Disability

Printed medical texts can tell historians a lot about disability in the early modern period. Looking at disability within and alongside early modern medicine means understanding the experiences of individuals and groups with bodily and mental differences and impairments, and how these impairments were understood and interpreted by different communities and individuals.

The word 'disability' was not used in the same way in the early modern period: no one identified themselves as disabled, or part of a community of people with different impairments. So scholars are careful to look at bodily and mental differences in their particular historical contexts. What differences were 'disabling', or perceived as such, in the early modern period? How did they intersect with other aspects of people's lives, from work, to gender, to religion? And what were the experiences of people with impairments that are now considered disabling?

Answering these questions might include looking at: people's experiences and perceptions of sensory impairments like blindness and deafness; mobility impairments that necessitated use of crutches, wheelchairs, or even horses (such as one requested by soldier Francis Calverley in 1646 after losing both feet in the Civil Wars)[1]; or other long-term effects of injuries and illnesses, including those incurred in warfare by soldiers and civilians. Different illnesses and injuries could produce different levels of disability for different people, depending on the person's gender, religious beliefs, wealth, social status, or other facets of identity, and prompt different recourses to medical intervention. For example, while a wealthy woman might be concerned that frequent illness would keep her from maintaining social connections or attending church regularly enough, a similar experience of chronic illness in a labouring man or woman would have been disabling for its economic impact in impeding physical work. Impaired mental health might also be a disability, but not be interpreted or handled medically: madness and melancholy could be interpreted religiously,

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[1] https://www.civilwarpetitions.ac.uk/petition/the-petition-of-francis-calverley-and-eight-other-other-maimed-soldiers-nottinghamshire-22-april-1646/

and managed through prayer and lifestyle change rather than invasive treatment or internment in a place like Bethlem ('Bedlam') Hospital.[2]

Historians of *medicine* are predominantly interested in disability when it prompts intervention from domestic or professional medical practitioners, such as figures like Mr Elmy[3] promising cures for deafness, or accounts of "wonderful" cures of lame sufferers like Mary Maillard[4] or Susannah Arch[5]. Historians of *disability* follow the 'sufferer 'out of the room to take a holistic view of the social, political, economic, religious, etc, perspectives on bodily and mental difference, including when there is no desire or attempt to 'fix 'it, and thus no medical framing or interactions. Texts like *The Happy Sinner*, whose titlepage offers "Directions to make Two several Waters for the Eyes, with the Last of which [Richard Cromwell] Cured a Boy in Leichfield [Litchfield] that had been Blind Three Years" can tell us that people were seeking out treatments for eye problems, and what these treatments included.[6] But this pamphlet doesn't offer much more insight into the experience of the boy, since the text repeats this line almost verbatim. We would therefore need to read elsewhere to find out more about what it was like to be a blind child in seventeenth-century England.

Assessments of disability guided medical practice, too. Was the impairment 'curable', or should it be left alone? Could pain be palliated, even if the underlying problem would continue? Practitioners were concerned about the long-term impacts of the treatments, too, and cautious that they would not leave themselves open to accusations of leaving former patients with disabling conditions, whether in visible scarring, impaired movement, or pain. Surgeons appreciated that operations that might be necessary to save a life, like an amputation, could be deadly themselves, or produce significant disability going forward. This was not only for the patient's ability to continue working, but also because, as naval surgeon John Woodall observed, "it is no small presumption to Dismember the Image of God" (sig. Bb4^{r}).[7] Practitioners' texts also provide evidence of the kinds of prosthetic legs,

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[2] https://reademed.mpiwg-berlin.mpg.de/taxonomy/term/513
[3] https://reademed.mpiwg-berlin.mpg.de/book/r232545
[4] https://reademed.mpiwg-berlin.mpg.de/book/r185725
[5] https://reademed.mpiwg-berlin.mpg.de/book/r221930
[6] https://reademed.mpiwg-berlin.mpg.de/book/r171606
[7] https://reademed.mpiwg-berlin.mpg.de/book/r221201

feet, noses, teeth, etc, that were available to disabled people in the period, such as the mechanical arms and legs, and surgical trusses included in translations of highly influential French surgeon Ambroise Par’és complete works.[8]

Authorities combined new and existing methods for assessing and supporting people whose impairments rendered them disabled, and recruited medical practitioners to help them. This might include judging whether someone was infirm enough to be granted temporary or continuing Poor Relief (the local welfare system), or a place in an alms house or residential hospital. Practitioners might be brought in as expert witnesses to verify that the person was not malingering: for example, in 1702, controversial apothecary-turned-physician John Colbatch[9], senior surgeon Charles Bernard, and junior surgeon Alexander Small wrote in support of Captain Thomas Brereton that a musket ball had entered his abdomen at the Siege of Namur in 1695 (British Library, Add MS 61284, f.86). Evidently the injury had caused problems ever since, but it was only now that the “large Absess” in his abdomen was causing enough risk to life to necessitate him leaving service. It is in these shifts that we see people moving from sufferers seeking purely medical care, to disabled people accessing further community or other support and adjusting their occupation or lifestyle, with potential impacts on their identity and position in their household, community, and wider society.

Commented [A1]:
For our undergraduates, this might be a new term. Perhaps say (the local welfare system) in parens just to translate for beginners?

Further Reading

Allison P. Hobgood and David Houston Wood (eds.), *Recovering Disability in Early Modern England* (Columbus: Ohio State University Press, 2013).

Katharine Hodgkin, *Madness in Seventeenth-Century Autobiography* (Basingstoke: Palgrave Macmillan, 2007)

Sujata Iyengar (ed.), *Disability, Health, and Happiness in the Shakespearean Body* (New York: Routledge, 2015)

Catherine Kudlick , ‘Social History of Medicine and Disability History’, in Michael Rembis, Catherine Kudlick, and Kim E. Nielsen (eds.), *The Oxford Handbook of Disability History*

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[8] https://reademed.mpiwg-berlin.mpg.de/index.php/book/r31063

[9] https://reademed.mpiwg-berlin.mpg.de/index.php/person/colbatch-john

(Oxford UP, 2018), DOI: 10.1093/oxfordhb/9780190234959.013.1

David M. Turner and Kevin Stagg (eds.), *Social histories of disability and deformity: bodies, images and experiences* (Taylor & Francis/Routledge, 2006)