

## Introduction

PERCY F. – a well grown lad, aged 14 – is the eldest son of intelligent parents, the second child of a family of seven. He has always been a bright and intelligent boy, quick at games, and in no way inferior to others of his age.

His great difficulty has been – and is now – his inability to learn to read. This inability is so remarkable, and so pronounced, that I have no doubt it is due to some congenital defect. (Morgan, 1896: 1378)

With these two short paragraphs, written by the otherwise obscure Sussex physician William Pringle Morgan, the history of dyslexia begins. This was not, by any measure, the first time that such a problem had been observed. Almost half a century before, the Dublin surgeon William Wilde – father of Oscar Wilde – had published a study of children who were ‘dumb, but not deaf’, or, in other words, possessed some specific language disorder (Benton: 1980). Six months before Pringle Morgan, another provincial doctor, James Kerr, had also remarked on children with the ‘most *bizarre* defects’, including an inability to make sense of script (Kerr, 1897: 668). Nor did either Pringle Morgan or Kerr use the term ‘dyslexia’. Rather, drawing on an older, German literature, they described this difficulty as ‘Word Blindness’ (Anderson and Meier-Hedde, 2010).

Pringle Morgan’s words have, nonetheless, been widely quoted. ‘Percy’, in fact, has become a minor celebrity, with his idiosyncratic spelling – ‘scone’ for ‘song’, ‘scojock’ for ‘subject’, ‘wiehout’ for ‘without’, and ‘Precy’ for his own name – reproduced in hundreds of articles since. A recent popular history of the subject is even entitled *From Percy to Peter*, as its author seeks to trace the development of ideas about dyslexia from this case in the 1890s to her own son’s experience in more recent decades (Beard, 2019). Although there are a

vanishingly small number of genuinely critical and historical accounts of dyslexia – with none at all listed in the standard *Bibliography of British and Irish History*, for example – there is a substantial literature produced by practitioners in the field. They frequently, indeed almost invariably, cite Pringle Morgan’s study, even when they acknowledge that his theories about ‘Word Blindness’, and especially the underlying assumption that the condition was a visual rather than a language processing disorder, have proved to be mistaken (Vellutino, 1977).

The sociologist Tom Campbell argues that Pringle Morgan’s text should be understood as an ‘epistemological break’ – a paradigm shift in scientific understanding (Campbell, 2013: 92). Previous writers on Word Blindness, like the German physician Adolph Kussmaul, who coined the term in 1877, had studied acquired language disorders, drawing on a long heritage of interest in how adults lost the capacity to read, write, or speak. Pringle Morgan, by contrast, postulated a congenital problem: a fundamental – and probably neurological – incapacity; one that children were born with and one that could prove susceptible to some form of remediation. This focus on children and this emphasis on the role of the brain was to prove hugely important and highly influential. It prompted what has been described as ‘A virtual explosion of research’ on the subject, inspiring the founding fathers and mothers of the field: the British ophthalmologist James Hinshelwood, the American physician Samuel Orton, the Danish educator Edith Norrie, and others (Anderson and Meier-Hedde, 2001: 12). Their work formed the basis for the modern study of dyslexia and is foundational for all the studies in this special issue, where they are frequently quoted.

Pringle Morgan’s short communication of 1896 was not just conceptually significant. Its form was important, too. Like most contributions to medical journals of the time, it was a case history (Hunter, 1993). Beginning with the patient, his context, and his problems, it outlines an examination and relates this to relevant literature before determining a diagnosis.

A similar approach informed almost all of the work that followed – from Hinshelwood’s many articles at the turn of the twentieth century, to Orton’s important interventions in the 1920s and 1930s, to the study of *Specific Dyslexia* published by Sandhya Naidoo in 1972, which is explored in William Whyte’s article in this issue (Hinshelwood, 1896, 1902, 1904; Orton, 1925; Naidoo, 1972). The memoirs of those who work in the field likewise show a fondness for – even dependence on – the case history. The American psychiatrist Lauretta Bender’s ‘Fifty-Year Review of Experiences with Dyslexia’, for example, devotes pages to the amassing of examples (Bender, 1975). The British psychologist Tim Miles – subject of Evans’ article in this issue – similarly attributed his interest in dyslexia to a particular case: ‘Brenda’, a bright ten-year old with reading difficulties (Miles, 2006). Nor has the use of such narratives ceased. The neuropsychological case study of ‘J. M.’ opens Maggie Snowling’s standard text on the subject, while ‘Bobby’, ‘Misha’, and ‘Harry’ introduce her more recent *Very Short Introduction to Dyslexia* (Snowling, 2000, 2019). This approach has also become important for people with dyslexia, when narrating their own life stories (Gabriel, 2020; Kirby, 2019a). In that sense, they are participants in an on-going commitment to the case history as a key part of understanding dyslexia, now more than a century old.

A form of history has consequently always been central to the study of dyslexia and in this special issue we follow that example in several ways. Robert Evans’ article explores a single, important individual: Tim Miles, whose pioneering work in the field lasted more than half a century. William Whyte traces the history of a single institution, the London Word Blind Centre for Dyslexic Children, which was the first systematic attempt to define and treat the condition in Britain. Barbara Maughan reflects on her own role in the Isle of Wight studies, among the first systematic attempts to investigate developmental reading problems in representative, population-based samples, using the tools of epidemiology. Similar personal

experience informs an article on developments in the United States by Sally and Bennett Shaywitz.

But even if this special issue participates in the longstanding practice of focusing on case histories, it does so in rather different ways and to very different effect from the accounts offered by many practitioners in the past. In place of the generally celebratory accounts of ‘continuous’ progress presented in previous reviews – even, in one case, what was cheerfully described as nothing less than ‘a century of progress’ – we take a somewhat more critical stance (Leong, 1991: 36-37; Scammaca et. al, 2016). As Philip Kirby has shown, ‘Rather than interest in dyslexia proceeding smoothly ... it has been stop-start’ (Kirby, 2019b).

In this issue, Philip Kirby discusses how doubts about the nature of this condition have been long evident: doubts that have often focused on terminology. Almost as soon as it had first been employed – indeed early as 1896 – experts sought to reject the description ‘word blindness’, asserting as the president of the Neurological Society put it, that ‘The employment of the term has been misleading and unfortunate’ (Broadbent, 1896). Yet dyslexia was not universally accepted as a description either, and a variety of other terms have been employed instead: from strephosymbolia, through Learning Disabled, to Specific Learning Difficulties or ‘SpLD’ (Orton, 1928). Such ambiguity about terminology continues to this day. For some, dyslexia can be seen as part of what has been called ‘The irresistible rise of the SEN industry’ (Tomlinson, 2012). For some, the increased diagnosis of dyslexia is simply evidence of the inappropriate ‘medicalisation’ of school pupils (Kristjánsson, 2009). For yet others, dyslexia is a term that has ‘engendered unnecessary confusion in the field and has long since passed its usefulness for scientific and practical purposes’ (Elliott and Grigorenko, 2014: xv).

Acknowledging this on-going debate, the special issue includes articles by those who have questioned dyslexia. The Isle of Wight study presented a significant challenge to proponents of dyslexia in the 1970s (Rutter and Yule, 1975). More recently, Julian Elliott and Simon Gibbs have argued that the concept of dyslexia is not only ‘unbounded and unverifiable’, but positively unhelpful: discouraging teachers from assisting those labelled as ‘dyslexic’ and diverting resources away from children who have no diagnosis (Elliott and Gibbs, 2008: 487; Gibbs and Elliott, 2015). Both of these perspectives are represented here: in Maughan’s article on the Isle of Wight study and in the contribution by Elliott and Gibbs. More than this, our other case histories explore similar debates: from the specific conceptual and practical problems faced by the London World Blind Centre discussed in Whyte’s article to the more general, longer lasting issues explored in Kirby’s ‘Historical perspective on the dyslexia debate’.

Case histories, as this suggests, serve many functions and may be read in many different ways. For all its claims to scientific objectivity, in the words of the historian of medicine Stephen Jacyna, this type of ‘narrative does not present a single way of knowing the patient or the disease. There are, on the contrary, a multiplicity of narrative forms in which very different patients and diseases can be constituted as legitimate objects of knowledge’ (Jacyna, 1998: 335). What Jacyna does in his exploration of psychological narratives of language loss in early nineteenth-century France, we seek to do with the case histories of dyslexia in the twentieth century Anglosphere. And here Pringle Morgan’s ground-breaking article of 1896 once again proves instructive.

Although ‘Percy’ is not identified, for instance, we can learn a lot about him and about Pringle Morgan’s approach to him and to the condition more generally. In the first place – and the first thing that is mentioned in the article – we might note that ‘Percy’ is ‘well-grown ... bright and intelligent ... quick at games’. He has no eye problems and

generally healthy. Moreover, his teachers report that ‘he would be the smartest lad in the school if the instruction were entirely oral (Morgan, 1896). ‘Percy’, in other words is unexpectedly impaired. He possesses a particular and definable deficit: a measurable gap between his capacity to read and his other attributes. Buried beneath these conclusions, however, are other assumptions. ‘Percy’ is not poor. Although aged 14, he is still attending school: something only possible for the richest five or six per cent of children who could afford the fees; most of whom were, of course, boys (Bolton, 2012). His family can also afford the fees – perhaps as much as two guineas, or almost as much as a day’s wage for a labourer – needed to call out a doctor for an unusual consultation (Digby, 1999: 101). The gap that existed between ‘Percy’ and his peers was apparent because of this privilege.

Both of these issues are noteworthy – and each is still significant today. The question of whether dyslexia is best explained as ‘unexpected’ and whether it should be defined as a ‘discrepancy’ between intellectual ability and reading performance is still a live one. It is explored in this special issue within the United States by Bennett and Sally Shaywitz and within Britain by Kate Nation, Charles Hulme and Maggie Snowling. The interplay of class, gender, and dyslexia which is apparent beneath the surface of Pringle Morgan’s essay also remains relevant. It is discussed by both Philip Kirby and William Whyte in their contributions. Both these themes are picked up in the articles by Barbara Maughan and by Simon Gibbs and Julian Elliott. They also underpin Robert Evans’ account of how another leading figure in the study of dyslexia understood his work and the field that he had made his own.

In that way – and just like the case histories on which so much of this research is based – this special issue seeks to use specific examples to address bigger, more general questions: questions that have preoccupied experts in this field ever since that pathbreaking article of 1896. Above all, just as Pringle Morgan did, we employ these case histories to

consider the question of what should be done in the future. A future in which it is increasingly recognized that all childhood learning difficulties are multifaceted, they co-occur in complex ways and require well-honed, evidence-based intervention. We hope, too, that this will provoke others to respond – and if we succeed in that, then this special issue will have more than fulfilled its function.

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