4.0 HISTORICAL MATERIALS on Disability in the region of Afghanistan and Pakistan

A thought on the uses of history, from Pakistan's great philosopher-poet, Sir Muhammad Iqbal (1875-1938):

"The record of the past illuminates
The conscience of a people; memory
Of past achievements makes it Self-aware;
But if that memory fades, and is forgot,
The folk again is lost in nothingness..."


The 135 items listed below are far from providing a comprehensive bibliography. It must also be emphasized that the annotations intend only to show matters of disability relevance. For example, materials such as the lives of the Mughal emperors Babar and Akbar obviously carry a huge amount of interesting information apart from the notes on disability. (The translations of these lives do have extensive indexes; but items of disability interest are not always shown).

Some revered texts of Islam are listed. Some from Buddhism also appear, since the ancient university at Taxila, and the Gandhara region covering parts of Pakistan and Afghanistan, are major parts of the Buddhist heritage. Around these texts, a vast exegetical and homiletic literature has been produced over many centuries; but the sole purpose here is to indicate some aspects concerning disability, which may be peripheral to the religious meanings of these texts.

Other historical materials from the Eastern Mediterranean countries and the heartlands of Islam have some pertinence to the past of Pakistan and Afghanistan, as do materials from the region that is now India. Some have been repeated below where they seemed particularly relevant, after appearing in other bibliographies at the CIRRIE site, such as that on Disability in the Middle East. Similarly, some ‘all-India’ surveys from the British colonial period are listed, as they contain information of historical relevance to Pakistan.

In theory, since Pakistan for a few years comprised both its present area and also the area, on the eastern side of India, that would become Bangla Desh, one could make a case for including a long historical background from Bengal, and claim that this was all relevant to the history of disability in Pakistan. But that would seem rather far-fetched. Those who wish to undertake such a task are welcome, but the present bibliography does not do so.

NB Accents or diacritical marks Some have been omitted in the website version, as they are not correctly represented by some screen drivers, and can cause more problem than benefit.

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about language origins, Akbar held that speech arose from hearing, so babies raised without hearing speech would be unable to speak. For proof, he "had a serai built in a place which civilized sounds did not reach. The newly born were put into that place of experience, and honest and active guards were put over them. For a time tongue-tied (zaban basta) wetnurses were admitted there. As they had closed the door of speech, the place was commonly called the Gang Mahal (the dumb-house)." Some time later (August 1582), Akbar was in the vicinity and "he went with a few special attendants to the house of experiment. No cry came from that house of silence, nor was any speech heard there. In spite of their four years they had no part of the talisman of speech, and nothing came out except the noise of the dumb." (Cf versions in BEVERIDGE, ELLIOT & DOWSON vol.V, MANUCCI).

Describes a microcephalic girl admitted to the Lahore Lunatic Asylum. (See GRAY).

ARASTEH A (1957) Islamic contributions to educational methods, Educational Theory 7: 28-37.
Emphasises the importance of education in Islam, quoting the Quran, and famous Muslim savants and educators such as Ibn-Sina, Al-Razi, Al-Ghazali. The Muslim's duties "involve a compulsory teaching of the holy book in early childhood" (p.33). However, Sa'di underlines the impossibility of educating one who lacks the basic capacity. Engagement of the child's interest is recommended by Nasir Al-Din Tusı.

The Mughal leader Babur (1493-1530), who regarded Kabul as his favourite city, mentions his own and other men's experiences of ailments, disabling conditions and remedies, e.g. arthritic joints, weakness and stooped posture, blindness of one eye; drip-feeding for loss of voice; his own youthful crisis of sexual orientation and his mother's tiresome exhortations; a smashed bone and (supposedly) orthopaedic surgery; trepanning for head injuries; opium for his persistent ear pain; no treatment for his dislocated thumb, but Quranic therapy and various medicines for his fever (probably malarial); and the attempted 'exchange' of illness from his son to himself (pp. 88-89, 106-107, 109, 120-21, 169-170, 258, 261-62, 409, 413; 585, 588, 608, 615, 618-20, 701-702).

This well-known hadith collection (of sayings of the prophet Muhammad) was arranged under topics by the scholar al-Baghawi who died early in the 12th century. It was revised by al-Tabrizi in the 14th century. Some mention disabilities and treatments: blindness and eye problems (pp. 36, 138, 217, 221, 231, 397-99, 405, 532, 663, 708-9, 745, 878, 889, 935, 945-54, 1035, 1133, 1296-7, 1302, 1342); leprosy; idiocy, possession (pp. 329, 526, 619, 955-6, 1221, 1379); epilepsy, idiocy, possession (pp. 329, 526, 638, 697, 931, 945-54, 1033, 1220, 1260, 1291); various conditions (pp. 5-6, 36, 313, 508, 582, 664, 689, 763, 925, 934, 945-54, 997, 1274, 1345). Some report symbolic or communicative gestures that the prophet made with his fingers, hand, or by other means, or that someone else made, e.g. pp. 594, 622, 628 736; 856, 913-914, 935, 938, 959-960, 979, 1031-1032, 1032, 1035, 1108. The reported sayings and actions of the prophet Muhammad continue to be highly influential for Muslim individuals and communities deciding on the correct behaviour in any situation.

Investigates a variety of Aryan disability and defect words.


noted that "A return of those presented to the shrine [i.e. microcephalic children, or 'chuas', given to the shrine keepers] between 1857 to 1866" showed 17 children being thus given. The date of 1857 is the earliest found so far, for clear documentary evidence of microcephalic children at the Shrine of Shah Daulah, Gujrat, Punjab. (See ELLIOTT; EWENS; GRAY; JOHNSTON; LODGE PATCH; and MILES, 1996).

BELLEW, Henry W (1864) A General Report on the Yusafzais. Lahore: Govt Press. The Yusafzais lived (and still live) in tribal parts of the North-West Frontier, overlapping the present borders of Afghanistan. Their tribal chiefs and maliks inherited office, "except in the case of manifest incapacity from mental imbecility or physical deformity, or from some objectionable quality of temper or general conduct" (p. 203). Alms-giving was widely practised. "The priesthood [i.e. the Muslim religious leaders], widows, orphans, maimed, blind, aged, &c., are the recipients."


BITTLES AH, SULLIVAN SG & ZHIVOTOVSKY LA (2004) Consanguinity, caste and deaf-mutism in Punjab, 1921. J. Biosocial Science 36: 221-234. The decennial census of India collected information on infirmities, such as blindness, deafness, mental defects, between 1871 and 1931, and reports were made on differences in distribution of infirmities by location, caste, religion, gender etc. Analysis in the 1920s of data on deaf-mutism (among other infirmities) in 9.36 million people of Hindu, Muslim and Sikh affiliation in the 1921 Census of Punjab failed to find a specific relationship between consanguineous marriage and deafness. The present study controlled for major confounding factors, such as the high incidence of iodine deficiency disorders in some localities with very high Hindu population, and found striking differences in the patterns of "deaf-mutism" between the two major religious communities, attributable to the differences in marriage practices.


BLUNT, Sir Edward (1939, repr. 1946) Social Service in India. An introduction to some social and economic problems of the Indian people. London: His Majesty's Stationery Office. xxiii + 447 pp. Magisterial overview by British officers, with historical background, policies and developments, written as obligatory textbook for Indian Civil Service candidates. Surveys Indian anthropology, social structure, rural community, agriculture, medicine and public health, education, industrial labour, the Cooperatives movement, local government and social administration, voluntary efforts and social welfare. Useful India-wide picture by highly experienced officials of what government thought it was doing in the social field, why it was doing it, and what were its problems. (See MEGAW, and STRICKLAND).

[Article not verified: difficult to obtain]

pp. 274-75. First European description of symptoms of lathyrism in India.
(See in modern Afghanistan section: ARYA et al, 1988; ROUAlT DE LA VIGNE & AHMAD, 1953; SIMPSON, 2002. In historical section: IRVING; KIRK; McCARRISON; MACKENZIE; MILES, 2003; SHAH; STEEL et al.)


Ziarat of Pir Baba was famous for cures of disabled people (as it still is). "On the path to the shrine sit the crippled, the blind, the lepers..." (p. 199).

CENTRAL ADVISORY BOARD OF EDUCATION (1944) *Post-War Educational Development in India*. Delhi: Govt India.
Chapter IX, pp. 76-82, recommended inter alia that data be gathered on children with disabilities, that "wherever possible, handicapped children should not be segregated from normal children", and that "partially handicapped children should receive special treatment at ordinary schools".

CHAND, Amir (1932) A case of Mongolism in India. *Brit. J. Children's Diseases* 29: 201-205. First published article on the subject in India. The author, Principal of the Medical School, Amritsar, had long searched for an Indian child with Down's Syndrome. The six year old boy he described "was nicknamed 'Chinaman' long ago by his neighbours" (p. 204), evidently having the sort of features that evoked the term 'mongol' as a label in 19th century Britain.

Short essays on the work of Annie Sharp, Neelkanthrai Chhatrapati, Lalbihari Shah, P.M. Advani (at Karachi), and Clutha Mackenzie, in the period from 1887 onward.

Includes four photographs of "chuas", taken during a visit in Feb. 1912.

DALY, Kate (1905) *Eight Years Among the Afghans*. London. 194 pp.
[NB Not verified. Difficult to obtain. Said to be by a British physician working in Kabul.]

Reports a voyage around the leprosy world, with observations and references from most of the countries
visited. India and Burma (228-62); Iraq (263-65); Palestine (265-69); Egypt (269-73); Turkey (291-93). Most medical material, but some useful social and historical data.


II: 384-87 surveys a wide range of late 19th century South Asian disability work by 'benevolent natives' as well as by missionaries, with references to articles in missionary periodicals. II: 388-89 briefly reviews work by missionaries for blind people in Persia, Turkey, Syria and Egypt (see also photo, III: opp. 524, and literature for blind people, III: 211-12). II: 433-47 surveys leprosy missions across Asia. Dennis is often heavily patronising, yet gives a useful summation of mission efforts for 'social progress' during that century.


Doctoral thesis, Univ. London, with extensive referencing (pp. 242-96). South Asia is covered in pp. 86-94. Notes (p. 86) that White Huns, centred on Sialkot (Punjab), practised cranial deformation, c. 6th century CE. Omits mention of the Chuas of Shah Daulah (perhaps because their microcephaly was natural, though widely believed to be artificial).


Two notable women described here are Khujjutara, Queen Samavati's hunchbacked maid, who became a famous teacher of the Way of the Buddha (pp. 269-270); and Vishaka, who walked slowly to shelter from the rain, while her companions ran; her reason being to avoid the risk of injury, "inasmuch as a grown-up unmarried girl with a broken limb was like a broken water-pot, to be thrown away." (p. 271)

Editorial (1879) *Church Missionary Gleaner,* VI, p. 8.

Rev. TP Hughes prepared material in Pushto using Moon’s embossed script, for blind Afghans, at Peshawar in 1879.


Records from 9th to 19th centuries make some mention of disability and the background of alms and welfare provisions, disease and treatments. Examples, by volume and page numbers:

I: pp. 126, 344, 442, 485, imbecile rulers; 110, blind wazir; 291, binding a rebellious son; see also 222, 269, 319, 446-47.

II: 251, teeth secured with gold wire; see also pp. 271, 299, 321, 330.

III: 63, disfigured sultan; 180, sign language for secrecy; 402, Timur the Lame in a basket [see * below]; 597, ruler with hemiplegia; 614, torture and murder of two disabled men; see also 133, 162-63, 361, 366, 375, 385.

IV: 137-39, blind king and deranged prince; 209-210, taunting blind people; 206, physician's erotic verses as cure for impotence; 423, 446, 479-80, 549, regular state allowances for blind, old and weak persons; 489 amputee using iron hand; see also 186, 188, 194, 451, 500, 503, 504, 510.

V: 419-20, man without ears; see also 148-49, 235, 521, 538, 572.

VI: 448, recovery of sight; see also 286, 380-81, 449-51, 510-11.

VII: 553, a blind statesman; see also 156-59, 334-35, 382-83, 387.

VIII: 157, 'kneecapping' of a ruler; 362, abdication on failing sight; see also 106, 111-12, 160-61, 206.

* The lameness of Timur did not prevent him from conquering most of western Asia on horseback.
Memoirs attributed to Timur include a description of leading troops through snowbound mountains and being lowered down a precipice in a wicker basket attached with long ropes. He suffered rheumatic pains during such campaigns, but drove himself on. (See *Maltuzat-i Timur*, in: ELLIOT & DOWSON (eds) III: 402-403 & 452-53).

ELLIOTT, Arthur Charles (1902) *The Chronicles of Gujrat*. Lahore: 'Civil & Military Gazette' Press. 80 pp. Two chapters on Shah Daulah and microcephalic Chus, pp. 53-65. Elliott was Deputy Commissioner of Gujrat, Nov. 1899 - Nov. 1901. Refers to confidential files in the District Office, implying that they contain evidence of wrongdoing by the shrine custodians, e.g. kidnapping; but it is unclear whether they contain actual evidence of artificial deformation of Chua heads. (See BEG; EWENS; GRAY; JOHNSTON; LODGE PATCH; and MILES, 1996).

ERKOC S & HAREMI H (2001) [*Turkish: Nevzat Esref Bengin MD and the beginning of the education of modern psychiatry in Afghanistan*. *Tip Tarihi Arastimalari* 10: 51-63. The Turkish physician Bengin studied in Afghanistan and in the 1930s facilitated development of the specialisms of neurology and psychiatry, publishing relevant Persian textbooks for training Afghans in these fields.

EWENS, George Francis William (1903) An account of a race of idiots found in the Punjab, commonly known as "Shah Daula's Mice." *IMG* 38: 330-34. First report by a mental health specialist, of a shrine visit and examination of many "chusas". Ewens tabulated and discussed details of 15 chusas, finding no evidence of artificial deformation, but conceding that some malpractice might sometimes have occurred. He was moderately positive about standards of care at the shrine, which he seemed to find no worse than in the Lunatic Asylum for which he was responsible at Lahore. Ewens recommended that the practice of itinerant begging by the chusas should be stopped. (See BEG; ELLIOTT; GRAY; JOHNSTON; LODGE PATCH; and MILES, 1996).


FROGGATT P (1962) The albinism of Timur, Zal, and Edward the Confessor. *Med. Hist.* 6: 328-42. Also reviews evidence for the lameness of Timur (1336-1405), which was demonstrated by examination of his skeleton in the 1940s. (See annotation to ELLIOT & DOWSON).

GAZETTEER of the Peshawar District 1897-98. Compiled and Published under the authority of the Punjab Govt. Reprint (1989) Lahore: Sang-e-Meel Publications. Census data for 1891 show the number of people with infirmities reported in each district, per 10,000 population, and by gender. For Peshawar District these were: Insane: 4 Male, 2 Female; Blind 20 M, 25 F; Deaf and Dumb: 11 M, 7 F; Leprous: 1 M, 1 F; (p. 98). The District Census Report for 1891 made various analytical and explanatory comments about the data (pp. 98-99), then: "The paucity of lepers is remarkable; as a matter of fact leprosy is a rare disease both here and in the dry and arid country known as Khorasán, of which Peshawar lies at the eastern extremity. The climate and soil, mode of living and descent of the bulk of the population approximate closely to those of Khorasán proper..." (p. 99). Other comments pertinent to disability appear on pp. 117-18, 129.

Four paragraphs on a female microcephalic recently admitted to the asylum, recorded because the Govt had directed attention to 'chusas' and wished to have information. Detailed description of appearance and behaviour; but girl's head shape "not very typical" of the Gujrat chusas, not having the slanting forehead. "No evidence" found of forcible moulding or compression. (See BEG; ELLIOTT; EWENS; JOHNSTON; LODGE PATCH; and MILES, 1996).

GRUNER OC (1930) A Treatise on the Canon of Medicine of Avicenna, reprint 1970. New York: Kelley. The immensely influential Kitab al-Qanun (Canon) of Ibn Sina (c. 980-1037) was compiled on the basis of a systematisation of Galen's medicine. Still a standard reference for Unani Tibb across South Asia. The first part, translated here, has some remarks on causes of deformity (pp. 213-14, 242-43). Avoidance of cupping over some parts of the head was recommended to avoid dullness of the brain and memory (510). (See also KAHLE, below).

HAMID, Abdul (1922) Notes from the diary of a medical inspector of schools. IMG 57: 169-72. Report on health of schoolchildren in Sind. Adverse effects of school environment on children's eyesight and posture. (See also IYENGAR, below).

HAMID A (1923) A scheme of medical inspection of scholars in secondary schools. IMG 58: 62-67. Advantages and drawbacks of various schemes current in different Provinces were reviewed by a former Medical Inspector of Schools, Sind. His proposal included tests for defects of hearing, vision and speech, mental deficiency, physical deformity, goitre, and other malformations. Parents were to be informed and educated for the avoidance of disabling conditions.

HEWLETT, Sarah Secunda (1898) "They Shall See His Face." Stories of God's Grace in work among the blind and others in India. Oxford: Alden. Records (p. 50) reception of blind 10-year-old girl into an ordinary school of Lahore, and her education integrated with sighted children, c. 1872.


HONIGBERGER, John Martin (1852) Thirty Five Years in the East. Adventures, Discoveries, Experiments and Historical Sketches relating to the Punjab and Cashmere, etc. London: Baillière. Honigberger, Ranjit Singh's court physician notes (p. 53) his orthopedic treatment for General Avitabile at Wazirabad. In the 1840s, he had the care of "twelve lunatics. These were nearly all incurable idiots and epileptics who had been deserted by their friends or relations." When the Punjab was annexed by the British in 1849, these patients were placed with the incoming civil surgeon Charles Hathaway. (pp. 151-153).

Problems in the 1868 census design (separation of 'deaf' and 'dumb') made comparisons with 1881 results uncertain. Some districts in 1881 recorded ten or twelve times as many deaf and dumb people as in other districts, the high prevalence being in hilly or submontane parts. (See BITTLES et al, above). Effects of iodine deficiency had been identified some decades earlier, but had not yet become authoritative medical explanations for deafness or cretinism in the Himalayas and other regions. (See MILES, 1998).


Incidental disability notes, e.g. I: 127 deformity in baby resulting from actions of either parent during an eclipse; 254, cures for epilepsy, blindness; 364: excellent builder mutilated by Raja; 460, one-eyed deity; 465, simpleton who became a local deity; I: 594, 596-98, 601, 604, 605, 609, 616 shrines and springs noted for cure of disabilities, leprosy, affliction by jinns, and other conditions; 617, 623, pirs with palsy; 630-37, notes by several writers on the microcephalic chus of Shah Daulah; 742-46, lucky and unlucky children. II: 256-58, many disability nicknames; II: 489, anyone intruding in a Khagga house is struck blind; III: 39, a wife who concealed her blindness for many years; 113, a cripple employed by his brothers; 445, Surdas, generic name for blind bards. (There are probably many more such references. Parts of the work are in very small print).


13th century collection of 865 biographies of well-known Muslims through six centuries, many also giving information on lesser known persons. Over 100 entries mention some disability. References appear in more detail in the Bibliography of Disability in the Middle East, at the CIRRIE website. (See also next entry).


With foreword by Hakim Mohammed Sa'id, preface by Seyyed Hossein Nasr, the translator introduces the context of al-Tibb al-Nabawi of al-Jawziyya (1292-1350) and gives an English transl. (no Arabic text) with several indexes / glossaries including all Hadith references. See general index e.g. bonesetter, leprosy, eyes, madness, melancholy, mind, ophthalmia, paralysis.

IBN SINA (Avicenna). [See: GRUNER; KAHLE]

IRVING, James (1859) Notice of a form of paralysis of the lower extremities. IAMS 6: (No.11) 424-434.

Irving drew official attention to endemic lathyrism by a series of correspondence and investigations, recorded in four journal publications over ten years. (See this bibliography, Introduction, section 1.5. In modern Afghanistan section: ARYA et al, 1988; ROUAULT DE LA VIGNE & AHMAD, 1953; SIMPSON, 2002. In historical section: KIRK, McCARRISON; MACKENZIE; MILES, 2003; SHAH; STEEL et al.)

IRVING, James (1860) Report on a species of palsy prevalent in Pergunnah Khryaghrur, in Zillah, Allahabad from the use of Lathyrus Sativus or Kessaree Dal, as an article of food. IAMS 7: (No.13) 127-137.

While describing lathyrism paralysis in various Indian districts, Irving mentioned (p. 135) the case of troops who "accompanied General Elphinstone, in the first expedition to Cabul", and who supplemented their meagre rations with "Kessaree Dal", though they knew the dangers of doing so. In fact, the first British military expedition to Kabul took place in 1838-1839, led by General Sir John Keane. Two years later, in 1841, Major General William Elphinstone was appointed to command the British army in Afghanistan, which he did incompetently, finally presiding over the disastrous retreat from Kabul in 1842. Keane's expedition moved slowly via the Bolan pass to Kandahar, then to Ghazni, and finally to Kabul. For six months, the army
was living off the land, suffering serious shortage of food. It is plausible that the sepoys would supplement their daily rations, by eating lathyrus sativus, which was known to be available on their route.

IRVING, James (1861) Farther notices of paraplegia caused by the use of kassaree dal (Lathyrus Sativus) in the Mirzapore district and in other parts of India. IAMS 7: (No.14) 501-512.

Irving’s further enquiries brought reports from Lahore and Multan (pp. 506-507).

IRVING, James (1868) Notice of paraplegia caused by the use of Lathyrus Sativus; in the various districts of the North-Western Provinces of India. IAMS 12: (No.23) 89-124.

IYENGAR, SV Ramaswamy (1901) The eyesight of Indian schoolboys. Indian Medical Gazette 36: 447-49. [Plus Editorial comments on pp. 466-467]

Among 1,667 children examined in 25 schools and colleges across India, impaired vision was found in 40% of pupils below High School, in 54% of High School pupils, and 55% of College students. Iyengar made various recommendations for preventing impairments, e.g. by improving lighting and reducing work strain.


Probably dating from 3rd century BC. Among many tales casually mentioning disability, two Jataka relate to special education. Nangalisa-Jataka (No.123, vol. I: 271-72) tells of efforts to teach a slow-learner using activity methods and a practical curriculum. However, the efforts fail: "This dullard will never learn". In Muga-Pakkha-Jataka, (No.538 Vol. VI: 1-19), the Bodhisattva appears as a baby prince. Horrified by the harshness of the king, he pretends to be a deaf and dumb cripple. Nurses and courtiers are not convinced, so they try various tests based on established norms and audiological principles. They watch him closely while causing a conch to be blown suddenly under his bed. They shine lights on him suddenly in the night, but by mental concentration the prince keeps still. They tempt him with milk, fruit or toys and try to surprise him with animals, according to the ages at which children normally responded to such stimuli. These assessment practices were recorded over 2,000 years ago.

See further examples of disabilities and related material in No.s 1, Apannaka-J. (blockhead eaten by goblins); 41, Losaka-J (street child, abandoned and begging); 80, Bhimasena-J (Bodhisatta as crooked dwarf); 107 Salittaka-J (cripple on a little cart); 171, Kalyana-Dhamma-J (misunderstanding through hearing loss); 184, Giridanta-J (lame horse-trainer, limping horse); 193, Culla-Paduma-J (maimed robber); 202 Kell-Sila-J (cruelty to the elderly); 221, Kasava-J (city charitable organisation); 232, Vina-Thuna-J (silly girl elopes with hunchback); 257, Gamani-Canda-J (learning is easier at some times of day than at others); 346, Kesava-J (alms with love better than alms given for status); 424, Aditta-J (alms to the deserving or undeserving poor?); 499, Sivi-J (beneficent king gives away his eyes); 519, Sambula-J (wife caring for leprous-stricken prince); 531, Kusa-J (long story in which hunchback maid plays important part).


John Wilson Johnston MD, who was Civil-Assistant Surgeon at Ludhiana, gave the first known detailed medical examination and report on the chauas, writing mainly of their skull size, shape and possible etiology. He considered the possibility of artificial deformation, but also knew two microcephalic boys "whose crania have never been tampered with in any way". (Johnston's next papers to the Indian Medical Gazette, in 1866 and 1867, concerned sodomy, and glycerine, the latter in a style provoking editorial irony at his expense. He may have been a serious observer, but lacked awareness of how his communications might be received).

(See BEG; ELLIOTT; EWENS; GRAY; LODGE PATCH; and MILES, 1996).


KHAN, Abdul Muid (1944) The Muslim theories of education during the Middle Ages. Islamic Culture 18: 418-33.


Rather uncritical perspective on the topic. "The main method of learning used at home and in the school was memorization through a process of repetition. This kind of rote learning was not all wasted on the students because they applied it in a spirit of mental maturity." (p. 79)


Inter alia, notes the practice of head flattening by laying infant's head in a depression, rather than pressing it - because, according to the women, pressure weakens the child's intellectual faculties.


References to "Blindness; Deafness; Dumbness; Lameness; etc", and to "Weakness", pp. 922-27. The great majority are used metaphorically, to signify e.g. people's deafness to the law of Allah.

KIRK, Kinloch W. [posthumous: contributed by CHEVERS, Norman] (1861) On the injurious effects arising from the use of the leguminous seeds common in India as articles of food. IAMS VII (No.XIII): 144-152.

The first case of lathyrism seen by Kirk was "a woman who was brought to me at Shikarpore in 1845..." (p. 149), in the rural Sind, in what is now Pakistan.


Detailed explanation of a system whereby alphabets used for the languages of South Asia (mostly based on Sanskrit or Urdu, i.e. Devanagari or Perso-Arabic scripts) can be simplified and represented accurately with the raised dots familiar in Braille.


pp. 189-190, folk tale of a mentally retarded boy.


Under "General care of children", Kumar notes that a variety of toys were used by children in the early Sindhi civilisation, and similar toys were found in the remains of Taxila from the 4th century BC (pp. 50-51), as illustrated by plates on pp. 52-53. He cites the Buddhist text Anguttarnikaya, listing such toys. (See also "Questions of King Milinda", below).


Recounts the start of kindergarten work in India in the 1880s, and mentions Burma. Reports also from Turkey, and from Japan and China.


Studies in Lahore on a child's speech problems.

Buddhist text giving various categories of people with disabilities, and how they enter or escape the condition (pp. 44-45, 50, 70-71, 90-91, 95).


First published by Govt of India. Mixture of reports, data, vigorous polemic and discussion, with extended quotations from other educationists, by a man with long educational experience in the Punjab and strongly held views. Incidentally comments on the mix of bright and dull pupils in schools (Part I, pp. 19, 158; IV: 13). Note on "blind students learning mathematics and drawing geometrical drawings on boards" at the Deoband training school for maulvis (I: 79). Names some blind men who were notable teachers in the Punjab (II: 1, 17, 21, 35-36, 148, 161). See also I: 112 (at the close of a lengthy passage on female education, quoted from Miss W.N. Greenfield), emphasizing the need for clearly-printed textbooks in view of the poor eyesight of many students. I: 159 (on a dwarf who was the village Reader of the Granth).


See pp. 254-57, "Education of Defectives". Inadequacies arose from lack of resources and because there was little demand for special education. Disabilities were profitable for begging purposes. Notes a total of 15 schools for 'deaf-mutes', and 13 for blind children. One school for 'physically and mentally deficient' children at Kurseong, Bengal. The blind school at Lahore had 25 pupils, and had obtained its own premises. The Ida Rieu school opened in 1923 at Karachi for blind and deaf pupils.


Balanced review of the evidence about people with microcephaly at Gujrat, by an experienced psychiatrist. On rumours of artificial deformation of heads, Lodge Patch remarked, "During the eighty years of British administration not a single charge of such malpraxis has been brought against the priests at the shrine" (Note 41). (See BEG; ELLIOTT; EWENS; GRAY; JOHNSTON; and MILES, 1996).


Trachoma and blindness in India, Palestine, Trans-Jordan and Egypt, among other countries. Notes on school surveys are given. At Kohat [near Peshawar, Pakistan] 186 schoolboys were examined - every boy aged below 12 was infected; whereas among 1,300 boys at Simla, just over 3% were infected.


(See in modern Afghanistan section: ARYA et al, 1988; ROUAULT DE LA VIGNE & AHMAD, 1953; SIMPSON, 2002; in historical section: IRVING, KIRK, McCARRISON; MILES, 2003; SHAH; STEEL et al.)


Annual report in Urdu and English, with photographs, statement of accounts, lists of officers, testimonials from various visiting dignitaries, school prospectus, etc.


pp. 19-22 records the start of Emerson Institute for the Blind, Lahore, in September 1906, and subsequent
blind schools at Karachi (1923) and Bahawalpur (1943).

MALIK, Hafeez (ed) (1989) *Sir Sayyid Ahmad Khan's Educational Philosophy: a documentary record*. Islamabad: Natl Inst. Historical & Cultural Research. xiii + 231 pp. While containing almost nothing about mental or physical disabilities, the vigorous debates here documented from later 19th century North India show the problems of educating a substantial community (i.e. Muslim boys) disadvantaged by language, culture and an outdated scientific heritage (cf pp. 160, 169, 184), leaving aside any thought of educating Muslim girls. Schools' perceived problems c. 1872 included high pupil-teacher ratio; that "for half the day, the boys are taught whilst the other half is wasted in play" [!]; time wasted in rote memorisation; no account taken of pupils' various different inclinations (p. 143). This was in schools that were actually functioning - rather than becoming village cow-sheds, with a false report of attendance being regularly submitted (p. 109).

MANRY J (1927) *Preliminary Classification Test*, Allahabad: North Indian Tract & Book Socy. The first IQ test to be published in English, Hindi and Urdu.


AL-MARGHINANI. *The Hedaya or Guide. A commentary on the Mussulman laws*. 2nd edn. transl. C Hamilton, ed. S Grady 1870, reprinted 1975. Lahore: Premier Book. xxvii + 783 pp. Transl. of an influential commentary by a 12th C. CE lawyer, taking account of the major legal schools of Islam, used over centuries in Middle East & South Asia. See index entries under Blind; Child, Children; Divorce (Ch.I, of a dumb person; Ch.IX, of expiation, slaves with defects; Ch.XI, husband leprous, scrophulous or insane; Ch.XV, maintenance to other relations, a father and mother); Dumb, Dumb person; Foundlings; Guardian (disposition of a lunatic woman) Infants; Idiot, Idiotism; Inhibition (operates upon infants, slaves, and lunatics; Ch.II, from weakness of mind); Lunacy, Lunatic; Maniacs; Property (destruction of an infant or lunatic); Punishment (Ch.II, whoredom committed by infant or idiot; or who goes blind); Safeeya; Sale (Ch.III, inspection of a blind person, defects incident to children; lunacy operates as a perpetual defect; Ch.X, fine incurred by maiming); Wills (Ch.IV, or to the orphans, blind lame); Zabbah (provided he be ... infant or idiot); Zakat (not due from infants or maniacs); etc. These indicate varied applications of law to disabled persons, e.g. entitlement to some protections and exemption from taxes or punishments, incapacities as witnesses or in transaction of business, etc. (These are discussed in great detail in many Arabic legal texts. A modern translation of the Hedaya is believed to be under way).


MAYER TJL (1876) From letters of Rev. T.J. Lee Mayer. *Church Missionary Record* No.7, July: 157-158. Rev. Lee Mayer, at Bannu in the North West Frontier, reported serious harassment of two blind men who had first approached him as beggars, and who later became interested in Christianity. One of them, Gul Khan, used to "collect the blind and lame for me on Christmas Eve", so that they should participate in a feast.


MEGAW JWD & GUPTA JC (1927) The geographical distribution of some of the diseases of India. *IMG* 62: 299-313. Megaw was at this time Director, Calcutta School of Tropical Medicine. The authors sent a questionnaire survey to 240 civil surgeons and heads of medical depts across the provinces and Indian States, probing the more important diseases (except malaria and hookworm disease, which had been surveyed independently). Responses are tabulated and discussed, and distribution maps shown for major diseases and conditions, including lathyrisn, goitre, cataract, osteomalacia, rickets, indicating whether these were common, rare or unknown, mostly in the survey period 1923-1924.

MEHTA, Ved P (1957) *Face to face; an autobiography*. Boston: Little, Brown. xiv + 370 pp. Ved Mehta, born at Lahore in 1934, lost his sight at 8 years. He was later educated in the USA and UK, and achieved fame as a writer and prolific journalist.


MEHTA, V. (1984) *Daddyji - Mamaji*. London: Picador. 346 pp. Combines two books first published in 1972 (Daddyji) and 1979 (Mamaji), giving Ved Mehta's parental family histories. On pp. 121-31, his severe illness early in 1938, consequent blindness, and arrangements for him to attend a special school (when not quite five years old) are told from his father's viewpoint as medical officer at Gujrat (Punjab). On pp. 330-342, the same events are told from his mother's viewpoint, with superstitious reactions and use of quack medicines to try to restore Ved's sight.

The *MEJELLE*. Being an English translation of Majallahel-Ahkami-Adliya. And a Complete Code of Islamic Civil Law, transl. CR Tyser, DG Demetriades, & HI Effendi (no date shown) Reprint. Lahore: Book House. xxv + 327 + xlviii. Translation of an Ottoman code of law. (See also AL-MARGHINANI). Various references to disabilities.

MILES M (1996) Pakistan's microcephalic chua of Shah Daulah: cursed, clamped or cherished? *History of Psychiatry* 7: 571-89. History of the microcephalic Chua of Shah Daulah, Gujrat, Punjab, during the past 200 years or more, with references to most of the available earlier literature. (See BEG; ELLIOTT; EWENS; GRAY; JOHNSTON; LODGE PATCH).

MILES M (1997) Disability Care and Education in 19th Century India. Some Dates, Places and

Introduction and extracts from mainly 19th century official reports on schools, charitable dispensaries, asylums, gazetteers; from missionary and medical journals (mostly Church Missionary Gleaner, Female Missionary Intelligencer, Harvest Field, Indian Female Evangelist, India's Women; Indian Annals Med. Sci., Indian Med. Gaz.), and other sources; listed by date and place. Texts refer to welfare and educational work and observations concerned with disabled children and adults at 45 cities, towns and rural locations across South Asia, including Bannu, Gujrat, Hyderabad (Sind), Lahore, Peshawar.


Includes references to goitre and iodine deficiency in various eras, at Karachi, Multan, the Punjab, Gandhara, Kohistan, Gilgit, Chitral and Skardu.


Reviews South Asian religious, legal, medical, educational, linguistic, literary and folkloric evidence from antiquity and later Muslim evidence, aiming toward better documented disability historiography. Detailed material appears on responses to mental retardation, goitre, cretinism, microcephaly, blindness, and service development before the rise of specialised centres. Consideration is given to the effects of European innovations, and the need for Asian planners to become more aware of their own cultural-historical heritage, making appropriate use of indigenous concepts, knowledge and skills.


Reviews some methodological and historiographic issues.


Reviews some significant texts concerned with disability in the Quran, the hadiths, the Hedaya of al-Marghinani, and some early Arabic literature concerned with education.


Lists historical texts in transl., with some brief annotation relating to disability.
Revised and extended version, titled "Disabling conditions in South Asia: the hidden factors, with implications for leprosy", at: http://www.disabilityworld.org/09-10_03/news/southasia.shtml


Maria Montessori worked in India for several years during the 1940s, and her works were republished there. pp. 78-79 notes that her first international training course at Rome, 1913, was attended by students from "from America, Africa and India", and that "today, during the second world war, the Children's Houses are multiplying in India." [Govt education reports show that "The Children's House, Kurseong", taking children with mental and physical disabilities, opened in 1918, under Miss Silvia de la Place, and continued until 1944.]

Rote-learning, and weeding out of dull pupils, from Rigvedic times (pp. 25-26). Quoting Rigveda [x, 71, 7]: ""Class-mates ... may have equality in the possession of their senses like the eye and the ear, but betray inequality in respect of their power or speed of mind ... Some are like tanks which reach up to the mouth ('unfathomable, i.e minds whose depths cannot be reached', as explained by Durgacharya), others up to the breast only (i.e. 'shallow, whose bottom is within sight'). Some are fit for bath, others are to be seen only.' As Sayana points out, this passage refers to three grades of students, the Mahaprajnan, the Madhyamaprajnan, and the Alpaprajnan, students of high, medium, and low ability." In primary school they learnt together. In secondary education, however, collective work ended, individual work began, and the bright stood out from the dim. "The more unfit were weeded out, sent back to the plough or the loom [RV x, 71, 9]." Sometimes special pedagogy existed for the dullard (pp. 488-89).


Indigenous medical and orthopedic practice and common ailments, pp. 38-43; artificial leg, pp. 85, 105; blind men, pp. 87, 91-92, 101; goitre, p. 112; hearing loss, p. 132.

Papers on rural welfare in Sind and Punjab. A few odd notes on disabilities.

PHILLOTT, D.C. (1914) *Colloquial English-Persian Dictionary in the Roman Character, containing all English words in common use with their meanings in modern Persian with numerous examples*. Calcutta. See common disability words, such as blind, blockhead, cripple, deaf (including hard of hearing), dumb (gung, lal), lame (lang), simpleton; also gesture, sign (including beck, signal; and secret mark).

PUNJAB. (Court of Wards) (1894-1935) *Report on the Administration of Estates under the Court of Wards in the Punjab for the year ending 30th Sept. 1893.*
The Court of Wards was a legal device whereby the property of people deemed to be feeble-minded was administered on their behalf. (Previous Reports appear in the Report of the Land Revenue Administration of the Punjab, Revenue Dept.)
The Sage Nagasena instanced play motivation in the learning process, when advising a ruler in the Punjab, probably in the 2nd century BC: "This is as when men, O king, give first of all to young children things to play with - such as toy ploughs, tip-cat sticks, toy windmills, measures made of leaves, toy carts, and bows and arrows - and afterwards appoint to each his separate task." (Part II: pp. 32-33). (See also KUMAR).

"The Ida Rieu School for blind, deaf, dumb and other defective children at Karachi was registered during the year [1923], and given a small grant." (p.91) Report by: M Hesketh.

AL-RAZI, Abu Bakr M bin Zakariya. Man la Yahduruhu Tabib [He who has no physician to help him], ed. Jamal al-Din Ma’arif Purur (1954). Tehran. Late 9th Century home treatment book (1000 years before D. Werner's famous primary health care manual 'Where There Is No Doctor'). Writing mainly at Baghdad, the Persian physician Al-Razi (865-925) included treatment of hemiplegia, epilepsy and some mental problems. Elsewhere, in a work on paediatrics, he wrote of disabling conditions such as spina bifida and hydrocephalus, microcephaly, ear and eye conditions, and different sorts of paralysis. (See transl. in: SX Radbill, 1971, The first treatise on pediatrics, Amer. J. Diseases of Children, 122: 369-76). Al-Razi's work was much translated in Europe over the following nine centuries, and presumably also influential in Afghanistan and Northern India.

"In India up to the year 1921 only a few isolated experiments with intelligence tests had been conducted by missionaries engaged in educational work ... At the meeting of the Central Advisory Board of Education held in October of that year it was resolved that experiments on a large scale should be conducted with a view to devising a series of mental intelligence tests suitable for children attending Indian schools." [Copies of the Stanford revision of Binet-Simon tests were forwarded to Training Colleges, for trial with children in their model schools] "This work they readily undertook and the most interesting reports of their experiments were received from Miss Gordon of Saidapet, Mr. West of Dacca, Mr. Spence of Jubbulpore and Mr. Wyatt of Lahore." (Preface)


ROYAL AFGHAN MIN. EDUCATION (1956) Education in Afghanistan during the last half-century. [Munich]: RAME. 96 pp.


SACRED WRITINGS. Vol.3. Islam. The Qur'an, transl. Ahmed Ali (1988) reprinted 1992 for Quality Paperback Book Club, New York. xvi + 561 pp. (Parallel English & Arabic texts). Most references to disability are metaphorical (see KHERIE). Some texts where the Holy Quran refers probably to non-metaphorical disabilities: Sura 2 v.282 (mentally weak borrower); Suras 3 v.49 & 5 v.110 (Prophet Isa healing blind, lepers etc); Sura 4 v. 5-6 (wardship of property of mentally weak person); Sura 16 v.76 (dumb and useless servant); Sura 24, v.61 (disabled or sick people may eat in your house); Sura 48 v.17 (disabled or sick people exempt from call to arms); Sura 80, vv.1-16
(rebuke for discourtesy to blind man).


Pithy tales for the Politically Incorrect. For centuries, Gulistan was the Persian textbook studied and memorised by millions of boys across the Middle East and South Asia. In many anecdotes and aphorisms Sa'di emphasizes the futility of trying to teach the slow-learning child: "to educate the blockhead is like throwing a walnut at a dome". GA Lefroy (1903) The moral tone of India, The East & the West 1: 121-133, on pp. 130-131, regretted that many of the tales, omitted from English translations as being grossly indecent, were placed "in an absolutely unexpurgated form into the hands of every boy at the age of ten or eleven" in many Eastern countries.


A Sufi classic, the Bostan was also much used as a second, more advanced Persian text after Sadi's 'Gulistan', in schools across the Middle East and South Asia. Brief references to deafness and disability.


Notes (pp. 5-9) on difficulties experienced with the introduction of kindergarten methods to the rural Punjab.


Scrafton, who found much to admire in India, commented on boys' education among upper-class Muslims of Northern India (pp. 20-22). At about six years, they were "provided with tutors, to teach them Persian and Arabic languages; and, at this early age, they are brought into company, where they are taught to behave with great gravity and circumspection, to curb every motion of impatience, learn all the punctilious ceremonies ... it is astonishing to see how well a boy of eight or nine years old will acquit himself in company." However, Scrafton was shocked that, at home, young boys were exposed thoughtlessly to adult "plays and diversions" of a lewd nature.


Tests on boys in reformatory groups showed 40-50% "feebleminded". Sen noted the unreliability of such tests. One of the earliest published journal papers concerning mental retardation in South Asia.


This and following items report on the development of work with blind people at Amritsar, as well as Annie Sharp's other activities.


Describes shrines such as the Ziarat at Mazar-i-Sharif, were "famous for its power to cure blind and crippled people" (p. 288).


See notes, pp. 131-132, by Dr Jones, former Civil Surgeon, Allahabad, on lathyrism in the district, also quoting Dr Deakin; and notes on the Meja Asylum for people crippled by lathyrism, pp. 132, 203.


pp. 79-96, story of "Shah Sujah's Mouse", clearly modelled on a chua of Shah Daulah. Discusses the
legends and possible origins of chaus. The novelist's microcephalic Mouse wanders and begs by himself, for the purposes of the story.

STRABO. The Geography of Strabo, transl. HL Jones (1930), Volume 7. London: Heinemann. New York: Putnam. pp. 51-53, report from Catheaea (Eastern Punjab) that infants were inspected when two months old. Those of insufficient beauty were killed. Quintus Curtius, transl. Rolfe, II: 371-373, (IX.i.24-25) recorded that those with defective limbs were killed.


WEBB JRD (1927) The medical inspection of school children at Simla. In: Some Experiments in Indian Education, 77-84. Occasional Reports No.14, Bureau of Educ., India. Calcutta: Govt India. Vigorous school medical inspection, 1923 onward, reduced disabilities of hearing, sight and goitre to a level better than that in England. Weekly health education lectures, drama and cinema shows were held, with parental participation and coordination with infant welfare work.

WILSON, Dagmar Curjel (1931) Osteomalacia (late rickets) studies. Part VII. Rickets among Indian children of school age. Indian J. Med. Research 18: 963-968. Part of a series of studies of late rickets covering several thousand school-age children in northern India. Osteomalacia largely resulted from social factors such as sunlight deprivation through purdah, overcrowding and poor building design, and inadequate diet.

Among many lightly annotated texts translated here from Caraka, Susruta, Kasyapa, Vaghbata and Samgadhara, there are some references to disabilities, e.g. lathyrism (pp. 15, 168-169), possibly inherited deficiencies (100-102), speech impediments (169), epilepsy (297), the bad omen of seeing disabled people in a dream (316). Service institutions also appear (1-2, 75-78). See also index (345-389).

Comprehensive study and cumulative documentation of the rise and probable decline of polio in India, showing the huge growth in estimated cases from the 1950s to 1980s. Wyatt demonstrates the complexity of the various strands of knowledge, and large gaps in current knowledge, on the progress of polio in the child population, reasons for epidemiological variations across South Asia, extent of the iatrogenic disaster in provocation and aggravation polio through unnecessary injections, and outcomes of simple community-level treatments. India's National Immunisation Days have had considerable impact, but questions remain about whether the polio eradication success across three-quarters of the world can be repeated in the densely populated and economically impoverished parts of South Asia. The bibliography (pp. S71-S98) includes c. 20 items from Pakistan.

p. 87, casual observation by a missionary attached to medical work, of a teenage boy apparently with multiple disabilities, including deafness:
"He stood in the middle of the crowd, called up by his mother. He was a boy of about fourteen. He was deaf and dumb. He was imbecile. His long, narrow head was never still. He blinked his vacant eyes, and turned them up till nothing could be seen of his pupils. Arms, legs, and body were moving all the time. He carried a twig in his hand, and as he stood there he was diligently gnawing at the end of it as though it was the one business of his life. The mother asked pathetically if it were too late for anything to be done. She had taken him to Malwar once, perhaps a year ago, but the Doctor Sahib had said it was too late. He could do nothing for him. If she had brought him in when he was a baby, perhaps something might have been done."

Zysk presents evidence for the growth of medical knowledge within India, and its extension across Asia, by a combination of itinerant medical practitioners and heterodox ascetics based in Buddhist monasteries.