

Imperfect bodies: the ‘pathology’ of childhood in late nineteenth-century London¹

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[S]ocial institutions are those that best know how to denature a man, to take his absolute existence from him in order to give him a relative one and transport the I into the common unity.²

This quote, taken from Jean-Jacques Rousseau’s influential text *Émile* (1762), serves to outline the overarching objective of this chapter: to assess whether charitable interventions directed at children living with impairment in the late nineteenth century, over a hundred years after the publication of *Émile*, were designed to ‘denature’ their subjects for the benefit of society or instead served as an attempt at improving and integrating youngsters, so as to develop them into independent and productive adults. A raft of work has focused on the nature of social institutions. The most enduring and compelling arguments have been espoused by Michel Foucault who presented them as vehicles for supervising, controlling, and disciplining individual bodies.³ With regard to ‘child rescue’, the moniker given to evangelical attempts at ‘improving’ the lives of children living in poverty in the late nineteenth century, the scholarship is less complete, especially when it comes to the sick and disabled.⁴ By considering the treatment and experience of the impaired/disabled child in a voluntary organisation, the Church of England-sponsored Waifs and Strays Society, this chapter embarks on a significant departure from the current literature, navigating through the successes and failures of reform and the subsequent categorisation of the non-normal child.

The late nineteenth century was a significant time in the formulation of ideas about welfare and childhood. The socio-economic landscapes of urban environments were shaped by industrial depression and severe cholera outbreaks during the late 1860s. These factors fed into an evangelical movement that became prominent in the same period. It was primarily led by influential middle-class women, eager to expand beyond the well-defined gender roles of the period, and whose moralising gaze focused on the amelioration of children who were perceived to be helpless and deserving.⁵ The Goschen Minute of 1869, issued by the President of the Poor Law Board, George Goschen, signalled a renewed focus on reducing poor law expenditure and stricter adherence to the principals of the Poor Law Amendment Act (1834). His core demand was for a closer relationship between welfare and philanthropy, with the workhouse dealing with the truly destitute, and charities supporting the needs of families that were just about managing. This shift legitimised and energised the efforts of evangelical reformers who were increasingly worried by the perceived ubiquity of ‘ragged’ children on the streets of British cities. With the average population being much younger than it is today, these children, often orientalised as ‘arabs’ or ‘urchins’, came to symbolise a fear of national decline and social degeneration.⁶ This fed into a proto-eugenic discourse, adopted by evangelical reformers, aimed at breaking the ties between urban families accustomed to immorality (such as intemperance, promiscuity, and criminality) and their children.⁷ Evidently, the last three decades of the century are of crucial significance to historians, as philanthropic practice changed from intervention aimed at improving the living conditions of the urban poor child (and family), to intrusive attempts at rescuing and removing them.⁸

As the core themes of this volume highlight, self-conscious reflections on ‘modern life’ in Britain and its social, cultural, and political consequences, increased concerns about urban environments and the place of individuals within them, as well as raising broader questions about the nature of identity, nation, and social development. Subsequently, within this climate the elevation of children’s health to a national concern should be unsurprising as they represented the future of state and empire.⁹ Legislation in the form of the Factory Acts (1833–1901), Education Acts (1870–1902), Prevention of Cruelty to Children Act (1889), and later free school meals (1906) and medical

inspection (1907) reinforced this position. Increased state investment in the education and improvement of children worked in tandem with reduced welfare options offered by the Poor Law Crusade¹⁰ to create a vacuum in which the child rescue movement flourished. Yet despite the perception of children being vulnerable and in need of amelioration in this nascent 'modern' ideal, Harry Hendrick notes that the child victim was 'nearly always seen as harbouring the possibility of another condition, one that was sensed to be threatening: to moral fibre, sexual propriety, the sanctity of the family, the preservation of the race, law and order, and the wider reaches of citizenship.'¹¹ In essence childhood was a battleground where the future success of the 'modern' state would be decided.

This chapter focuses on the 'unacceptable', 'unideal' children, who lived with physical impairments and were understood to be incapable of 'improving' without charitable intervention. Later they were considered to be beyond help or, as Hendrick outlines, 'threats' to society. The failure of reformers to meet the needs of these youngsters meant they were subsequently constructed as 'pathologically' different from the norm.

Two core issues sit at the heart of this chapter: firstly the nature of childhood in late nineteenth-century England, and, secondly, definitions and concepts of impairment. At a rudimentary level, Rousseau provided a framework in which to consider ideas of childhood. On the one hand there is the 'sheltered' or 'innocent' childhood that features in *Émile* that still has resonance today as an idealised, and quintessentially 'modern', notion of the 'perfect' child. Yet this paradigm was challenged by another category of youngster, one that has been labelled here the 'pathologically' different child. Of course, this is an imperfect and polarised model and the majority of children, according to medical, social, cultural, and familial viewpoints, would fit somewhere between these binaries. This chapter concentrates on those that congregated around notions and conceptions of 'imperfection'. It is therefore important to delve a little deeper into what is meant by the idea of 'pathology' in this context.

In its strictest definition the term refers to the scientific process of exploring the causes of disease through the inspection of bodily materials. However, the phrase has evolved into common usage and developed a pseudo-scientific social meaning. Those whom we consider to

be pathological behave in a habitual way that does not comply to an accepted social norm. Yet, pathology in this instance is not synonymous with impairment. Therefore, children who were not physically impaired could be pathologised by philanthropic reformers and vice versa. Louise Jackson has argued that the 'ugly twin' of the modern, romantic, child was the juvenile delinquent.¹² Similarly, Pam Cox has demonstrated that two distinct discourses functioned within the criminal justice system of the early twentieth century: the first concerned with care and protection, and the second control and punishment.¹³ Whilst these assessments have furthered our understanding of transgressive childhoods, the concept needs to be refined and expanded to include children of the poor more generally. For children whose childhoods were 'pathologised', and not necessarily criminalised, they were constructed as distinct and separate from the norm and in need of specialised help and intervention; this may have been through physical or mental impairment, knowledge of sexual activity, questionable morality, or criminality. Pathology refers to ideas about improbability in a non-medical charitable institution, the Waifs and Strays Society. Yet, the spectre of the pathologically different youngster haunts the academic literature dealing with childhood in the past.

It has been argued that social groups became of interest to authorities when they posed particular problems or threats.¹⁴ Such a chronology fits with increased state and philanthropic focus on children from the 1870s.¹⁵ Consequently a discourse was constructed by philanthropists and reformers at a time when the welfare, physical condition, and health of youngsters appeared to reflect the moral and physical fibre of the empire.¹⁶ Ideas about normalcy and abnormality took on a scientific form by the turn of the twentieth century. 'Technologies' such as height and weight charts in the first instance and then more specific tools, such as intelligence tests, made it possible to count, measure, and evaluate children, with the result of both reinforcing and visualising concepts of normality/abnormality.¹⁷ Early physical checks conducted on newborn babies from the mid-twentieth century, Cathy Urwin has suggested, were efforts designed to identify potential deviance.¹⁸ In the years following the First World War, child mental well-being was a particular concern and John Stewart has explored the child guidance movement that grew in the British welfare system. Its underlying principle – that any child might experience emotional or psychological disturbance,

regardless of how ‘normal’ they might be considered, and demonstrating that the idea of a pathologically different child, or indeed of childhood itself as a pathology – perpetuated into the twentieth century.¹⁹ The sample of impaired/disabled children used in this chapter adds to this scholarship and provides a particularly useful vehicle for this analysis, primarily because it has been convenient to blame a lack of ‘progress’ on physical (and visible) defects rather than carefully analysing the experiences of these individuals. This chapter outlines the conception, growth, and coming to maturity of childhood as pathology in and of itself. By the late nineteenth century children were thought capable of causing familial, social, and moral instability. Hence the pathological childhood needs to be considered within broader histories of childhood.

The Waifs and Strays Society

The historical records of the Church of England Waifs and Strays Society provide rich source material to better understand how pathologised children were cared for by philanthropic institutions in the late nineteenth century. The Society was founded by Edward Rudolf in 1881 and offered residential childcare to families facing poverty-induced crises. Alongside Dr Stephenson’s Homes (founded in 1868) and Dr Barnardo’s Homes (founded in 1870), it was one of the major voluntary organisations of the period that made up a mosaic of welfare options which were developing for children in the late nineteenth century.²⁰ When a child was admitted, they were accompanied by an application form that explained their personal, family, and health circumstances. These documents have been used initially to identify those admitted with physical ‘impairments’ and thus more likely to be pathologised. As a cohort, they reveal much about Victorian attitudes towards childhood and disability. When entering the Waifs and Strays Society, children were usually seen by two doctors for diagnostic purposes before being moved to a residential home run by the society. Two of these homes, St Agnes and St Nicholas, functioned solely as homes for ‘crippled’ children. The application, along with both medical forms, was then placed in a casefile where the experience, movements, and interactions of that child with the charity were kept.²¹ These records, now held

by the Children's Society, contain a wealth of information and, much like the children whose stories they reveal, are diverse in both content and detail.

Between the years 1882 and 1899, there were 7,400 successful applications made to the Waifs and Strays Society. Of these, there were roughly 300 children, aged between one and seventeen years old, who were living with some form of physical impairment or deformity.²² The age classification deployed here is that defined by the Waifs and Strays Society as an institution exclusively for children.²³ The recorded impairments were varied, and included mental disabilities, epilepsy, amputations of digits, arms, and legs, those suffering from burns, paralysis, and sensory impairments of sight and hearing. Most common were those described as 'crippled' who had experienced some kind of physical deformity usually caused by rickets, scoliosis, tuberculosis of the bones, or acquired through an injury. This is in line with the broader population and supports Ashley Mathisen's research into the London Foundling Hospital during the eighteenth century, where physical deformity and the loss of a limb were the most recorded disabilities amongst children there.²⁴

The cohort of impaired children at the Waifs and Strays Society included both sexes but girls were in the overwhelming majority, accounting for 78% of those admitted with impairments. This is at variance with other studies of the period where impaired boys were more commonly institutionalised,²⁵ a state of affairs explained by the usefulness of young girls in the domestic environments of poor families where they were capable of completing simple household chores or caring for younger siblings while their parents were at work.²⁶ In the case of this particular charitable home it might be assumed that the number of girls was a reflection of a middle-class desire to improve the respectability of the working poor and 'improve' the life chances of these individuals. Comments such as those that accompanied Annie C. who was impaired 'owing to the careless habits of the mother – who drinks',²⁷ or the statement that Catherine W.'s 'home is quite unfit for an invalid' and she only ever was seen 'wearing one dirty garment' were not uncommon.²⁸ The institutional concerns about these girls were directly related to broader ideas about what it meant to be 'modern': in the near future there was a strong possibility that they would be responsible for

their own households and their progeny would be the men and women that the British Empire relied on as industrial workers and members of the armed forces.

Childhood and the welfare experience

Able-bodied children of the working poor were regularly found in the workplace throughout the eighteenth and nineteenth centuries.²⁹ In line with increasingly Rousseauesque views of childhood, however, their economic role was gradually questioned by authorities, and the first effective government inspectorates into child workers were introduced in the 1830s.³⁰ From the mid-nineteenth century, it can be observed that the legislative agenda towards children reinforced the dichotomy between the innocent and the pathologically different child. Workplace and education reforms, such as the numerous Factory and Elementary Education Acts, were all geared towards the protection of the innocent, and by the turn of the century education was being provided up to the age of twelve, even if it was on a half-time basis in some circumstances. The criminal justice system, however, lagged behind. The age of criminal responsibility was set at seven in the seventeenth century and it remained so until it was raised to eight with the Children and Young Person's Act of 1933, and was finally increased to ten by an Act of the same name in 1963. In comparison, during the medieval period, often considered a time when children were treated as proto-adults, the criminal trial of children under the age of twelve was banned because they could not be held responsible for their actions. We might consider such a young age in the nineteenth and twentieth centuries as a legal mechanism to manage those who did not conform to accepted social norms.³¹

The children who came into contact with the Waifs and Strays Society were most commonly orphans or those who had been deserted, and thus they were often filtered towards philanthropy via the institutions of the poor law system. From its inception in the Tudor period, the poor law sought to distinguish between the deserving and undeserving poor. It was implemented at a local level so that officials could use knowledge of their catchment area to identify those truly in need of assistance, usually defined in relation to 'usefulness' in the workplace.³² In 1697, John Locke stated that the poor law should consider using the malleability of children to mould them into well rounded

adults and he, in particular, highlighted the benefits of education for them.³³ Doing so, he argued, would break the cycle of dependence, an obsession that extends into modern times. This was a somewhat different view from that of Rousseau, who later argued that children should be at liberty to enjoy childhood before entering the adult world. Despite their differing philosophies regarding the nature of childhood, their influence reshaped understandings of what it meant to be a child in the modern world.

The belief that children deserved support in varying degrees was a political and cultural subtext throughout the eighteenth and nineteenth centuries.³⁴ The majority of children under public care in the nineteenth century were there because of their parental situations. However, Frank Crompton has also stated that Poor Law Guardians were eager to remove the influence of parents who had proved themselves unsuitable.³⁵ Thus, there was a particular awareness, both in the poor law and charitable spheres, that children were not responsible for their poverty; rather families, the nature of parenting, and the environments in which they lived, were the fundamental elements in constructing the need for intervention. These are themes that have persisted through to the present day.³⁶ Similar attitudes are evident in the sample of children admitted to the Waifs and Strays Society, demonstrating the fluidity of ideas between the state and voluntary sectors. James T., for example, was three years old when he was admitted to the care of the Waifs and Strays Society from his home in east London where he was said to 'live in an unhealthy neighbourhood'.³⁷ In this situation we can observe the environment in which the child was living as the key negative factor, and it was a widely held view that parents, at the very minimum, were supposed to provide for their children. Those parents unable to do so upset the social order.

In a different case, Lucy F. was taken into the Society's St Chads home in 1889 at the age of fourteen. The catalyst for her admission was the death of her mother and 'her father [wa]s a good for nothing, ignorant man, with no idea of looking after his children, though he would not wilfully injure them'.³⁸ We are thus provided with a picture of working-class parenting that did not comply with middle-class expectations. Interestingly, this case makes no reference to drunkenness, idleness, or criminality, which so often occurred in the records for other children. In contrast to the father's ignorance of child-rearing, Lucy F. was described as 'a bright, happy-tempered child by nature, responding

readily to kindness – very quick and intelligent – and has made great efforts to keep her father’s house tidy.’³⁹ Two important threads emerge here. First, there was a parent in danger of tainting a child who had the potential to fit with the ideal of a respectable childhood, that being one who would grow into an independent and productive adult. She was eager to learn and evidently a hard worker. Secondly, there was the underlying tension created by an adolescent girl living with a working man who, because of his status, could be a physical or sexual threat to her. This fear was elucidated later in the application where it was stated that, ‘so far we have every reason to believe that the child has escaped moral injury, but that she is in grave danger there can be no doubt.’⁴⁰ Despite no actual harm coming to the child, this danger was perceived to be ever present in homes of the poor, especially when there was no mother figure available to prevent potentially abusive behaviour.

The perceived unsuitability of working-class homes for young children is further evident in the case of Minnie K. who was aged just two, and diagnosed with a curvature of the spine, when she came under the care of the Waifs and Strays Society in 1890.⁴¹ Twelve years later, in 1902, her mother wrote to Edward Rudolf asking for Minnie to be returned to her care. This letter to the society is important as it makes a wider point about the nature of disability during the period. It has often been assumed that those with impairments were cast aside or ignored by their families, but here we witness a parent requesting that their child is returned to them after an extensive period of separation. While Rudolf initially agreed to the mother’s demands, Katherine Warton in the St Agnes Home, Croydon, put up more resistance and wrote the following statement back to Rudolf at Society Headquarters:

We shall be very sorry to lose Minnie K., as she is a nice child, Miss Carling quite hoped she was going to be of great use in the Home, as she grew older. She is very delicate, and very backward at school, and Mrs Pereira wondered if it could not be arranged for her to stay with us up to Christmas, for the child’s [sic] own sake. If Mrs K. has the means would she not be willing to pay something, as it would be so much to the child’s [sic] advantage to stay on with us, as I understand the mother is out at work all day so suppose Minnie is going to keep house for her. Minnie is attending the Church day school, and having been so long we should be very sorry for her to leave at such short notice. Should I write to Mrs K. about it?⁴²

Numerous strategies are deployed by Warton in this letter to emphasise the benefits to the child of remaining in the care of the society, rather than being returned to the family home. There was a clear expectation that she would be a productive and useful worker in the charity home, despite her slow progress at a church school. The irony of the letter is that Warton expected Minnie to do nothing more than 'keep house' for her mother once back home, a role considered negatively in comparison to the similar work she was most probably carrying out in the St Agnes Home. Furthermore, Katherine Warton felt so strongly about the benefits of the charitable institution for the child that she was willing to ask her mother for a contribution to her maintenance, despite the mother clearly stating that she wanted her returned to the family home. Rudolf encouraged Warton to write but later conceded that the mother 'appears to be very respectable, and although I did what I could to persuade her to leave the daughter under the society's care, she still reiterated her desire to have her under her control.'⁴³ Here we witness two significant elements in the care of children during the late nineteenth century. The first is the agency that poor parents could exert when faced with philanthropic interference in their lives; the second is an unwavering belief on the part of middle-class philanthropists that intervention into the lives of the poor had moral and economic value, both for the individual and wider society. From the three cases presented thus far it can be seen that middle-class expectations regarding child-rearing, environment, and acceptable behaviour were integral to the construction of pathologically different children.

Children who were cared for within the state welfare system of the poor law were expensive and were often dependent on tax-payer support for a good number of years. Therefore, keeping families together was often a pragmatic decision made by overseers and guardians.⁴⁴ This philosophy, however, was often complicated by issues such as parental disability, ill-health, or premature death. Moreover, there was a prevailing belief that children under the age of seven were entitled to parental care. Children occupied a unique place in the poor law system and were not always subject to harsh conditions, especially after the Poor Law Amendment Act of 1834. The New Poor Law introduced a welfare system whereby the position of those receiving state help had to be in situations that were deemed 'less eligible' than the lowest labourers.⁴⁵ Such punitive measures were not usually applied to children who were

directed to 'improvement' through schooling, apprenticeship, and eventually employment, contradicting and inverting the eligibility test.

Childhood disability and pathological difference

Scholars of disability have painted a bleak picture of the exclusion, separation, and incarceration of individuals living with impairment in the past. Those working in the field have argued that disability was a social construction imposed on the biologically impaired through architecture, stigma, and socio-economic structures, all of which were shaped by an able-bodied society.⁴⁶ Much literature in this field has concentrated on the twentieth century, with the experience of earlier periods being relatively neglected. When a child, with what today would be called a disability, was admitted to the Waifs and Strays Society, their application forms usually described them as being impaired, crippled, or lame. The term disability did not feature, and therefore this chapter uses the linguistic register of the time.

Recently, there has been a growing historiographical interest in children living with impairment in the past. David Turner has observed an increased concern with 'problem' children in the eighteenth century, who were growing up with impairments existing from birth or acquired through mismanagement and were inevitably a burden, either on their families or the state.⁴⁷ Ashley Mathisen has also demonstrated a more nuanced understanding of the 'disabled' child body deployed at the London Foundling Hospital in this period.⁴⁸ She outlines how individual development through work (and work-associated activities such as apprenticeship), within the hospital itself and beyond, instilled ideas about adult independence. A picture of equal complexity is presented by Steve King in the context of nineteenth-century England. He contends that the experience of impairment for the young was often negotiated, between families, employers, and relieving officers, and the nature of relief depended on the able-bodiedness of the individual. It might thus be suggested that an imperfect body was not necessarily socially or economically liminal.⁴⁹ Furthermore, Dale and Borsay's collection of essays exploring experiential and definitional concepts of childhood disability have raised the profile of this subject further.⁵⁰ Their volume begins by linking general concerns about childhood health with an emerging professional interest in the disabled child in the mid-nineteenth century.

The impaired child was thus, by the 1870s, a subject of attention for a range of observers and commentators that led to numerous judgements about their abilities and potential future lives.

Rescuing children of the poor – The Waifs and Strays Society

By the late nineteenth century, children had acquired a wider social significance and were seen by authorities and those in philanthropic circles as the future of the nation and imperial project.⁵¹ The terminology used to describe those who sought to protect and improve children in the late nineteenth century is particularly telling. They were ‘child rescuers’ or ‘child savers’ and thus were guardians of the discourse. They alone were supposedly responsible for bringing children back into the folds of acceptability and respectability. What is particularly interesting is the class gulf between those intervening and the children themselves. The philanthropists making judgements on the habits and cultures of the working poor had limited understanding and no lived experience of the circumstances of their subjects. The likes of Barnardo, Stephenson, Rudolf, and Rye were, without exception, raised and educated in very different conditions.⁵²

To emphasise the key arguments of this chapter, examples have been chosen to reflect the complexities of how pathological difference was constructed. These are distinct cases, but all evidence the intricate nature of this process. In 1889, Albert C., a six-year-old boy whose mother had died and whose father had deserted him, entered the care of the Waifs and Strays Society. Not only was he an orphan but he had been ‘crippled’ after having his right leg amputated due to ‘a palsy disease of the knee joint.’⁵³ Albert was thus representative of deservingness in Victorian society through two avenues, first through his youthfulness and secondly through his physical impairment. It might have been expected that he would have lived his life dependent on state welfare and charitable assistance but, despite his condition, he was apprenticed eight years after entering the charity to a tailor in Frome, Norfolk, and a note was placed in his file that stated ‘he will not be able to maintain himself until the end of his apprenticeship.’⁵⁴ While this reveals the poor wages he received as an impaired apprentice, it also makes clear that following the completion of his term he was expected to be independent. A similar case was that of Edward M. who was taken

into the care of the Waifs and Strays Society in 1883 at the age of five from the home of his mother and stepfather.⁵⁵ His impairment was from ankylosis (stiffening of the joints due to fusion of the bone) and a deformity of the vertebrae: he had not attended school because it was three-quarters of a mile away and he could not walk there. Yet on his arrival it was stated that he 'is a bright intelligent child and provided his health keeps well will be capable of earning his living in some way with either his hands or his head'. Edward did not go into an apprenticeship like Albert, but from his file it is clear that the organisation had an expectation of him developing into an independent and productive adult, a core facet of the modern idea of childhood where individuals were expected to support themselves into adulthood. While these children may have lost the sheltered innocence that was only available in a family home, philanthropy was enthusiastic about moulding them into responsible and respectable future citizens.

The situation was different, however, for children viewed through a lens of pathological difference. Annie B. was taken into the care of the Waifs and Strays Society on 9 October 1888. She was aged thirteen and had been an orphan for almost three months.⁵⁶ The aunt with whom she had been staying following the death of her mother had agreed to bring up her two younger siblings, but could not afford to keep the older girl and provide for her own family. Annie was noted to be in good health and had attended the Harrow Board School for five years, reaching the Standard of Level IV which was in line with academic expectations of the time. At admission, she was described as 'a rough uncouth girl but there is every reason to believe that under the good training she would get in the Home she would turn out well'.⁵⁷ At this point the girl fulfils the established modern model of a child of the working poor ripe for improvement. The notes from the case file continue: 'whereas were she sent to the workhouse (which is the only alternative) she would probably become quite unfit for respectable service'.⁵⁸ Here we can see recognition of the two models of childhood in operation. There was deservingness, respectability, and potential for improvement in the philanthropic home of the Waifs and Strays Society on the one hand and the undeserving dependence found in the publicly funded workhouse, a place to be avoided at all costs, on the other. Upon her admission Annie was initially sent to the Society's Arnold Grove Home but while there it soon became apparent that 'she is a very dull girl, and will

not be fit for domestic service'.⁵⁹ Following this judgement she was then passed through numerous homes for industrial training before eventually being taken into St Chads where she was to learn machine knitting. However, by 1894, Annie had grown into an adult and her lack of development and progress led officials to decide that nothing more could be done with her. In a letter to Rudolf, Mr Stansfield at the St Chads Home lamented that 'this girl will be on the society's hands all her life unless she is sent to the workhouse'.⁶⁰ He continued that she is 'not quite all there' implying that she had some form of mental or learning disability and he complained that 'she is simply taking the place of a girl who might be learning a trade', before signing off by observing that she was 'particularly dull and stupid'. To Stansfield, the girl was clearly different from the norm and she was destined to not fulfil the expectations of a deserving childhood or adulthood. The only option, in his opinion, was to send the girl back to the workhouse, so that somebody more deserving might take her place in the home.

Sending Annie B. to the workhouse though was not as simple a task as it might appear. In order to receive relief an individual had to have earned a settlement. This could be achieved through birth, apprenticeship, marriage, or continuous employment for twelve months. Annie, however, had been touring the institutional provision of the Waifs and Strays Society and not been in one place long enough to earn a settlement. Stansfield had assessed that she was most likely to live out an existence dependent on ratepayer assistance. She was thus expensive and a burden to whichever workhouse in which she was placed. The Leeds Poor Law Guardians refused to take her and, following discussions of her settlement, Annie was eventually placed in the Edgware Workhouse, where we lose track of her narrative. This case demonstrates that both models of childhood could operate in tandem. First, there was the ideal of improvability that was applied until it became clear that a productive and independent future was unlikely. Then the child was pathologised because she was considered to be mentally incapable, even though before becoming orphaned she had reached Standard IV in the education system. Nevertheless, she had not met the requirements for trainable childhood and she was cast aside into the workhouse.

Mary B.'s experience further underscores how compounding conditions shaped reform attempts. She was admitted to the Society aged

ten in 1889 having suffered severe burns to her hands. Her home was a poor one, with her father earning just eighteen shillings a week and the mother unable to work due to blindness.⁶¹ In this situation the child was unable to help around the home due to her injuries; she was unproductive and constituted a drain on the limited household economy. The Waifs and Strays Society took the girl in with the objective of teaching her a trade. However, she soon was 'returned to her mother ... being crippled in her hands consequently not able to learn the knitting machine'. Again we see evidence of a child not being able to progress vocationally and being sent back to conditions that were considered unfavourable and dangerous prior to their interaction with philanthropy. This was a similar fate to that experienced by Jane M., aged fifteen, who was admitted to the St Chads Home to learn industrial knitting. It was said though that she was 'simply filling a bed that might be occupied by a capable girl'.⁶²

The experience of Annie B., Mary B., and Jane M. were evidently not isolated examples. Now we turn to the case of Annie M., which provides a slightly different situation. Annie M. was admitted to the Waifs and Strays Society aged fourteen with both of her parents still alive.⁶³ She had been suffering from spinal disease and had received medical attention and care intermittently in a hospital for seven years. By way of treatment she wore a plaster jacket that was designed to aid the straightening of her spine. It might be assumed that physical deformity in itself was enough to establish difference but the situation was far more complex. Regardless of impairment, the Waifs and Strays Society sought and found occupations for children suffering from a range of conditions; it was not simply that disability equalled difference.

The construction of Annie M.'s pathological difference was multifactorial. Her father had been certified a lunatic and confined in the Cane Hill Pauper Lunatic Asylum for twelve months. He was seen to demonstrate family weakness and proto-eugenic bad heredity, while her mother worked at bookbinding earning a meagre two shillings per week, which was subsidised with three shillings on a temporary, yet ongoing, basis by the Poor Law Guardians, and consequently incurring the stigma attached to it. Furthermore, the girl displayed a lack of potential for improvement and was sent back to her mother on 7 October 1888, less than a month after being admitted, even though the

Guardians had committed to paying £13 a year for her care. The pathologically different were evidently constructed according to their ability to fit the established expectations of the 'modern' model. When this was not possible, evidence from family, occupation, and domestic spheres was used to demonstrate undeservingness and difference.

Further complexity in the construction of pathologically different childhoods is observed with the case of Frederick F.⁶⁴ He was taken into the care of the Waifs and Strays Society aged just eighteen months old. At this young stage of development it was more difficult to construct the child as falling outside of the parameters of a 'normal' childhood, so instead there was an increased emphasis on his background. Such actions highlight the expectation that individuals in some circumstances would always be marginal to acceptable society. In this case, the boy had been conceived as a result of a sexual assault committed against his mother by his uncle. The mother admitted herself to the poor law union workhouse to escape the familial and social repercussions associated with bearing an illegitimate child and sought a space in the Waifs and Strays Society for her 'innocent' infant. In these circumstances, the pathological difference was directly related to the criminal tendencies and bad heredity of the father. The initial response of the Waifs and Strays Society was to attempt emigrating the child to Canada but this was not an option because of his age. Here, we see another example of how childhood difference was created and the various methods of dealing with it. Frederick was never sent to Canada, but he eventually moved away from London to Warwickshire where he was apprenticed and then later employed as a tailor.

Conclusion

The formative years in establishing pathologically different childhood as a distinct conceptual entity were the thirty years after 1870, what one might label the high watermark of child rescue efforts. The archive of the Waifs and Strays Society provides a valuable window into the lives of children living with disability and in poverty at this time. From their records we can glean insights into the everyday lives of working families and the relationships that were developed between them and those doing charitable work. Furthermore, the records reveal important

discourses about attempts to mould children's lives based around ideals of dependence and 'modern' citizenship. Moving into the twentieth century, many of the historical sentiments still persist but interventions into the lives of children have shifted from lay do-gooders to scientifically informed professionals. This has been achieved particularly through the medicalisation of children, primarily via the education system, that sees early intervention into diet, sensory impairment, and mental/behavioural disorders.

A continuity that is fairly well hidden is the widespread practice of child removal, albeit by the state rather than a voluntary sector today. Little has changed over the past hundred or so years. A child in an economically deprived area is more likely to be taken into care than a child living in an affluent one. This practice is surprisingly common. In the UK, youngsters are more likely to be removed from their families than anywhere else in Europe; there were nearly 28,000 children removed from their families in the UK in 2015 compared to 200 in Germany and twenty-eight in the Netherlands, a process supported by government policy and that can be completed within twenty-six weeks.⁶⁵ Furthermore, a child from a poor background is more likely to receive a diagnosis of behavioural or learning disorder such as attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), or autism spectrum disorder (ASD). Add into this the complex issue of race and ethnicity and it becomes apparent that the pathologically different child remains in the twenty-first century, even if the nomenclature and categories have altered somewhat.

Notes

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