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Disability and the Justification of Inequality in American History

Douglas C. Baynton

Since the social and political revolutions of the eighteenth century, the trend in western political thought has been to refuse to take for granted inequalities between persons or groups. Differential and unequal treatment has continued, of course, but it has been considered incumbent on modern societies to produce a

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rational explanation for such treatment. In recent decades, historians and other scholars in the humanities have studied intensely and often challenged the ostensibly rational explanations for inequalities based on identity—in particular, gender, race, and ethnicity. Disability, however, one of the most prevalent justifications for inequality, has rarely been the subject of historical inquiry.

Disability has functioned historically to justify inequality for disabled people themselves, but it has also done so for women and minority groups. That is, not only has it been considered justifiable to treat disabled people unequally, but the concept of disability has been used to justify discrimination against other groups by attributing disability to them. Disability was a significant factor in the three great citizenship debates of the nineteenth and early twentieth centuries: women's suffrage, African American freedom and civil rights, and the restriction of immigration. When categories of citizenship were questioned, challenged, and disrupted, disability was called on to clarify and define who deserved, and who was deservedly excluded from, citizenship. Opponents of political and social equality for women cited their supposed physical, intellectual, and psychological flaws, deficits, and deviations from the male norm. These flaws—irrationality, excessive emotionality, physical weakness—are in essence mental, emotional, and physical disabilities, although they are rarely discussed or examined as such. Arguments for racial inequality and immigration restrictions invoked supposed tendencies to feeble-mindedness, mental illness, deafness, blindness, and other disabilities in particular races and ethnic groups. Furthermore, disability figured prominently not just in arguments for the inequality of women and minorities but also in arguments against those inequalities. Such arguments took the form of vigorous denials that the groups in question actually had these disabilities; they were not disabled, the argument went, and therefore were not proper subjects for discrimination. Rarely have oppressed groups denied that disability is an adequate justification for social and political inequality. Thus, while disabled people can be considered one of the minority groups historically assigned inferior status and subjected to discrimination, disability has functioned for all such groups as a sign of and justification for inferiority. . . .

The metaphor of the natural versus the monstrous was a fundamental way of constructing social reality in Edmund Burke's time. By the late nineteenth and early twentieth centuries, however, the concept of the natural was to a great extent displaced or subsumed by the concept of normality.¹ Since then, normality has been deployed in all aspects of modern life as a means of measuring, categorizing, and managing populations (and resisting such management). Normality is a complex concept, with an etiology that includes the rise of the social sciences, the science of statistics, and industrialization with its need for interchangeable parts and interchangeable workers. It has been used in a remarkable range of contexts and with a bewildering variety of connotations. The natural and the normal both are ways of establishing the universal, unquestionable good and right. Both are also ways of establishing social hierarchies that justify the denial of legitimacy and certain rights to individuals or groups. Both are constituted in large part by being set in opposition to culturally variable notions of disability—just as the natural was

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As an evolutionary concept, normality was intimately connected to the western notion of progress. By the mid-nineteenth century, nonwhite races were routinely connected to people with disabilities, both of whom were depicted as evolutionary laggards or throwbacks. As a consequence, the concept of disability, intertwined with the concept of race, was also caught up in ideas of evolutionary progress. Physical or mental abnormalities were commonly depicted as instances of atavism, reversions to earlier stages of evolutionary development. Down's syndrome, for example, was called Mongolism by the doctor who first identified it in 1866 because he believed the syndrome to be the result of a biological reversion by Caucasians to the Mongol racial type. Teachers of the deaf at the end of the century spoke of making deaf children more like "normal" people and less like savages by forbidding them the use of sign language, and they opposed deaf marriages with a rhetoric of evolutionary progress and decline. . . .

Disability arguments were prominent in justifications of slavery in the early to mid-nineteenth century and of other forms of unequal relations between white and black Americans after slavery's demise. The most common disability argument for slavery was simply that African Americans lacked sufficient intelligence to participate or compete on an equal basis in society with white Americans. This alleged deficit was sometimes attributed to physical causes, as when an article on the "diseases and physical peculiarities of the negro race" in the *New Orleans Medical and Surgical Journal* helpfully explained, "It is the defective hematosis, or atmospherization of the blood, conjoined with a deficiency of cerebral matter in the cranium, and an excess of nervous matter distributed to the organs of sensation and assimilation, that is the true cause of that debasement of mind, which has rendered the people of Africa unable to take care of themselves." Diseases of blacks were commonly attributed to "inferior organisms and constitutional weaknesses," which were claimed to be among "the most pronounced race characteristics of the American negro." While the supposedly higher intelligence of "mulattos" compared to "pure" blacks was offered as evidence for the superiority of whites, those who argued against "miscegenation" claimed to the contrary that the products of "race-mixing" were themselves less intelligent and less healthy than members of either race in "pure" form.³ A medical doctor, John Van Evrie of New York, avowed that the "disease and disorganization" in the "abnormal," "blotched, deformed" offspring of this "monstrous" act "could no more exist beyond a given period than any other physical degeneration, no more than tumors, cancers, or other abnormal growths or physical disease can become permanent." Some claimed greater "corporeal vigor" for "mixed offspring" but a deterioration in "moral and intellectual endowments," while still others saw greater intelligence but "frailty," "less stamina," and "inherent physical weakness."⁴

A second line of disability argument was that African Americans, because of their inherent physical and mental weaknesses, were prone to become disabled under conditions of freedom and equality. A New York medical journal reported that deafness was three times more common and blindness twice as common among free

blacks in the North compared to slaves in the South. John C. Calhoun, senator from South Carolina and one of the most influential spokesmen for the slave states, thought it a powerful argument in defense of slavery that the "number of deaf and dumb, blind, idiots, and insane, of the negroes in the States that have changed the ancient relation between the races" was seven times higher than in the slave states.⁵

While much has been written about the justification of slavery by religious leaders in the South, more needs to be said about similar justifications by medical doctors. Dr. Samuel Cartwright, in 1851, for example, described two types of mental illness to which African Americans were especially subject. The first, Drapetomania, a condition that caused slaves to run away—"as much a disease of the mind as any other species of mental alienation"—was common among slaves whose masters had "made themselves too familiar with them, treating them as equals." The need to submit to a master was built into the very bodies of African Americans, in whom "we see *genu flexit*' written in the physical structure of his knees, being more flexed or bent, than any other kind of man." The second mental disease peculiar to African Americans, Dysaesthesia Aethiopsis—a unique ailment differing "from every other species of mental disease, as it is accompanied with physical signs or lesions of the body"—resulted in a desire to avoid work and generally to cause mischief. It was commonly known to overseers as "rascality." Its cause, similar to that of Drapetomania, was a lack of firm governance, and it was therefore far more common among free blacks than among slaves—indeed, nearly universal among them—although it was a "common occurrence on badly-governed plantations" as well.⁶

Dr. Van Evrie also contributed to this line of thought when he wrote in the 1860s that education of African Americans came "at the expense of the body, shortening the existence" and resulted in bodies "dwarfed or destroyed" by the unnatural exertion. "An 'educated negro,' like a 'free negro,' is a social monstrosity, even more unnatural and repulsive than the latter." He argued further that, since they belonged to a race inferior by nature, *all* blacks were necessarily inferior to (nearly) *all* whites. It occasionally happened that a particular white person might not be superior to all black people because of a condition that "deforms or blights individuals; they may be idiotic, insane, or otherwise incapable." But these unnatural exceptions to the rule were "the result of human vices, crimes, or ignorance, immediate or remote." Only disability might lower a white person in the scale of life to the level of being of a marked race.⁷ . . .

Daryl Michael Scott has described how both conservatives and liberals have long used an extensive repertory of "damage imagery" to describe African Americans. Conservatives "operated primarily from within a biological framework and argued for the innate inferiority of people of African descent" in order to justify social and political exclusion. Liberals maintained that social conditions were responsible for black inferiority and used damage imagery to argue for inclusion and rehabilitation; but regardless of their intentions, Scott argues, liberal damage imagery "reinforced the belief system that made whites feel superior in the first place." Both the "contempt and pity" of conservatives and liberals—a phrase that equally well describes historically prevalent attitudes toward disabled people—

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framed Americans of African descent as defective. Scott cites the example of Charles S. Johnson, chair of the social science department and later president of Fisk University, who told students in a 1928 speech that "the sociologists classify Negroes with cripples, persons with recognized physical handicaps." Like Johnson, Scott is critical of the fact that "African Americans were often lumped with the 'defective,' 'delinquent,' and dependent classes." This is obviously a bad place to be "lumped." Scott does not ask, however, why that might be the case.⁸ The attribution of disease or disability to racial minorities has a long history. Yet, while many have pointed out the injustice and perniciousness of attributing these qualities to a racial or ethnic group, little has been written about why these attributions are such powerful weapons for inequality, why they were so furiously denied and condemned by their targets, and what this tells us about our attitudes toward disability.

During the long-running debate over women's suffrage in the nineteenth and early twentieth centuries, one of the rhetorical tactics of suffrage opponents was to point to the physical, intellectual, and psychological flaws of women, their frailty, irrationality, and emotional excesses. By the late nineteenth century, these claims were sometimes expressed in terms of evolutionary progress; like racial and ethnic minorities, women were said to be less evolved than white men, their disabilities a result of lesser evolutionary development. Cynthia Eagle Russett has noted that "women and savages, together with idiots, criminals, and pathological monstrosities [those with congenital disabilities] were a constant source of anxiety to male intellectuals in the late nineteenth century."⁹ What all shared was an evolutionary inferiority, the result of arrested development or atavism.

Paralleling the arguments made in defense of slavery, two types of disability argument were used in opposition to women's suffrage: that women had disabilities that made them incapable of using the franchise responsibly, and that because of their frailty women would become disabled if exposed to the rigors of political participation. The American anti-suffragist Grace Goodwin, for example, pointed to the "great temperamental disabilities" with which women had to contend: "woman lacks endurance in things mental. . . . She lacks nervous stability. The suffragists who dismay England are nervesick women." The second line of argument, which was not incompatible with the first and often accompanied it, went beyond the claim that women's flaws made them incapable of exercising equal political and social rights with men to warn that if women were given those rights, disability would surely follow. This argument is most closely identified with Edward Clarke, author of *Sex in Education; or, A Fair Chance for Girls*. Clarke's argument chiefly concerned education for women, though it was often applied to suffrage as well. Clarke maintained that overuse of the brain among young women was in large part responsible for the "numberless pale, weak, neuralgic, dyspeptic, hysterical, menorrhagic, dysmenorrhoeic girls and women" of America. The result of excessive education in this country was "bloodless female faces, that suggest consumption, scrofula, anemia, and neuralgia." An appropriate education designed for their frail constitutions would ensure "a future secure from neuralgia, uterine disease, hysteria, and other derangements of the nervous system."¹⁰

Similarly, Dr. William Warren Potter, addressing the Medical Society of New York in 1891, suggested that many a mother was made invalid by inappropriate education: "her reproductive organs were dwarfed, deformed, weakened, and diseased, by artificial causes imposed upon her during their development."¹¹ Dr. A. Lapthorn Smith asserted in *Popular Science Monthly* that educated women were increasingly "sick and suffering before marriage and are physically disabled from performing physiological functions in a normal manner." Antisuffragists likewise warned that female participation in politics invariably led to "nervous prostration" and "hysteria," while Dr. Almroth E. Wright noted the "fact that there is mixed up with the woman's movement much mental disorder." A prominent late nineteenth-century neurophysiologist, Charles L. Dana, estimated that enfranchising women would result in a 25 percent increase in insanity among them and "throw into the electorate a mass of voters of delicate nervous stability . . . which might do injury to itself without promoting the community's good." The answer for Clarke, Potter, and others of like mind was special education suited to women's special needs. As with disabled people today, women's social position was treated as a medical problem that necessitated separate and special care. Those who wrote with acknowledged authority on the "woman question" were doctors. As Clarke wrote, the answer to the "problem of woman's sphere . . . must be obtained from physiology, not from ethics or metaphysics."¹² . . .

Disability figured not just in arguments for the inequality of women and minorities but also in arguments against those inequalities. Suffragists rarely challenged the notion that disability justified political inequality and instead disputed the claim that women suffered from these disabilities. Their arguments took three forms: one, women were not disabled and therefore deserved the vote; two, women were being erroneously and slanderously classed with disabled people, with those who were legitimately denied suffrage; and three, women were not naturally or inherently disabled but were made disabled by inequality—suffrage would ameliorate or cure these disabilities. . . .

Ethnicity also has been defined by disability. One of the fundamental imperatives in the initial formation of American immigration policy at the end of the nineteenth century was the exclusion of disabled people. Beyond the targeting of disabled people, the concept of disability was instrumental in crafting the image of the undesirable immigrant. The first major federal immigration law, the Act of 1882, prohibited entry to any "lunatic, idiot, or any person unable to take care of himself or herself without becoming a public charge." Those placed in the categories "lunatic" and "idiot" were automatically excluded. The "public charge" provision was intended to encompass people with disabilities more generally and was left to the examining officer's discretion. The criteria for excluding disabled people were steadily tightened as the eugenics movement and popular fears about the decline of the national stock gathered strength. The Act of 1891 replaced the phrase "unable to take care of himself or herself without becoming a public charge," with "likely to become a public charge." The 1907 law then denied entry to anyone judged "mentally or physically defective, such mental or physical defect being of a

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nature which *may affect* the ability of such alien to earn a living." These changes considerably lowered the threshold for exclusion and expanded the latitude of immigration officials to deny entry.¹³

The category of persons *automatically* excluded was also steadily expanded. In 1903, people with epilepsy were added and, in addition to those judged insane; "persons who have been insane within five years previous [or] who have had two or more attacks of insanity at any time previously." This was reduced to one "attack" in the 1917 law; the classification of "constitutional psychopathic inferiority" was also added, which inspection regulations described as including "various unstable individuals on the border line between sanity and insanity . . . and persons with abnormal sex instincts."¹⁴ This was the regulation under which, until recently, gays and lesbians were excluded. One of the significant factors in lifting this ban, along with other forms of discrimination against gays and lesbians, was the decision by the American Psychiatric Association in 1973 to remove homosexuality from its list of mental illnesses. That is, once gays and lesbians were declared not to be disabled, discrimination became less justifiable.

Legislation in 1907 added "imbeciles" and "feeble-minded persons" to the list, in addition to "idiots," and regulations for inspectors directed them to exclude persons with "any mental abnormality whatever . . . which justifies the statement that the alien is mentally defective." These changes encompassed a much larger number of people and again granted officials considerably more discretion to judge the fitness of immigrants for American life. Fiorello H. LaGuardia, who worked his way through law school as an interpreter at Ellis Island, later wrote that "over fifty percent of the deportations for alleged mental disease were unjustified," based as they often were on "ignorance on the part of the immigrants or the doctors and the inability of the doctors to understand the particular immigrant's norm, or standard."¹⁵

The detection of physical disabilities was a major aspect of the immigration inspector's work. The Regulations for the medical inspection of immigrants in 1917 included a long list of diseases and disabilities that could be cause for exclusion, among them arthritis, asthma, bunions, deafness, deformities, flat feet, heart disease, hernia, hysteria, poor eyesight, poor physical development, spinal curvature, vascular disease of the heart, and varicose veins. . . .

In short, the exclusion of disabled people was central to the laws and the work of the immigration service. As the Commissioner General of Immigration reported in 1907, "The exclusion from this country of the morally, mentally, and physically deficient is the principal object to be accomplished by the immigration laws." Once the laws and procedures limiting the entry of disabled people were firmly established and functioning well, attention turned to limiting the entry of undesirable ethnic groups. Discussion on this topic often began by pointing to the general public agreement that the laws excluding disabled people had been a positive, if insufficient, step. In 1896, for example, Francis Walker noted in the *Atlantic Monthly* that the necessity of "straining out" immigrants who were "deaf, dumb, blind, idiotic, insane, pauper, or criminal" was "now conceded by men of all shades of opinion"; indeed there was a widespread "resentment at the attempt of

such persons to impose themselves upon us." As one restrictionist wrote, the need to exclude the disabled was "self evident."¹⁶

For the more controversial business of defining and excluding undesirable ethnic groups, however, restrictionists found the *concept* of disability to be a powerful tool. That is, while people with disabilities constituted a distinct category of persons unwelcome in the United States, the charge that certain ethnic groups were mentally and physically deficient was instrumental in arguing for *their* exclusion. The belief that discriminating on the basis of disability was justifiable in turn helped justify the creation of immigration quotas based on ethnic origin. The 1924 Immigration Act instituted a national quota system that severely limited the numbers of immigrants from southern and eastern Europe, but long before that, disabilities stood in for nationality. Superintendents of institutions, philanthropists, immigration reformers, and politicians had been warning for decades before 1924 that immigrants were disproportionately prone to be mentally defective—up to half the immigrants from southern and eastern Europe were feeble-minded, according to expert opinion.¹⁷ Rhetoric about "the slow-witted Slav," the "neurotic condition of our Jewish immigrants," and, in general, the "degenerate and psychopathic types, which are so conspicuous and numerous among the immigrants," was pervasive in the debate over restriction.¹⁸ The laws forbidding entry to the feeble-minded were motivated in part by the desire to limit immigration from inferior nations, and conversely, it was assumed that the 1924 act would reduce the number of feeble-minded immigrants. The issues of ethnicity and disability were so intertwined in the immigration debate as to be inseparable. . . .

Historians have scrutinized the attribution of mental and physical inferiority based on race and ethnicity, but only to condemn the slander. With their attention confined to ethnic stereotypes, they have largely ignored what the attribution of disability might also tell us about attitudes toward disabled people. Racial and ethnic prejudice is exposed while prejudice against people with disabilities is passed over as insignificant and understandable. As a prominent advocate of restriction wrote in 1930, "The necessity of the exclusion of the crippled, the blind, those who are likely to become public charges, and, of course, those with a criminal record is self evident."¹⁹ The necessity has been treated as self-evident by historians as well, so much so that even the possibility of discrimination against people with disabilities in immigration law has gone unrecognized. In historical accounts, disability is present but rendered invisible or insignificant. While it is certain that immigration restriction rests in good part on a fear of "strangers in the land," in John Higham's phrase, American immigration restriction at the turn of the century was also clearly fueled by a fear of *defectives* in the land.

Still today, women and other groups who face discrimination on the basis of identity respond angrily to accusations that they might be characterized by physical, mental, or emotional disabilities. Rather than challenging the basic assumptions behind the hierarchy, they instead work to remove themselves from the negatively marked categories—that is, to disassociate themselves from those people who "really are" disabled—knowing that such categorization invites discrimina-

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tion. For example, a recent proposal in Louisiana to permit pregnant women to
 use parking spaces reserved for people with mobility impairments was opposed by
 women's organizations. A lobbyist for the Women's Health Foundation said,
 “We've spent a long time trying to dispel the myth that pregnancy is a disability,
 for obvious reasons of discrimination.” She added, “I have no problem with it
 being a courtesy, but not when a legislative mandate provides for pregnancy in the
 same way as for disabled persons.”²⁰ To be associated with disabled people or with
 the accommodations accorded disabled people is stigmatizing. . . .

This common strategy for attaining equal rights, which seeks to distance one's
 own group from imputations of disability and therefore tacitly accepts the idea that
 disability is a legitimate reason for inequality, is perhaps one of the factors respon-
 sible for making discrimination against people with disabilities so persistent and
 the struggle for disability rights so difficult. . . .

Disability is everywhere in history, once you begin looking for it, but conspicu-
 ously absent in the histories we write. When historians do take note of disability,
 they usually treat it merely as personal tragedy or an insult to be deplored and a
 label to be denied, rather than as a cultural construct to be questioned and ex-
 plored. Those of us who specialize in the history of disability, like the early histori-
 ans of other minority groups, have concentrated on writing histories of disabled
 people and the institutions and laws associated with disability. This is necessary
 and exciting work. It is through this work that we are building the case that disabil-
 ity is culturally constructed rather than natural and timeless—that disabled people
 have a history, and a history worth studying. Disability, however, more than an
 identity, is a fundamental element in cultural signification and indispensable for
 any historian seeking to make sense of the past. It may well be that all social hierar-
 chies have drawn on culturally constructed and socially sanctioned notions of dis-
 ability. If this is so, then there is much work to do. It is time to bring disability from
 the margins to the center of historical inquiry.

NOTES

1. Ian Hacking, *The Taming of Chance* (Cambridge and New York: Cambridge University Press, 1990), 160–66. See also Georges Canguilhem, *The Normal and the Pathological* (New York: Zone Books, 1989); Douglas C. Baynton, *Forbidden Signs: American Culture and the Campaign against Sign Language* (Chicago: University of Chicago Press, 1996), chaps. 5–6.
2. Francois Ewald, “Norms Discipline, and the Law,” *Representations* 30 (Spring 1990): 146, 149–150, 154; Lennard Davis, *Enforcing Normalcy: Disability, Deafness, and the Body* (London: Verso, 1995); Baynton, *Forbidden Signs*, chaps. 5 and 6.
3. Samuel A. Cartwright, “Report on the Diseases and Physical Peculiarities of the Negro Race,” *New Orleans Medical and Surgical Journal* 7 (May 1851): 693; George M. Fredrickson, *The Black Image in the White Mind* (New York: Harper and Row, 1971), 250–51; J. C. Nott, “The Mulatto a Hybrid,” *American Journal of Medical Sciences* (July 1843), quoted in Samuel Forry, “Vital Statistics Furnished by the Sixth Census of the