

Introduction

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Note on Sources

i/j and u/v have been silently corrected in quotations from Renaissance sources.

Capitalisation and punctuation have been retained. Publication dates are as given in the text, except the new year is silently corrected to the 1st January.

Introduction

Disability is a categorisation of human difference that is both highly historically specific and transhistorically observable. It is both socially constructed and rooted in the physical conditions of the real. The challenge for historical disability studies, therefore, is to maintain a stable object of inquiry whilst also doing justice to the unavoidable alterity of its manifestations in the past. This collection of essays, furthermore, deals with a range of contexts and cultures that, although they fit into a fairly narrowly-defined notion of the European Renaissance (dated approximately 1450-1650), vary considerably. Even within these parameters, the examples and patterns discussed cannot be made to cohere into a singular model of ‘disability in the Renaissance’. Instead, this book offers evidence of the possibilities for disability that existed in the European Renaissance: configurations of bodies, minds and collectives that have left evidence of some of the ways that normativity and its challengers interacted in the past.

Fiona Kumari Campbell’s definition of ableism is a useful starting point for this purpose because of its flexibility. According to Campbell, ableism is

a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human (Campbell quoted in Shakespeare, 51)

Embedded in this statement is an outline of the process of transition whereby ideas about what human beings could be become ideals about what they should be, and eventually standards of what they are. To explore whether and how such networks might be found to have operated in the Renaissance, and what kinds of self and body they might have produced, we need look no further than the iconic image of the Vitruvian Man, sketched in a notebook by Leonardo da Vinci in around 1490.

[Figure 0.1]

The figure is drawn in several positions overlaid on top of each other, creating a multi-limbed man whose fingertips and toes touch the circumference of a circle and the borders of a square that are also carefully traced onto the paper. These geometrical sketches demonstrate the ideal proportions of the human body, as outlined by the Roman author and architect, Vitruvius. Despite its somewhat surreal doubling of limbs, Leonardo’s Vitruvian Man does seem to depict a ‘corporeal standard.’ An emblem of Renaissance humanism, the image is described

by Rosi Braidotti (2013) as “an ideal of bodily perfection which, in keeping with the classical dictum *mens sana in corpore sano*, doubles up as a set of mental, discursive and spiritual values” (13). As such, she considers it a “basic unit of reference” for what constitutes the ‘human’ (143), and one which establishes the parameters for the development of liberal humanism in the Enlightenment three centuries later.

Although from our perspective, the image may remind us of subsequent philosophical and social movements, it also looks back to earlier ones. The image’s proportionality is an example of the Renaissance interest in Pythagorean number mysticism and the burgeoning revival of Neoplatonic philosophy, pioneered by Marsilio Ficino and Pico della Mirandola in fifteenth-century Florence. Leonardo’s drawing envisages the human body as a microcosmic emblem of macrocosmic proportionality, demonstrating that mathematical ratios can be used to express the structuring principles of the universe. These ratios, by their very nature, could be applied at all scales and levels, from human bodies or musical instruments, to planetary orbits and the entire cosmos, as envisaged in Plato’s *Timaeus* (Jowett 1953, 721-22). As such, the image represents an idealised symbol of the form of humanity, not necessarily a depiction of human normativity.

Yet Braidotti is right to point out the assumptions the image implies. To start with, the depiction of a naked male body as representative of the human form unavoidably signals particular gendered and sexed categorisations as an obvious norm, alongside further implied characteristics of physical agility and ability to stand as visible physical signifiers of human capability, along with relative hairlessness and visible muscularity as markers of aesthetic desirability. Whether the person depicted in the image is purely imaginary or, as has been suggested, a self-portrait (Nicholl 2004, 247), the specific qualities of this individual create normative expectations when they are incorporated into this image of “the human”. Furthermore, such idealised forms are the aspiration to which physical and real forms reach. The more like its ideal form an object is, the more perfect and more preferable. The Vitruvian Man has thus functioned for centuries as a symbol of both an idealised form (and thus one which is de facto unattainable), and of standard assumptions about actual human forms and their normative qualities.

The creator of this image, Leonardo da Vinci, can also be made to figure a range of contradictory notions about human nature. One of the archetypal geniuses of Renaissance art, he was also illegitimate, left-handed, vegetarian (at least in later life) and would probably be considered gay according to modern categorisations, all characteristics that depart from several of the assumed human norms of his society (Nichol 2004, 58, 43, 18, 11). Leonardo also regularly features in lists of famous and successful people with dyslexia in popular media,¹ and is routinely cited as dyslexic in academic papers (e.g. Brunswick et al). This is regardless of the potential ethical and logistical problems with retrospectively diagnosing historical individuals with learning disabilities (Adelman and Adelman 1987. See also Aaron, Phillips, and Larsen 1988). Different elements of Leonardo’s reputation and identity have received differing levels of emphasis over time. During the nineteenth century, he was

¹ Such lists often appear on the websites of companies offering educational assessments and tuition. See, for example the Davis Dyslexia Association International (<https://www.dyslexia.com/about-dyslexia/dyslexic-achievers/all-achievers/>) and the Helen Arkell Dyslexia Centre (<https://www.helenarkell.org.uk/about-dyslexia/famous-dyslexics.php>)

invoked as one of the quintessential figures of the newly-named 'Renaissance', and his combination of scientific and artistic interests made him the original 'Renaissance Man' (Barrie 1979, Burckhardt 1990, 104).

Combining these various aspects of his life, Leonardo could easily be constructed as an example of the "supercrip", an unrealistic ideal who denies or 'overcomes' any limiting social oppression (Schalk 2016), his superlative talent winning out over any barriers he might have experienced. But such narrativising only serves to fit Leonardo into another kind of model, and elides the impact of difference on life in the Renaissance rather than elucidating it. Both Leonardo's work and his life thus demonstrate the way that the Renaissance period can be used to reify and naturalise particular ideals of the human body and mind, based on later re-writings of the period and projections of later cultural standards back onto the past, finding origins where there are perhaps only similarities. Instead, discussion of how disability might have been experienced and understood historically must be placed within an understanding of the contexts which shaped it.

Renaissance contexts

It is important, therefore, to highlight a number of philosophical and ideological frameworks that dominated European Renaissance thought and culture, and which must inform our reading of individuals and phenomena from the past. The humoral conception of the body and its functions; a providential understanding of the body, its shaping, and its power to reveal (or shape) human behaviour; and advances in medicinal science, particularly surgery provided the intellectual frameworks by which Renaissance thinkers understood able and disabled bodies and minds.

The idea that the body was composed of humours was part of a conceptualisation of natural balance derived from the ancient Greeks. Just as the elements of creation (earth, air, fire and water) were balanced and synchronous, so too was the composition of natural substances (including the human body) by blood, bile, phlegm and water. The cause of disease was understood to be the imbalance of humours, or of their moving inappropriately within the body. Hippocrates, debunking the myth that epilepsy was caused by the Gods (and hence known as the sacred disease), argued that it had the same humoral cause as any other disease:

All these symptoms he endures when the cold phlegm passes into the warm blood, for it congeals and stops the blood. And if the deflexion be copious and thick, it immediately proves fatal to him, for by its cold it prevails over the blood and congeals it (Hippocrates, 362)

Hippocrates' model of illness was an imbalance, or more precisely a mis-positioning, of the humoral liquids within the body. The idea of humours persisted into the early modern period primarily through the work of writers like Avicenna, who combined the texts of authorities such as Hippocrates, Galen, Aristotle and others into authoritative medicinal compendia. Upsetting the balance or coordination between the humours was thought to be the way in which God acted upon the human body, a viewpoint which combined Hippocrates'

rudimentary understanding of bodily and dietary health with a providentialist view of disease and recovery.

The bodily humours were generally understood in the early modern period to be phlegm, blood, black bile and yellow bile, which might be expressed or manifested within the oppositional pairs of hot/cool and moist/dry. These in turn gave rise to personalities such as phlegmatic, melancholic, and choleric (angry), which could be modified or balanced by the correct diet or environment. The humours, and the humoral body, were “thus employed with a wide range of meanings. It could signify material states, qualities, or individual dispositions that were the result of an inherent composition of the body influenced by its environment” (Orland, 444-5).

The understanding of health and vitality through the humours led naturally to analogical reasoning, whether in similarities or opposites. If something was caused by an overabundance of heat and dryness, then cool and moist foods such as lettuce were required; alternatively, an imbalance could be adjusted by matching foods to the weaker humour to strengthen it within the body. Beyond the need for a balancing diet, humours were a key part of consumption and digestion; food was broken down by the stomach into a basic state (*chyle*) which was then “transported to the liver and there concocted (literally, “cooked”) into blood, the two biles, and phlegm” (Siraisi, 106). Blood was a humour in its ‘pure’ state, but in fact blood in the body was generally made up of blood combined with the other humours in various proportions, the mixture of this was carried around the body to nourish its organs. So the body was literally composed of humours, and consequently perceived to be generally ‘liquid’ (that is, composed of fluids working alongside and within porous and changeable solids), allowing almost everywhere within it the mixture of substances which gave rise to complex emotional or physical states.

The humoral balance differed between adults naturally, hence the variety in temperament, but was also explained by geographic, cultural, social or physiological difference. People from different countries had a different makeup of humours, as did men and women. Indeed, the difference between men and women was explained by humours present from conception: “heat and dryness made men, cold and wet made women” (Gowing, 7).

Humours were also important in the development of children: “children’s uniqueness resided in their humours – their bodies and minds were warm, soft and weak, abounding in the humour blood” (Newton, 221). The balance of humours thus naturally changed over time, with the warm and moist humours of children gradually cooling and drying as they reached ‘temperate’ adulthood and continuing into ‘melancholic’ old age. This humoral model of the normative life course provided a framework for understanding and pathologising bodies and minds that frequently recurs as the basis for medical and social attitudes in the period.

Providence & religion

Another concept that shaped attitudes towards disability in the period was the notion of Providence: the idea that God’s foreknowledge gives all things purpose, including apparently adverse events or undesirable conditions. Some forms of disability, particularly physical disability, came under this categorisation in the period. Physical disability in

Renaissance Europe, particularly those disabilities arising from birth or appearing in childhood, was generally permanent, and often highly visible. For this reason, although the term ‘disabled’ was available, it was generally used by early modern writers in the sense of ‘barred from’ or as an incapacity (whether general or specific) to perform a particular task or function, rather than in any medical sense. For that, early moderns used ‘deformed’, and its cognates, emphasising the physicality of the non-normative body (Davis 2002, 52; Wilson 2017). Moreover, since God had ordained all things, ‘monstrous births’ became signs either of extraordinary events to come, or of moral failings in their parents or the populace more generally (French, 2016: 145-6; Bates 2005). The same providentialism meant that those with non-normative bodies were often assumed to have ‘deformed’ minds, either in intelligence or in morality.

Though widespread, such a belief was not universal. In his *Book of the Courtier*, Baldassare Castiglione is interested in the perfecting of necessary qualities such as virtue, wit and reason. The question of how far such perfecting is possible, and what ‘raw materials’ are necessary for the work runs through the text with a certain amount of anxiety, as he considers at length the relationship between nature and nurture (what might be termed fashioning and self-fashioning). Castiglione reflects on the fact that nature does not distribute her gifts evenly:

Truth it is, whether it be through the favour of the starres or of nature, some there are borne endowed wyth suche graces, that they seeme not to have bene borne, but rather facioned with the verye hande of some God, and abounde in all goodnesse bothe of bodye and mynde. As againe we see some so unapte and dull, that a man wyl not beleve, but nature hath brought them into the worlde for a spite and mockerie. (Hoby 1561: C2v-C3r)

Castiglione’s understanding of human variation draws on ideas of providentialism. The anthropomorphising of nature and God (or nature through God) allows for a sense of intentional distribution of positive and negative physical and mental capacities amongst the human population. Such ‘graces’ are based on divine favour (presumably, given the nexus of stars, God, nature, and fate) in anticipation of particular behaviour, though Castiglione leaves open the possibility of an alternative reading: that the ‘goodnesse both of bodye and mynde’ is the cause, not result, of good actions, since they are most capable of performing the type of good actions he is modelling.

Later in his text, Castiglione notes that the fear of being perceived as being judged by God, or otherwise morally lacking, causes people to hide their disabilities:

Therefore doeth ech man seeke to cover the defaultes of nature, aswell in the minde, as also in the bodie: the which is to be seene in the blinde, lame, crooked and other mayned and deformed creatures. For although these imperfections may be layed to nature, yet doeth it greeve ech man to have them in him self: bicause it seemeth by the testimonie of the self same nature that a man hath that default or blemishe (as it were) for a patent and token of his ill inclination. (Hoby 1561: Dn3v-Dn4r)

Castiglione is actually interested not in the ‘defaultes of nature’ per se, but in the social consequences of belief around the body. These apparent defects are only important in so far as they change the opinion of other members of the court; those perceived to be ‘imperfect’ in body may be unfairly pre-judged by those around them. In fact, as the passage goes on to clarify, Castiglione is explicitly rejecting a fully providentialist model:

Therefore in case vertues were as natural to vs, as heavinesse to the stone, we shoulde never accustome our selves to vice. Nor yet are vices naturall in this sort, for then shoulde we never be vertuous (Hoby 1561: Dn4v)

For Castiglione, then, virtue and vice coexist in human nature, and in fact it is learning, good society and self-reflection, not the state of the body, which make someone virtuous. As with Montaigne and Bacon (discussed below), while the state of the body may provide some basis for behaviour – not least through an ability to perform particular tasks – the link is not predetermined. Individuals must take responsibility for fashioning themselves, regardless of their gifts or difficulties, into virtuous individuals. Though this was by no means a universal opinion – the providentialist model persisted through the Renaissance – it demonstrates the range of thinking about the disabled body which was available in the period.

Medical and scientific developments

It should be no surprise, then, that early modern medicinal science took account of disability, and in particular ways to ‘overcome’ physical impairment, usually expressed in the language of supplying a defect. Harry Berger has demonstrated the way this logic persists in “the medical and graphic surgeries that mediate the passage from the natural to the idealized body” (115). These are the medical analogies of the self-fashioning in Castiglione, a way of modelling and then improving upon nature’s work. The categories of ‘natural’ and ‘ideal’ reveal the way in which the ‘natural’ body is in fact the ‘defective’ body, requiring all manner of prostheses to function well.

Early humanists tended to celebrate the technological ingenuity which allowed humanity not just to supply defects but to extend the potential of the body. Berger offers the example of the *camera obscura* in which the “increase and refinement of visual power is consequent on its being freed, alienated, from the limits of the body” (105). Thus, even the normative body requires technological improvement, especially for specific skills or in fields of particular expertise (painting, in this case).

Andreas Vesalius, a lecturer in anatomy at the University of Padua, is generally acknowledged as the founder of Renaissance anatomical studies. His 1543 treatise *De Humani Corporis Fabrica* (‘On the Fabric of the Human Body’) subjected the classical models of bodily function (such as the humoural and Galenic models) to scrutiny via surgery and dissection. The *Fabrica* details with precision the functions of the organ, brain and muscles, as well as the bone structure of the human body, accompanied by detailed drawings for students of anatomy. The following year, when Vesalius performed a public dissection of a “hunchback girl who had died of pneumonia” in Pisa, the number of people wanting to

attend meant a public holiday had to be declared, and a local surgeon was injured when he fell from the top of the anatomical theatre (Catani & Sandrone 2015: 32).

Followers of Vesalius – including Ambroise Paré, discussed in more detail in Haydon and Smith’s chapter – spread his ideas on anatomy and surgery. New instruments were developed for surgery, with a particular practical focus on battlefield injuries. The practice of reconstructive surgery began in Italy with the work of Gaspare Tagliacozzi, whose work with replacement noses, lips and ears was detailed in his 1597 volume *De Curtorum Chirurgia per insitionem*. Tagliacozzi seems to have achieved solid results with his methodology, and it found disciples across Europe, with editions of the work being pirated in Italy and printed (legitimately) in Frankfurt for wider distribution (Tomba et al., 447). The work was dedicated to Vincenzo I Gonzaga, the Duke of Mantua, whom Tagliacozzi had treated for an unspecified topical problem with his nose in 1586. Vincenzo was “one of the first Renaissance rulers to abide by the politics of compassion” (Finucci, 66); that is, he showed a sustained interest in the health and welfare of subordinates, prioritising the treatment of wounded soldiers during warfare by supporting camp doctors. Thus, supporting Tagliacozzi’s work was a natural political as well as personal choice. The co-ordination between the two men also gestures towards the development of personal scientific and political networks devoted to the development of medicine, especially those treatments designed to eliminate or ameliorate disability, disfigurement and disease.

Tagliacozzi’s description of his method of skin grafting was translated into English by Alexander Read, and published posthumously in 1687 as part of a larger treatise on the art and practice of surgery (“chirugery”). The translation focuses on Tagliacozzi’s method, noting that while classical authors had the idea for grafting, they give instruction “so ambiguously, that he, who upon their credit should undertake the reparation of any of these lost parts, would lose his own; and perhaps the Patient his life” (Read 1687: 646). Read, by contrast, offers specific instruction, drawn from his own experience and practice, to achieve the best results for the patient:

The only part to supply the Nose and Lips, is the Arm above the Elbow; and to supply the Ears, the Skin behind the Ears. For neither disfigures a Man, since the Arm is covered with Clothes, and the new Ear does indifferently well cover the place behind it, whence it was taken. (1687: 647)

The location of the graft was crucial, as Read made clear, because only a similar sort of skin would take successfully. In fact, in order for the skin from the arm to be successfully grafted to the face, the patient had to remain in a sort of frame to hold the upper arm stationary across the face for three weeks. There is, then, a balance of addition and subtraction within the body, with a defect not being fully resolved, but simply shifted to a less visible place. The nature of the disability here, therefore, is not so much the lack of the body part but the prominence of that lack.

As well as disfigurements from warfare, the replacement of noses in particular was of value to those suffering from venereal disease, especially syphilis. Soldiers, of course, were particularly vulnerable to these diseases, being highly mobile, away from civil society, and presented with opportunities to solicit sex either from sex workers or locals wherever they

were camped. The fact that syphilis was so visible (in the ‘saddle nose’) and carried such social stigma, led to the development of high quality prosthetic noses in early modern Europe

[Figure 0.2]

Nasal disfigurement consequently figured highly in political satire and popular jest. Marcus Nevitt has teased out the ways in which the cavalier poet William Davenant’s nose, lost to syphilis, was reimagined in poetry, from Hester Pulter’s warning against his “perilous vulnerability to desire” (2009: 288), to John Denham’s attempt to shame Davenant over his poor military service by making him and his book (*Gondibert*) “aggregates of detachable bits and incomplete pieces” (2009: 295). The reduction of Davenant’s identity to a missing part creates a corporeal identity figured around absence, fitted to a personal identity similarly defined by absences (from the battlefield, the Royalist cause, or social status) and reconfiguration.

The breaking and refiguring of bodies had parallel development in Renaissance art and science. The poetic blazon broke the (generally female) body into its constituent parts, reimagining them as “a collection of passive, inanimate things, like jewels or flowers” (Hammons 2010: 124) to be admired, collected or owned. In science, too, anatomists were questioning the nature of the human body; if it was not a perfectly unified representation or microcosm of God’s perfect universe, then “what were the units out of which the body was composed, and into which it could be divided and subdivided?” (Sawday 1995: 96) These traditions coalesced in artistically sophisticated anatomy books, whose flaps could be opened to reveal the veins, organs and other internal workings of the body. The increased interest in the workings of the body led to surgical and prosthetic advancements, but did little to alter the image of the perfectly functioning body which circulated in Renaissance Europe.

Physical defects, then, had a certain logic of visibility which established a need and a priority in their treatment, but what about mental illness? Unlike physical disability, it was thought perfectly possible to be temporarily out of one’s wits. Hamlet’s “antic disposition” (Greenblatt et al 1997, I.v.172) is somewhere between a performance and an extreme form of melancholy, but is in any case resolved when the truth about Claudius is revealed (or at least once Hamlet believes he knows the truth). Likewise, the *Orlando Furioso* details Orlando’s madness, which is proved to be temporary once Astolfo rides to the moon on a chariot and returns with Orlando’s wits in a flask. Astolfo actually finds a large quantity of flasks on the moon, including his own, and for those he believed to be complete fools; from this he concludes that even those who seem to have no mental faculties on earth are potentially curable or able, if only their wits could be somehow restored.

The work of pioneers such as Paré and Tagliacozzi tend to be regarded as early iterations of modern practice but C F Goodey has argued that early medical texts which dealt with what we might now term intellectual disability did so in ways that are not especially compatible with modern understanding (and are certainly not early versions of the same kind of science). Felix Platter (or Plater) was an anatomical professor and pathologist at Basle, who produced a student-friendly edition of Vesalius’ *Fabrica* in 1583. His larger work, *Observationum: In Hominis Affectibus Plerisque, Corpori et Animo*, focuses on injuries to the brain, which may come from physical injuries to the head or eye, but also (by a parallel to

other underdeveloped parts of the body) via idleness or over-use of the brain. These, as well as childhood, old age or hereditary weaknesses, are the causes of intellectual disability, which Goodey argues should most appropriately be termed ‘foolishness’, since it sits “at the same taxonomic level as conditions we would hardly group with intellectual disability: drunkenness, hypochondria, excess emotion, melancholy, mania, demonic possession, hydrophobia and frenzy” (298). Whatever the cause of the decline of mental faculties, Platter is able to confidently suggest a cure – and even those causes which he accepts cannot ultimately be fully cured, especially hereditary problems, social status or old age, can, he suggests, nonetheless be greatly improved by his exercises. Between these models of mental illness, and the developments in reconstructive surgery, it is clear that some paradigms of what we would recognise as “disability” were in circulation in cultural and medical practice.

Theorising disability

It is an essential premise of this volume that “‘Disability’ was indeed an operational identity category in the English Renaissance” as Hobgood and Wood state (2013, 7), even if its meanings are significantly different from our own. Hobgood and Wood are responding here to Lennard Davis’s location of the origins of disability, as we understand it now, in the 18th century, saying that before this point

Although there may have been a great number of people with disabilities, one must, however, assume that disability was not an operative category (50-1).

It is true that the 18th and 19th centuries saw the origination of many of the institutionalising aspects of disability as a social category. These include the founding of philanthropic societies, charities, medical organisations and governmental mechanisms that systematised approaches to social issues more thoroughly and consistently than in earlier periods. Davis argues that a relatively large proportion of those “with differences in visual, auditory, or mobile ability can be incorporated into a preindustrial society” (Davis 2002, 50-1). That is, without the essentialising and universalising logic of the factory, labour conditions and expected output are more flexible, and more able to account for those who would be deemed ‘unproductive’ under more rigid working conditions. As Haydon and Smith show in chapter 3, corporations played a significant role in adjusting conditions to allow continued service. Similarly, even if Leonardo da Vinci was indeed dyslexic, it is debatable whether that was functionally a disability in his social context, given that large parts of the population were unable to read anyway. Bianca Frohne’s chapter demonstrates the ways in which reading, or the inability to read, might be negotiated in the context of disability. These questions about the relationship between individual body-minds² and their social contexts bring us to a key philosophical crux in disability studies.

Davis’s formulation quoted above establishes a distinction between ‘people with disabilities’ on the one hand, and ‘disability’ as an abstract noun on the other. More usually, this distinction is expressed using the term ‘impairment’ in contrast with the term ‘disability’ to denote a division between the conditions of experience and the ideological constructions

² Eli Clare briefly discusses the configurations of terminology relating to body-mind and dualism (2017, xvi).

through which we interpret them. This distinction between ideas and bodies, between theory and practice, between conceptualisations and corporeality, and the relations between and within these binary categories is at the heart of recent debates about how we define disability. Davis puts it this way:

Impairment is the physical fact of lacking an arm or a leg. Disability is the social process that turns an impairment into a negative by creating barriers to access (12).

This distinction establishes the terms required for the “social model of disability”, a way of understanding disability as a form of social oppression, which grew out of disability activism in the 1970s (Thomas 2002, 39). As Thomas notes, this way of understanding disability considers any disadvantage to be caused by “the social relationships between the impaired and the non-impaired, rather than as caused by impairment *per se*” (40). By refocusing attention on the disabling environment, this model enables activists to challenge assumptions and practices that restrict access to participation in society.

The social model has attracted criticism for both essentialising impairment, and potentially ignoring it. Abberley, for example, points out that impairment itself is “not ‘natural’ but an historically changing category” (61). If, as Judith Butler suggests, there is no “prediscursive anatomical facticity” that is not always already mediated through ideology, the “physical fact” Davis invokes will have different meanings in different contexts. On the other hand, Tom Shakespeare argues that the social model’s insistence that disability is caused by context and not impairment risks ignoring the lived experience of disabled people (Shakespeare 2014). Shakespeare argues that impairment itself can still be understood as restrictive in some ways, independently of social attitudes. He highlights the utopian thinking that characterises barrier-free social ideals, arguing that, when probed, models of a barrier-free world still exclude people with particular kinds of impairments. Historical disability studies can contribute to this discussion by offering instructive comparisons that are neither utopian nor dystopian, but based in social structures which have existed and can thus be tested. These are observable in literature, as well as the medicinal texts described above, or the family, corporate, and legal records discussed in the chapters of this volume.

The social model is only one way of understanding disability, of course. It is common practice in introducing work in historical disability studies to outline a range of different models as a way of tracing the development of thinking about disability (e.g. Iyengar 2015; Hobgood and Wood 2013). Usually, this includes discussion of the way that the social model of disability challenged and displaced the ‘medical model’ of disability. Certainly, in terms of disability studies itself, the development of the distinction between the medical and social models is a fundamental starting point for the discipline. The medical model denotes a way of thinking about disability that locates the restrictions of disability within the individual, and presents impairment as a target for medical intervention in order to cure the individual and thus create or restore normality. If cure is unavailable, then as Thomas puts it, “restrictions of activity and social disadvantage are the inevitable and tragic consequences of being impaired” (40).

Too often, however, it is assumed that the medical model of disability, with its negative and ableist implications, is broadly characteristic of ‘how things used to be’. The

chauvinism of the present leads critics to assume that life for people with disabilities in the past was inevitably abject. The characterisation of the medical model as the way in which disability was understood in the past simplifies the complexities of historical understandings of the body-mind. For example, Thomas suggests that the medical model of disability is implicit in “lay, medical, welfarist and other cultural discourses” and it is these “traditional ideas” that the newer social model refutes (40). The use of the term “traditional” should alert historians to the potential for further enquiry as to the origins and locations of this discourse. In fact, one might go so far as to suggest that the word itself is an immediate sign that such ideas are in fact historically and culturally contingent, and that some of their ideological power is gained by the concealment of their contingency. By examining alternative contexts for understanding human difference, the “traditional” status of these notions can be dislodged.

Renaissance approaches to disability: Montaigne and Bacon

Certainly, the contributions gathered by this volume belie the notion that there is anything resembling a pre-modern “traditional” understanding of disability. Nevertheless, it is useful to examine contemporary theorists’ notions of human diversity to see what kinds of assumptions are in play. The essays of Michel de Montaigne offer a rich source of this kind of evidence. Throughout his writing, Montaigne is constantly reasoning through questions, and deducing and inducting principles and truths by considering exempla and propositions. This rationalism repeatedly invokes a common-sense notion of the subject, constituted as a stable and individualised quality of humanness. Nevertheless, Montaigne periodically feels the need to restate the boundaries of subjectivity, even if his tone suggests that such distinctions are obvious. For example, in “On Fear” (I.18), he notes that he will “leave aside simple folk” in his consideration of the topic, as he characterises their fears as irrational superstitions (81-4). Here, Montaigne is making a class-based distinction, but elsewhere he considers mental capacity to be a quality potentially independent of social class. For example, in the 1580 version of “On the inequality there is between us” (I.42), Montaigne praises Epaminondas, a 4th-century Greek general and one of his personal heroes. In noting how superior he finds Epaminondas to other men, Montaigne specifies “I mean men in their right mind for fools and those made witless by accident are not complete men” (288).

Montaigne’s argument in “On the inequality there is between us” is that high social status does not necessarily indicate superior worthiness. But he leaves intact the assumption that some individuals are indeed more deserving. His considerations depend upon the presupposition that the differences between humans are firstly innate, and thus expressive of something essential about each person, and secondly of different moral and social value and thus legitimately hierarchisable. Some souls are better than others, even if worldly hierarchy does not always match this merit properly. Since advantages of birth and luck can be ruined by folly, however, it is nevertheless the individual’s responsibility to actively intervene in their own lives.

This conclusion is based upon the assumption of a basic set of normative characteristics and opportunities. In judging the worth of individuals, Montaigne counsels

against being distracted by external, inessential properties like clothing and wealth. His list of the questions to ask in this thought experiment conflates physical and moral qualities:

Is his body functioning properly? Is it quick and healthy? What sort of soul does he have? Is his soul a beautiful one, able, happily endowed with all her functions?³ Are her riches her own or are they borrowed? Has luck had nothing to do with it? Does she face drawn swords with steady gaze? Does it not bother her whether she expires with a sigh or a slit throat? Is she calm, unruffled and contented? That is what we need to know; that is what the immense distances between us men should be judged by (289-90).

So social inequality is justified, or justifiable, by the different levels of desert of different people. The criteria for desert involve physical health and ability, mental fortitude (through the acceptance of stoic principles), and independence from worldly advantage. The importance of independence is made clear in Montaigne's counter-example of "the mass of men nowadays, senseless, base, servile, unstable [...] men totally dependent upon others" (290). Ideals of independence elide the necessity of human co-operation (as Tobin Siebers has pointed out, human society is essentially "a community of dependent frail bodies that rely on others for survival" (Siebers 2008, 182)). Montaigne's own position in his country retreat offers independence from court and thus any society that 'counts', supported by the labour of servants whose work is excluded from this calculus of dependency. Montaigne's wealth and social position enables him to ignore the inevitability of dependence in human society, and thus excludes it from his sense of its place in what makes an admirable man, or by extension, any sort of man.

It is not necessarily the case, however, that Montaigne counts himself above the "mass of men nowadays," that is, sordidly 'dependent'. He discusses his own experience of chronic illness in "On the resemblance of children to their fathers." Here, Montaigne reflects on the way that chronic pain has changed his understanding of what constitutes a life worth living. Inheriting his father's disposition to kidney stones was one of Montaigne's worst fears as a younger man, and he describes as his youthful support for euthanasia in such cases: "I declared that life should be amputated at the point where it is alive and healthy" (859). But once the dreaded outcome has come to pass, and Montaigne starts to experience frequent painful attacks, he finds that "after about eighteen months in this distasteful state, I have already learnt how to get used to it. I have made a compact with this colical style of life; I can find sources of hope and consolation in it" (859). He reports that he had thought that his "bodily sufferings" would be "so unbearable that in truth my fear of them exceeded the suffering they now cause me" (860). He no longer approves of the legendary Tamburlaine's practice of executing lepers to free them from suffering, wryly commenting "any of them would rather have been thrice a leper than to cease to be" (859). Montaigne thus comes to recognise the importance of subjective experience over the assumptions of normativity.

One of the chief problems with ill-health, it seems, is doctors. Montaigne declares that even in his worst moments "a man can still find things bearable if his soul has cast off the

³ The pronouns in this passage follow the feminine gendering of 'soul' (âme) in the French original.

weight of the fear of dying and the weight of all the warning threats, inferences and complications which Medicine stuffs into our heads” (860). This is surely tongue-in-cheek, but Montaigne’s intense scepticism of the medical profession is of a piece with his valorisation of independence. Montaigne prefers folk remedies and those recorded in Classical sources above those of contemporary medical practitioners. He would rather deal with his illness himself than let ‘experts’ interfere. The responsibility is upon the learned individual, with sufficient wealth and leisure time to do so, to treat themselves according to their own knowledge of medical literature and practice, and if that fails, to make their own reconciliation with chronic illness and death.

We might have expected Montaigne to deal further with the topic of disability in his essay “On the lame” (III.11) but, despite what the title would seem to suggest, this essay is mostly about the nature of knowledge and experience. The idea of lameness is merely brought in as an example of the way that commonly-held beliefs (in this case, the notion that lame women are better sexual partners) have the tendency to be confirmed by experience merely because they are believed, and not because experience actually backs them up. Montaigne’s interest in disability is a subset of his interest in the variety of human experience. Indeed, the second book of Essays ends with the declaration that “the most general style followed by Nature is variety”, which accords with Snyder’s sense that Montaigne has a broadly positive attitude towards difference (2002, 194), particularly when, earlier in the volume, he declares that “what we call monsters are not so for God” (808, also cited in Snyder).

The benign curiosity that seems to motivate the essays and their exploration of this variety is not necessarily consistently benevolent from a disability perspective, however, as is demonstrated by Montaigne’s reflections “On physiognomy” (III.12). Here, he draws a distinction between “surface ugliness”, such as facial blemishes where “the limbs are well-proportioned and whole” and what he terms “the other kind, which is strictly speaking deformity”. Deformity, according to Montaigne “is more substantial and more inclined to turn its effects inwards” (1198-99). Thus, the differentiation between outward show and inner essential qualities is invoked to assert a correspondence between them, which might form the basis of the judgements of a person’s relative worthiness that Montaigne outlined in his justification of inequality.

The logical possibilities of this correspondence are explored more fully by Montaigne’s fellow essayist, Francis Bacon in his essay “Of Deformity”. Bacon focuses on physical imperfections and their relationship to personality and action, establishing a duality of body and mind. Bacon asserts that there is a balance between body and mind such that “where Nature erreth in the One, she ventureth in the Other” (2000, 133). That is, a deficient body is compensated for by a superlative mind. Thus far, Bacon seems to subscribe to compensatory model of disability, suggesting that it is a form of deficit which is a quantifiable deviation from the norm that can be matched by a hyper-ability in an alternative mode. Bacon’s implied norm, therefore, rather than constituting a binary opposition to deficit, seems more like the state in the middle of an Aristotelian tripartite model where the centre balances between two poles of excess and deficit.

Bacon stresses the importance of volition in what the individual makes of these gifts, claiming “there is in Man, an Election touching the Frame of his Minde, and a Necessity in

the Frame of his Body” (133). The body, it seems, is fixed, but the mind can, through “Discipline”, be shaped. Deformity, Bacon concludes, is not a sign of a person’s character, then, rather it is a factor which invariably shapes it in particular ways. In this sense, Bacon seems aware of a sort of proto-social model of disability, when he describes the social opprobrium directed towards those with noticeably different bodies: “Whosoever hath any Thing fixed in his Person, that doth enduce Contempt, hath also a perpetuall Spurre in himselfe, to rescue and deliver himself from Scorne” (134). Such experiences, Bacon asserts, means that, eventually “all *Deformed Persons* are extreme Bold” (134). This shared life experience operates as a kind of determinism, meaning that those with visible deformities are highly motivated and cunning. Furthermore, Bacon suggests that their social aspirations benefit from others’ low expectations, to the point where he urges that when combined with “great Wit”, i.e. intelligence, “Deformity is an Advantage to Rising” (134).

Bacon’s view of disability is thus framed within an explicitly hierarchised context where disability might be expected to hinder social advancement, along the lines of Montaigne’s valorisation of the “able” body and soul. Bacon’s concern about the unexpected advancement of those considered verges into paranoia as he compares the position of the ‘deformed’ social climber to that of the eunuchs who earned the trust of ancient kings by being indiscriminately obnoxious to everyone. Bacon assumes that the eunuchs envy those who are not eunuchs, and analogously suggests that the ‘deformed’ persons he speaks of are similarly bitter and envious. These negative traits mean that ancient kings valued the eunuchs’s consequent qualities as “good Spialls, and good Whisperers”, that is, spies and intriguers. Bacon explicitly states “much like is the Reason of Deformed Persons” (134).

Bacon ends the essay with an acknowledgement that the social pressures he describes might spur ‘deformed’ persons to become “Excellent” rather than duplicitous, and even provides a list of such worthies (including Aesop and Socrates). But though Bacon acknowledges a social component of disability, he does not consider this either worthy of challenge or capable of changing. Bacon’s argument seems to be that, far from being disadvantageous, disability can provide an individual with the motivation to prove detractors wrong. Bacon’s ideas thus prefigure later formulations of both the “supercrip” and the diabolical villain - stereotypical disablist fantasies that enact the erasure of disability from humanity.

Both Bacon and Montaigne situate disabled individuals well outside the realm of the subject, even as they recognize the roles that disabled individuals can play in society and, in Montaigne’s case, acknowledge the frailty of their own physical embodiment and its effect on their perception and experience. Their understanding of human difference is fundamentally shaped by an implicit belief that humans are unequal. So although difference may well have been read in radically different ways in the past, ‘disability’ remains an operative category in the history of exclusion and the naturalising of inequality. Disability as a category has thus metamorphosed considerably over time and yet remains recognisable. As Snyder points out, “disability studies offers a platform and an interdisciplinary arena for the analysis of social meanings ascribed to variations across bodily and cognitive forms” (2002, 193-4). Disability scholarship is thus needed to clarify this fundamental aspect of social meaning in the Renaissance period.

The chapters of this volume make use of an extraordinarily broad range of evidence to make early modern disability visible. This includes petitions, corporate records, medical texts, autobiography, letters, family papers (and other materials such as bibles), hospital records and various other forms of administrative records alongside a wealth of literary sources. Disability, in its varied forms, was clearly acknowledged and negotiated as part of daily life in the Renaissance, and each chapter in the volume demonstrates some part of the range of meanings and constructions attached to specific understandings of disability in the Renaissance.

Simone Chess's chapter, 'Atypical Bodies', considers the dizzying range of normal and abnormal bodies depicted in the Renaissance, and the similarly vast range of meanings attached to those bodies – were they punishment or miracle; objects of pity, power or curiosity; sexualised or isolated; accommodated or valorized? Chess demonstrates that approaches to atypicality were fluid and relational, and so have the power to undermine any concept of a fixed status of disability (or the body more generally) in the Renaissance. Drawing on contemporary ballads and other ephemeral print, Chess shows that Renaissance understanding of the 'monstrous' body came by combining categories of observation: moral, allegorical and anatomical epistemologies were all deployed in contemporary descriptions of atypicality. Moreover, those possessed of atypical bodies were often adept at manipulating these categories and code-switching to establish and safeguard their own place within society.

Liam Haydon and Edmond Smith's chapter, 'Mobility Impairment', uses the idea, and records, of the early modern corporation to assess the ways in which physical impairment was considered as part of the Renaissance labour market. Petitioners to the corporations stressed their service and usefulness, as well as their need, and awards were made based on the quality of the petitioner, and their perceived willingness to be useful, rather than the need or severity of the injury. Mobility impairment came not just from birth, but from injuries in war or at work, and this chapter addresses the cultural manifestations of these acquired disabilities, as well as the social structures put in place to support those who were affected, their families and communities.

Adleen Crapo's chapter, 'Pain', notes that everyday pain (whether physical or emotional) can be difficult to make visible, and so concentrates on moments of public and/or spectacular pain in executions, torture and medical works. Where pain is made public, it is used to create a sense of interiority, with the afflictions of the body used to create and examine a sense of self, for example as a troubled sufferer, a voyager in search of a cure, or a spiritual penitent. Reformation attitudes to the idea of suffering pain as a spiritual journey (as an imitation of Christ) were complex, with Calvin counselling his followers neither to seek out pain nor avoid it if it manifested itself. At the same time, methods of judicial torture developed in the latter part of the Renaissance emphasised the criminal as a painful or toxic part of the body politic, which must be excised. Though sometimes controversial, disciplinary pain was an important part of state activity, not least in the spectacle it provided, further complicating the relationship between pain, the body and the spiritual self.

Bianca Frohne's chapter, 'Blindness', provides a series of examples from early modern Germany to offer a physiological and cultural overview of visual impairments in the Renaissance. She demonstrates the range of meanings that 'blindness' carried in early modern writings, from divine afflictions which could be equally miraculously healed to a

symptom of old age and devoted labour, and in particular notes the ways in which blind people were able to continue work (of various kinds). Taking an intersectional approach, Frohne considers the interaction between blindness and other social categories such as gender, class, age and education. What it meant to be 'blind' in the Renaissance often depended on those intersections, making blindness much more a cultural construct than a specific physical ailment.

Jennifer Nelson's chapter, 'Deafness', examines Renaissance deafness through the prism of 'Deaf Gain', challenging the idea that loss of hearing, with its cultural or cognitive gains is indeed a kind of 'loss'. Such gains are personally and historically contingent, but Nelson finds that in the Renaissance they clustered around the ability to shut out the world (selectively or otherwise). However, since Renaissance society privileged the power of spoken language, most of the representations of deafness – and the gains made from it – are temporary or performative, with the permanently deaf excluded both from society and its representations (in literature or the archive). Consequently, the power to stop one's ears became an elective defence against the potentially poisonous or corrupting words of others.

Susan Anderson's chapter, 'Speech', further considers the Renaissance as a culture which valorised the spoken word. Anderson considers a range of theological, rhetorical, medical and legal contexts which show how particular modes of speech were effectively linked to understandings of personhood in the period. In the last part of the chapter, Anderson considers dramatic representations of non-normative speech as a key source for understanding the relationship between speech and identity in the cultural imagination of the Renaissance.

Emily Lathrop's chapter, 'Learning Difficulties', summarises the myriad ways in which difficulties in learning intersected with other social groupings, particularly the major Abrahamic religions. Lathrop shows that these religions generally advocate respect and inclusion for those with learning difficulties, though this can be at the cost of denying certain privileges, or full membership of society. Lathrop also explores the legal and medical understanding of learning disabilities, and the slippage between such difficulties and the more generalised 'madness'. In doing so, she shows how learning disabilities – and associated conditions such as passivity or stupidity – were used to justify social relations, particularly in guardianship arrangements and as a legal justification for the conquest of the New World.

Sonya Freeman Loftis's chapter, 'Mental Health Issues', demonstrates the various ways in which Renaissance madness was situated as something beyond the reach of contemporary interpretative models, either because of a scarcity of symptoms and causes, or an excess of them. Even the terminology of madness ("idiot", "fool", "distracted", "melancholic" and "lunatic" all circulated freely alongside "mad") reveals the range of meanings and understandings ascribed to mental illness. Loftis shows how such conditions were socially constructed, in both diagnosis and treatment(s). In particular, her focus on the association between madness and melancholy reveals the moral, spiritual and supernatural associations of madness. Her chapter closes with an examination of the Bethlem Hospital, a rare source of records on madness, which demonstrates the ways in which the hospital conceived of itself as a curing institution, though very little actual treatment was offered to prisoners, who became instead sources of entertainment for visitors.

The range of topics and approaches presented by this volume provides a starting point for further investigation into the complexities of Renaissance understandings and experiences of disability and its relationship to identity, the body-mind, physical labour, ageing, spirituality, justice and sexuality. Siebers argues that “being human guarantees that all other identities will eventually come into contact with some form of disability identity” (2008, 5); concomitantly, all other cultural formations and constructions will, too, intersect with disability eventually. It is clear that there is no singular mode of experiencing or understanding disability in the period, but this volume demonstrates some of the possible ways of thinking, living and being in the Renaissance which have relevance for our understanding of disability now.

