Dr Julia Bell (1879–1979)

- 1898-1901 Mathematics at Girton College, Cambridge
- 1907 MA from Trinity College, Dublin
- 1908-1914 work on medical genetics under supervision of Karl Pearson
- 1914 London School of Medicine
- 1920-1933 Return to Galton Laboratory (funded by MRC)
- Wrote 13 of 24 vols of *The Treasury*
- 1933-1944 MRC scientific staff
- Sex-linked conditions (colour blindness and martin-bell – later fragile-X syndrome)
The Treasury of Human Inheritance 1909-1958

- Included published and unpublished family pedigrees
- Designed to provide material to illustrate human inheritance for students of heredity
- Bell had to work with families to obtain and verify data
1. Demarcation of genetic influences from environmental conditions and

1. Demarcation of individual genetic susceptibility due to their categorisation as part of a group from ways of living as a member of that group.

Table 4 demonstrates higher age of onset for parents than ‘singles’. Table 5 gives the mean age of onset and age at death in the different cases.
36 out of 45 cases of congenital dislocation of the hips should occur in females, but again why should 27 out of 34 cases of cervical ribs be noted in females? Further, why should more than 70% of cases on inguinal hernia in children occur on the right side?
Categories used to organize data for statistical analysis

Increased focus on potential role of the environment
Epidemiological categories linked to the politics of inequality
E.G. Sex and race differences in Glaucoma
  • Bell emphasized the influence of gender differences over sex, differences but made the opposite move when considering race, emphasizing the influence of genetics over cultural factors
Disability was central to eugenics as a necessary concept, motivation, and problem.

- Disability central to ‘evaluative nature’ of eugenics (Rembis, 2018)
- Foregrounding disability within genetics ‘blurs the boundaries between eugenics and medical genetics’ (Schmidt, 2020)
- Genetics and eugenics entangled during interwar era (Bland and Hall, 2010)
- Only through mutated genes could researchers attempt to understand ‘normal’ function (Fox-Keller, 2000)
Amalgamation of three approaches with disability history

1. **Medical history** (turning the object into the subject by reading against the grain, see also Stoler, 2008)

2. **STS & SCOT** approaches (users not patients and the use of disability ‘things’ (Williamson, 2020))

Mosaic approach

• 1928 volume on ‘Blue sclerotics and fragility of bone’
• Disability as a positive asset
• Cure versus loss
• Tension between the clinical gaze and lived experience
• Active resistance and pushback from disability history perspective
When Categories Constrain Care

Investigating Social Categories in Health Norms through Disability History 1909-1958
Existing research and digitised material
Historicizing the binary between genetic and acquired disablement through contrasting investigations to reveal a broader history of categorizing inequality in

1. Investigation of the scientific research into genetic disability that took place in the first half of the twentieth-century.

2. Investigation of how these categorized were used in compensation for acquired disability through archival research (focus on mining)
Shifting categories

• The scientific investigation of disability gave credence to other salient categories
• This reveals the epistemological power of categorisation in its creation of disability as difference that mattered and could be counted and classified.
• ‘What social groups are classified, corralled, coerced, and capitalized upon so others are free to tinker, experiment, design and engineer the future?’ (Benjamin, 2019)
thank you
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