielded surprisingly meagre results. I then sampled this archive by reading 100 summaries from the biographical series²⁹ and by selecting tapes and summaries which the interviewers and curators felt had a disability theme. I found that, despite my disappointing key word search results, in fact 60% of the summaries produced information about disability and chronic illness and much social history around these problems. In the small number of tape *summaries* (not transcripts) I read, I found a surprising spread of disability-related information. For instance, issues to do with

- disability in childhood and family attitudes, education, parental support; alternatively, the effect on a child of a disabled parent
- employment opportunities denied to disabled people; disability necessitating a change of career; alternatively the choice made by the able-bodied (or the disabled) to work in a disability field and associated attitudes
- the influence of military service on disability – either not expected to serve because disabled or disability caused by active service
- people pretending to be disabled to gain advantage in particular situations
- the duty of women to care for disabled family members rather than follow their own path; also of parents’ lives limited by a disabled child’s needs
- the function of tramps and eccentrics to convey ‘community’ identity
- discrimination and stigmatisation within families and in the community
- connections between poverty and disability
- ways of concealing disability and reasons for doing so
- information about how the disabled were treated in institutions
- how the decision was made to send a disabled family member to an institution

The list is not exhaustive and is based on sampling. The Colchester Recalled tapes are clearly a rich archive for the social history of disability and other ‘hidden’ histories but, in its present form, it is not easy to use. Quite apart from the accepted difficulties involved in oral history and in the lack of formal information about how the interviews were conducted, there are problems around understanding the summaries of tapes through which the data is accessed. In addition, reading tape transcripts is such a time-consuming exercise that the potential power of the archive is severely reduced.³⁰

²⁹ Tape accession numbers 2000-2099.

³⁰ It took about eight hours to read forty six summaries. If there were 2500 tape summaries in the archive, it would take 52 x 8 hour days just to read them all once. To *listen* to all the tapes would take considerably longer.

The archive is stored on audio cassette tapes. This technology is becoming obsolete. The medium is unreliable and will degrade over time and the associated equipment will soon not be repairable or replaceable. Future interviews should be recorded digitally and the existing tapes should be digitised. In this form they could be attached to the web site via an audio link so that they could be accessed in their original spoken form. There are several ways in which this might be done and the technology of presenting and compressing audio material is improving year by year.³¹ Such a step would obviously require some additional information as to how the interviews were selected and recorded, good summaries as to their subject areas and a glossary of local terms and place names. Alternatively, a searchable database of transcriptions, however expensive to produce, would make this archive attractive and accessible to many researchers outside Colchester Museums. But, in the meantime, the lack of a half-decent search facility is a major drawback to this extraordinary archive. The task of publicising the quality and potential of this archive should also be taken seriously.³²

Clearly the database in its present form is not as sensitive as it might be and the curators' skill in knowing the collection remains paramount. For instance, my sampling of the archaeological section of the database did not reveal any of the splendid objects selected by the assistant curator of archaeology as being disability related. These were as follows

- Skeletal remains showing signs of arthritic change and deformity³³
- Oculists' stamps; "an interesting special class of inscribed stamp was used by apothecaries to mark cakes of ointment for use on the eyes. These oculists' stamps are little rectangular tablets of stone on the four sides of which the inscriptions are neatly cut in retrograde: as *Q. Iuli Murrani melinum as claritatem*, Quintus Julius Murranus's quince-coloured ointment for clearing the eyes."³⁴
- An ancient British medical kit from Stanway including an implement for removing cataracts.³⁵
- Roman pottery depicting dwarfs and hunchbacks. These have been described thus – "accompanying the *venatores* and animals are four children or dwarves dressed as *cucullati*, two of which are moving horizontally and being chased by an assistant to the *bestiaries* clothed only in a loin cloth and holding a stick. It seems doubtful if these little creatures have any religious significance and Professor Toyne suggests that they may have been introduced to provide a

³¹ Current technologies include streaming audio, in which listeners replay audio files stored on copyright owners' computers or mp3 files that can be downloaded and stored on listeners' computers, portable devices or networks. Digital rights management software can protect files.

³² Patrick Denney, *Colchester Voices* (Tempus Publishing, 2000).

³³ Colchester Archaeological Reports routinely comment on the pathology of unearthened human bones. For example, "spina bifida...has been found on average in 2.7% of British skeletons. The incidence of spina bifida occulta in Butt Road Period 2 skeletons is 2.2%." Nina Crummy, Philip Crummy and Carl Crossan, *Colchester Archaeological Report 9; excavations of Roman and later cemeteries, churches and monastic sites in Colchester, 1971-88* (Colchester Archaeological Trust, 1993).

³⁴ R G Collingwood & Ian Richmond, *The Archaeology of Roman Britain* (Methuen, 1969) p 206.

³⁵ "Roman medical literature reveals a multitude of uses for needles including fine dissection, perforating pustules, puncturing haemorrhoids, raising the skin of the eyelid, transfixing small tumours on the eyeballs, and couching a cataractous lens". Ralph Jackson, 'An Ancient British medical kit from Stanway, Essex' *The Lancet* (1997: **350**) 1471-73.

comic element, like the later clowns.”³⁶ Elsewhere we encounter “the infamous Roman games (where) ‘dwarfs’ were made to fight women for the amusement of the Roman people.”³⁷ In the Roman world, where hunchbacks were regarded as talismans that could avert evil, the popularity of deformed slaves in Roman households might owe something to this belief.³⁸

- The Dagenham idol – described on the database as “a human figure carved out of pinewood found in the Dagenham marshes...the second oldest human depiction in this country.” This object has a damaged eye and is therefore thought to depict Odin, the chief divinity of the Norse pantheon.³⁹ “Odin has only one eye, which blazes like the sun. His other eye he traded for a drink from the Well of Wisdom, and gained immense knowledge”.⁴⁰
- Mediaeval finger ring showing St Anthony (and so potentially a charm to ward off ergot poisoning).

Knowing the collection is a significant part of a curator’s skill and would never be superseded by the best-organised database. However, when well organised, a database can be invaluable as a preliminary, time saving tool for bringing ideas together and surveying the parameters of a project. In addition, once the database goes on-line it has to be useful for and usable by non-curatorial researchers, perhaps from overseas, perhaps knowing nothing of Colchester, and whose knowledge of the power of artefacts may be very limited. These same principles apply to the artefact sections of the database as to the oral history section.

Some examples of disability-related items as currently described on the database

Although artefacts relating to disability have been entered into the database there is no distinguishable pattern to the way they have been entered as the following examples show. Only the relevant portion of the data entry is shown in the examples below. All of these items are actually or potentially disability related. It will be noted that the classification system notionally applied to the social history collection (SHIC) is not always applied on the database.

Item 1 Medical sunlamp

For item 1, the brief description suggests a chronic skin ailment, perhaps with a wartime link. ‘Medical’ and ‘skin’ are the significant key words but no link to disability has been made. It would be found under a ‘medical’ key word search.

³⁶ Graham Webster, ‘Deities and religious scenes on Romano-British pottery’ *Journal of Roman Pottery Studies* vol 2 1989, 1-28. Quote from p 9 and illustration p 22. D. Perring, ‘Aspects of Art in Romano-British Pottery’ in J. Munby and M. Henig (eds), *Roman Life and Art in Britain* (Oxford 1977); M. R. Hull, *The Roman Potters’ Kilns of Colchester* (1963).

³⁷ Colin Barnes, ‘Theories of Disability and the origins of the oppression of disabled people in western society’ in *Disability and Society: emerging issues and insights* ed by Len Barton (Longman 1998).

³⁸ R.J.S. Garland, *The Eye of the Beholder; Deformity and Disability in the Graeco-Roman World* (London, 1995) p 104.

³⁹ B. Coles, ‘Anthropomorphic wooden figurines from Britain and Ireland’ in *Proc. Prehist. Soc.*, 56, 315-333; B. Coles, ‘Wood Species for Wooden Figures: a Glimpse of a Pattern’ in A. Gibson and D Simpson (eds), *Prehistoric Ritual and Religion* 163-173.

⁴⁰ Micha F Lindemans, ‘Odin’ *Encyclopedia Mythica* (www.pantheon.org).

Record number	COLEM: 1998.12.2
Record type	home
Identification	
Simple name	sun lamp
Full name	medical sun lamp
System	SHIC
Brief Description	A medical sunlamp with protective sun glasses used prescribed and used in the home to treat a skin condition after the second world war.

Item 2 Sugar testing kit

For Item 2, a diabetes related object, the connection to medical matters is through the word 'Severalls'.⁴¹ Diabetes is a chronic illness often leading to disabling complications reducing mobility and sight. Unlike the previous item, it has been allocated a concept field – mental health, medical and diabetes.

Record number	COLEM: 2004 312.7
Number of items	1
Identification	
Simple name	sugar testing kit
Full name	
Classified name	1.41
System	SHIC
Brief description	Equipment for testing blood sugar levels in diabetics. Includes 4 test tubes, 1 graduated measuring cylinder (etc. etc) All stored in a bespoke cabinet by Allen & Hanbury's Ltd. Used at Severalls Hospital Colchester. 1930s.
Production	
Period	Modern
Date	1930-1939
Association	
Concept	mental health & medical & diabetes

Item 3 Photograph

Item 3 has a significant association with learning disability but the only key words in the classification system are Turner Village and Essex Hall, names of strictly local and increasingly historical significance.⁴²

⁴¹ Severalls Hospital was a mental hospital opened in 1913. See p 41 below.

⁴² Essex Hall, an institution for 'incurable idiots and imbeciles' was open 1850/59-1987; Turner Village was a late extension to its work. See p41 below.

Record number	COLEM: 2002.62.9
Number of items	1
Identification	
Simple name	photograph
Full name	
Classified name	
System	
Brief description	A mounted b/w photograph of Essex Hall.
Content	
Simple category	building
Place	Essex & Colchester & North Station Road
Site Name	Turner Village & Essex Hall

Item 4 Plaque

Item 4, like item 3, has no disability concept field. However, the Union Workhouse was a repository for the disabled poor, children and the elderly in particular. Deciding the fate of such people was one of the functions of the Guardians.

Record number	COLEM: 1996.32
Number of items	1
Identification	
Simple name	plaque
Other name	
Brief description	Commemorative plaque dated 28 th April 1896 To James Wickes Esq JP We the undersigned members of the Board of Guardians of the Colchester Union etc...signed underneath with 33 signatures, the last three being women. Black on gold. Wooden frame.

Item 5 Sign

Item 5, is on display in the museum but finding it on the database was extremely difficult. Its entry on the database does not refer to disability, yet the image which accompanies the text shows that the Colchester Society was for Mentally Handicapped Children and the sign asks for 'help... by joining 3/6 per year'.

Record number	COLEM: 2002.62.2
Number of items	1
Identification	
Simple name	sign
Other name	advertising sign
Classified name	
Title	
Brief description	Sign for the Colchester & District Society, painted green wood with white writing

Item 6 Dolls' pram

One of the nineteen prams owned by the museum is classified under the concept 'medical'. A little girl recovering from polio used this dolls' pram as a walking aid in the 1950s. In an ideal world, this artefact should emerge on a key word search for 'walking aids' of which the museum has a small collection.⁴³ Additionally, it should link to the archaeological items relating to poor mobility and the several stories in the Colchester Recalled archive to do with children and walking aids.⁴⁴ This kind of record linkage can be very powerful, alerting curators and other researchers to conceptual links they might not otherwise consider.

Record number	COLEM: 1996.64
Record type	Hollytrees Display File
Record Type	children
Identification	
Simple name	pram
Other name	doll's pram
Brief Description	Doll's pram with steel frame and wheels (4, spoked), solid rubber tyres. Dark blue canvas hood and cream coloured vinyl/plastic. Steel body and steel/aluminium handle (slightly rusty). Foot brake on wheel chassis. Body black with white piping and decoration. Three of the four leather suspension straps are missing. Metal mud guards, dark blue with white piping. Pram was purchased c 1953 and used by Mrs Osborne.
Production	
Period	Modern and War/Postwar
Date	1950-1953
Association	
Concept	medical
Person	Osborne (Mrs)
Corporate Body	
Date	c 1953
Place	Essex & Messing cum Inworth & Messing
Event	given as present by father to help recover from polio

For this exercise I deliberately picked objects I had either seen on display in the museum or had, several weeks before, encountered on the database. Even so, some were very hard to find through the key word search facility. None of these objects had been entered with their disability reference made plain and there was some confusion as to how such information might be inserted – an 'event', a 'concept' and a 'site

⁴³ Key word 'walking aids' has no result; 'walking stick' finds four examples, only two of which are walking aids.

⁴⁴ For instance, Interview no 2353 tells the story of a little girl living in Lexden who had a leg amputated as a child in 1918 following an infection picked up after swimming in the river Colne. She had to save up £45 to buy herself an artificial leg which she finally achieved in her twenties. Prior to that, she got about on crutches.

name' were selected to convey the relevant information in three cases. In the other three cases the information was not conveyed at all.

At the moment, in Colchester Museums, a curator decides which objects will be accessioned and what information is to be entered on the database. But the carrier bag containing interesting items from a family's spring clean may well be brought to one of the museum entrance desks on a Saturday morning. The museum assistant, whose task it is to fill in the Object Entry Form, may not have time (or inclination) to pursue questions as to the significance of the items to the donor. Similarly, a curator doing a house call to check the facts about an item may fail to elicit the significant connection between the item and a hidden history such as disability. Even if a sheet were attached to the Object Entry Form to encourage the museum assistant to ask the relevant question and to tick a box to alert the curator that he should look twice at the objects in the carrier bag, still there might be problems. Since disability is a hidden subject in many families, a direct question – "do these items have any connection to disability (or to ethnic or women's or children's or homosexual lives) might be seen as offensive or irrelevant, or the donor might not know, and so it would not be answered correctly. So the problems concerning alterations to the database begin with the carrier bag of items brought in to the museum and will have to be addressed by curators wishing to tackle hidden histories. It will probably involve additional training for museum desk staff and extra time and effort spent by curators eliciting the relevant information from donors.

Once the information has been collected, in almost every case the information will subsequently be entered on the database by the Documentation Officer. Curators or Documentation Officers may subsequently edit information as necessary. The history of how the system of recording was changed in Colchester Museums from accession book and file cards to accession book and database (c1989) is not straightforward and has resulted in some areas of the system that need revisiting when time permits. It should be considered in tandem with any changes made to data entry/editing as a result of this project. A cost-effective method of achieving this end might be to follow Norfolk Museum and Archaeological Service's example - to build in to each future museum project a cost for revisiting the relevant part of the database and making the necessary additions during the project.

Material that could or should be added to the database.

The museum has a great deal of archival information, some of which might be termed 'artefacts' as they are letters or sketch books or copies of original works which might be exhibited as they are. The material falls into two types; that which is to do with how the artefact was originally collected and accessioned (or not) and material which is supplementary, collected by a succession of curators, to do with Colchester town development, personalities, civic dignitaries, institutions, traders, artists etc. or, on the archaeological side, to do with excavation administration or communications with local amateur archaeologists. Supplementary material, such as letters between the donor and the curator, journal articles or photographs relevant to the object or its site, are filed away in one of many cabinets subdivided by subjects most of which overlap – Colchester, photographs, biography, history etc. There are probably three dozen of these filing drawers in the museum and, although the *existence* of filed information may (or may not) be entered on the database template, entries are not systematic and

the content and relevance or quality of the files is not usually noted. Does this matter? Perhaps not, but almost everywhere I sampled I came across material referring to disability. This material was not assembled with disability (or indeed hidden history in general) in mind, but disability issues run through it nevertheless. In my initial sally into just the biographical section of this hoard, for instance, I found to my surprise that it naturally included a significant spread of disability-related themes including the following –

- The perceived link between ill health/disability and art and between a delicate activity needing delicacy of touch – sometimes a safe outlet for a weakened physique; sometimes a ‘freak show’ act; the artist may alter his appearance and his art according to circumstances
- Disability to stare at – obesity, congenital defects, eccentric behaviour
- Mental ill health – perceived causes (bereavement, religion, financial ruin, alcoholism, drug use) and attitudes both sympathetic and unsympathetic
- Poverty linked to disability, illness and early death
- Eccentrics (tramps) with a local beat as part of the local sights, helping define the quality of a locale; something for ordinary people to be proud of and interested in
- A physical or mental shock can affect general health and appearance
- A social communication disability linked with creative flair
- Admiration of the bravery of disabled people who achieve against the odds with or without help
- People made vulnerable through age, gender, poverty, and disability may be victimised; some fight more than others and some overcome their difficulties or work to benefit society
- Disability may be hidden in the family
- Disability forces change on individuals; is an opportunity to play for sympathy, alternatively is a source of admiration or pity
- Disability gives rise to embarrassing incidents; laughter and cartoons are a spin off
- Authority’s attitudes to how disabled people should be treated may change radically

Many of these usually sketchy biographies might be enhanced with local research in Essex and other archives. They could all be pertinent to a chosen aspect of disability. I feel these history files should be more firmly linked to the database – at the very least their existence and some indication of the quality of their contents; at most, their contents scanned and inserted on the database.⁴⁵

⁴⁵ Data confidentiality issues permitting.

Summary

In summary, then, this overview of the database as it currently exists has revealed a set of problems that will have to be addressed if the database is to be made more disability and hidden history sensitive. The problems are as follows:

- The different sections of the database are not equally disability sensitive/relevant.
- The classification system used by (social history) curators is at best a blunt instrument for teasing out hidden histories within the collection.
- The language used to describe and classify artefacts is not consistent
- The oral history collection summaries are not sufficiently disability and hidden history aware
- The way in which objects are currently accepted for accession is not sufficiently disability aware
- History files relating to accessioned artefacts are not fully or consistently linked to the database
- A certain amount of relevant disability-related information (both documentation and within the collections) is not on the database and is only accessible by lifting box lids and wading slowly through filing cabinets.

If the Museum wishes to confront hidden histories its database, suitably modified, will be an aid to efficiency and to clarity of thought in the enterprise. A little time spent in deciding how to make these modifications will be time well spent. The next section of the report will consider ways in which these problems might be remedied.

4. A documentation template with guidelines and recommendations which museum staff can continue to improve and update in order to improve cataloguing and documentation of disabled people and their history in the museum collection

“Examination of Sarah Faires of Great Horkesley, 27th May 1794....she was very poor and impotent and unable to provide for herself, having a bad hand...she this morning applied to the overseer of the said parish for such relief which they have refused to grant...”⁴⁶

In making recommendations to improve the present system there are three main areas to consider – how items are accepted or collected, how these new accessions, together with their supporting information, are entered on the database and how to bring the existing database up to standard. I will consider these in order.

Accessioning and collecting procedures

This sounds straightforward. All that needs to be done is to help the person entering the data to be able to recognize and then log in references to disability on behalf of an artefact or its accompanying paperwork. But it is not at all straightforward. Suppose I took a carrier bag of my son’s childhood toys and books to Colchester Museum. The museum assistant would fill in the briefest of details on the Museum Object Entry Form.⁴⁷ The curators would probably decide they did not want to accept these very ordinary and battered items. Only if I thought to mention that my son was disabled, a note might be attached to the form and a follow-up phone call made by a social history curator with time to spare. If the curator subsequently collected my ‘toy story’ together with photographs, these would, under the current system, be stored and filed separately, their existence probably mentioned on the database. The database currently has no routine for describing items such as my disabled son’s battered toys.

What is required is for the museum assistant, taking possession of the bag of toys, and the curator subsequently examining the contents of the bag to consider whether the artefacts are disability related. These are the main ways in which an item might be disability related –

- It was owned by a disabled person but unrelated to his/her disability
- It was owned by a disabled person and significant to his/her disability
- It was owned by a disability-related institution or charity but is unrelated to disability
- It was owned by a disability-related institution or charity and is significant to disability
- It is informative about a disability, a disabled individual or a disability-related institution or charity

If in doubt, the donor should be quizzed for information and the information noted.

⁴⁶ Lexden and Winstree Petty Sessions records. ERO P/Lw R9.

⁴⁷ This is a standard form produced by the Museum Documentation Association (MDA) and widely used by UK museums. COLEM is Colchester Museum’s authorised number.

Entering new accessions on the database

As we shall see, when it comes to devising methods of logging disability-related information into the database, there are several options, some more complex and potentially more powerful than others. However, in a situation where several people enter data and the collections range over disparate subjects – which is the case in Colchester Museum - the aims should be to produce

- a data-entering routine that is straightforward and easy for curators lacking medical or disability expertise to use
- a database whose disability-related items will be selectable in total but arranged under gross categories for manageability
- a database that includes the existence of in-house information relating to an artefact

Colchester Museum uses the MODES database. Its major application is the ‘Object Format’, a structured set of fields and conventions based on the UK Museums’ Data Standard. As an object cataloguing system, it has considerable flexibility and power. For instance it provides “validation and terminology control, using either standard or user-defined settings...powerful retrieval by index or free text searching...(while) new public access web server application delivers records over the internet to clients using a standard web browser”.⁴⁸ As Martin Warren has pointed out “every curator should be able to answer three fundamental questions: What have we got? How did we get it? Where is it now?”⁴⁹ In an ideal world, ‘what have we got’ should supply a complex range of possible solutions such as ‘what mobility aids do we have’ and also ‘what do we have that is revealing of stigma or prejudice related to disability’? If this is to be achieved, these complex thoughts have to be in mind when the object, photograph or document is accessioned and entered on the database or when the entry is reviewed and edited some time after it has been entered on the database.

Disability-related objects are revealed through the classification system that is in use. SHIC⁵⁰ has a number of sections where disability-related objects and documents fit. For instance 3.7 Medical and infant raising has the following among its subdivisions

- 3.73 Hearing Aids
- 3.74 Sight Aids
- 3.75 Walking Aids
- 3.76 Surgical Supports
- 3.77 Artificial Limbs, Organs etc
- 3.79 Other e.g. personal cuspidor (spittoon)

Then there is 3.9 Personal Life not elsewhere specified; includes any material relating to events in an individual’s life which cannot be classified elsewhere.

⁴⁸ Modes Users Association home page; www.modes.org.uk

⁴⁹ Martin Warren, ‘Collections Management with MODES – part 1 and 2’, *Modes Users News* no 29 and 30 (2004).

⁵⁰ Social History and Industrial Classification, used nationally. Colchester Museum uses the first edition (1983). A subsequent edition has some disability-relevant modifications.

The second edition of SHIC has 1.17 Community Life Attitudes which has sections on attitudes towards disabled people, physical, mental disability deformity etc.

In communications with other MODES users on this subject I was offered a paper by Christine Johnstone, senior keeper at the City of Wakefield Metropolitan District Council. Earlier in her career she worked in the East London borough of Hackney where she was “keenly aware of...disadvantaged groups...none of whom share the white/able-bodied/heterosexual/male culture which seems to dominate SHIC and other analysis within the museum profession.”⁵¹ She devised a coherent extension to SHIC in the previously unused 5. category. This is given in full in Appendix Four below where it will be seen that ten categories, all central to hidden histories, have been created. One of these is 5.8 people with disabilities. Under this classification are the following options.

- 5.80 general
- 5.81 access
 - 5.810 general
 - 5.811 mobility disabilities
 - 5.812 sight disabilities
 - 5.813 hearing disabilities
 - 5.814 learning disabilities
 - 5.819 other
- 5.82 activities
 - 5.820 general
 - 5.821 mobility disabilities
 - 5.822 sight disabilities
 - 5.823 hearing disabilities
 - 5.824 learning disabilities
 - 5.829 other disabilities
- 5.89 other

This is clearly an extension of the Medical and Infant Raising subdivisions above but such classification systems are obviously limiting – the implications of restricting ‘disability’ into just mobility, sight, hearing and mental incapacity needs to be thought through with care. To present disability so that it attracts disabled people to think about their history or to respond to others’ experience of disability needs a more subtle approach that would include chronic mental illness, disabilities of social communication - such as autism - industrial or armed service related disability, congenital disfigurement and the like. Christine Johnstone’s extended SHIC also adds a category 5.9 Attitudes which, although it does not include disability-related attitudes, does have room to add such a sub group.

Another approach might be to use a local MODES classification, which is specifically for curatorial use but which could be adapted as a public access tool. Norfolk Museum, for instance, uses the ADMIN_CATEGORY field in different ways-

⁵¹ Christine Johnstone, ‘Extending SHIC to Popular Culture’ (unpublished paper, 1989). I am very grateful to Christine for some helpful communications and for allowing me to use this paper in my research.

- Collection Category to sort the collection into eight categories from “best material, significant, good condition, ideal for display (1) to “item for destruction” (8)
- Access Category to sort collection into seven categories from “unsuitable for public access...dangerous, subversive, censored, no access permitted” (0) via “large and robust display suitable for open display with barriers” (3) to “expendable”(6).⁵²
- Valuation Category in six bands from “unvalued (A) to “over £100,000” (F).

This could be adapted for disability-related codes, which could then be indexed so that sets of records could be retrieved at will thus -

ADMIN_CATEGORY disability-related category: sight impairment:2005

Given that the museum’s collection of disability-related items is never going to be enormous, it seems impractical to devise a very complex system to log in the existence and relevance of these items.

The simplest method would be to open a disability field which does or does not apply to each item entered. If disability-related information exists for an item the database entry logs that fact. So my toys would be individually entered as children’s toys, books and games, the disability field would be activated and a note made that a letter explaining the connexion with disability was filed and where the file could be found.

Identification

Simple name	child’s book
Other name	
Brief description	Ladybird book <i>The Farm</i>

Association

Concept	disability
Admin Status	history file yes

A more complex method would put more information on the database. The type of disability would be decided (mobility-related, or to do with loss of hearing or sight for example). If more than one disability was implicated, this would be logged. My bag of toys relates to an autistic spectrum child, specifically a boy later diagnosed with Asperger’s Syndrome, so they might be logged as follows –

Identification

Simple name	child’s book
Other name	
Brief description	Ladybird book <i>The Farm</i>

⁵² Martin Warren, ‘Collections Management with MODES – part 1 and 2’, *Modes Users News* no 29 & 30 (2004). I am indebted to Martin Warren, Collections and Information Manager for Norfolk Museums and Archaeology Service, for additional personal communication.

Association

Concept	childhood & disability & communication & autistic spectrum & Asperger's Syndrome
Person	Mrs Pearson
Date	1983-1990
Place	Great Tey
Note	This was the sixth identical book bought for her AS son; the previous books were successively worn out by daily use; this obsessive use of toys is typical of AS children.
Admin Status	history file yes
Note	photograph, letter from mother

Would this work for archaeological specimens? Let's put it to the test by taking a well-known artefact currently exhibited in Colchester Museum – the Dagenham idol. This is the relevant part of its current entry.

Identification

Simple name	figure and carving
Full name	Dagenham Idol, The
Classified Name	Religion & Category 14
System	CAT
Brief Description	Human figure carved out of pinewood found in the Dagenham marshes. The figure dates from about 2500 BC and is the second oldest human depiction in this country

As with the social history example, such an item could be given a concept field and the link with disability noted, the details to be followed up in a history file elsewhere in the museum. Alternatively, the concept field could include (in a note) the information that one eye of the idol is damaged and this is thought, by at least one expert, to identify the idol as Odin who traded in his eye for a drink at the well of wisdom.

The advantages and disadvantages of these two methods

As already discussed, a successful scheme to improve data entry on the database begins with improving the way in which items are accepted by the museum. A way has to be found of modifying or adding to the Object Entry Form so that an item's hidden history is caught from the first moment. If the disability box is ticked, the disability concept field is used. If the disability box was ticked, a history file will be in existence because the curator will have spoken to the donor of the item. Anyone seeking information on disability via the database (curator or other) will find the information that, for instance, a child's book relating to disability exists in the museum. The specific relevance will have to be sought from a paper file. Not much extra time and no extra expertise has been spent logging the item into the system. But extra time will be needed to find the file to make full use of the item. The second method involves collecting the file before the data is entered on the database and returning it afterwards. It also necessitates the person entering the data selecting the correct and relevant information from the file. This is, perhaps, a more onerous

prospect but, once the data is entered, a key word search becomes a significantly more powerful tool. When these two proposals were discussed at the Museum it was felt that the second, more detailed, method was preferable. The rest of this section is written with this choice in mind.

Altering the existing data on the database

How is the curator or data entering officer to deal with items already accessioned, their link to disability not yet noticed or understood? There are many thousands of items entered on the database and it would be a considerable commitment of resources to sift through them all with a view to making the relevant alterations. Given the relatively small number of 'hidden history' items in the accessioned collection it would be hard to justify spending public funds in this way. The most cost-effective way would be to alter the database on a project-by-project basis over a period of time. Given that disability in history is a current interest for Colchester Museum spawning a succession of projects, the likelihood is that the task could be accomplished over time as an integral part of such projects.

In the previous section (pp7-10) above, modern and historical ways of defining disability were discussed. When we amalgamate these definitions for data entry purposes, disability has to be defined as a long-term problem affecting one or more of the following - mobility, manual dexterity, physical co-ordination, continence, ability to lift, carry or move everyday objects, speech, hearing or eye sight, memory or ability to concentrate, learn or understand and understanding the risk of physical danger. To this list we should add ability to act rationally and (problems of) social communication. Disability is caused by congenital problems, accident and warfare and chronic illnesses. In history, diagnosis was an inexact science, the significance of some symptoms was not understood (mental health problems are a good example of this) and the words once used to describe illnesses and symptoms may now be archaic and obscure. So the person entering disability-related items will need to refer to a glossary of archaic medical terms as well as a list of diseases that commonly cause(d) disability such as diabetes, syphilis, measles and osteomyelitis (See Appendix Two).

Once the curator or Documentation Officer has decided the artefact is disability related under one of the five categories listed above (p25), they then need to signal which disability or disabilities are implicated. These could be selected from the following list which is derived from the modern Disability Discrimination Act (DDA).

- Disability affecting mobility
- Disability affecting manual dexterity
- Disability affecting physical co-ordination
- Disability affecting continence
- Disability affecting ability to lift, carry or move everyday objects
- Disability affecting speech
- Disability affecting hearing
- Disability affecting eye sight

Disability affecting learning⁵³
 Disability affecting the ability to act rationally
 Disability affecting social communication.
 Disability affecting long term health in other ways not listed
 Disabilities of old age

Clearly some disabilities affect more than one of the listed problems; in this case all relevant categories are entered, separated by &. This seems a long list but it allows disabilities to be selected and identified in a logical manner. The problems that disabled people suffer are not identical. Some disabilities are more hidden than others, for some the social effects of disability are more difficult to address than the physical effects. If the penultimate category was used a disproportionate number of times, the reason for this should be considered and corrected.

Finally, the curator or Documentation Officer should check whether a history file exists for the artefact under consideration and its existence/lack of should be noted. Under this system the artefacts already examined (pp 18-21 above) would be re-entered on the database with the following information -

Record number	COLEM: 1998.12.2
Record type	home
Identification	
Simple name	sun lamp
Full name	medical sun lamp
System	SHIC
Brief Description	A medical sunlamp with protective sun glasses used prescribed and used in the home to treat a skin condition after the second world war.

This item is associated with a severe and disabling skin condition which is not specifically recognised under the DDA definition. Thus it would be logged on the database as a Concept in the Association field as a *disability affecting long-term health in other ways not listed*. It has a history file which confirms the skin condition was long term, painful and related to service in India.

Record number	COLEM: 2004 312.7
Number of items	1
Identification	
Simple name	sugar testing kit
Full name	
Classified name	1.41
System	SHIC
Brief description	Equipment for testing blood sugar levels in diabetics. Includes 4 test tubes, 1 graduated measuring cylinder (etc. etc) All stored in a bespoke cabinet by Allen &

⁵³ i.e. memory, ability to concentrate, learn or understand and understanding the risk of physical danger.

Hanbury's Ltd. Used at Severalls Hospital Colchester. 1930s.

Production

Period Modern
Date 1930-1939

Association

Concept mental health & medical & diabetes

This item is also associated with a chronic and disabling illness which may result in serious disability such as blindness and limb amputation. For this reason it should be logged (Association; Concept) as a *disability affecting mobility & eye sight & long term health in other ways not listed*. It has a history file.

Record number COLEM: 2002.62.9

Number of items 1

Identification

Simple name photograph

Full name

Classified name

System

Brief description A mounted b/w photograph of Essex Hall.

Content

Simple category building

Place Essex & Colchester & North Station Road

Site Name Turner Village & Essex Hall

Essex Hall was a hotel taken over in 1850 as an asylum for 'idiots', later renamed the Royal Eastern Counties Asylum for Idiots and Imbeciles. So this item should be logged (Association; Concept) as being associated with a *disability affecting learning & the ability to act rationally & social communication*. It has no history file.

Record number COLEM: 1996.32

Number of items 1

Identification

Simple name plaque

Other name

Brief description Commemorative plaque dated 28th April 1896 To James Wickes Esq JP We the undersigned members of the Board of Guardians of the Colchester Union etc...signed underneath with 33 signatures, the last three being women. Black on gold. Wooden frame.

In 1896, the Colchester Union Board of Guardians were responsible for St Mary's union workhouse and infirmary and this item should be logged (Association; Concept) as being associated with *disabilities of old age*. There is no history file.

Record number COLEM: 2002.62.2

Number of items 1

Identification

Simple name	sign
Other name	advertising sign
Classified name	
Title	
Brief description	Sign for the Colchester & District Society, painted green wood with white writing

The Colchester and District Society helped mentally handicapped children, so this item is (Association; Concept) associated with *disability affecting learning & understanding the risk of physical danger*. It has a history file.

Record number	COLEM: 1996.64
Record type	Hollytrees Display File
Record Type	children

Identification

Simple name	pram
Other name	doll's pram
Brief Description	Doll's pram with steel frame and wheels (4, spoked), solid rubber tyres. Dark blue canvas hood and cream coloured vinyl/plastic. Steel body and steel/aluminium handle (slightly rusty). Foot brake on wheel chassis. Body black with white piping and decoration. Three of the four leather suspension straps are missing. Metal mud guards, dark blue with white piping. Pram was purchased c 1953 and used by Mrs Osborne.

Production

Period	Modern and War/Postwar
Date	1950-1953

Association

Concept	medical
Person	Osborne (Mrs)
Corporate Body	
Date	c 1953
Place	Essex & Messing cum Inworth & Messing
Event	given as present by father to help recover from polio

This item is associated with (Association; Concept) *disability affecting mobility*. It has a history file.

As discussed above (pp 22-23), the museum has a considerable quantity of supplementary material relating to the objects in its collection. I sampled my way through most of it and picked out much that was directly and indirectly related to disability. Subsequently I tested the system by attempting to retrieve some items. While the files associated with accessioned objects were easily retrievable, information in the general history files was more difficult to retrieve. The information was filed in a variety of ways and labelled inconsistently (in my view) so that, although I might remember where the file was topographically, I still had difficulty locating it. This is clearly because the system has built up over many years and curators' interests are one of the things that make a museum special. However, the

loss of information due to poor retrieval systems is an impoverishment in many ways, not least in time wasted in vain searching.

If the database is going to log the information that a history file exists, plus a note on the quality of the contents of the file, then the history file itself will need a number and a location. Alternatively, it would be possible to scan the contents of the file, provided they were not too copious for the database to handle, and attach them to the database. In this case, issues of confidentiality would have to be sorted out, particularly if the database were to be accessible from the internet.

Summary

- The remedy for making the database more hidden-history sensitive should be kept simple.
- A checklist of Colchester places that are disability-related and of medical conditions (ancient and modern) that are disability-related should be drawn up for use by data-entering officers. See Appendix Two.
- For newly acquired artefacts (accepted or sought by the museum), the procedure should begin when items are first seen. The donor's version of the disability connexion should be collected.
- For items already accessioned, whose disability connexion may be less certain or somewhat speculative, perhaps supported by a research report featuring a related item or subject, the same procedure is used; *viz* the fact that an object has a disability connexion is logged in the Concept field, with supporting/explanatory information in a notes field. If the connexion with disability is potential or uncertain, this fact should be made clear.
- In addition, the existence and some indication of the quality of any associated paper file should also be logged. Consideration should be given to the benefits of scanning the contents of the paper file and adding them to the database.
- A (short) list of disability categories and chronic illnesses associated with disability will be to hand, together with a glossary of relevant historical words.
- The thousands of items already on the database will need to be reassessed and converted over a period of time.
- Special attention should be given to the oral history content of the database with a view to increasing references to hidden histories within the summaries where relevant, and to alerting potential users to historical language problems, perhaps by adding a disclaimer, and to adding information about the provenance of the interviews and any directions governing their collection.
- Since audiotapes are an outmoded technology, the intention should be to convert this oral history archive to a digital format as soon as possible.

The next two sections of this report consider how to acquire information about disability in history from outside the museum to supplement the information already held there. I will show how primary sources reveal practices and attitudes concerning disability in the past and how current disability concerns and issues can inform our understanding of the past and *vice versa*.

5. Assessment of local sources for uncovering the history of disabled people in Colchester and district c1700-1950

“Unless some action were taken and the present increase continued, the country would soon be filled with the insane or imbeciles. The Board should act in a manly way towards these lunatics and not be governed by a lot of old women. He suggested that if the patients showed no improvements after three years’ treatment they should be disposed of by being placed in a lethal chamber. Other countries did it and it was a legal way to act.”⁵⁴

I have already outlined on pp7-9 above how the historical welfare provision system did not isolate the disabled as a group but rather dealt with each case on its merits with prudent regard for economy. In this section I shall list and describe the institutions, charities and general welfare provision that existed for disabled children and adults in the Colchester area and the types of primary and secondary sources that exist (and where they are to be found).

Because of the physical and social difficulties which many disabled people suffered and because of the relative poverty and reduced educational opportunities they laboured under, they usually led ‘hidden’ lives that may only be recorded in a Census entry or a pauper letter. Only if they rose above their disability through some creative activity or, conversely, committed a notorious crime, were they thought worthy of the kind of special attention that created extraordinary primary sources.

Institutions & hospitals for the physically sick in Essex & Colchester c 1700-1948

Before the First World War, hospitals were for the poor; the wealthy sick were nursed at home, the physician visiting as necessary. Before the nineteenth century, no one had succeeded in establishing a voluntary hospital in Colchester.⁵⁵ Alexander Fordyce, a speculative banker, built a hospital in Colchester c1768 but it closed shortly after.⁵⁶ Dr Loftus Woods opened a dispensary for the poor in 1797 but it probably closed when he died in 1804. An eye infirmary, set up by four local doctors in 1816 was similarly short-lived.⁵⁷ Then, in 1818, Archdeacon Joseph Jefferson and seven friends raised the £1181.12s necessary to buy one wing of Colchester’s military hospital which was due for demolition. Thus began the successful provision of a subscription hospital for Colchester.

The purpose behind providing the first hospitals for the poor was twofold

- It was an opportunity for moral reform
- It aimed to make the poor working man and woman fit to work again

⁵⁴ ‘Cost of Lunacy in the Braintree Union’; report of the Braintree Board of Guardians, *Essex County Standard* 23rd July 1921.

⁵⁵ Colchester, like many other towns of similar size, had a ‘hospital’ in the seventeenth century but it was an almshouse/poorhouse not a place of healing. See Cromwell’s *History of Colchester* p 329.

⁵⁶ *Gentleman’s Magazine* for 1772 reports that a prospective parliamentary candidate for Colchester called Alexander Fordyce ‘to secure his future election...erected a hospital and established other charities there’. It did not survive his (non) election.

⁵⁷ *The Borough of Colchester* vol IX of *The Victoria History of the Counties of England* ed by Janet Cooper (IHR 1994).

To accommodate these purposes, the admissions policy was very selective. When, in 1820 the **Essex and Colchester Hospital**, a general infirmary for the relief of the indigent sick and diseased persons opened in the Lexden Road in Colchester, all except emergency admissions were organised in the following way from an outpatients room in the yard behind the main hospital building. Patients arrived on foot at 11am with their letter of recommendation from a hospital *subscriber* who was unlikely to be a doctor.⁵⁸ They had to be so poor that they were unable to support themselves or pay for their cure. The Weekly Board (hospital administrators) with physician and surgeon in attendance appeared at noon. They did not admit anyone who could be treated as an outpatient or who was likely to die. This was in order to keep down hospital expenditure.⁵⁹ They did not admit children under seven, pregnant women, consumptives, the mentally ill, smallpox cases, venereal disease, itch and infectious diseases, longstanding leg ulcers, heart failure, inoperable cancer or terminal cases.

The Poor Law Act of 1834 challenged this system. Union workhouses (such as St Mary's in Colchester) which were built as a result of the Act, were supposed to have their own hospital within the walls to deal with the poor sick. This led to a lack of harmony between subscription hospitals and workhouse infirmaries, largely because they were both attempting to make the poor fit to work, one with rates money, the other with charitable subscriptions. In some places it was decided to admit Union patients into the subscription hospital, the Union paying for their care.⁶⁰ Some Unions paid subscriptions to London charity hospitals and sent their sick paupers there as necessary. The Essex and Colchester hospital would not, initially, allow Unions to be subscribers. The explanation, which suggests that the hospital's clientele had changed since the hospital opened in 1820, was that "the Committee now felt that the hospital was not there for paupers, it was there for the artisan classes who were not entitled to poor law relief."⁶¹ However, Tendring Union eventually succeeded in sending patients to Colchester, paying fifteen shillings per week for each, which was four times the cost of keeping an inmate in the workhouse.

From this, it seems clear that the Essex and Colchester Hospital (later renamed the **Essex County Hospital**) was not set up to deal with disabled people or chronic illness, except perhaps in its outpatients' department. Such people would be dependent on the care of family and friends and whatever they could persuade the parish officers to provide.

Under the 1834 New Poor Law the poor were to be classified as able-bodied or otherwise. The original intention was to separate the able bodied men and women, the children and the sick from the non able-bodied and the elderly and to house them separately, for example so that "the old might enjoy their indulgencies without torment from the boisterous".⁶² Initially, in Colchester after 1834, the pre-Union

⁵⁸ Subscribers (private individuals and parish vestries) who supported the hospital financially had the right to recommend patients.

⁵⁹ In this they were largely successful as about one death per month occurred on average in the hospital.

⁶⁰ Norwich hospital received £170 pa from this route.

⁶¹ John B. Penfold, *The History of the Essex County Hospital, Colchester 1820-1948* (Penfold 1984) p 101.

⁶² Jackie Cooper, *The Well-Ordered Town; a Story of Saffron Walden, Essex 1792-1862* (Cooper, 2000).

workhouse buildings were used to separate the categories of pauper with St Mary's taking the able-bodied, St Giles the infirm women, St James the children and St Peter the infirm men. St Botolph workhouse accommodated any overspill. But, by 1837, the new Union building on Balkerne Hill was completed to house all pauper inmates. The workhouse inmates were always heavily outnumbered by the paupers who lived at home and claimed 'outdoor' relief. The 1834 Act expected the sick to be on outdoor relief and a doctor was paid to care for the impoverished sick.

Colchester Borough was divided into four medical districts, each served by one or two medical officers. The Union workhouse had its own medical officer. By the 1860s, enough dire epidemics had occurred to change this policy. Each Union was now required to build a hospital for the sick poor. Known as Dispensaries or Infirmaries, usually in or near to the workhouse compound, they were used for destitute patients and for infectious or isolation cases. They were staffed by nurses rather than workhouse staff and the good reputation such places enjoyed for neatness and order 'tended to diminish the repugnance to entering the workhouse'.⁶³

St Mary's Union Workhouse Infirmary was built in 1848 and, as well as dealing with the pauper sick in general, it continued to be used as the town's infectious diseases hospital for nearly forty years. It dealt with smallpox, typhoid and cholera cases between 1845 and 1872. Such infectious diseases were, of course, responsible for a level of permanent disability in those who did not die from the initial infection. Smallpox could result in loss of sight, measles could produce serious neurological disabilities, venereal disease caused disability in the babies of infected mothers. The infirmary was extended in 1869 and a dispensary added. In 1870 a detached fever ward was built but this did not answer demand for, in 1882, the corporation allowed the Board of Guardians to use Hales House on the Severalls estate as an isolation hospital. The Borough also used a hospital ship to isolate infectious patients between 1877-1921.

As a result of the 1834 change in poor law thinking, a two-tier system developed –

- hospitals were no longer associated only with the indigent
- the subscription hospitals would not accept immoral diseases

⁶³ This did not mean the system always worked smoothly. The relieving officer, who organised outdoor relief (including food and free medical services) as well as court cases and committals to lunatic asylums, served several masters – guardians and medical officers – and sometimes came unstuck. A poor unemployed family in Clacton; the mother, seriously ill, was examined by the Clacton Medical Officer and the Tendring Sanitary Board Medical Officer. The first *advised* & the second *ordered* that she be admitted to the Workhouse Infirmary. The rule said the whole family had to be admitted to the Workhouse if one member was admitted (although other guardians said this law was often broken). The Relieving Officer found the husband at work in the rectory, thought he did not look destitute as he was now earning 2s 6d per day. So his wife was no longer eligible for the Workhouse Infirmary and the Clacton Medical Officer gave a certificate for her removal to Clacton forthwith. James T McKay, *A History of the Tendring Union Workhouse 1834-1930* (unpublished, shelved in Essex university library).

However, there is much in this account to suggest that, in Colchester at least, there was continual friction amongst the various hospital providers and there are some sad cases in the annals showing that patients sometimes suffered as a result.⁶⁴

The 1864 Contagious Diseases Act instructed each local authority to make provision to isolate and treat venereal disease. Essex County Hospital refused to treat venereal diseases and contagious infections (which could also result in seriously disabling conditions such as general paralysis of the insane associated with tertiary syphilis). St Mary's Infirmary already took venereal patients and, in 1860, the guardians agreed to treat *non-pauper* women with this affliction in a special building, called the 'foul ward' behind the workhouse. A year later this arrangement was vetoed and the guardians refused to agree to the workhouse being registered as a lock hospital in accordance with the Act. Eventually, a government **Lock hospital** was built in 1867-8 in Port Lane. It later became a hospital for soldiers' wives and closed in 1886.

Infectious Diseases Hospital (Myland) In 1884 a farmhouse on the Severalls estate at Mile End was converted to the Borough isolation hospital. Initially it was planned for non pauper patients but paupers were admitted from 1888. It was renamed Myland Hospital in 1948.

Colchester Recalled interviewees also mention other specialist Essex hospitals to which Colchester residents were evidently referred in the twentieth century, such as the Broomfield Hospital near Chelmsford, the Black Notley Hospital near Braintree and the High Beech Unit, near Epping, where a protracted case of osteomyelitis was treated.⁶⁵

Military Hospital (see Appendix Six) During the Napoleonic wars, Colchester Barracks had a large military hospital capable of housing 500 sick or wounded soldiers. This was sold off in lots in 1818, one wing being bought for the building of the Essex County Hospital. When the new Colchester barracks were established in 1856, twenty hospital huts were included. These were replaced in 1896 with brick hospital buildings capable of accommodating 221 patients. The hospital closed in 1978.

Institutions and hospitals for the mentally ill and learning disabled in Essex and Colchester c1700-1948

It is said that around 1:1000 of the population were confined by mental illness in the eighteenth century and half of them were in private institutions.⁶⁶ If the population of Essex in 1766 was 153,000,⁶⁷ then we might expect around 53 inhabitants would have

⁶⁴ For instance, Penfold's book tells the story of a nurse at the Essex County Hospital who contracted typhus. The Union Infirmary tried to refuse her admission on the grounds that she was not a pauper, and she spent some time lying on a handcart outside the workhouse while deliberations continued between the two hospitals. Eventually she was admitted to St Mary's and died shortly afterwards.

⁶⁵ Colchester Recalled interviews no 2069, 2269 and 2083 respectively.

⁶⁶ Roy Porter, *Mind-Forg'd Manacles* (Penguin, 1987) p 8 and *Madness; a brief History* (Oxford, 2002) p 94-95.

⁶⁷ This estimate is based on a count made by Essex clergy for a visitation in 1766. ERO T/A 778/16-18. See Jane Pearson, 'Figures in a Landscape; the County of Essex in 1766 through the eyes of its clergy' in *Essex Harvest, a collection of Essays in memory of Arthur Brown*, ed. by M Holland and J Cooper (ERO, Chelmsford, 2003).

been confined somewhere in Essex. However, the opening of the county's first asylum in 1851 saw a great increase in numbers of the confined mentally ill. This suggests that the rise in the county's population from the late eighteenth century was *either* accompanied by a rise in mental illness *or* it was accompanied by an increased unwillingness by families and communities to deal with the problem of mental illness informally and domestically. By the 1890s the Union workhouses were again bearing some of the brunt. Tending Guardians blamed "the troublesome old people who were formerly taken care of by friends, were now sent to the Asylum". By 1907, seventeen of Tending Union Infirmary's fifty (or so) patients were "imbeciles & idiots", thirteen suffering from senile dementia.⁶⁸

In law, the mad were lumped together with paupers, criminals, vagrants and beggars under the argument that all who would not work were deviant. It has even been said that "the Age of Reason put all forms of unreason under lock & key".⁶⁹ The English Vagrancy Act of 1714 (a Poor Law Statute) put lunatics in the same category as rogues and vagabonds and empowered magistrates to lock the 'furiously mad and dangerous' up with other disturbers of the peace. But the eighteenth century also saw a softening of the medical profession's attitudes to lunatics even as they became associated with profit-making madhouses. As humanitarian reformers challenged the cruelty of the latter⁷⁰ so philanthropic subscription asylums arose in the industrialising cities of Liverpool, Manchester, Newcastle and York.

Before the mid-nineteenth century, Colchester's mentally ill residents had several options. They might be cared for at home, perhaps with bought-in care which would be paid for by the parish if the family were poor.⁷¹ If this were not feasible the family or the parish overseer would seek a local family specialising in this kind of care. For instance, in 1830-1832 St Runwald's parish boarded out two harmless idiots at a house in Maidenburgh Street.⁷² The pantry in St James' parish workhouse was altered in 1826 to provide a lock-up for a deranged and very dangerous woman.⁷³ Essex also had at least three '**madhouses**' routinely checked and, after 1774, licensed by the magistrates, which took in up to twenty patients at a time.⁷⁴ Before 1820, there was no necessity in law to provide medical supervision in these establishments.

⁶⁸ "These thirty weak minded were given to wandering about the wards and sometimes got into other people's beds." McKay, *A History of the Tending Union Workhouse*.

⁶⁹ K Doerner, *Madmen and the Bourgeoisie*, trans. J. Neugroschel and J. Steinberg (Blackwell, 1981) p14.

⁷⁰ Martha Ballard's diary describes the case of a young woman, whose mental derangement took the form of running away to join the Shakers. The treatment was confining her in a special chair (later a bunk with a lid to shut down, reducing her food and drawing blood to alleviate her nervous excitement. Alternatively there were drug remedies "for a patient suffering from derangement (and an eater of opium) a compound containing camphor, ipecacuanha, opium and calomel" was quoted in the diary. Laurel Thatcher Ulrich, *A Midwife's Tale; the life of Martha Ballard based on her Diary 1785-1812* (First Vintage Books, 1991). See also Appendix One where a special bed for a mentally ill Chelmsford woman is mentioned.

⁷¹ For example, the Great Tey parish overseer book itemises expenses paid for a woman, Ann Everitt, between 1719 and her death in 1739. For much of the ten years following her initial serious illness she lived in the village in semi-dependency. In 1730 the overseers applied for a magistrate's warrant to commit Ann to a madhouse in Halstead. A restraining lock and chain were bought. Full details are given in Appendix One.

⁷² *Victoria County History (VCH)* quoting ERO D/P 177/12/8

⁷³ *VCH* quoting ERO D/P 138/8/7

⁷⁴ For details of inspections see Essex Quarter Session records at the ERO and Appendix One.

The nearest of these madhouses to Colchester in the early nineteenth century was Thomas Tomkin's establishment in Witham. Alternatively, some impoverished Essex lunatics were sent to lunatic asylums in neighbouring counties, such as Warburton's Asylum at Bethnal Green. St Botolph parish had a longstanding arrangement in the early nineteenth century to send insane paupers to Holly House, Hoxton.⁷⁵ Alternatively there was the **Bethlem Hospital** at Moorfields which had been catering for lunatics from the late fourteenth century. Bethlem's rules were similar to those outlined above for hospitals for the physically sick. Patients were in Bethlem for a cure and if there was no improvement in their condition after a year they were usually sent home. These patients can be picked up in the Colchester overseer records as a decision made to pay the expense of sending them to 'Bedlam' or of making alternative arrangements.⁷⁶ The Bethlem admission book records their arrival and, depending on the date, some subsequent information (see pp 52-53 below).

There is considerable evidence to suggest that, where mentally ill people were concerned, their confinement and release was the product of complex bargaining between families, communities, local officials, magistrates and the superintendents. Because such arguments were complex and not clear-cut, the letters and committee papers relating to the decisions can often be found. Occasionally the outcome is also recorded in the local press. For example, under the heading 'Sad Death after Journey from Rochford Infirmary; "Exhaustion and Inanition"', the *Essex County Standard* recorded the inquest on a 33 year old man in 1922. He had been 'removed from his home to Rochford Infirmary about a fortnight ago as a mental patient' where he had been forcibly fed and spent time in the padded room. He was removed to Severalls hospital 'in the middle of winter' in an emaciated and bruised condition and died the next day.⁷⁷

Essex built its first **County Asylum** at Great Warley near Brentwood in 1851. Built on an 86 acre site, it was designed for 450 patients – "a considerable excess beyond the requirements of the county of Essex", the intention being to provide more beds than Essex would need so that income could be generated by bringing in patients from outside the county and charging double rates. But the demand for beds within Essex reduced this moneymaking opportunity except for brief periods. By 1891, after many building extensions, the asylum had 1350 patients, some of whom were admitted from Colchester.

Lunatics were not potential union workhouse inmates under the 1834 Poor Law Act. "In 1849 the Poor Law Board decided that a weak-minded pauper... must either be a lunatic and be certified and treated as such, or *not* a lunatic in which case no special treatment need be prescribed for him or her..." The difficulty of discriminating between people who do, or no not, receive treatment for mental illness is a modern problem too. In 1852 there were 4107 lunatics and idiots on outdoor relief in Essex (i.e. not confined in an institution). This had risen to 6199 by 1870.⁷⁸ So, in 1862,

⁷⁵ VCH quoting ERO D/P 203/8/3 and D/P 203/18/1.

⁷⁶ ERO D/P 323/12/1

⁷⁷ *Essex County Standard*, 3rd February 1922.

⁷⁸ Research has shown that, by 1860, more than a quarter of asylum inmates were originally 'badly behaved' workhouse inmates. See Peter Bartlett, 'The Asylum and the Poor Law' in Joseph Melling and Bill Forsythe (eds) *Insanity, Institutions and Society, 1800-1914* (Routledge 1999).

Parliament authorised housing the mentally ill in the workhouse (to relieve the pressure on County Asylums) where they mixed freely with the inmates, however “mischievous, noisy or physically offensive”. In 1870 with the numbers of patients inexorably rising, the decision was made to offload some of the quieter patients from Great Warley Asylum. **Brunswick House** near Harwich and **Lea Hall** at Walthamstow were rented and used for ‘chronic & harmless’ patients in 1879. Sometimes Essex patients were boarded out in other county asylums.⁷⁹

Eventually the decision was made to build a new mental hospital at Colchester and **Severalls Hospital** was built on a 300 acre site, opening its doors in 1913. Until 1930 only certified patients were admitted and the regime was accordingly strict. Severalls’ records are in the keeping of the North East Essex Mental Health NHS Trust. Further information on this hospital can be found in Diana Gittings’ excellent account *Madness in its Place; narratives of Severalls Hospital 1913-1997* (Routledge, 1998) and in an anonymous (Local Studies) Pamphlet – ‘Severalls Hospital, Colchester, 1913-1963’ (undated, illustrated).

The ERO has an enormous collection of Warley Hospital records – over 400 boxes of documents, some of which need conservation before they can be catalogued. This means they will not be available to the public for some time. However, specific enquiries can be made by emailing ero.enquiry@essexcc.gov.uk.

Eastern Counties Asylum for Idiots and Imbeciles In 1850 a hotel near Colchester railway station, called Essex Hall, was converted into a branch asylum of the Park House Hospital for Idiots at Highgate and twenty eight children were admitted. Within five years there were 150 children inmates but all had departed by 1858 for the Surrey Royal Eastwood Hospital. The following year the building reopened as the Eastern Counties Asylum for Idiots and Imbeciles – the second such institution in England. It served Essex, Norfolk, Suffolk and Cambridgeshire and was supported by subscribers. The inmates were mostly children and they were not paupers.⁸⁰ There were 66 in 1862, the numbers rising to 189 in 1891 and 245 in 1897. The children were accepted for five years initially, but up to 20% were given a permanent home there. The asylum was not merely custodial but prided itself on training and teaching the children and providing work opportunities (such as farm and laundry work, or sewing the inmates’ clothing) and leisure activities including outings. Indeed, its constitution stated that one of its aims was “that the design of the charity be, not merely to take the idiot and imbecile under its care but especially by the skilful and earnest application of the best means in his education, to prepare him, as far as possible, for the duties and enjoyment of life”. It expanded considerably in the twentieth century, over spilling into homes in Witham and Halstead. **Turner Village**, an encampment of villas for male inmates, opened in 1935.

The Institution was closed down and the buildings demolished in 1985. The Local Studies Library has photographs of the site before demolition in 1987/8 (E.COL.1 021.7 & 394.5).

⁷⁹ One Southend patient, who eventually ended up in Severalls Hospital, had chits in her Great Warley Hospital records informing her family she was to be transferred to South Wales. See Appendix One.

⁸⁰ In the twentieth century some young mentally handicapped poor were given places. (VCH)

Essex Hall Asylum for Imbeciles & Idiots deposited an archive with the ERO (see Appendix Three). Colchester Library (Local Studies) has the 32nd Annual Report (1891) which includes the results of the 76th election of inmates, showing that, of the sixteen elected, five were from Essex. Colchester Library also has the Eastern Counties Asylum Reports and subscriber lists for 1863-1866. See also -

- Andrew Stevens, 'The Institutional Care and treatment of people categorised as mentally defective before and after the Second World War; the Royal Eastern Counties Institution' (unpublished PhD thesis, University of Essex, 1998).
- William Millard, *The Idiot and his Helpers, including the history of Essex Hall* (London 1864).
- Michael Smith, *Lionel Sharples Penrose; a biography* (manuscript, no date).
- *Essex Review* vol 13 has obituary of Mr Turner (Secretary/superintendent 1913)

Other institutions Around 1866, Mrs Round “built an orphanage for destitute children which has since been maintained entirely at her own expense” at the junction of Brook Street and East Hill in Colchester. The building is there to this day. In her will (proved 1886) she left £4000 in trust to the rector of St James to apply the income for the education and maintenance at the orphanage of nine poor orphan girls whom the testatrix expressly wished should not when of an age to go out to work be set to machine work or to work in a silk factory but rather to serve in shops or at dressmaking.⁸¹

An 1872 newspaper account mentions “14 children from the orphanage for destitute female children of which Mrs Round is also the Guardian; 34 girls attending the evening school held at Mrs Round’s house and 12 girls from the Industrial Home for the education of children for domestic service.” It is unclear exactly how these various institutions differed and whether they were on the same site. Industrial Schools were usually filled with young ‘delinquents’ recommended by the magistrates’ court. Indeed the Easter Sessions of 1877 included a Report of a Committee “as to the question of a Grant by the County towards the erection of a suitable building for the Essex Industrial School and Home for Destitute Boys.”⁸²

Charities The *Victoria County History* lists many Colchester Charities, mostly established after the Reformation. While many specify a group of residents who are to benefit, such as apprentices or the elderly, none is specifically for the disabled. This is strong evidence to support my earlier statement that the disabled, in history, were not generally seen as a distinct group. It is likely that the *deferential* poor disabled would have been selected to benefit by the charity’s trustees, but there is scant evidence of special treatment. For instance, the information that, in 1783, the ratepayers of St Peter’s parish, Colchester, agreed to badge the poor, “except the blind or lame or those over 70 years of age” is hardly evidence of generosity or compassion

⁸¹ ERO D/P 138/28/9

⁸² ERO Q/Acp 22. In 1898, Mrs Round’s niece, Miss Cooper, applied to extend the orphanage. ERO D/B6 Pb3/1237.

towards the disabled.⁸³ It could equally be seen as a saving on behalf of the ratepayers who would probably have paid a poor woman to make the badges.

Colchester Recalled interviews mention several charities in passing that were used by Colchester people in the twentieth century. These include Lord Robert's Workshop (a Colchester branch of a charity to employ ex-servicemen), the Spastics Centre at Kelvedon, and a Colchester charity that helped impoverished old people.⁸⁴

Primary and Secondary Sources for the Welfare history of Colchester 1600-1948

For much of this period, Colchester was a Borough which means that it had jurisdiction over its own affairs. Nevertheless, most of its primary sources are indistinguishable from those of other places in Essex. The following section describes the major categories of records that could be expected to carry disability and welfare information. Before visiting the Record Office it is advisable to look at its website and become familiar with the existence of likely information. Some records have gaps, others are only available on microfilm or fiche and a reader may have to be booked in advance.

The *Victoria County History* states that “except for some 17th century **vestry minutes** of All Saints and St Leonard's parishes, surviving **parish records** consist of 18th and 19th century vestry and select vestry minutes, **overseer rates and accounts, churchwarden rates and accounts, surveyor's accounts** and some **bills and settlement papers.**” There will be information on disabled people in most of these sources although it will not necessarily be easy to find. There follows examples of the kind of information concerning disability that might be found in these sources.

Overseer records & guardian minute & letter books The duties of the parish overseer included collecting the rates, disbursing rates money on the poor and accounting for this expenditure and putting the poor to work. Thus they were highly significant in the lives of their poor neighbours and their paperwork reflects this. In Colchester the poorest, most overcrowded parish was St Botolph. In 1794 the overseers carried out a survey of their parish poor who represented about 35% of the parish population.

St Leonard's vestry books first mention the parish workhouse in 1755; the overseers' problems then were financial – how to sort out their indebtedness “to divers persons for goods to the workhouse, about £39.7s”, and how to reclaim money legally due –

“15 January 1770

Whereas Elizabeth Hull belonging to our parish is become chargeable and it appears unto us by a will and a case stated therefrom that she is entitled to some freehold tenements in Witham and some copyhold tenements on Braxted Green near Maldon now we do hereby authorize and empower Henry Nathaniel Graves churchwarden and

⁸³ ‘Badging’ the poor (with a letter ‘P’ for pauper on one shoulder and the initials of the parish paying for their support on the other shoulder) was a repressive measure (8&9 W&M c.30 1696-7) aimed at discouraging the poor from claiming relief and increasing their visibility. VCH ERO D/P 178/12/2

⁸⁴ Colchester Recalled tape no 2002 mentions the Lord Robert's Workshop – “they had big windows and you could look in and watch them making baskets and things”. Tape 2017 gives an account of founding the Fives Charity to help impoverished old people.

John Bartholomew overseer...to sue for and recover the above mentioned estates as they or either of them shall be advised therein on behalf of the said parish.”⁸⁵

By 1771, St Leonards vestry records show intimidation of poor children who are “collecting” support from the vestry.

“18 June 1771

It is likewise ordered that the children of those persons who are collectioners shall be put out to a person appointed by the parish for the teaching them to spin and keeping them constantly at work and these children are to attend at 6 in the morning as long as they can see and at 8 in the morning afterwards. They are allowed half an hour to breakfast and one hour to dinner and those persons who refuse sending the children will not be allowed any collection.”

A few pages later another initiative is being tried out in 1775 – an agreement to admit paupers from St Leonard’s to the workhouse of St Giles “ being desirous that the paupers belonging to this parish (i.e. St Leonard’s) may be more constantly and properly employed than they now are or for some time past have been.”

The parish of St Mary at the Walls made an inventory of the twelve bed parish workhouse in 1753.

For additional Colchester overseer record examples, see pages 53-54 below.

Rural District Council records Rural District Councils were created in 1894. They took over the responsibilities of the old rural sanitary authorities. Their council and administrative records are at the local record office. Here is an example from Lexden & Winstree dated 23rd January 1901 concerning a deaf & dumb child Dobson. On the proposition of Colonel A. H. Lefroy, seconded by Mr Boggis, it was resolved “that the council contribute the sum of £20 per annum towards the maintenance and education of this child at the Brook Green Deaf & Dumb Institution, London”. On the 20th February 1901 it was resolved “that this council contribute the sum of £5 per annum extra towards the maintenance and education of this child at the Brook Green Deaf & Dumb Institution, under the London School Board or the Royal Institution for the Deaf and Dumb at Derby to which of these Institutions may be arranged”. On 9th March 1901 a letter dated 2nd instant was read from the Board of Education consenting under Section 2(1) of the Elementary Education (Blind and Deaf Children) Act 1893 to the contribution by this council towards the maintenance of the Hammersmith Brook Green, Board Deaf School of an annual sum not exceeding £8.8.0 in respect of each child sent to that institution by this Council and it was understood that the balance of £16.12.0 would be paid to the Boarding out Committee for board lodging and⁸⁶ clothing and these payments did not require specific approval. The Clerk was instructed to write to the London School Board and enquire whether the child would live at the School where it was proposed he should be educated, or boarded out.

Colchester’s parish welfare records are housed at the ERO at its local branch in Stanwell Street, Colchester.

⁸⁵ (ERO D/P 245/8/3)

⁸⁶ Inserted here was the word ‘washing’ crossed out.

Quarter Sessions and Petty Sessions records have already been mentioned in connexion with decisions about lunatics and overseer dereliction. The magistrates were in overall control of the welfare system in the eighteenth and much of the nineteenth century and the records kept by the quarter and petty sessions have disability-related information. For example, magistrates intervened on behalf of disabled apprentices. In 1694 two overseers fraudulently apprenticed a cripple to husbandry at St James, Colchester and were summoned to the sessions⁸⁷ (see Appendix One).

Workhouse records, both before and after the introduction of the New Poor Law on 1834 which ushered in the Union Workhouse, may include information on disabled inmates and their treatment. This may be in connection with excuses not to work or with the infirmities of old age or the problems associated with mentally ill or learning disabled inmates.

Independent Meeting House records – Essex was a strongly nonconformist county and abounded with chapels throughout the period under review. Colchester had several meeting houses and the ERO holds the surviving records.⁸⁸ Since disability was part of life it can be found in these chapel records as the following examples show.

John Beart who in the employment of Mr Lay the Glazier, fell from the roof of the distillery near the Hythe in September last and injured his spine which occasioned him a period of bodily suffering and loathsome disease almost unparalleled – but alleviated and sanctified by the Christian faith. 32 years old, buried June 6th, 1820.

George Vincent journeyman carpenter who having been for some months in a state of mental derangement was found dead in a field with his throat and body cut with a knife, August 4th 1824.

Mr John Jarvis assistant at Mr Clark's school, Lexden Road He was a *good* man; *distinguished* by the grace of conscientiousness. He had suffered aberration of mind; but he had been restored. He died of consumption. His end was rational and peaceful. 38 years old, 20th June 1836

Mrs Rebecca Choat, wife of Joseph (elsewhere described as baker of St Leonard's). She was eminently a woman of "a meek and quiet spirit" – very reserved – but evidencing her piety by its fruits. She died of a succession of convulsive fits – after a sickly life – leaving eleven children. Died 25th January 1838 age 50. (Her last child was baptised 1832.)⁸⁹

⁸⁷ ERO, Q/SBb 2; similar cases involved a miller indicted in 1711 for taking a cripple apprentice "contrary to the law as likely to become chargeable" (ERO Q/SR 549/28) and a 1659 case concerning the settlement of a blind teacher (ERO Q/SO 1/666). These were picked up on SEAX, the ERO online catalogue, using advanced search and keyword 'cripple'.

⁸⁸ The University of Essex holds the Colchester Quaker archive.

⁸⁹ These are comments on burials at the Independent Meeting, Lion Walk, Colchester. ERO D/NC 52/1/1.

19th Century Government Census Enumerator Books and statistical analysis of successive censuses all contain disability-relevant information. Kevin Schurer and Matthew Woollard at the Essex University Data Archive have collected the (thousands of) different descriptors relating to disability used in the 1881 Census (see Appendix Seven). In addition, it is possible to find the institutions described in this section of my report – hospitals and workhouses - in the census returns, the inmates named and their relevant details, where known, recorded.⁹⁰ The Census can be accessed at the Local Studies library in Colchester.

Maps and Plans – many 19th century institutions were mapped on OS maps and the ERO and Local Studies library have some editions for some areas of Essex. Institutional building plans can also be found at the ERO.

Nineteenth-century Newspapers contain a great deal of information about the welfare and health concerns of their catchment area. Hospital fund raising events, results of elections for patients, notorious stories and inquests, reports of board and committee meetings, tenders inviting contracts for provisioning of institutions, letters to the editor on welfare subjects as well as stories featuring famous or talented disabled people can easily be found (see Appendix Five).

Local trade directories (Kellys, Whites) supply information on traders organised by town and village. Some traders, such as surgical instrument makers, are directly associated with disability. The information is not always up-to-date.

Personal accounts, letters, diaries, published & unpublished – the ERO has some of these types of source; the museum also has some in its history files. These are personal documents and not always easy to decipher or to contextualise. Nevertheless, they can often inject a personal glimpse, an attitude or state of mind into the otherwise balanced and bland account of how the welfare system was supposed to work.

Oral history – Colchester Museum is fortunate in its collection of taped oral history. Once this archive is scanned onto the database or digitised so that it is easy to access and to search it will prove to be a mine of information on disability-related subjects. Oral history is not easy to collect or to use. There are significant confidentiality and memory issues to confront. Oral history does not conform to the accepted conventions of historical evidence which means it has to be used with these issues understood and accepted in advance. Nevertheless, oral history is capable of revealing a personal and emotional aspect of history which is compelling, informative and attractive.

⁹⁰ The St Botolph enumerator in 1851 added multiple exclamation marks after describing two female inmates of a house in the parish. One explanation for this would be that he suspected he was enumerating the local brothel. The 1841 census presents information on Thomas Tomkin's asylum at Witham which, on census night, held eight patients ranging in age from 21 to 65 and six staff. See Appendix One.

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 Paul Higgins, *Outsiders in a Hearing World; a sociology of deafness* (Beverly Hills, 1980).
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 Harlen Lane, *When the Mind Hears; a History of the deaf* (London, 1988).
 Deborah Marks, *Disability; controversial debates and psychological perspectives* (London, 1999).
 Michael Oliver, *Understanding Disability; from theory to practice* (Basingstoke, 1996).

June Rose, *Changing Focus; the development of blind welfare in Britain* (London, 1970).

Journals relating to Essex history

Essex Journal

Essex Archaeology and History; Transactions of the Essex Society for Archaeology and History

6. Other important sources from further afield that may have specific relevance to uncovering the history of disabled people in Colchester

Norfolk and Napsbury Asylums having been evacuated for conversion to Military Hospitals, a considerable number of patients were received from them, resulting in greater overcrowding. Rationing for patients was more severe than that for the general public and, with the overcrowding and other factors, resulted in an enormous death rate during the latter years of the war. In 1917, 525 patients died, only 10 less than the number of admissions for the year...⁹¹

Colchester Museums does not restrict its services to the borough residents; about a third of the museum's visitors are drawn from the rest of Essex, the eastern region and abroad. The majority of visitors are not yet of retirement age and are accompanied by children. It is acknowledged, then, that museum exhibitions should not interpret Colchester as a 'desert island' but should recognise what a significant regional centre the town has always been. For centuries, Colchester's residents, rich and poor, travelled the region, visited London in search of work, business opportunities, health and leisure just as East Anglian men and women visited Colchester seeking work and entertainment. The proximity of Ipswich, Harwich and the Hythe ensured a flow of continental visitors through the town.

Not only did Colchester react to and absorb 'foreign' initiatives, 'invasions' and fashions, but Colchester people left traces of their doings in other places and their existence and activities are now archived at a distance from Colchester. It is clear from section 4 of this report that Essex had recourse to institutions out of county as necessary. While it is impossible to list all potential institutions here, a trawl through the overseer and borough records of Colchester parishes would reveal some of those used. A curator wishing to research one of these 'stories' should consider starting his or her search by emailing one of the larger archives listed below. In this section I will introduce some archives from outside Essex which either could be expected to be relevant to Colchester people in history or which might help curators at Colchester Museum find information on individuals or themes to do with disability in history. I will give examples of the kind of information to be found there.

Relevant Archives out of County

London Borough and Unitary Authority Archives

The southern boundary of the ancient county of Essex was the Thames. This is not the case today. Modern Essex is fringed by London Boroughs, all of which maintain local libraries with archives. For some time, the intention has been for the ERO to release to the relevant London Boroughs the records it holds for their area. In some cases, for instance parish registers, the ERO will retain its microfilmed copies but many of the transferring records have never been microfilmed. So, for the foreseeable future, it will be necessary to travel to the relevant Borough library to consult sources for Waltham Forest, Barking and Dagenham, Havering, Newham and Redbridge. The unitary authority of Thurrock also holds some of its own records while the unitary authority of Southend has elected to keep its records at the ERO in Chelmsford. Thus

⁹¹ 'Warley Hospital, Brentwood; the first hundred years, 1853-1953' (1953)

surviving welfare records for these areas of 'old Essex' may well involve cases of Colchester people who were drawn there by employment opportunities but fell on hard times and wrote to their Colchester parish of settlement for assistance. The museum's copy of the early nineteenth century diary of John Castle, founder member of Colchester Co-operative Society, gives a vivid account of a man who worked his way out of Witham workhouse, where he was living as a teenager, and eventually found employment in London before returning to his Colchester roots. John Castle's 'career' was not unusual although his energy and enterprise may have been.⁹²

National Archive

The National Archive was formed two years ago by amalgamating the Public Record Office and the Historical Manuscripts Commission. In addition to its role as custodian of the records of central government and courts of law, it also stores non-governmental records and makes them available for the public to consult. The catalogue can be consulted online.

Royal Bethlem Hospital archives

The Royal Bethlem Hospital was founded in 1247. From 1676-1815 it was located at Moorfields in the City of London. After a hundred years in Southwark it was moved again, in 1930, to Beckenham in Kent which is where the hospital and its museum and archive are now to be found. The museum and archive is the 'place of deposit' for the archives of the South London and Maudsley NHS Trust and its predecessors and includes the records of Bethlem and the joint records of Bridewell and Bethlem. In its small premises it also has a small reference library with published works on Bethlem and the Maudsley hospital and broader aspects of the history of psychiatric and mental healthcare. The archive is in two parts, one relating to the (historical) patient records and the other to a large collection of art produced by Bethlem patients. The archive holds minutes of the Bethlem Board of Guardians, admission registers for 1683-1902, case books for 1816-1948 and photographs of patients taken in the 1850s. Patient records are subject to the hundred years rule.

Bethlem was a refuge of last resort to Essex parish overseers dealing with serious cases of mental illness. Here is an example from mid 18th century Colchester. St Leonard's overseer records have papers relating to the affairs of Samuel Rudland, an absconding pauper. The first paper concerning this case is a letter of attorney, dated 1st October 1766, whereby Samuel Rudland of Colchester, husbandman, appointed St Leonard's overseers, Henry Page, gardener and John Key, bookkeeper, to recover debts owed to him by William Hickingill, late of Colchester, common brewer, deceased.⁹³

On 16th October 1766, attorney William Mayhew wrote as follows to St Leonard's parish overseer Mr Key.

⁹² This diary contains information about John Carter (1815-1850), a Coggeshall man who, paralysed in an accident as a young man became a local artist. William James Dampier, *A memoir of John Carter* (London, 1875).

⁹³ ERO D/P 245/18/7

“On the other side is the form of an order to be made by two Justices. Upon considering all the acts of parliament I thought it would be best to ground the order upon the Act of the 5th of Geo:1st for running away and leaving his Children a charge to the parish rather than upon the 17th Geo: 2nd which gives no further power to parish officers than the expense for the Lunatick. Neither of these Acts will warrant your selling the house until the order is confirmed at the Quarter sessions, but yet I think you may safely sell (the house crossed out) him for the best price you can; and you will be commended in so doing. Should Rudland have any return of his disorder I should think it would be advisable to endeavour to get him into Bedlam but that I submit to the opinion of the parish. I do not think there will be any occasion for another letter of attorney and I apprehend the representatives of Alderman Hickeringill will settle with the present overseers they having a double authority (viz) by the warrant under the hands of the Justices and the letter of Attorney.”⁹⁴

St Leonard’s Vestry Minutes of November 24th 1766 record the following-
“At a vestry meeting pursuant to notice given in the church it is agreed that Henry Page and John Key, the present overseers, do go immediately to Bedlam with Samuel Rudland in order to get him admitted there as a lunatick”.⁹⁵

Bethlem Hospital admissions book, which will be accessible on line before the end of 2005, shows that Samuel Rudland of Colchester, Essex was, indeed, admitted on November 29th 1766 and that he died there on July 3rd 1767. The admissions book also reveals that, in order to abide by hospital rules, St Leonards had to find two ‘agents’, resident near to the hospital, to stand surety for the patient. It is likely, for instance, that these agents were approached to pay for the burial of Samuel Rudland, St Leonards having lodged a sum of money with them to cover such eventualities.⁹⁶

Bethlem records potentially contain one end of many Essex stories of mental illness in the eighteenth and nineteenth centuries. For instance, they contain a letter from a John Lufkin of Little Bentley near Colchester, written in 1790, responding to a letter received from Bethlem. Lufkin’s mother had been treated in Bethlem but sent home as incurable. The hospital had written to say that a bed had become available in their two small wards for incurables. Lufkin replied that his mother was currently living half a mile from home which meant her family could visit regularly. They would prefer to keep this system as long as they could but were hopeful that, should they no longer be able to afford the local provision, they would be able to take up Bethlem’s offer at a later date.

Bethlem’s website is under construction at time of writing;
www.bethlemheritage.org.uk

See also Jonathan Andrews et al, *The History of Bedlam* (Routledge, 1997)

⁹⁴ ERO D/P 245/18/7

⁹⁵ ERO D/P 245/8/3

⁹⁶ The agents were Joseph Birch of Great Tower Hill, corn chandler, and Thomas Cox of London Wall, tailor.

Imperial War Museum

www.iwmcollections.org.uk includes a searchable database. The keyword ‘disability’ raised 32 records and ‘Colchester’ 171. Examples of the entries have been printed off to show the potential of these sources for exhibition purposes (see Appendix Six).

London Foundling Hospital

www.coram.org.uk informs its visitors that the Foundling Hospital Museum (Brunswick Square) contains art works (donated by patrons), Handel memorabilia and “poignant social history objects relating to London’s first children’s home”. It might be thought that this institution, established in 1739 by Thomas Coram as a refuge for abandoned children, would have little to do with Essex or Colchester. This is not the case as the abandoned children came from all over the UK and the babies were sent out to nurse in the villages of Essex among other places. Colchester’s Independent Meeting house records, for instance, refer to the burial, in December 1836, of Mrs Jane Harper, widow of 76, East Street. “She was reared in the Foundling Hospital, London. She was poor; but lived a life of health and serenity to the term of 87 years. Owing to the strength of her constitution her death was difficult and lingering. Her knowledge, like her capacity, was small but her heart seemed right with God.”⁹⁷

The Wellcome Library for the History and Understanding of Medicine

Situated in the Wellcome Building on the Euston Road, the library houses a large collection of general, special and visual materials relating to the history of medicine. There is an online library catalogue, a medical photography collection, while the manuscript and archive section allows online access to papers concerning historical figures significant to the history of medicine. This is an obvious port of call for anyone researching historical medical subjects such as health and hygiene, infectious diseases and individual doctors’ medical careers. The Wellcome has efficient links to other medical archives in London, such as teaching hospital collections and records and the archives of medical professional societies and, in my experience, the librarians answer email enquiries promptly.

www.library.wellcome.ac.uk

Royal College of Surgeons

The Hunterian collection of anatomical specimens and surgical instruments is not, at first site, of obvious relevance to Colchester museum, with its nationally important archaeological collection. However, the RCS museum is currently holding an exhibition arising out of the Saving Faces Art Project. This was a collaboration between a surgeon specialising in facial surgery and an artist who painted portraits of patients during their treatment. The surgeon was aiming to demonstrate what was possible with modern facial surgery and that people with facial disfigurement are able to enjoy happy, successful and fulfilled lives. He wanted to give the artist an opportunity to paint the patient’s progress on his surgical and emotional journey and he also hoped that his patients would experience a cathartic effect through being portrayed. Although this exhibition challenges some stigmas and stereotypes

⁹⁷ ERO D/NC 52/1/1.

concerning disability, the whole museum is full of such challenges and it was clear, on my visit to the museum, that the curator who showed me round had contemplated many of the issues outlined in part two of this report. Some had been dealt with in imaginative ways, for instance juxtaposing accounts of surgical procedures carried out on ex-servicemen with facial disfigurement with accounts collected from their grandchildren of how the disability affected daily life. In other places, the evidence of disabled lives was presented without comment in the form of skeletal remains or body parts floating in amber liquid, beautifully illuminated.

Disability Charity Web sites

www.rnib.org.uk is the website for the Royal National Institute for the Blind. This site has much straightforward information on communicating with blind, deaf/blind and partially sighted people. It claims to hold “Europe’s largest collection of research material about sight problems”. Interestingly, the life of Helen Keller – described as “the deafblind woman who became a role model for millions of people” is one of its most visited pages.

www.rnid.org.uk is the website for the Royal National Institute for the Deaf. It has a library, housed at University College London (www.ucl.ac.uk) which contains collections relating to audiology and deaf studies. Although the library web page advertises a reading list service, when asked to produce information relating to deafness in history, no connection could be made.

Most charities nowadays have websites and the older national charities will all hold information relating to the disability they cater for. Even if this is not of a historical nature it may well provide good quality information on the problems suffered by their membership and the solutions devised to deal with these problems. This kind of information is not necessarily obvious or intuitive for non-disabled people but it should be borne in mind when planning a disability-related project or exhibition. British Institute of Learning Disabilities www.bild.org.uk

Disability Welfare Web sites

www.disability.gov.uk is the website of the government’s disability policy division – “a resource for advice, legal and policy information relating to disability in the UK”. Like many government websites, its informational content is patchy – the home page, for instance, features British Sign Language issues discussed in Parliament but a search for some common disabilities was not rewarded. The site is valuable for the links it provides to related sites and for the “official” line taken on certain questions, but, like the Disability Discrimination Act, the blandness of its language conceals the often distressing reality caused by inadequate provision of resources and authoritarian attitudes.

www.drc-gb.org/publicationsandreports is part of the Disability Rights Commission web site. The DRC Research and Evaluation Unit states on its web page that it aims “to contribute to the creation of an authoritative evidence base on discrimination against disabled people in Britain and to play a key role in identifying barriers to inclusion and identify how these can be removed.” Articles describing specific research projects are available for download.

University and Disability web sites

While all British universities demonstrate on their web sites that they can accommodate the needs of disabled students, some of them are closely involved in disability issues through teaching and research. York University, for example, runs an MA in Critical Disability Studies “informed by various academic fields including law, anthropology, health studies, geography, economics, education, labour studies, political science, social work, social identity, politics, gender studies, refugee and immigration studies and ageing studies.” The absence of history in this list is notable. In the 1970s the Open University started an undergraduate course entitled ‘The handicapped person in the Community’ whose popularity led directly to the first edition of a new journal *Disability and Society*.

www.bristol.ac.uk/claude/welcome.html discusses problems of access to buildings and library materials including the attitudes of disabled students. Some universities have research units specialising in particular disabilities.

A Google search for ‘university and autism’ reveals, for instance, that Sheffield Hallam’s Autism Resources Exchange is a central point of contact for parents, families and professionals seeking advice and information on autism. Both Cardiff and Nottingham Trent are running research programmes to do with developing augmentative language systems while Cambridge and Sunderland universities each have an Autism Research Centre/Unit, the former’s mission being to understand the biomedical causes of autism. Similar searches for other disabilities may not reveal such university interest although they all draw attention to sources of information relevant to good practice. While it might be felt that it was not part of a curator’s task to become knowledgeable about cutting edge research in particular disabilities, some of these web sites contain highly relevant information such as styles of language disclaimer, case studies, images, book reviews and the names and university addresses of knowledgeable academics. In addition, they may include useful quotes and statistics such as the following (my italics)–

- “portrayals of disabled people should be as varied as those of the rest of society, *since they share the same experiences as everyone else*. In particular we need to move away from the clichés of wheelchairs and white sticks, and to avoid characterising disabled people as ‘victims’ or ‘heroes’.
- If disabled people are going to play a full part in society, then they also need to become more visible in the media. This is the aim of the Images of Disability initiative.
- Only around 5% of disabled people are wheelchair users, but there are many other physical impairments, eg cerebral palsy or arthritis...also sensory impairments such as deafness or blindness; neurological impairments including MS, learning difficulties, autism and dyspraxia; mental health problems; and other disabilities arising from common medical conditions such as asthma, diabetes, cancer. This list is not exhaustive.
- In the winning ads “the lead characters are *disabled people who come across as intensely human and likeable characters*. The *disability* portrayed was not only integral to the ad but enhanced the campaign messages and *really sold the product*.”

In other words, browsing through web sites can be a speedier way of picking up significant issues, problems and sources of information than more traditional visits to libraries or book shops.

Disability Action groups

There are a great many of these sites and they vary from personal and inspiring accounts of living with a disability to awareness-raising, campaigning and empowering political pressure groups. Some, such as Disability Action, are run by charities; others by companies, for example, BT's Age and Disability Action team. In many cases, a Google search naming a disability with the word 'action' attached will bring up a long list of international action groups.

Television and Radio

Disability is a subject frequently covered by radio stations and television documentaries. The information can usually be recovered via the station's web site which often contains extra information that was not broadcast. For example the BBC TV Disabilities Programme Unit made three programmes – *The Disabled Century* – and the associated web site has a potted history of changes in how disability was perceived and dealt with. BBC Radio 4 airs disability every week through regular programming such as 'You & Yours', 'All in the Mind', 'In Touch' and 'Woman's Hour', all of which have informative web sites.

Newspapers and Journals

Newspaper articles (national and international press) can be retrieved via the web and, although the welfare and legal system in the USA or Australia may be different from the UK (making some insights less useful) their research into certain disabilities is often ahead of what is reported from UK institutions. This is also one way of discovering where centres of excellence can be found. During the four months I spent working on this project I came across several informative newspaper features concerning museum exhibitions, some dealing with sensitive subjects such as holocaust survival or judicial mutilation.

7. A short case study illustrating how a disabled person's history can be reclaimed from the past - A Portrait of the Artist as a Disabled Man; John Vine (1809-1867)

“...primitive depictions of rather gross pigs and piglets in barns and byres were not appreciated by the family and languished in the shed.”⁹⁸

The nineteenth-century Colchester artist, John Vine, is a great subject for a traditional biographical exhibition. The museum has three nineteenth-century photographs of portraits of him and some of his paintings, and enough has been written about his work to be able to provide a coherent account of his art. He could comfortably be presented as an artist who happened to be disabled but who ‘rose above’ his problems to produce work that retains interest to this day. These are the readily accessible ‘facts’ or ‘evidence’ which would be used to present the formal case study – a portrait of the artist.

He was born with rudimentary arms and imperfect hands and was of diminutive stature. Nevertheless, he showed a talent for drawing as a child and apparently earned money exhibited in fairs and shows as a deformed child prodigy. He painted using brushes with long handles held in his fingers. As a young man he settled in Colchester and became an artist, specializing in painting prize winning farm animals, or any locally prized animals. He painted portraits of children and local people, he did miniatures, he even drew Colchester museum acquisitions. In addition, he made and restored picture frames and cleaned pictures. After the railway arrived at Colchester in 1844, he travelled further afield to Royal Agricultural shows, and obtained some useful commissions. But most of his work seems to have been Essex-based; he was patronized by several local farming families, and he adjusted his materials and efforts to the pocket of his customer, using oils or water colours and painting on paper, canvas or board. Some of his paintings are very attractive in the charming tradition of farm animal portraits – satisfyingly rustic but not sentimental. His child portraits have the same, slightly wonky charm. Perhaps, had he not been disabled, he would have risen to shine on the national stage.

Those are the bald facts about John Vine, disabled artist. This case study fights shy of lingering on his disability. It lets him speak through his art. While some disabled people might be pleased to see him placed on a level playing field, alongside well-known London-based farm animal artists such as W. H. Davis, and some carers would be delighted to see a successful role model presented, others might be reminded of what Dr Johnson had to say about women preachers.

But, with some active research and some understanding of the effect of disability on the lives affected by it, it is possible to contextualize John Vine's story to show how significant John Vine's life could be for modern disabled people and their families. In order to do this, I shall also be questioning how we know about John Vine and how knowledge is filtered culturally in history. We rely on W. Gurney Benham's account, published initially in the *Essex County Standard* in 1931. Benham (1859-1944) was a “leading citizen for many years” in Colchester, businessman, three times mayor, magistrate, governor of the Grammar School, elected member of Essex County

⁹⁸ *Daily Telegraph* 5th April 1986 referring to a recent Phillips sale of six 19th century pictures, two by Vine and four by WH Davis which sold for £44,800.

Council, knighted in 1935. He was editor of the *Essex County Standard* from 1883-1943.⁹⁹ “His literary work (apart from his work as editor) was chiefly concerned with researches into past history, which he pursued assiduously during the whole of his life and he was a Fellow of the Society of Antiquaries and a Fellow of the Royal Historical Society.”¹⁰⁰ In 1922, to coincide with Colchester’s Town Council’s acceptance of two pictures by John Vine, Benham ran an item in the *Standard* mentioning two trade directory entries on John Vine artist and asking “can some “old inhabitant” supply further particulars?”¹⁰¹ The following week, Benham published the fruits of this correspondence, unverified and much of it speculative. He ended “is there in existence any portrait of the artist?” The following week a reproduction of the British Museum etching of “Master Vine” was printed in the *Standard* with a little additional information and a comment on the quality of the pictures offered to the Council. This exchange of information evidently stimulated Benham’s interest and he continued to research John Vine’s life and work, producing another article in the *Standard* in 1931, two follow up lists of John Vine’s pictures owned by Essex families and a booklet with illustrations of Vine’s pictures a year or two later.¹⁰² In July 1932 he was instrumental in setting up an exhibition of John Vine paintings in Colchester’s Albert gallery. Thanks to this, we have a listing of the pictures offered by local families and some correspondence about Vine’s work.

The first piece of evidence is the etching¹⁰³ showing John Vine – “Master Vine” – (see overleaf) dressed in a frock, holding up a recognisable sketch in one of his disabled limbs. This picture would have been relatively expensive to produce and its function would have been to advertise his skills. Therefore it would only exist if John Vine had achieved fame as a child. At first glance we see the clothing and we assume we are looking at a toddler or, perhaps, a five year old. The picture has been dated c1820 when John Vine would have been eleven years old. Clearly the estimated date must be wrong. And yet, there is something not at all toddler-like about the proportions of the body and the head (including the hair cut). I am not suggesting we should read this etching as a photograph; it may be that we are looking at a poor drawing. However, John Vine was diminutive in stature.¹⁰⁴ So it may be that we *are* looking at the image of an eight or ten year old child who is dressed, rather like a doll, to look younger than his years, perhaps the better to milk the audiences who apparently came to stare at him and his precocious artistic talents at fairs and shows. Is he dressed appropriately for his age or for his ‘occupation’? For many disabled people, clothing is a nightmare. It has to be specially adjusted for comfort and fit or to make it possible to get dressed independently. In institutions for the disabled, mandatory uniform depresses its wearers.¹⁰⁵ For disabilities like Asperger’s Syndrome, clothing is a signal readable at 100 yards that the wearer is a ‘geek’. John Vine was not able to dress himself. If he is, indeed, dressed in babyish clothes, it

⁹⁹ With his brother Charles’ assistance until 1929.

¹⁰⁰ *Essex County Standard* obituary.

¹⁰¹ *Essex County Standard*, 12th August 1922.

¹⁰² Most of his sources were letters sent in to the newspaper in 1922 and 1931. Most of the article is concerned with Vine’s paintings and the provenance of the illustrative material.

¹⁰³ According to Benham, this etching is to be found in the British Museum. This has not been verified.

¹⁰⁴ “He was born with only very rudimentary arms and legs”. Elspeth Moncrieff with Stephen and Iona Joseph, *Farm Animal Portraits* (Antique Collectors’ Club, 1996) p 137. Benham mentions Vine’s diminutive stature.

¹⁰⁵ “The elaborate institutional rules on dress meant that many young disabled people developed a negative self-image”. Humphreys and Gordon, *Out of Sight* p 105.

opens up the whole question of dependency that is at the heart of disability then and now.

The second piece of evidence is the story that he was paraded “around the country – as “Master Vine – from fair to fair” in a caravan as a disabled child prodigy or ‘freak’ to earn money for his family by drawing pictures to order.¹⁰⁶ Benham thought that John’s father was a market gardener. In fact, the censuses of 1841 and 1851 give his occupation as shoemaker.¹⁰⁷ He was about 26 years old when his disabled son was born. Did he take time off work to take his son to the fairs and exhibit him as a moneymaking freak? Or did the whole family become travellers on the strength of the boy’s disability? Who provided the caravan? Were John’s materials bought from his own earnings or did he have a ‘patron’ who provided the funds for his outings and art materials? Did the whole family accompany him or were they habitually split up, John and his father continually leaving home for several days while mother and siblings remained behind? Or did John set off alone with a neighbour or a fairground showman or trader who would have claimed a share of his earnings?

The implications of these kinds of question are crucial when the subject is disabled. It is clear from oral history work concerning the lives of disabled children in the period 1900-1950 that such children were particularly prone to separation anxiety. They suffered feelings of guilt – that the disability was a punishment for “what I’d done in a past life”. They suffered feelings of shame to do with bodily weakness. They suffered fear of death caused by family stories about parental attempts to destroy the disabled child or doctors and midwives being slow to attend to the unpromising newborn. This progressed to fears that their parents or ‘the authorities’ would dump them in an institution. Often there was no credible explanation for the child’s disability and, for poor families, very little practical or affordable support.¹⁰⁸ A miner’s son, born in 1936, with a hereditary muscular disease that caused him serious coordination problems was treated as a freak within his family. “I remember when we all used to go to the Nottingham Goose Fair and they used to have side shows and all the freaks would lay there. And I always remember thinking to myself. I wonder if I should sit up there with my feet showing? You know, and people pay sixpence a time, coming in and looking at my feet”.¹⁰⁹ Most disabled children had little prospect of supporting themselves as adults without assistance from family, parish or charity. So young John Vine was probably either dragged to the fairs and loathed being exhibited, or he was willing and able to play his part as a freak prodigy. As Robert Bogden has pointed out, “some were exploited...but in the culture of the amusement world most human oddities were accepted as showmen”¹¹⁰ Perhaps John Vine discovered early that drawing pictures was a way of blanking out the staring crowds. Alternatively, perhaps it was a positive decision to communicate his personality and talent to earn money rather than just ‘laying there’.

¹⁰⁶ “It was part of his performance to execute small drawings before his rustic audiences.” *Essex County Standard*, 19th August 1922.

¹⁰⁷ Only the 1861 census gives his occupation as market gardener. Two of John’s brothers were described as market gardeners in the census.

¹⁰⁸ Steve Humphries & Pamela Gordon, *Out of Sight; the experience of Disability 1900-1950* (Northcote House 1992).

¹⁰⁹ *Out of Sight* p 11.

¹¹⁰ Robert Bogdan, *Freak Show; presenting human oddities for amusement and profit* (Chicago, 1988) p 268. On p 3 he writes “The onstage freak is something else off stage. Freak is a frame of mind, a set of practices, a way of thinking about and presenting people”.

On the other hand, freak shows as part of the circus and carnival amusement 'industry' were renowned for their close bonds among performers and their distinct 'them and us' philosophy which allowed human oddities (as they were known) to feel superior to their audiences and to justify faking disabilities and swindling the punters.¹¹¹ None of Benham's correspondents gave a personal account of John Vine. They all spoke of his appearance rather than his personality. None mentioned meeting him or talking to him. He was not a 'character'. Perhaps, once he settled in Colchester as a serious artist he eschewed any showman past and kept himself to himself, surrounded by his family.

The third piece of evidence is the arrival in Colchester in the 1830s of the Vine family. Benham's research quotes a correspondent who stated "when Vine settled down in Colchester, about 1830, he lived at first in a caravan" but that "by 1831 he had settled down as a resident in Maldon Road in a wooden bungalow which... nestled in a surrounding of trees".¹¹² The 1844 tithe map of the parishes of Holy Trinity and St Mary at the Walls shows that the Vines were renting over four acres of land which was owned by the Independent Meeting House.¹¹³ The 1882 25" Ordinance Survey map shows "Vines Cottages" as brick built. The census informs us that, in 1841, two Vine men were working the four acre rented plot – Thomas age 30 and Frederick age 21. Although John Vine was remembered as working in his garden – "he used garden tools with extra long handles and manipulated them from his shoulders with cleverness and energy"¹¹⁴ – he was an 'artist' on his census returns. In *Kelly's Directory* he described himself as "portrait and animal painter" (1845), "artist" (1850), "portrait painter" (1859) and "artist" (1867).¹¹⁵

Benham tells us that the family was artist John, his market gardener father and two sisters who lived close by.¹¹⁶ This information was produced from the memories of Colchester people writing to the newspaper and is *not* accurate. The 1841 census, for instance, shows that artist John Vine, aged 32, was living in close proximity to eight members of his immediate family; he shared a house with his parents and a younger brother and sister. Next door lived another brother, a sister-in-law and two nieces.¹¹⁷ John's father was a shoemaker and both brothers were gardeners. The censuses of 1841 and 1851 show that the two families lived in adjacent dwellings, the brother's family in one dwelling and the rest of the family in John's father's house. By the 1861 census, the two families were still divided in two dwellings. John Vine and his

¹¹¹ Robert Bogden, *Freak Show*.

¹¹² "The term bungalow occurs in 1659 as an Anglicization of the Hindu word Bangala, meaning of, or belonging to, Bengal. The first bungalow in Britain was built by a Colonel Bragg, who, retiring from India, built a lodge with Indian features in Northwood, London, in the 1860s and called it 'The Bungalow'". *Scotsman* 10th February 2005. The word 'bungalow' in the Maldon Road context is, no doubt, a 1920s description of a small wooden house of the type erected on the plotlands of Essex.

¹¹³ In 1789 The Butfield "eight acres... within the ... boundaries of certain land called the Burrough Fields" was conveyed to the trustees of the Independent Meeting House by John Collins Tabor. "The Butfield to be utilized so that the Minister or Ministers shall receive or take all benefit rents and profits arising from it for the better livelihood provision and maintenance of the said Minister or Ministers." The land was sold with the consent of the Charity Commissioners in 1878. E Alec Blaxill, *History of Lion Walk Congregational Church, Colchester 1642-1937* (Benham, 1938) p 20-21.

¹¹⁴ *Essex County Standard*, 26th December 1931

¹¹⁵ In the 1867 edition, John's brother Thomas is listed as "wheelwright" living in Maldon Road.

¹¹⁶ "He had relatives in Colchester". "Near Vine's bungalow... was a cottage where lived two Miss Vines, his sisters." *Essex County Standard*, 19th August 1922.

¹¹⁷ Only the three last were Essex born. The Vines were all born in Bury St Edmunds.

wife seem to be living in an extension to his father's house, his widowed father and unmarried sister living under the same roof.

As successive census returns show, John did not leave his father's house even when he married. In this he behaved like his unmarried sister rather than an independent son.¹¹⁸ Was this a function of his disability or of economics? If economics, who was being supported – the disabled artist or his worn out father and housekeeper sister? Or did he need his family's daily assistance, company and protection? We are told by his nephew that the artist could not dress himself and that, when he walked out he disguised his disability in an Inverness cape. So John Vine, who had begun life dressed up for a freak show attraction, and who, as a young man, allowed a portrait showing his disability, ended it decently covered with "a cloak to hide his deformity". Benham's correspondents are frank about their propensity to stare. Perhaps, the more he achieved success the more he tried to hide his disability. Or did John's father perhaps resist John's attempts to leave, fearful for his safety? John left Colchester to attend Royal Agricultural Shows as far away as Bath and Exeter. Who accompanied him to help him dress and undress, thereby reducing whatever profits he made? Such issues are all at the heart of modern disability. John's wife was noted by a neighbour for being "rather grand", partly because "she had a habit of walking out, even when the sun was not shining, carrying a dainty parasol to shelter her fashionable bonnet."¹¹⁹ What is behind this unkind observation? Is it that, as the wife of a disabled man she had no right to put on airs - that she should look the part of a nurse drudge rather than a fashionable woman? Perhaps it was felt not to be decent for the wife of a diminutive armless man to draw attention to herself? I wonder whether the parasol was a prop to distance herself from vulgar curiosity, something that raised her self esteem with every twirl.

The fourth piece of evidence is to do with John Vine's career as artist. Benham extols John Vine – "born without arms in comparative poverty, he mastered the use of brush and pencil. He developed his artistic talent and became a painter of merit. His industry must have been great". Elizabeth Moncrieff in *Farm Animal Portraits* is not quite so fulsome. She says "Vine's work varies enormously in quality which suggests the social status of those who commissioned them. Vine made a quick sketch on the spot from which he painted the oil painting, probably in a studio...he used a stock repertory of motifs – a basket of turnips, a rustic fence...charged £2 for a small watercolour and £60 for an oil in the 1860s. When exerting himself for his best patrons, Vine's paintings still have a primitive quality, especially in the way he paints the figures. Although he was compared to W.H. Davis, he never achieved quite the same echelons of patronage...anatomy was not his strongest point."¹²⁰ So Vine began as a child producing good drawings and progressed in Colchester painting for local people who had an animal or a child they were sufficiently proud of to commission an inexpensive painting. No doubt his disability was part of his success locally. He was not charging fancy London prices, he operated out of a wooden house or studio hut in bosky seclusion out of the town centre. His diminutive cloaked

¹¹⁸ His younger brother, Frederick, married Mary Ann Beales, daughter of a Colchester architect, in 1844 when he was 25. They lived in St Johns Green until her death in 1846, which occurred five months after the death of their infant son.

¹¹⁹ *Essex County Standard*, 26th December 1931.

¹²⁰ Elspeth Moncrieff with Stephen and Iona Joseph, *Farm Animal Portraits* (Antique Collectors Club, 1996) pp142-3.

figure must have been well-known in the district as he painted for patrons over a wide area of Essex and Suffolk. For a butcher's shop in Colchester perhaps, he was able to produce the crudest pig; for a prize winner in a Royal Show he made more effort and charged sixty guineas. He probably turned no one away as the last resort would have been picture cleaning and framing, interspersed with visits to the parish overseer.

So what are the implications of this kind of evidence? That John Vine was exploited because he was disabled and desperate to avoid poverty? That where, as a child, he had been able to attract money *because* he was a disabled freak, now, as an adult, he received less than his due because, as an *artist* he was perceived to be on the level playing field? There are several observations that could be made here. The comment that he made a quick sketch and then returned to his studio to work up the final picture reveals one of the effects of his disability. Benham writes about Vine's 1840 watercolour of farmer Robert Page of Langham as he 'set' in Colchester Market selling sheep. The distance from Vine's house to the market was the best part of a mile. An able-bodied man would have had no trouble carrying artist impedimenta, including easel and stool, but a diminutive and armless man would have needed help which would have cost money, either as a direct payment or in loss of time for a family member. Then, when arrived on the spot and ready to begin, it would have been potentially much more hazardous for John Vine to work in the busy market setting. So his disability probably restricted his ability to develop as an artist in all kinds of subtle ways.

However, there is also some evidence that his work had a unique quality too. Several of the correspondents who wrote to Benham offering to lend Vine's pictures for the exhibition chose to impart some extraordinary personal stories. Mrs March of Colchester wrote "this cob painted by John Vine in 1839 was owned by the late Hugh Green Esq of Newton Hall Suffolk and was used by his son to and from Dedham Grammar School when a boy. It never had a collar on and was only used for the saddle and later bred some good foals". Miss Ruth Biddell Taylor, in a letter from Bury St Edmunds dated August 1962 said she had an oil painting of a horse "bred at Lavenham Hall. It was sold for 100 guineas and afterwards sold again for 500 guineas and exported to Egypt." Mrs Whiting wrote "in our farmhouse we had a large canvas...depicting the cowman Daniels and cows in the sheds...the cowman's son...was called Mark Daniels – we loved him as children and this picture seemed part of our childhood". Her sister, Miss Johnson, wrote of the same picture "we had been told the tale so often of the record of that cow which had calved twice in one year and each time had twins. We were also told of the artist with no arms who had painted it...the old milkman, name of Daniels, whose son worked for my father as cowman all his life". The museum file contains many such personal anecdotes and, together, they strongly suggest that, in a world before photography, Vine's paintings were satisfying a particular need in these families. He was recording animals and people who were particularly esteemed for productivity, loyalty and the kind of breeding and profit for which farmers competed. In a period of agricultural depression which lasted for much of the post-Waterloo nineteenth century in Essex, this kind of pride was understandable. Most of these animals would not have been entered in agricultural shows but they were sources of local pride nevertheless. Charles Western, for instance, who inherited his estate at Rivenhall in 1788 and built it up to an acreage of 10,000 acres, is recorded attending a sheep sale at Gosfield park in 1812 wearing a coat made from wool produced by his own sheep. Vine's visits to

the farms may have been brief, just enough to produce the necessary sketches before heading back to his studio, but his work could then acquire iconic status in some families, a status which evidently lasted for several generations. His disability was a part of the picture's story for these families. No doubt the irony of a congenitally deformed man producing portraits of physically majestic and valuable stock was not lost on either party.

I have chosen just four pieces of evidence to show how disability in history has much to say about disability in the modern world. Every piece of evidence in this story is amenable to this kind of contextualization. Even with just these four pieces of evidence revisited, John Vine's case study becomes something more than just another disabled person rising above his problems to engage the wider world and avoid the shame of poverty. In fact he probably avoided the latter by dying age 58. The family's rented land was sold off nine years later for development and John's wife and a brother ended their days in a Colchester almshouse.¹²¹ This contextualised case study takes the basic story, researches it in more depth and reinterprets it in the light of a disabled man's attempts to escape the grinding and dependent poverty that would otherwise have been his lot. There is much in this interpretation that would touch chords for present day disabled people and their families. John Vine's was a life of hardship, contrivance and resolution and his art was just one way in which he distanced himself from the worst aspects of his congenital deformity and enabled other people to engage with him, if not as an equal, at least as a businesslike artist whose work was bought and enjoyed by many local families.

¹²¹ ERO Acc C512. Winnocks Charity trustees' book records the decision to elect "Mrs Vine" as an almshouse inmate on 31st January 1882. They recorded the death of "widow Vine" on 5th April 1899. Thomas Vine is recorded as being elected to enter Winsleys almshouse on 27th November 1877 "provided he satisfies the acting master that he will give up his present occupation as a market gardener and seed grower."

8. Conclusions

“If it shall please God to deprive me of the use of my understanding and reason before I die my will is that I be conveyed down to Droitwich in Worcestershire and be lodged with Mr Wood and visited by Dr Mackenzie of Worcester and that no friend be kept from me.”¹²²

Had John Vine been born in America rather than Suffolk, he might well have made his living in Barnum’s circus or in a ‘dime’ museum where human oddities rubbed shoulders with items of more academic interest.¹²³ In researching his story and trying to understand its potential significance for modern disabled people, Colchester Museums is well on the road to tackling some very difficult issues to do with how disability themes and artefacts can be revealed and displayed in meaningful ways.

Some (including the disabled) will need persuading that disability is a suitable subject to find in a museum. Yet, what is the point of attending to the Disability Discrimination Act, by installing disabled lavatories and ramps and Braille texts inside the museum, unless disabled people once comfortably inside the building can find something that speaks coherently of their history? The emergence of hidden histories, for example feminist and ethnic history, in the 1960s and 70s, had an extraordinary explanatory appeal which helped women and ethnic minorities to account for their unequal position in society and to push for understanding and legal redress. Disability history is also hidden and for much the same reasons. There is every reason to believe that, once it enters the mainstream, the lives of disabled people and their families will be enriched and empowered.

People with disabilities are not a homogenous group. They are individual human beings. Each disability has its specific problems and some people are more ‘successful’ than others at climbing on to the level playing field inhabited by non-disabled people. Once they have achieved success they do not necessarily want to be ‘outed’ as disabled and museum curators have many issues to consider around this area. For instance, disabled artists may change their views during their lifetime about whether they want their disability to be revealed in relation to art exhibitions or published work. Some fear, and not without grounds, that once ‘outed’ as having suffered a mental illness, everything they produce will thereafter ignorantly be judged in terms of mental incapacity rather than talent or artistic intention. The idea that information on a creative individual’s disability allows the non-disabled viewer to understand and judge more effectively (and should therefore always be provided) is not universally accepted. This is an area that could profitably be examined as part of the Dis:covered project mentioned in the Forward to this report.

Some disabled action groups resist the idea that they should be looking for a cure for their condition, and there is a considerable lobby in the deaf community that resists lip reading in favour of British Sign Language. BSL is sometimes taught to autistic toddlers as an effective means of communication. The idea that some disabled groups

¹²² Will of Reverend Richard Rudge of Billericay, 1742; probate granted 1749. ERO 420BR23.

¹²³ “Barnum went into the museum business in 1841 when he purchased the failing Scudder’s American Museum...almost overnight he transformed (it) into an entertainment centre...by introducing more and more diverse human oddities.” Bogdan, *Freak Show*(1988) p 32.

might *want* to be set apart or to develop a separate community is a real challenge to the current government's policy of inclusiveness in education and adult living arrangements. The argument that such desires are retrograde, defensive or uncooperative misses the point, harking back to the old medical model of disability. Some disabilities are just not amenable to inclusion in modern communities such as housing estates or mainstream schools. Under a social model of disability such people have the right to be treated as individual human beings with valid feelings and human rights.

When we begin to consider how the disabled, particularly the disabled poor, were treated in history, we uncover some uncomfortable facts. I have deliberately chosen quotes for some of this report's section headings that show what we might term 'bad attitudes' to disabled people in Essex in the past. It would be absurd to claim that nothing has changed for the better since the nineteenth century. Clearly advances in medicine and technology have improved the lot of disabled people immeasurably. And yet, some of the problems that the physically disabled suffered a hundred years ago are *still* suffered by children with social communication difficulties, the learning disabled and the mentally ill today. When I read the accounts of how physically disabled children and their families were treated a hundred years ago in the Humphries and Gordon study I was painfully reminded of the kinds of problems coming through on a helpline I run from home today. When I read "after failing an intelligence test administered by doctors she was diagnosed as 'an imbecile' who was unfit to be educated"¹²⁴ I am reminded of the dozens of children in Essex (and other counties) whose families currently spend years trying to find a doctor capable and willing to diagnose Asperger's Syndrome or the smaller number taking the education authority to tribunal to insist on their child's right to be educated appropriately. This means that, if the museum puts on an exhibition dealing with disability in history, it is highly likely that some members of the public may draw unexpected conclusions from what they see, based on their inside knowledge of how the welfare system works for someone in their family today.

The history of disabled people remains hidden for lack of interest, for lack of relevance, and for lack of imagination. This is just one of the reasons why their lack of support and understanding in society can also remain hidden. One of the functions of historical study is to help us to understand the present. Museums could make a big contribution to the debate by airing some of these difficult questions in imaginative ways. To raise questions is, in my view, very often more profitable than providing answers.

Jane Pearson, May 2005
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¹²⁴ Humphries and Gordon, *Out of Sight* p88.

APPENDIX ONE

Examples of references to the treatment of mental ill health in Essex in the seventeenth to twentieth centuries from sources in the Essex Record Office (ERO).

1. The cost to the rate payers of a deranged woman in Chelmsford, 1660¹²⁵

When the widow Brett became deranged at the beginning of July in 1660, the overseers paid to glaze widow Bramley's windows, which the widow Brett 'brake when she was distracted'	8s10d.
On 2 July they hired two 'tenders' for widow Brett night & day	5s
3 July a pound of candles for the night watcher	6d
for sealing up widow Brett's bed	6d
4 July for 4 helpers to carry her to John & Elizabeth Grimes	1s +victuals

2. Ann Everit, insane pauper, Great Tey 1719- 1739¹²⁶

Sep 1719 – Sep 1720 Great Tey overseers paid out £2 2s 5½ for Ann Everit of which 5s 7½d were in illness and 12s was for "when she was sick at Frank Medley's her bed stedell, sheets and blankets bought her".

Thereafter she received small amounts of money on a regular basis plus clothing. In June 1727 William Smith received 1s "for keeping of Ann Everit and 1½d for "a pint of beer for Ann Everit". The widow Keable made her a gown and a shift and three months later she was equipped with cloth to make a coat, grey wolsey for a gown and body linen which was made up for her.

In November she was supplied with a wheel and spindle.

The next year Mr Brooks lodged her for 6d a week but she fell ill in June and did not recover, Bragg's wife being paid for looking after her the following April.

She continued receiving 6d per week until 29 May 1730

Warrant for Ann Everit and two journeys to town and expenses	4s
Expenses at Halstead with Ann Everit	5s
Horses and journey	3s
Paid William Smith for keeping Ann Everit	8s 6d
For mending her cloak and for shoes and stockings	3s 6d
To Isaac Humphries for going to Halstead with Ann Everitt	1s

3rd July 1730

A journey to Halstead for a lock for Ann Everit	3s 6d
To George Hiscock for a chain for Ann Everit	1s 8d

12th Aug 1730

For carrying Ann Everit to Wenden's	2s
Paid to Wenden 4s and to Ann Everit 6d	

¹²⁵ Hilda Grieve, *The Sleeper in the Shadows; Chelmsford: a town, its people and its past* vol 2 (ERO 1992).

¹²⁶ (ERO D/P 37/12/1).

Small amounts paid weekly until 1734
 May 1734, Elizabeth Humphries for looking after Ann Everit 6d
 Elizabeth Butcher for washing for Ann Everit 6d
 20th January 1735
 Ann Everit being crazy, Isaac Umphrey had a bushel of wheat
 and for looking after her 4s
 Feb 27 a shift & expenses of shaving Ann Everit's head 5s
 Then another warrant was issued and Ann was returned to Halstead @4s per week
 rising to a guinea a month.
 1838 (still at Halstead) she escaped twice ("expense to 2 journeys after AE")
 Ann Everit was buried 18 June 1739.

3. The inmates of Thomas Tomkin's Lunatic Asylum at Witham as recorded on the 1841 Census return.

name	occupation	age
STAFF		
George Wilson	Superintendent	38
Amy Wilson	housekeeper	34
David Humphrey	manservant	41
Susan Baxter	servant	40
Eliza sayer	servant	26
Sarah Pope	servant	20
PATIENTS		
George Lukin*	artist	53
Joseph Winnock	farmer	65
John Freeborn	farmer	40
William Hawkins	merchant	42
Charles Alston	Law student	28
Rev Edward Alston	Oxford Fellow	29
Elizabeth Webb*	independent	21
Elizabeth Benton	independent	63

* not Essex born

4. Case notes for Mrs Sarah Harwar, inpatient at Great Warley and (later) Severalls Mental Hospitals from 1889.¹²⁷

Mrs Harwar was a servant who married a solicitor's clerk in July 1877. They lived in Southend. During the first twelve years of marriage she bore seven children, a son and five daughters. Then she fell ill and an order of lunacy dated 21st December 1889 was signed by two magistrates and two doctors. She spent the rest of her long life incarcerated, probably including a year in a London hospital.

In February 1891 a printed form was sent from the hospital to the Rochford Guardians with the handwritten comment "it is very doubtful whether she will ever recover mentally".

¹²⁷ ERO D/DGs F79.

In August 1891 a handwritten letter from the hospital to the patient's husband -

Dear Sir, I reply to yours respecting your wife. I fear [] there is but little hope of her recovery. Time works wonders for many but I begin to [] her case. She is often begging to go home and speaks of her children but then poor thing she cannot settle herself in any way....she becomes too excitable it is very sad for you and her both. Every thing and change has been tried in her case without good effect. She cannot [] herself to write you, Yours faithfully

2nd Sep 1892 another printed form announced that Sarah was "in good bodily health but there is no mental improvement"

In 1905 and 1909 a printed form was sent from the Medical Superintendent to the 'friends of Sarah Harwar that owing to the want of room in the Asylum she will shortly be removed to a) Monmouth County Asylum and b) Suffolk Asylum.' (the words written in on dotted lines). Whether she made either of these moves is unclear.

Rochford Guardians billed Sarah's husband for all charges incurred at Brentwood Asylum which he paid for twenty years, meanwhile raising and educating his children and building up a portfolio of twelve cottage properties in Southend. In 1909 the Guardians applied to the court for a larger order which was fixed at 6s 9d per week which the husband paid regularly, explaining their actions as follows -

"The Guardians are in a fiduciary capacity towards the rate payers and are bound to exact payment from the relatives whenever the relatives can pay; and when there is any reason to believe the relatives can pay the Guardians cannot either leave the rates to bear the burden nor can they obtain from the County the grant which is made in the case of pauper lunatics whose relatives can pay nothing."

Mr Harwar responded with the belief that although the previous order was "intended to be for the whole of my life (as my wife in her useless state is according to the report of the Medical Superintendent likely to outlive me) I am willing to pay" but complained that the asylum had lost his wife's jewellery worth £9. "I of course paid for them and ought to have same. The asylum authorities ought not to be allowed to rob unfortunate people in this way....for nearly 20 years I have paid the total cost of maintenance..."

(The rings & brooch were returned to Mr Harwar in September.)

In October 1909 the Asylum sent a printed form "The Medical Superintendent regrets to inform the friends of Sarah Harwar that she is seriously ill and that she may be visited on any weekday between the hours of 10am and 12.30 pm and 2pm and 4pm and on Sunday afternoon next between 2 and 4 pm." In handwriting in purple crayon the Guardian had written "went to asylum and saw her in same mule-ish state standing vacantly before fire and not answering or noticing anything. Saw Dr Turner and several attendants and a report from Dr Amsden promised."

The Guardians tried to raise the family's financial contribution again in 1913 and after calling many witnesses and making exhaustive enquiries they obtained an order for 9s per week which was still regularly paid. Sarah's husband complained - "When Mr F Greyson made the application in 1913 to vary the previous order he called all my

cottage tenants on subpoenas – 13 witnesses in all gave evidence he did his utmost to get the Justices to make as large an order as possible or more causing the Chairman to say ‘the man must be left enough to live on’.”

For whatever reason, Mrs Harwar was sent to Severalls in 1913. The visiting Guardian wrote that he “found her vacant as ever but not ill”.

The Guardians tried to raise the family’s contribution again in 1922. 70 year old Mr Harwar complained –

“...I have a very great struggle now to live and pay my way and am quite unable to pay more than my present heavy contribution to the asylum charge besides poor rates and other burdens...since the last order was made in October 1913 I have had to sell two of my cottages and raise the means to live by borrowing...besides being much impoverished by the war and having my widowed daughter and her child cast back upon me, I have other daughters to help whose husbands have returned from the war impoverished and some unable to get any work...I consider the Asylum charge of £1 9s 6d is a scandalous imposition...I think that considering my poor old wife has done work for the Asylum for years and is, she tells me, now made to do very hard drudging at Severalls, the 9s ought to be ample contribution.”

5. Examples of Essex Quarter Session care of the insane

1826 Witham Madhouse; report of the Visitors¹²⁸

Report of the physician and magistrates appointed to visit the Asylum of Thomas Tomkin surgeon of Witham for the reception and care of the insane.
...we found it in every respect conformable to the Act for the regulation of such houses.

It is also in our opinions admirably adapted to the comfort of the patients and well calculated to provide their restoration to sanity.

John Badeley MD

Charles Dalton

W.W. Lucio October 1826

Epping 30 January 1830¹²⁹

Dear Sir, in reply to yours of the 28th inst (which I must request you to excuse my not sooner doing, having been absent from home) I transmit you the number and dates of Dr John Badeley’s attendances as visiting physician to Dr Allen’s Lunatic Asylum, made together with the visiting magistrates at the regular appointed Days of visitation fixed by them viz

23 March, 30 June, 28 September (1829), 9 January 1830.

¹²⁸ ERO Q/SBb 485/16.

¹²⁹ Q/SBb 498/27

The first visitation held at Dr Allen's was on the 23rd December 1828 when Dr John Badeley did not attend, thro' no doubt some misunderstanding as to the day, but on the 12 January following he went over by himself and visited the house and afterwards called on me, stating that he had done so and making his report.

Yours truly Richard B Andrews (to C.G. Parker Esq)

21 October 1830 Kelvedon¹³⁰

I hereby certify that Dr John Badeley attended as visiting physician to Mr Thomas Tomkin's Lunatic Asylum Witham with the visiting magistrates on December 23, 1829, March 24, June 23 and Sep 28, 1830 and duly signed the minute book kept by me as clerk to the Visitors agreeably to the Act of Parliament 9th Geo 4th.
Ben Hart, clerk to the Visitors to C.G. Parker Clerk of the Peace

Sir, I hereby give you notice that at the next general Quarter Session of the Peace to be holden at Chelmsford... 19 October 1830 I shall apply to the court for a renewal of the licence granted to me for keeping a House situate in Maldon Lane in the parish of Witham... for the reception of twenty inane patients viz eighteen patients not Parish insane and two Parish insane patients under the superintendence of John Boltwood, pursuant to 9 Geo 4 c41

Dated the 2 day of October 1830
Thomas Tomkin surgeon Witham Essex.

¹³⁰ Q/SBb 501/17 and Q/SBb 501/19.

APPENDIX TWO

1. Glossary of archaic medical terms (See also Appendix Seven)

Disability affecting...	Historical descriptors...
Mobility	Lame, bedrid(den), cripple, invalid, stroke, handicapped, palsy, hobbling
Manual dexterity	Lame in the hand
physical co-ordination	Palsy, weak, nerveless
continence ¹³¹	Loathsome disease
ability to lift, carry or move everyday objects	Hunchback, humpback, stoop
Speech	Dumb, mute, deprived of speech
Hearing	Deaf
Eye sight	Blind, conjunctivitis, cataract
memory, ability to concentrate, learn or understand and understanding the risk of physical danger	feeble minded, idiot, imbecile, silly, mental defective, epilepsy, mongol cretin, fool, a natural
the ability to act rationally	mad, madman, lunatic(k), spiritual despondency, mental, nerves, nervous, loony, breakdown
social communication	Arrogant, unsociable, over-critical, hermit, singular, eccentric
long term health in other ways not listed	Delicate, sickly, dwarf, dwarfish, weakling, freak, midget
old age	Aged infirm

2. Glossary of the commoner illnesses associated with disability; this list does not include congenital conditions such as cerebral palsy, spina bifida, or autism.

Disability affecting...	(Potentially) caused by the following illnesses
Mobility	Polio, osteomyelitis, MS, heart failure, Parkinsons
Manual dexterity	MS, muscular dystrophy
physical co-ordination	Meningitis, encephalitis, Parkinsons
continence	MS, stroke
ability to lift, carry or move everyday objects	MS, stroke, ME
Speech	stroke
Hearing	Meningitis, encephalitis
Eye sight	Diabetes, glaucoma,

¹³¹ In Dr Johnson's 18th century dictionary, '(in)continence' was associated with chastity or self-command. The *SOED* records the following use of 'incontinence' – '*Path.* Inability to retain a natural evacuation 1754'. However, this usage seems not to have been general before the mid 19th century. Before this date, a phrase including 'piss' or 'foul' are more likely to have been used.

memory, ability to concentrate, learn or understand and understanding the risk of physical danger	Meningitis, encephalitis, depression and other mental illnesses
the ability to act rationally	Obsessive-compulsive disorder, bipolar and other mental illnesses
social communication	Stroke
long term health in other ways not listed	Meunier's disease
old age	Dementia, Alzheimers

3. Glossary of Essex Place Names associated with Disability in Colchester

Great Warley Hospital/Essex County Asylum/ Brentwood Asylum
 Severalls Hospital, Colchester
 Essex Hall/ Eastern Counties Asylum for Idiots and Imbeciles/Royal Eastern Counties Institution/ Turner Village
 Brunswick House (Harwich)
 Lea Hall (Walthamstow)

Essex and Colchester Hospital / Essex County Hospital
 St Mary's (Union Workhouse) Infirmary
 Tendring (Union Workhouse) Infirmary
 Stanway (Union Workhouse) Infirmary
 Colchester Military Hospital
 Lock Hospital (Hythe)
 Myland Infectious Diseases Hospital
 Broomfield Hospital
 Black Notley Hospital
 High Beech Unit (Epping)

APPENDIX THREE

ERO listing of the sources it holds relevant to Essex Hall

APPENDIX FOUR

Christine Johnson's SHIC extension

APPENDIX FIVE

Examples of disability stories in the press between the First and Second World Wars

APPENDIX SIX

Some Imperial War Museum references to Colchester

APPENDIX SEVEN

The following pages are a very small sample of a file of all disabilities recorded in the 1881 census database. This file was created by K. Schürer and M. Woollard and I am very grateful to them for allowing me to quote from it.¹³² The enumerators in this census were instructed to collect information about disability. Around 6000 separate descriptions were used of which the following are a tiny percentage.

Partially Blind From Birth With Catarr
Partially Blind From Cataract
Partially Blind From Diptheria
Partially Blind From Infancy
Partially Blind Lost One Eye
Partially Blind Not From Birth
Partially Blind- Not from Birth
Partially Blind Since 1 Mo Old
Partially Blind Since 5 Years
Partially Blind Through Small Pox
Partially Blind, The Result Of A Fall In 1874
Partially Blindness
Partially Sighted
Partialy Blind
Partialy Blind From Birth
Partialy Blind Left Eye
Partiauly Blind
Particallly Blind From Birth
Particialey Blind
Partilly Blind
Partily Blind
Partiously Blind
Partley Blind 20 Yrs Wholly Blind 38 Years
Partlly Blind
Partly B
Partly Blind
Partly Blind 10 Years
Partly Blind 6 Years
Partly Blind From B
Partly Blind From Birth
Partly Blind Last Year
Partly Blind Since 12 Years Of Age
Partly Blind Through Accident
Partul Blind
Pary Blind
Patrially Blind
Practically Blind

¹³² K. Schürer and M. Woollard (2000) 1881 Census for England and Wales, the Channel Islands and the Isle of Man [computer file]. Genealogical Society of Utah, Federation of Family History Societies [original data producers]. Colchester, Essex: UK Data Archive [distributor]. SN: 4177.

Pt Blind
Pur Blind
Purblind
30 Years Cripple
A Cripple
A Cripple For 5 Years
A Cripple For Several Years
A Cripple From 9 Years
A Cripple From Birth
A Cripple From Birth.
Accident Cripple
Accident Crippled
Afflicted Cripple
Afflicted Cripple With Disses Cronic
Arm Cripple
Birth Cripple
Born A Cripple
Born Cripple
Complete Cripple From Birth
Cripel
Cripel
Cripel Born
Cripel From B
Cripel From Birth
Cripel From Birth
Cripp
Cripp Birth
Crippe From Birth
Crippel
Crippel & Bed Lyer 4 Years
Crippel From Birth
Crippld Arm
Cripple
Cripple - Loss Of Use Of Left Side
Cripple & Deformed From Birth
Cripple (Accident)
Cripple (B)
Cripple ?
Cripple 10 Years
Cripple 11 1/2 Yrs
Cripple 11 Years
Cripple 12 Years
Cripple 13 Yrs
Cripple 14 Years From Apopletic Fit
Cripple 15 Years
Cripple 16 Years
Cripple 17 Years
Cripple 18 Years
Cripple 2 Years
Cripple 2 Years After Birth

Cripple 2 Yrs
Cripple 20 Years
Cripple 26 Years
Cripple 3 Years
Cripple 3 Yrs
Cripple 34 Years
Cripple 4 Years
Cripple 4 Yrs
Cripple 43 Years
Cripple 5 Years
Cripple 6 Mo After Birth
Cripple 6 Years
Cripple 6 Yrs
Cripple 7 Mo
Cripple 8 Months After Birth
Cripple 8 Years
Cripple 8 Yrs
Cripple Accident
Cripple Annuitant
Cripple Arm Accident
Cripple At Birth
Cripple At Home
Cripple Bed Lier
Cripple Birth
Cripple Birth...House
Cripple Born
Cripple Burnt At 3 Yrs Old
Cripple By Accident
Cripple By Accident Cannot Walk
Cripple By Fever
Cripple Crossed Out
Cripple Deformed

