Fairies and the Folklore of Disability: Changelings, Hybrids and the Solitary Fairy

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Source: *Folklore*, 1988, Vol. 99, No. 1 (1988), pp. 58-77

Published by: Taylor & Francis, Ltd. on behalf of Folklore Enterprises, Ltd.

Stable URL: https://www.jstor.org/stable/1259568

Fairies and the Folklore of Disability: Changelings, Hybrids and the Solitary Fairy

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IN attempting to trace the origins of fairy belief, scholars have interpreted the 'Good People' as deified ancestors, nature spirits, descriptions of aboriginal races, half-remembered gods, and/or spirits of the dead. Reidar Christiansen, in *Hereditas,* expresses the opinion that fairy belief arose in answer to some of the more puzzling of life's mysteries—the questions of the 'untimely death of young people, of mysterious epidemics among cattle, of climatic disaster, of both wasting diseases and strokes, of infantile paralysis and of the birth of mongol and otherwise deficient children.'[1]

Spence echoes this interpretation in his discussion of the fairy changeling: 'Whenever a cretinous or diseased child made its appearance in a family, it was usually regarded as a changeling . . . The individual case was made to fit the superstition, and thus we possess no standardized data respecting the appearance of a changeling . . .'[2]

Various aspects of fairy belief which seem to be folk explanations for Christiansen's 'deficient' and Spence's 'cretinous or diseased' children will be discussed in this paper, using examples from the corpus of fairy lore in Britain. Specific examples of changelings, solitary fairies—both domesticated and reclusive—and the offspring of fairy-human matings will be presented which seem to offer identifiable portraits of children who were born, or who became, different as the result of identifiable congenital disorders which today are known to medical science.

In many cases, Spence's contention that 'we possess no data respecting the precise appearance of the changeling' is true, but in other cases—and, often, in the general ethnic representation of the changeling—the descriptions are relatively standardized. Indeed, Spence himself presents a bit of standardization when he quotes Cambell's statement that a Highland changeling is recognizable by its 'large teeth, inordinate appetite, fondness for music, its powers of dancing, its unnatural precocity . . .' Spence goes on to state that in Germany, the changeling is known by its large, thick-skulled head and its thick neck.[3] In other words, some patterns of appearance, behaviour, and character were recognized. We will return to these patterns in a few moments. But first I would like to look briefly at the history of the human response to congenital disorders.

The more visible congenital disorders, those birth defects which are immediately apparent when a child is born, have produced feelings of fear and awe since earliest time. Children born with major physical defects have evoked a religious response since at least as early as 2000 B.C., when some 62 birth defects, whose appearance among Assyrian newborns was painstakingly examined and interpreted by professional soothsayers, were described on clay tablets found in the library of Ninevah. For example,

> When a woman gives birth to an infant . . . whose nostrils are absent, the country will be in affliction, and the house will be destroyed . . . that has no fingers, the town will have no births.[4]

In Rome, hermaphroditic children were summarily dispatched; other children with visible defects were particularly valued for sacrifice in time of emergency.[5] Indeed, the

old term for children born with marked deformities was *monster,* a word derived from the Latin *monstrum,* something marvellous, originally a divine portent or warning; monstrous children were sometimes deified, as in the case of the Egyptian Ptah, an achondroplastic dwarf, or the cyclopic Greek Polyphemus.[6]

This belief in the supernatural nature of the child born with a congenital defect continued through the Middle Ages and into the Reformation, when Martin Luther himself co-authored, in 1523, a publication which interpreted the political significance 'assigned from God' of a seriously deformed foetus found floating in the Tiber.[7]

Congenital disorders which are not immediately visible,[8] but whose effects become apparent after the passage of time, often produced individuals who evoked a similar, though more subdued, response of mingled awe and fear. For example, *cretins,* persons born without defect, but who develop mental retardation and who may become physically deformed due to thyroid deficiency disease (hypothyroidism), may have been given the name cretin—from *Chretien,* Christian—in reference to the belief that they were 'God's children.'[9] In some parts of Switzerland, where this disorder was once endemic, it was believed that cretins brought luck to community by serving as scapegoats, drawing God's wrath onto themselves alone.[10] In this context, it is relevant to note that in Berwickshire it was said that the Brownie was the 'appointed servant of mankind to ease the weight of Adam's curse.'[11] The luck that the Brownie brought to the house or farm it inhabited is well-known.

Other terms for persons who are mentally retarded or physically disabled—the Irish *Amadan* (God's fool), the moon-touched lunatic and the mooncalf, the oaf (from ON *elvr* or elf), or the person who has been (divinely or demonically) 'touched'—reflect this belief in the special nature of such 'different' persons.

A very brief look at the reactions, through history, of Western Europeans to the birth of individual, atypical children will lay the groundwork for the further examination of the relationship between these reactions and certain facets of fairy lore. Warkany, in his history of societal response to children who are born different, wrote in 1951:

> The ancient history of teratology does not teach us much about the origin, prevention, or treatment of congenital malformation; but it tells us a great deal about the human mind and its reactions to unexplained phenomena. If an abnormal child is born to a family or a tribe, [a person] insists upon an explanation . . . Considering the millenia of observations, explanations have been relatively few, and most of the theories of the past are now considered superstitions. Knowledge of the old and deep-rooted superstitions is of some practical importance since ancient beliefs often plague parents even today, as they interpret [the births of atypical children] as portents or punishments.[12]

In the case of congenital disorders, the human mind in earlier times reacted by formulating two primary, and often overlapping, theories of causation. The first focuses on the thoughts, conscious and unconscious, of the mother. Maternal impressions and responses were held to produce certain clearly identifiable, 'psychogenic' effects upon the unborn child. For example, the pregnant woman who was impressed or frightened by the gibbons at the zoo might give birth to a 'monkey-headed' (anencephalic) child.[13]

A variation of this theory of psychogenicity involved the breaking of a tabu by the mother, such as the woman who refused food to a needy neighbour who came begging. Six months later, this woman bore a child who had no mouth.[14] If this mother realised, and felt guilty about, her breach of hospitality, a believer in psychogenicity might posit that her conscious or unconscious sense of guilt led to the defect in her child.

If, however, the child's defect is viewed as the result of divine or supernatural vengeance delivered to rebuke the mother's stinginess, then we have entered the realm of the second group of theories about the causation of congenital disorders, those which held these disorders to be produced by supernatural intervention in one form or another. In one aspect of this supernatural intervention, a parent's sin, such as that of the ungenerous woman, might result in divine chastisement in the form of a sick or malformed child. This motif of active, supernatural vengeance is, however, rare in the literature of the changeling. Perhaps this rationale became more common with the growing influence of the Christian church. As Chamberlain writes in *Old Wives' Tales,* 'Under Christianity, sickness now became evidence of the power and justice of a beneficient God... Sickness... was the result of sin, and healing a matter of forgiveness.'[15]

Of course, supernatural intervention could occur in a most obvious and active form, childnapping, with the changeling left to take the place of the child stolen by the fairies. Some of these change-children were active, if unattractive, little beings. Others were 'stocks;' inanimate, wooden, doll-like beings which soon lost all semblance of life.

Another variety of supernatural intervention is called 'hybridity' by Warkany.[16] Hybridity describes a belief which postulated that human beings could, and frequently did, have sexual relations with non-human beings, relations which produced offspring. One form of hybridity involved human pairings with supernatural beings—gods, devils, incubi and succubi, fairies, and so forth. Often the supernatural parent would eventually stake some claim over his or her child, as in the case of the silkie who returned to an earthly 'nourrice'[17] to reclaim his son. The children of these unions traditionally bore a special sign of their unusual parentage—webbed fingers or scaly skin, for example. We will return to these unusual children later in this paper.

A second variation on the theme of hybridity involved the more mundane pairing of humans with animals (although the animals in question often had supernatural associations) to produce offspring. According to folk belief children born to these pairings often were also marked in some way. A child born with a cleft lip, for example, might be viewed as the result of a human coupling with a cat or a hare. The fact that both the cat and the hare have come to be identified as witches' familiars may have some relationship to the frequency with which cleft lip/palate disorders occur.

When the Christian church began to interpret the birth of offspring with congenital disorders as a sign of supernatural—and demonic—intervention, both men and women had reason to fear for their lives if they parented, or were even in the vicinity upon the birth of, atypical newborns, animal or human. In Puritan New England in 1642, a young hired man was convicted of consorting with the devil, and was executed, when a sow bore a cyclopic (one-eyed) piglet. In Denmark as late as 1683, a young mother was burned at the stake for giving birth to a 'monkey-headed' child who was, in all probability, anencephalic (born with an incomplete brain and a malformed skull).[18]

When a child survived infancy with a severe mental or physical defect, it might also be viewed as evil. Martin Luther labelled one severely retarded child as no more than *massa carnis,* a soulless mass of flesh, and went so far as to recommend that the child be disposed of by drowning.[19] In the lore of the changeling, however, the 'inhuman' or 'demonic' nature of the child did not bring forth a uniformly negative response, although, as we shall see, some of the techniques used to reveal the 'true nature' of the change-child were at least as inhumane as Luther's suggested solution.

In the past, as now, the birth of a child was a remarkable event for both the family and the community. The actual time of birthing was seen as fraught with dangers both physical and spiritual, no doubt because death in childbed was so common. In medieval days in much of western Europe, women who had just borne a child were not allowed to attend church until a specified amount of time had passed,[20] and

Lady Wilde remarks that 'Until a woman has gone through the ceremony of churching, after the birth of her child, she is the most dangerous being on earth. No one should eat food from her hand, and myriads of demons are always around her trying to do harm, until the priest comes and sprinkles holy water over her.'[21]

Placental blood was believed to be unclean, and to attract devils. In many places, a woman who died while carrying a child could not be buried in holy ground because of the unchristened soul she carried in her womb.[22] Yeats wrote that in Ireland, very young children were believed to have 'weak spirits' which were hard put to defend themselves against the devils which hovered everywhere. To protect the soul of a newborn who had died, the blood of a freshly-killed cock was sprinkled on the doorstep to waylay the demons.[23] Other birthing customs reflect this concern with protecting the fragile soul of the child, fending off the supernatural childstealers who could come down chimneys or through unguarded doorways; and with defending the mother, in her physically weakened and spiritually vulnerable state, from similar dangers.

When, in spite of all precautions, a child was born with a visible difference, or began to sicken and change, the parents met this with a grief which has remained unchanged over the centuries. Writings of changelings, Briggs speaks of the despair felt when the '... coveted human baby was taken.'[24] Commenting on the reactions of twentieth-century parents following the birth of a baby with a congenital disorder, a pediatrician says, 'After the birth of a defective child, parents mourn the loss of the wished-for child...'[25] and another physician, referring to this 'wished-for child,' says the parents grieve 'for a dream.'[26]

The pattern this grieving process takes is clear, both in clinical practice and in many of the changeling tales.[27] First, there is a time of rejection, of denial; the patterns which this denial takes are repeated in tale after tale. Wentz tells of a family near Breage Church in Cornwall, in which there was a '... fine baby girl, ... and the piskies came and took it and put a withered child in its place. The withered child lived to be 20 years old, and was no larger when it died that when the piskies brought it. It was fretful and peevish and frightfully shrivelled.'[28] The message of this and other tales like it is clear: This can't be *our* child; our child was stolen away.

As the process of grieving continues, denial phases into guilt, often mingled with anger. In the changeling tales, this anger may be directed at the child in a very physical way. Often it is rationalized into an attempt to either force the changeling to reveal its true nature, or to force its fairy parents to return the original child. Hartland records that a family could recover the human child by making the changeling cry, by dumping it in a newly-dug grave.[29] Briggs notes that the Welsh change-child would reveal its true nature if set on a heated shovel or bathed in a potentially lethal solution of steeped foxglove leaves.[30] In Caerlaverock, 'A fine child was observed on the second day after its birth, and before it was baptised, to have become quite ill-favoured and deformed. Its yelling every night deprived the whole family of rest; it bit and tore at its mother's breasts, and would lie still neither in the cradle nor the arms.' Its fairy nature was 'revealed' when it was thrown into a bed of glowing coals.[31] In the Hebrides, the

changeling was left below the high-water mark on the beach when the tide was out. When the child's crying could no longer be heared, you knew that either the tide had come in, or that the changeling had fled.[32]

Often, these methods of revealing the true nature of the changeling were little more than socially-countenanced forms of infanticide. The tale of Yallery Brown may in fact tell of a child left to die under a stone:

'Twas no bigger than a year-old baby, but it had long cotted hair and beard, twisted round and round its body so that you couldn't see its clothes; and the hair was all yaller and shining and silky, like a bairn's; but the face of it was old and as if 'twere hundreds of years since 'twas young and smooth. Just a heap of wrinkles, and two bright black eyne in the midst . . . and the skin was the colour of fresh-turned earth in the spring, brown as brown could be.[33]

This strange little creature offers Tom Tiver a gift for rescuing him, but ultimately gives a curse, perhaps reflecting the harm befalling someone who does not respond appropriately to the different beings among us: 'For harm and mischance and Yallery Brown/Thou'st let out for thyself from under the stone.'

Finally, there is the third stage in the psychological process of grieving, that of acceptance. There is, in the words of one psychologist, a 're-presentation' of the newborn, in which the 'abnormal child [becomes] an acceptable but different substitute for the lost normal baby.'[34] Such acceptance is hinted at in the lore of the changelings, though rarely, as in this account of one such 'substitute' for the lost normal baby:

Nothing under heaven could have had a more beautiful face . . . [but] he could not move so much as one joint . . . he was seldom seen to smile, but if anyone called him a fairy-elf, he would frown and fix his eyes earnestly on those who said it, as if he would look them through.[35]

Many of these tales deal with the first stage of grief, that of denial. Other tales take us well into the guilt and anger of the second stage, with their accounts of heated shovels, dungheaps, and empty graves. Only a very few bring us nearer the stage of acceptance, hinted at above, perhaps because for many of these change-children, acceptance would be preceded by the child's natural or unnatural death, and the parents would comfort themselves by recalling other families who had also lost beloved children to the fairies.

It is interesting to note that when an infant died before it had gained full entry into the human race through the rituals of naming and baptism,[36] it might in folk belief be transformed into a species of fairy known variously as pixie, Will-O-the-Wisp, Spunky, Taran, or Short Hoggers—little fay folk associated with mysterious flickering lights and with lonely, out of the way places. For examples, Briggs states that it was believed 'all over the West Country [of Britain] that they [pixies] are the souls of unbaptised children.'[37] Both pixies and the Will-O-the-Wisp,[38] another fay creature believed to be the soul of an unchristened babe, are connected with wayward lights which confuse and mislead travellers. In Lowland Scotland, spunkies[39] are members of this same tribe of fairies, and their name, derived as it is from the glowing 'punk' used to ignite fires, suggests again the mysterious, flickering lights. The Tarans, of north-eastern Scotland, flit through the dark woods, moaning and crying their unbaptised state.[40] Another fairy of this sort, found near Whittinghame and also in search of the name that no christening had provided, was dubbed 'Short Hoggers'—dialect for 'Baby Booties'—by a passer-by with a kind heart.[41]

Not all changelings died in infancy, however. In many of the tales from Britain and Ireland, the changeling is portrayed as an adult, or even an elderly, creature who must

be tricked into revealing his age, and who gives away his maturity when he plays the pipes or dances to a wild tune, addresses someone with a poem, or exhibits supernatural powers. A prodigious eater, constantly hungry and continuously demanding food ('Johnny was aye greeting and never growing'),[42] the changeling is nonetheless undersized and sickly. He frequently has unusual features—misshapen limbs, an oversized head, slowness in learning to walk. He rarely sings or smiles or—that most human of all behaviours—talks:

> Mentally retarded children were thus clearly taken for changelings, particularly [children] with hydrocephalus and cretinism. What caused special comment was the fact that they did not laugh or talk. This was interpreted, however, in the way of some modern mothers when they say ambiguously: 'My child just won't talk.' The changeling deliberately refrained from laughing and talking. If it could be tricked into laughing or talking, then the spell was broken and it was changed into the right child. Its non-responsiveness or its inappropriate behaviour were taken to be signs of obstinacy and spite . . . All the time it dissimulated simply to annoy people.[43]

Most often, as Briggs points out, the changeling is substituted for a boy child.[44] In addition to the characteristics of the changeling given above (and taken more or less directly from the index of folk motifs), other common traits can be identified. Changelings often do not walk, run, or dance unless they think they will not be observed. Most are very small; they may have unusual eyes, ears and/or hands. They are described in many cases as wizened, with dark wrinkled skin. They frequently cry at all hours of the day or night; in some tales, the sound of the cry itself is unusual.

An overview of congenital disorders found in newborns will provide some interesting points of comparison, and we will come to that in a moment. But how likely is it that the accounts of children/changelings presented in these tales could be based on actual observation of a congenital disorder? How common are birth defects? At the present time, more than 2300 human *genetic* disorders are known to medical science.[45] Add to these the disorders caused by prenatal infection, such as rubella or syphilis; the metabolic dysfunctions such as hypothyroidism; the physically-caused disorders, such as defects due to maternal hypothermia (prolonged exposure to cold) or uterine malformation; and the disorders caused by unknown factors (by far the largest category), and the result is that, today, 'an anomalous baby is born somewhere in the world every 30 seconds.'[46] Put another way, today about one baby in twenty is born with a congenital anomaly.[47] About one in ten is either born with, or will acquire, a physical, mental, or sensory impairment which will interfere with the child's normal development.[48] Boys are much more likely than girls to be born with a congenital disorder; one authority says that for most developmental disabilities, three to four boys will be affected for each girl with a disorder.[49] This relationship is reflected in the lore of the changeling, the great majority of whom, as Briggs noted, are male.

The traits most commonly shared among the various congenital disorders include failure to thrive (sickliness), which is linked to delayed mental and physical growth, and to delayed development in general (slowness to walk, talk, and perform other 'milestone' behaviours at an appropriate age). In changeling lore, we see again and again the 'little, wizened boy . . . it never grew.'[50]

Mental retardation is found with many congenital defects; it can result from central nervous system damage (as with spina bifida), or from problems such a hypoxia (lack of oxygen during birth); and it can also be caused by disease, malnutrition, poisoning, suffocation, or near-drowning. Severe retardation will often prevent the development of speech.

Central nervous system defects are among the most common of congenital disorders, and spina bifida, the most common of the central nervous system disorders, occurs today in about 1:1000 births in the U.S. and in about 5:1000 in the U.K.[51] Hydrocephalus, found in 80% of all cases of spina bifida, is probably the disorder described in the changelings with oversized heads. Hydrocephalus, or 'water on the brain,' occurs when a structural malformation causes fluid to be trapped inside the cavities of the brain. The increasing pressure exerted by the trapped fluid causes the skull to enlarge; untreated, the condition will result in retardation, brain damage, and paralysis. Spina bifida also causes varying degrees of paralysis.[52]

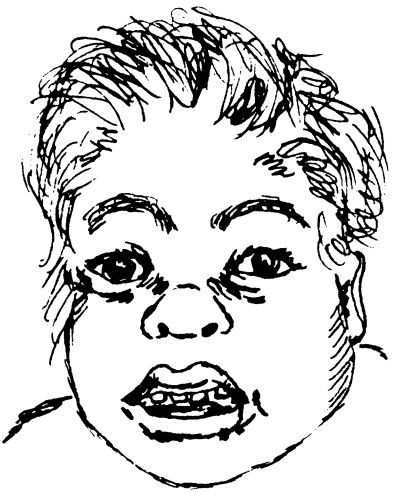
Cerebral palsy, which results from damage to the brain, occurred in the U.S. in 1962 at a rate of about 6:1000 live births;[53] because it may sometimes result from difficult deliveries or poor prenatal care, it was very possibly even more common before the advent of modern medicine that it is now. Cerebral palsy causes the loss of control of various groups of muscles; the degree of muscle involvement will depend upon the location and degree of damage to the brain. In some cases, cerebral palsy leads to slow, sinuous, rhythmic, involuntary movements of the hands, limbs and/or trunk. In other cases, motion will be jerky and spasmodic. Both types of involuntary movement may be present in one person. It is just possible that the 'wild dance' of the changeling may in fact describe the movements of a person with severe cerebral palsy. Because with severe cerebral palsy muscular balance is disrupted, serious deformity can result as powerful, uneven muscle contractions exert uneven pressure on the bones of the torso and limbs.

Unusual or misshapen limbs are symptomatic of a variety of congenital syndrome disorders; the dwarfing syndromes are the first that come to mind. Marfan's syndrome is characterized by very long, slender, 'arachnoid' digits and limbs; osteogenesis or 'brittle bones' syndrome results in bones which break easily and mend poorly.

Large or oddly placed ears are also found in a number of congenital disorders; Mongolian eyes (having epicanthic folds) and eyes with an 'anti-Mongoloid' or downward tilt, are also syndrome-specific. Sallow skin may result from Rh disease or from jaundice; aged-appearing, wrinkled skin is found with those syndromes, like progeria, which actually lead to premature aging (figure 7), but is also, (and this is no doubt more relevant) characteristic of very small, very ill, and premature babies who have little subcutaneous body fat.

The irritability, constant crying, and ravenous appetite of the changeling can be explained by looking at those congenital disorders which prevent the infant from gaining nourishment from the food it eats. Physiological malformations, such as blind oesophagus, cleft palate, or blockage of the small intestine, physically inhibit food from reaching the digestive system. Metabolic disorders, such as homocystinuria and PKU, prevent the child from metabolising essential nutrients. With galactosemia, a child cannot digest milk. Cystic fibrosis, the most common inherited defect in Caucasians (one person in 2000 carries the gene),[54] inhibits the body's ability to utilize proteins—resulting in ravenous appetite, severely retarded growth, and death before the age of twenty.

Particularly among those disorders which are genetically based, we find groups of unrelated children who bear a strong resemblance to one another. The best known example of this is the child born with Down syndrome, whose round face, flattened occiput, Mongolian eyes, small size, and mental retardation are familiar to most of us (figure 4). Other syndromes also produce children who bear a stronger resemblance



1. Hurler syndrome. Note coarse features and prominent lips and tongue; the hairiness increases with time.

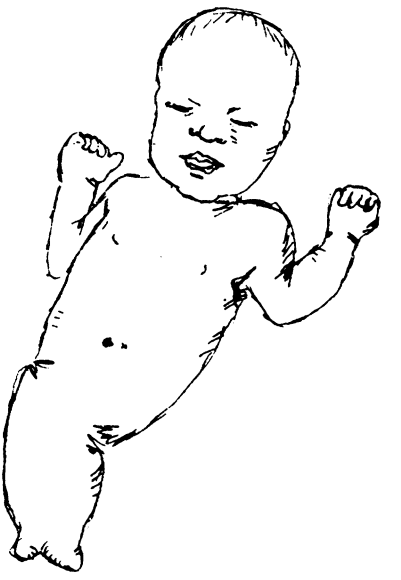
2. Cri-du-chat syndrome in a six-year old girl. Asymmetrical features, with broad-based nose and large mouth.

3. Hypercalcemia or Elfin facies syndrome in an eleven-month old boy.

4. Down syndrome.

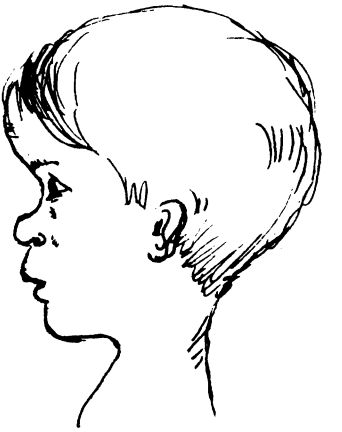
Sketches based upon photographs in W.L.Nyhan and N.O. Sakati, *Genetic Malformation Syndromes in Clinical Medicine.* (Chicago, 1976).

5. Carp-mouth syndrome (189 syndrome). Note also the large malformed ear.



6. Sirenomelia.

7. Progeria.



8. Achondroplastic dwarfing.

Sketches based upon photographs in W.L. Nyhan and N.O. Sakati, *Genetic Malformation Syndromes in Clinical Medicine* (Chicago, 1976)

to one another than to parents, siblings, or kin. Children with William's syndrome (hypercalcemia, or 'Elfin facies' syndrome, figure 3) are usually pretty, light-skinned and light-haired:

> Patients with this syndrome have elfin facies. The face is memorable . . . the forehead is prominent. Hypertelorism [widely-spaced eyes] and prominent epicanthal folds are regularly seen . . . The nose is short and upturned . . . the ears often are large and low set, and the [jaw] is small. The chin may appear pointed . . . The upper lip may form a bow, especially in infancy. The smile . . . is worth emphasis. We have had the experience of looking at a child but not yet appreciating what syndrome was before us, when all of a sudden the child smiled, and it hit us that this was the hypercalcemia syndrome.[55]

Also associated with this syndrome is short stature, heart disease, mental retardation, a low, hoarse voice, and a friendly, open disposition described in the literature as a 'cocktail party manner.'[56]

Children born with Hunter's, or the related Hurler's, syndromes present a marked contrast to the bright-eyed, friendly children described above. Once said to have 'gargoylism,' these children are normal-appearing at birth. Over time, they become heavy-browed, their jaws become squared and thick, and they develop coarse, dark hair over much of their bodies (figure 1). Their eyes bulge, their hands become clawed, they breathe hoarsely, and they may become humpbacked. Here, again, temperament is affected. Children with Hurler's syndrome are usually pleasant and loveable; those with Hunter's syndrome are hyperactive, noisy, rough and aggressive. Mentally, they develop normally until they are about two years old; then their mental acuity begins to steadily deteriorate.[57]

There is also a marked superficial resemblance among children who have a number of different genetic syndromes, so that children with Hunter's, Hurler's, Sanfillipo's, Morquio's, Ullrich's, and Scheie's syndromes will bear a marked resemblance to one another. The dwarfing syndromes, because of the ways in which they affect bone growth, likewise produce individuals who look alike. Perhaps it was in drawing conclusions about the similarities among such 'different' children that people arrived at their descriptions of some of the fairy 'races.'

The descriptions of the dwarves of folklore draw heavily upon the human experience of individuals with congenital dwarfism; it is likely that the descriptions of those fairy races who left changelings for humans to rear were similarly based upon human observation, for the birth of different children, then as now, was an ongoing part of community life. Many of the tales of 'midwives to the fairies' touch on the generalization from the infant's appearance to that of other members of the fairy group, when they describe the 'reality' seen by the human midwife when she rubs the fairy ointment into her eye. Palaces become caves, gold turns to leaves and sticks. In one tale, the handsome fairy family is transformed; the fairy baby 'still maintained the elfish cast of the eye, like his father . . .' and the other imp-children became 'a couple of little, flat-nosed imps . . . with mops and mows . . . scratching their own polls . . . with their long and hairy paws;' the father is described as a 'strange, squint-eyed, little, ugly old fellow.'[58]

A further generalization which can be made about congenital disorders and their relationship to theories dealing with the nature and motivations of the fairy folk relates to sexual development. Many times, the presence of a congenital disorder affects the sexual development of those children who survive infancy. In a number of the genetic syndromes, for example, this effect involves the thwarting of normal sexual development,

so that these children will never truly mature.[59] In other disorders, sexual maturity will occur at an abnormally early age, sometimes before the child is five years old. Perhaps these patterns of atypical—and often infertile—development are the basis for the folklore explanations of fairy barrenness as the motivation for stealing human children. If the changelings 'substituted' for human children were regularly observed to be sexually aberrant, perhaps this observation was then generalized to include the 'parents' of the fairy child as well, and from them to fairies in general. As Briggs wrote, 'fairies seem to have been shy breeders, in spite of their interest in fertility.'[60]

Similarly, it is worth considering the possibility that observation of certain children born with serious disabilities contributed to the notion that the realm of Faerie is 'timeless.' Often, such children age very, very slowly; in some cases, a person in his twenties may look like a child of eight or nine, while in others (e.g. Down syndrome) the face seems 'ageless' and remains virtually unchanged till late in middle life.

In summary, many of the traits most generally ascribed to changelings are also traits found in a wide range of birth disorders. A large or unusually shaped head occurs with such relatively common congenital disorders as hydrocephalus, foetal toxoplasmosis, Down syndrome (figure 4) and the dwarfing syndromes (figure 8).

Traits which are linked—ravenous appetite, irritability, failure to thrive, small size—are logically associated with both illness (such as the 'wasting diseases' most frequently cited in this context, polio and tuberculosis) and with a range of disorders which affect a child's ability to properly digest food.

Unusual, often characteristic, vocalization is associated with a number of syndromes, the most obvious being the Cri-du-chat or Cat's cry syndrome in which a very early symptom is the mewing cry of the very young baby,[61] and which also displays characteristic facies (figure 2). Inability to speak may result from severe brain damage or from mental retardation whatever its cause. Paralysis, most clearly a factor when the changeling is a 'stock,' may result from spina bifida, brain damage, or other central nervous system damage.

Music is often associated with the covert activities of the changeling. In this context, it is interesting to note that the characteristic skills of the 'idiot savant,' the person with severe mental retardation who is exceptionally good at a single, highly focused skill, are listed as being music, mathematics, and rote memory.[62] As stated earlier, the 'dance' of the changeling may in fact be the involuntary movements found with cerebral palsy. Rhyming, echolalia, stereotypy (patterns of repetitive speech which are symptomatic of autism, DeLange syndrome, hypercalcemia, and PKU), may account for the 'poetry' of the change-child that can speak.

Finally, the withered appearance of the changeling so frequently commented upon may simply be the appearance of a very ill infant, or it may be the result of specific disorders which actually affect the thickness and pigmentation of the skin. We have, then, the '. . . ancient, withered fairy . . . wawling and crying for food and attention . . . in an apparent state of paralysis'—the changeling.[63]

These observations suggest a strong general relationship between changeling lore and children born with congenital disorders. In some cases, more specific comparisons are possible, and the fairy individuals to be considered may include not only the changeling, but also the offspring of human-fairy parents, solitary fairies of the domestic sort, and their more reclusive kin, the solitary 'nature' fairy.

The number of possible changelings in the stories which can be linked tenuously to specific congenital birth defects, on the basis of one or two symptoms and a good

guess, are many. Fairytales which seem to describe specific disorders in clear detail are, as one would expect, less frequent. In my research, which, I should add, has been far from exhaustive, I have however found several examples which seem to me to be convincing, examples in which the symptoms point to specific disorders. The first is, perhaps, the most general and therefore the least convincing, but it is still worth noting.

PKU, or phenylketonuria, is an inherited metabolic disease which is carried by one person in 70, and which occurs today in the U.S. in about one birth in every ten to twenty thousand.[64] When two parents who *carry* the disease produce a child *with* the PKU, the child will appear to be normal at birth. A large proportion of the children born with PKU will be markedly light-skinned, light-haired and blue-eyed, even when the parents are not. A common early symptom of PKU is vomiting; because the child cannot metabolize certain essential amino acids, malnutrition occurs. By the time the baby is six months old, symptoms may include seizures, tremors, hyperactivity, and extreme irritability. The child will grow very slowly, and will, if left untreated, become severely mentally retarded. Its voice will be characteristically whine-y; its odour will be distinctively mousy. Microcephaly sometimes occurs, and cerebral palsy develops in about one-third of all cases. Longevity is, however, normal. Most children who develop PKU are of English or Irish ancestry; today, diet therapy can prevent the disease from progressing if treatment begins early enough.[65]

Now consider, for a moment, the preference of certain of the fairy races for the child who is blonde; 'the fairies steal nice, blonde babies, they usually place in their stead their own aged-looking brats with short legs, sallow skins, and squeaky voices . . .' says Rhys.[66] '. . . [The fairies] all set great store by golden hair in mortals. A golden-haired child was in far more danger of being stolen than a dark one,' writes Briggs.[67] Spence reports that 'The late Sir John Rhys was told that the Welsh fairies had a hankering after "the sort of children that were unlike their own; that is, bairns whose hair was white, or inclined to yellow, and whose skin was fair."'[68] Perhaps in this tradition of a fairy preference for blonde babies we have a recognition of the link between fair-haired children and frailty, the sort of recognition which might occur in response to the birth of children with PKU, a disorder often associated with a light complexion and fair hair.

While PKU is relatively common, as congenital errors of the metabolic system go, the syndrome which may be discerned in the tale of Yallery Brown is far less frequently found. Yallery Brown, 'no bigger than a year-old baby,' with its long golden hair 'as soft as thistledown' and its face wrinkled and as brown as the earth, presents several symptoms of a syndrome known as progeria. Again, a newborn with progeria appears to be normal at birth, or may show no more than a thickening of the skin. After a few months, the features of the child will begin to develop an aged look, with a high prominent forehead, protruding eyes, a small mouth and a receding jaw, and a very small, pinched nose. The skin becomes stiff and dry, it loses its elasticity, and hangs loosely on the body, becoming as wrinkled as the skin of a very old person, and it will develop a characteristic brown mottling. The hairline is very high, the hair very fine and sparse. The child will remain small, and will begin to look gaunt, for there is little subcutaneous fat to soften its appearance. When the child begins to walk, its posture will be stooped; its shoulders narrow. Its muscles will appear wasted, its joints large and stiff. The voice will be high and piping; if the name 'Yallery' derives from the OE *galan*, to sing, it may reflect this vocal tone,[69] but it perhaps is simply a dialectal form of 'Yellow'. Speech develops normally, as does intelligence. Children with progeria,

which occurs in only one of every eight million births, will never grow to be any larger than a five-year-old; though they age rapidly and prematurely, they never become sexually mature. Death usually occurs before they leave their teens, most often due to the onset, before the age of ten, of angina pectoris with artherosclerosis, a heart disease.[70]

Yallery Brown, tiny but ancient looking, with his fine hair and his brown skin, physically resembles the description of the child with progeria (figure 7). His ability to speak, and his intelligence—however malicious—point to no loss of mental ability. Perhaps, as the condition of his health worsened, his parents had left him in a sacred place, by the 'Stranger's Stone,' in the hope that he might be 'taken back' by his fairy family, and their own 'human' child returned.

Wentz writes of another changeling whose description makes it possible to venture an educated guess at the disorder from which the child suffered:

> In place o' her ain bonnie bairn, she found a withered wolron, naething but skin and bane, wi' hands like a moudiwort, and a face like a paddock, a mouth frae lug to lug, and twa great glowerin' een . . . a daft-like bairn . . . it was aye yammerin and greetin, but never mintet to speak a word . . . it couldna stand . . . it lay in its cradle at the fireside like half-dead hurcheon . . . a whingin screechin skirlin wallidreg . . .[71]

Here we have a remarkably clear description of a child born with a chromosomal aberration known as '18-q' or Carp-mouth syndrome. Such a child will be noticeably different from birth (figure 5). It will have a very small head, with a high, bulging forehead. Its eyes ('Twa great glowerin' een') will be widely spaced, deep set, and will have epicanthic folds. The child's ears will be large and set low on the head; deafness often accompanies this disorder, and may account for this child who 'never mintet to speak a word.' As the syndrome name implies, the child's mouth will be large, fishlike, downslanting, and usually—due to hypotonic or 'floppy' muscles—open: 'a face like a paddock [a frog or toad], a mouth frae lug to lug [ear to ear].' Often in this syndrome the child's fingers will be fused, and the thumb simian, proximally-placed, and rigid; or, to put it in the worlds of the tale, 'hands like a moudiwort,' [a mole]. Both mental and physical development will be severely retarded. Death from congenital heart disease is common. Because the child's muscles are hypotonic, coordination is often severely affected, which may explain why this infant 'lay in its cradle . . . like a half-dead hurcheon [a hedgehog].'[72]

Waldron describes another child, on the Isle of Man, whose symptoms might also permit a similarly specific diagnosis:

> Nothing under heaven could have had a more beautiful face; but though between five and six years old, and seemingly healthy, he was so far from being able to walk or stand, that he could not move so much as one joint; his limbs were very long for his age, but smaller than an infant's of six months; his complexion was perfectly delicate, and he had the finest hair in the world; he never spoke, nor cried, ate scarce anything, and was seldom seen to smile . . .[73]

The primary clue here is found in the description of this child's limbs, 'very long for his age, but smaller than an infant's of six months.' This symptom suggests an 'inborn error of the metabolism,' homocystinuria. Of the congenital metabolic disorders, homocystinuria is second only to PKU in frequency; as with PKU, children with this disorder are often blonde and fair-skinned. A child with homocystinuria will begin to develop symptoms when about two months old. Failure to thrive, osteoporosis or 'brittle bones,' and—in some but not all cases—mental retardation and cerebral palsy are found. Importantly, with reference to Waldron's changeling story, one symptom, arachnodactyly,

is common to this syndrome; the term refers to limbs and digits which are extremely long and thin or 'spider-like.' Children with homocystinuria are highly prone to arterial and venous thrombosis—clots in the blood vessels—which may lead to encephalitis, paralysis ('he could not move so much as one joint'), seizures, and cerebral thrombophlebitis. Other visible traits of these children include rosy cheeks ('his complexion was perfectly delicate'); very fine, sparse hair ('he had the finest hair in the world'), and malformed teeth.[74]

These three examples give an idea of the points of comparison which first led me to believe that congenital disorders lie at the root of many of the changeling tales which have come down to us. When information about sexual development, about general appearance—particularly in those syndromes which produce children who resemble one another, and about the symptoms of congenital disorders as a whole—are examined beside the changeling lore, the relationship seems too strong to ignore.

What of the 'changelings' who survived infancy? How were they incorporated into the family of the community, these children with varying degrees of mental and physical disability? The answer, I believe, can be found by examining the tales of the solitary fairies, both the domestic and the more reclusive of these fay folk—the Brownie, the Gille Dubh, Meg Moulach, the Brown Man of the Muirs, the Urisk and the Grogan and the Fenoderree.

Many of these characters seem to me to represent the person who was mentally retarded and, often, physically different as well; the unusual outsider whose nature was supernatural, if only in that such a person received unusual respect as a 'luck-bringer,' whether to a house, a farm, a particular pool or orchard.

Two particular sets of congenital disorders come to mind in the specific context of the solitary 'nature' fairy who lived, usually, by a well or stream; who hunted, fished, or scavenged for sustenance; and who was a sort of *genius loci* to a particular place. The first of these are the syndromes which cause dwarfing. Achondroplastic or short-limbed dwarfism occurs in about one in twenty thousand births; children born with this syndrome will have normally-sized trunks, large heads, (figure 8), and very short limbs.[75] Costovertebral dwarfing results in limbs of normal size, a very short trunk, frequent occurrance of clubfoot, and, in some cases, mental retardation.[76] Anterior hypopituitary dwarfing, the most common dwarfing syndrome, leads to normal body proportions but overall small size.[77]

The second are the mucopolysaccharidosis syndromes, such as Hunter's and Hurler's syndromes (gargoylism) mentioned earlier, which also affect growth, cause hair to grow over much of the body, and may lead to dark skin as well. Children with these syndromes are also often mentally retarded.[78]

Now consider a solitary fairy, the Brown Man of the Muir, who is described as a 'small, hideous dwarf' with eyes 'round and fierce as a bull's.' In this context, it is interesting to note that 'bucephalic' eyes, 'cow's' eyes, are symptomatic of hypothyroid disease. The Brown Man is squat, strongly made, with an intimidating visage and red, frizzy hair (hair texture is also affected by hypothyroid disease).[79] Perhaps the Brown Man is, in fact, a cretin.

The Highland Grogach or Grogan is also of small stature, hairy and dark, and had, as Wood-Martin writes, 'an unco wee body, terrible strong.'[80] In some tales, the Grogach's head is oversized; in some, its body is loose-jointed and amorphous—hypotonic?

We aren't told the size of the Wulver, only that he lived alone in a cave, that he liked to fish, had the head of a wolf, was covered from head to toe with short brown hair, and that he didn't molest folk if they didn't molest him.[81] The boggart was a 'squat, hairy man, strong as a six-year-old horse, and with arms as long as tackle poles, and not too bright.'[82] In the Wulver, we have perhaps a person with Hunter's syndrome; in the boggart, a costovertebral dwarf, with small trunk and normal limbs.

The Gille Dubh, who lived in the last century on the south edge of Loch Druing, had black hair, and covered his nakedness with leaves and moss. He was a gentle creature, fond of children it seems. He also could speak, but rarely did so. At one point, a local landowner organized a hunt, with the aim of taking the Gille Dubh as a trophy, and here we have a hint about why such 'creatures' chose to live out their lives in seclusion.[83]

Bridging the distance between the truly solitary fairy, who seems to have preferred to avoid human company, and the domestic fairy such as the Brownie, who often lived in close company with humankind, were such fay folk as the goat-footed Urisk. Half-human and half-fairy, the Urisk was good luck to the farm it chose to honour with its presence. It was particularly fond of herding cattle, and also helped about the place with other farm labour. It made its home away from the farm, usually near a haunted pool, and sometimes sought out the company of lonely travellers.[84] Like the Urisk, the 'pigmy king' of Walter Map's tale of King Herla is also goat-footed, and this is a trait which turns up in other fairy folk as well.[85] Determining a congenital disorder that would cause such an appearance requires some guesswork. Perhaps, however, the reference here is to 'tip-toe' walking of the sort that is caused by muscular imbalance or spasm caused by central nervous system damage such as spina bifida or cerebral palsy, which leads to walking on the ball of the foot. Another congenital condition, talipes equines or 'horse-foot,' a form of clubfoot, also causes walking on tip-toe.

Kin to the Urisk is the Manx Fenoderree, who is 'large, hairy, and ugly.'[87] His name, according to Creegan, means 'one who has hair for stockings,' or 'like a satyr,' thus bringing us back to goat-footedness again.[88] The Fenoderree, also a helper to the farmer, herds sheep, gathers hay, moves boulders, and performs other heavy labour:

> . . . msot of the larger farms were lucky enough to possess one of him . . . he was not then too shy to start work at daybreak and let himself be seen in the grey light by the respectful villagers . . . he mowed, raked, reaped, stacked, herded . . . For he was a doer, not a thinker, mightier in thew than in brain.[89]

In his *Daemonologie,* King James of Scotland describes the domestic solitary fairy as '. . . doing as it were necessarie turns up and down the house: And this spirit they called *Brownie* in our language, who appeared like a rough man: Yea, some . . . beleeve that their house was all the sonsier . . . that such sprites resorted there.'[90]

The Brownie, similar to the Bwca of Wales and the Bodach of the Highlands, was a small man, about three feet tall, brown faced and shaggy haired. Often he performed his work at night, in secret. He reaped, served as a herdsman, watched over the henyard, ran errands, and on occasion provided 'good council at need.'[91] When treated well, and given the ritual evening dish of fresh cream, Brownies often attached themselves as a sort of mascot to a particular house or family.

In addition to their small size, the Brownies of certain regions might have specific physical characteristics. For example, Aberdeenshire Brownies had 'no separate fingers, a thumb and the other four fingers joined in one.'[92] Kilmoulis, a Brownie or hob who

inhabited mills in the north country, had no mouth but an enormous nose. A Welsh story about a Bwca or Brownie reminds us that Brownies with noses must have been unusual in that part of the country, for this particular fairy was named Bwca's Trwyn, the 'Brownie *with* the Nose.'[93] These 'noseless' Brownies may, in fact, be persons with severe cleft lip/palate disorders.

While some have interpreted these solitary fairies to be representative of a shaggy aboriginal, hanging round the farm, attached to its service by food and kindness,[94] a theory first suggested by MacRitchie, it seems to me that they are more likely to represent 'different' human beings, those people who were probably mentally retarded and often physically different as well; people who made their living through menial labour, finding through the kindness of the household a cubby hole, loft, or warm hearth which would shelter them from the weather. Shy, and perhaps fearful, through rough experience in a society with too few resources to support any non-productive members, these outcasts made their way as best they could. The traditional belief that a resident Brownie brought good fortune is then explicable, through comparison with similar beliefs in the special nature of the atypical human beings be that person called cretin, amadan, or god's fool.

Finally a brief look at the special characteristics of the offspring of fairy-human pairings, the fairy hybrids. First and most frequent are the tales of sea fairies and their romances with human lovers. Merrows and mermaid traditions are found in the islands of Scotland, Orkney, Ireland, and Shetland, and in the coastal areas of Britain. Generally, the female of the sea fairies is very beautiful; the male, very ugly. Both male and female have human bodies with fishes' tails; in some tales, the tail may be shed at will when the merrow or mermaid wishes to travel on land. When a child is born with a 'fish's tail,' that is, with fused legs, the condition is called sirenomelos (figure 6). The birth of such children no doubt added to the folklore description of the sea people, but as such children nearly always die at birth,[95] there are no traditions of families descended from such offspring. Rather, the offspring of human-merrow marriages were believed to be born with webbed fingers and/or toes, or with fish-scale skin.

When seal-people (silkies, roane, or seal maidens) wedded humans, they also produced children born with webbed fingers and toes, or with horny growths on their hands and feet. R.M.Douglas, in a recent collection of Scottish folklore (1982), writes that 'all the MacCodrums [AKA, the 'MacCoddrums of the seals'] are descended of a seal,'[96] and in David Thomson's *The People of the Sea,* his Orkney informants tell him that when a human woman takes a roane as a lover, all their children have webbed fingers and toes at birth. When this webbing is clipped, to allow hand-work, a horny growth appears.[97] Marwick tells of other seal-human couplings, one of which produces a child with a seal's face (again, probably anencephaly); another is the forefather of a long line of descendents, all born with horny palms and soles, greenish in colour and having a strong, fishy odour.[98]

Simple syndactyly (webbed digits) is the most common of all congenital malformations. Webbing may join only two digits, or three, four or all. Fishscale skin, or ichthyosis, may occur in the newborn (as ichthyosis fetalis), may cover parts of the body or all of the body, may be fatal or may be only slightly disfiguring. Exfoliation, resulting in thick, platy masses of keratin in the skin, may be localized, as on the hands and feet, or may be found all over the body.[99]

Nearly any human deformity or anomaly imaginable has been seen, and recorded: 'Since any organ or organs may be affected, and to a degree ranging from inconsequential anomalies to a complete failure of development, the variety of congenital abnormalities

is immense.'[100] The Irish Fachan, with 'one hand out of his chest, one leg out of his haunch, and one eye out of the front of his face,'[101] is, in terms of foetal development, not beyond the possible.

Not all descriptions of fairy races reflect folk remembrances of children born with congenital defects, but there are a number of fairy characters—the changeling, the solitary fairies, and the human-fairy hybrid—who seem so clearly to represent certain congenital disorders that they are difficult to interpret as purely the products of imagination. The changeling is often no doubt the child who is different, whether that difference arises through infectious disease or congenital disorder, and there are times, as shown above, when the record is clear enough to provide a fairly persuasive 'diagnosis' from the 'symptoms' or traits presented in the tale.

The different child who survives, perhaps with more mental than physical damage, offers a rational explanation for the solitary fairy, be it called Brownie or Brown Man or Urisk. This character, living quietly on the edges of society, may also provide a clue to the origin of ancient tales in which a 'monster' and his mother play important roles, tales such as *Beowulf*, with the memorable Grendel and his dam. Grendel is a powerful, violent creature, who, like so many of the solitary nature fairies, lives near water. Perhaps, to theorize with abandon (and, hopefully, to spur someone to look into this further), he was a child born with something like Hurler's syndrome, gargoylism, that congenital disorder which may cause, in addition to physical deformity, a violently aggressive personality. Perhaps the mother in this tale is the woman who stayed with her outcast, mentally retarded, and physically deformed child.

Finally, recognized congenital disorders can be cited to explain many traits common to human-fairy children. Syndactyly and exfoliar disorders account for webbed fingers and fish-scale skin. In fact, a number of the 'hidden imperfections' of the fairy races may have their roots in congenital disorders. The 'trough backs' of the beautiful Scandinavian ellewomen[102] may represent spina bifida or a condition known as craniospinal rachischisis, in which there is an actual, open trough along the spine.[103] An imperforate nostril, characteristic of the Mull fairies, occurs in human births. The single nostril and great front tooth of the Bean Sidhe is found with cleft palate.[104] Scandinavian Huldre folk have tails, an anomaly found in some babies. The Glastyn and the Cowlug sprite[105] have unusually large, oddly shaped ears—a marker trait for some malformation syndromes. Hairy Meg (Meg Moulach) and other Gruagachs and suchlike furry fairy folk exhibit the hirsutism found in a wide variety of congenital disorders, among them X-linked syndrome, Hunter's and Hurler's syndromes.[106] Melusine was, periodically, sirenomelic. The male merrow had flipper arms, or phocomelia,[107] a trait we are now familiar with as a result of the 'thalidomide babies' of the 1960's. Dwarfism is recalled in many tales, where the little person may be called pygmy, dwarf, or leprechaun.

The creation of traditions from an amalgamation of myth, religion, and experience continues; all are important sources of imagery, and none excludes the others. Observations of unusual newborns, and of children who over time became different, provided a rich source of such images to the storyteller; the tales themselves attempted to provide explanations for differences which were otherwise inexplicable, answers for questions which were otherwise profoundly and painfully unanswerable.

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NOTES

1. Summarized in Katharine Briggs, *The Vanishing People* (New York, 1978), p.28.
2. Lewis Spence, *The Fairy Traditions in Britain* (London, 1948), p.233.
3. Spence, p.232.
4. Josef Warkany, 'Congenital Malformations in the Past,' in T.V.N. Persaud, *Problems of Birth Defects* (Baltimore: 1977), p.6.
5. Warkany, p.7.
6. Mark Barrow, 'A Brief History of Teratology to the Early 20th Century,' in T.V.N. Persaud, *Problems of Birth Defects* (Baltimore: 977), p.18.
7. Warkany, p.7.
8. Birth defects not readily apparent at birth include cystic fibrosis, which becomes evident at varying times between birth and the fourth year; Duchene muscular dystrophy, which appears between the second and fourth year; Hunter's and Hurler's syndromes, which are not evident until after the second month. *(Genetic Counseling,* White Plains: March of Dimes Birth Defects Foundation, 1983, p.7).
9. Leo Kanner, *History of the Care and Study of Mental Retardation* (Springfield, Illinois, 1964) pp. 90-91.
10. Kanner, pp. 90-91.
11. Briggs, *Vanishing People,* p.46.
12. Warkany, p.15.
13. *Ibid.,* pp.8-9.
14. Sean O'Suilleabhain, *Handbook of Irish Folklore,* reviewed in *Hereditas,* Bo Almqvist, ed. (Dublin: Folklore of Ireland Society, 1975), pp.251-275.
15. Mary Chamberlain, *Old Wives' Tales* (London: Virago Press, 1981), p.33.
16. Warkany, pp. 11-12.
17. Scottish ballad, 'The Great Silkie of Sule Skerry,' quoted in David Thomson, *People of the Sea,* (New York, 1965), p.206.
18. Warkany, p.11-12.
19. Kanner, p.7.
20. Carolly Erickson, *Medieval Vision* (New York, 1976), pp. 196-7.
21. W.G.Wood-Martin, *Traces of the Elder Faiths of Ireland,* Volume II (London, 1902), p.13.
22. Erickson, p.197.
23. W.B.Yeats, *The Celtic Twilight* (New York, 1976), pp. 80-81.
24. Katharine Briggs, *An Encyclopedia of Fairies* (New York, 1976), p.70.
25. Noreen Quinn-Curran and Stefi Rubin, 'Lost, Then Found: Parents' Journey Through the Community Service Maze,' in *The Family with a Handicapped Child,* Milton Seligman, ed.(New York, 1983), p. ix.
26. Kenneth Moses, in 'A Parent's View,' by Eileen Maley, in the IDD NEWS, Vol. 5 (4) (Iowa City, Iowa: 1982), p.4.
27. John Fletcher, 'Attitudes Toward Defective Newborns,' in Persaud, *ibid.,* pp. 373-381.
28. Evans Wentz, *Fairy Faith in Celtic Countries* (Oxford, 1911), p.171.
29. E.S.Hartland, *The Science of Fairy Tales* (London, 1891), p.118.
30. Briggs, *An Encyclopedia of Fairies,* pp. 332-3.
31. Thomas Keightley, *The Fairy Mythology, Illustrative of the Romance and Superstition of Various Countries* (Bohn Library, 1891), pp. 355-6.
32. Spence, p. 248.
33. Joseph Jacobs, *English Fairy Tales* (Bodley Head, 1968; first pub. 1890), p.164.
34. Fletcher, p.380.
35. G.A.Waldron, 'A Description of the Isle of Man,' in Hartland, *The Science of Fairy Tales,* p.109.
36. Spence, p. 230-231.
37. Briggs, *Encyclopedia,* p. 328.
38. *Ibid.,* pp. 231, 438.
39. Briggs, *Encyclopedia,* pp. 318-82.
40. J.M. MacPherson, *Primitive Beliefs in the North East of Scotland* (London, 1929), pp. 113-4.
41. *Ibid.,* pp. 363-4.
42. Briggs, *Vanishing People,* p.101.
43. Carl Haffter, 'The Changeling: History and Psychodynamics of Attitudes to Handicapped Children in European Folklore,' in *Journal of the History of the Behavioral Sciences* Vol. 3-4 (1967-68), p.56.
44. Briggs, *Encyclopedia,* p. 286.
45. R.R.Lebel, *Overview of Issues in the Genetic Counseling Relationship* (White Plains, N.Y., 1978), p.4. The most common congenital malformations in Britain are Down syndrome (2:1000 live births; a ratio of

1:1, male to female incidence); cleft lip/palate (1:1000; 1.8 males to every female); pyloric stenosis (3:1000; 5 males to every female); clubfoot (3:1000, 2 males to every female); congenital hip dislocation (1:1000, .15 males to every female); spina bifida (2.5-4.5:1000; .8 males to every female); anancephaly (2:1000; .4 males to every female); and congenital heart defects (4:1000, 1 male for every female).

46. Fletcher, p.375.
47. *Ibid.,* p.374.
48. R.B. and J. Darling, *The Nature and Prevalence of Birth Defects: Children Who Are Different* (St. Louis, Missouri, 1982), p.23.
49. N.M. Robinson, *The Mentally Retarded Child: A Psychological Approach* (New York, 1976), p.24.
50. Briggs, *Encyclopedia,* p.21.
51. James A. Blackman, *Medical Aspects of Developmental Disabilities in Children Birth to Three* (Iowa City, Iowa, 1983), pp. 159-165.
52. *Ibid.,* pp. 137-141.
53. *Ibid.,* pp. 31-37.
54. *Ibid.,* pp. 77-79.
55. William L. Nyhan and Nadia O. Sakati, *Genetic Malformation Syndromes in Clinical Medicine* (Chicago, 1976), p.276.
56. Anonymous, 'Case History of a Child with William's syndrome,' in *Pediatrics,* (Vol. 75, No. 5, May 1985), pp. 962-968.
57. Nyhan, pp. 43-52.
58. Keightley, p. 298.
59. For example, the most common chromosomal anomalies, those which occur in more than 1:1000 live births (Down's, Klinefelter's, XXX syndromes, and the sex-chromosome anomalies) all 'substantially reduce reproductive fitness.' C.O. Carter, 'Genetics of Common Disorders,' in Persaud, *Birth Defects,* p. 152.
60. Briggs, *Vanishing People,* p. 93.
61. A.P. Norman, *Congenital Abnormalities in Infancy* (Oxford, 1971), pp. 411-2.
62. *Dorland's Illustrated Medical Dictionary* (London, 1974) defines *idiot savant* as 'a person who is severely mentally retarded in some respects, yet has a particular mental faculty that is developed to an unusually high degree, as memory, mathematics, or music' (page 649).
63. Briggs, *Encyclopedia,* p. 93.
64. Blackman, p. 93.
65. *Ibid.,* 197-201.
66. John Rhys, *Celtic Folk-Lore, Welsh and Manx,* Vol I (Oxford, 1901), p. 667.
67. Briggs, *Encyclopedia,* pp. 194-5.
68. Spence, p. 233.
69. *Webster's Ninth New Collegiate Dictionary* (Springfield, Massachusetts, 1984).
70. Nyhan, pp. 197-99.
71. Katharine Briggs, *A Dictionary of British Folk-Tales in the English Language,* Vol. II (London, 1970-1) p.198.
72. Nyhan, pp. 136-139.
73. Hartland, p. 109.
74. Nyhan, pp. 3-5.
75. *Ibid.,* pp. 231-236.
76. *Ibid.,* pp. 255-58.
77. *Ibid.,* pp. 231-55.
78. *Ibid.,* pp. 39-63.
79. Briggs, *Encyclopedia,* pp. 44-5.
80. Wood-Martin, p.3.
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82. *Ibid.,* pp. 29-30.
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