By the Victorian era, the population of England had swollen rapidly. Throughout most of the Western world, there was a massive migration from rural areas into cities like London, and even in the countryside industrialisation was changing the nature of everyday life through mechanised agriculture. For industrialists and the educated few, these extraordinary changes in social conditions brought new opportunities, but, paradoxically, the lives of many people with disabilities became more miserable. Although science promised cures and treatments for those with some medical conditions, the modern era placed increased demands on individuals with developmental differences, and removed some supports that traditional lifeways had offered.

It is intriguing that this process can be observed to take place in every country making a transition from a traditional agrarian economy to one based on individual labour and earnings. Whilst the timing differs for each nation depending on its own circumstances—indeed, as of this writing there are places in the world where the situation of people with disabilities parallels that of Victorian England, and where similar solutions are being proposed—England offers a good model for observation of typical historical changes in provision for and attitudes towards persons with disabilities like autism.

Once a modern, cash-based economy developed, the ability to carry out productive labour was no longer enough, as it might have been for a person with low intellectual ability or unusual behaviours in Hugh Blair’s day. Anyone who could not work skilfully and rapidly enough to earn money was now in peril, and additionally posed a
potential danger to the financial wellbeing of his or her family. The nature of that family was also becoming less conducive to long-term caring in other ways. As Stiker points out, ‘in the nineteenth century the family was transformed ... the family became restricted and nuclear, based on the married couple and on emotions of love’ (Stiker, 2000, p. 109).

Wealthier families could, as in earlier times, outsource the problem by paying for care. This solution was not accessible to the vast majority. At best, either some simple employment might be found for an individual with disabilities that provided sufficient income to keep him or her fed and housed, or a family could secure enough wages to permit someone to stay at home as an unpaid carer. At worst, death due to neglect, abuse, or ill health would come at an early age. Charity promised some relief, but in London, a rapidly growing city of four million or more, both government and charity care for those with disabilities were thin on the ground. Margaret’s fearful vision of her future as Ralph’s poverty-stricken perpetual caretaker was based on reality, not misplaced anxiety.

It was not only mothers who found this scenario problematic. Victorian employers and politicians also saw the association between poverty, worklessness, and disability as a serious social problem. They viewed disabled people as a drain on the public purse—unfit even for the workhouse, due to their inability to do sufficient work—and decried the fact that their family members were less available for work due to caring duties (ibid.).

A potential solution to this dilemma already existed: the asylum. The first known asylums arose in the mediaeval Arab world; Britain’s began with the Priory of St Mary’s of Bethlehem in London: now Bethlehem Hospital, once known colloquially as ‘Bedlam’ (Braddock and Parish, in Albrecht, Seelman and Bury, 2001, pp. 19–22) Most were small private businesses analogous to today’s group homes, whilst others were attached to religious communities or larger medical hospitals.

The use of confinement to asylums as a solution to the issue of Hanson’s disease (leprosy) had already given rise to the spread of institutions in Europe and later in the Americas, but as this condition became less of a problem in the sixteenth century, some vacated leprosaria had been converted to asylums for people with mental illness or developmental disabilities (ibid.). Nevertheless, incarceration in