

**Enabling the Great War: Ex-Servicemen, the Mixed Economy of Welfare and the Social Construction of Disability, 1899-1930.**

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**The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.**

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## List of Abbreviations

### Abbreviations Used in Text and Footnotes

BLESMA	British Limbless Ex-Servicemen's Association
<i>BLJ</i>	<i>British Legion Journal</i>
CGW	Comrades of the Great War
CMO	Chief Medical Officer
<i>COR</i>	<i>Charity Organisation Review</i>
COS	Charity Organisation Society
I.L.P	Independent Labour Party
KNRS	King's National Roll Scheme
LESMA	Limbless Ex-servicemen's Association
LWF	Lest We Forget
LWPC	Local War Pensions Committee
MoP	Ministry of Pensions
NADSS	National Association of Discharged Sailors and Soldiers
NFA	Not Forgotten Association
NFDSS	National Federation of Discharged and Demobilised Sailors and Soldiers
NRF	National Relief Fund
NUX	National Union of Ex-Servicemen
RAMC	Royal Army Medical Corps
SSFA	Soldiers' and Sailors' Family Association
SSHS	Soldiers' and Sailors' Help Society
TAC	Trade Advisory Committee
VAD	Voluntary Aid Detachment
<i>WPG</i>	<i>War Pensions Gazette</i>
YMCA	Young Men's Christian Association

## Abbreviations Used in Footnotes

BMA	British Medical Association
<i>BMJ</i>	<i>British Medical Journal</i>
C. /Cd. /Cmd.	Command Paper
IWM	Imperial War Museum
LGB	Local Government Board
MoL	Ministry of Labour
PRO	Public Records Office (The National Archives)
<i>RTL</i>	<i>Recalled to Life</i>
SSAFA	Soldiers', Sailors' and Airmen's Family Association

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## Abstract

Upwards of 750,000 British ex-servicemen returned home permanently disabled from the First World War. Dealing with the enormity of war time disability put great strain on medical and financial resources and forced the British government to reassess, and radically alter its responsibilities towards disability in Britain. The crisis of war highlighted existing inadequacies in care for the disabled. The war prompted not only changes in social policy, but in societal attitudes towards impairment as a whole.

This thesis will assess provisions for disabled ex-servicemen between the years 1899 and 1930. It will examine attitudes towards disability and argue that a social understanding of disability can be found earlier in British society than has been hitherto suggested. The state, charity and medicine recognized that disability was not just a medical condition, but a social issue. Far from being exclusionary and discriminatory, policies aimed at disabled ex-servicemen were sensitive to the economic and social barriers which persons with impairment faced. These barriers included: discrimination; inaccessible public buildings and transport; poor employment options; unrealistic expectations placed on disabled persons to 'overcome' their impairments; and poverty. Whilst not denying the very real hardships that some men faced, or indeed the failure of some policies, the thesis will posit that those who cared for disabled ex-servicemen, and disabled men themselves, held a more enlightened awareness towards disability than has been previously contended. Moreover, the state and charity discharged their responsibilities towards disabled men effectively. It is argued that disability issues during the years 1899 to 1930 are critically important for not only furthering an understanding of the war and its aftermath, but for the larger study of disability history. A closer understanding of impairment during these years prompts a reassessment of current disability theory.

# Introduction

## I

Upwards of 750,000 British ex-servicemen returned home permanently disabled from the First World War. Over 41,000 amongst this number lost one or more limbs through amputation. Young volunteer soldiers, the majority under 30 years of age, suffered agonizing injuries, painful operations, and long periods of convalescence. Their wounds were not only bewildering for the medical staff who provided their care, but for the people of Britain as well. As ambulance trains returned daily to military hospitals across England and Wales, there was a deep sense of sadness and of shock. The sheer number of men disabled in war, and the types of impairments incurred, were hitherto unprecedented.

Dealing with the enormity of war time disability placed a great strain on medical and financial resources and forced the British government to reassess and radically alter its responsibilities towards disability in Britain. The crisis of war highlighted existing inadequacies in care for the disabled. The war prompted not only changes in social policy, but in societal attitudes towards impairment as a whole.

In the near century since the war's conclusion, numerous historical accounts have investigated aspects of the war and its aftermath. Within the extensive historiography, trench warfare, military medicine, economic issues and social welfare dilemmas have all enjoyed considerable attention. The war is cited as an instigator for social change. Historians such as Arthur Marwick argue that wartime experiences crucially impacted on British society.<sup>1</sup> The ex-serviceman, too, has been the subject of investigation: the integration of ex-servicemen back into civilian life; the alienation experienced by returning soldiers; the formation of ex-servicemen's organizations; the evolution of ex-service politics and the relationship between ex-servicemen and the state have been the focus of historical debate. Yet the history of disabled ex-servicemen and how their return impacted upon perceptions of disability largely remains unwritten.

This thesis will assess provisions for, and the experiences of, disabled ex-servicemen between the years 1899 and 1930. It will examine attitudes towards

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<sup>1</sup> See A. Marwick, *War and Social Change in the Twentieth Century* (1974).

disability and argue that a social understanding of disability can be found earlier in British society than has been hitherto suggested. The state, charity and medicine recognized that disability was not just a medical condition, but a social issue. Far from being exclusionary and discriminatory, policies aimed at disabled ex-servicemen were sensitive to the economic and social barriers which persons with impairment faced. These barriers included: discrimination; inaccessible public buildings and transport; poor employment options; unrealistic expectations placed on disabled persons to 'overcome' their impairments and poverty. Whilst not denying the very real hardships that some men faced, or indeed the failure of some policies, the thesis will posit that those who cared for disabled ex-servicemen, and disabled men themselves, held a more enlightened awareness towards disability than has been previously contended. Moreover, the state and charity discharged their responsibilities towards disabled men effectively. It is argued that disability issues during the years 1899 to 1930 are critically important for not only furthering an understanding of the war and its aftermath, but for the larger study of disability history. A closer understanding of impairment during these years prompts a reassessment of current disability theory.

## II

Historians have identified the provision of healthcare in British history as a 'mixed economy of welfare.' The mixed economy of welfare is defined by Jane Lewis as a system 'in which the state, the voluntary sector, employers, the family and the market have played different parts at different points in time.'<sup>2</sup> Before the birth of the welfare state numerous bodies contributed to the health and welfare of vulnerable individuals in society; health care provision was never the responsibility of one specific body, but a mixture of private and state enterprise. This provision was provided formally, by local authorities, volunteer organizations and mutual aid societies, and informally, by families and local communities.

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<sup>2</sup> J. Lewis, 'The Voluntary Sector in the Mixed Economy of Welfare', in D. Gladstone ed. *Before Beveridge: Welfare Before the Welfare State* (1999), p.11.

As historians Jose Harris and Keith Laybourn have explained, the late nineteenth and early twentieth centuries were complex, pluralistic societies.<sup>3</sup> The Victorian and Edwardian eras were characterized by the liberal economy of laissez-faire. The value of 'self-help' espoused by Samuel Smiles was not just promulgated among charities and the state, but was also a feature of working class life through the formation of mutual aid societies and building clubs.<sup>4</sup> The state worked within this laissez-faire economy to tackle larger social ills. In the late nineteenth century the government gradually extended its social responsibilities.<sup>5</sup> Increased state intervention came in response to societal deficiencies with which the poor law and voluntary organizations could no longer cope. Poverty was the driving force. Chronic unemployment, social investigations which revealed the consequences of poverty, and increased medical knowledge regarding the causes of ill health prompted a gradual extension of governmental responsibility. Charity worked alongside the state to tackle the problems of poverty and its causes: namely sickness and unemployment. Fears over national efficiency in the early twentieth century also led to increased state intervention. The ill health of recruits who signed on for the South African War and the findings of the Royal Commission on Physical Deterioration in 1904 provided convincing evidence that 'the health of the state could no longer be dealt with by the resources of charity and local government alone.'<sup>6</sup>

State intervention reached its zenith between 1906 and 1914 with the Liberal Welfare Reforms. These reforms included the provision of school meals, school medical inspections, old age pensions and national insurance. However, as Jane Lewis rightly points out, there was no simple movement from individualism to collectivism during this period.<sup>7</sup> Jose Harris concurs. 'Britain in 1914 remained a society in which private, pluralistic and self-regulating relationships' featured greater in every day life over 'relationships determined by organs of central

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<sup>3</sup> K. Laybourn, *The Evolution of British Social Policy and the Welfare State* (Keele, 1995), p.184; J. Harris, *Private Lives, Public Spirit: A Social History of Britain, 1870-1914* (Oxford, 1993), pp.180-220.

<sup>4</sup> A.S. Thompson, *Imperial Britain: The Empire in British Politics, c.1880-1932* (Harlow, 2000), p.139.

<sup>5</sup> Laybourn, *The Evolution of British Social Policy and the Welfare State*, p.129.

<sup>6</sup> Harris, *Private Lives, Public Spirit*, p.206.

<sup>7</sup> Lewis, 'The Voluntary Sector in the Mixed Economy of Welfare', p.11.

government.’<sup>8</sup> Throughout this period charity and governmental roles often overlapped and the importance of charity continued. Although the state gained increasing dominance before and during the war years, charity work was not subsumed by centralized welfare; rather it continued its work both independently from, and co-operatively with, the state. They continued with their own private initiatives, but also acted ‘as state sub-contractors’, administering state funded programmes such as school meals.<sup>9</sup> As well, the state worked to assist charities by providing funding for voluntary health care institutions.

The Edwardian years were ones of transition which saw the state assume wider social responsibilities. However, the provision of welfare did not move linearly from a voluntary system to one that was state centralized. Rather welfare provision has been described as a ‘moving frontier’<sup>10</sup> in which volunteerism remained central, although its roles and responsibilities had changed. Disabled members of society were cared for within this mixed economy of welfare provision. Assistance came from poor law relief, local government, voluntary hospitals, dispensaries and local charities, as well as families, communities and parishes.

It was into this complex and pluralistic system of care that disabled ex-servicemen entered. Charities worked independently from the state, providing everything from private convalescent homes and small scale employment schemes, to funds which raised money for new prosthetics and medical care. Charities also financially assisted men who were unpensionable, or whose pensions did not adequately cover the cost of living. At times, independent charitable schemes competed with state initiatives. For example, charities and the state both established covered workshops which vied to train men for employment. Wealthy philanthropists founded farm colonies in direct competition to those established by the Ministry of Agriculture.

Importantly, charities and the state also co-operated. As the war progressed it became increasingly obvious that the decentralized charitable care characteristic of the Edwardian years could not cope with the problem of war disability alone. Large

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<sup>8</sup> Harris, *Private Lives, Public Spirit*, p.220.

<sup>9</sup> Laybourn, *The Evolution of British Social Policy and the Welfare State*, p.159.

<sup>10</sup> G. Finlayson, ‘A Moving Frontier: Voluntarism and the State in British Social Welfare’, *Twentieth Century British History*, No.1 (1990), pp.183-5. See also, J.R. Hay, *The Origins of Liberal Welfare Reforms, 1906-1914* (Basingstoke, 1983), pp.25-38.

scale efforts were needed, and these efforts necessarily required some level of state assistance. The war years witnessed well co-coordinated collaboration between charity and the state. Soon, state involvement took precedence. Whilst this dominance was not initially intended, it became a necessity. It is within the remit of this thesis to examine this complex co-operation and competition between state and charity. It will examine the difference between state welfare and private philanthropy as well as the range of provision which emerged to care for disabled men.

The concept of the 'mixed economy of welfare' is also expanded here to encompass other groups. Further to voluntary activity and the state, the thesis will assess the attitudes and policies of doctors and other medical staff, limb fitters and ex-service organizations. Each of these groups provided a range of medical, financial, and emotional care. Often their work overlapped. For the most part, their care ran concurrently. An ex-serviceman might convalesce in a charitable home, whilst training in a state run employment scheme, and learning to use a limb partially paid for by an ex-service organization. His pension would be paid by the state, but his family may have received support from public donations. Whilst the thesis will examine the work of each of the above groups individually, it is important to note that often disabled ex-servicemen were recipients of care from different facets of the mixed economy of welfare at the same time, and that these groups both co-operated and competed with one another.

This thesis will assess the care provided by these groups and examine the emerging professional and commercial interests which competed not only to care for disabled men, but for their money. Makers of prosthetic appliances took advantage of the new business which the war provided. Limb fitters vied not only for lucrative state contracts to provide governmentally issued prosthetics, but appealed to disabled men through promises of returning them to 'normal'. Ex-service organizations, charities and the state all competed to train and employ disabled men and strove to secure donations and continued public interest. Importantly, this thesis will examine how these groups demonstrated an understanding of disability as a condition beyond just a medical problem. A social understanding of disability was evident among these different groups. At times, this social understanding was at odds with traditional beliefs surrounding impairment and with the commercial and professional interests in disability itself. However, as will be shown, a social

understanding was indeed present and played an important role in policies and programmes aimed at disabled men.

### III

Disability has been prominent throughout history. Poverty; birth defects; childhood disease; poor nutrition; poor sanitation; employment related accidents; military service and old age were among the numerous lifetime risks that made one susceptible to impairment and chronic ill health. Disability itself has carried with it myriad connotations. The disabled have been feared, loathed, and admired; disability is a frequent theme in religion and moral tales. Persons with disability have been associated with poverty, mendicancy and even the devil. Attitudes towards the body and bodily difference are complex.

Disability and attitudes towards bodily difference are useful for understanding a wide range of subjects: welfare and social policy, the development of medicine, societal perception, and charitable giving. How a society treats persons with impairments is revealing for the historian. It has only been until very recently, however, that a social historiography of persons with disabilities has begun to emerge.

Traditionally, histories of impairment largely focused on technical rehabilitative and medical developments which examined surgical advances, orthopaedic inventions and biographical accounts of prominent surgeons and patients. The first full length medical histories began appearing immediately after the war. Studies include H. Thomas' *Help for Wounded Heroes* (1922); Frederick Watson's *Civilization and the Cripple* (1930) and *The Life of Sir Robert Jones* (1934); Frederick Cartwright's *The Development of Modern Surgery* (1968); E.M. MacDonald's *World-Wide Conquest of Disabilities: The History, Development and Present Functions of the Remedial Services* (1981); John Laffin's, *Combat Surgeons* (1999) and Leslie Klenerman's *The Evolution of Orthopaedic Surgery* (2002). As can be surmised from their titles, these studies concern themselves with medical progress and advancement, as well as the abilities of famous surgeons. They make little attempt to examine the social and cultural impact of disability or its related

medical advances. As historian Roger Cooter has noted, an enthusiasm for medical progress has ‘traditionally overshadowed’ other issues surrounding disability.<sup>11</sup>

More relevant to this particular study are historians who have examined the social and cultural significance of medicine as a whole. Important social histories of medicine which have incorporated disability within their wider research include Roger Cooter’s *Surgery and Society in Peace and War: Orthopaedics and the Organization of Modern Medicine, 1880-1948* (1993); Joan Lane’s *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950* (2001) and Roger Cooter and John Pickstone’s edited collection *Medicine in the Twentieth Century* (2000). Whilst too numerous to list here, the extensive medical historiography is useful for a wide overview of medical practices and perceptions. However, the remit of the social history of medicine is too broad to provide considerable attention to disabled persons. Moreover, it tends to focus on the perceptions of the medical community with little discussion of patient response.

The first full length social study of historical aspects of disability was published in 1948. J.R. Hanks’ and L.M. Hanks’ ‘The Physically Handicapped in Certain Non-Occidental Societies’ surveyed how Eastern societies reacted to disabled members of their community and concluded that responses to impairment were culturally produced through the complex interaction ‘between the mode of production and the central values of the society concerned.’<sup>12</sup> The first significant study of western disability history was Henri Stiker’s *A History of Disability* (1983). An ambitious examination of disability from antiquity to the present, Stiker explores ways in which various societies have both segregated and integrated disabled populations.<sup>13</sup> Stiker was followed by the first British investigation in 1984, Deborah Stone’s *The Disabled State*. In her groundbreaking work, Stone examines governmental policies and welfare decisions that have impinged upon the disabled in Britain since the eighteenth century. Stone contends that disability is a judicial and administrative construct of state policy; disability cannot exist unless recognized and legislated by the state. The government determines who is disabled and what type of compensation they will receive. Her thesis is based upon the historical

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<sup>11</sup> R. Cooter, *Surgery and Society in Peace and War* (1994), p.110.

<sup>12</sup> J.R. Hanks and L.M. Hanks, ‘The Physically Handicapped in Certain Non-Occidental Societies’, *Journal of Social Issues*, Vol.4-5 (1948-9), p.13.

<sup>13</sup> H. Stiker, *A History of Disability* (1983), pp.47-59.



existence of dual ‘distributive systems.’ The first of these systems involves those who can economically support themselves and contribute to society. The second include those who cannot maintain self-sufficiency. From this dualism a basic ‘redistributive dilemma’ arises; ‘the predicament for the state is how to normalize the tensions between these two systems based on work and need’. This she defines as ‘the fundamental distributive model.’<sup>14</sup> Thus, social policy grapples with how to both define and deal with those who cannot maintain themselves within the capitalist economic system.

Stone’s argument, that disability is economically defined and valued, has provided a fundamental building block for two later studies, Helen Bolderson’s *Social Security, Disability and Rehabilitation: Conflicts in the Development of Social Policy, 1914-1946* (1991) and Anne Borsay’s *Disability and Social Policy in Britain: A History of Exclusion* (2005). Like Stone, Bolderson contends that a ‘discriminating function’ is central to social policy, and that institutionalized discrimination exists towards the disabled. This discrimination has developed over time into current policies such as means testing.<sup>15</sup> Borsay examines social policies which, she argues, have ‘created and sustained the discrimination that continues to make disabled people excluded citizens.’ She further posits that the disabled were, and indeed continue to be, excluded from full citizenship because of their marginality to the labour market. Stone, Bolderson and Borsay all argue that the marginalization of disabled persons began with the commencement of the Industrial Revolution when economic productivity became prioritized. The disabled were now viewed as members of the ‘surplus population’ incapable of self-sufficiency or economic production.<sup>16</sup>

Whilst important, these studies tend to reduce impairment to the limited domain of state social policy. Indeed, Stone has been accused of encouraging ‘a beggared history of disability’ and of over generalizing the experience of disability

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<sup>14</sup> D. Stone, *The Disabled State* (1984), p.17.

<sup>15</sup> H. Bolderson, *Social Security, Disability and Rehabilitation: Conflicts in the Development of Social Policy, 1914-1946* (1991), p.2.

<sup>16</sup> A. Borsay, *Disability and Social Policy since 1750: A History of Exclusion* (Basingstoke, 2005), p.1.

in history as one of poverty and exclusion.<sup>17</sup> Disabled persons, whilst fundamentally affected by the state system in which they lived cannot be understood through social policy alone. What is more, to cite the Industrial Revolution as the beginning of discrimination is to simplify the experience of persons with disability. Surely discrimination existed before the onset of industrialization, and most certainly disabled persons continued to be valued and cared for by their families and communities long after the industrial process began.

In the decade between Stone and Borsay, very little disability historiography developed in Britain. In 1992, Pamela Humphries and Steve Gordon conducted the first oral history of disabled persons in England. *Out of Sight: The Experience of Disability, 1900-1950*, offers an excellent portrayal of disabled children in the early twentieth century through extensive interviews. The source material is impressive, and has proved useful for future studies including Borsay's *Disability and Social Policy*. Gordon and Humphries study was followed in 1998 by another social examination, Henry Covey's *Social Perceptions of People with Disabilities in History*. Covey contends that that the institutionalization of people with disabilities has only worked to heighten the mystery and stigma that surround disability and thus perpetuates stereotypes.<sup>18</sup>

Aside from the few scattered studies conducted by historians, the examination of British disability history has largely been the preserve of Disability Studies. Disability Studies developed alongside the disability rights movement and has its roots in the social activism of the 1970s and 1980s. In the late 1980s it became a serious avenue of academic inquiry within sociology and social policy research. It, too, looks to the rise of industrial society in its search for explanations behind conceptualizations of impairment. Key texts within this school which take an historical approach include those authored by three of the most prominent disability academics in Britain: Colin Barnes, Mike Oliver and Len Barton. Together, and individually, these sociologists have produced numerous, influential texts including: 'Theories of Disability and the Origins of Oppression of Disabled People in Western Society' (1996); *Disability Studies: Past, Present and Future* (1997); *Disabled*

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<sup>17</sup> B. Gleeson, 'Disability Studies: A Historical Materialist View', *Disability and Society*, Vol.12, No.2 (1997), p.191.

<sup>18</sup> H.C. Covey, *Social Perceptions of People with Disabilities in History* (Springfield, 1998), p.3.

*People and Social Policy: From Exclusion to Inclusion* (1998) and 'A Legacy of Oppression: A History of Disability in Western Culture' (2002).<sup>19</sup>

Academics in disability studies also contend that increased industrialization and an emphasis on faster, more efficient economic production excluded many disabled citizens from the labour market. With this emphasis on efficiency and production, came the quest to 'fix' those who were not economically viable and turn them into productive workers. Those who could not be cured were placed in institutions where they would no longer be an economic or social burden on their families and communities. The growth of institutional care, developments in specialist medicine and contemporary body ideals, all have roots in the eighteenth century. Thus, industrialization and the birth of the modern world has become a focal point for disability academics within social policy and welfare. As Barnes and Oliver argue:

The growing importance of economic rationality, individualism, and medical science during this period contributed to and compounded ancient fears and prejudices concerning perceived impairments and provided intellectual legitimacy for relatively more extreme discriminatory policies and practices: notably the systematic removal of disabled people from the mainstream of economic and social life.<sup>20</sup>

The rationalization of society and medicine is argued as legitimizing existing stigma.

Disability studies further posit that disability was 'medicalised' beginning in the nineteenth century. 'Medicalisation' refers to the process whereby disability was increasingly viewed as a medical, pathological condition which needed to be rationalized and cured. In previous historical periods disability was imbued with superstition and religious connotations. A disabling illness may have been seen as punishment for past sins, the birth of a disabled child as a curse or bad omen.<sup>21</sup> Yet

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<sup>19</sup> C. Barnes, M. Oliver and L. Barton, *Disability Studies Today* (Cambridge, 2002); C. Barnes, 'A Legacy of Oppression: A History of Disability in Western Culture', in L. Barton and M. Oliver eds. *Disability Studies: Past, Present and Future* (Leeds, 1997), pp.4-24; C. Barnes, 'Theories of Disability and the Origins of Oppression of Disabled People in Western Society,' in L. Barton ed. *Disability and Society: Emerging Issues and Insights* (1996), pp.1-21; C. Barnes, and M. Oliver, *Disabled People and Social Policy: From Exclusion to Inclusion* (Edinburgh, 1998).

<sup>20</sup> Barnes, Oliver and Barton, *Disability Studies Today*, p.35.

<sup>21</sup> Few substantive investigations on perceptions of disability in earlier historical periods exist. Two important studies are: R. Garland, 'The Eye of the Beholder: Deformity and Disability in the Graeco-Roman World', *The Journal of Hellenic Studies*, Vol.116 (1996), pp.225-226 and I. Metzler,

modern scientific knowledge began to define disability in clinical terms. The view of disabled persons as 'sick' developed alongside industrialization and gained full acceptance in the Victorian era with the rise of the institution and the growth of specialist medicine.<sup>22</sup> The disabled, especially children, were sought out and diagnosed. Height, weight, eyesight and other bodily functions were assessed according to an ideal scale of development. Those whose bodies did not measure up to this ideal were diagnosed as having some form of impairment in need of treatment. It is argued that disability was, and still is, constructed as a medical condition. It is viewed as abnormal, as tragic, and as a pathology that needs to be cured or fixed. One who is hearing impaired, missing limbs or living with any other form of impairment is immediately 'othered'; their condition is considered wrong and abnormal.

The medicalisation of disability 'assumes that pathological physical conditions are the primary obstacle to disabled peoples' social integration.' It renders disability 'the exclusive and inevitable' consequence of physical impairments.<sup>23</sup> What is more, when disability is individualized as a medical condition there is great onus on the disabled person to overcome their impairments; living as disabled is simply not acceptable and to do so is a form of failure. The wish to 'cure' imperfections, it is argued, does not promote social integration and acceptance, but only further segregates the disabled from the rest of society by emphasizing their differences and identifying the disabled as 'sub-human.' As well, medicalisation not only emphasizes perceived notions of physical perfection, but also succeeds in perpetuating the social and moral stigmas that surround disability.<sup>24</sup> Disabled persons are not seen as people, but are only identified through their impairments. As long as disability continues to be medicalised, disabled people will

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*Disability in Medieval Europe: Thinking About Physical Impairment During the High Middle Ages, c. 1100-1400* (New York, 2006).

<sup>22</sup> See M. Oliver, *The Politics of Disablement* (1984), p.51.

<sup>23</sup> P.K. Longmore, *Why I Burned my Book and Other Essays on Disability* (Philadelphia, 2003), p.1; D.T. Mitchell and S.L. Snyder, 'Disability Studies and the Double Bind of Representation', in D.T. Mitchell and S.L. Snyder eds. *The Body and Physical Difference: Discourses of Disability* (Ann Arbor, 1997), pp.3-5.

<sup>24</sup> See for example, P.K. Longmore, 'Uncovering the Hidden History of Disabled People', *Reviews in American History* (September 1987), p.355; J.C. Wilson and C. Lewiecki Wilson, *Embodied Rhetorics: Disability in Language and Culture* (Southern Illinois, 2001), pp.1-24.

never be fully integrated, or accepted, into society as ‘institutionalized discrimination’ dominates.<sup>25</sup> Disabled people are viewed as dependent citizens who cannot function in wider society without medical intervention. If this is not possible, then the disabled are to be placed in specialist care. The medicalisation of disability has been defined in sociological circles as ‘the medical model.’

In response to the overriding view of disability as a medical condition, which is presented as a pernicious, deeply embedded misconception in existence since the eighteenth century, disability academics have developed the ‘social model.’ The social model developed alongside the disability rights movement dating from the mid-1980s.<sup>26</sup> It posits that problems encountered by disabled people are the result of societal discrimination and social barriers, not by the limitations of their own bodies. Common practices and inequality are disabling, not physical impairments. Thus inaccessible transport, segregated schooling, lack of employment opportunities and overriding prejudice are all cited as ‘disabling’ people with impairments and creating a climate of exclusion. It further contends that exclusionary social structures which exist today are rooted in the industrialization process and the medicalisation of disability in the eighteenth and nineteenth centuries. Within this model, capitalism and medicine are the central protagonists ‘in the long assault on the dignity of disabled people.’<sup>27</sup> Disability therefore is a ‘historical product of capitalist social relations rather than an outcome of physical or mental impairment.’<sup>28</sup> Disability is not defined by medical conditions, but by oppression.

Whilst revealing and informative, these studies do not comprise of detailed historical research. To cite the Industrial Revolution as the beginning of current discriminatory policies is an overgeneralization. Sociologists place the Industrial Revolution as starting anywhere between the seventeenth and nineteenth centuries,<sup>29</sup>

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<sup>25</sup> B. Gleeson, *Geographies of Disability* (1999), p.59.

<sup>26</sup> C.J. Kudlick, ‘Disability History: Why We Need Another “Other”,’ *The American Historical Review*, Vol.108, no.3 (2003) <http://0-www.historycooperative.org.wam.leeds.ac.uk:80/journals/ahr108.3/kudlick.html>, p.1. Accessed 18 January 2006.

<sup>27</sup> K. Patterson and B. Hughes, ‘Disabled Bodies’, in P. Hancock ed. *The Body, Culture and Society: An Introduction* (Buckingham, 2002), p.30.

<sup>28</sup> *Ibid.*, p.36.

<sup>29</sup> See for example, V. Finkelstein, ‘Whose History???’ (Unpublished conference paper, 10 June 2002), p.1.

and disability is never placed within its historical context. True, the late eighteenth century is often characterized by rationalization and this rationalization extended to medicine and the body. Moreover, philosophers such as Jeremy Bentham were strongly influential in creating institutional systems which significantly impacted upon the care and treatment of prisoners, the poor, and the disabled. The growth and specialization of modern medicine too, began identifying and treating impairments and illnesses that had previously been undiagnosed or even unrecognized as medical conditions.

However, these studies are quite often historically inaccurate, blurring centuries and events into one sweeping history of oppression and exclusion without any in depth investigation of historical context. Moreover, it distorts history and imposes disabled peoples' recent experiences on to past societies. Central arguments within disability studies are also political in nature. They contain a disability rights agenda; their objective is to increase awareness in disability rights and to further the cause of people with disabilities. Their work is of considerable importance; however disciplined historical studies are needed to not only fully appreciate the past, but to critically inform future rights movements.

Seminal texts in disability studies, both in Britain and America, have been a key influence in an emerging new field of historical enquiry: the New Disability History. Developing alongside the American disability rights movement in the late 1980's, but only really taking hold at the turn of the century; the New Disability History has just begun to gain a foothold in British academic circles. The New Disability History is an important development. It seeks to bring disability into the historical cannon and to make disability more accessible to scholars in the arts. Significantly, it focuses on the social aspects of living with disability. Prominent academic studies which have emerged in the New Disability History school include P.K. Longmore's early essay 'Uncovering the Hidden History of People with Disabilities' (1987); Longmore and Lauri Umansky's, *The New Disability History: American Perspectives* (2001); P.K. Longmore's *Why I Burned My Book and Other Essays on Disability* (2003); C.J. Kudlick's, 'Disability History: Why We Need Another "Other"' (2003) David Serlin and Teresa Meade's *Disability in History* (2006) and David Turner and Kevin Stagg's *Social Histories of Disability and Deformity* (2006). Highly influenced by, and often working alongside disability

studies, the New Disability History contends that the history of disabled persons is one of oppression, segregation and stigma.

As well as suffering exclusion throughout history, these historians argue that disabled persons continue to be excluded from mainstream historiography. Catherine Kudlick was one of the first to question why disability has been excluded from historiography, as ‘in terms of raw numbers and lived experience, it occupies a place comparable to gender and race in defining the human condition.’<sup>30</sup> The New Disability History concerns itself with why disability is absent from historical studies as much as it is interested in the place of disabled persons in history itself. One key theory presented as to why this exclusion continues, is that many historians have simply not considered disability as a topic in the field of humanities.<sup>31</sup> Disability has traditionally been viewed as the domain of medicine, social policy and rehabilitation. Another possible reason put forth is ‘a perceived paucity of primary sources’.<sup>32</sup> Very few disabled people have left behind primary evidence of their lived experiences. Historically speaking, most disabled people were poor and did not have the ability to write their life stories; a lack of resources can appear daunting. However Elizabeth Bredburg and P.K. Longmore have both produced theoretical studies to aid historians in uncovering primary material.<sup>33</sup> Amanda Bergen’s recent PhD thesis on the disabled poor in Yorkshire has further demonstrated that institutional and official sources provide a wealth of material and can be utilized to uncover the ‘hidden history’ of disabled persons, as official material quite often includes personal testimonies.<sup>34</sup> A third possibility, as presented by Longmore and Umansky, is fear: perhaps historians subconsciously exclude the

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<sup>30</sup> Kudlick, ‘Why We Need Another “Other”’, p.7. See also, Longmore, *Why I Burned My Book and Other Essays on Disability*, p.56.

<sup>31</sup> P.K. Longmore and L. Umansky, *The New Disability History: American Perspectives* (New York, 2001), p.1; A. Borsay, ‘History, Power and Identity’, in C. Barnes, M. Oliver and L. Barton eds. *Disability Studies Today* (Cambridge, 2002), p.101.

<sup>32</sup> E. Bredburg, ‘Writing Disability History: Problems, Perspectives and Sources’, *Disability and Society*, Vol.14, No.2 (1999), p.194; Longmore and Umansky, *The New Disability History*, p.313.

<sup>33</sup> *Ibid.*

<sup>34</sup> A.N. Bergen, ‘The Blind, the Deaf and the Halt: Physical Disability, the Poor Law and Charity c. 1830-1890, with Particular Reference to the County of Yorkshire’ (Unpublished PhD thesis, University of Leeds, 2004).

‘abnormal’ from history.<sup>35</sup> The stigma surrounding impairment is so pervasive that disabled persons are not only excluded from society, but from historical inquiry. Whatever the reasons, disability history still remains largely unexplored. As of yet, only one central argument presents itself: that the medicalisation of disability and the oppression of disabled persons began with systematic enthusiasm at the birth of the modern age.

Thus far, little consideration has been given to the possibility that policies put in place for the disabled may actually have been positive or effective. Moreover, existing studies go little beyond motives of medicalisation or rationalization in their explanations of the treatment of disability. It is the remit of this thesis to reassess the perceived medicalisation of disability and to test the current, overriding perspective inherent both within the new disability history and sociological studies. Through the examination of disabled Great War ex-servicemen, it will demonstrate that those responsible for ex-servicemen’s care in early twentieth century Britain recognized disability as a social problem. Whilst a medical construction of disability existed, it was superseded by an overall understanding of the needs of the disabled, and the barriers disabled people encountered. Far from being simply exclusionary, oppressive and prejudicial, the treatment of disabled ex-servicemen was more complex, enlightened, and sensitive, than has been previously credited.

#### IV

Running parallel to the New Disability History is an increased interest in disabled ex-servicemen. For a decade or so, the history of disabled ex-servicemen and the new history have co-existed yet rarely informed one another. Apart from D.A. Gerber’s *Disabled Veterans in History* (2000), ex-servicemen have been excluded from the new historiography. Moreover, the historiography of war disability has yet to consider perspectives from the New Disability History.

Beginning in the early 1990s, historians began investigating programmes put in place for disabled ex-servicemen in Britain. Helen Bolderson’s, *Social Security, Disability and Rehabilitation: Conflicts in the Development of Social Policy, 1914-1946* (1991) and Ena Elsey’s unpublished PhD thesis, ‘The Rehabilitation and Employment of Disabled Ex-Servicemen After the Two World Wars’ (1994) were

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<sup>35</sup> Longmore and Umansky. *The New Disability History*, pp.6-7.



the first to appear. Both studies argued that policies put in place during the Second World War, and the emergence of the welfare state, were superior to any programmes resulting from the Great War. In 1994, Seth Koven's 'Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain' examined the impact of war disability on masculinity. In 1996, Joanna Bourke's *Dismembering the Male: Men's Bodies, Britain and the Great War* explored the impact of the war on the male body and how war time experiences shifted concepts of masculinity in British society before, during and after the war.

These studies were followed by Jeffrey Reznick's 'Work Therapy and the Disabled British Soldier in Great Britain in the First World War: The Case of Shepherd's Bush Military Hospital in London' (2000), and Deborah Cohen's 'The Will to Work: Disabled Ex-servicemen in Britain and Germany after the First World War' (2000). The ideologies of work and masculine bodily perfection are key themes in both chapters.<sup>36</sup> The next study did not appear until 2002 with Helen Bettinson's unpublished thesis 'Lost Souls in the House of Restoration?: British Ex-Servicemen and War Disability Pensions, 1914-1930' which highlights key tensions inherent in post-war social policy and the beginning of the welfare state. The most recent publications concerning disabled ex-servicemen are Deborah Cohen's *The War Come Home Disabled Ex-servicemen in Britain and Germany 1914-1939* (2001), and Jeffrey Reznick's *Healing the Nation: Soldiers and the Culture of Caregiving in Britain During the Great War* (2004). Whilst Cohen provides a comparative analysis of social policy and charity in Britain and Germany, Reznick focuses on the 'culture of caregiving' and how assisting disabled men helped the public make sense of the war. Wendy Gagen's unpublished PhD thesis 'Disabling Masculinity: Ex-Servicemen, Disability and Gender Identity, 1914-1930' (2004), has examined issues of gender and masculinity, with specific reference to facial disfigurements and mental disabilities.

These historians have argued that Britain failed in its responsibilities towards ex-servicemen and that policies put in place for their rehabilitation, and re-

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<sup>36</sup> J.S. Reznick, 'Work Therapy and the Disabled British Soldier in Great Britain in the First World War: The Case of Shepherd's Bush Military Hospital in London', in D.A. Gerber ed. *Disabled Ex-servicemen in History* (Ann Arbor, 1997), pp.267-97; D. Cohen, 'The Will to Work: Disabled Ex-servicemen in Britain and Germany after the First World War', in Gerber ed. *Disabled Ex-servicemen in History*, pp.297-319.

integration into society were ineffective. Bourke and Koven contend that contemporary attitudes towards masculinity cast disabled men in the role of helpless children, and that programmes aimed at their rehabilitation compromised their roles as males in society. Furthermore, the pressure to behave ‘manfully’ and heroically towards one’s disabilities undermined and alienated ex-servicemen.<sup>37</sup> Cohen posits that the evolution of the voluntary system in Britain was a failure. Cohen’s argument rests on a central paradox: the German state provided for its ex-servicemen, whilst British men relied on charitable handouts; yet it was German ex-servicemen who rebelled against the government, not the other way round.<sup>38</sup> Both Cohen and Reznick further condemn ex-servicemen’s reliance on charity, contending that the state should have discharged its responsibilities more effectively and that charities were often little more than liberal middle class agents of social control.<sup>39</sup>

As of yet, the historiography of disabled ex-servicemen is scattered and limited in scope. Isolated studies exist which examine different aspect of disabled men’s care: employment, pensions, and rehabilitation, yet they rarely engage with one another. This study will investigate all aspects of disabled men’s care. Importantly as well, no study has of yet examined the war’s overall impact on perceptions and treatment of disability. Disabled ex-servicemen have been key subjects in furthering an understanding of gender and class, but no rounded, critical study on disability itself has yet emerged. This study aims to broaden the scope of not only disability history, but the history of the war.

This thesis contends that programmes put in place for disabled men were more effective and significant than has been previously suggested. There is a good deal of evidence which suggests that numerous men benefited from employment programmes, pension reforms and rehabilitative advances. Importantly, evidence

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<sup>37</sup> S. Koven, ‘Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain’, *American Historical Review*, Vol.99, No.4 (October 1994), pp.1167-1202.

<sup>38</sup> D. Cohen, *The War Come Home Disabled Ex-servicemen in Britain and Germany 1914-1939* (Berkeley, 2001), p.11. For more on disabled German ex-servicemen see H. R. Perry, ‘Re-Arming the Disabled Ex-serviceman: Artificially Re-Building State and Society in World War One Germany’, in K. Ott, D. Serlin and S. Mihm eds. *Artificial Parts, Practical Lives: Modern Histories of Prosthetics* (New York, 2002), pp.75-102; and R.W. Whalen, *Bitter Wounds: German Victims of the Great War, 1914-1939* (New York, 1984).

<sup>39</sup> Cohen, *The War Come Home*, p.119.

suggests that state, charity, medicine and ex-service organizations demonstrated a social awareness of disability and an understanding of the social barriers facing the disabled in society. Programmes and policies implemented for disabled men worked to change attitudes and to highlight tensions regarding the responsibilities of the government and the rights of the disabled ex-servicemen.

## V

This thesis will examine all facets of society responsible for disabled ex-servicemen: doctors, limb fitters, government, charity, philanthropy and ex-service organizations. It will also discuss the experiences of disabled men's themselves and how they perceived their own disabilities. The thesis is divided into three sections.

Section one, 'Disability before the War', is divided into two chapters. Chapter one examines the demographics of disability in the years immediately preceding the war and the situation of disabled ex-servicemen returning from various colonial outposts between 1899 and 1914. It explains how, even before the Great War, a social understanding of disability was in existence, and evaluates contemporary attitudes and policies aimed at the disabled population on the eve of the war. Chapter two explores the immediate impact of disabling injuries as experienced on the Western Front. It also assesses the initial reactions of the state, charity and medical community, and how those involved coped with the extent of war time disabilities. The chapter argues that any medicalisation of disability which occurred during these years was more in response to the unique crisis of the war, rather than any overriding pre-conceptions regarding impairment. It also contends that the state and charity responded with effectiveness to the crisis of war disablement and dramatically altered their responsibilities to suit the current situation. It posits that initial response to disability has been treated rather harshly, and it was the men themselves, who above all, stigmatized impairment.

Section two, 'Disabled Ex-Servicemen and the Mixed Economy of Welfare' is divided into four chapters. Chapter three discusses the production of prosthetic technologies and the ideologies of limb manufacturers responsible for men's rehabilitation. It looks at how the commercial interests of limb manufacturers impacted on perceptions of disability. Chapter four examines employment. It shows how state employment programmes were sensitive to the social and economic barriers disabled men faced in the workplace. In demonstrating the effectiveness of

employment schemes, it will also discuss the King's National Roll Scheme, a hitherto since neglected, but highly significant moment in employment for disabled persons. Pensions are the subject of chapter five. This chapter contends that far from being exclusionary and discriminating, state pension policy was actually inclusive in its motivations, and that disability pensions were significant both in scale and effort. The final chapter of this section, chapter six, analyses the role of charity and philanthropy. It argues that charities were more than mere agents of social control and that prominent charities such as the Charity Organization Society worked to remove barriers of discrimination and prejudice surrounding disability.

Section three, 'Experiences of Disability', is divided into two final chapters. Chapter seven explores ex-service organizations with specific reference to the Royal British Legion and the Limbless Ex-Servicemen's Association (LESMA) and argues that an emergent disability rights movement can be found at work in these groups. It contends that far from being passive, disabled ex-servicemen took an active interest in their own welfare and formed a 'disabled community', long before early disability rights movements were thought to emerge after 1945. Chapter eight examines autobiographies and memoirs bequeathed by disabled ex-servicemen. Through the utilization of autobiographies it will consider the lived experience of disability and disabled men's responses to the care they received under the mixed economy of welfare. It will reveal how a paradox is inherent in these writings: the authors both perpetuated widely held conceptions of the disabled, yet at the same time sought to educate readers and break down the barriers which disabled people faced. It will also demonstrate how these men, through both their writing and their actions, involved themselves in disability politics and activism, and reached out to their disabled reading audience.

With regards to parameters, this thesis will focus on soldiers only. The majority of combatants were in the Regular Army and the Territorials: 5.2 million men served on the ground versus 600,000 in the Royal Navy and 300,000 in the Air force.<sup>40</sup> Soldiers comprised the majority of the disabled ex-service population. Although disabled ex-servicemen served in the Army, very little mention of the Army is made throughout. This is because the armed forces held minimal responsibility for men once they were discharged. Whilst no chapter is dedicated to

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<sup>40</sup> Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (1996), p.28.

the Army specifically, it will be discussed with regard to military hospitals and pensions in different chapters. Often the army will be examined in conjunction with the state. The thesis will also concern itself with physical disabilities only, specifically amputations and chronic disease that resulted from trench conditions and battlefield injuries. Mental disabilities have received considerable attention already.<sup>41</sup> What is more, perceptions surrounding illnesses such as shell shock are significantly different enough to warrant a separate investigation. One further point: Irish and Scottish ex-servicemen have been omitted from this study as provisions for these men varied from those made for their other UK counterparts.<sup>42</sup> The thesis will examine the situation of ex-servicemen in England and Wales.

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<sup>41</sup> The most recent study is P. Barham's *Forgotten Lunatics of the Great War* (2004).

<sup>42</sup> For an examination of provisions for Scottish ex-servicemen see L. Leneman, *Fit for Heroes?: Land Settlement in Scotland after World War I* (1989).

## Chapter One – Physical Disability and Ex-Servicemen, 1899-1914

### Introduction

The fifteen years preceding the war witnessed fundamental changes in the care and treatment of the physically disabled. The health of army recruits, fears over national degeneration, the growth of the school medical movement, and advances in orthopaedics, all contributed to a heightened awareness of impairment and brought disability into the public arena. Whilst disabled children were the main focus of the late Victorian and Edwardian mixed economy of welfare, sick and disabled ex-servicemen also received considerable attention. Welfare developments and medical advances, as well as changing perceptions towards disability, impacted significantly upon returning soldiers.

Advancements in orthopaedics and the School Medical Movement led to an unprecedented involvement in the health and welfare of disabled children. Thus, disability historiography for the Edwardian era largely centres on children. Studies such as Anne Borsay's 'History, Power and Identity', in *Disability Studies Today* (2002) and her book *Disability and Social Policy in Britain Since 1750: A History of Exclusion* (2005), examine institutionalization, segregation, and the increased medical intervention which people with impairments, specifically children, experienced during these years. Steve Humphries and Pamela Gordon's oral history *Out of Sight: The Experience of Disability from 1900-1950* also debates the viability of the institution and whether increased medical intervention in the lives of disabled children was beneficial. Further studies of note which examine the child's health movement include Jane Lewis' *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (1980), and Deborah Dwork's, *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898-1918* (1986). Both discuss disease and impairment within the wider examination of increased medical and state intervention into the lives of poor and working class families.

The historiography on child health is substantial. However, there is a dearth of literature surrounding that of the Edwardian disabled ex-serviceman. Social histories such as M. Howard's *Soldiers and Governments: Nine Studies in Civil-*

*Military Relations* (1957); A.R. Skelly's, *The Victorian Army at Home: The Recruitment and Terms and Conditions of the British Regular, 1859-1899* (1977); and E. Spiers' *The Army and Society, 1815-1914* (1980) and *The Late Victorian Army 1868-1902* (1992), all provide valuable insights into the conditions men faced upon their return to civilian society and their relationship with the army and the government. More recently, medical historians have begun to examine the specific medical and surgical problems which both the army and ex-servicemen encountered. W. Anderson's 'Immunities of Empire: Race, Disease and the New Tropical Medicine, 1900-1920' (1996) and P.D. Curtain's *Disease and Empire: The Health of European Troops in the Conquest of Africa* (1998) explore how the army dealt with soldier health and hygiene abroad, and the long term health impacts of tropical and chronic diseases on returning ex-servicemen.

This chapter examines the situation of physically disabled ex-servicemen in the years preceding 1914 with specific reference to those who fought in the South African War (1899-1902). It will place the disabled Edwardian ex-servicemen in the context of contemporary social and health care reforms by first examining the composition of the disabled population in Britain, as well as traditional conceptions of disability. It will then examine changes which occurred in social policy, medicine and societal awareness which impacted on ex-servicemen specifically. The chapter will assess pension reform, changes in public attitude and awareness, the work of ex-service organizations and medical advances encapsulated in institutional care.

Social historians of disability and disability academics posit that the Edwardian years were grim, exclusionary and discriminatory. The rise of institutional care and the segregation of the disabled population into institutions have been cited as creating a 'dark age of disability', in which the impairment was viewed entirely as a medical condition that had to be fixed and cured.<sup>1</sup> However, whilst deeply entrenched notions surrounding disability and poverty influenced the care and treatment of the disabled, significantly, both state and charity began viewing disability as a social problem in need of long term solutions. Returning men benefited from evolving reforms in social policy and changes in attitudes towards

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<sup>1</sup> A. Borsay, *Disability and Social Policy Since 1750: A History of Exclusion* (Basingstoke, 2005), p.1; C. Barnes, *Disabled People in Britain and Discrimination* (1991), p.16; C. Barnes, G. Mercer and T. Shakespeare. *Exploring Disability* (Cambridge, 2002), pp.27-28; P. Gordon and S. Humphries, *Out of Sight: The Experience of Disability in Britain, 1900-1950* (Plymouth, 1992), p.9.

impairment. As this chapter will demonstrate, a social understanding of disability was beginning to emerge. Not only is the picture of disability more complex during these years than has been previously assumed, but provisions for disabled ex-servicemen were created with a nascent understanding of the social issues surrounding disability which would further impact upon men who returned from the Great War.

### Disability Demographics

During the Edwardian era poverty and its associated ailments were the chief contributing factors to disablement. Children were the largest effected group. Poor maternal health, unsanitary living conditions, inadequate nutrition and lack of access to medical care predisposed unborn infants to birth defects and young children to chronic disease. So pervasive was impairment amongst lower class children that in the years 1900 to 1914, more than half a million boys and girls under the age of fourteen suffered from numerous disabilities and debilitating illness including rickets, tuberculosis, cerebral palsy, impaired vision, impaired hearing, partial paralysis, and stunted limbs.<sup>2</sup> Whilst disability was most pervasive amongst children, poor and lower class adults were at risk of incurring impairment. Industrial accidents, poverty related ill health and military service were the main causes.

Although widespread, the actual extent of impairment amongst the lower classes was unknown and disability largely went unnoticed. However, this started to change in the late nineteenth century. Public health initiatives and social investigations into slum life increased an awareness of disability amongst doctors, philanthropy, and the state. Specifically, these investigations led to the ‘discovery’ of the crippled child and the effects of urban, industrial living on health and development.<sup>3</sup> Alarmed by their findings, health reformers and doctors began to categorize children with disabilities. Classification began in earnest with the passing of the Education (Physically and Mentally Defective Children) Act in 1899 which permitted Local Authorities to send disabled children to specialized schools and

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<sup>2</sup> Gordon and Humphries, *Out of Sight*, p.12; A.J. Carter, ‘A Christmas Carol: Charles Dickens and the Birth of Modern Orthopaedics’, *Journal of the Royal Society of Medicine*, Vol.86 (January 1993), p.46.

<sup>3</sup> S. Koven, ‘Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain’, *The American Historical Review*, Vol.99, No.4 (October 1994), p.1172.



institutions. Each year thereafter, local school medical officers were required to record the number of children attending special schools and submit their findings to the Chief Medical Officer (CMO) for his annual report.

Classification did not extend to all disabled members of society. Thus, ascertaining exact numbers is no easy task for the historian. Most disabled adults, and indeed some disabled children, resorted to Poor Law relief. However, Poor Law statistics are extremely unreliable. Poor law officials often neglected to differentiate between their 'able-bodied' and 'infirm' inmates. When statistics were compiled, assessment was often vague and indeterminate: the physically impaired, mentally impaired, mentally ill, epileptic and elderly, were often simply classified under the broad umbrella term 'infirm', their conditions and specific needs misunderstood.

As well as the Poor Law, various other facets of the mixed economy of welfare contributed medically and financially to the care of the disabled. The records of charities, state hospitals, private hospitals, and philanthropic initiatives are equally as vague. Record keeping amongst voluntary and state bodies responsible for the disabled was far from systematic and Edwardians 'lacked [...] statistical comprehensiveness and objectivity to provide the basis of any sound analysis.'<sup>4</sup> The accuracy and efficacy of the statistics and records gathered by these organizations can vary widely.

However, in examining the statistics available for the most effected groups (children, the poor and ex-servicemen) the historian can still create a picture of disability on the eve of the war. According to the Annual Reports of the CMO, 5,005 children were in attendance at special schools in 1914.<sup>5</sup> This number roughly represents the number of children with diagnosed disabilities. Numerous more, presumably, went undiagnosed. Poor Law records indicate a total disabled pauper population of adults and children on indoor or outdoor relief numbering 260,014.<sup>6</sup> In addition, approximately 7,500 soldiers were invalided home after the Boer War<sup>7</sup>, and a further 4,000 returned home from various outposts in the empire every year

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<sup>4</sup> K. Laybourn, *Britain on the Breadline: A Social and Political History of Britain Between the Wars* (Gloucester, 1990), p.4.

<sup>5</sup> Cd. 7444, *The Forty Third Annual Report of the LGB for 1913-1914* (1915), p.viii; Cd. 7730, *Annual Report of the CMO for 1913* (1914), p.183.

<sup>6</sup> Ibid.

<sup>7</sup> D. Omissi and A.S. Thompson, ed. *The Impact of the South African War* (Basingstoke, 2001), p.6.

from 1900 to 1914,<sup>8</sup> giving a total of approximately 127,000 sick and wounded ex-soldiers. If one takes these figures as roughly representative, the population of physically disabled persons in Britain can be estimated at approximately 400,000 persons.

Out of a total population of 37 million,<sup>9</sup> this represents slightly less than 2% of the population. However, these figures must be used as conservative estimates only; they do not take into account disabled persons from other classes, or the disabled poor who were not in receipt of relief. It is important to note that the majority of the disabled were poor, and that ex-servicemen figured highly in that number.

### **Conceptions of Disability**

Previous to the public health reforms of the mid Victorian era and the social reforms at the end of the century, diseases and deformities which resulted from poverty had long been viewed as natural conditions. Social investigations into slum life and advances in public health began to shift this traditional view of poverty and its resulting consequences.<sup>10</sup> Poverty related disease became increasingly less acceptable. These changing attitudes were further shaped by Liberal Reforms

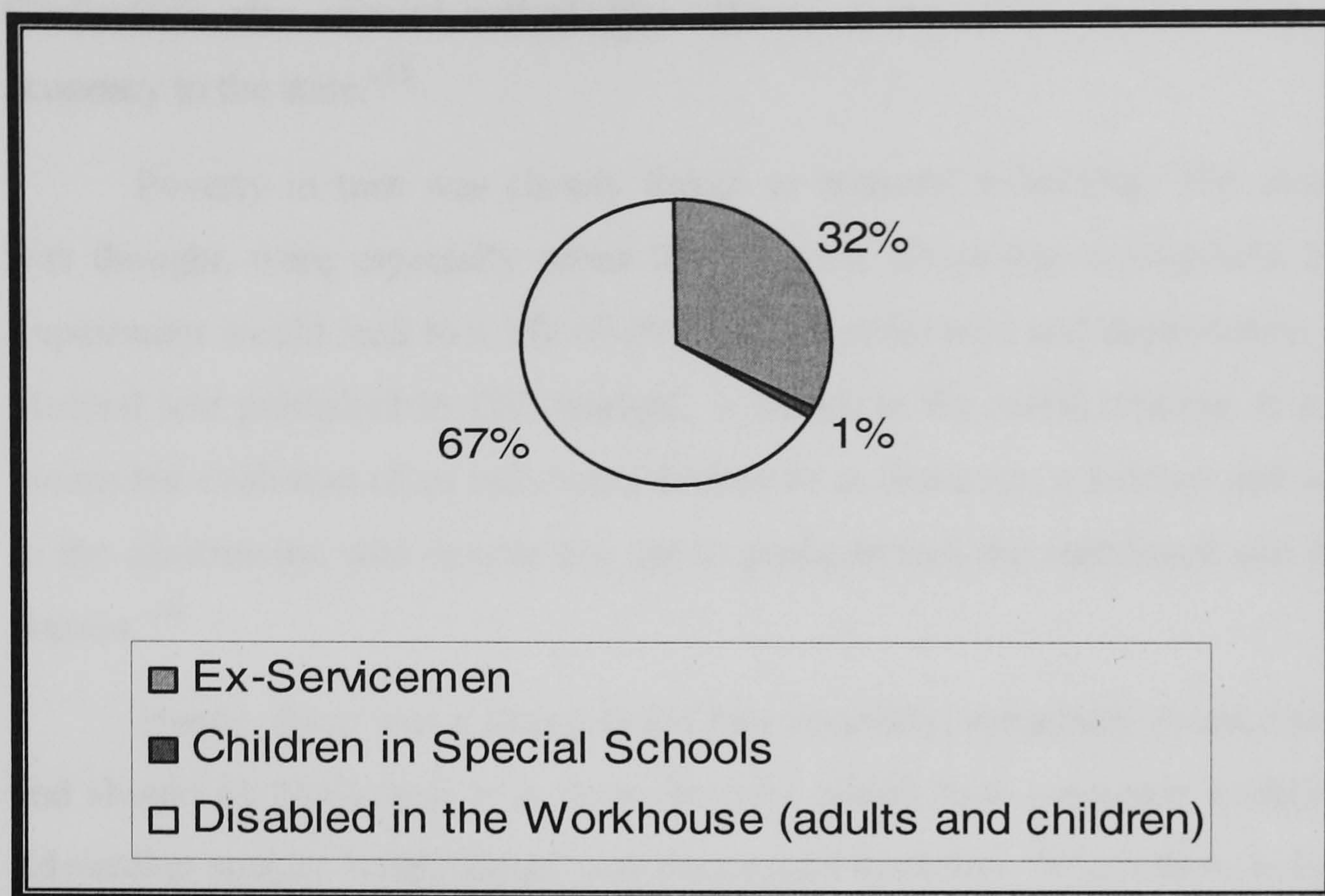
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<sup>8</sup> Cd. 521, *Army Medical Departmental Report for the Year 1899* (1901), p.39; Cd. 110, *Annual Report of the Inspector-General for Recruiting for the Year 1899* (1900), p.3; Cd. 1422, *Army Medical Departmental Report for the Year 1901* (1902), p.37; Cd. 1417, *Annual Report of the Inspector General of Recruiting 1902* (1903), p.11; Cd. 1496, *General Annual Report of the British Army 1902* (1903), p.38; Cd. 1778, *Army Medical Report for the Year 1903* (1904), p.38; Cd. 2265, *Annual Report of the Director of Recruiting and Organization for 1904* (1905), p.12; Cd. 2693, *Annual Report of the Director of Recruiting and Organization for 1905* (1906), p.37; Cd. 7444, *Forty Third Annual Report of the LGB 1913-1914* (1914), p.95; G.R. Searle, *The Quest for National Efficiency: A Study in British Politics and Political Thought, 1899-1914* (Oxford, 1971), p.60.

<sup>9</sup> R.A. Doghshun and R.A. Butlin, *An Historical Geography of England and Wales* (1990), p.292; Cd. 4499, *Report of the Royal Commission on the Poor Laws and the Relief of Distress: Minority Report* (1909), p.281.

<sup>10</sup> B. Harris, *The Origins of the Welfare State: Social Welfare in England and Wales, 1800-1945* (Basingstoke, 2004), pp.71-72; J. Harris, *Private Lives, Public Spirit: A Social History of Britain, 1880-1940* (Oxford, 1993), p.206.

beginning in 1906 with the School Meals Act, the School Medical Act (1907), Old Age Pensions (1908) and the National Insurance Act (1911).<sup>11</sup>



**Figure.1: The Physically Disabled Population in the Edwardian Era.**<sup>12</sup>

The overriding motivation in the treatment of disability was the prevention of destitution. High unemployment and a lack of opportunities meant that the disabled in Edwardian Britain were an ‘army of prospective paupers’,<sup>13</sup> whose only recourse was often charity or the workhouse. Fears surrounded not only the future of the disabled, but the expense they would incur on the state. CMO for the Board of Education, Sir Arthur Newsholme rallied against the waste of both life and money

<sup>11</sup> J.R. Hay, *The Origins of the Liberal Welfare Reforms, 1906-1914* (Basingstoke, 1983), p.43. For an examination of child health see, B. Harris, *The Health of the School Child: A History of the School Medical Service in England and Wales* (1995).

<sup>12</sup> C. 8746, *Report of the Departmental Committee on Defective and Epileptic Children* (1898), p.1; Cd. 1700, *The Thirty Second Annual Report of the LGB, 1902-1903* (1903), pp.xiv-1; Cd. 4986, *Annual Report of the CMO for 1908* (1909), p.107; Cd. 5925, *Annual Report of the CMO for 1910* (1911), p.201; Cd. 6530, *Annual Report of the CMO for 1911* (1912), p.169; Cd. 6707, *The Report of the Board of Education for 1911-1912* (1913), p.47; Cd. 1912, *CMO's Annual Report, 1912* (1913), p.211; Cd. 7730, *CMO's Annual Report, 1913* (1914), p.189; Cd. 8055, *CMO's Annual Report, 1914* (1915), p.170; *LGB's General Orders and Circular Letters, Administration of Relief to Casual Paupers* (1914), p.36; Cd. 7444, *Forty Third Annual Report of the LGB 1913-1914* (1914), p.95; Cd. 7763, *Report of the Special Work of the LGB* (1915), p.3; *COR*, Vol.XXXVII (May 1915), p.261; Searle, *The Quest for National Efficiency*, p.60.

<sup>13</sup> A. Elkin, ‘Fine Needle Work for Girls’, *COR*, Vol.XVI (July 1904), p.93.

caused by debilitating disease and argued that expenditure on disabled children was a necessary future investment.<sup>14</sup> Leading orthopaedic surgeon Dr. Gathorne Robert Girdlestone also viewed orthopaedic care as a ‘salvation to the child and an economy to the state.’<sup>15</sup>

Poverty in turn was closely linked to immoral behaviour. The disabled, it was thought, were especially prone to depravity. There was a long-held fear that impairment would lead to a life of slothfulness, indolence and dependency. As one medical text published in 1911 warned, ‘a failure in the moral training of a cripple means the evolution of an individual detestable in character, a menace and a burden to the community, who is only too apt to graduate into the mendicant and criminal classes.’<sup>16</sup>

Hence, there was a strong belief that disability, especially in children, could and should be eradicated. It is these attitudes which have prompted assertions that Edwardian society ‘medicalised’ and demonized disability. Whilst these beliefs may at first appear harsh and discriminatory, however, the motivations were more wide ranging. Firstly, advances in orthopaedics produced a great faith in modern medicine. Doctors and volunteers who worked with the disabled sincerely believed that ‘crippledom’ could be cured, or at least contained.<sup>17</sup> In return, the children were expected to be plucky and resolute, ‘to make good if they can’.<sup>18</sup> An honest enthusiasm for surgery and rehabilitation fuelled the treatment of children in particular. To leading surgeons such as Robert Jones and Robert Gathorne Girdlestone, transforming the lives of deprived children was completely possible, and they worked with children’s best interests at heart.<sup>19</sup> Moreover, the urgency surrounding treatment was often fuelled by fears over public health as much as it

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<sup>14</sup> J. Eller, ‘The Sick, the Poor and the State: Arthur Newsholme on Poverty, Disease and Responsibility’, in C.E. Rosenberg and J. Golden, eds. *Framing Disease: Studies in Cultural History* (New Brunswick, 1988), p.280; M. Baxter, *The Meaning of Disability* (1976), p.1.

<sup>15</sup> G.R. Girdlestone, *The Care and Cure of Crippled Children* (1924), p.3.

<sup>16</sup> G.R. Girdlestone, *Orthopaedic Surgery* (1911), p.2. J.M. Winter, ‘Army and Society: The Demographic Context’, in I.F.W. Beckett, ed. *A Nation in Arms: A Social History of the British Army in the First World War* (Manchester, 1985), p.199.

<sup>17</sup> R. Cooter, *Surgery and Society in Peace and War: Orthopaedics and the Organization of Modern Medicine, 1880-1948* (Basingstoke, 1993), p.108.

<sup>18</sup> Girdlestone, *The Care and Cure of Crippled Children*, p.4.

<sup>19</sup> *Ibid.*

was over fears of depravity. Disabilities caused by communicable diseases, such as tuberculosis, were a very real public hazard. There was a genuine impetus to eradicate impairment. This impetus was further heightened by the alarmingly high number of Boer War volunteers rejected on grounds of ill health. Around 40% of all men who signed up were found to be underweight, under-height, and suffering from disease or malnourishment,<sup>20</sup> causing panic in government, the army, the medical community and the press. The treatment of disability in the Edwardian years were heavily influenced by fears over national degeneration and the scandalous state of public health overall.

Secondly, attitudes towards disabled ex-servicemen were affected by more generally held conceptions surrounding the army. Although military heroism was celebrated in propaganda and in the press, soldiers were still objects of discrimination. The army, it was traditionally believed, attracted only the least respectable sections of society; soldiers were notorious for dissolute, licentious behavior.<sup>21</sup> Moreover, most soldiers were young, unskilled, and usually recruited from the lower classes; their intelligence and abilities were not held in high esteem. Prevailing attitudes such as these re-enforced notions of depravity and malingering, making it difficult to eradicate long entrenched notions surrounding disability.

Thirdly, attitudes towards disability in the army were complicated by the nature of impairment itself. Edwardian soldiers earned a reputation of being ‘an army of the sick’:<sup>22</sup> the majority of men were not disabled through battlefield injury, but by chronic illness. Enteric fever, dysentery, tuberculosis, heart disease and typhoid were all common ailments of soldiers stationed in South Africa and other exotic outposts of the British Empire.<sup>23</sup> Disease was so much more prevalent than injury that the role of the RAMC was primarily defined as the prevention of disease, and then the treatment of the sick and wounded.<sup>24</sup> In a 1911 training manual for new

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<sup>20</sup> Cd. 2693, *Annual General Report of the Director General of the Head of Recruiting* (1906), p.37.

<sup>21</sup> E. Spiers, *The Army and Society, 1815-1914* (1980), p.219; ‘The Employment of Ex-Sailors and Soldiers’, *The Times*, 29 November 1906, p.6.

<sup>22</sup> M. Burdett-Coutts, *The Sick and Wounded in South Africa: What I Saw and Said of Them and of the Army Medical System* (1900), p.240.

<sup>23</sup> For an overview diseases incurred in the army see P.D. Curtin, *Disease and Empire* (Cambridge, 1998).

<sup>24</sup> *RAMC Training Manual* (1911). p.11.

doctors it was estimated that for the entire army in all parts of the world, twenty five soldiers were admitted with disease for every one man injured on the field of battle.<sup>25</sup> The South African War, whilst more organized and dangerous than previous colonial skirmishes, was little different. Arthur Conan Doyle, who was a surgeon during the conflict, wrote that ‘bad water can cost us more than all the bullets of the enemy.’<sup>26</sup> So rampant was disease that for every one soldier who died from wounds, five succumbed to disease.<sup>27</sup> In one single month alone, *The Lancet* reported that across the empire 1,485 soldiers had succumbed to disease compared to only 465 who died from wounds.<sup>28</sup>

Infectious disease was rife during the South African campaign and news of infectious outbreaks and unsanitary hospital conditions caused scandal and outrage back home.<sup>29</sup> Yet in the long term, these men found themselves subject to discrimination. Disease, regardless of whether it was incurred in the military, still carried the stigma of poverty and filth.<sup>30</sup> Moreover, in the public’s eye it was ‘more honourable to be wounded in action against the enemy than to be reduced by disease.’<sup>31</sup> Where battlefield injuries were symbolic of heroism and a visible symbol of military service, chronic disease was still heavily associated with poverty.<sup>32</sup> Hence, the nature of impairment during the pre-war years served to mitigate against any radical change in attitude, and did little to dispel misconceptions surrounding disabled ex-servicemen.

Despite these impediments however, disability was not entirely discriminated against. Nor was it entirely medicalised. Evidence of a nascent social

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<sup>25</sup> Ibid., p.15.

<sup>26</sup> A.C. Doyle, *The Great Boer War* (1901), p.37.

<sup>27</sup> This changed in the First World War when deaths on the battlefield would outnumber deaths from disease at a ratio of 15 to 1. G.R. Searle, *A New England?: Peace and War, 1886-1918* (Oxford, 2004), p.746.

<sup>28</sup> *The Lancet*, Vol.21 (April 1900), p.1152.

<sup>29</sup> Cd. 453, *Report of the Royal Commission Appointed to Consider and Report Upon the Care and Treatment of the Sick and Wounded in the South African Campaign* (1901), p.4. For a description of this scandal see Spiers, *The Army and Society 1815-1914* and Curtin, *Disease and Empire*.

<sup>30</sup> J. Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (1996), p.30; Curtin, *Disease and Empire*, p.212.

<sup>31</sup> *Hansard*, 5<sup>th</sup> Series, 1901, XCI, 1077.

<sup>32</sup> Bourke, *Dismembering the Male*, p.30.

awareness of disability can be discerned: medical men and philanthropists constructed disability as a social issue, as evidenced in contemporary commentary. Volunteers who worked closely with disabled children witnessed first hand the treatment those with impairments received from their families and communities. As a rule, wrote one activist, ‘the delicate and the crippled are spoilt at home, pitied by their neighbours, and degraded by the indiscriminating alms and charity of the generous public. Such over-sympathetic treatment is far from improving their condition, either morally or physically; rather it keeps them in real degradation.’<sup>33</sup> In attempting to eradicate disability and its causes, reformers and medical men alike recognized that it was attitudes towards disability that were just as disabling as actual physical impairment itself.

Considerable changes in attitude are further evidenced in the publication of the *Report of the Inter-Departmental Committee on Physical Deterioration* in 1904. Whilst mixed opinions were held as to whether the poor were sick due to no fault but their own, or if disabilities resulted from deprived, urban living, the Royal Commission swiftly rejected long held notions of personal blame.<sup>34</sup> Doctors and reformers involved in the report recognized that urbanization and industrialization could ‘make or allow cripples to be made.’<sup>35</sup> Moreover, medical knowledge was also gaining pace. By the mid Edwardian years most doctors were aware that poverty and disease, and resulting disabilities interacted to create a vicious cycle of deprivation, immorality and illness.<sup>36</sup> When CMO Sir Arthur Newsholme announced in 1905 that mortality, disability and disease were not a result of poverty *per se*, but of ‘removable evils’ such as poor hygiene and poor nutrition, he recognized that society must bear responsibility, for how can the poor stay healthy when society has

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<sup>33</sup> COR, Vol.XVI (July 1904), p.159.

<sup>34</sup> Discussions on physical degeneration and efficiency include G.R. Searle’s *The Quest for National Efficiency*, and ‘National Efficiency and the “Lessons” of the War’, in D. Omissi and A.S. Thompson, eds. *The Impact of the South African War* (Basingstoke, 2001), pp.194-215, and B. Semmel, *Imperialism and Social Reform: English Social Imperialist Thought 1895-1914* (1960).

<sup>35</sup> Cd. 2175, *Report on the Inter-Departmental Committee on Physical Deterioration* (1904), p.248.

<sup>36</sup> A. Newsholme, ‘Physical Inspection’. *The Journal of the Royal Sanitary Institute*, No.26 (1905), p.67; J.M. Eyler, ‘The Sick, the Poor and the State: Arthur Newsholme on Poverty, Disease and Responsibility’, *Cleo Medica* Vol.23 (1993), pp.275-292.

made it ‘impossible to escape from the slums and improve their chances?’<sup>37</sup> Influential medical men recognized that whilst they could ‘cure’ disability and fix impairments, impairment did not exist in isolation: they were the product of society and therefore a social responsibility.

Further to the *Royal Commission on Physical Deterioration*, another highly significant report spotlighted the problems surrounding disability. The Minority Report of the *Royal Commission on the Poor Laws and the Relief of Distress* (1909), drew attention to the degrading conditions disabled persons faced in poor law institutions. Sydney and Beatrice Webb were amongst the authors of the Minority Report who passionately pleaded for more humane treatment of ‘infirm paupers.’ They spoke out against adults ‘whether [...] sick or well, able-bodied or incapacitated, over seventy or under forty, intelligent or feeble-minded, of admirable past and present conduct, or the very dregs of the populace [...] have been [...] heaped together under the jurisdiction of the Destitution Authority.’<sup>38</sup> Sick and disabled persons suffered cruelly as a result, often not receiving the special care they required. The authors of the Minority Report argued that the disabled should not be placed in the workhouse, but in specialized institutions to suit their needs. It also argued for caregivers to be better educated.

The attitudes of the Minority Report are enlightened. It followed the Majority Report of the *Royal Commission on the Poor Laws and the Relief of Distress* also published in 1909 to consider the present state of Poor Law relief as a whole. However, the Poor Law had previously not considered disability as a separate issue. Traditionally, Poor Law officials were more concerned with the able-bodied and how to deter healthy members of the population from seeking relief.<sup>39</sup> There is a conspicuous absence of any mention of the infirm in the Majority Report, arguing as it did that only ‘undeserving malingerers’ ended up in the workhouse,

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<sup>37</sup> J. Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (1980), p.67; D. Dwork, *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898-1918* (1986), p.170.

<sup>38</sup> Cd. 4499. *Report of the Royal Commission on the Poor Laws and the Relief of Distress: Minority Report* (1909), p.246; S. Webb and B. Webb, *English Poor Law Policy* (1910), pp.226-28.

<sup>39</sup> Cd. 4499, *Report of the Royal Commission on the Poor Laws and the Relief of Distress: Majority Report* (1909), p.177; M.A. Crowther, *The Workhouse System, 1834-1929: The History of an English Social Institution* (1981), p.54.



whereas genuine cripples were adequately provided for by friends, family, or medical charity.<sup>40</sup> There were two general policies regarding the treatment of the 'aged and infirm': either provide outdoor relief (if they were deemed 'deserving') or offer the workhouse. The offer of the workhouse was used to urge the poor to look after their sick: if the workhouse was the only alternative, perhaps more would be willing to care for disabled friends and relatives in order to avoid the stigma of 'pauper.'

Treatment under the poor law was heavily imbued with morality and punishment. Differentiating between the able bodied and the infirm worked more to weed out malingerers rather than to identify the disabled. However, publications such as the *Royal Commission On Physical Deterioration* and the Minority Report demonstrate a shift in attitudes amongst certain members of the charitable and medical communities. There was an increasing awareness that disability and its causes were a social responsibility and social problem. Moreover, publications like these worked to bring disability into the spotlight and raise an overall awareness of the difficulties which disabled persons encountered.

### Pensions

Changes were also occurring in the military. Previous to the Boer War, pensions for all ranks of disabled and retired soldiers were administered by The Royal Hospital at Chelsea, as they had been done since 1685.<sup>41</sup> Under the regulations of the Pensions Act of 1806, Chelsea Commissioners granted pensions according to soldiers' rank, length of service, the climate in which he had soldiered and his moral character.<sup>42</sup> Thus, the amount of compensation each man was awarded varied considerably.

As the South African War progressed, however, significant changes occurred. The COS noticed an increase in claims for help from ex-servicemen, and, along with the Chelsea Hospital, started to question the usefulness of the existing pension system.<sup>43</sup> In order to increase fairness in pension distribution, and to prevent

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<sup>40</sup> Cd. 4499, *Majority Report*, p.258.

<sup>41</sup> N. Newnham-Davis, *The Royal Hospital at Chelsea* (1912), p.112; 'Royal Hospital Chelsea', [www.Chelsea-pensioners.co.uk/history](http://www.Chelsea-pensioners.co.uk/history). Accessed 20 February 2004.

<sup>42</sup> E. Jones, et al.. 'War Pensions (1900-1945): Changing Models of Psychological Understanding', *The British Journal of Psychiatry*, No.180 (2002), pp.374-79.

<sup>43</sup> *COR*, No.38 (February 1900), pp.62-3.

penury amongst the disabled, in 1901 the Chelsea commissioners experimented with awarding every 'wholly disabled' soldier the maximum amount of 1s 6d per day regardless of impairment, length of service or 'character'. After twelve months on this initial, maximum pension, men were brought up before the commissioner, examined and granted a pension on a scale in accordance with their injuries. Men who were found to be slightly improved received 6d a day, and those unable to return to their previous occupations, 9d to 1s. Men who lost one or more limbs were awarded an amount from 1s 3d to 1 s 6d, whilst those who were entirely incapacitated and unable to support themselves in the slightest, were awarded 2s 6d.<sup>44</sup>

At the end of 1901, the Chelsea commissioners came to the conclusion that providing men with 'increased comforts' not only allowed them to recover faster, but to recover 'in a most satisfactory manner.' Men who were able to eat better, live better, and avoid returning to work prematurely, enjoyed improved health on a maximum pension.<sup>45</sup> With this information in mind, the commissioners lobbied Parliament for a permanent increase in pensions. They provided MPs with detailed examples of men who had benefited from such changes, arguing that men provided with extra financial support not only recovered medically, but recovered well enough to return to work and contribute to their own maintenance, rather than subsisting on merely a pittance whilst suffering years of ill health. In one such example, a partially paralysed man who would have formerly been awarded only 6d a day, was granted 1s 6d. After a year of full rest, he was able to return to full employment as a labourer earning 25 shillings a week on top of his permanent pension of 9d.<sup>46</sup>

Although this system of pensions incurred greater expenditure, it would, according to the commissioners at Chelsea, be financially beneficial in the long run.<sup>47</sup> The fact that Parliament and Chelsea approved this pension increase is extremely significant: the State and the Army were willing to invest in their disabled soldiers and to bear a higher financial burden in order to better care for men in the long term. True, one of the main motivating factors behind such an increase was to

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<sup>44</sup> *Hansard*, 5<sup>th</sup> Series, 1901. XCI, 1076.

<sup>45</sup> *Ibid.*, 1074.

<sup>46</sup> *Ibid.*, 1075.

<sup>47</sup> *Ibid.*

expedite recovery, and thus save the state from supporting ex-soldiers through the Poor Law. However, this increase was not entirely selfish. Not only does it demonstrate a perceived need for pension reform and for higher financial compensation, but it substantiates the fact that both the state and army were recognizing disability as a long term, social issue which would require lifelong, permanent solutions.

Another noteworthy pension reform occurred in 1901. For the first time, the British Army recognized disease as a category of disablement. Although disease was more prevalent than battlefield injuries, men invalided in this manner had often received much lower compensation, if any at all. This was largely due to the fact that diseases were very difficult to identify as resulting from military service. Arthritis, rheumatism and tuberculosis were dismissed by military doctors as pre-existing conditions. Tropical and exotic diseases were misunderstood.<sup>48</sup> Doctors often could not prove disability as a result of service simply because they lacked medical knowledge; it was very easy to suspect a soldier of malingering when a disease was unidentifiable or its cause unknown.<sup>49</sup> Diseases such as malaria were elusive and unstable. Symptoms intensified, or could lay dormant for years, making them difficult to diagnose as a consequence.<sup>50</sup> As chronic illness and tropical diseases were less obvious than a bullet wound, and much more difficult to treat, they were highly contested in medical circles.

The sanitary catastrophes of the South African War and their resulting epidemics gave army and state officials cause to rethink the compensation system. In 1901 the government established a committee chaired by Lord Raglan who concluded that the 'distinction in the treatment of men on account of wounds [...] and those discharged in consequence of disease directly and wholly due to war service should be abolished.'<sup>51</sup> As a result, the Surgeon General's subsequent

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<sup>48</sup> Cd. 2991, *Report of the Committee on Civil Employment for Discharged Soldiers and Sailors* (1906), p.28.

<sup>49</sup> Ibid.

<sup>50</sup> See P.D. Curtin and M. Worboys, *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900* (Cambridge, 2000) for contemporary medical knowledge regarding the spread of disease.

<sup>51</sup> Jones, et al., 'War Pensions (1900-1945): Changing Models of Psychological Understanding', p.375.

investigation into wound and injury pensions recommended that a new category for 'disease on active service' be introduced. Henceforth, men disabled through both disease and injuries were to be treated on the same footing.<sup>52</sup>

These changes to pension legislation did not put a complete end to discrimination. Men were still suspected of malingering. However, the implementation of this legislation was a significant step in provisions for disabled ex-servicemen. The state began to recognize different categories of disablement, and conceded that they too were worthy of compensation even if they were not fully understood. Moreover, this legislation countered long held stereotypes and discrimination associated with chronic illness and disease. Lord Raglan's decisions were a significant break with the past.

The findings of the 1901 committee, combined with overall pension reforms, worked to transform attitudes within government. Traditionally, Parliament intervened as little as possible in Army affairs.<sup>53</sup> However, a series of reforms had gradually weakened the strict separation between the state and army during the late Victorian and Edwardian eras.<sup>54</sup> As a result of these reforms, and of changing pension legislation, the government found itself more involved in the welfare of invalided soldiers. A heightened awareness of the needs of ex-servicemen provoked MPs to investigate the condition of men within their constituencies. The realization that ex-servicemen were increasingly resorting to the workhouse spurred Parliamentarians to call for a better system of care. No one knew the actual figures for men on indoor relief, but the issue was one of growing concern. Ex-servicemen who were forced into the workhouse wrote to their local MPs begging for assistance. These letters in turn were presented in Parliament as evidence of an escalating crisis. The press too, reported instances of disabled men languishing in poor law infirmaries and demanded action from the state.<sup>55</sup>

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<sup>52</sup> Ibid.

<sup>53</sup> For an outline of the relationship between the army and the state in the Victorian and Edwardian eras see Robert Blake's 'Great Britain: The Crimean to the First World War', in M. Howard, ed. *Soldiers and Governments: Nine Studies in Civil-Military Relations* (1957), pp.25-51. More recent studies include Richard Skelly's *The Victorian Army at Home* (Montreal, 1977) and E. Spiers *The Late Victorian Army 1868-1902* (Manchester, 1992).

<sup>54</sup> Blake, 'Great Britain: The Crimean to the First World War', p.33.

<sup>55</sup> 'Lord Roberts and Crimean Ex-servicemen'. *The Times*, 29 August 1906, p.8.

Parliamentary concern led to the passing of the 1903 Outdoor Relief (Pensioners) Bill which empowered local guardians to offer outdoor relief to ex-service pensioners.<sup>56</sup> Previously, poor law officials were given authority to only grant indoor relief to ex-servicemen, forcing men to surrender their pension in exchange for room and board and a small weekly allowance.<sup>57</sup> The logic behind forced indoor relief was to ensure that ex-servicemen worked to support themselves; only the truly mendicant would arrive at the workhouse door. As MPs increasingly involved themselves in ex-service issues, they found this less and less acceptable, arguing that the policy was degrading and discriminatory.<sup>58</sup> Rather than force ex-servicemen of limited financial means to enter the workhouse, the Outdoor Relief (Pensioners) Bill allowed ex-servicemen to supplement their pension whilst remaining in the community.

Sometimes, however, the workhouse was necessary as men simply could not care for themselves. Indeed, the workhouse infirmary was the expected recourse for medical treatment. MPs recognized this fact, yet were appalled by the standards of care. The level of medical attention varied considerably from county to county.<sup>59</sup> Men's health deteriorated further in squalid conditions. In addition, men were often shipped off to other areas – some as far away as Ireland – in an effort by local authorities to ease overcrowding and financial pressure.<sup>60</sup>

Faced with this information, numerous MPs expressed their outrage and demanded something to be done. 'They [...] suffered these things for the empire,' impassioned Honourable Member T.L. Corbett, 'only 'to be cast out penniless, friendless [...].' Such suffering was deplorable.<sup>61</sup> Although no significant overhaul of the poor law system resulted from this indignation, small victories were gained for individual men. Parliamentarians argued compassionate pleas on behalf of the disabled ex-servicemen in their constituencies. Men faced with being transferred to different authorities were allowed to stay in institutions close to family and friends. Others, who found themselves languishing in squalor, received pension increases to

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<sup>56</sup> *Hansard*, 5<sup>th</sup> Series, 1903, CXIX, 390.

<sup>57</sup> *Ibid.*

<sup>58</sup> *Ibid.*

<sup>59</sup> *Hansard*, 5<sup>th</sup> Series, 1902, CVIII, 1543.

<sup>60</sup> *Hansard*, 5<sup>th</sup> Series, 1906, CLXI, 822 – 1034.

<sup>61</sup> 'The Employment of Ex-Sailors and Soldiers,' *The Times*, 29 November 1906, p.6.

enable them to live at home. Local authorities who refused outdoor relief were also confronted by MPs and strongly encouraged to follow through on the Outdoor Relief (Pensioners') Bill.<sup>62</sup> Not only did a growing awareness of disability manifest itself, but a growing sense of responsibility. Small, significant steps were being made in recognizing this responsibility, and disabled men benefited from changes in both action and attitude.

### Public Awareness

Disability issues were not solely confined to Parliament. During the late Victorian and Edwardian period, the plight of sick and disabled ex-servicemen was placed firmly in the public spotlight. The Crimean War especially attracted widespread popular support: soldiers were glorified in the press and the administration was condemned for appalling hospital conditions, resulting in 'an unprecedented interest' in the health and welfare of British troops.<sup>63</sup> The South African War caused further scandal. Reports of insufficient medical care and unsanitary, overcrowded hospitals provoked a 'flare of publicity that gave medical reforms a hearing'.<sup>64</sup>

Reports of appalling hospital conditions rallied public support for soldiers in South Africa. In 1899, the War Office and various voluntary agencies held a conference 'for the purpose of bringing [the state and charity] into effective working contact during the war'<sup>65</sup>, and established rules regarding the roles and responsibilities of each sector. The newly formed Red Cross Central Committee, composed of the National Society for Aid to the Sick and Wounded in the War, St. John's Ambulance, and the Army Nursing Reserve, organized voluntary agencies to provide more efficient care.<sup>66</sup> Under the auspices of these organizations, hundreds of civilian nurses, orderlies and ambulance drivers made their way to South Africa to assist the struggling RAMC.

The public became increasingly involved on the home front as well. Voluntary agencies were instrumental in securing allowances and donations for sick

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<sup>62</sup> *Hansard*, 5<sup>th</sup> Series, 1906, CLXI, 817.

<sup>63</sup> Spiers, *The Army and Society*, pp.116-117. See also K. Fedorowich, *Unfit for Heroes?: Reconstruction and Soldier Settlement in the Empire Between the Wars* (Manchester, 1995), p.14.

<sup>64</sup> Curtain, *Disease and Empire*, p.226.

<sup>65</sup> 'Aid to the Wounded in War', *BMJ*, Vol.I, May 1899, p.1114.

<sup>66</sup> 'Voluntary Aid to the Sick and Wounded in the War', *BMJ*, Vol.II, October 1902, p.1025.

and wounded men. Private and military hospitals were inundated with volunteer visitors.<sup>67</sup> Charitable organizations such as the Good Hope Society provided convalescents with everything from fruit baskets to reading material, and in hospital entertainments showcased the talents of an enthusiastic public.<sup>68</sup> The press also played an important role in furthering awareness. A growing readership and increased press coverage brought the plight of soldiers into an ever expanding number of homes.<sup>69</sup> Reports of overcrowded, unsanitary hospitals raised sympathy, pity and anger from the reading public. Significantly as well, ‘the South African War was a highly marketable product, and [...] aggressively commoditized.’<sup>70</sup> The war was brought to the general public not just through the press, but through fundraising souvenirs and commemorative products, perhaps the most poignant example being the massive wave of fundraising following the publication of Rudyard Kipling’s ‘The Absent Minded Beggar’ in the *Daily Mail*. The poem appeared on everything from ashtrays to pillowcases. These objects were eagerly snapped up by a public who took heed to Kipling’s plea: ‘pay – pay – pay’,<sup>71</sup> raising an impressive quarter of a million pounds in support of ex-servicemen.<sup>72</sup>

Sick and disabled ex-servicemen were firmly placed in the public spotlight. The general public became actively involved in both the war effort and support of ex-servicemen. Whilst it is impossible to gauge the impact this involvement would have on public attitudes, it is plausible that such participation would alter public perception of disability and increase awareness. The sympathy, pity and anger which popularization and commoditization invoked would not leave people unaffected. Disability became a social issue and impacted upon people’s attitudes towards disability and disabled ex-servicemen.

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<sup>67</sup> For a history and overview of the medical arrangements in South Africa see P. Prime, *The History of the Medical Hospital Services in the Anglo-Boer War, 1899-1902* (Chester, 1998).

<sup>68</sup> Mention of various charitable enterprises are scattered throughout contemporary medical journals, with many RAMC doctors reporting not only on their own work but the work of volunteers.

<sup>69</sup> Spiers, *The Army and Society*, pp.213-214.

<sup>70</sup> A.S. Thompson, ‘Publicity, Philanthropy and Commemoration: British Society and the War’, in D. Omissi and A.S. Thompson, eds. *The Impact of the South African War* (Basingstoke, 2000), p.112. See also Spiers, *The Army and Society*, pp.116-117.

<sup>71</sup> R. Kipling, ‘The Absent Minded-Beggar’, in S. Applebaum, ed. *Gunga Din and Other Favourite Poems* (New York, 1990), p.65.

<sup>72</sup> Spiers. *The Army and Society*, p.237.

## Ex-Service Organizations

Ex-service organizations played an important role in the care of disabled ex-servicemen. Colonel James Gildea, founder of the Soldiers and Sailors' Friendly Association (SSFA) in 1885, proudly referred to ex-service organizations as 'a network of machinery.'<sup>73</sup> The Soldiers' and Sailors' Help Society (SSHS) and the Lloyd's Patriotic Fund provided financial donations, assistance with employment, convalescent care and emotional support in the form of visiting 'friends.'<sup>74</sup> The SSFA further supported sick and disabled men, and provided assistance for their wives, children, and other dependents at over 800 branches nationwide.<sup>75</sup> Each organization collected funds centrally from various appeals. It was a vast and ambitious network which relied on the time and efforts of both civilian and military volunteers.<sup>76</sup>

Of all sectors of the mixed economy of welfare, ex-servicemen's organizations demonstrated the most enlightened attitude towards disability. Ex-service groups that assisted disabled men and their dependents not only recognized disability as a social construction, but engaged in key debates surrounding disability and worked to secure the long term financial, medical and emotional care of disabled men.

A social understanding of disability within these groups manifested itself in several ways. Firstly, under the leadership of James Gildea, the SSFA worked to dispel the stigma of poverty which surrounded disability. Revered as 'a man with a social conscience far ahead of his time'<sup>77</sup>, Gildea discouraged the public from donating to charities, arguing that ex-servicemen were 'claimants for our help, not beggars for our doles.'<sup>78</sup> Rather, Gildea advised the public to donate their time and

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<sup>73</sup> J. Gildea, *The Historical Record of the Soldiers' and Sailors' Friendly Association, 1885-1916* (1916), p.78; 'SSAFA Forces Help: History of SSAFA Forces Help', [www.ssafa.org.uk/HistoryDetailed.html](http://www.ssafa.org.uk/HistoryDetailed.html). Accessed 31 October 2005; A. Spink, 'History', *SSAFA Journal* (Summer 1997), pp.19-21.

<sup>74</sup> R.H. Murdoch, *The Soldiers' and Sailors Help Society* (1900), p.xiv.

<sup>75</sup> Gildea, *The Historical Record of the SSFA*, p.78; *The SSFA'S Annual Report* (1915), p.26.

<sup>76</sup> *The SSFA'S Annual Report* (1900), p.1.

<sup>77</sup> 'SSAFA Forces Help: History of SSAFA Forces Help'. Accessed 31 October 2005; Spink, 'History', pp.10-11.

<sup>78</sup> *COR*, No.39 (March 1900), p.113.



efforts to ex-service organizations which not only better understood the needs of soldiers, but treated the disabled with dignity and respect. However, Gildea did recognize that although civilian charities were not ideal, ex-servicemen were coming to them for assistance. In response, he further worked to end discrimination within these charitable organizations. As well as visiting various charities and lecturing at COS meetings, Gildea contributed several articles to the *Charity Organization Review* (COR), urging its members to treat the disabled with fairness and respect, and to view them not as paupers but as ‘military heroes.’<sup>79</sup>

Secondly, ex-service organizations worked with the goals of integration and independence in mind. Founded in 1884, the aim of the Lloyd’s Patriotic Fund was to ‘help the men help themselves.’<sup>80</sup> Lloyd’s, as well as the SSFA aimed to integrate men back into their home communities through assistance with employment and housing.<sup>81</sup> Both groups worked to end discrimination towards disabled men. All too often, they argued, families resented the burden of disabled men, or pitied them as objects of charity. Both conceptions of disability, they argued, worked against disabled men’s welfare and perpetuated discrimination. Lloyd’s and the SSFA helped men integrate back into their own communities and gave them ‘a hand up’<sup>82</sup> to become a self-sufficient and active member of society.

In this same vein ex-service organizations hotly contested the move towards institutionalization. The Lloyd’s Patriotic Fund and the SSFA opposed segregating all but the ‘residuum’ in special homes: the 5% of men who returned totally incapacitated and in need of constant, medical care.<sup>83</sup> Both organizations argued that men would be happier and lead fuller lives if integrated back into the community. Furthermore, and most significantly, they argued that if men were active in their communities their fellow townspeople would start to view the

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<sup>79</sup> Ibid.

<sup>80</sup> ‘Disabled Soldiers’, *The Times*, 3 May 1900, p.15. An historical overview of the Lloyd’s Patriotic Fund can be found in: J. Gawler, *Britons Strike Home: A History of the Lloyd’s Patriotic Fund 1803-1988* (Sanderstead, 1993) and C. Messenger, *Unbroken Service: The History of the Lloyd’s Patriotic Fund* (2003).

<sup>81</sup> ‘Employment of Ex-Soldiers’, *The Manchester Guardian*, 16 June 1904, p.7.

<sup>82</sup> Ibid.

<sup>83</sup> ‘Disabled Soldiers’, p.15.

disabled not as pitiable object of charity, but as valuable human beings who were capable of independent, productive lives.<sup>84</sup>

Therefore, ex-service groups promoted independent living, and wished to see an end to discrimination. Not only did they provide financial support and assistance in adjusting to civilian life, these groups recognized disability as a long term social problem and provided a framework of support to allow disabled men to lead normal lives.

### The Institution

The Edwardian era has been termed ‘the hey-day of the live-in institution’, and the ‘wide-acceptance that it was right to segregate both the mentally and physically disabled from the rest of society’<sup>85</sup> offered as proof of a discriminatory society which conceptualized disability as a medical problem, and shunned its disabled population.<sup>86</sup> However, to criticize institutionalization in this manner is to over generalize. Those who promulgated the implementation of convalescent homes and long term care facilities did not simply wish to lock the disabled away. On the contrary, many within the mixed economy of welfare had the best interest of ex-servicemen at heart. In the new climate of reform, reliance on charity and parish relief was becoming less and less acceptable, especially for an army which increasingly comprised of volunteer recruits.

In the late Victorian era institutional convalescent care was erratic and largely voluntary in nature. Although homes for sick and disabled soldiers had been established as early as the 1880’s, the enterprise was quickly interrupted by the South African War.<sup>87</sup> In the years following the campaign, a more systematic attempt was made to create purpose built long term care facilities for disabled ex-servicemen. The SSHS and the War Office were jointly responsible for organizing more effective care and procuring offers of land and housing from benevolent members of the public.<sup>88</sup> Progress was slow, and whilst new homes were

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<sup>84</sup> Ibid.

<sup>85</sup> Humphries and Gordon, *Out of Sight*, p.66.

<sup>86</sup> Borsay, *Disability and Social Policy in Britain Since 1750*, pp.66-91.

<sup>87</sup> *Hansard*, 5<sup>th</sup> Series, 1900, XCI, 165.

<sup>88</sup> Cd. 8055, *Annual Report of the CMO for 1914* (1915), p.186.



**Figure. 2: Colonel James Gildea**

established, no centralized, nationwide scheme transpired. The work was eventually overshadowed by the prospect of another war.

Financial restrictions further frustrated an extensive scheme. In 1914, the CMO urged the government to give the matter top priority. A network of institutions, schools, rehabilitation centres and specialized hospitals was firmly in place for children, and this experience, he argued would 'be of timely use in helping to provide for crippled soldiers.'<sup>89</sup> Although a national system was not realized, the work to provide better, state run care demonstrates a shift in attitudes towards these men. Disabled soldiers were increasingly seen as a social responsibility, and caring for them within the walls of the institution was viewed as the best way to discharge this responsibility.

The institution was hailed as ideal as it afforded the best medical care. Advances in medical technology, rehabilitation and after-care all took place at the institutional level. The best doctors were not to be found in poor law infirmaries or charity wards, but practicing in the institution.<sup>90</sup> During the South African War, the medical community became increasingly alarmed about the number of men who returned with chronic conditions, such as malaria and typhoid, requiring long term care and rehabilitation.<sup>91</sup> Only the institution, it was felt, could provide for their numbers.

As institutions afforded the finest treatment and most advanced rehabilitative methods, it made sense to offer this service to men who served their country.<sup>92</sup> Proper institutional treatment was, the medical community argued, the responsibility of the entire nation; it was not acceptable to have the nation's heroes languishing in workhouses or reliant upon charity.<sup>93</sup> The institution was viewed as a reward: men who sacrificed their health for the empire deserved these facilities. On a more practical level, it was also hoped that convalescent homes and proper, centralized medical care, would encourage men to reconsider the army. The logic followed that

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<sup>89</sup> Ibid.

<sup>90</sup> A.N. Bergen, 'Special Education and the Development of Expertise' (Unpublished conference paper, The University of Leeds, 26 June 2006).

<sup>91</sup> Omissi and Thompson, *The Impact of the South African War*, p.6.

<sup>92</sup> Ibid.

<sup>93</sup> *Hansard*, 5<sup>th</sup> Series, 1903, CXIX, 390: *BMJ*, Vol.II, October 1902, p.1025.

if men knew they would be provided for upon completion of military duties, then they would be more willing to volunteer.<sup>94</sup>

Within the institution, men could also be treated in a sanitary, controlled environment. Previous to the South African War men were sent on medical furlough to convalesce at home. However medical officials were increasingly beginning to question ‘whether it was wise or desirable, from a medical point of view to spend their convalescence [...] amidst surroundings that are often undesirable in many ways.’<sup>95</sup> Family homes were unhygienic and overcrowded. Convalescing at home could also be ‘morally degrading’ as family members either pitied or neglected their disabled relatives.<sup>96</sup> Thus, institutional care not only provided a clean environment where the progress of one’s impairment could be monitored, but facilitated the return to health and independence.

Most significantly, the institution was viewed as the best way to guard men against discrimination. Segregation within homes was thought to protect the disabled from the prejudice and pity they were sure to encounter. Integration, it was argued, would only expose men to discrimination and falsely raise their expectations of success in the able-bodied world. During the war years a variety of sheltered homes and workshops sprang up for the ex-serviceman founded on these same ideals. One justification for exclusion was the anger and resentment they would incur from trade unions if any concessions were made with regard to their employment in the outside world.<sup>97</sup>

Convalescent homes were deemed the best available option for those living with impairments: they afforded the most advanced medical treatment. The army and the state wished to provide the finest care not only to serve the interests of the men, but for more practical reasons which encapsulated insecurities regarding the future of the army. It was not insensitivity, or simply a narrow medical conception of disability which drove the move towards convalescent care. Rather, the institution was viewed as a positive advancement which justly rewarded invalided men. Importantly as well, discussions surrounding the institution reveal concerns over

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<sup>94</sup> *Hansard*, 5<sup>th</sup> Series, 1902, CVIII, 1453; *Hansard*, 5<sup>th</sup> Series, 1901, CVIII, 559.

<sup>95</sup> *Hansard*, 5<sup>th</sup> Series, 1900, CLXI, 166.

<sup>96</sup> *Ibid*: *BMJ*, Vol.II, October 1902, p.1025.

<sup>97</sup> Burdett-Coutts, *The Sick and Wounded in South Africa*, p.241.

discrimination, prejudice, and anxiety over the long term care and health of ex-servicemen. Hence, the institution did not simply medicalise disability or lock away those with impairments. On the contrary, advocates of the institution concerned themselves with public attitudes towards disability and recognized the societal discrimination surrounding impairment.

### **Conclusion**

Disability historians posit that the Edwardian years were grim and discriminatory. True, many ex-servicemen did suffer physical and financial hardships. Moreover, disability was stigmatized and imbued with notions of poverty and class. However, the state, the army, charity and medicine were much more sensitive to the needs of disabled men than has been previously suggested.

The years 1899 to 1914 witnessed changes in both thought and social policy. Pensions were increased to better facilitate comfort and convalescence, and in a notable break with past policy and prejudice, disease was recognized as a category worthy of compensation. Some parliamentarians became increasingly aware of the difficulties ex-servicemen encountered and lobbied passionately on their behalf. Public consciousness was also possibly altered. The very nature and scale of the South African War brought the disabled ex-serviceman, into the public arena; civilians were actively involved in both the war effort and in provisions for sick and wounded soldiers. It is possible that this increased sympathy for the soldier, and heightened awareness of disability issues. Ex-service organizations, led by enlightened leaders such as James Gildea, worked to dispel the stigma surrounding disability and to help men achieve independence.

Evidence exists of a nascent social awareness of disability. Ex-service organizations, medical professionals and the state acknowledged, to some degree, the social barriers encountered by disabled men. Even the institution – a word synonymous with exclusion – reveals concerns surrounding prejudice and societal indifference. Deeply entrenched notions of disability were, of course, not eradicated. Tensions between traditional conceptions of disability and evolving reforms were evident. However, a close examination of this period reveals a complex picture of disability. The state, the army, the medical community and charitable organizations were all growing increasingly aware of the needs of the disabled and the wider

social issues which disability encapsulated. On the eve of the Great War, attitudes towards disability were undergoing significant change.

## Chapter Two – Disability on the Western Front

### Introduction

The number of men who returned home disabled from the Great War was unprecedented. Between 1914 and 1915 one out of every one hundred hospitalized men lost a limb,<sup>1</sup> and an average of 360 men with some form of disability returned home every month.<sup>2</sup> During the entire course of the war, a quarter of all battle casualties arriving at military hospitals were orthopaedic cases requiring amputation.<sup>3</sup> seventy percent of these amputees were young men under the age of thirty.<sup>4</sup> By the end of the war a total of 41,050 men had lost at least one limb through amputation.<sup>5</sup> Casualty tents and war hospitals were chaotic and terrifying places where overwhelmed and overworked surgeons frenetically chopped off limbs in a desperate attempt to halt the spread of infection and save lives. In trenches and in no-man's land, severely disabled men waited hours and sometimes days to be rescued. Bacteria, jagged shrapnel, gas gangrene and rushed medical treatment all conspired to create complicated and long lasting impairments. Such were the horrors encountered on the Western Front that journalist Phillip Gibbs scathingly described the war as nothing more than 'a great carving of human flesh which [is] our boyhood.'<sup>6</sup>

In terms of weaponry, medicine, and sheer number of casualties, the War is generally agreed upon as an important turning point in the history of conflict and heralded as ushering in the twentieth century. Historians have identified the Great War as a watershed in military surgical history. Advances in medicine and surgery were developed out of necessity. Much has also been written about the development of modern warfare and the impact of new machinery and weaponry on the human body. Less well known, however, are the reactions and attitudes of those who

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<sup>1</sup> A. Bowlby, 'The Hunterian Oration', *British Medicine at the Front* (1915), p.28.

<sup>2</sup> Cd. 7915, *Report of the Committee Appointed by the LGB Upon the Provision of Employment for Sailors and Soldiers Disabled in the War* (1915), p.3.

<sup>3</sup> F. Watson, *Civilization and the Cripple* (1930), p.19.

<sup>4</sup> J. Bourke, *Dismembering the Male: Great Britain, Men's Bodies and the Great War* (1996), p.37; J. M. Winter, 'Britain's "Lost Generation" of the First World War', *Population Studies*, Vol.XXXI (1977), p.451.

<sup>5</sup> G. Howson, ed. *Handbook for the Limbless* (1921). p.xii.

<sup>6</sup> P. Gibbs, *The Realities of War* (1920), p.306.



experienced disabling injury, or witnessed its effects first hand. Whilst several oral histories have compiled the reminiscences of Great War ex-servicemen, these works only examine injury insofar as how they enliven the war itself, and further elucidate the chaos and confusion that surrounded most battles and medical treatment.<sup>7</sup> Thus far, Joanna Bourke's *Dismembering the Male* (1996) is the only study which examines men's attitudes toward their bodies and their impairments.

This chapter will examine the immediate impact of disability in the war. It will explore how soldiers and medical staff reacted to injuries and disabilities incurred on the Western Front. In so doing, it will draw on a variety of published sources including oral histories and autobiographies, as well as previously unused or underused unpublished materials including letters, diaries, and journals. The chapter will also assess how the home front initially coped with the influx of disabled men and its effectiveness in adequately caring for men invalided home. This chapter contends that it was the unique crisis of the war, more than any existing attitudes which impacted upon soldiers' and medical workers' perceptions towards disability at the Front. It also posits that the state and charity coped better than has previously been contended.

### **Soldiers**

Regrettably, relatively few soldiers have bequeathed sources which reveal their experiences of injury and disability. However, common attitudes and reactions can be gleaned from what has been left behind. These reactions can be found in two types of sources: unpublished primary sources in the form of letters and diaries written at the time of injury, and published primary sources including oral histories and autobiographies compiled many years after the war. The latter has its disadvantages: memories can be unreliable and inaccurate when recorded decades later. Moreover, oral history interviews may ask leading questions in order to represent a certain aspect of the war. However, these sources should not be dismissed. They still provide valuable evidence as to how men initially coped with their impairment.

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<sup>7</sup> See for example, M. Arthur, *Forgotten Voices of the Great War* (2002); R. Van Emden and S. Humphries, *Veterans: The Last Survivors of the Great War* (Barnsley, 1998); R. Van Emden, *Britain's Last Tommies: Final Memories From Soldiers of the 1914-18 War In Their Own Words* (Barnsley, 2005).

Men who recall experiences of disability in their memoirs most vividly portray the image of wounded men who were forced to wait days before rescue and treatment. Second Lieutenant Tucker of the Bradford Pals recalled how he watched in horror as wounded men in no-man's land were sniped if they tried to move or call for help. Many had to wait until nightfall until it was safe enough for stretcher-bearers to venture out into the open.<sup>8</sup> In his autobiography, *Count Your Blessings*, Jack Benn Brunel-Cohen describes in detail his agonizing day lying in no-man's land amid heavy shelling. Even after rescue, he was still unsure if he would survive; his stretcher bearers abandoned him several times during heavy artillery fire as they took cover in shell holes. Upon his eventual arrival to the casualty tent, Cohen had both his legs amputated above the knee.<sup>9</sup> Whilst not permanently disabled from his injuries, future Prime Minister Harold Macmillan also describes his experiences waiting for medical help after being hit by a shell. Bleeding heavily, and unsure about the seriousness of his injuries, Macmillan had to drag himself most of the way to the first aid post before being found and rescued by stretcher-bearers.<sup>10</sup>

Wounded men waited hours, sometimes days, before medical assistance arrived. The length of time between injury and rescue often made the crucial difference in whether or not an amputation would be necessary. Already severe injuries were further complicated by mud and dirt, and infection soon set in. For those who witnessed these injuries, or attempted to rescue their fallen comrades, the sight of so many severely wounded men was a terrifying and bewildering sight. As Captain Leetham of the Rifle Brigade recorded in his diary, 'it was the wounded that made the place such a hell. I did not mind the dead. I could do nothing for them, but one felt so incapable of doing so much for the wounded.'<sup>11</sup> Lance Corporal James Keddie, who himself eventually had his foot amputated, revealed in a letter home his own feelings of horror and helplessness. He wrote to his mother that:

[...] the loss of life was awful, and oh, the horrors the sights were dreadful, one poor beggar came along for someone to tie his arm up. Nobody seemed to care for the job, so I got hold of him and did

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<sup>8</sup> R.N. Hudson, *The Bradford Pals* (Bradford, 1998), p.64.

<sup>9</sup> J.B Brunel-Cohen, *Count Your Blessings* (1936), p.43.

<sup>10</sup> H. Macmillan, *The Winds of Change* (1936), p.89.

<sup>11</sup> M. Brown, *Tommy Goes to War* (1986), p.207.

my best. The arm was completely off at the elbow, a fearful sight. While attending him I got a flesh wound.<sup>12</sup>

For Benjamin Clouting, these experiences haunted him even in his elderly years. At the age of 97 he recalled how:

[...] there is one image that has stuck in my mind, and if I could paint, I would paint it today. It would be a soldier with his right arm blown off, a piece of dressing pinned across his wound, leading another man who had been blinded. The two were on parallel duckboards to ours, the blinded man, bandages draped across his eyes, walked behind. He was holding onto his comrade's shoulder as he was led back down the line, and it was unbelievably pathetic. As such, it was no abnormal sight, and indeed it didn't even turn my stomach. Yet it was somehow a moment in time, and I have never forgotten it.<sup>13</sup>

The excruciating experiences of their comrades naturally had a profound impact on soldiers. The fear of disablement was deeply ingrained in the soldier's psyche. Men preferred death over what they witnessed. 'I remember thinking that if my time came I hoped it was a bullet and that it would be sudden' recalled Dick Trafford, 'I never wanted to be a cripple or robbed of my senses.'<sup>14</sup> Similarly, Allen Short prayed for death before each battle remembering that 'I decided I would rather be killed than maimed for life'.<sup>15</sup> Frank Richards recalled that: 'It was death we all wished for [...] It was much preferable than to be [...] horribly wounded and disfigured by shell splinters and perhaps still survive it.'<sup>16</sup>

Soldiers viewed disability as a fate worse than death. Yet within the context of the war, this perception is understandable. The visible effects of modern weaponry were horrifying. Men were not just disabled, but mutilated in the most ghastly fashion. The injuries men witnessed were beyond anything they could possibly imagine. As one young Yorkshire man wrote, 'Shells leave a hideous residue of maimed and slaughtered men, and their comrades appalled and shaken.'<sup>17</sup> In his diaries, Private Rowland Myrddyn Luther vividly illustrates the injuries he

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<sup>12</sup> IWM, Lance Corporal J. Keddie, 88/27/1.

<sup>13</sup> B. Clouting, *Tickled to Death to Go: Memoirs of a Calvary Man in the First World War* (Staplehurst, 1996), p.38.

<sup>14</sup> Van Emden, *Britain's Last Tommies*, p.111.

<sup>15</sup> *Ibid.*, p.265.

<sup>16</sup> F. Richards, *Old Soldiers Never Die* (1965), p.181.

<sup>17</sup> L. Macdonald, *Voices and Images of the Great War* (1990), p.91.

had witnessed. 'The fear of mutilation played havoc with our minds, he wrote, 'I had seen much of it and wanted to die whole.'<sup>18</sup>

For others, disability equaled a loss of manhood. Private Henry Russell contemplated suicide after being seriously injured by a shell at Gommecourt. Lying in a shell-hole, he decided if he survived he would not be fit 'for anything in this world', and for lack of any other implement drank an entire bottle of rum in the hope that he would fall asleep and bleed to death. However, when this did not work he resolved to save himself, and despite multiple injuries, including a smashed arm and leg, he survived and was rescued at nightfall. In his own estimation, though, he was no longer a real man. For Russell, dying on the battlefield was ultimately more glorious than returning home an 'emasculated cripple'.<sup>19</sup> In another example, Rifleman H.V. Shawyer remembered his severely disabled friend:

He was, or had been, a magnificent specimen of manhood; six feet tall. There was not a mark on him yet he was helpless as a child. His legs were paralysed, likewise his arm. He could not raise himself into a sitting position. And he was dumb.<sup>20</sup>

It was with both fear and pity that Shawyer watched his friend turn into a 'helpless and useless hulk of a man.'<sup>21</sup> However, not all injuries were feared. Small, temporary impairments were often welcomed. The coveted 'blighty' wound – serious enough to send one home, but not serious enough to permanently disable – was what many soldiers wished for.<sup>22</sup> Benjamin Clouting received a 'blighty' in the ankle while volunteering as a stretcher-bearer. 'I knew how lucky I was'; he recalls in his memoirs, 'while others were going home with limbs missing or faces irreparably damaged.'<sup>23</sup> Ted Francis also saw his injury as an auspicious event, referring to his broken ankle a 'splendid thing.' Even though the operation was painful and he faced a long convalescence, he had the reassurance he would not get sent back to the front. 'I was fortunate with my wound because they thought it was more serious than it was', he recalled. '[...] the fellow in the next bed to mine in the base hospital said "You're for England in the morning," and that was the most

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<sup>18</sup> IWM, R. Myrddyn Luther. 87/8/7, p.33.

<sup>19</sup> Brown, *Tommy Goes to War*, pp.168-9.

<sup>20</sup> MacDonald, *Voices and Images of the Great War*. p.249.

<sup>21</sup> Ibid.

<sup>22</sup> E. Carrington. *A Subaltern's War* (1930), p.138.

<sup>23</sup> Clouting, *Tickled to Death to Go*, p.112.

beautiful sentence I ever heard throughout the war.’<sup>24</sup> For men who daily witnessed agonizing, and seriously disabling injuries, a ‘blighty’ seemed like a fortunate act of fate on their behalf.

For others, however, death was preferable to even a ‘blighty’, let alone a more seriously debilitating injury. Rifleman Charles Ruck joined the war for adventure and glory. Yet a machine gun cut through his knee, sending him home before he saw much action. ‘To end like this [...] without honour or glory – just a casualty! I knew I had a blighty one, but I didn’t feel grateful I’d been spared a worse fate. All the old magic had suddenly gone.’<sup>25</sup> Others still, were highly suspicious of the ‘blighty’, accusing the wounded of cowardice and malingering, or even of self-inflicted injury in a bid to escape the war. In his memoir, *Old Soldiers Never Die*, Frank Richards claims that self-inflicted ‘blighties’ were common, and that men with minor injuries were sent home too hastily.<sup>26</sup> However, incidences of malingering and self-inflicted harm are disputed. Clouting insisted it did not happen, and that although men discussed shooting themselves, or assisting others in their bid for freedom, no one in his regiment actually had the nerve to follow through with it.<sup>27</sup> In his report on the war, journalist Philip Gibbs also dismissed any similar accusations, asserting that the suffering was so atrocious he found it impossible that anyone would actually wish to harm themselves.<sup>28</sup>

Despite their common circumstances, there was no complete shared experience of disability amongst soldiers in the trenches. Men reacted differently to their own injuries, and to those of their comrades, depending on their own personality and type of wound incurred. Some were grateful just to get out of the hell, and would realize the full implication of their wounds much later; others would have rather died than return ‘mutilated’; others saw it as ‘missing out’. Whilst common reactions can be unearthed, the experience of injury could be a very individual one.

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<sup>24</sup> R. Van Emden and S. Humphries, *All Quiet on the Home Front: An Oral History of Life in Britain During the Great War* (2003), pp.122-3.

<sup>25</sup> L. Macdonald, *To the Last Man: Spring 1918* (1998), p.354.

<sup>26</sup> Richards. *Old Soldiers Never Die*. p.266.

<sup>27</sup> Clouting, *Tickled to Death to Go*, p.102.

<sup>28</sup> Gibbs, *The Realities of War*, p.305.

Initial reactions towards their injuries can nonetheless be very revealing for the historian. Those who have bequeathed their thoughts and experiences demonstrate a medicalisation of disability amongst soldiers. Overall, soldiers viewed disability as horrific, tragic, painful and, quite often, as a fate worse than death. Injured men were greeted with pity, fear and revulsion from their comrades. Prejudice, superstition and fear were all common feelings towards one's disabled comrades and one's own body.

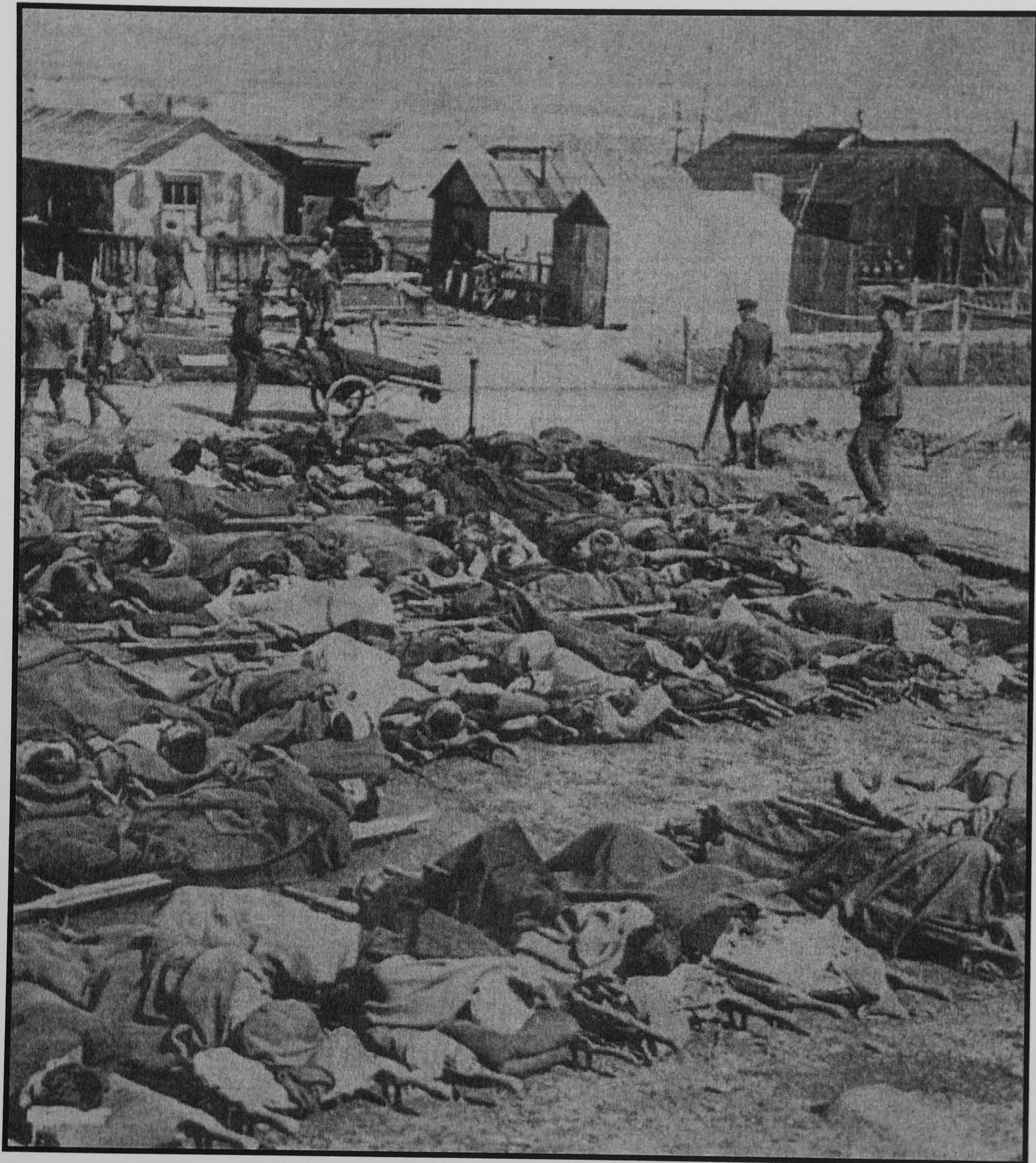
Men's reactions to injuries depended on many factors. Deeply ingrained societal attitudes towards impairment impacted upon men's perception of disability. The view that disabled persons were tragic figures, and somehow less than human persisted. Often these attitudes were expressed within their own families. For example, when Pete Mason announced he had signed on to the Yorkshire Hussars, his horrified father angrily responded, 'well just supposing Pete, you come back with a leg or arm off? Who wants you?'<sup>29</sup> Mason's father's response stemmed from both his long held conceptions regarding disability, as well as his knowledge of injuries and disabilities which were almost a daily feature of war reporting in the news. Men entered the war with their own pre-conceived notions of what it meant to be disabled, as well as an awareness of the stigma attached to disability in their own communities.

Conceptions of masculinity further complicated attitudes towards disability. For many, joining the war was a way to demonstrate manhood and bravery. Dying on the battlefield was a glorious, noble death. Returning wounded, however, was less gallant. As Joanna Bourke has argued, men feared returning 'less a man' and worried disability would compromise their masculinity. 'All men feared being torn apart physically, and those who were had to struggle with the devastation wreaked upon their bodies.'<sup>30</sup> Men's own perceptions of masculinity, as well as societal conceptions of manhood shaped men's feelings towards the possibility of impairment.

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<sup>29</sup> Macdonald, *Voices and Images from the Great War*, p.19.

<sup>30</sup> Bourke, *Dismembering the Male*, p.56. For a discussion on masculinity see also, W.J. Gagen, *Disabling Masculinity: Ex-servicemen, Disability and Gender Identity, 1914-1930* (unpublished PhD thesis, The University of Essex, 2004).



**Fig.3: Scene from a Casualty Clearing Station at Flanders**

[www.firstworldwar.com/photos/medical.htm](http://www.firstworldwar.com/photos/medical.htm), accessed 25 April 2007.

Societal expectations, conceptions of masculinity, and stigma surrounding disability, were not the most important factors in shaping men's attitudes towards impairment. The immediate, actual, physical danger influenced men's perception of impairment more than any societal factors combined. Men had a very real reason to fear disability. It must not be underestimated how terrifying it could be to observe and experience the effects of modern warfare. Men experienced and witnessed not only horrific injuries, but incredible pain.

Moreover, few men thought beyond the immediacy of the war. For men in the trenches and in field hospitals, a life outside the war seemed distant. The average soldier in the trenches lived day to day. Many never believed they would ever see England again. Few, therefore, would have cast their mind to how they would continue their lives as disabled, or to the societal stigma attached to impairment. What is more, there was very little time to spare a thought for life after the war or how they would resume their own lives, even if they wished to. Soldiers' thoughts were consumed with food, sleep, and dirt. It is very probable that men's reactions towards impairment ventured very little beyond actual thoughts of pain and disfigurement.<sup>31</sup> It was only whilst convalescing that men had the time to reflect on the future.

For others, disability was not necessarily a fate worse than death, but simply a more prolonged death. Spinal injuries or 'helpless' cases were common, yet little could be done except make soldiers disabled in this way as comfortable as possible. Spinal injuries were still a mystery to the medical community in the early twentieth century. Before the advent of antibiotics a great number of paralysed men died from ensuing infections. A survey of one hospital in 1915 revealed that out of 339 spinal cases, 160, or 47.2% of all patients died from urinary tract infections eight to ten weeks after admission. These infections spread to the kidneys and other organs resulting in a slow and painful death. The overall mortality rate for spinal injuries throughout the war was a staggering 80%.<sup>32</sup> The worry for men was not just disability, but an impairment that would leave one helpless and susceptible to an agonizing death. It was not just spinal injuries that men had to fear. Other internal

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<sup>31</sup> For a discussion on mindset in the trenches see T. Ashworth, *Trench Warfare 1914-1918: The Live and Let Live System* (Basingstoke, 1980), pp.99-128 and J. Ellis, *Eye-Deep in Hell* (1976), pp.190-98.

<sup>32</sup> J. Silver, 'A History of Paraplegia'. *History of Medicine*, Vol.6, No.1 (1975), p.20.



wounds could easily become infected, and even innocuous injuries could easily lead to complications and ultimately result in death.

Finally, soldiers experienced disability differently from civilians. Unlike adults and children who were disabled through disease, men experienced disability suddenly. On the field of battle disablement was instantaneous, and men feared the immediate transition from 'fighting soldier to immobile cripple.'<sup>33</sup> There was no time for men to adjust to their new bodies. Fear, repulsion, and pity were all common feelings which disabled men aroused amongst their comrades. However, it is probable that these feelings were less to do with societal stigma and men's own preconceptions towards impairment, than the immediate experiences of the battlefield. The feelings men held towards disability was very real and understandable. It is likely that few thought long term about their lives as disabled men in the civilian world. The immediate dangers on the battlefield would not allow for such reflection. Disabilities were incurred suddenly, and brutally. Based on their experiences, many men wished for a quick and painless death over the agony of impairment.

### **Medical staff**

Doctors, too, had little time to consider the implications of disability and the long term effects of the thousands of war injuries they treated daily. Whilst medical workers have bequeathed more memoirs than injured soldiers, and although such source material is still scarce, common reactions to disability can be found. Volunteers and medical staff on the Western Front reveal feelings of horror and pity, as well as a widespread conceptualization of the disabled as stoic and uncomplaining. These common reactions towards disability will be explored in turn.

Historians John Keegan and Richard Holmes have described the Great War as a 'wound epidemic'; for the first time, men were more likely to be killed or permanently disabled through injury rather than illness.<sup>34</sup> Shells, bombs and grenades caused severe and disfiguring impairments. Doctors and nurses were presented with injuries they had never before witnessed. Wounds were already severely infected before there was any possibility of treatment. For those doctors who 'dream of performing marvelous operations at the front', cautioned one medical

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<sup>33</sup> J. Keegan and R. Holmes, *Soldiers: A History of Men in Battle* (1985), p.162.

<sup>34</sup> *Ibid.*, p.35.

text, 'there will be much to learn and unlearn.' The war 'will test [a surgeon's] capacity and resource, and tend to break his heart as never before.'<sup>35</sup> Every day was, 'an endless round of chopping off shattered limbs and sewing up ripped flesh.'<sup>36</sup> The pointed bullets in rifles and machine guns had a shattering effect on bones. The bullets tended to turn on impact making them more destructive. At longer ranges the effects were more explosive and the bullets broke up scattering bits of metal into the skin.<sup>37</sup> Doctors were overwhelmed and frequently at a complete loss. 'A shell-wound is everything that a wound should not be', wrote one RAMC surgeon in 1915, 'huge, ragged, irregular, like the jagged saw-toothed-edged fragments which produce it, and worst of all, horribly infected.'<sup>38</sup>

Medicine was largely Victorian in nature at the time of the War, and surgery itself had just started evolving into a specialty. Established in 1913, the Medical Research Committee was the first step in organizing medicine and medical research under centralized, state control, but it had scarcely started its work when war broke out.<sup>39</sup> There was also a shortage of surgeons, and most had barely finished their specialized training in 1914. Casualty clearing stations and base hospitals were not the hygienic, sterilized institutions to which civilian doctors were accustomed. They were often makeshift and incomplete, and there was barely time to sterilize instruments or wash one's hands between cases. Many felt desperation as their training did little to prepare them for the cases they saw, and medicine itself appeared ineffective. 'The current war', stated one medical text published in 1915, 'has taught us that part of our boasted advances was useless [...] much still has to be learnt, for Lister's teaching has not yet been able to abolish suppuration under the unfavourable conditions of war.'<sup>40</sup> Amputations were even known to take place in the trenches. As Philip Gibb witnessed:

A sergeant in the west riding was badly wounded as he stood in thigh high water [...]. Word was passed down to the field ambulance and a surgeon came up, splashed to the neck in mud with his

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<sup>35</sup> H.M.W. Gray, *The Early Treatment of War Wounds* (1919), p.1.

<sup>36</sup> Ellis, *Eye-Deep in Hell*, p.114.

<sup>37</sup> A. J. Hull, *Surgery in War* (1916), p.xiii.

<sup>38</sup> W. Hutchinson, *The Doctor in War* (1915), p.11.

<sup>39</sup> The BMA, *British Medicine in the War* (1916), p.6.

<sup>40</sup> D. Power, *Wounds in the War: Their Treatment and Results* (1915), pp.7-10.

instruments held high. The operation was done in the water, red with the blood of the wounded man, who was brought down less a leg to the field hospital.<sup>41</sup>

In a frenzied rush to save lives and keep pace with the continuous stream of wounded, doctors operated and amputated at a hectic pace. The results, more often than not, were less than perfect. Dr. Warwick Deeping, on watching another surgeon amputate a limb compared the whole process to ‘a butcher’s cleaver and a section across a leg of mutton.’<sup>42</sup> Similarly, orderly C.P. Blacker frequently referred to the surgeons he worked with as ‘butchers’ and recalls with disgust how after amputations he was left to ‘pick up the mutilated pieces.’<sup>43</sup> Time, circumstance, and sheer numbers, all conspired to create amputation stumps that resembled ‘the necks of hacked chickens.’<sup>44</sup> Limbs were sawn off with little knowledge of the surgery itself, or how to leave a clean stump. The number of amputations was unprecedented, and surgeons were often overwhelmed by the amount they had to perform each day. A fear of sepsis and gas gangrene meant that numerous limbs were amputated even if the injuries were such that they could be saved. One doctor dryly referred to his operating theatre as “The Butcher Shop.” ‘We lop off limbs here all day long, and all night’, he told an interviewer, as he gestured to a pile of arms and legs in the corner, ‘you’ve no idea.’<sup>45</sup>

To the doctors’ horror as well, gas gangrene reappeared in amputated stumps. Before the advent of antibiotics and an understanding of bacteriology, the causes and treatments for gangrene remained elusive. Its pathology was misunderstood and it baffled everyone as to how ‘a patient left in good condition could be found moribund in a few hours.’<sup>46</sup> As destructive and efficient as the actual weapons of war, bacteria were much more deadly. Microorganisms that lay in the earth had what surgeons called ‘a disorganizing effect on bones.’<sup>47</sup> The earth teemed with bacteria, and life in the rain-filled trenches made personal cleanliness

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<sup>41</sup> Gibbs, *The Realities of War*, p.174.

<sup>42</sup> W. Deeping, *No Hero – This* (1936), p.28.

<sup>43</sup> J. Blacker, ed. *Have You Forgotten Yet?: The First World War Memoirs of C.P. Blacker* (2000), p.23.

<sup>44</sup> R. Cooter, *Surgery and Society in Peace and War* (Manchester, 1992), p.110.

<sup>45</sup> Gibbs, *The Realities of War*, p.305.

<sup>46</sup> T.J. Mitchell, *Medical Services: Surgery of the War: Vol.II* (1922), p.143.

<sup>47</sup> J. Bland-Sutton, ‘Observations on Injuries of the Bones of the Limbs’, *Journal of the RAMC* (1916), p.314.

impossible. Despite various medical texts warning against too much interference with wounds on the battlefield, the man, his comrades, and stretcher-bearers all handled and dressed wounds on route to the casualty clearing station. Germs, too, entered on impact and by the time the soldier got to the hospital his dressing was filthy and thoroughly covered in microorganisms. Even clean and innocuous wounds were not immune: Gerald Warry was admitted with a simple injury. Yet he contracted gangrene whilst in hospital and required several amputations to his right leg in an effort to combat the infections. His final surgery removed the remainder of his leg at the upper thigh.<sup>48</sup>

The need for countless amputations left hospital staff terrified and bewildered. Katherine North volunteered as an ambulance driver at the age of seventeen. Her memoirs further reveal the gruesome tasks facing field hospitals:

There were four operating tables going, instruments were being thrown across from one table to another, some operations were being done without anaesthetics as the supply had begun to give out, amputated limbs, bits of flesh, pails and pools of blood were all over the floor. The whole place looked a shambles. How the doctors stuck it I don't know. They were working night and day in a vain endeavour to keep up with the even higher numbers [...] one girl who was quite untrained was working all hours giving intravenous fluids.<sup>49</sup>

Orderly C. P Blacker remembered a similar scene:

[...] a man was brought in with a deep gash on his back and both legs smashed and gangrenous. He had laid unattended for a long time [...] Shaw [one of the surgeons] then proceeded to cut off his left leg through the thigh while at the same time [a second surgeon] cut off his right foot above the ankle joint. I held his left leg while Shaw sawed through the femur [...] the man died on the table and his mutilated body with bleeding stumps, was carried to the mortuary [...] the butcher's work and the smell of gas gangrene sickened me [...]<sup>50</sup>

As the war progressed, amputation itself became more of a honed technique. New findings and experimental procedures were disseminated as quickly as possible amongst peers both at home and on the front. For efficiency, doctors were encouraged not to take more than ten minutes on each amputation and avoid using

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<sup>48</sup> IWM, The Papers of Private Gerald Warry, 96/12/1.

<sup>49</sup> The Katherine North Papers, Brotherton Library Special Collections, The University of Leeds, p.34.

<sup>50</sup> Blacker, *Have You Forgotten Yet?*, p.23.

anesthetic.<sup>51</sup> However, not all were agreed on what methods worked best. Many texts urged caution in amputation and to wait for the men to recover from shock. However a delay in removing ‘a badly smashed limb’ could result in sepsis and few doctors had the time to closely observe a single patient, or consult a colleague, as was recommended. It was generally a chaotic and confusing time for all involved, and one that required both resourcefulness and invention. ‘I found’, recalled surgeon Stephen Coffin, ‘that in the army one had to learn as one went.’<sup>52</sup>

Whether the war ushered on great changes and advances in both general medicine and orthopaedic surgery has been discussed extensively in medical historiography.<sup>53</sup> However, one thing is certain: the war pushed medical resources to the limit, and rallied prominent members of the medical community and RAMC to disseminate information as quickly as possible. There was an explosion of medical texts published throughout the war years. However, few in the medical community recorded their experiences. What records they did keep were intended for use by other doctors, and thus largely clinical in nature. When it comes to recording the experiences of wounds and disability ‘they are strangely inarticulate.’<sup>54</sup> It is only in rare accounts such as Warwick Deeping’s *No Hero – This*, that the thoughts and feelings of surgeons make themselves known. Deeping saw himself as ‘one small scavenger in a world of shambles [...] a patcher up of bodies that the war would smash.’<sup>55</sup> He recounts how he spent the war exhausted and in a daze, seeing only body parts rather than men, and desperately trying to come to grips with the horrors that he witnessed every day.

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<sup>51</sup> A. Bowlby and C. Wallace, ‘The Development of British Surgery at the Front,’ *British Medicine in the War* (1916), p.35.

<sup>52</sup> The Stephen Coffin Papers, Brotherton Library Special Collections, The University of Leeds, p.2.

<sup>53</sup> Key texts that examine the impact of war on medicine include: D. Dwork, *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898-1918* (Tavistock, 1987); R. Cooter, ‘Medicine and the Goodness of War’, *Canadian Bulletin of Medical History*, No.12 (1990), pp.147-59; D. Armstrong, *Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century* (Cambridge, 1993); M. Harrison, ‘The Medicalization of War – The Militarization of Medicine’, *Social History of Medicine* No.9 (1996), pp.267-76; M. Harrison, ‘Medicine and the Management of Modern Warfare’, *History of Science*, Vol.XXXIV (1996), pp.379-410; R. Cooter, M. Harrison and S. Sturdy, eds. *War, Medicine and Modernity* (Stroud, 1999).

<sup>54</sup> J. Laffin, *Surgeons in the Field* (1970). p.6.

<sup>55</sup> Deeping, *No Hero – This*, p.11.

As expected, published medical texts are clinical in nature. Injuries are sanitized and soldiers are praised for their bravery and pluck in the face of horrific disabilities. As one text proclaimed, 'The soldier is quite inured to the sights and ideas that would quite upset ordinary peaceful people. He is rarely disturbed by the prospect of an operation.'<sup>56</sup> Other doctors comment upon how 'plucky' convalescents take pride in their injuries and joke cheerfully with hospital staff.<sup>57</sup> This can lead one to surmise that doctors were dismissive of actual pain and viewed disability in purely clinical terms. However, any reference to bravery did not necessarily reflect the stoical stereotype of the injured soldier. Rather, doctors were in awe that anyone could undergo the amount of physical pain these men suffered. It is likely as well, that regardless of how men reacted to their injuries, medical workers were genuinely impressed by how men coped. No one had witnessed such horrific disabilities before.

The pain men suffered must have been incomprehensible to those who cared for them. Men who survived excruciating surgery and agonizing pain earned sympathy and a certain amount of respect from doctors and nurses. Nurse Mabel Booth had nothing but admiration for her patients. She recalled how 'the men would get bouts of depression, anyone would, but they'd always try to hide it, I mean their courage was beyond words.'<sup>58</sup> Considering the numerous horrors hospital staff witnessed on a daily basis, it is unfair to assume that they simply dismissed any pain men endured and expected nothing less than silent stoicism. It is conceivable that men were viewed as courageous no matter what their reaction to treatment. What is more, a misunderstanding of shock and its effects on both the human mind and body may have led some medical workers to believe that men handled their disabilities in a manful fashion, when, in reality, they were suffering extreme shock.

Moreover, if doctors were dismissive of men who dealt with their pain in a less than gallant fashion, it was due to practicalities as much as any preconceived notion that the disabled should be stoic and uncomplaining. The immediate task at hand, that of saving lives and removing diseased and broken limbs, left little room for dealing sympathetically with scared young men. As one nurse brusquely stated,

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<sup>56</sup> D.S. Greenfield, 'The General Condition of the Wounded', in A.J. Hull, ed. *Surgery in War* (1916), p.18.

<sup>57</sup> 'A Man with Sixty-Four Wounds', *The Manchester Guardian*, 21 December 1914. p.10.

<sup>58</sup> Van Emden and Humphries, *All Quiet on the Home Front*, p.128.

‘its kill or cure here, with no time to worry.’<sup>59</sup> For doctors there was little time for reflection. As Warwick Deeping recorded:

I have no consciousness of the passing of time or any feeling of being tired. Wounded come in and wounded go trundled away on trolleys [...] I do not know how many wounded I have dressed, or what the hour is. I might have been working for five minutes or five hours.<sup>60</sup>

It was not until after 1916 when fighting died down on the Somme that surgeons had the luxury of taking extra time with their patients, let alone fully investigating each case personally.<sup>61</sup> If doctors were dismissive and brusque with terrified patients, it is conceivable this brusqueness resulted from necessarily rushed hospital care, and the frayed nerves and patience which would surely result. Sheer exhaustion and their own keen sense of horror may have also prevented any outpouring of sympathy and prompted impatience with their more demanding patients.

Another common reaction to disability is that of pity. In their memoirs medical personnel recall with deep sadness the loss of limbs and disfiguring disabilities. Katherine North often refers to ‘beautiful young’ boys, the tragedy of their injuries,<sup>62</sup> and their screams of pain which rang in her ears as she maneuvered her ambulance through the fields of Flanders.<sup>63</sup> Mabel Booth also remembered with pity how ‘it was dreadful to see a fine, healthy man knocked about,’ and to have to send him home minus one or more limbs.<sup>64</sup> Disability historiography has traditionally criticized any feelings of pity or portrayals of the disabled as tragic figures, as this constructs disabled persons as somehow less than human.<sup>65</sup> However, in the context of war these feelings are entirely understandable. Medical personnel did experience genuine feelings of loss and sadness at the number of permanently disabled men.

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<sup>59</sup> Gibbs, *The Realities of War*, p.307.

<sup>60</sup> Deeping, *No Hero – This*, p.244.

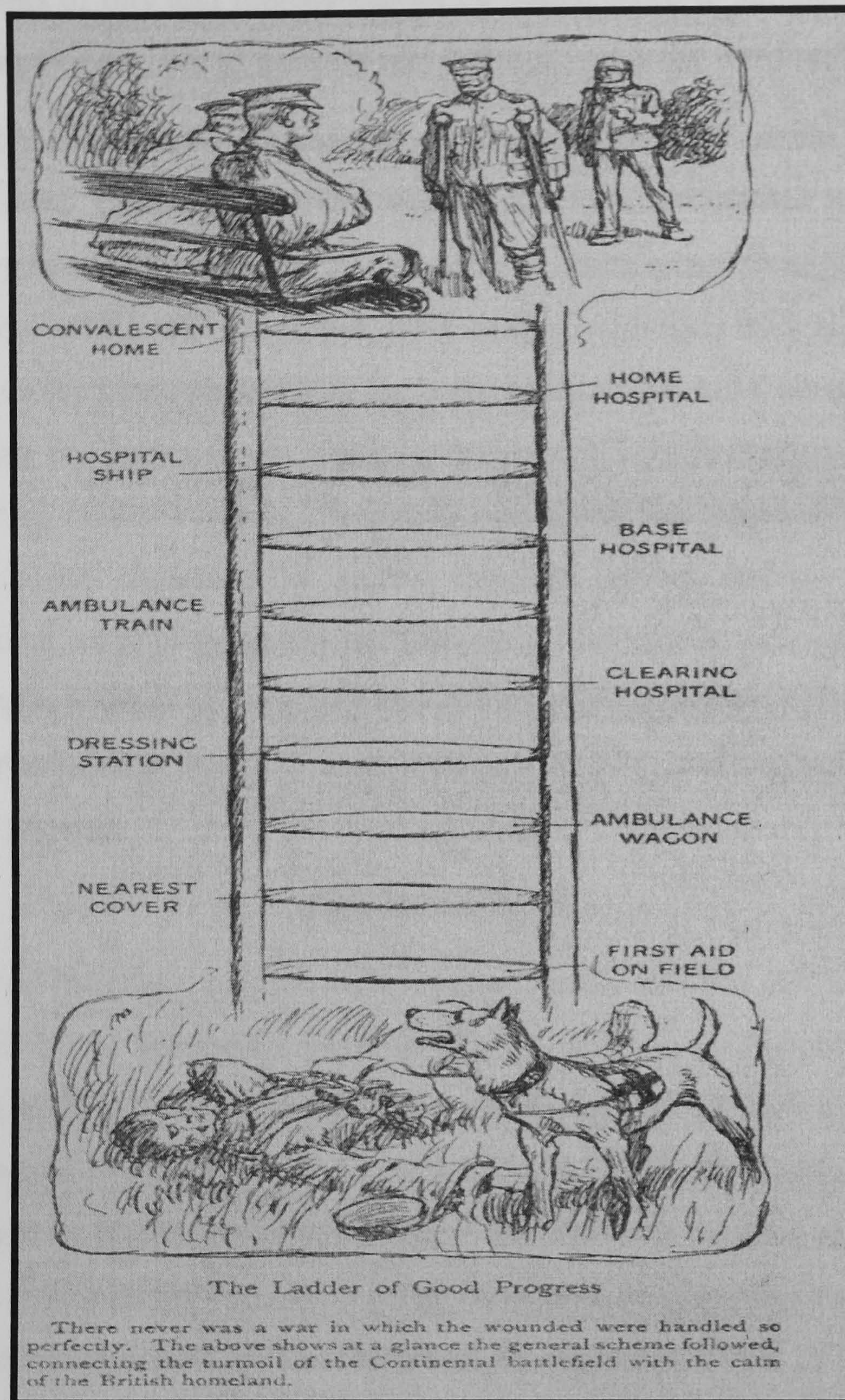
<sup>61</sup> Laffin, *Surgeons in the Field*, p.216.

<sup>62</sup> The Katherine North Papers, p.86.

<sup>63</sup> Van Emden and Humphries, *All Quiet on the Home Front*, p.14.

<sup>64</sup> *Ibid.*, p.128.

<sup>65</sup> See for example, P.K. Longmore and L. Umansky eds. *The New Disability History: American Perspectives* (New York, 2001); T. Meade and D. Serlin, eds. *Disability and History* (Durham, 2006).



**Fig.4: 'The Ladder of Good Progress' illustrates the ideal progress of treatment, yet also reveals the number of stages at which wounds were handled and further exposed to infection before reaching the clearing hospital.**

[www.firstworldwar.com/photos/medical.htm](http://www.firstworldwar.com/photos/medical.htm), accessed 25 April 2007.



It was a tragedy. For those who had to perform seemingly endless amputations and witnessed the pain men endured, it must have felt truly horrific and saddening. Hence, feelings of pity and tragedy cannot be boiled down to simple pre-conceived notions of impairment, but to the very real feelings which the war invoked.

Finally, one cannot doubt the mental and physical strain that medical workers endured. Those who worked with amputations and injuries were overcome by what they saw. One must not be too swift to dismiss any feelings of sympathy which hospital staff held. They, too, were dealing with their own feelings of fear. Not only were they overwhelmed by the work before them, but their own lives were at risk: during the four years of war over a thousand British medical officers were killed on duty whilst rescuing wounded men from the trenches.<sup>66</sup> Despite the sometimes clinical nature of the sources they left behind, medical workers must have felt a keen sense of sympathy and sadness for the men in their care. It is highly likely that these feelings of sympathy and sadness were a reaction to the war, and the types of impairments incurred, over feelings of pity and sadness surrounding disability in general.

### **The Home front**

The impact of disability was felt by the state, charity and the public on the home front as well. Initial provisions for disabled men in the early days of the war have been criticized. The state especially has been condemned for lack of preparedness and the provision of inappropriate care and treatment. However, immediate reactions to the war and to disabled men demonstrate that the state, as well as charity coped surprisingly well with the situation it faced and shows a willingness to adapt existing provisions aimed at the disabled to better suit the climate of war.

The public played a vital role in assisting injured and disabled men. Volunteers were desperately needed at the front: only two days after England declared war, the Red Cross appealed for volunteer orderlies and stretcher-bearers to bolster Territorial Forces. Volunteers were even recruited at home to make the actual stretchers and help establish convalescent depots.<sup>67</sup> By the end of 1915 over 70,000 women 'representing all classes' were working for both the Red Cross and

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<sup>66</sup> Ellis, *Eye-Deep in Hell*, p.110.

<sup>67</sup> 'Appeal for Red Cross Workers,' *The Manchester Guardian*, 8 August 1914, p.10.

the Voluntary Aid Detachment (VAD) as nurses and ambulance drivers.<sup>68</sup> At the end of the war, the VAD had sent over 30,000 trained civilian medical staff in total.<sup>69</sup> Others volunteered for religious charities which also flocked to the Western Front. The YMCA sent an average of 1,750 volunteers with 300 centres operating in camps, hospitals and railway stations. The Salvation Army established 40 medical centres, provided a fleet of motor ambulances and organized a hospital visitation service to sick and wounded men.<sup>70</sup> Civilians witnessed and experienced the disabling effects of warfare first hand.

Even on the home front, British citizens at all levels of society were actively involved in soldier welfare. Public and charitable activity resembled that of the South African War, albeit on a much grander scale.<sup>71</sup> As soon as Britain declared war, appeals for funds, volunteers and donations appeared throughout the press. Perhaps the most impressive donation drive was that of the Lord Robert's Memorial Fund, to raise money for rehabilitative workshops. As of the sixteenth of June 1915, just a few short months after the appeal was made public, the fund raised a staggering £ 544, 752, 4s, 0d<sup>72</sup>, the equivalent of approximately £140 million today.<sup>73</sup> Every month a list of donors' names alongside their donation amounts appeared under the size of headline usually reserved for the declaration of war itself. Contributors included a huge cross section of society: large companies, aristocracy, inner city schools, churches, police divisions, social clubs, children and servants. Donations varied from large companies contributing upwards of £100,000, to poorer members of society donating what few shillings they could spare. As long as the

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<sup>68</sup> A. Stanley, *Mercy Workers of the War* (1916), p.9. See also S.H. Best, *The Story of the British Red Cross* (1938); K.M. Barrow and A.B. Cunyghame, *How Women Can Help the Wounded* (1914).

<sup>69</sup> M. Snape, *God and the British Soldier: Religion and the British Army in the First and Second World Wars* (Milton Park, 2005), p.238.

<sup>70</sup> *Ibid.*, pp.205-19; J.S. Reznick: *Healing the Nation: Britain and The Culture of Caregiving in the First World War* (Manchester, 2004), pp.18-32.

<sup>71</sup> See A.S. Thompson, 'Publicity, Philanthropy, and Commemoration: British Society and the War', in D. Omissi and A.S. Thompson eds. *The Impact of the South African War* (Basingstoke, 2002), pp.99-123.

<sup>72</sup> 'The Lord Robert's Memorial Fund for Workshops for Disabled Soldiers and Sailors', *The Times*, 5 July 1915. p.3.

<sup>73</sup> 'Economic History Services', [www.eh.net](http://www.eh.net). Accessed 16 January 2005. These figures compare average earnings for the years 1915 and 2002.

donation amounted to £1.00 or more, each donor was acknowledged on page three of *The Times*. The Lord Robert's pledge drive exemplifies how people rallied to the aid of the wounded in the early months of the war. The cause of disabled men 'inspired voluntary service and self-sacrifice'.<sup>74</sup>

The development of charitable and governmental work is also significant. Although care of the disabled was still largely in the hands of charity when war broke out in 1914, both the government and voluntary organizations co-operated to provide for returning men. 1914 saw the emergence of the War Charities Emergency Act which enabled Parliament to use donations from various charities for the purposes of war. Charities which had previously provided for crippled children were now having their funds channeled to disabled soldiers. An appeal for the National Relief Fund (NRF) was also issued which allowed parliament to work in closer co-operation with voluntary organizations such as the SSHS.<sup>75</sup>

Yet even increased co-operation soon proved inadequate. Generous donations of time, space and money were simply not enough, and the War Office was forced to commandeer hospitals and hospital staff. The war disabled took priority over all other services including those for other members of the physically disabled population. Schools, poor law institutions, civilian hospitals and churches were all appropriated for military use: by the end of 1915 30,000 men were receiving care in Poor Law institutions alone.<sup>76</sup> Chaos ensued in every major city. In Manchester, for example, disabled men found themselves filling up every available space in the city from actual hospitals to factories, primary school classrooms and even the School of Cookery. There was simply not enough space. Services everywhere were overwhelmed in just a couple of short months.

Doctors, Members of Parliament and charity workers alike began to question existing provisions and to call for more extensive, state controlled care. Debates over how best to treat the large influx of disabled men led to the formation of a Parliamentary Select Committee. The remit of its inquiry was how to restore men to

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<sup>74</sup> *The Star and Garter Home for Disabled Soldiers* (1930), p.2; D. Winter, *Death's Men: Soldiers of the Great War* (1970), p.204.

<sup>75</sup> A. Marwick, *The Deluge: British Society and the First World War* (1965), p.34.

<sup>76</sup> 'The Salvation Army: Service in the Time of War', *The Manchester Guardian*, 8 August 1914, p.10; Cd. 8195, *The Forty-Fourth Annual Report of the LGB* (1915), p.53; 'Hospital Accommodation for Soldiers', *BMJ*, Vol.1, April 1915, p.617.

health; how to best provide and distribute surgical and orthopaedic appliances; how to provide training; and how to assist men in finding suitable employment. In the spring of 1915, the Committee decreed it the primary duty of the state to ‘discharge its liability for the care of the disabled.’ Voluntary and local efforts were valuable, it argued, but central, state organization was needed.<sup>77</sup> While the committee agreed that liability should fall primarily on the state, it concluded that the best results could only be secured with the co-operation and assistance of charities and the public.<sup>78</sup> This was quickly followed by the passage of the Naval and Military War Pensions Act of 1915, which aimed to standardize pension amounts and place monetary compensation firmly under state control.

Did the cooperative actions of state and charity respond appropriately to the return of disabled men? Were they effective in how they dealt with the return of the wounded? How do their reactions reflect current attitudes towards disability? This chapter contends that all things considered, government and volunteer organizations coped extremely well with the situation and proved their ability to adapt quickly and efficiently to the crisis it faced with regards to disabled men. Comprehensive state care and the formation of the Naval and Military War Pensions Act were both established less than a year after the war began. Although care of the disabled did remain largely in the hands of charity, the amount of responsibility taken on by the state must not be underestimated.

One has to be careful when criticizing any initial chaos and lack of comprehensive care. Yes, the home front was unprepared, but it would have been difficult for any system to be adequately ready for the crisis Britain faced. The situation was overwhelming and the numbers were staggering. By the spring of 1915, for example, the Manchester area had cared for over 9,000 sick and wounded, while just one hospital in Birmingham saw 6,779 men pass through its doors. Approximately 1,000 men operated on at military hospitals across the country would require further operations and treatment.<sup>79</sup> Nothing could have prepared the mixed economy of welfare for the sheer number of disabilities, and types of impairments

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<sup>77</sup> *Hansards*, 5<sup>th</sup> Series, 1915, LXXII, 1893.

<sup>78</sup> Cd. 7915, *Report of the Committee Appointed to the LGB Upon the Provision of Employment for Sailors and Soldiers Disabled in the War* (1915), p.3.

<sup>79</sup> ‘Hospitals for Soldiers: What the War Office May Want’, *The Manchester Guardian*, 11 March 1915, p.6.

encountered. The influx of 'broken men' was a shock which left the army, the state, medical staff and volunteers reeling.

The state has also been accused of failing to prepare for the long term.<sup>80</sup> Temporary hospitals and accommodation are cited as inadequate, and not fully catering to the needs of the disabled. Hospital accommodation was indeed insufficient and temporary. However, this was not due to governmental neglect. The luxury of thinking in the long term was simply not affordable for state or even voluntary workers. Disabled men's futures were subordinated in the early days of the war to the more immediate and pressing concern of getting them home and finding a hospital bed. There was not the time, nor the resources to think very far ahead. Moreover, a lack of understanding of the needs of the disabled also worked to mitigate against any long term planning. Rehabilitation, occupational therapy and the idea of long term care were still all in their infancy. Relatively few doctors understood the need for continuing rehabilitative treatment, let alone state or charity. Even the *BMJ's* strident warning that each man would require on average three month's convalescence turned out to be well below the mark.<sup>81</sup> As well, the types of injuries were unprecedented: it would have been difficult to accurately provide treatment and accommodation to suit disabled men's exact needs in the early days of the war, as no one could necessarily predict the long term needs and complications which would arise.

However, the state did listen, and act upon the recommendations of medical men in its attempt to provide appropriate care and convalescence. Upon the suggestions of the medical community, open air schools, hotels, boarding houses, and summer resorts were all debated for their various merits and faults.<sup>82</sup> Unfortunately lack of space and lack of money with which to fund these projects meant that many suggestions were never acted upon, or completed. Nor should the importance of the formation of the Select Committee in determining state responsibility and the passage of the Naval and Military War Pensions Act be underestimated. Both of these policies represent a marked change in governmental

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<sup>80</sup> See for example, D. Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939* (Berkeley, 2001).

<sup>81</sup> 'The Care of Convalescents', *BMJ* Vol.II. 22 August 1914, p.377.

<sup>82</sup> *Ibid.*

responsibilities towards the disabled. What is more, the fact that they were passed so quickly under the constraints and crises that the war provoked is impressive.

Although the atmosphere of war was not conducive to long term planning, there were certain organizations and individuals who voiced concerns for the future. Members of Parliament and the medical community started to express their grave misgivings for what would become of men at the end of the war. Issues such as employment, pensions and continuing healthcare were all starting to emerge. *The Lancet* argued that the war changed state obligations and personal relations,<sup>83</sup> and that the very nature of the war made increased state intervention all the more necessary. Member of Parliament Sir G. Baring was also not alone in his plea ‘to prevent what in the past has been a scandal [...], men who have served their country and given their best [...] reduced to begging for their bread or going to the workhouse.’<sup>84</sup> Charities expressed their concerns that giving was finite and by no means adequate. Doctors warned that even after the war, men would need hospital space. Sir Thomas Oliver, a visiting physician at the Northumberland War Hospital, cautioned that unless a highly organized scheme was undertaken, there would be ‘a plethora of human wrecks’ which the government would be incapable of coping with.<sup>85</sup> No one could predict the final numbers, or the ultimate needs these men would have, however many were worried about the future and began to act on these anxieties. Crisis forced the state, charity and medicine to re-think policies and attitudes aimed at disability and prompted debate regarding the care and treatment of disabled men.

### Conclusion

This chapter has explored the immediate reactions to war disability from the perspective of soldiers, doctors and the home front. This chapter has contended that initial attitudes towards impairment were a complex mixture of societal notions and the unique situations presented by the war itself. Disabled men feared impairment and the very real agony which it promised over any long term worry about their return to civilian society. Medical staff as well, whilst concerned with the long term

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<sup>83</sup> ‘After the War: The Future of the Incompletely Recovered Wounded Soldier’, *The Lancet*, Vol.II, 7 July 1915, p.152.

<sup>84</sup> Hansards, 5<sup>th</sup> Series, 1915, LXXII, 1887.

<sup>85</sup> ‘After the War: The Future of the Incompletely Recovered Wounded Soldier’. p.152.

effects of impairment were too preoccupied with the immediate horrors of war to think too far beyond the battlefield. Moreover, their treatment of disability revolved both around the unique situations in which they found themselves, as well as the limits of contemporary medicine in its ability to both treat, and understand the effects of war disability.

Although unprepared, and often providing only inadequate treatment, one cannot be too harsh in criticizing initial attempts to assist disabled men. One of the reasons why men lacked care in later years is due to the fact that early on in the war, doctors and the state simply did not know what the long term effects of disability would be, let alone have the time or resources available to make suitable provisions. Even predictions about what would happen in the future, and what should have been done at the time, would fall short. There was no precedent not only for the war itself, but for dealing with disability on such a grand scale. In a very short space of time, and in very large numbers, soldiers were entering field hospitals and returning home with major and lasting disabilities.

With the onset of war, disability was no longer a problem confined to the poor or a few unfortunates. Quite suddenly, and horrifically, existing forms of provision were no longer adequate. Physical disability went from being a poverty-stricken condition, effecting mostly children and the poor, to encompassing a wide range of the young, healthy, male population of England and Wales. Poor law institutions, children's homes and small orthopaedic hospitals were suddenly requisitioned by the war office; existing patients pushed aside to make room for a steady stream of physically disabled men. The crisis of the war prevented any long term contemplation of the after effects of disability. Moreover, the very brutal and tragic nature of war time impairment naturally led to a conceptualization of disability as tragic, medical condition. Yet important developments occurred during the early years of the war and the ensuing debates surrounding care and responsibility for the disabled would have a significant impact on disabled men during the inter-war period. The early days of the First World War would call existing social policies suddenly to attention and test both values and policies regarding disability and its care.

## Chapter Three – Artificial Limbs

### Introduction

Returning ex-servicemen were lauded as heroes, and soldiers who had been disabled in battle were amongst the most celebrated. This was particularly the case as their rehabilitation was seen to be a difficult process. They had to overcome painful surgery and adapt to their newly disabled bodies. They had to struggle with new, artificial parts and re-learn basic functions. However, not every disabled ex-serviceman was viewed as a hero. The disabled soldier had to fit in with what this chapter will term as a ‘heroic ideal’. The key component of this ‘ideal’ was that men had to be seen to conquer their disability: it was not sufficient to try but fail. Therefore, only men whose rehabilitation was successful, and who could master their artificial limbs could live up to the terms of this ideal.

This chapter contributes to the small but growing history of prosthetics by examining the propagators of the ‘heroic ideal’, the artificial limb manufacturers. In order to survive in the competitive prosthetic industry that sprung up during the war, limb manufactures constructed disability as a medical problem: their products promised a return to ‘normalcy’ and an end to disability. The limb manufacturers were so sure of their products that they rarely recognized their limitations. They did not entertain the possibility that a man might fail to master his limbs for reasons which were beyond his control. Whilst the state, charity and medicine were beginning to recognize disability as a wider, social problem, one component of the mixed economy of welfare, the limb manufacturers, were discouraging an acceptance of disabled persons in their quest to claim a larger piece of the lucrative prosthetic market. Professional interests often competed with, and sometimes hindered, a social understanding of disability.

Until recently, the history of artificial limbs has been the preserve of medical historians. Largely technical in nature, these histories detail the historical progress of limb development and include H. Thomas’ *Help for Wounded Heroes: The Story of Ancient and Modern Limbs* (1920), J.F. Orr, W.V. James and A.S. Bahrani’s ‘The History and Development of Artificial Limbs’ (1982), and M. Sachs, J. Bojunga and A. Encke, ‘Historical Evolution of Limb Amputations’ (1991). Further to these technical medical histories, Gordon Phillips’ *Best Foot Forward* (1990) and Mary



Guyatt's 'Better Legs' (2001) detail not only prosthetic advancements, but the ascendance of specific manufacturers.

More recently, the social history of prosthetics has been subject to investigation. The commonly held view of the social history of prosthetics has largely been the creation of the 'New Disability History' school. The New Disability History, which established itself in America at the end of the twentieth century, provides a 'disability centered' approach to medicine and prosthetics. Influenced by modern activism, it strongly condemns not only the discrimination that disabled persons in history have encountered, but the exclusion of disabled persons from mainstream historiography. Key texts that adhere to this school of thought include Paul Longmore's 'Uncovering the Hidden History of People with Disabilities' (1987) and *Why I Burned My Book and Other Essays on Disability* (2003); Paul Longmore and Laurie Umansky's *The New Disability: American Perspectives* (2001); *Artificial Parts, Practical Lives: A History of Modern Prosthetics* (2002) jointly edited by Katherine Ott, David Serlin and Steve Mihm; and David Serlin and Teresa Mead's *Disability and History* (2006). Historians associated with the New Disability History contend that medical advancements, such as prosthetics, have only further served to re-enforce the notion of disability as a medical condition. Prosthetic equipment gives society the illusion that disability is a medical problem which can be 'cured.' As a result, the pressures on the disabled to succeed in the use of their prosthetics and to appear 'normal' further serve to marginalize those who refuse to wear their prostheses or fail in their usage. In this sense, prosthetic advancements are seen to re-enforce discrimination and stereotypes, rather than actually assist the disabled.<sup>1</sup>

Further to this argument these texts generally hold that manufacturers of artificial limbs, have, since the nineteenth century, been guided by middle class ideals of body image and independence. Artificial limbs were constructed according to contemporary ideals surrounding normalcy, and makers of prosthetics have sought to mould men into a perceived physical ideal which would not only make the

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<sup>1</sup> P.K. Longmore, 'Uncovering the Hidden History of People with Disabilities', *Reviews in American History*, Vol.15, No.3 (September 1987), p.361; K. Ott, D. Serlin and S. Mihm, eds. *Artificial Parts, Practical Lives: Modern Histories of Prosthetics* (New York, 2002), p.11.

disabled more palatable to behold, but allow them the freedom of movement to gain economic independence.<sup>2</sup>

Parallel to disability history, has run the historiography of ex-servicemen specifically. Seth Koven's 'Remembering and Dismemberment' (1994) and Roger Cooter's 'The Disabled Body' (2000), both posit that artificial limb advancements during the Great War made disability invisible, and thus acceptable in wider society. Koven, along with J.S. Reznick and Deborah Cohen further argues that prosthetic manufacture offered the possibility to rationalize both work and the body. Limb development was first and foremost aimed at returning disabled men to work, further re-enforcing middle class ideals of independence.<sup>3</sup> Joanna Bourke's *Dismembering the Male* (1996) analyzes the impact of limb development on masculinity, positing that the promises of prosthetic manufacturers created new pressures on men through expectations of the perfect male body, economic independence and the return to normal and 'ideal' male roles in society.<sup>4</sup>

Although studies have emerged on the ideologies surrounding artificial limbs, the history of British prosthetics in the Great War is as of yet incomplete. The majority of prosthetic histories focus on America. This chapter will assess how the ideologies propagated by manufacturers impacted upon the disabled men who relied on their services. The chapter contends that the 'heroic ideal' endorsed by limb manufacturers was at odds with the realities of the disabled ex-servicemen. It failed

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<sup>2</sup> R. Cooter, 'The Disabled Body', in R. Cooter and J. Pickstone eds., *Medicine in the Twentieth Century* (Amsterdam, 2000), p.372; S. Koven, 'Remembering and Dismemberment: Crippled Children, Wounded Soldiers and the Great War in Great Britain', *American Historical Review*, Vol.99, No.4 (October 1994), p.1180; S. Mihm, 'A Limb Which Shall be Presentable in Polite Society': Prosthetic Technologies in the Nineteenth Century,' in K. Ott, D. Serlin and S. Mihm, eds. *Artificial Parts, Practical Lives: Modern Histories of Prosthetics* (New York, 2002), p.283.

<sup>3</sup> Koven, 'Remembering and Dismemberment, p.1180; J.S. Reznick, 'Work Therapy and the Disabled British Soldier in Great Britain in the First World War: The Case of Shepherd's Bush Military Hospital', in D.A. Gerber ed., *Disabled Veterans in History* (Ann Arbor, 2000), pp.185-203; D. Cohen, 'Will to Work: Disabled Veterans in Britain and Germany After the First World War', in Gerber, ed. *Disabled Veterans in History*, pp.295-330. A study of American Civil War veterans came to the same conclusions. See L. Hersbasch, 'Prosthetic Reconstructions: Making the Industry, Re-Making the Body, Modelling the Nation', *History Workshop Journal*, No.44 (Autumn 1997).

<sup>4</sup> Joanna Bourke also discusses the impact of this ideal on other disabled groups, such as disabled children. See J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (1996), pp.43-60.

to recognize the many obstacles that men faced as they attempted to deal with their disability. The 'heroic ideal' worked to the general detriment of the process of rehabilitation. In order to illustrate this argument, the chapter will draw upon material from limb catalogues, which were published by limb fitting manufacturers and addressed directly to disabled men. It will also examine *The Handbook for the Limbless*, which was produced by the Royal British Legion and was heavily sponsored by prosthetic companies. These are the only substantial sources bequeathed by the limb manufacturers. Fortunately for historians of disability, they carry within them an abundance of revealing information.

### **The Development of Artificial Limbs**

Before 1913 the standard artificial leg was the Anglesey leg, named after Henry Paget, Marquis of Anglesey. Paget had lost his leg at the battle of Waterloo and took to wearing an artificial leg designed by London Limb maker James Potts. He became well known for sporting the limb, and it henceforth carried his namesake. This leg consisted of a willow exoskeleton covered in rawhide. Each leg was built according to the same model before the wood was planed away to fit individual measurements.<sup>5</sup> Only very minor revisions were made to the basic design over the next one hundred years. For example, some models incorporated leather and steel, willow was adopted as a lighter wood, and basic knee joints were added.

The construction of this leg was laborious. One wooden leg could take up to six weeks to complete, and further adjustments were sometimes needed. The leg itself was heavy and clumsy, and could be very tiring to wear. To attach the leg onto the body required either a metal hoop or over-the-shoulder braces. It chafed in the summer, got damp in the winter and was subject to wood worm and rot.

Despite its limitations, the Anglesey leg was the most advanced of its kind. However, it was not widely available. Because it required skilled craftsmanship it was very expensive to purchase. Most ex-servicemen could only afford a cheaper 'peg leg'; the Anglesey being the preserve of upper class officers. Before the Great War, only the most basic prosthetic equipment was available to ex-servicemen. The Royal Hospital at Chelsea supplied peg legs, hook hands and crutches free of charge. If the limb exceeded the standard cost of £15, voluntary assistance was

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<sup>5</sup> M. Guyatt, 'Better Legs: Artificial Limbs for British Veterans of the First World War', *Journal of Design History*, 14 (2001), pp.316-317.

given from ex-service organizations such as the SSHS. The state did not contribute to prosthetic costs, and as limbs were produced on a small, local scale, quality and availability could vary widely.

For men disabled in the Crimean War, or colonial skirmishes, limbs and appliances were largely fashioned by local blacksmiths and woodworkers. Professional limb manufacturers were few and far between. However, during the late nineteenth century the business of making artificial limbs emerged as an industry in its own right. By 1914 about a dozen specialist manufacturers and numerous leather workers were producing limbs in England. Most of these designs were based upon the Anglesey Wood leg. It was America, however, which led the way in innovation and production. There had been a sizable 35,000 amputees after the American Civil War. This prompted a mass expansion in the country's artificial limb making industry.<sup>6</sup> On the eve of the First World War, American limb fitting science was much more advanced than that of Britain. Consequently, the alterations and innovations in the American industry were often adopted by English manufacturers. Eventually the American limb manufacturers themselves were brought over by the British government to manufacture limbs for returning soldiers.

### **Limbs in the War**

The historians Gordon Philips and Mary Guyatt see the First World War as a watershed in limb development. The return of so many disabled men, they argue, prompted a huge expansion in the industry, and led to major new advances in prosthetic appliances. Certainly, 1914 did signal a great change. The return of a vast number of amputees offered limb manufacturers plenty of opportunity to hone their skills. Indeed, so large were the numbers of amputees that just a few months into the war the situation became very serious. When the war began, artificial limbs were supplied free through Chelsea Hospital, just as they had always been. It quickly became apparent that the resources of Chelsea would soon be exhausted, and the handful of scattered limb manufacturers were not going to be able to keep up with demand.

The government intervened by centralizing limb manufacture. This was achieved through the opening of the Roehampton Limb Fitting Centre in 1915. Although the hospital itself was run by volunteers, it received grants from the state.

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<sup>6</sup> Guyatt, 'Better Legs', p.307; Mihm, 'A Limb Which Shall be Presentable in Polite Society', p.283.

Moreover, the government paid for all the artificial limbs it issued. It was at Roehampton that, for the first time, patients, surgeons and limb makers were brought together under one roof to ensure efficient treatment and rehabilitation. Surgeons and limb makers worked together to ensure the best possible limbs for individual patients. However, even the centralized Roehampton Centre could not meet the growing need for artificial limbs. Waiting lists for treatment were lengthy, and grew as the war progressed. Demand considerably outstripped supply. By October 1915, 800 men were awaiting treatment, yet the centre could only provide limbs for 40 cases a week.<sup>7</sup> This figure continued to grow exponentially. In June of 1918, Roehampton had a waiting list of 4,321 men, despite the opening of further specialist hospitals.<sup>8</sup>

The government realized that the growing number of new amputees in wartime Britain demanded artificial limb production on a fast, efficient and mass scale. The manufacture of artificial limbs was transformed into a public utility via the creation of the Ministry of Pensions in 1916. A skilled limbs committee was assembled, consisting of physicists, engineers, and surgeons. The Ministry took control of limb development in an attempt to make the rehabilitation and fitting process as efficient and inexpensive as possible. Limb-fitting centres based on the Roehampton Hospital were established in Brighton, Bristol, Exeter, Leeds, Liverpool, Manchester, Newcastle, Cambridge, Nottingham, Birmingham, Southampton and Cardiff.<sup>9</sup> Not only did these centres provide a medical service to their patients, they also blossomed as disability think tanks, as contracted limb manufactures, technical advisors and surgeons were enlisted to invent, design and perfect better arms, legs, hands and feet.

The leading limb manufacturers, Blatchford and Sons, McKay, American firm J. E. Hanger, and the appropriately named H. J. Stump, were all resident at one or more of these new limb-fitting centres. The firms competed against one another to create and patent various tools, attachments, and specialized limbs for different occupations and trades. By 1918 over twenty-two limb making firms were contracted by the government. They worked in various limb fitting centres across the country and dealt with around 15,000 disabled ex-servicemen per week. As the

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<sup>7</sup> 'The Care of Disabled Soldiers', *BMJ*, Vol.II, August 1915, pp.227-28.

<sup>8</sup> B. Weedon, *A History of Queen Mary's Hospital Roehampton* (1996), p.3.

<sup>9</sup> H.H.C. Baird, *Progress and Achievement* (1931), pp.10-11.

*Manchester Guardian* proudly announced, a new 'home industry' was springing up.<sup>10</sup>

The prosthetic companies focused their efforts on artificial arms and hands. Although artificial legs had now developed beyond the Anglesey model, artificial arms were still awkward and difficult to use. Men had to manipulate the 'fingers' through a pulley system which wrapped around their shoulders. Later models involved spring loaded fingers which one could work through buttons on the wrist. Some artificial arms had a connection at the end to which various attachments could be screwed and unscrewed. Among these were: a knife and fork; a ring hook; a postman's hand for carrying letters; a horticulturalist's hand; a packer's hand; a plumber's hand; a leather cutter's hand; a brush maker's hook; a grip for a hammer and saw; an American chuck which somewhat resembled a screwdriver set to which one could attach different screw heads; an agricultural hook; a combined hook and ring; a contraption to operate a tram bell; and a vine dressers ring. These appliances were invariably difficult to operate and uncomfortable to wear and many men balked at the idea of having an unwieldy and unsightly implement screwed into the bottom of their arm.

Because different limb manufactures existed across the country, artificial parts varied in design, quality and strength. In the interest of fairness, standardization of the limbs themselves was called for. A standardized wooden leg was finally introduced in 1921. However, no standard arm was introduced because no single design presented itself as universally suitable. While government issued prosthetics were still made of wood, and were relatively primitive, the Desoutter Brothers, a major limb manufacturer, were privately perfecting their new light metal limb. Those who bought light metal limbs independently began to suggest that they be supplied by the government.

Amidst concerns over the quality of wooden limbs, members of government, surgeons, and the press began to call for the provision of a higher quality substitute. The sheer number of men who returned home and the extent of their disabilities, coupled with the feeling that these men were heroes and therefore deserved the best, prompted agitation for the best possible prosthetics. In arguing for the governmental

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<sup>10</sup> 'Training the Disabled: An Artificial Limb Industry', *The Manchester Guardian*, 23 May 1918, p.3.

adaptation of the light metal limb, doctors and Members of Parliament alike denounced the ‘peg’ or wooden leg as being associated with begging and poverty. G. J. Wardle, Member of Parliament for Stockport, argued that the most advanced prosthetics were ‘a debt which the country owes ex-servicemen.’<sup>11</sup> Relying on a stump or a peg, was for the man, according to the editor of *The Times* ‘both his own and his country’s loss,’<sup>12</sup> and the *Western Morning News* also passionately argued that ‘this generation is not going to endure the shame which disgraced the [...] nineteenth century, of leaving those who fought and bled for us to hobble about on crutches and ‘pegs’, wrecked for life and living in penury and neglect.’<sup>13</sup> Ex-Service organizations also lobbied extensively for better provision of limbs. ‘If a man has given a leg in the flesh’, argued a Legion representative, ‘the least the country can do is repay him with the best artificial one.’<sup>14</sup>

Responding to these calls, the Williamson Committee was set up in 1921. Its chief aim was to investigate the merits of the light metal limb. The committee, amongst whom sat two disabled ex-servicemen, established that wooden limbs lasted only four years, whereas a man could get up to six years wear out of a light metal limb. It was also determined that in the long term metal limbs were much less expensive because they required fewer repairs and did not need replacing as frequently.<sup>15</sup> In July of the same year, the light metal Desoutter limb, with all its promises of lightness, efficiency, and strength, was adopted by the government for limbless men of all ranks.

### **Limb Manufacturers**

All of the major limb manufacturers issued limb catalogues. They did so at least on a yearly basis. Limb catalogues varied in size and length. A typical specimen resembled a short modern-day magazine; around A4 size, and around 20 pages in length. They were profusely illustrated. Although they carried a great deal of technical information, they remained relatively convivial. Limb catalogues were an

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<sup>11</sup> Guyatt, ‘Better Legs’ p.319.

<sup>12</sup> ‘Heaton Park Camp: The Cure of Wounded Soldiers’, *The Manchester Guardian*, 29 September 1917, p.5; ‘Artificial Limbs’. *The Times*, 10 September 1918, p.7.

<sup>13</sup> Guyatt, ‘Better Limbs’, p.319.

<sup>14</sup> G. Howson, ed. *Handbook for the Limbless* (1921), p.48.

<sup>15</sup> J.B. Brunel-Cohen, ‘The Committee of Enquiry Recommend the Issue of the Light Leg’. in G. Howson, ed. *Handbook for the Limbless* (1930), pp.17-19.

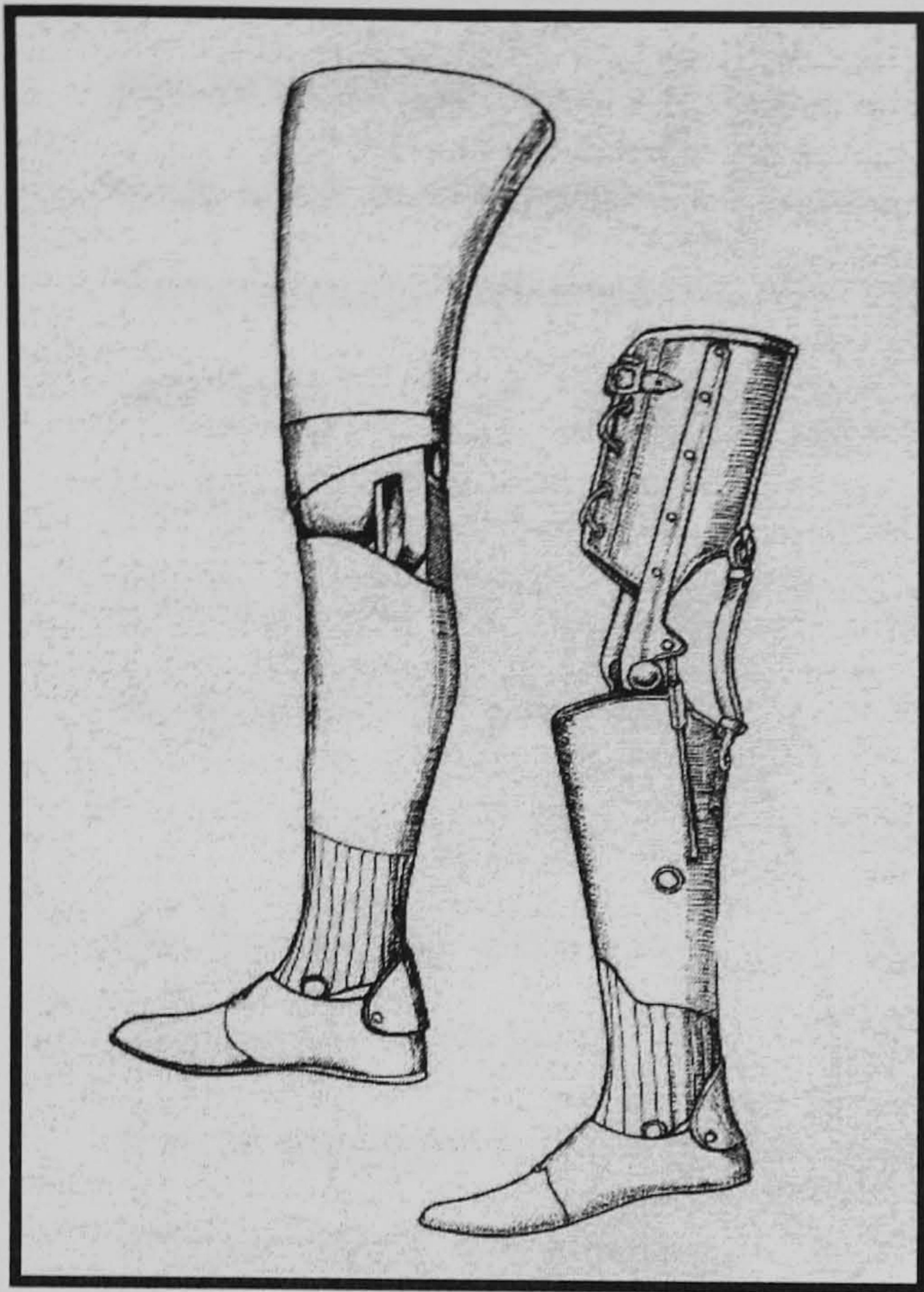
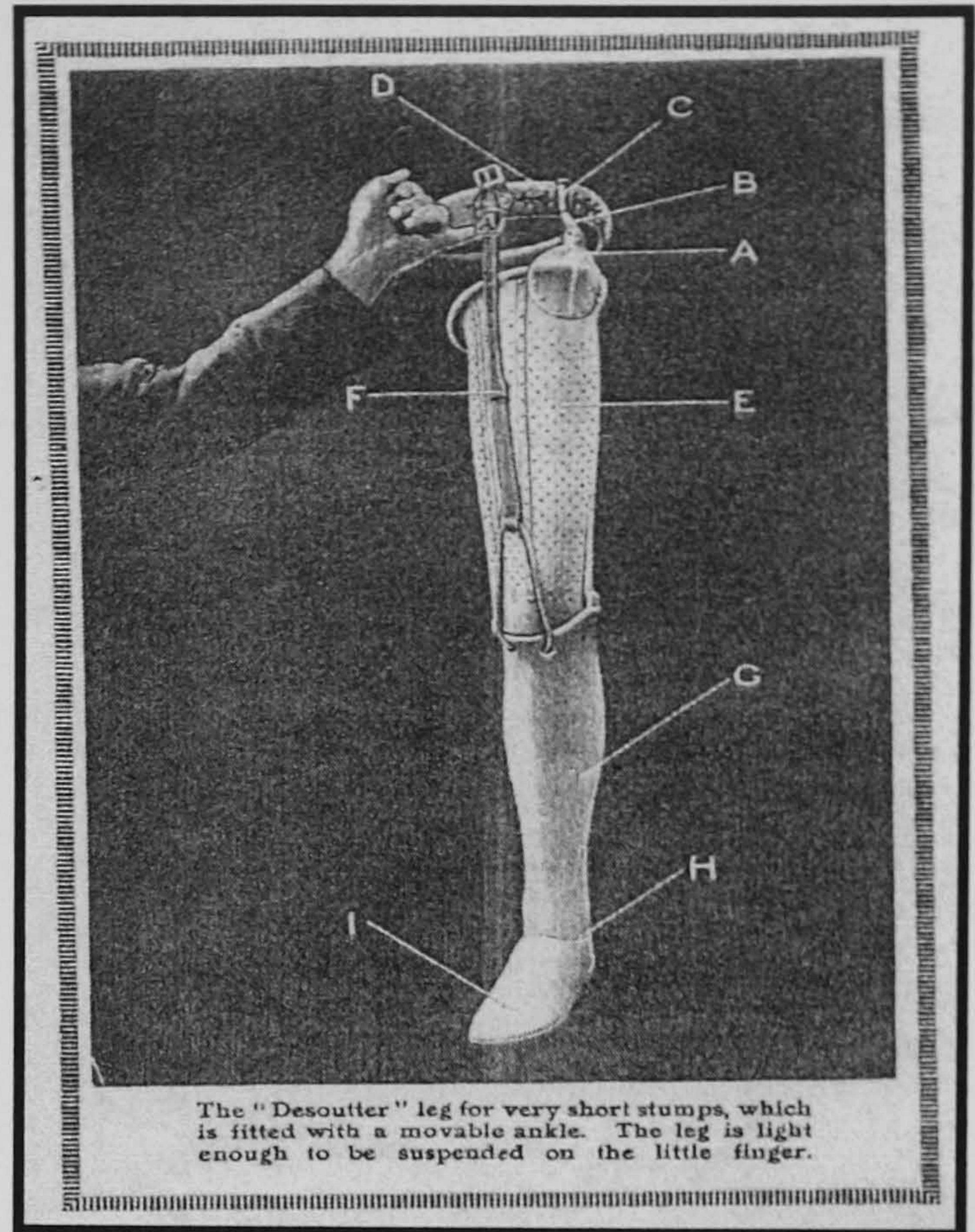


Fig. 5: Anglesey Leg c. 1800



Desoutter Metal Leg c. 1921

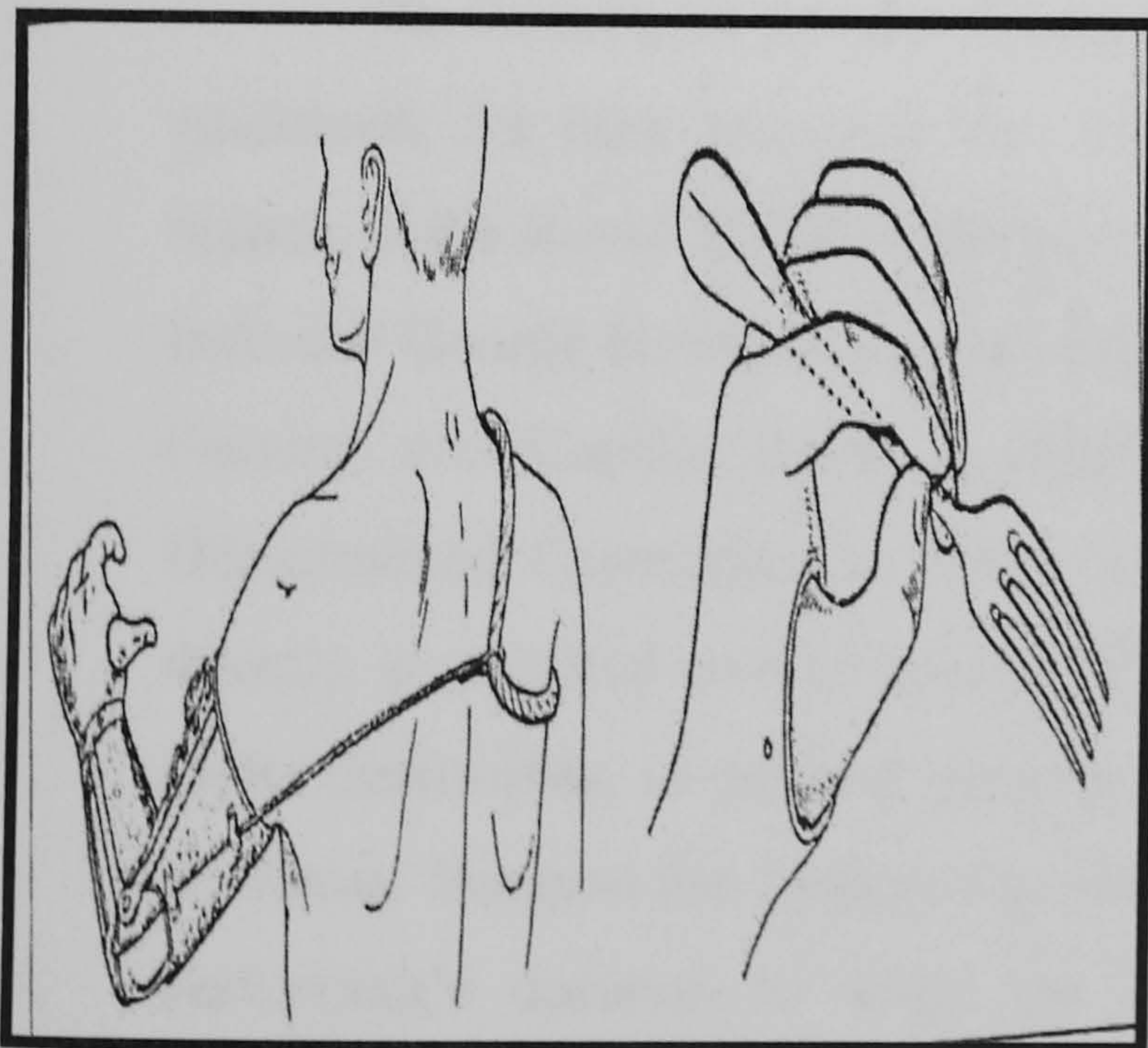


Fig. 8: Artificial arm c. 1920

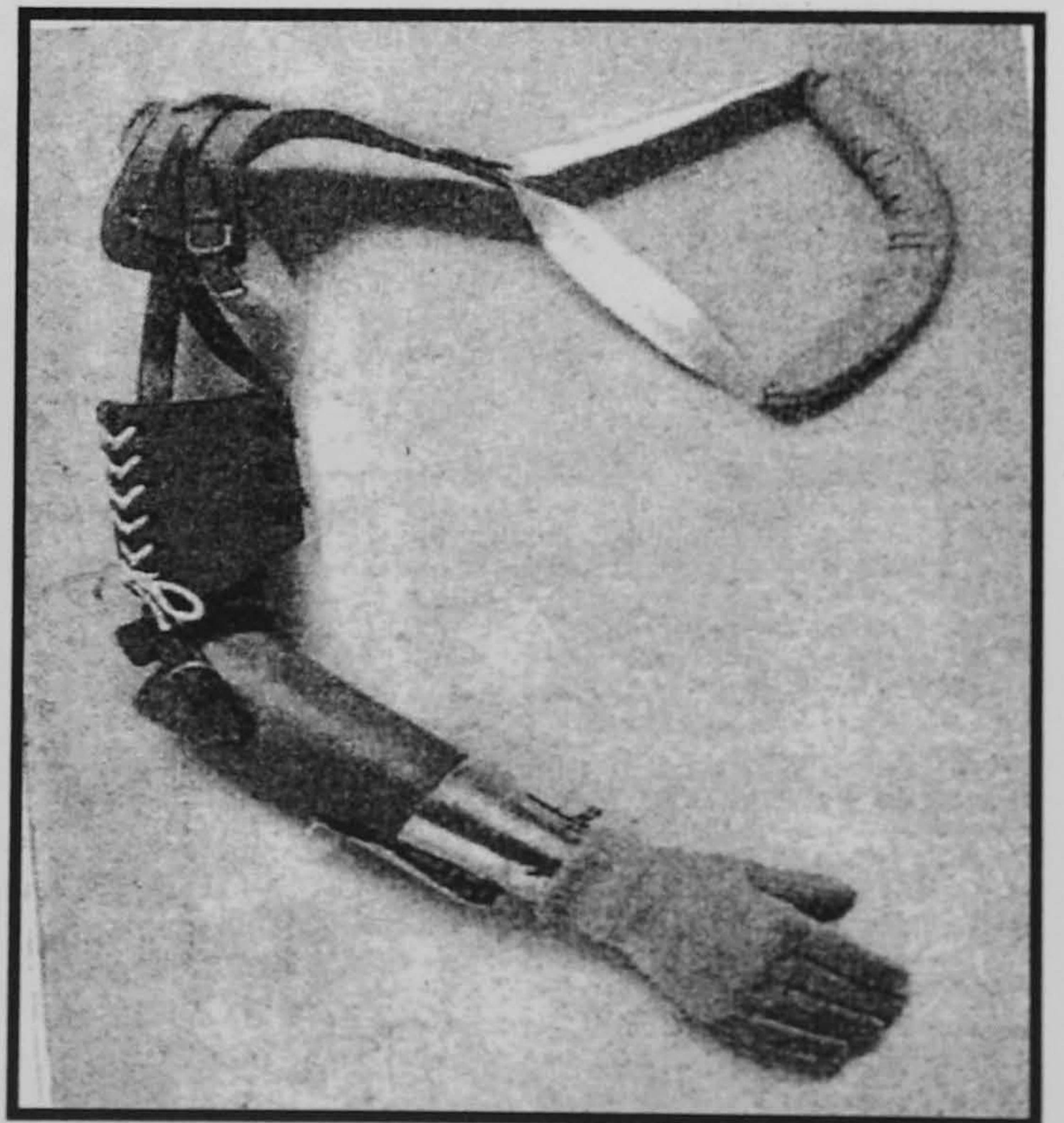


Fig. 7: Artificial Arm c. 1916



important way in which limb manufacturers promoted their wares. These catalogues not only advertised the products available and their various merits, but included practical advice on wearing one's limb, the possibilities which one could accomplish with such a limb, and success stories from men who had overcome their disability. Testimonials, newspaper clippings and endorsements from surgeons were all included in these catalogues to entice the men. Limb catalogues were read directly by the men themselves. They were also read by members of the medical community. Much of the advice proffered in the limb catalogues guided the recommendations of doctors and surgeons to their disabled patients.

Several of the limb makers who produced these catalogues and advertised in the handbook were amputees themselves. Part of their success lay in being able to empathize with the reader. Charles Desoutter was an aeronautical engineer before a flying accident lost him his leg. He and his brother then set about inventing a limb which would allow him to keep up his hobby. They perfected their creation, quite fortuitously, just before the outbreak of the war. The opening page of every Desoutter Brothers catalogue featured a photo of Charles cheerfully waving from his airplane. The caption explained that he was able to do all this with the patented light metal limb. Photos of men driving, golfing, skiing, cycling, running races and generally enjoying life figured highly in limb catalogues and *The Handbook*.

*The Handbook for the Limbless* was published throughout the 1920s as a guidebook for men who lost their limbs. Published by The Disabled Society, a branch of the Royal British Legion, it was produced annually. Distinguished editors included George Howson, a prominent Legion member who established The Poppy Factory, and Captain Baird, a disabled ex-serviceman himself, who sat on the Departmental Committee on Pension Administration. This publication was aimed directly at disabled ex-servicemen. It answered questions on everything from the limbs themselves, to pension concerns, employment opportunities, and day to day problems. Because the Legion was instrumental in the campaign which influenced Parliament's decision to adopt the Desoutter light metal limb, their confident endorsement of new limbs was also strongly evident throughout the handbooks. Limb-makers themselves occasionally contributed articles. More significantly, they heavily subsidized the books, and even sponsored the editors themselves. Baird himself wore a Desoutter light metal limb, and he used his editorial position in the handbook to endorse the product.

Promotional material for advanced prosthetics in *The Handbook* and limb catalogues demonstrated a high level of confidence amongst limb manufactures. They boasted that their products could effectively eradicate disability. In 1921, E. R. Desoutter asked his disabled reader, ‘to what extent is amputation a disability?’ For Desoutter, the answer was simple: with the right prosthetic limb, amputation is barely a disability at all.<sup>16</sup> With catalogue titles such as *A Remarkable Type of Limb, Progress and Achievement*, and *Nature’s Rivals*, the promises were indeed enticing. As Desoutter boasted in the 1930’s:

The amputee with a sound stump and no complications of disease should be able to resume his business life completely, and his social life very largely. Even if there are complications, the modern light metal limb is so comfortable to wear and so accurately controllable that there are very few cases where considerable success is impossible.<sup>17</sup>

Editors of *The Handbook for the Limbless* further emphasized their satisfaction with the new limbs. In 1922, the *Handbook* argued that ‘it is an established fact that with proper artificial limbs and a little training in their use, there are practically no limits to what a man can achieve in all departments of life, whether in business or sport.’<sup>18</sup> In other words, with the new light metal limb a disabled man was effectively no longer disabled. He could take a full and active role in society.

The catalogues of limb makers like Desoutter propagated the belief that prosthetics should reflect the soldiers’ heroic status. Soldiers of the First World War were not to become ‘crippled’ beggars, but upright and fully functioning human beings. They advocated the provision of the best possible limbs to disabled ex-servicemen. Good quality prosthetics were used by the catalogues and *The Handbook* as symbols of heroism and courage. In comparison, pegs and crutches conveyed poverty and neglect.

*The Handbook for the Limbless* and limb catalogues provided men with all manner of information on artificial limbs. They offered advice and answered questions on everything from stump care to tips on wearing and caring for one’s artificial limb. Lux soap worked best for washing sore stumps, golf bags made handy storage for one’s spare limb, and a bit of talcum powder inside the stump sack

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<sup>16</sup> E.R. Desoutter, *Progress: A Remarkable Type of Artificial Leg* (1922), p.15.

<sup>17</sup> E.R. Desoutter, *Back to Activity* (1938), p.8.

<sup>18</sup> G. Howson, ed. *Handbook for the Limbless* (1922), p.xiii.

prevented chafing while one danced.<sup>19</sup> How to dress, put on a tie, bathe, fasten shoe laces, and hold playing cards were all outlined, along with advice on how to cross busy streets, alight from buses and trams, dismount from a horse, and stand up and sit back down again with dignity and grace.

According to the *Handbook*, disabled men could live life as they had done before their disability. ‘Normal’ was a key word in the language of this publication. The book boasted that with a new light metal limb, disabled men could work all day, manage public transport, stand, perform physical labour, play golf and cricket, and still be ready to dance at the end of the day, and all this without becoming over tired. The disabled would also be able to step boldly through traffic. A disabled workman would be able to spend all day at his bench, enjoy a game of bowls, work in his garden, and enjoy his Saturday afternoons and Sundays with his family as he did before the war.<sup>20</sup> According to George Howson, the light metal limb made ‘all the difference between a free, healthy, independent life, and one of continued discomfort and dependence on others.’<sup>21</sup> Howson and the Desoutter Brothers strongly promoted the light metal limb as the only way to regain one’s independence and take one’s place as an active member of society. The latest artificial limbs were promoted as being just as easy to use as a real limb.

Through their confident advertising and highly optimistic rhetoric, limb catalogues and *The Handbook* consciously promoted a ‘heroic ideal’, a lifestyle to which disabled men should strive towards. Compliance with the ‘heroic ideal’ required very little on the part of the disabled man. All that was needed to overcome the minor nuisance of a new limb was a small amount of effort. The limb catalogues and *The Handbook* expected men to succeed. Because they had been provided with the best possible limbs, there was no excuse for failure.

*The Handbook* feverishly encouraged its disabled readers to aspire to the ‘heroic ideal’. The editor made an invitation to those who had lost their limbs to ‘realize how to overcome their disabilities.’ Given the willpower, it continued, ‘the possibilities for the limbless are very great.’<sup>22</sup> Men were told to ‘set their teeth and

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<sup>19</sup> Ibid., pp.31-40.

<sup>20</sup> H.H.C. Baird, *Handbook for the Limbless* (1921), p.16.

<sup>21</sup> Ibid.

<sup>22</sup> Howson, *Handbook for the Limbless*, p.iii.

deliberately fight against any feeling of impotence or a feeling that one is set apart as a cripple for the rest of one's life.'<sup>23</sup> Encouragement, advice and counsel were included in these texts from fellow amputees who had 'made the best of it.' One amputee wrote in that he could 'dance the whole evening with the light leg without getting tired,'<sup>24</sup> and urged fellow amputees to embrace their prostheses. Crutches and walking sticks were also strongly denounced as unacceptable. The use of such implements signified personal failure and lack of determination. Sir E. C. Bethune, who lost his hand in the war, and served as chairman of the Disabled Society in 1918, urged men to 'never let any differences daunt or conquer you until you have mastered them.' 'Judging from my own experience', he stated 'what looks like a calamity can be turned to the strengthening of character which is so necessary for a man in this world.'<sup>25</sup> Limb catalogues used similar rhetoric to encourage men in the use of their products. A 1931 catalogue proclaimed:

There is an extraordinary pleasure [...] in overcoming a handicap – in being, if you like, a bit of a marvel to yourself and others. A sense of conquering difficulties, a sense of self-reliance, a feeling that though you may be blind, or deaf, or badly crippled in some way, you are still holding a place in the normal life of the community – all this means a very great deal.<sup>26</sup>

Thus, Desoutter limbs promised a sense of achievement and self-worth in heroically conquering one's disabilities.

In order to further promote their products, limb manufacturers aggressively advertised their limbs through sponsorship deals and competitions. Desoutter, Essential and Blatchford sponsored car rallies and races for disabled men. In these rallies, double leg amputees drove via hand controls and mechanical adaptations of their own invention, including grooved blocks of wood tied to brake pedals to prevent one's artificial foot from sliding off. Pictures of cheerful disabled drivers adorned both the limb catalogues and *Handbook*, including, most incredibly, a regular rally entrant with two artificial legs, one artificial arm and a missing eye.<sup>27</sup> Accidents, if they occurred, were never reported. At the end of each race the winners praised the work of their limb fitters.

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<sup>23</sup> E.C. Bethune, *Handbook for the Limbless* (1921), p.108.

<sup>24</sup> *Ibid.*, p.48.

<sup>25</sup> *Ibid.*, p.108.

<sup>26</sup> E.R. Desoutter, *Progress and Achievement* (1931), p.1.

<sup>27</sup> *Ibid.*, pp.21-22.

Further to car rallies, limb fitters sponsored numerous sporting events. These events which included walks, races, tennis matches and polo were organized by ex-service organizations and newspapers as fundraising events for convalescent homes and hospitals. Armistice Day Walks were organized by *The Star* for the legless starting in 1922. The British Legion organized Imperial Sports Rallies, in which disabled men participated and competed in various athletic events. Limb companies proudly announced these events in their catalogues and included glowing tributes to the winners who sported their prosthetics. So cut throat was the competition that J.E. Hanger notoriously tracked down winning athletes sporting Desoutter limbs and offered cash incentives as well as free limb replacements if they repeated their performances with faster times on a Hanger leg. Men who accepted had their performance well documented in the next catalogue as proof of a superior limb.

Case studies of remarkable men who personified the 'heroic ideal' featured highly in the limb catalogues and handbooks, even more so than the actual technical details of prosthetic limbs. These men were lauded by both limb manufacturers and *The Handbook* to inspire their fellow amputees. One such example was that of Charles Sheldon and Ernest Riddles. In 1923 they achieved what were described as 'remarkable feats of endurance' when they climbed Mount Snowden in Wales. They both covered five miles in less than three hours, each with an artificial Desoutter Brother limb.<sup>28</sup> The Desoutter Brothers lauded them as heroes, and included press clippings and photographs alongside the story. While the Desoutter brothers proudly announced that such an accomplishment could be not be performed on anything other than a Desoutter, they also made it clear that a certain amount of willpower and determination were required.

Another hero lauded by the limb catalogues and handbook was the generally all-rounded Harold Cove. In 1921 he was identified by the handbook as the epitome of 'power in mind over body.' He lost both arms, but learnt to write with his mouth to allow him to pen letters to his fiancée from his hospital bed. 'He must have done this successfully,' said *The Handbook*, 'for he has since got married.'<sup>29</sup> With perseverance he learned how to use an artificial arm on each stump at the same time. He soon mastered the difficult task of attaching and removing them unassisted, and

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<sup>28</sup> 'Triumph of Disabled One-Legged Ex-Serviceman', *Daily News*. 17 September 1923, p.3.

<sup>29</sup> Baird, *Handbook for the Limbless*, p.2.

could feed himself with a fork. With the aid of a village blacksmith he soon learned to cycle; he tended his own plot of land with a special appliance; he also played billiards at an inn which he owned and managed. And as if that were not enough, he was a talented musician. ‘The armless reader may hazardly believe that he plays the piano,’ claimed *The Handbook*, ‘but he does so, the Merry Widow Waltz being one of his favourites.’<sup>30</sup>

Heroes such as the multi-talented Cove and the mountain climbing duo Sheldon and Riddles were intended to encourage men in both body and spirit. It was suggested that they accomplished their goals with a combination of the best available artificial arms and legs and a little determination and hard work on their part. By holding men such as these up as the epitome of the ‘heroic ideal’, limb manufacturers and the proponents of the new limbs imposed a code of conduct on the men. With new advances in artificial limbs, there was now no reason why amputees should not just succeed in life. Moreover, they were even capable of remarkable feats. With the proper limb, there was no reason why a war hero could not continue to accomplish heroic deeds. The limbs themselves were expected to perform as closely as possible to an actual body part. As long as the limbless man was committed to his rehabilitation, there were no limits to what he could achieve with his prosthetic.

However, the handbooks and limb catalogues held too positive an outlook on the prospects of the disabled soldier. They spoke cheerfully on advancements in limb development, and hailed ‘success’ stories. Apart from tips from fellow readers on how to care for problem stumps, there was little mention of any negative aspects to wearing a limb. Men who felt frustrated or depressed either did not write in, or were not given room to air their views. If a limb did not work properly, or rehabilitation had not adequately helped a man become mobile and upright, then he was largely unsupported. Because *The Handbook* and limb catalogues neglected such men, their ‘heroic ideal’ was unduly optimistic. It imposed expectations on disabled ex-servicemen which were frequently at odds with the true limits to what many of their number were able to achieve with their new limbs. Thus, *The Handbook* and limb catalogues did not help the overall process of rehabilitation.

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<sup>30</sup> Ibid.

The limb catalogues and handbooks ignored the fact that fitting prosthetics was not always a straightforward process. Amputation was roughly done, often under horrific conditions and with long lasting consequences. Men such as James Gower had very little chance of finding a properly fitting limb. So overcrowded was the hospital at York where he convalesced that his surgery was performed on the kitchen table with a meat cleaver, leaving the stump jagged and uneven.<sup>31</sup> Numerous stumps were not conducive to limb fitting, and men often had to have further surgery to saw off bone or clean up the amputation site.

Even if amputations were performed smoothly, hospital stays were lengthy and convalescence many months, if not years. Private Gerald Warry was one such example. He endured multiple operations with lengthy spells of convalescence in between. Besides an amputation he underwent surgical procedures for decaying bone, protruding bones and gas gangrene. Each procedure was followed by a painful and often depressing recovery.<sup>32</sup>

Lengthy and painful treatments were common. As Reginald Spraggins, who also lost his arm on the Somme recalled:

Every day they brought round the dressing trolley, the Agony Wagon as we called it. Some of the men would scream out when the nurses came to strip then re-dress their wounds; in fact some even used to start screaming before the nurse even started because they knew the pain they were going to be in. Others would try to hold back. I tried to prevent myself making too much noise although it was painful, because it was hard for the nurses to put up with it [...] I can't complain because my arm was practically shot off, and so they put these hot poultices on to keep the wound fresh, to enable it to heal up. The dressing had to be removed every day, sometimes twice a day, and it took several weeks before it healed sufficiently.<sup>33</sup>

Horace Gaffron, who required multiple amputations and spent over a year in hospital recalled similar experiences:

I did not look at the dressings. I wasn't too happy about looking at the rawness so I just let them do what was necessary. The hot poultices were terribly painful and then there were the dressings. They used to terrify me in every way because the nurse had to pull off the blood-soaked bandages and they stuck to the wound and tugging them only took away some more of the flesh [...] I was nineteen

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<sup>31</sup> E. Elsey, 'Disabled Ex-Servicemen's Experiences of Rehabilitation and Employment after the First World War', *Oral History*, Vol.25, No.2 (1997), p.54.

<sup>32</sup> IWM, G. Warry, 96/21/1.

<sup>33</sup> R. Van Emden and S. Humphries, *All Quiet on the Home Front: An Oral History of Life in Britain During the First World War* (Chatham, 2003), p.129.

years old and I had just received this injury which would finish me throughout my life from quite a few things. While I came to terms with what had happened I was forced to have further amputations higher and higher up the leg; the second one took my leg off to within inches of the knee and that was very sore, I can assure you [...] there was a lot more crying. Good hefty blubbing, for it was more than I could stand.<sup>34</sup>

For these men the reality of their situation was in stark contrast to the positive images of quick recovery and easy mobility portrayed in the limb catalogues. For numerous men, it would be many months before they could even wear a limb, let alone walk or dance.

Limb fitting was a long and tedious process. After treatment in a military hospital, men often required special treatment for their amputation stumps. It could take several months for stumps to shrink and obtain their permanent shapes. Persistent sinuses, bulbous nerve ends, abscesses, and scar tissue all impeded recovery and the proper fitting of prosthetics.<sup>35</sup> Waiting lists at limb fitting centres were lengthy. Very few hospitals boasted an artificial limb department and a great number of men had to travel long distances for a fitting. For example, because of a lack of trained limb makers, there was only a single centre in the whole of Wales. The Cardiff centre even started to train disabled men to keep up with the demand for prosthetics amongst disabled Welshmen.<sup>36</sup> Some men had to wait up to a year after discharge from hospital for their new limb. Rifleman Samuel Beer and Gerald Warry were fitted with temporary peg legs until artificial limbs could be provided. Although Beer was given a peg leg in 1919, he was not fitted for his metal limb until 1921.<sup>37</sup> Even then, he was only given a perfunctory lesson in how to use it. Warry had become so adept in using his crutches while awaiting a final fitting that he only wore his finished legs four years later, on his wedding day. Another committed crutch-user found his legs more functional as flowerpots, using them to cultivate champion chrysanthemums.<sup>38</sup>

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<sup>34</sup> Ibid., p.130.

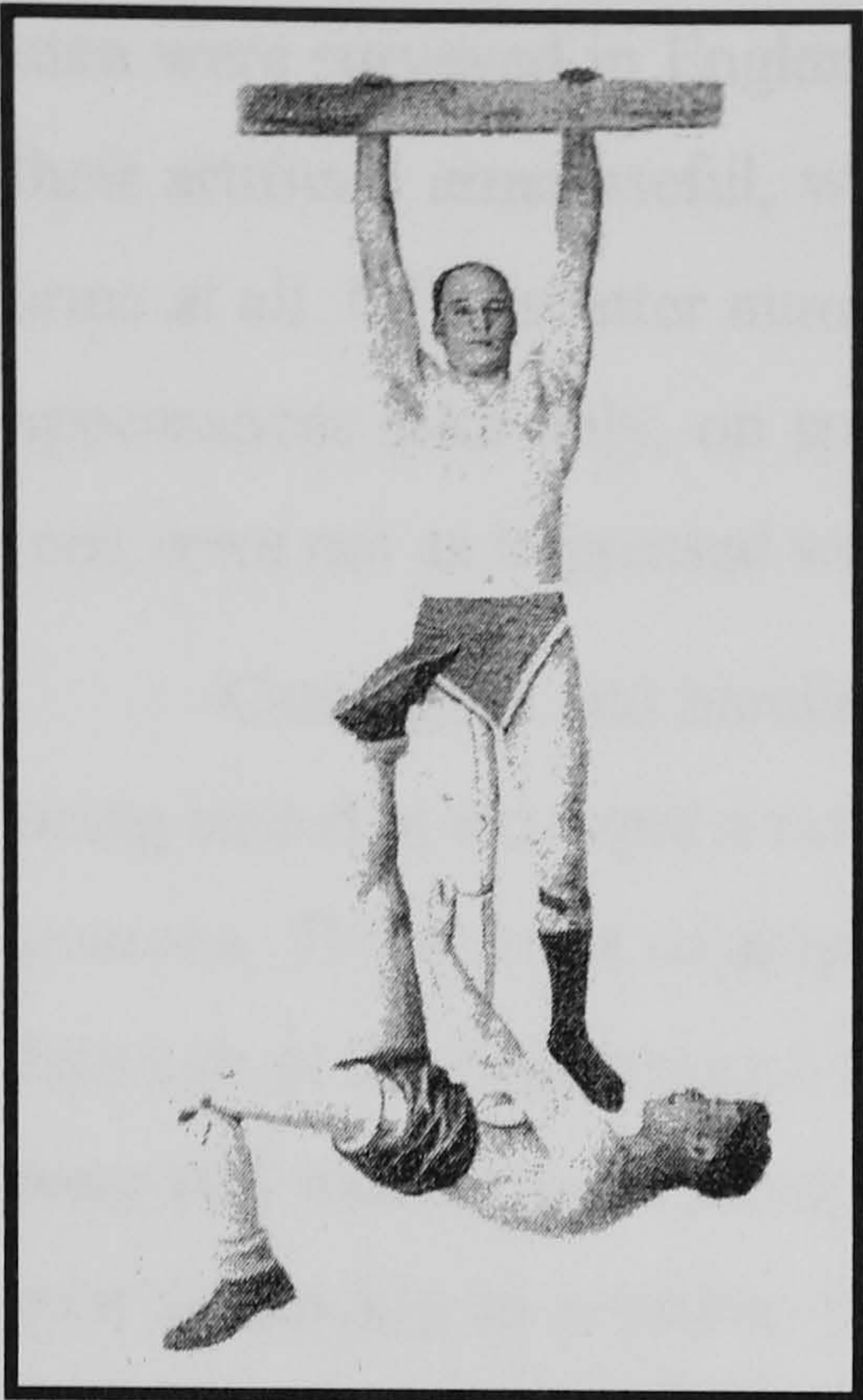
<sup>35</sup> A. Broca, *Artificial Limbs* (1918), p.87; *The After-Effects of Wounds of the Bones and Joints* (1918), p.54.

<sup>36</sup> *Hansard*, 5<sup>th</sup> Series, 1918,101,1229; W.C. Mackenzie, 'Military Orthopaedic Hospitals; in *British Medicine in the War* (1917), p.84

<sup>37</sup> IWM, S. Beer, 79/12'1.

<sup>38</sup> PRO, Supply of Artificial Limbs, PIN38/426.

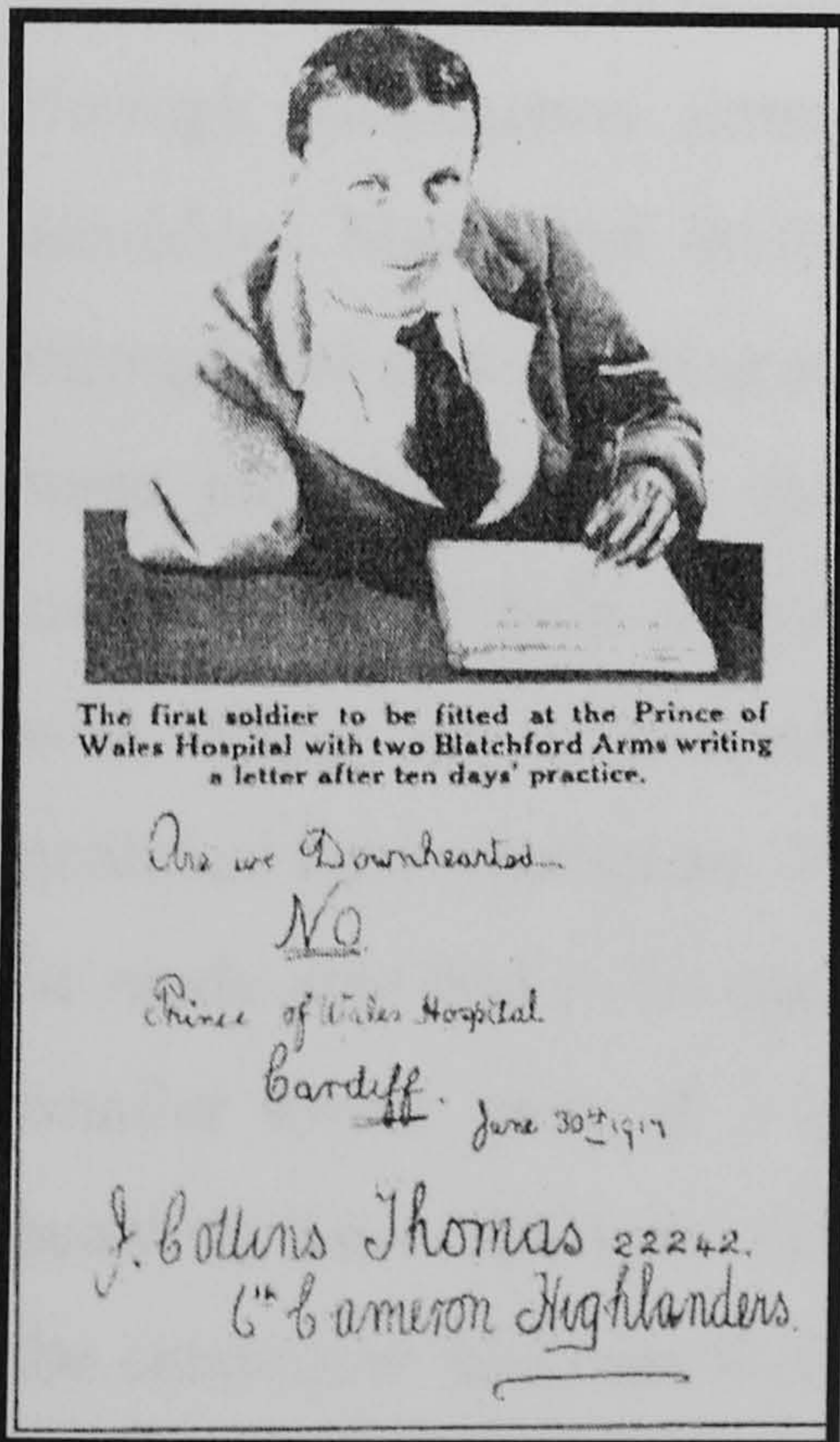




**Fig.9: Demonstrating the strength Desoutter Legs**



**Fig.10: Playing Cricket with a Blatchford Arm**



**Fig.11: Writing with a Blatchford Hand**



**Fig.12: Racing on Desoutter Legs**

A survey conducted by the Ministry of Pensions further reveals the dissatisfaction disabled men felt about their artificial arms. In 1918, 2483 one-armed men were surveyed in England and Wales. Of this number, only 725 actually found their artificial arms useful, while the remaining 1758 admitted to not wearing their arms at all. Of this latter number only 552 stated they grudgingly wore their arm for appearances sake only, on special occasions such as their wedding day.<sup>39</sup> Clearly, men were not as impressed with their artificial limbs as the catalogues purported.

Catalogues and handbooks also overlooked the fact that legs and arms were being issued at too rapid a rate, impacting upon the quality and length of limb fitting sessions. The number of amputees made it very difficult for supply to keep up with demand: at the beginning of 1918, some three thousand men, long since discharged, were still waiting to be fitted with artificial limbs.<sup>40</sup> There was a rush to fit as many men as quickly as possible. On average 15,000 fittings were performed each week. These sessions were extremely brief, and sometimes there was no personal fitting at all. Where it was difficult for the ex-serviceman to travel to a limb fitting centre, illustrated prospectuses were available upon application from a surgeon. Limb manufacturers also advertised their merchandise in surgeries and chemist shops, and through publications aimed at the ex-serviceman such as *The Handbook for the Limbless*. Men were invited to fill out a form and send their measurements in through the post. The leg was then delivered through the post to them. These limbs were provided without the man actually being seen by the manufacturers. Local surgeons could help with a man's postal limb. However, whilst they would assist with fitting and rehabilitation, it was not the same as a personal fitting from a qualified limb craftsman. Furthermore, any adjustments or repairs which needed to be made also had to be done through the post.<sup>41</sup> Thus, men living in rural areas or smaller towns were at a considerable disadvantage to those who lived in cities boasting limb fitters and larger hospitals. Moreover, although prosthetics hailed in the catalogues and handbooks were of the highest quality, in reality standards varied widely. Arms were never standardized; men with the same type of amputation often

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<sup>39</sup> PRO, MoP Report for 29 June to 5 July 1918, CAB24/57 GT5044.

<sup>40</sup> *Hansard*, 5<sup>th</sup> Series, 1918,103. 511.

<sup>41</sup> G. Philips, *Best Foot Forward: A. Blatchford and Sons Ltd (Artificial Limbs Specialists), 1890-1990* (Cambridge, 1990), p.38.

received different types of arms and hands depending on where they were treated. Even after the adoption of the light metal limb, legs still varied considerably too.

The quality of one's limb depended on social standing. For those who could afford it, private limbs were superior to the standard Government Issue. This was especially the case for artificial arms, which were much more difficult to design. The Desoutter Brothers and Hanger produced light metal limbs for government at Roehampton, yet perfected more expensive models for private patients. It was the more expensive limbs, out of reach for so many ex-servicemen, that often featured in catalogues.

In addition, the catalogues and handbooks neglected to mention that the quality of some limb manufacturers' wares was less than satisfactory. In order to receive government contracts and to stay ahead of the market, limb firms had to produce prosthetics at a rapid rate. This necessarily led to some shoddy workmanship, and poorly produced limbs greatly hindered one's efforts at rehabilitation. There are numerous examples of men who illustrated the many shortcomings of the overly positive view of prosthetics held by the limb catalogues and handbook. On such man was Bill Thompson, who later volunteered for the Limbless Ex-Servicemen's Association. Thompson suggested that a consortium of firms was cutting corners to obtain a government contract at the Chapel Allerton hospital in Leeds. Two limb manufacturers were said to have exploited their monopoly by introducing a price fixing agreement and reducing the quality of appliances. Poor legs which wore out quickly were soon traded for ones of even cheaper quality.<sup>42</sup>

Thompson's testimony further lamented that the fitting process left much to be desired. When he struggled and failed to walk across the room of the limb fitting clinic he recounted:

The doctor said the leg didn't come with instructions and I must find out how to use it by myself. He said I could go home, but I didn't know how to get home on one leg. I struggled to the station on my crutches, carrying my kit bag, with my artificial leg trailing behind me as I didn't know how to fit it properly.<sup>43</sup>

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<sup>42</sup> Elsey, 'Disabled Ex-Servicemen's Experiences of Rehabilitation and Employment after the First World War', p.55; *Hansard*, 5<sup>th</sup> Series, 1917, LXXXVII, 361.

<sup>43</sup> *Ibid.*, pp.49-59.

Thompson's father had to carry him home from the station.

The limbs broke easily and caused pain. In another incident a man's artificial ankle snapped while he was ascending the stairs. This caused him to fall, and landed him back in hospital. Yet when Hanger, the manufacturer in question, was confronted about this incident, they concluded that the man must not have been 'using it properly', and tactfully suggested that he lose some weight.<sup>44</sup> While Thompson soon became mobile on his artificial leg, many of his comrades had great difficulties. Numerous men received inferior artificial limbs which resulted in abscesses and reduced mobility.

Several more examples of men who struggled in their rehabilitation originate from complaints received by the Ministry of Pensions. James Jacques of Manchester, was told that his two new legs were just as good as his old ones. However, he was given very little instruction as to how to use them. Most of the ten day's allotted instruction was taken up with frequent adjustments. He only had one or two hours' practice walking a day. When he appeared before the medical board he was requested to sign that the limb was comfortable and satisfactory. When he objected, he was advised to keep persevering. However, he found it so difficult to walk when leaving the hospital that a nurse had to help him out to the waiting taxi. More training, he said, should be given before men had to attempt to cross busy streets.<sup>45</sup>

Whether manufacturers of poor quality limbs were conscious that their limbs were of poor quality is hard to tell. As the products were new, it would have been difficult for anyone to tell how they would perform in the long run. Moreover, limb manufacturers who held the patents did not always manufacture the limbs themselves. Engineers, blacksmiths, wood carvers and even disabled soldiers were all trained and mobilized to keep up with the supply of limbs. In provincial towns, examples of patented limbs were distributed to allow local limb fitters to make copies. While it is difficult to imagine how limb manufacturers could have coped otherwise, slips in quality control were inevitable.

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<sup>44</sup> PRO, Complaints of Defective Instructions in the Use of Artificial Legs at Limb Centres (1919-1920), PIN38/476.

<sup>45</sup> Ibid; PRO, Supply of Artificial Limbs (1916-1917). PIN38/426.

For many men innovations in artificial limb technology, so praised by *The Handbook* and limb catalogues, did not always live up to their guarantees. Two weeks was the promised deadline by which men could function again. Yet learning to cope with one's disabilities and master the use of one or more artificial limbs was a long and difficult process. Those who took longer than the allotted time were not given any extra assistance or guidance by the limb makers themselves. The 'heroic ideal' which limb manufacturers promoted was to the general disadvantage of the rehabilitative process. The overly positive outlook encapsulated within the 'ideal' ignored the very real physical and psychological problems which men had. Despite problem stumps, rushed limb fitting, ill-fitting limbs, and long waiting times before the limb could even be fitted, men were expected to return to 'normal' as quickly as possible. It was mistakenly believed that a little determination was the remedy to what could be, in reality, a serious problem.

The heroic ideal promoted by limb manufacturers was injurious to the rehabilitation of disabled ex-servicemen. What, therefore, was the alternative? In order to more effectively assist the disabled ex-servicemen, it would have been of greater value for the handbook to offer constructive advice on serious medical problems and complications arising from the use of prosthetics. As mentioned earlier, the handbook, as well as the catalogues, did offer advice on trivial matters, such as how to dance, smoke a pipe and play cards. Yet queries of this sort presupposed that men had already mastered their limbs and simply needed to iron out minor issues. It would have been of greater assistance had these publications given men a forum in which they could express their more serious medical concerns. For example, the handbook could have enlisted the assistance of a doctor, and a limb technician, who could have formed a panel responding to serious medical and prosthetic worries. Not only would this information have been of use to that particular individual, but it would have acted as a valuable reference resource for every sufferer. Moreover, the realization that other men shared their problems would have done more to hearten the disabled man than any number of success stories. Tailoring the handbooks and catalogues in such a manner would have furthered the construction of disability as a social issue.

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Fig.13: *Essential* Limb catalogue, 1918

## A REMARKABLE TYPE of ARTIFICIAL LEG

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LIGHTNESS  
STRENGTH  
DURABILITY  
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HYGIENE

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Leg, now being supplied in large  
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Fig.14: *Desoutter Brothers* catalogue, 1922

## Conclusion

The years following the First World War witnessed dramatic and rapid change in artificial limb manufacture. Before 1914 artificial limbs did exist. However, they were usually primitive and unwieldy. After 1914 limbs became much more plentiful, and were of a much higher quality. Likewise, the 'heroic ideal' had been promoted amongst limb manufacturers before 1914. However, it was only after the war, and the advent of a new era of limb manufacture, that firmly established the 'heroic ideal' as the guiding principles of their operations. The 'heroic ideal' became strongly reinforced by limb manufacturers in the wake of these new advances in limb production and technology. The limb manufacturers now held supreme confidence in their inventions. Limbs were presented as being so easy to operate that they could be mastered with but a little effort. With these advanced parts, men were expected to comply with a 'heroic ideal', which stated that with only a little effort they could succeed in the able-bodied world.

The rhetoric endorsed by limb manufacturers was detrimental to the rehabilitation of disabled ex-servicemen. Because of the faith which limb manufacturers held in their products, they failed to recognize disability as a serious, long term problem. Disability was viewed as temporary, something which could become cured, albeit with advanced prosthetics. The attitude of the limb manufacturers ignored the realities of the situation. Regrettably, few disabled men have recorded their experiences of artificial limbs. However, those who have bequeathed sources reveal a reality in stark contrast to the promises of limb manufacturers. The 'heroic ideal' which men were expected to achieve was at odds with which most disabled men were capable of achieving.

The impact of the 'heroic ideal' which the limb manufacturers promoted cannot be overestimated. It must be remembered that *The Handbook* and limb catalogues promoted the beliefs of limb manufacturers not only to the disabled themselves but also to the medical community. These doctors and surgeons then disseminated this information to their disabled patients. As a result, doctors did not merely advise the disabled on their new limbs, but promoted the 'heroic ideal' which the manufacturers attached to them. The problems which the 'heroic ideal' caused had wide ranging implications for the disabled ex-servicemen throughout his treatment and care. Indeed, the ethos followed him long after the war was over. If he

received poor quality limbs, and insufficient instruction on how to use them, it would impact not only his health, but his mobility and employment prospects. Moreover, in their quest to succeed in a lucrative prosthetic market, limb manufacturers aggressively promoted a medical construction of disability: new scientific advancements promised an end to impairment. Modern prosthetics also pressured men to behave 'normally' in both physical appearance and physical activity. The promises of limb manufacturers mitigated against a social understanding of disability in this period and worked to isolate men who could not live up to the 'heroic ideal.



## Chapter Four – Employment

### Introduction

Providing employment for disabled ex-servicemen was one of the most complex challenges facing the post-war state; a challenge which continually bewildered successive governments. Re-settling the army after war had always been a difficult issue for governments to tackle.<sup>1</sup> However, no previous government had had to resettle ex-servicemen on such a large scale. Men were discharged at a rate of 20,000 per day,<sup>2</sup> and jostled for positions in an economy which was already struggling with over 2 million unemployed.<sup>3</sup> Disabled ex-servicemen were at a considerable disadvantage. Many young men were unskilled, and had no previous work experience. For others, a severe physical impairment made a return to their former occupation impossible. In the immediate aftermath of the war, approximately 100,000 physically disabled ex-servicemen found themselves unemployed and facing financial uncertainty.<sup>4</sup>

Unemployment during the 1920's has been the subject of much historical debate. Military and social historians have long been interested in ex-service unemployment and its wider ramifications for post-war reconstruction. P. Barton Jones's *Land For Heroes* (1968); K. Burke's *War and the State: The Transformation of British Government 1914 -1919* (1982); K. Fedorowich's *Unfit for Heroes: Reconstruction and Soldier Settlement in the Empire Between the Wars* (1994) and A.P. Latcham's 'Journey's End' (1997) have all examined how the state responded to problems of unemployment and ex-service agitation. However, disability historians have been rather negligent in this area of research. Only a few

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<sup>1</sup> See for example, K. Fedorowich, *Unfit for Heroes: Reconstruction and Soldier Settlement in the Empire Between the Wars* (Manchester, 1994); E. Spiers, *The Late Victorian Army, 1868-1902* (Manchester, 1992).

<sup>2</sup> P. Barton Jones, *Land for Heroes: The Planning of British Reconstruction, 1916-1919* (Chicago, 1968), p.207; D. French, 'The Rise and Fall of Business as Usual', in K. Burke, ed. *War and the State: The Transformation of British Government 1914 -1919* (1982), p.8; 'Army Demobilization', *The Times*, 3 January 1920, p.7; *Hansard*, 5<sup>th</sup> Series, 1920, 128, 1201.

<sup>3</sup> W. Hannington, *Unemployed Struggles: My Life and Struggles Amongst the Unemployed* (1927), p.12; J. White, *The Worst Street in North London: Campbell Bunk Islington Between the Wars* (1986), p.38; K. Laybourn, *Britain on the Breadline: A Social and Political History of Britain Between the Wars* (Gloucester, 1990), p.7.

<sup>4</sup> G. Wootton, *The Official History of the British Legion* (1956). p.48.

studies have made inroads into the complex issues and difficulties surrounding joblessness. Deborah Cohen's *The War Come Home* (2001) compares employment programmes in Britain and Germany, whilst Anne Borsay's *Disability and Social Policy In Britain Since 1750* (2005) includes ex-servicemen in her wider research remit. More generally, Helen Bolderson's, *Social Security, Disability and Rehabilitation: Conflicts in the Development of Social Policy 1914-1946* (1991) provides a cogent overview of employment issues for both civilians and soldiers alike during this period. Studies of American ex-servicemen, such as D.A. Gerber's *Disabled Ex-servicemen in History* (2000), are more prevalent.

The limited disability historiography is critical of government action. The state is largely portrayed as neglectful, indifferent and ineffective.<sup>5</sup> Much of this criticism stems from the failure, or perceived failure of state employment and training programmes. Moreover, the state is presented as implementing exclusionist policies which constructed disability as a medical problem, and therefore ignored the wider social ramifications of living and working with a disability.<sup>6</sup>

This chapter seeks to re-evaluate state employment policies specifically aimed at the disabled. The first section will provide an overview of the difficulties which the state faced in implementing various employment and training schemes. Section two will examine a hitherto-ignored government employment strategy: The King's National Roll Scheme (KNRS); a ground-breaking programme which was not only effective in its results, but innovative in its approach to disability. Section three will demonstrate how the state actively worked to inform and assist disabled men, and educate the general public in an attempt to end discrimination and prejudice. Through the examination of the KNRS, and wider employment programmes in general, this chapter will therefore demonstrate that despite the negligible success of different employment and training schemes, such programmes

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<sup>5</sup> A. Borsay, *Disability and Social Policy in Britain since 1750: A History of Exclusion* (Basingstoke, 2005); H. Bolderson, *Social Security, Disability and Rehabilitation: Conflicts in the Development of Social Policy 1914-1946* (1991); D. Cohen, 'Will to Work: Disabled Ex-servicemen in Britain and Germany After the First World War', in D.A. Gerber, ed. *Disabled Ex-servicemen in History* (Ann Arbor, 2000), p.302; D. Cohen, *The War Come Home: Disabled Ex-servicemen in Britain and Germany, 1914-1939* (Berkeley, 2001).

<sup>6</sup> For an examination of disability and employment policy see Borsay, *Disability and Social Policy in Britain since 1750*, pp.119-133.

were more effective than they have previously been given credit. Most importantly however, this chapter will demonstrate that far from imposing exclusionary policies, state employment programmes conceptualized disability as a social problem and fought to end economic exclusion for disabled men. The government not only recognized the social barriers associated with disability, but planned their programmes accordingly.

### **Employment and Training**

The search for employment began in hospital. The purpose of rehabilitation was twofold: to exercise the body and to train the man in a new skill or trade. Depending on their disabilities and their interests, men could either continue with their training outside hospital, or enter a different occupation altogether. Whilst in hospital Local War Pension committee (LWPC) volunteers visited each patient from their locality to ascertain details of each man's impairment, rehabilitative process, family situation and former occupation. This information was then used to help men find suitable training and employment near their homes.<sup>7</sup> Upon discharge, military hospitals provided men with a card detailing the particulars of their home address, service record and any out-patient treatment that may be required. A copy of this card was given to the ex-servicemen, his LWPC and the Ministry of Labour in order to further facilitate his search for appropriate employment or re-training and ensure that his details could be accessed easily and efficiently by the authorities in charge of his care.<sup>8</sup>

The two governmental authorities responsible for disabled men were the Ministry of Pensions and the Ministry of Labour. Whilst in hospital, soldiers remained under the auspices of the Ministry of Pensions, and once discharged they became the responsibility of the Ministry of Labour.<sup>9</sup> Both branches worked closely together and their responsibilities often overlapped. For example, the Ministry of Pensions established the Disablement Sub-Committee, however responsibility over this committee was divided between both ministries, and amongst other government bodies as well. A combination of state authority and voluntary co-operation, the

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<sup>7</sup> A. Keogh, 'The Treatment of the Disabled', *RTL*, Vol.1 (1917), p.10; MoP, *Instructions and Notes for the Treatment and Training of Disabled Men* (1917), pp.40-46.

<sup>8</sup> *Hansard*, 5<sup>th</sup> Series, 1917, XCI, 246.

<sup>9</sup> A.P. Latcham, 'Journey's End: Ex-Servicemen and the State During and After the Great War' (unpublished PhD thesis, The University of Oxford, 1997), p.345.

committee included representatives from employers; labour organizations; the Board of Trade; the War Office; the Local Government Board; the Board of Agriculture and Fisheries; the National Health Insurance Commission; technical education teachers and ex-service representatives.<sup>10</sup> The Ministry of Pensions further established the Civil Liabilities Scheme in 1916 which provided men with grants for training and education. Responsibility for this scheme was partly devolved onto the Ministry of Labour.<sup>11</sup> In 1918 both Ministries jointly established the King's Fund for the Disabled which helped men establish their own businesses.<sup>12</sup> Those who could not find employment received an out of work donation provided by the Ministry of Labour for up to forty six weeks after demobilisation. Although the Ministry of Pensions was responsible for financial compensation, and the Ministry of Labour for work, both ministries played a well-co-ordinated and complementary roles in alleviating unemployment amongst disabled men.

Employment programmes and training schemes were also the joint responsibility of the Ministry of Labour and the Ministry of Pensions. Under the auspices of both ministries, numerous state and voluntary bodies offered training and employment schemes: government instructional factories; employers' workshops; private education institutions; grant-aided technical schools; and government training facilities.<sup>13</sup> Some, like those run by the Board of Trade and the Ministry of Agriculture and Fisheries, were funded and organized by different branches of the state. Others were charitable, yet received funding and logistical assistance from the government. Long-established programmes continued to function. For example, the SSHS continued to train disabled ex-servicemen in its covered workshops as it had done during the Boer War; indeed, by 1915 they employed over 500 men per year, and were set to expand further.<sup>14</sup> However, even such long standing schemes received funding from the state.

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<sup>10</sup> *Hansard*, 5<sup>th</sup> Series, 1917, XCI, 2267; Cd. 8750, *Report of the War Pensions and Statutory Committee for the Year 1916* (1917), pp.17-18.

<sup>11</sup> Cmd. 2481, *MoL Report for the Years 1923 and 1924* (1925), p.28.

<sup>12</sup> 'Medical News', *BMJ*, 7 September 1918, p.273.

<sup>13</sup> Cmd. 2481. p.168.

<sup>14</sup> 'The Care of Disabled Soldiers', *BMJ*, 7 Vol.II, August 1915, pp.227-28; G.W. Hutt, *The Future of the Disabled Soldier* (1918). p.101.

Employment schemes of all varieties focused their attention on skills training. The majority of disabled men were young and unskilled; they required both experience and qualifications before they could work in the able-bodied world. The state, therefore, invested heavily in training and education and encouraged volunteer organizations to do the same. The Industrial Training Scheme established by the Ministry of Pensions, and transferred to the Ministry of Labour in 1919, selected 30 special trades involving 600 different occupations in which men could train. Training took place in government institutions for approximately nine to twelve months. From there, men were placed in further training, or ‘improverships’ with private employers. Trainees received allowances for their dependents and the cost of training was defrayed in part by both the government and the employer.<sup>15</sup> During the training period pensions were increased to the sum of 27s, 6d; the equivalent of a maximum disability pension. Whilst in training men also received a 5s training allowance, free medical care, free room and board and a family allowance if training necessitated an absence from their dependents.<sup>16</sup> Provision was thus made ‘to enable disabled men to accept treatment and training where it was deemed necessary’.<sup>17</sup>

The most prominent training programmes in the Industrial Training Scheme were instructional factories, covered workshops, and small agricultural landholdings. Each programme was experimental in nature, and each experienced widely varying degrees of success. However, there can be no doubting the effort and enthusiasm with which the government treated the issue of re-training and unemployment.

Instructional factories enabled the state to educate and train large numbers of men. In order to satisfy their need for space, the Ministry of Labour commandeered existing industrial buildings, munitions factories, schools, hospitals and gymnasiums. Men from across the country were trained in large cities by teachers and instructors from both the military and civilian world. In an economical move to solve two major dilemmas – unemployed men and a shortage of munitions – the

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<sup>15</sup> *Hansard*, 5<sup>th</sup> Series, 1924, 180, 1000; MoP, *Instructions and Notes on the Treatment and Training of Disabled Men* (1917), pp.24-30.

<sup>16</sup> PRO, War Cabinet Papers: CAB24/46/GT4019; J.A .Bennett, ‘Good News for the Disabled Sailor or Soldier’, *Reveille*, Vol.1 (1918) p.62.

<sup>17</sup> A.G. Boscawen. ‘Pensions in the UK’, *Reveille*, Vol.1 (1918), p.21.

Ministry further used munitions factories and engineering buildings as industrial training factories and gave men jobs in 'work of national importance'.

Instructional factories were impressive in size and scope. In total, the Ministry of Labour established 52 instructional factories and 252 smaller training centres.<sup>18</sup> By the end of the war, the scheme had trained 74,694 men in over 600 different occupations.<sup>19</sup> However, the instructional factory scheme was not without its drawbacks. The quality and suitability of facilities varied widely.<sup>20</sup> It also became increasingly difficult for the Ministry of Labour to find improverships with private employers as the poor economic conditions of the inter-war years progressed.<sup>21</sup> Most notably, instructional factory training worked to saturate the market. Each institution churned out more qualified men than any particular industry could necessarily support. The shoe making trade was one such example. In Doncaster alone 500 trained shoemakers never found work in their chosen job.<sup>22</sup> Cricket ball manufacture was another oversubscribed trade; instructors refused entry to any further trainees as early as 1920.<sup>23</sup>

In order to slow down the entry into more popular trades, and avoid a glut in industry, the Ministry of Labour was forced to leave factories wholly, or partially, vacant. These vacancies often forced factories to close down altogether as they were no longer financially viable. In a further move, the state urged LWPCs to research the viability of different industries in their respective locales and furnished them with 1911 census returns so they could predict which occupations were feasible, and the number of trainees local industries could sustain.<sup>24</sup> After 1920 choosing a future job became much more restricted; men had to produce a letter of evidence from their

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<sup>18</sup> Cmd. 2481, *MoL Report for the Years 1923 and 1924* (1924), p.347.

<sup>19</sup> *Hansard*, 5<sup>th</sup> Series, 1921, 147, 271.

<sup>20</sup> PRO, CAB24/86/GT7912.

<sup>21</sup> *Hansard*, 5<sup>th</sup> Series, 1921, 147, 271.

<sup>22</sup> 'Disabled Men's Workshops', *The Times*, 19 March 1921, p.7.

<sup>23</sup> *Hansard*, 5<sup>th</sup> Series, 1920, 128, 2057; M. Wood, 'Training and Its Results', *The Inter-Allied Conference on the After Care of Disabled Men* (1918), p.222; PRO, War Cabinet Papers: CAB25/15/GT1000; PRO, CAB24'18/GT1236.

<sup>24</sup> War Pensions and Statutory Committee, 'Training and Employment of Disabled Men', Circular No.45, June 1917.

LWPC that satisfactory employment could be found before he was granted acceptance onto a training programme.<sup>25</sup>

Prevailing economic conditions, flooded job markets and straightened government funds all conspired to end the factory scheme by the mid 1920's. Despite a waiting list of 35,000 men, the government stopped accepting applications for training in 1921.<sup>26</sup> In 1922, a committee appointed to assess the programme determined it to be an overall failure. The last of the government run instructional factories limped along and finally closed in 1926.<sup>27</sup>

Workshops were more successful and generally enjoyed a longer life span. Although voluntary in nature, they received state support and state funding. Workshops often incorporated the workplace, a hospital, social club, and homes for men and their families. This type of employment was usually reserved for 'Class O' men: the approximately 50 percent of men with spinal injuries, severe mutilation, chronic diseases and multiple amputations who, it was believed, would never be able to regain full independence.<sup>28</sup> They required the continued medical supervision of workshops. Workshops had long been a traditional employment solution to disabled persons deemed unable to survive in the normal economy. Arts, crafts and various other paraphernalia made in these institutions were sold at charity auctions or bought up by sympathetic shops and companies.

The success of these workshops was negligible. Rarely did men train in any kind of sustainable trade that would enable them to leave and obtain work through the regular channels. Yet men were desperate to apply. Doncaster, for example, housed six different covered workshops, yet an average of 2,000 men remained on waiting lists throughout the 1920's.<sup>29</sup> Furthermore, the workshops were not economically viable. Directors of the Lord Roberts Corporation estimated that for

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<sup>25</sup> *Hansard*, 5<sup>th</sup> Series, 1920, 127, 619.

<sup>26</sup> Cmd. 2481, *MoL Report for the Years 1923 and 1924* (1924), p.168.

<sup>27</sup> *Ibid*; Cmd. 3090, *MoL Report for the Year 1927* (1928), p.89. Factories in Bradford, Birmingham, Brighton, Nottingham, and Plymouth closed by 1921 and a waiting list of 600 men was suspended. *Report from the Select Committee on Training and Employment of Disabled Ex-Servicemen* (1933), p.600.

<sup>28</sup> 'Disabled Soldiers: New Trades'. *The Manchester Guardian*, 14 June 1918, p.3; PRO, War Cabinet Papers: Employment of Severely Disabled Men, CAB24/123/C.P.2972.

<sup>29</sup> 'Disabled Men's Workshops', *The Times*, 4 March 1921, p.9.

every 50s spent in wages, the soldiers provided 30s worth of work.<sup>30</sup> Interest in buying disabled men's work at charity auctions and bazaars also waned and donations were increasingly difficult to procure.

Faced with these increasing difficulties, the Disabled Soldiers and Sailors Workshop Association and the Lord Roberts Memorial Workshops concluded in 1921 that they could no longer continue without state assistance. That year the Ministry of Labour called together LWPC workers, members of voluntary organizations, disabled men, and representatives of ex-servicemen's organizations. The remit of this meeting was to determine the fate of voluntary workshops. They were no longer sustainable, yet over 10,000 severely disabled men depended upon them for employment, rehabilitation and support. Members of the meeting voted against a system of state workshops. Instead, they favoured an extension of the voluntary system, with set minimum wages, regular state grants and close working with local government.<sup>31</sup> Covered workshops continued to function in this matter throughout the inter-war years, some more successful than others.

Agriculture was the third major employment experiment. As early as 1915 the Board of Agriculture began to consider employing disabled ex-servicemen in agriculture and establishing small soldier settlement colonies. Provision was made for three experimental domestic colonies by the Small Holding and Allotments Act of 1916. In 1919, the Corporation of Industrial Settlements for Disabled Soldiers and Sailors was further established. A voluntary organization supported by government funds, the aim of the corporation was to establish 'colonies' where both the disabled men and their families could work and live. These colonies were all encompassing. The grounds held hospitals, cottages, rehabilitation centres and workshops.<sup>32</sup> So successful were these initial projects, that 29,000 men were established in small holdings by the mid 1920's.<sup>33</sup>

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<sup>30</sup> *Report from the Select Committee on Training and Employment of Disabled Ex-Servicemen* (1933), p.599.

<sup>31</sup> *Ibid.*, pp.600-2; PRO,CAB24/123/C.P2972; PRO. MoL Papers: Severely Disabled Ex-Servicemen: Treasury Grants for Employment, LAB20/27.

<sup>32</sup> 'Future of Preston Hall: Village Settlement for Ex-Servicemen,' *The Times*, 15 May 1924, p.12.

<sup>33</sup> I.F.W. Beckett, *The First World War: The Essential Guide to Sources in the UK National Archives* (PRO, 2002), p.163; PRO. War Cabinet Papers: CAB41/37/11; CAB41/37/13.



At first, agricultural settlements appeared to be an ideal employment solution. Farm work was purported to offer the best opportunity for leading a healthy and productive life.<sup>34</sup> The physical activity required in agriculture was thought to have medicinal and rehabilitative benefits. On a wider scale, soldier settlements were also seen as means of revitalizing British agriculture. ‘Landholding ex-servicemen [...] were to prove a welcome addition to the long and noble tradition of the British yeoman, representative and defender of a healthy, stable, rural, society.’<sup>35</sup> Agricultural schemes appealed to an idyllic rural past and the renaissance of long lost rural practices. What is more, proponents of the scheme argued that the disabled could be given monopoly over certain agricultural trades, thus obviating problems of unemployment in other industries.

Farm colonies, however, were not sustainable. Whilst agricultural life might have made men healthier, it did not lead to viable careers.<sup>36</sup> As doctors were quick to point out, agricultural work required physically fit men; most disabled men were reduced to working in menial, low paid farm tasks.<sup>37</sup> In 1919 the Ministry of Agriculture also conceded that agricultural work was not the solution they had hoped for. Any disabled man who embarked on such training, they warned, would have no other option but to ‘lead a sheltered existence on a somewhat uneconomic basis.’<sup>38</sup> In any case, jobs in agriculture and gardening became increasingly scarce in the post-war economic situation. So whilst farm colonies did experience some degree of success after the war, they were not economically sustainable, nor practical enough to successfully employ large numbers of disabled men.

### **The King’s National Roll Scheme**

Industrial factories, workshops and agricultural settlements all enjoyed varying degrees of success. Whilst these state run programmes did successfully train and employ large numbers of men, they were not sustainable, or practical, in the long

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<sup>34</sup> Fedorowich, *Unfit for Heroes*, p.31; J. Keegan and R. Holmes, *Soldiers: A History of Men in Battle* (1985), p.212.

<sup>35</sup> Fedorowich, *Unfit for Heroes*, pp.31-32.

<sup>36</sup> ‘The Problem of Disablement’. *The Lancet*, Vol.I (1919), p.851.

<sup>37</sup> PRO, War Cabinet Papers: Ministry of Agriculture: Report of Food Production, CAB24/14/GT835; *Hansard*, 5<sup>th</sup> Series, 1917. LXXXV, 207; Fedorowich, *Unfit for Heroes*, p.32.

<sup>38</sup> PRO, CAB24/98/C.P.628.

term. One scheme however, was extremely effective and sustainable: The King's National Roll Scheme (KNRS).

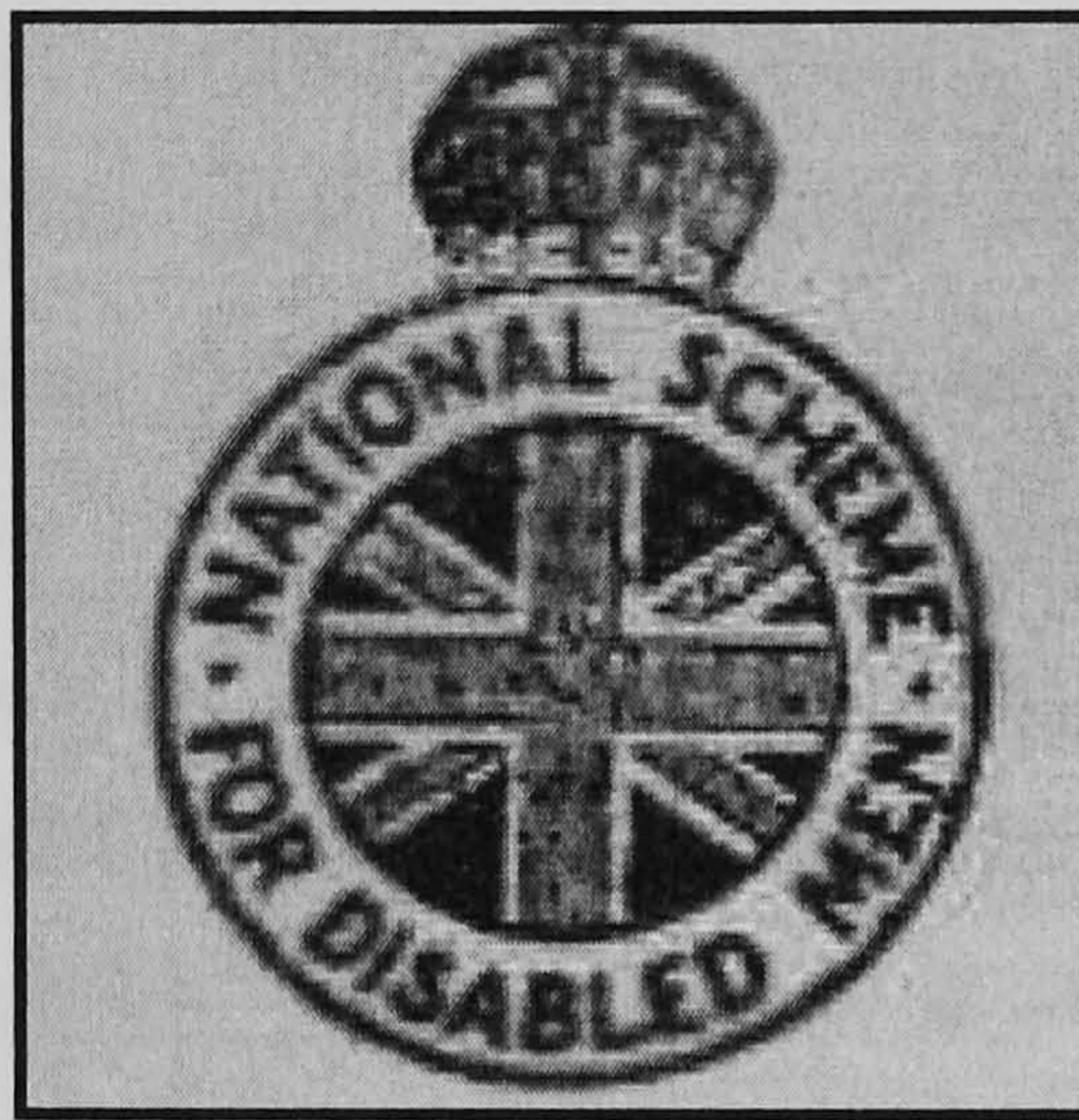
The KNRS was the most significant employment programme to result from the War and the most important piece of legislation put in place for disabled ex-servicemen. Not only did the KNRS achieve significant short-term goals, it also invoked wider debate regarding the employment of disabled ex-servicemen and the responsibility of the state, paving the way for future reforms. Moreover, the debate surrounding its eventual implementation threw into sharp relief the tensions which existed between policy makers, members of the public, and trade unions, thus providing important insights into the social understanding of disability.

The KNRS was created by Manchester based India rubber manufacturer Henry Lesser Rothband in 1915. Regrettably, Rothband did not bequeath any memoirs or personal records. Thus, it is difficult for historians to discern his motives. However, there can be little doubt that he was profoundly moved by the plight of disabled ex-servicemen. Manchester had the largest population of disabled ex-servicemen of any UK city outside London. Not only did it house its own residents, it was also home to the largest military hospital in the north. Therefore he must have seen large numbers of disabled men as he went about his daily business in the city. Alarmed at the growing number of unemployed men, he put his concerns into action and began to think about ways in which the disabled could be reintegrated into industry. He visited hospitals and rehabilitation centres across Manchester to solicit opinions. He discussed disabled welfare amongst his fellow businessmen in Lancashire, and wrote hundreds of letters on the subject to employers across England and Wales. Nearly 600 companies of all sizes responded with enthusiasm to Rothband's proposals.<sup>39</sup> Many were keen to add their own suggestions. Drawing together these ideas, he drafted a proposal for a national programme, to be conducted by the state, by which disabled men might become absorbed back into the world of employment: the King's National Roll Scheme.

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<sup>39</sup> H. L. Rothband, *Scheme for Finding Employment for Disabled Sailors and Soldiers: Extracts from Letters Containing Expressions of Opinion on his Proposals for a National Roll of Employers* (1915), p.1; 'Employment for Disabled Soldiers'. *The Manchester Guardian*, 28 February 1918, p.8.

Rothband outlined his proposals for the KNRS in a pamphlet entitled *Employment for Disabled Sailors and Soldiers: a Scheme for a National Roll of Employers*, which he distributed amongst parliamentarians in 1915. Within the pamphlet Rothband argued that if the state encouraged every company in England and Wales with over ten employees to ensure that no less than 5% of their workforce were disabled ex-servicemen, then every disabled man could be absorbed back into the economy. This 'honourable obligation', Rothband argued, was the only way to prevent penury among the disabled.<sup>40</sup>



**Figure.15: The King's Seal**

Included within Rothband's pamphlet were thirty six pages of letters from employers whom he had contacted whilst researching his proposals. However, whilst support appeared strong, Rothband knew that some employers might balk at the idea of hiring disabled employees. Cleverly, Rothband's scheme offered an incentive to encourage reluctant employers to participate in the scheme: the appeal to hire disabled men would be sent out by Royal Proclamation. Every business which took up the appeal would be listed on a national Roll of Honour. As further inducement, they would be awarded the King's Seal for use on their correspondence and office stationary. Rothband believed that the prestige of Royal favour would encourage employers to take up and stay with the scheme.<sup>41</sup>

The pamphlet urged the government to implement the scheme with haste. It was essential, Rothband maintained, 'that this appeal should be made now and not be postponed until the enthusiasm engendered by the war [...] died out'.<sup>42</sup> Several

<sup>40</sup> Rothband, *Scheme for Finding Employment for Disabled Sailors and Soldiers*, p.16.

<sup>41</sup> H.L. Rothband, *The Rothband Employment Scheme for Sailors and Soldiers Disabled in the War: Parliament to the Rescue* (1917), p.7.

<sup>42</sup> Rothband, *Scheme for Finding Employment for Disabled Sailors and Soldiers*, p.3.

parliamentarians agreed that the scheme must be adopted as quickly as possible in order to take advantage of the ‘patriotic enthusiasm’ which the war generated.<sup>43</sup> They believed that the public would lose interest in the plight of disabled men as the years progressed.

However, Rothband’s hopes were soon dashed. While the state showed interest in the scheme, it was hesitant to put it into practice. It assumed employers would be willing to hire and retrain disabled ex-servicemen without coercive legislation. Moreover, government worried that businesses might construe the KNRS as state interference; the Minister of Labour, John Hodge, was particularly vocal on this subject.<sup>44</sup> The State also believed that recent advancements in prosthetics and orthopaedics would improve the employment prospects of the physically impaired; as an MP from Blackburn assured his fellow colleagues, medical advancements meant that ‘total disablement [had] almost ceased to exist’.<sup>45</sup> Furthermore, the government still held faith in existing employment programmes such as factories and workshops. While the State was aware these schemes were by no means perfect, in 1915 they still looked feasible.

Despite government reluctance, Rothband himself kept up his crusade. In 1917 he published two new pamphlets challenging Parliamentary objections. Each provided further evidence of support from employers across the country.<sup>46</sup> He tirelessly wrote letters to the press, businesses and MPs. He harassed the Ministry of Labour. His tenacity prompted John Hodge to describe him on more than one occasion as that ‘hard-headed Lancashire man’.<sup>47</sup>

Rothband’s persistence began to pay off in 1917, when T.H. Roberts succeeded John Hodge as Minister of Labour. Roberts had always supported the KNRS. Once in office, he set about forming the Rothband Parliamentary Committee to fully assess its feasibility. He also set about convincing Hodge, who was now the Minister of Pensions. After the establishment of his committee, Roberts gained the

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<sup>43</sup> *Hansard*, 5<sup>th</sup> Series, 1917, XCI, 608.

<sup>44</sup> *Ibid.*, 1956.

<sup>45</sup> *Ibid.*, 270.

<sup>46</sup> H.L. Rothband, *The Rothband Employment Scheme for Sailors and Soldiers Disabled in the War: Official Objections Examined* (1917); H.L. Rothband, *A Scheme for finding Employment for Disabled Soldiers & Sailors: Extracts from Press Notices of Mr. Rothband’s Scheme* (1917).

<sup>47</sup> Bolderson, *Social Security, Disability and Rehabilitation*, p.36.

support of forty MPs and twenty Lords, as well as many members of LWPCs, employment exchanges and the press.<sup>48</sup> However, this was still only limited support, and 1917 ended without any further developments. Rothband became increasingly impatient. In a 1918 letter to the *Manchester Guardian* he openly condemned the state, arguing that the KNRS was not only economically sensible but ‘a moral obligation’ which they were compelled to fulfill.<sup>49</sup>

Despite Rothband’s persistence, the Ministry of Labour and the Ministry of Pensions remained optimistic that employers would hire the disabled without any governmental cajoling. However, as 1918 drew to a close, the government began to realize that disability would not remedy itself. Demobilisation was causing major problems. It was becoming increasingly difficult for disabled men to find employment. This was especially so in the north of England and southern Wales, where only labouring work was available. By Christmas of 1918, over 500,000 men had already been discharged as disabled. 7,000 of these men applied each month to the employment exchanges; by May 1919 a total of 37,983 had registered.<sup>50</sup> At this rate, the Ministry of Labour estimated that between 80,000 and 100,000 disabled men would not be able to find employment via normal channels.<sup>51</sup> The situation was grim. Rothband’s scheme appeared increasingly appealing.

Minister of Labour T.J. McNamara, who by this time had succeeded Roberts, knew that the government had waited too long. He began to press even harder for the implementation of the KNRS. ‘I view the position with great anxiety’, he wrote in a secret War Cabinet memo. ‘The numbers of unemployed disabled men will only continue to grow.’<sup>52</sup> The situation was so dire that McNamara proposed a further, more radical solution. Fearing that a voluntary scheme would not suffice, he called for the KNRS to be made compulsory. A buoyed Rothband also began to campaign for an enforced scheme.

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<sup>48</sup> Ibid.

<sup>49</sup> H.L. Rothband, *Employment for Disabled Sailors and Soldiers: A Scheme for a National Roll of Employers* (1919), p.18.

<sup>50</sup> PRO, War Cabinet Papers: Provision of Employment for Disabled Men: Joint Memorandum by the Minister of Pensions and the Minister of Labour, CAB24/71/GT6423.

<sup>51</sup> ‘Disabled Soldiers in Industry: National Scheme Launched’, *The Manchester Guardian*, 15 September 1919, p.3.

<sup>52</sup> PRO, War Cabinet Papers: ‘Memorandum by the Minister of Labour to the War Cabinet in Regard to Employment of Disabled Ex-Servicemen’, CAB24/81/GT7414.

Finally, government capitulated. The KNRS was launched on 15 September 1919,<sup>53</sup> nearly one year after the Armistice and four years after it was first proposed. It was to be a voluntary scheme; compulsion had proven a step too far for the War Cabinet. The KNRS was launched with a fanfare of publicity. Mayors, clergymen and MPs read aloud a Royal Proclamation from town halls and pulpits. The goal of the scheme, the public were told, was to return 100,000 men to employment.<sup>54</sup> The Proclamation passionately implored the public that ‘it is a dear obligation upon all who, not least through the endeavours of these men under the mercy of Almighty God enjoy the blessing of victorious peace, to make acknowledgments of what they have suffered on our behalf.’<sup>55</sup>

In its first year the KNRS made a considerable impact. It was met with enthusiasm across many quarters. Just one week after it had been launched, a total of 1,452 firms had signed up.<sup>56</sup> The state led by example by increasing the number of disabled ex-servicemen in government offices; it encouraged local authorities to do the same. Government also reserved lucrative contracts for companies on the Roll, and instructed employment exchanges to give preference to disabled ex-servicemen. A ‘Debt of Honour Committee’ was formed in Manchester to monitor uptake and canvass employers, whilst local King’s Roll committees across the country adopted a ‘fathering’ system, whereby local volunteers helped disabled men to find employment.<sup>57</sup> The scheme became a key cause for charitable groups, such as the COS and ex-service organisations.

At first, the KNRS achieved ‘widely varying success in different areas’.<sup>58</sup> For example, seventy-seven firms in Preston were found not to have signed up, and over 200 disabled Prestonians were still awaiting work. In Lancashire as a whole, 2,736 disabled men were registered as unemployed, yet 3,500 firms had yet to sign on. In a 1921 visit to a training facility in Preston, T. J. McNamara soundly rebuked

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<sup>53</sup> *Hansard*, 5<sup>th</sup> Series, 1917, XCI, 1956.

<sup>54</sup> ‘Disabled Soldiers in Industry: National Scheme Launched’, *The Manchester Guardian*, 15 September 1919, p.3.

<sup>55</sup> *Ibid.*

<sup>56</sup> ‘Employment of Disabled Soldiers: Progress of the Scheme’, *The Manchester Guardian*, 20 October 1919, p.10.

<sup>57</sup> PRO, MoL Report for 13 November 1920, CAB24/114/C.P.2092.

<sup>58</sup> PRO, MoL Report for 21 August 1920, CAB24/110/C.P.1794.

the people of Lancashire for not helping their disabled.<sup>59</sup> Recognizing that some regions were slower than others to participate, the Ministry of Labour endorsed the KNRS with renewed zeal. It worked diligently to encourage employers onto the Roll; it set up exhibitions in social centres and local halls, manned booths at fairs and agricultural shows, and held open forums with trade union representatives. Local government and King's Roll Committees also did their bit. The mayor of Plymouth, for example, became so frustrated with the poor response that he phoned major employers personally, refusing to take no for an answer.<sup>60</sup> The City of Liverpool, too, held an open day in which employers were encouraged to learn about employing the disabled – and sign on to the Roll. Local newspapers published the names of reluctant companies in an attempt to shame them into joining.<sup>61</sup> After its formation in 1921, the Royal British Legion also became an active supporter of the scheme. It kept up an advertising campaign in the *BLJ* and the press, and instructed local branches to convince businesses in their area.<sup>62</sup>

Amidst the frenzy, the issue of compulsion was raised again. Without the implementation of a binding law, Rothband and his supporters worried all their efforts might be in vain. McNamara and the Ministry of Labour continued to persuade their colleagues of the need for an obligatory scheme. Sir Jack Benn Brunel-Cohen MP, himself a double-leg amputee, implored the Commons that the state could not rely on goodwill. 'The patriotic and public spirited employer has always taken his quota of disabled men', he argued; it was now time to enforce the KNRS among the unwilling.<sup>63</sup> The result of the debate which ensued was the formation of the Committee on the Employment of Severely Disabled Men.<sup>64</sup> The Committee, with Brunel-Cohen at the helm, took up the cry for compulsion. It argued that compulsory employment schemes in both Germany and Austria had been very successful.<sup>65</sup> Each year between 1921 and 1929 the Committee introduced a new bill intended to bring compulsion into force. However, each year it was

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<sup>59</sup> 'Trade Training for Disabled Men: A Preston Factory', *The Manchester Guardian*, 7 November 1921, p.12; PRO, MoL Report for 31 July 1920, CAB24/110/C.P.1712.

<sup>60</sup> PRO, MoL Report for 11 December 1920, CAB24/116/C.P.2282.

<sup>61</sup> PRO, MoL Report for 5 March 1921, CAB 24/120/C.P.2675.

<sup>62</sup> B. Harding, *Keeping Faith: A History of the Royal British Legion* (Barnsley, 2001), p.76.

<sup>63</sup> 'Disabled Ex-Servicemen', *The Times*, 20 May 1924, p.10.

<sup>64</sup> Cohen, *The War Come Home*, p.40.

<sup>65</sup> *Hansard*, 5th Series, 1922, 153, 997-1038.

outvoted – notwithstanding with the support of Ramsay MacDonald.<sup>66</sup> Thus, the KNRS never gained compulsory status.

The KNRS carried on in much the same manner until the outbreak of World War II. It was still going strong, employing more men than ever before.<sup>67</sup> At this point, the government not only extended the scheme to the surviving ex-servicemen of all wars, but to each and every member of the disabled community.<sup>68</sup> For the first time in British history, disabled civilians received the same preferential treatment as disabled ex-servicemen. For his efforts, Rothband was awarded a baronetcy in 1923.<sup>69</sup> He died in 1940.<sup>70</sup>

The KNRS was the most important piece of legislation put in place to assist disabled ex-servicemen in the inter-war period. It was significant for four main reasons. Firstly, and most importantly, the KNRS employed a large number of men: 89,000 men found employment via the Roll just one year after its inception. By 1928, this figure had reached 380,000 – way beyond the 100,000 that the Roll had hoped to help.<sup>71</sup> Between 1921 and 1938, when the KNRS was at its strongest, a remarkable 26,000 employers signed up every year. Between them they employed an average of 341,000 men per year throughout the 1920s, and an average of 316,000 men per year between 1921 and 1938. There can be no doubt that the KNRS made a considerable difference to the standard of living of each and every one of the men it successfully employed.

The KNRS noticeably reduced unemployment among disabled ex-servicemen. Approximately 80% of all disabled men in receipt of a pension were

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<sup>66</sup> G. Wootton, *The Politics of Influence: British Ex-Servicemen, Cabinet Decisions and Cultural Change, 1917-57* (1963), p.323.

<sup>67</sup> Harding, *Keeping Faith*, p.76.

<sup>68</sup> Ibid.

<sup>69</sup> 'Baronets', *The London Gazette*, 29 June 1923, p.1.

<sup>70</sup> 'Rothband, Sir Henry Lesser', *Who Was Who 1941-50: A Companion To 'Who's Who' Containing the Biographies of Those Who Died During the Decade 1941-1950* (1952), p.1001.

<sup>71</sup> Cmd. 5717, *MoL Report for the Year 1937* (1938), p.25; Cmd. 6016, *MoL Report for the Year 1938* (1939), p.21. In 1944, the Disabled Person's (Employment) Act introduced a compulsory quota system: each employer with over twenty employees was henceforth required to recruit 3 percent of their workforce from the disabled population. The KNRS became redundant. A. Borsay, *Disability and Social Policy in Britain Since 1750*, p.135.



employed through the KNRS between the years 1921 and 1938.<sup>72</sup> Statistics reveal that overall unemployment figures for disabled ex-servicemen hovered between 8% and 11% during the inter-war years, significantly lower than the able-bodied population; no doubt the KNRS played its part here too.<sup>73</sup> Notably, the number of men who became employed through the KNRS significantly outweighed the number of disabled men registered as unemployed. In 1936, for example, 317,891 men were employed through the Roll, yet only 30,968 were registered as unemployed.<sup>74</sup> Employment exchange records may not accurately reflect the true number of unemployed disabled men; some men chose not to register as disabled, or did not register at all.<sup>75</sup> However, even if one allows for this, the ratio remains strongly in the KNRS's favour.

YEAR	EMPLOYERS	MEN EMPLOYED
1920	9,500	89,000
1921	23,500	259,000
1922	29,500	367,000
1923	30,600	300,000
1924	28,400	330,000
1925	28,500	350,000
1926	27,500	375,000
1927	27,500	380,000
1928	27,500	380,000
1929	26,800	377,000
1930	26,800	337,000
1931	26,514	no figures
1932	25,234	355,898
1933	24,917	341,960
1934	23,914	321,476
1935	23,292	319,555
1936	23,586	317,891
1937	23,888	318,470
1938	24,526	322,898
1939	no figures	no figures

**Figure.16: Disabled men employed on the KNRS<sup>76</sup>**

<sup>72</sup> Cmd. 5145, *MoL Report for the Year 1935* (1936), p.22.

<sup>73</sup> Cmd. 5717, *MoL Report for the Year 1937* (1938), p.25.

<sup>74</sup> *Ibid.*

<sup>75</sup> PRO, CAB24/139.C.P.4257.

<sup>76</sup> Cmd. 2481, *MoL Report for the Years 1923 and 1924* (1925), p.97; Cmd. 2856, *MoL Report for the Year 1926*, (1927), p.25; Cmd. 3090, *MoL Report for the Year 1927* (1928), p.23; Cmd. 3579, *MoL Report for the Year 1929* (1930), p.18; *Hansard*, 5<sup>th</sup> Series, 1931, 255, 775; *Hansard*, 5<sup>th</sup> Series,

Secondly, the KNRS involved unprecedented state participation in a disability welfare scheme catering for ex-servicemen. True, the government had pioneered schemes before – but never on this scale. Because of its size, the KNRS needed to be highly centralised and hierarchically structured. The government headed the scheme, supported by local King’s Roll Committees answerable to the Ministry of Labour. In turn, local King’s Roll Committees co-operated closely with employment exchanges, LWPCs and local hospitals. State involvement had numerous implications. The KNRS was able to enjoy substantial financial backing, publicity, and logistical support. It would allow the state to more efficiently keep track of disabled ex-servicemen, their numbers, and their employment situations.

Centralisation made the KNRS especially effective. Previously, employment opportunities for disabled ex-servicemen depended very much upon where they lived and according to the inclinations of local authorities and philanthropists. The KNRS, however, ensured that disabled men across the country were treated equally and consistently, and with an unprecedented level of speed and proficiency. Centralisation also meant that the State was able to collate important statistical information regarding Britain’s disabled ex-service population. From information gathered by local committees, the Ministry of Labour was able to assess rates of pay, keep track of high unemployment areas, and allocate resources appropriately. Moreover, it could also monitor discrimination against disabled workers, and potentially diffuse any difficult situations.

Thirdly, the KNRS effectively rendered obsolete many of the inadequate schemes which had previously been in existence. Compare the KNRS to covered workshops: covered workshops cost money to both establish and maintain.<sup>77</sup> Their wages depended on the goodwill of the public. Inevitably, this meant that covered workshop schemes were short lived and many were forced to shut down.<sup>78</sup> In contrast, the KNRS did not require the establishment, or maintenance, of new institutions and infrastructures. Disabled employees were paid directly by their

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1931-32, 264, 287; *Hansard*, 5<sup>th</sup> Series, 1933, 276, 1956; Cmd. 4861, *MoL Report for the Year 1934* (1935), p.27; Cmd. 5145, *MoL Report for the Year 1935* (1936), p.22; *Hansard*, 5<sup>th</sup> Series, 1937-8, 335, 1408; Cmd. 5717, *MoL Report for the Year 1937* (1938), p.25; Cmd. 6016, *MoL Report for the Year 1938* (1939), p.21.

<sup>77</sup> A. Broca, *Artificial Limbs* (1918), p.156.

<sup>78</sup> PRO, CAB24/125/C.P.3013.

employers; the state did not need to subsidize their wages. They were employed within the regular workforce; rather than working for the sake of working, they were given sustainable occupations within well-established companies.

Fourthly, the KNRS was much larger, and more ambitious, than any other employment scheme. Its sheer size meant that companies were keen to sign up. Uptake was considerable; as many as 30,000 companies were on the Roll at any given time. Amongst their number were leaders of British business and industry: Hovis; Lipton; Colman's; Schweppes; Pears; Bovril; Gillette; Goodrich Tyres; Fry's Cocoa; and Debenhams. Previous employment programmes had only managed to entice local employers and small businesses. Whereas smaller companies could employ a limited number of men, larger companies could easily manage to take on, and train, considerable numbers of new workers. Moreover, because larger companies required a wider variety of staff, the KNRS was able to find appropriate employment for men with limited mobility or special needs. As well, larger businesses had sufficient financial resources to adapt machinery, tools and office furniture to suit the needs of the physically disabled. Not least of all, large companies were able to offer the disabled higher salaries, stronger unions, and more consistent treatment, than their smaller counterparts.

Not only did the KNRS represent unprecedented government involvement in the lives of the disabled, it changed governmental perceptions regarding disability. In the parliamentary debates of the 1920s, proponents of the KNRS argued that it was not physical impairment which hampered ex-servicemen; on the contrary, the real disability was societal prejudice. As Cohen said, it was 'in competing for jobs [and dealing with discrimination] that men most found themselves to be handicapped.'<sup>79</sup> Employers and trade unions, they claimed, discriminated against the disabled. Indeed, this was often true. The Oldham Spinners Union, for example, believed all disabled to be lazy, and feared that disabled ex-servicemen would see themselves 'as above the rules' and jeopardize mill safety.<sup>80</sup> Because of the protestations of the proponents of the KNRS, the Ministry of Labour and the Ministry of Pensions began to view disability as not just a physical impairment, but as a socially constructed handicap.

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<sup>79</sup> *The Times*, 20 May 1924, p.10.

<sup>80</sup> 'Oldham Spinners' Scheme', *The Manchester Guardian*, 25 September 1919, p.12.





*Patron.*

## The KING'S NATIONAL ROLL

"Lest we Forget"



*President.*

### BRITISH LEGION'S CAMPAIGN

The firms advertising on this page have loyally responded to the appeal to join the King's National Roll. The British Legion thanks them and asks all employers to follow their example.

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<b>"VALET"</b> <i>Auto Strop Safety Razor</i> <small>Office and Factory - 117-119 City Road, London, E.C.1</small>		<b>HAIG &amp; HAIG Ltd.</b> <small>Distillers since 1679 GLASGOW and LONDON</small>
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 <small>CURATIVE WADDING THE THERMOGENE CO. LTD. Central Office, Victoria Embankment, London, E.C.4</small>	<b>J. C. ENO Ltd.</b> Manufacturers of <b>ENO'S FRUIT SALT</b> <small>Works: Pomeroy St., London, S.E.14</small>	<b>BUCHANAN'S</b> <b>"BLACK &amp; WHITE"</b> <small>Distillers to His Majesty</small>
<b>HÖVIS</b> <small>NOURISHES MOST.</small>	<b>EMPLOY</b>	<b>Libby, McNeill &amp; Libby, Ltd.</b> <small>Canned Goods &amp; Table Delicacies</small> <b>LONDON</b>
<b>JOHN DEWAR &amp; SONS LTD.</b> <small>Distillers</small> <small>Perth, Scotland</small> <small>Dewar House, Haymarket, London</small>	<b>THE</b>	<b>J. &amp; J. COLMAN, Ltd.</b> <small>LONDON &amp; NORWICH</small> <b>MUSTARD MANUFACTURERS</b>
	<b>DISABLED</b>	
	<b>AND</b>	
<b>SUPPORT</b>	<b>THE BRITISH</b>	<b>LEGION</b>

Figure.17: Advertisement promoting the KNRS, December 1922

Significantly, the KNRS changed how business and industry treated the disabled. Previously, disabled persons were not fully integrated into the regular workforce. Many employment schemes advocated segregation.<sup>81</sup> Numerous wartime industries were manned solely by disabled ex-servicemen; there was even talk of reserving trades and occupations for the disabled alone in peacetime. Yet the KNRS pioneered the integration of disabled men into the able-bodied workplace. It insisted that the disabled were hired by regular employers, paid the same wages, and treated as any other employee. For the first time in modern British history, the disabled were employed equally alongside the able-bodied.

Previously, able-bodied workers, and their unions, worried that disabled men might lower the quality of their output, thereby diminishing their income; others believed that the disabled posed a safety risk.<sup>82</sup> Several Ministry of Labour reports revealed examples of unions who 'looked with disfavour on [disabled] men.' Some unions and employers even went so far as to place an 'embargo' on the admission of disabled ex-servicemen.<sup>83</sup> The KNRS did not put a complete end to prejudice. However, it worked to increase awareness and tolerance among workers and employers. At a pottery guild in Burslem, for example, employees adapted their working duties to suit the needs and abilities of a one-armed ex-serviceman. In another instance, the owner of a gardening company was so amazed at the work of his 'legless' under-gardener that his initial misgivings soon turned into respect.<sup>84</sup>

In addition, the KNRS raised public awareness of disability issues. From the moment Rothband published his first pamphlet, the scheme was thrust into the public consciousness. Public interest was secured largely because of the extensive coverage which it enjoyed in the national press. Most notably, the editors of the *Manchester Guardian* and *The Times* made weekly appeals, ran tallies of the number of employers who had signed on, and told their readers of 'success stories', whilst state and voluntary officials had advertisements and letters published.<sup>85</sup>

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<sup>81</sup> S. Humphries and P. Gordon, *Out of Sight: The Experience of Disability 1900-1950* (Plymouth, 1992), p.66.

<sup>82</sup> Hansard, 5<sup>th</sup> Series, 1916, LXXXI, 479.

<sup>83</sup> PRO, MoP Report for the 17 to 23 of March 1917, CAB24/8/G.T.261.

<sup>84</sup> PRO, MoL Report for 2 October 1920, CAB 24/112/C.P.1916; MoL Report for 30 October 1920, CAB 24/114/C.P.2030.

<sup>85</sup> PRO, MoL Report for 2 October 1920, CAB24/112 C.P.1945.

Countless smaller newspapers and magazines, from the *Army and Navy Gazette* to *The Lady's Pictorial*, also ran articles on the scheme. The response from the public was overwhelmingly positive. They praised the scheme in letters sent to newspapers and periodicals.<sup>86</sup> They volunteered to collect donations, canvas employers, and sit on Local King's Roll Committees. Religious leaders, community leaders and philanthropists all joined the cause.<sup>87</sup> Indeed, high profile citizens, such as the Archbishop of Canterbury and Earl Haig, were among the KNRS's most famous advocates.<sup>88</sup> The impact of the KNRS upon British public opinion is difficult to assess. However, considering the widespread enthusiasm which it inspired, it is possible that the ramifications of the KNRS may have worked to alter public perceptions of disability.

### **Employment and the Social Construction of Disability**

The KNRS demonstrates awareness in government that disability was a social problem, impacted and exacerbated by social and economic barriers beyond the men's control. Both the KNRS and less successful employment programmes give further evidence to the great care and concern with which the state tackled the problem of joblessness amongst the disabled. It was not only in actual employment programmes that a social awareness of disability can be found. This awareness was demonstrated in policy decision making, the dissemination of state information, and how the state educated and informed trade unions, employers and able-bodied employees.

Social policy decisions have often been derided by historians. The most widely criticized is that of the issue over compulsory vocational training. Ex-servicemen in Britain were not required to enroll in employment training until after their discharge, and even then, this skills training was voluntary. In France, Belgium, Italy and Germany, however, men completed compulsory occupational training before their discharge from military hospital.<sup>89</sup> This compulsory training, it has been argued, facilitated entry into employment and alleviated joblessness. Historians have harshly criticized the British war time government for not imposing

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<sup>86</sup> Rothband, *Extracts from Press Notices* (1917), pp.1-3.

<sup>87</sup> *BLJ*, October 1922, p.79.

<sup>88</sup> 'The King's Roll: Is Compulsion Feasible', *BLJ*, March 1923, p.216.

<sup>89</sup> A.G. Boscawen, *Report on the Inter-Allied Conference for the Study of the Professional Re-Education and other Questions of Interest to Soldiers and Sailors Disabled in War* (1917), p.5.

compulsory measures and the voluntary system has been interpreted as evidence of a lack of compassion and interest on behalf of the state.<sup>90</sup>

The refusal to implement compulsory training in Britain has been misinterpreted. Far from indifferent to the calls for compulsion, the state carefully investigated the advantages of compulsion. Ministry of Labour and Ministry of Pensions officials traveled to allied nations where they observed compulsory practices in action. Yet they ultimately decided against implementing such a system for two main reasons. Firstly, it was generally agreed that compulsory training was patronizing and demeaning. Rather, a voluntary system appealed to 'the good sense' of the men. The Ministry of Labour argued that men should receive guidance on training, yet be given the independence to make their own decisions. Secondly, the state ultimately deemed compulsion to be unfair on married men. Rather than detaining men in hospital, they argued that it was better for morale if they were allowed to return to their communities, obtain help from volunteers who understood their needs, and receive support from their families.<sup>91</sup>

The desire to avoid compulsory training, therefore, does not demonstrate a lack of sympathy or interest on behalf of the state. On the contrary, it is evidence of a government which gave the matter great thought and consideration. Most significantly, however, their decision to remain with a voluntary training programme demonstrates that the government respected the ability of disabled ex-servicemen to make choices, and viewed the disabled as adults with rights and intelligence.

This respect and consideration is further demonstrated in another policy decision. Once men were discharged from hospital it was not always easy to keep track of their whereabouts or to ensure they were employed. In order to find 'lost' men, Ministry of Pension officials considered supplying every man with a mandatory 'Identity Letter.' This letter would detail the treatment and training a man required. It would also provide information on his address, regiment and next of kin. A copy was to be sent to the Ministry, the LWPC and the man himself. The government considered making this Identity Letter compulsory; a man would have

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<sup>90</sup> Cohen, *The War Come Home*, p.35; Bolderson, *Social Security, Disability and Rehabilitation*, pp.1-4, 36.

<sup>91</sup> Boscawen, *Report on the Inter-Allied Conference*, pp.5-8; PRO. MoP Report for 21 to 27 July 1917, CAB24/21/GT1551.

to carry it on his person, and if he moved would be required to present it to the LWPC in his new locality.

The idea was ultimately dismissed as ‘distasteful.’ The Ministry viewed it as ‘coddling’ and demeaning. Rather than issue a compulsory letter, the government instead urged disabled men to report to their new LWPC if, and when, they moved. In hindsight, running the risk of insulting men may have been a small price to pay for keeping a tighter hold on the situation. Yet this decision further demonstrates the government’s careful thought and consideration paid to disabled men. The government respected disabled men’s rights and trusted their intelligence and abilities with regards to finding employment. This trust and respect is a departure from commonly held attitudes that the disabled were both lazy and incapable of caring for themselves.

Another important point needs to be made with regard to compulsion. The secondary literature does not fully take into account the different systems of welfare which existed in Britain, Germany and the other nations. The mixed economy of welfare in Britain would not have allowed for compulsion. Following conscription the state was hesitant to impose further obligatory demands on ex-servicemen. When one takes this into consideration, the hesitancy to impose a compulsory training scheme makes further sense.<sup>92</sup>

An understanding of disability as a social problem is further evident in the dissemination of widely accessible and abundant state publications. State sponsored journals outlined available employment and training schemes, kept men up to date on policy changes, provided contact details at the local and national level, and counseled men on the discrimination and social exclusion they would be likely to encounter. The state strove to inform and educate its disabled readers in an accessible and enlightened manner.

One of the more notable publications was the monthly *War Pensions Gazette* (*WPG*) founded in 1917 by the Ministry of Pensions. The *WPG* was an invaluable source of information for disabled men, LWPC workers and voluntary organizations. Similar to the modern day charitable publications of *Scope* and the

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<sup>92</sup> Secondary literature also neglects to comment on the fact that allied nations learned valuable lessons from Britain as well. The creation of the MoP was the only one of its kind among the European allies.



RNIB, the *WPG* served as 'a medium for an exchange of ideas and pooling of experience.'<sup>93</sup> Although it was a Ministry of Pensions publication, the *WPG* was no mere Ministry mouthpiece. It provided a forum for disabled men and LWPC workers to express concerns and freely criticize pensions, treatment and training. It also provided profiles on LWPCs around the country; 'Works of Local Committees' highlighted the activities of different LWPCs and the problems they encountered. Importantly, the *WPG* elucidated new policy decisions in laymen's terms. It included parliamentary news and medical advances, and provided information in straightforward and convivial language. A regular two page question and answer section offered a forum for both disabled men and caregivers to express their concerns. The *WPG* linked LWPCs to the central government and provided valuable information which voluntary workers could pass on to men in their communities.<sup>94</sup> As part of its wider remit the *WPG* strove to help standardize treatment and training by coordinating disparate LWPCs and widely disseminating pertinent information. In an attempt to ensure each community was assisting men to the best of their ability, the journal 'named and shamed' LWPCs which they felt were not up to standard. In this vein, men were invited to register any complaints or concerns with care they received at the local level. Widely accessible, the *WPG* was available for men to read at their LWPCs and to purchase at newsstands and bookshops in every town. At the price of only one penny, it was affordable. Indeed, the volume of contributions to the editorial pages and question forums demonstrate that men read the journal on a regular basis.

Further to the *WPG*, The Ministry of Labour issued a series of 10 booklets entitled *Reports upon Openings in Industries Suitable for Disabled Soldiers and Sailors*. These publications were widely circulated and were available at newsstands, LWPC offices and hospitals. Each booklet detailed the suitability and job prospects for disabled men interested in: picture theatre work; bespoke tailoring; agricultural motor work; the furniture trade; dental mechanics; aircraft manufacture; boot and shoe manufacture; and jewelry, watch and clock jobbing. The booklets clearly explained the training required for each job and where training facilities were available, the suitability of jobs for different disabilities and most importantly, wage rates. Number two in the series, for example, outlined the work available in picture

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<sup>93</sup> *WPG*, May 1917, p.1.

<sup>94</sup> PRO, MoP Report for 21 to 27 April 1917, CAB24 1/GT589.

theatres. Jobs available included doorkeepers, projection operators and attendants. Actors, scene shifters, electricians and cameramen were also in demand. An operator's job was not strenuous; however a man required 'all his fingers.' A job as a doorkeeper was also light in character and allowed the man to enjoy the fresh air; yet it required long periods of standing, which 'the leg amputee would have to seriously consider'.<sup>95</sup> To complement these publications, major cities hosted lectures on employment schemes and training opportunities. Workers, employers and trade unionists as well as disabled men were welcome to attend these lectures.<sup>96</sup> The Ministry carefully researched the suitability of different professions and provided men with the information they needed when considering their future employment.

In addition to journals and booklets, the state released propaganda films. One such film, 'Repairing War's Ravages', released in 1917, starred the current amputees convalescing at Roehampton. In the film, a group of disabled men assembles to hear a representative of the Ministry of Pensions explain the trades that will help them return to civil life. The men are shown progressing through their various training programmes before receiving their discharge and cheerfully walking out the door into the wider world.

Like other propaganda films of the period, 'Repairing War's Ravages' was highly militaristic. To the modern viewer, the film not only appears comical, but overly optimistic. Despite its tone, however, there is no denying that the film disseminated information in an accessible and friendly manner. The films clearly detailed where and how to train for work, and how to find employment. It also plainly explicated the intricacies and regulations surrounding training allowances, funding opportunities for education, where to find improverships, and who the men needed to contact at both the state and local level. Aiming to spread its messages to as many disabled men as possible, The Ministry of Labour exhibited the film in 222 theatres in over 70 towns and provided further viewings at social clubs and town halls in smaller villages. The production and content of the film demonstrate the

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<sup>95</sup> MoL, *Reports Upon Openings in Industry Suitable for Disabled Soldiers and Sailors, No.II. Employment in Picture Theatres* (1917), pp.4-5.

<sup>96</sup> MoP, *Illustrated Lectures on the Training of the Disabled Soldier*, Circular No.36, 1917: WPG, December 1917, p.95.

impressive manner in which the state relayed relevant material through a wide ranging and accessible distribution of information.<sup>97</sup>

State productions and publications were significant in another way. Not only were they educative, they strove to inspire and support their audiences. In 1919 the *WPG* encouraged men to view disability as a 'fortuitous event'. Sudden disability, it stated, 'stimulates unexpected capacities which might otherwise have remained forever dormant.'<sup>98</sup> For men who doubted they would ever return to work, the *WPG* reminded them of famous disabled people from history such as Homer, Beethoven and Helen Keller. Like ex-servicemen they too had 'battled with fate and won through.'<sup>99</sup> Through this high rhetoric and positivistic language, the state encouraged men in the traditional values of self-help and independence. However, they also promoted a sense of pride in being disabled. A disability, they argued, should be no barrier to employment and economic independence.

Government publications recognized disability as a social, as well as a medical condition. Concerned for disabled men's welfare once they entered the world of work, the Ministry of Labour and the Ministry of Pensions counseled their readers as to the difficulties they could encounter. A 1917 editorial in the *WPG* urged men to protect themselves in the workforce. They advised disabled men to join a union, as employers were prone to take advantage of those with impairments. 'There is no necessity to remind you of your duty to the state', it pronounced, 'but there is a danger that you will forget your duty to yourself.'<sup>100</sup> In another issue it warned of societal discrimination. 'The war will soon be over'. The life before you is that of a civilian. The cheers of the people will die away, and unless you look out you will be one of the crowd.'<sup>101</sup> Men were urged to train, not just for economic reasons, but to take advantage of skilled employment as it would obviate the social and financial difficulties faced by those with disabilities. The state acknowledged that disability was a social and economic handicap and advised men accordingly.

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<sup>97</sup> IWM 1098, 'Repairing War's Ravages' (Imperial Film Company, November 1917); PRO, Extracts from British Propaganda During the Great War, 1914-1918 – Cinema Films, INF4/2; PRO, MoP Report for 19 to 25 January 1918, CAB 24/40/GT3468.

<sup>98</sup> *WPG*, January 1919, p.1.

<sup>99</sup> *Ibid.*

<sup>100</sup> H. Gosling, 'Training and Trade Unions', *WPG*, August 1917, p.1.

<sup>101</sup> *Ibid.*

Evidence of a social construction of disability can also be found in state dealings with employers and trade unions. Regardless of their success or failure, training and employment schemes during this period demonstrate an awareness of the challenges facing disabled men: namely, social discrimination and exclusion.

Firstly, the Ministry of Labour recognized the economic importance of distributing disabled men evenly throughout the job market. There were early concerns about 'flooding' certain trades with more disabled men than any one particular industry could handle. To curtail this problem, the Ministry established Trade Advisory Committees (TACs). Each industry was represented by a TAC at the local level. The TAC reported on employment and training schemes within each industry; gave advice on new schemes; set wages and rates of pay within industries; controlled the number of disabled men entering each trade; and assisted trade unions in coming to decisions which affected their fellow disabled workmen. By 1917, TACs were already established in cinematography; printing; boot and shoe repair; hand sewn boot and clog making; boot manufacture; building; leather goods; gold and silver jewelry; electricity sub-station work; ship building; cane and willow goods; furniture; tailoring and brush making.<sup>102</sup> Significantly, TACs worked closely with employers, trade unions and industry leaders. Employers, workers, disabled ex-servicemen and unions also sat as representatives on TACs themselves.

By including trade unions, workers, and employees in the consultation process, the government drew upon a vast expanse of experience and knowledge. It ensured that the needs of the men were balanced with the needs of industry. However, it was not just economics which concerned the Ministry of Labour. The Ministry was very much cognizant of the fact that disabled men would face discrimination in the workforce. Involving trade unions, employers and workers in the decision making process was a way of preempting prejudice and resentment.

The Ministry of Labour remained ever vigilant of discrimination. Indeed, examples of exclusion and prejudice make frequent appearances in Ministry reports. In Southampton, certain trade unions 'looked with disfavour on men who had received short courses of training under the new schemes.'<sup>103</sup> The Barnstaple Local

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<sup>102</sup> 'Trade Training for Disabled Men', *The Manchester Guardian*, 7 November 1921, p.12.

<sup>103</sup> PRO, MoP Report for 17 to 23 March 1917, CAB 24/8/GT261; MoP Report for 28 July to 3 August 1917, CAB24 22 GT1623.

Potter's Union and the Committee of the Amalgamated Society of Carpenters and Joiners voted against the training of disabled ex-servicemen in their trades altogether.<sup>104</sup> The union for Printing and the Allied Trades placed an entrance limit of fifty disabled men a year, for fear that high numbers of disabled workers would lower the quality of work.<sup>105</sup> In another instance, an ex-serviceman who trained as a joiner at a Lord Roberts Workshop was refused entry into the union. The union even petitioned his employer demanding he be let go.<sup>106</sup> In response to these actions the government established a Joint Parliamentary Committee of the Labour Committee and the Trade Unions Congress in 1920. The purpose of this committee was to inquire into charges that ex-servicemen had leveled at 'discriminatory' trade unions. The committee worked to negotiate with unions such as the one in Barnstaple with a view to compromise.<sup>107</sup> The Ministry of Labour held extensive meetings and bargaining sessions with reluctant unions. They worked to educate employees as to the abilities of disabled men, and to inform misguided prejudices.

The government worked hard to end discrimination amongst employers. Few firms were initially willing to hire the disabled for fear of injury, increased insurance costs and civil liabilities.<sup>108</sup> Similarly, employers worried that Workmen's Compensation would not cover industrial accidents which involved disabled men. Therefore, they would have to pay out compensation themselves. Disabled men, they argued, were more prone to accidents.<sup>109</sup> In response to these concerns, the government urged employers to visit training centres to see the safety measures in place.<sup>110</sup> The state negotiated with the largest assurance corporations in England and Wales. After discussions, insurance brokers assured the Ministry of Pensions they would not increase premiums for disabled workers. Once negotiations were complete, the Ministry of Pensions and major insurance corporations issued a joint statement to employers which made the case for hiring disabled men. The disabled,

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<sup>104</sup> Ibid.

<sup>105</sup> *Hansard*, 5<sup>th</sup> Series, 1920, 134, 1231.

<sup>106</sup> *Hansard*, 5<sup>th</sup> Series, 1920, 134, 363-64.

<sup>107</sup> PRO, MoL Report for 27 November 1920, CAB 24/115/C.P.2182.

<sup>108</sup> D. Cohen, 'Will to Work', p.303; 'Disabled Ex-Servicemen: Compensation Risks in Civil Employment', *The Manchester Guardian*, 1 January 1919, p.5.

<sup>109</sup> PRO, MoP Report for 20 to 26 October 1917, CAB24/30/GT2415.

<sup>110</sup> 'The Disabled Soldier: The Ministry of Pensions and His Welfare', *The Manchester Guardian*, 21 February 1920, p.14.

it stated made the safest workers and were *less* prone to accidents as ‘they exercise naturally greater care, [and] their employer sees that the men have the less dangerous work.’<sup>111</sup>

By enlisting the co-operation of insurance brokers, the government worked to further include disabled men in the wider workforce and increase accessibility into certain trades. They broke down both economic and social barriers through educating the able-bodied workforce and adapting current insurance regulations. In addition, the state discouraged prejudice by active surveillance of ‘problem employers’ thus safeguarding the rights of disabled men to fair and secure employment. As of 1917, LWPCs were charged with reporting ‘problem’ employers directly to the Minister of Labour who in turn would reprimand employers personally. These actions helped create a more inclusive, accessible work environment for the disabled and worked to change long held attitudes and prejudices surrounding disability.

In addition to educating trade unions and employers, the government endeavoured to change public misconceptions. Exhibitions throughout the war years and the 1920’s sought not only to inform the disabled and their caregivers, but to educate the public and encourage continued donations. One such example was the ‘Efficiency Exhibition’ in 1921 co-sponsored by the Board of Trade and *The Daily Mail*. Here two hundred disabled men demonstrated the work of the Ministry of Labour’s Industrial Training Department. The exhibit featured men at work in 48 trades and crafts. Various wares such as leather goods and wood work were on sale. Photos from farm colonies and other employment programmes adorned the walls. The Ministry of Labour prominently displayed a list of trained men awaiting employment. Education and contact details were provided so prospective employers could ‘head hunt’ newly trained ex-servicemen.<sup>112</sup>

The Ministry of Labour and the Ministry of Pensions worked to combat prejudice and exclusion in other quarters. Significantly, the ministries campaigned, albeit unsuccessfully, for accessible public transport.<sup>113</sup> Inaccessible transport conspired to exclude disabled ex-servicemen from employment and training. Cheap

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<sup>111</sup> PRO, MoP Report for 20 to 26 October 1917, CAB 24/30/GT2415.

<sup>112</sup> ‘Olympia Exhibition Open’, *The Times*, 11 February 1921, p.10.

<sup>113</sup> PRO, MoP Report for 6 to 12 July 1918, CAB 24/60/GT5106.

or free public transport year round would have helped disabled men attend classes, training institutes and jobs. The Ministry of Pensions made numerous attempts to come to an agreement over discounted transportation. However rail and bus companies were hesitant to co-operate as they worried that free fares for ex-servicemen would result in increased ticket prices for the able-bodied, and only agreed to offer free travel once every six months.<sup>114</sup> Despite their defeat, the government continued to negotiate over travel throughout the 1920's.

Importantly, the state worked hard to eradicate discrimination at all levels of government. For example, numerous disabled men reported to their MPs that they did not register as disabled when applying for work, as their local employment exchanges only ever offered the disabled low paid, menial jobs, if anything at all. Many did not register at all, for fear of rejection.<sup>115</sup> So serious was the situation, local MPs were charged with following up on disabled men in their constituencies and reporting prejudicial local authorities directly to the Ministry of Labour. In 1920, Minister of Health Christopher Addison sent around circulars emphasizing the importance of assisting these men in not only finding employment, but with other issues, such as health and pension problems.<sup>116</sup> In view of these barriers, the Ministry of Pensions and the Ministry of Labour agreed in principal to give preferential treatment to disabled men seeking employment. In a nascent form of affirmative action, the state consistently urged local authorities to give preference to the disabled, thus further demonstrating their willingness to adapt and change employment regulations to better include the disabled ex-service population.

### Conclusion

There have been many criticisms levelled against state employment policies. Successive governments have been deemed irresponsible and unwilling; as indifferent and miserly, and of not fully integrating the disabled into post-war society. The hesitation to implement certain programmes, and the ambiguous success of others, has been presented as evidence of an uncaring and apathetic state apparatus.<sup>117</sup> Indeed, many employment schemes did fail and numerous men

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<sup>114</sup> Ibid.

<sup>115</sup> *Hansard*, 5<sup>th</sup> Series, 1925, 180, 1026.

<sup>116</sup> *Hansard*, 5<sup>th</sup> Series, 1920, 127, 617.

<sup>117</sup> Cohen, 'Will to Work', p.302; Latcham, 'Journey's End', p.324.

remained jobless. As the 1920's progressed it became more and more difficult to find employment. Disabled ex-servicemen suffered more than unemployed able-bodied men. Medical conditions severely limited their search for whatever meagre jobs were to be had. To compound the problem, the cost of living increased by 70% between 1913 and 1924.<sup>118</sup> A great number ended up dependent on their pension or the Poor Law. Official statistics for disabled ex-servicemen on poor law relief do not exist, however, 80.7% of all those in receipt of relief in the years following the war were sick and disabled adult males. One has to conclude that ex-servicemen made up a good deal of that number.<sup>119</sup>

Yet, despite these grim statistics, state programmes did successfully employ a large number of men. Workshops, factories, and farms all had their successes. The most significant scheme – the KNRS –employed over 300,000 men every year in sustainable, secure jobs. This is an impressive figure indeed. Overall, employment programmes promoted increased governmental involvement, and the creation of new, state organizations specifically for the care of disabled men. The state, therefore, effectively fulfilled its duty to ex-servicemen in so far as it was possible in the post-war economy. It undertook complex and enormous employment schemes during a time when the prevention and relief of unemployment was not regarded as a major governmental duty.<sup>120</sup>

Employment policies implemented for disabled ex-servicemen demonstrate that the state conceptualized disability as a social problem. Although many schemes failed, their very foundations demonstrate ‘a broad paradigm shift’<sup>121</sup> in attitudes towards disability and the workplace. The state, led by the Ministry of Labour and the Ministry of Pensions, recognized that disabled men were handicapped by economic barriers and societal discrimination. In order to alleviate unemployment and economic distress, the state made significant adaptations to create a more

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<sup>118</sup> G. Routh, *Occupation and Pay in Great Britain 1906 – 79* (1980), p.137; A. Bowley and M. Hogg, *Has Poverty Diminished?* (1925), p.3.

<sup>119</sup> Cmd. 932, *First Annual Report of the Ministry of Health 1919-1920* (1920), p.58. A survey in Campbell Bunk, Islington found a number of ex-servicemen among the poor and disabled: White, *The Worst Street in North London*, pp.47-48.

<sup>120</sup> S. Constantine, *Unemployment in Britain Between the Wars* (1980), p.45; C. F. Brockway, *Hungry England* (1965), p.87.

<sup>121</sup> H. Stiker, *A History of Disability* (Ann Arbor, 1999), p.100.



accessible and inclusive job market. They disseminated information to both educate and assist disabled men; helped establish a sense of agency amongst the disabled through encouraging contributions to state run journals; combated discrimination amongst employers, trade unions and able-bodied employees; worked to eradicate prejudice and apathy at every level of government; campaigned for accessible transportation; and strove to eliminate public misconceptions surrounding disability. In addition, the state made unprecedented changes in insurance regulations, and in hiring practices; ensuring that disabled men received preferential treatment at employment exchanges and fair and equal treatment under insurance laws.

State efforts on behalf of the disabled were unparalleled. Their work demonstrates not only an acute, and deep consideration for disabled men's welfare, but an awareness of disability as a social problem, which required long term social changes in order to combat its effects. Thus, state employment policies deserve a central place in twentieth century disability history.

## Chapter Five – Pensions

### Introduction

Disability pensions were a highly charged, contentious issue. Never before had the state instituted such a tightly controlled form of welfare aimed at assisting the disabled. How pensions were allotted threw into sharp relief the tensions surrounding state interference and the rights of those who fought on its behalf. The formation of the Ministry of Pensions (MoP) and the introduction of radical, new pension reforms had far reaching and long term consequences for not only disabled men, but for welfare in British society. Yet despite this, the importance and effectiveness of state pensions has been underestimated.

Until recently, the history of disability pensions has consisted of one source, Deborah Stone's, *The Disabled State* (1984). Stone argues that as pensions define categories of disability, only disabilities recognized by the state are eligible for assistance in the form of pensions, grants or living allowances.<sup>1</sup> The creation of disability as an administrative form serves to further justify exclusionary and discriminatory practices such as means testing. Stone has greatly influenced the work of numerous academics in disability studies who have used her thesis as a framework for investigating state pension policies in the twentieth century. Most notably, Sally Sainsbury's *Normal Life: A Study of War and Industrially Injured Pensioners* (1993), collected statistical data and first hand accounts from 70 war pensioners and 110 industrially injured persons from the First World War to the 1970's. Sainsbury concludes that whilst great advances have been made in pension legislation, these advances still serve to exclude and discriminate.<sup>2</sup>

Whilst of enormous interest to disability academics, pensions have received little attention from historians. In 1996, Joanna Bourke's, *Dismembering the Male: Men's Bodies, Britain and the Great War* was the first to examine the effect of the new pension system on men themselves. Here Bourke discusses how attitudes towards gender impacted final pension decisions.<sup>3</sup> Bourke's work greatly influenced Deborah Cohen's, *The War Come Home* (2001). Bourke and Cohen share the

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<sup>1</sup> D. Stone, *The Disabled State* (1984) pp.3-4.

<sup>2</sup> S. Sainsbury, *Normal Life: A Study of War and Industrially Injured Pensioners* (Aldershot, 1993), pp.1-3.

<sup>3</sup> J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (1996), pp.62-70.

common view that the state failed to fulfil its obligations to ex-servicemen, and that the new pensions system further excluded and discriminated against the disabled.<sup>4</sup> This view is also expressed in A. Borsay's *Disability and Social Policy in Britain Since 1750* (2005). Bourke, Cohen and Borsay have all been influenced by Stone's thematic framework for exclusionary state policies.

However, two studies have recently challenged this view. A.P. Latcham's 'Journey's End' (1997) and H. Bettinson's 'Lost Souls in the House of Restoration' (2002) contend that disability pensions should not be so swiftly dismissed, as they represent an early and significant example of a British welfare system.<sup>5</sup> Far from ignoring the needs of ex-servicemen both Latcham and Bettinson argue that the state attempted, yet ultimately failed to fully include, disabled men. Latcham describes this failure as a paradox: the Ministry took great pride in its work and believed it had fulfilled its duty to the disabled. At the same time, however, many pensioners found the pension process to be a failure.<sup>6</sup> Bettinson on the other hand, directly challenges assertions that the pension system was chaotic and unwieldy, describing it instead as 'a complex interplay of forces' which influenced the 'pensions mosaic.'<sup>7</sup>

The aim of this chapter is to assess how far state pensions assisted disabled ex-servicemen in light of this debate. This chapter contends that far from being exclusionary and discriminating, state pension policy was actually inclusive in its motivations. Failure to successfully integrate disabled men economically was due to a variety of factors not least of all the persistence of traditional thinking towards disability and the disabled in all sectors of society. Furthermore, anachronistic expectations have been placed on the state, which has in turn led to successive governments being misrepresented as ineffective and exclusionary. Yet disability pensions were significant both in scale and effort; their implementation and the policies surrounding their distribution demonstrate the emergence of a social

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<sup>4</sup> D. Cohen, *The War Come Home: Disabled Ex-servicemen in Britain and Germany, 1914-1939* (Berkeley, 2001), p.11.

<sup>5</sup> H. Bettinson, 'Lost Souls in the House of Restoration?: British Ex-Servicemen and War Disability Pensions, 1914-1930' (unpublished PhD thesis, The University of East Anglia, 2002), p.10; A.P. Latcham, 'Journey's End: Ex-servicemen and the State During and after the Great War' (unpublished PhD thesis, The University of Oxford, 1997), pp.347-48.

<sup>6</sup> Latcham, 'Journey's End'. p.347.

<sup>7</sup> Bettinson, 'Lost Souls in the House of Restoration?', p.10.

understanding of disability, an understanding which struggled to emerge alongside traditional attitudes and belief.

### The Evolution of Pensions

When war broke out in 1914 disability pensions were administered by the Chelsea Hospital. Pension rates had remained the same since the Boer War: ex-servicemen received a maximum of 10s 6d per week, down to 3s 6d, depending on their disability and length of service.<sup>8</sup> However, the overall financial responsibility for disabled men lay with charitable organizations.<sup>9</sup> The SSHS administered financial relief and employed men at their nationwide network of workshops, and The Royal Patriotic Fund distributed supplementary grants to both men and their dependents.<sup>10</sup>

With the large numbers of men returning disabled, it soon became apparent the current system was not going to be sufficient. Both the administration of pensions and pension amounts were challenged. The role of the state and its financial responsibility to men disabled in war was also increasingly called into question. Parliamentary debates culminated in the formation of a Select Committee on Pensions and Grants in 1915. The Select Committee was charged with devising a new pension and grants scheme for disabled men and their dependents.<sup>11</sup> The Committee concluded that pensions were to be the primary duty of the government.<sup>12</sup> It also determined that the best results could only be achieved through close co-operation between the state and voluntary organizations.<sup>13</sup> Whilst the state was henceforth responsible for pensions, voluntary agencies would still play an important role in their distribution.

The deliberations of the Select Committee resulted in the formation of the first pensions act of the Great War: the Naval and Military War Pensions Act of 1915. This act, with Minister John Hodge at the helm, provided the fundamental law upon which the new state-system of pensions and after care was developed. In

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<sup>8</sup> 'Pensions in the UK', *Reveille*, Vol.1 (1918), p.19.

<sup>9</sup> A. Marwick, *The Deluge: British Society and the First World War* (1965), p.43.

<sup>10</sup> G. Harris, *The Redemption of the Disabled* (New York, 1919), p.96; Cd. 8169, *Report on the Administration of the National Relief Fund* (1915), p.4.

<sup>11</sup> *Special Report and the Second Special Report from the Select Committee on Naval and Military Services (Pensions and Grants)*, 1915, p.iii; *COR*, Vol.XXXVII, 1915, p.60.

<sup>12</sup> *Hansard*, 5<sup>th</sup> Series, 1915, LXXII, 1888.

<sup>13</sup> *BMJ*, Vol.II, 1915, p.226.

accordance with the new act, the government established a central organization known as the Statutory Committee.<sup>14</sup> The Statutory Committee oversaw the work of newly created Local War Pensions Committees (LWPCs). Comprised of both state officials and volunteers, LWPCs assisted disabled ex-servicemen with pension concerns, employment, and medical treatment at the local level.<sup>15</sup> From the outset, new pension legislation integrated voluntary work and public interest with official state control.

Despite the introduction of this new legislation, however, pension administration remained patchy and inconsistent. As of June 1916, for example, only 120 out of 300 possible areas had yet to establish LWPCs.<sup>16</sup> The growing number of men returning home only to face penury and distress prompted MPs, doctors and the press to call for an even more comprehensive state system of pensions and care. The state centralized control further with the creation of the MoP in 1916.

The formation of the MoP marked a fundamental change in welfare policies aimed at the disabled. The state now administered all funds and co-ordinated all efforts on behalf of disabled men.<sup>17</sup> With its new responsibilities firmly centralized, the MoP immediately began updating and reforming the pensions system. First, the MoP brought LWPCs directly under their control. Then, in February of 1917, it took over the duties of Chelsea Hospital, inheriting over 140,275 disabled men and 157,544 children of disabled men.<sup>18</sup> Most significantly, Minister of Pensions George Barnes drew up a new warrant in 1917 which granted pensions on a more liberal scale. The 1917 warrant raised pensions and established a system whereby payments were determined by degree of physical impairment according to classification by percentages.<sup>19</sup> The warrant further divided war injuries into two distinct categories: disability as a result of war service and disability aggravated by war service, thus clearly defining the damages due for specific impairments.

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<sup>14</sup> Ibid.

<sup>15</sup> *Hansard*, 5<sup>th</sup> Series, 1915, LXXII, 1890.

<sup>16</sup> *Hansard*, 5<sup>th</sup> Series, 1916, LXXXIII, 869.

<sup>17</sup> Ibid.

<sup>18</sup> *Hansard*, 5<sup>th</sup> Series, 1917, LXCI, 248.

<sup>19</sup> Sainsbury, *Normal Life*, p.7.

Barnes proudly referred to the new warrant as the 'Magna Carta' of disabled men.<sup>20</sup> It surpassed any previous pension scale, raising pension amounts for the totally disabled to 27s 6d a week.<sup>21</sup> Partially disabled men were compensated on a descending scale corresponding to the degree of their disability; the smallest possible amount fixed at 5s 6d per week.<sup>22</sup> Additional compensation was made in accordance with rank. The 1917 warrant was a significant juncture in both pension amounts and state control over the welfare of disabled men.

In another departure from all previous pension legislation, the Barnes warrant calculated pensions on the basis of physical loss alone. Previous warrants granted compensation in accordance with loss of earning capacity.<sup>23</sup> This often resulted in two men with identical impairments receiving widely different amounts. A highly skilled professional, for example, often received a higher pension than an unskilled labourer, even though the latter was more likely to suffer financially due to his impairment. To rectify this anomaly, Barnes levelled the playing field decreeing that a pension was not 'merely a recompense for an impaired power of earning a livelihood, but also a compensation for the loss of the amenities of life'.<sup>24</sup>

In further interest of fairness, if a man could prove that his allotted pension was lower than his pre-war earnings, the new warrant granted him an alternate pension which matched his previous wage.<sup>25</sup> Under the new warrant therefore, each man was awarded 'a definite sum of money for a definite hurt.'<sup>26</sup> Pensions were distributed evenly to obviate financial distress.

The 1917 warrant was historically noteworthy in another respect: it decreed that pension rates should be adjusted in accordance to the cost of living.

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<sup>20</sup> *Hansard*, 5<sup>th</sup> Series, 1918, 103, 693.

<sup>21</sup> 'Pensions in the UK', p.19

<sup>22</sup> *Ibid.*, p.20.

<sup>23</sup> Bourke, *Dismembering the Male*, pp.64-65.

<sup>24</sup> As reprinted in Sainsbury, *Normal Life*. p.7.

<sup>25</sup> Cd. 8485. *The Drafts of a Royal Warrant and of an Order of Council for the Pensions of Soldiers and Sailors Disabled and of the Families and Dependents of Soldiers Deceased in Consequence of the Present War* (1917). p.98; Bourke, *Dismembering the Male*, p.67.

<sup>26</sup> *Hansard*, 5<sup>th</sup> Series, 1917, LXXVIII. 251.

Specific Injury	Degree of Disablement (%)	Warrant officer Class 1	Warrant officer Class 2, N.C.O., class 1	N.C.O. class 2	N.C.O. class 3	N.C.O. class 4	Private
Loss of 2 or more limbs	100	42 6	37 6	35 0	32 6	30 0	27 6
Loss of an arm and an eye	100	42 6	37 6	35 0	32 6	30 0	27 6
Loss of both hands or all fingers and thumbs	100	42 6	37 6	35 0	32 6	30 0	27 6
Loss of both feet	100	42 6	37 6	35 0	32 6	30 0	27 6
Loss of a hand and a foot	100	42 6	37 6	35 0	32 6	30 0	27 6
Total loss of sight	100	42 6	37 6	35 0	32 6	30 0	27 6
Total paralysis	100	42 6	37 6	35 0	32 6	30 0	27 6
Lunacy	100	42 6	37 6	35 0	32 6	30 0	27 6
Permanently bedridden	100	42 6	37 6	35 0	32 6	30 0	27 6
Internal injuries resulting in permanent disability	100	42 6	37 6	35 0	32 6	30 0	27 6
Injuries to head or brain resulting in permanent disability or epilepsy	100	42 6	37 6	35 0	32 6	30 0	27 6
Very severe facial disfigurement	100	42 6	37 6	35 0	32 6	30 0	27 6
Advanced cases of incurable disease	100	42 6	37 6	35 0	32 6	30 0	27 6
Amputation of right arm at shoulder joint	90	38 3	33 9	31 6	29 3	27 0	24 9

Amputation of leg at hip or left arm at shoulder joint	80	34 0	30 0	28 0	26 0	24 0	22 0
Severe facial disfigurement; short amputation of leg or of right arm above or through elbow; total deafness	70	29 9	26 3	24 6	22 9	21 0	19 3
Amputation above knee; through left arm above or through elbow; right arm below elbow	60	25 6	22 6	21 0	19 6	18 0	16 6
Amputation of leg below knee; of left arm below elbow; loss of vision in one eye	50	21 3	18 9	17 6	16 3	15 0	13 9
Loss of thumb or of four fingers of right hand	40	17 0	15 0	14 0	13 0	12 0	11 0
Loss of thumb or four fingers of left hand, or three fingers of right hand	30	12 9	11 3	10 6	9 9	9 0	8 3

**Fig.18: Disability Pension Scales<sup>27</sup>**

Pensions were adjusted annually according to the Board of Trade's estimate of the working class budget.<sup>28</sup> From 1917 onwards the warrant was updated and amended to accommodate both inflation and the increasing number of disabled that the war produced. New warrants were further created in 1918 and 1919, with several

<sup>27</sup> Adapted from: Cmd. 1446, *The Third Annual MoP Report, 1920-21* (1921), p.58.

<sup>28</sup> Sainsbury, *Normal Life*, p.10.



amendments following throughout the 1920's. The Great Pensions Act of 1921 made pensions a statutory right.<sup>29</sup>

Pension amounts were determined by medical boards. Men appeared before a panel of doctors to have their impairments diagnosed and defined. Pensions or allowances were then granted based on the degree of disability determined at the medical board.<sup>30</sup> Whilst awaiting their turn before the board, men received temporary pensions based on 'total' disability; the highest pension amount possible. Permanent pensions, or 'final awards', were allotted once the medical board determined that a man's disability was 'final' and 'stable.' Amputees usually had to face only one medical board as their impairments were straightforward. Men disabled through disease however, often had to re-appear in front of several boards as their conditions were prone to flux, thus making appropriate compensation difficult to determine.

Three important new developments occurred at this time. First, the new warrant decreed that once decided, final awards could never be reduced or rescinded, thus relieving men of any future financial anxieties. Second, if a man's health deteriorated, he could apply to have his pension increased.<sup>31</sup> Third, men could appeal their final awards for up to one year after the decision date. Appeals took place in front of Pension Appeals Tribunals. Men testified as to their state of health and independent medical evidence was presented. Amputation stumps were also re-measured. The MoP, therefore, took steps to ensure fairness and equal distribution of pensions to all disabled men. It also worked to obviate financial difficulties by allowing pension increases and safeguarding against decreases.

The new pension warrants not only emphasized the centrality of the state and the newly formed responsibilities of the MoP, but radically altered social policy aimed at the disabled. Pensions strove to fairly compensate all men based on impairment alone. Pension amounts were higher, and more generous than any previous award scheme. Pension amounts were firmly fixed, and could only be

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<sup>29</sup> G. DeGroot, *Blighty: British Society in the Era of the Great War* (1996), p.258.

<sup>30</sup> 'The Treatment of the Disabled', *RTL*, Vol.1, 1917, p.11.

<sup>31</sup> Cd. 9040, *Royal Warrant for the Pensions of Soldiers Disabled and of the Families and Dependents of Soldiers Deceased in Consequence of the Great War* (1917), p.2.

raised, never lowered. These changes marked a significant departure from past practices.

### Controversies and Criticisms

The new pension system was not perfect. As with any new Ministry, the MoP had its teething problems. The sheer enormity of the problem, the number of men in need of assistance, and the depressed post-war economy all conspired to create difficulties for the MoP. What is more, there was a total lack of precedent. The learning curve was very steep. Problems did occur, and as a result, disabled men suffered. However, some historians have been harsh in their assessment of pensions. The MoP and the distribution of compensation have been cited as ineffective and exclusionary.<sup>32</sup> Key criticisms to this effect include accusations of indifference, exclusion, parsimoniousness, and ineffectiveness.

Firstly, the significance of the MoP itself has been underestimated. The administration of pensions was an enormous undertaking. The MoP was responsible for vast numbers of volunteers, doctors and civil servants. The scope and breadth of the MoP was impressive. By 1920, it had established 440 medical boards and 15% of the medical profession across England and Wales worked for the Ministry either on a full or part-time basis.<sup>33</sup> The workload was colossal: it was not unheard of for medical boards to interview upwards of 1,300 possible pensioners per week.<sup>34</sup> In one record breaking week in April 1918, a total 18,807 pension cases were boarded and processed across the country:<sup>35</sup> an impressive amount of work and organization by anyone's standards.

The sums of money involved were also unheard of. Between the years 1914 and 1919 pensions were granted to 700,000 men with a total annual cost of £8,000,000 to the nation, or approximately £400 million in today's currency.<sup>36</sup> By 1930 the Ministry calculated the average cost of all war pensions as just under

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<sup>32</sup> See, Stone, *The Disabled State*; Cohen, *The War Come Home* and Borsay, *Disability and Social Policy Since 1750*.

<sup>33</sup> '125M a year on Pensions', *The Times*, 26 June 1920, p.11.

<sup>34</sup> *Hansard*, 5<sup>th</sup> Series, 1920, 132, 2215.

<sup>35</sup> PRO, MoP Report for 13 to 19 April 1918, CAB24/48/GT4229.

<sup>36</sup> *The Lancet*, Vol.1 (1919), p.85; 'Economic History Services', [www.EHNET.com](http://www.EHNET.com) . Accessed 27 November 2006.

£70,000,000 a year, or roughly £900 million since the Ministry was established.<sup>37</sup> By today's standards the MoP had put an astonishing £240 billion into pension payments between the start of the war and 1930.<sup>38</sup> When one considers that the state had never involved itself in the care of ex-servicemen previously, both the amount of work involved and the vast sums of money distributed are remarkable. This work was a significant break with past policies and radically altered the amount of money and effort the state put into disabled care.

Secondly, the MoP has been criticized for not asserting tighter control over pensions and of devolving too much responsibility onto LWPCs. Comparisons have been drawn with Germany where pension administration did not rely on voluntary assistance.<sup>39</sup> Contemporaries in other allied nations also questioned the efficiency and effectiveness of the mixed British system.<sup>40</sup> Indeed, problems did occur. The activities of LWPCs varied widely. Whilst some were barely adequate, or performed the minimal duties required of them, others like those in Lancashire went beyond the call of duty and drew up extensive, independent schemes which further coordinated assistance with local ex-service organizations, the Red Cross and local authorities.<sup>41</sup> Local men certainly reaped the benefits. What is more, the vast number of committees could result in men becoming 'lost' in the system whilst their case was transferred from one body to another. Even MPs found the maze of committees confusing and often had to consult the MoP before responding to the questions of their disabled constituents.<sup>42</sup>

However, these weaknesses should not be too harshly criticised. It would have been difficult to foresee the difficulties that occurred or to know if the system would not work as effectively as planned. Moreover, the British mixed economy of

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<sup>37</sup> B. Harris, *The Origins of the British Welfare State: Social Welfare in England and Wales 1800-1945* (Basingstoke, 2004), p.182.

<sup>38</sup> 'Economic History Services.' Accessed 27 November 2006.

<sup>39</sup> Cohen, *The War Come Home*, p.163.

<sup>40</sup> See for example, G. Harris, *The Redemption of the Disabled* (New York, 1919), p.109.

<sup>41</sup> 'Disabled Soldiers and Sailors, Local Efforts to be Co-ordinated: Lancashire to Lead the Way'. *The Manchester Guardian*. 17 February 1917, p.5; 'The Work of the Local Committees in Administering the Naval and Military War Pensions Act, 1915, *RTL* Vol.1 (1917), p.66; *Hansard*, 5<sup>th</sup> Series, 1916, LXXXIII, 869.

<sup>42</sup> *Hansard*, 5<sup>th</sup> Series, 1920, 125, 1054.

# DISABLED SAILORS AND SOLDIERS

## WHAT EVERY MAN SHOULD KNOW

THAT he can get the fullest information as to what can be done for him from his War Pensions Local Committee.

THAT the address of the Committee can be obtained at the Post Office nearest his home.

THAT the War Pensions Local Committees are not distributing charitable funds, but funds provided by the State.

THAT every man disabled by War Service has a right to a pension or gratuity.

THAT he has a right to the most careful and effective treatment obtainable.

THAT if he requires an artificial limb, it will be supplied and maintained in good order free of charge.

THAT if his disability prevents him from returning to his old trade he will receive free training for a new one.

THAT HE MUST TELL HIS

THAT in fixing a man's minimum pension, no account is taken of his earnings, and that unless he claims a pension based on his former earnings, no account is taken of his earning capacity.

THAT no minimum pension will be reduced because a man has accepted training.

THAT while he is being trained he will receive additions to his pension for the support of himself and his family.

THAT neither treatment nor training will cost him a penny.

THAT his Local Committee will help him to find employment.

THAT his Local Committee will look after him if he suffers from illness at any time as a result of his service.

THAT if he is in any doubt or difficulty, or thinks he has not got his proper pension, his Local Committee will take up his case and help him.

LOCAL COMMITTEE WHAT

HE WANTS.

*Issued by the Ministry of Pensions,  
Westminster House, Millbank, S.W. 1*

Fig.19: Ministry of Pensions information poster, 1918

welfare was unique. Britain had a long tradition of incorporating voluntary assistance into its welfare policies. There was no reason to assume that reliance on voluntary bodies would not continue to work for disabled men wounded in the Great War. It was felt that volunteers would better administer pensions, for not only would local people better know the needs of local men but the ‘spirit of competition’ would prevail. It was hoped that LWPCs would vie with one another to provide better care, and take ‘great civic pride’ in assisting the local disabled population. Anything less would encourage complacency, and disabled men would suffer.<sup>43</sup> Thus, the MoP had its reasons for incorporating voluntary assistance and decentralizing pension administration. These reasons were tightly linked to the long tradition of the mixed economy of welfare.

Moreover, the MoP worked hard to rectify problems and inconsistencies which occurred with charitable provisions. Contrary to the belief that the MoP abandoned men to the incompetence of an overwhelmed voluntary network<sup>44</sup>, the Ministry kept a diligent watch over LWPCs. Detailed weekly MoP reports provide evidence of meticulous and critical inspections across the country. Neglectful, inefficient, and badly equipped LWPCs were given recommendations for improvement. Barnsley, for example, came under heavy criticism; inspectors found the soldiers to be ‘badly neglected’. Preston on the other hand, was held up as paragon of pension administration, its methods widely distributed for other LWPCs to adapt. If, like Barnsley, LWPCs were severely below standard, MoP staff took temporary control and re-trained volunteers.<sup>45</sup> By May 1917, most inspectors concluded that proper care was ‘generally being recognized’ and improving overall. However, regular inspections continued to take place throughout the war to ensure a high standard of consistent care.<sup>46</sup>

MoP figures contradict any claims of miserliness. The Ministry distributed monies on an unforeseen scale. Typically, 10,204 ‘fresh’ (first) claims were processed every month. Of this number an average of 2,084 were rejected; a rejection rate of only 20%.<sup>47</sup> By the end of the war this rejection rate had fallen to

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<sup>43</sup> *Hansard*, 5<sup>th</sup> Series, 1915, LXXII, 1890.

<sup>44</sup> Cohen, *The War Come Home*, p.45.

<sup>45</sup> PRO, MoP Report for 21 to 27 April 1917, CAB24/1/GT589.

<sup>46</sup> PRO, MoP Report for 19 to 25 May 1917, CAB24/14/GT851.

<sup>47</sup> PRO, MoP Report for 26 January to 1 February 1918, CAB24/41.GT3528.

just over 0.5%.<sup>48</sup> Clearly the MoP found in favour of disabled men more frequently than has been credited. What is more, of those denied a pension, very few were rejected outright. The majority received gratuities and allowances. For example, of the 6,000 new cases processed during October 1917, 4,149 were granted a pension, 1,859 were awarded gratuities, and only 32 rejected outright.<sup>49</sup> In one single week in March of 1918, 3,548 cases were granted their pension application, whilst only 33 men were denied.<sup>50</sup> In addition, the Ministry awarded an average of 300 pensions per week to men who had been denied pensions under previous warrants.<sup>51</sup> Acceptance rates were high, and the number of pensions allotted was extremely significant. It is clear that the MoP wished to rule in favour of the men and desired to assist those who did not receive financial compensation under previous warrants.

Delays in pension payments have also come under criticism. 'At all points in the [pension] chain there were delays and some overlapping of functions'<sup>52</sup> and this necessarily caused financial distress in the interim. By February of 1916, for example, 12,000 of the 35,500 men who had been discharged from the Army had yet to receive a pension.<sup>53</sup> Newspapers reported the shame of 'heroes' forced to rely on charitable handouts whilst awaiting payments,<sup>54</sup> or of men forced to steal in order to support their dependents.<sup>55</sup> Other men were simply lost in the system. J.G. Guy and William Adams both waited months for their pension payments. As a result Guy was forced to rely temporarily on the workhouse, whilst Adams struggled to support his wife and four children until his payments finally started.<sup>56</sup>

Delays outraged contemporaries and inspired heated debate in Parliament and in the press. They have also prompted historians to call into question the effectiveness of the MoP. However, these delays were not the result of indifference, or necessarily of an ineffective system. The enormity of the task was overwhelming.

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<sup>48</sup> PRO, MoP Report for 27 April to 3 May 1918, CAB24/50/GT4443.

<sup>49</sup> PRO, MoP Report for 27 October to 2 November 1917, CAB24/3/GT2506.

<sup>50</sup> PRO, MoP Report for 9 to 15 March 1918, CAB24/45/GT3956.

<sup>51</sup> PRO, MoP Report for 24 to 30 November 1917, CAB24/34/GT2836.

<sup>52</sup> Latcham, 'Journey's End', p.349.

<sup>53</sup> 'Discharged From Army', *The Manchester Guardian*, 18 February 1916, p.8.

<sup>54</sup> *Hansard*, 5<sup>th</sup> Series, 1918. 103, 708.

<sup>55</sup> 'Ex-Soldier Charged with Theft: Reported Scandal of an Unpaid Pension', *The Manchester Guardian*, 14 September 1917, p.4.

<sup>56</sup> PRO, Adams, William Edward. PIN26/261; PRO, Guy, J.G, PIN26/5555.

Unexpected complications conspired to slow down the pension machinery. The MoP was not prepared for these complications. For example, an unforeseen number of men had to undergo re-amputations after discharge. As of 1920 approximately 40,000 men had already been re-amputated, an average of forty or fifty new reassessments every month in addition to new cases.<sup>57</sup> Moreover, demobilisation exacerbated delays; the system could not cope with the sudden influx of disabled men at the end of the war.

The appeals process has also been maligned.<sup>58</sup> Indeed, it could be a bewildering experience and a great number of men found the appeals tribunals to be miserly and inquisitorial. They also resented the government prying into the details of their situation.<sup>59</sup> Angered by the questioning and the eventual rejection of his appeal, Reginald Gavsden angrily wrote to the Minister of Pensions that, ‘seeing that you have reduced my pension (which was already very small) you may keep the lot!’<sup>60</sup> Others did not understand the process or were unaware they could appeal at all. As a result many missed the twelve month deadline from which the initial pension was assessed. RAMC surgeon H.W. Bayly became an outspoken advocate against the appeals process. In a scathing letter to the editor of *The Morning Post* he denounced the pension appeals system stating that he ‘invariably found that the pensioner [was] regarded as a criminal in the dock’ and never given any benefit of the doubt.<sup>61</sup> Others, such as Herbert Walker Long were informed by medical boards that the ‘aggravation’ had ceased. Although his paralysis was recorded as being due to military service, he was denied a life long pension since he was ‘cured’. Walker appealed, stating that he was in constant pain and that since his return home from the war he was constantly unwell and unable to work. The medical board however, was sceptical of his claims and his appeal was rejected.<sup>62</sup>

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<sup>57</sup> PRO, Cases of Amputations or Re-Amputation after Discharge: Provision of Artificial Limbs For, PIN15/62.

<sup>58</sup> Bourke, *Dismembering the Male*, pp.59-70.

<sup>59</sup> Cmd. 932, *First Annual Report of the Ministry of Health, 1919-1920* (1920), p.56.

<sup>60</sup> PRO, Gavsden Reginald George, PIN26/5559.

<sup>61</sup> H.W. Bayly, *Triple Challenge: Or War, Whirligigs and Windmills: A Doctor's Memories, 1914-1929* (1935), pp.276-290.

<sup>62</sup> PRO, Long, Herbert Walker, PIN26/9140.

Yet, it is highly significant that men could even appeal their pension decisions at all. Moreover, far from being miserly, pension appeals were granted on a generous scale. In one fortnight in December 1917, one medical board only denied 2 out every 10 appeals.<sup>63</sup> The following two weeks saw 21 appeals granted and only 5 declined.<sup>64</sup> In fact, Pension Appeal Tribunal records reveal decisions strongly in favour of the appellants.<sup>65</sup> Successive warrants also worked to continually reduce appeal rejection rates. Before the Barnes warrant of 1917 for example, 31% of all claims were rejected, afterwards, this was drastically reduced to a 5% rejection rate. By 1920, the government estimated that no less than 31% of all pension appeals were granted in favour of disabled men.<sup>66</sup> This is quite a substantial percentage considering no pensions were granted in the first place.

The MoP has also been accused of adopting an uncaring attitude towards its pensioners. It has been argued that disabled men were ‘forsaken by the state’ and that sympathy allotted to men was ‘often negligible.’<sup>67</sup> The pension decision process is given as evidence to this fact. For example, of those disabled less than 20% were awarded a gratuity only. As they were not classified as ‘pensioners’ they had no recourse to in-patient treatment at military hospitals. Therefore, if they required prolonged medical care, their only option was the workhouse infirmary.<sup>68</sup> This is viewed as harsh and uncaring,

MoP records call into question the image of an uncaring, apathetic ministry. Further to regular LWPC inspections, the Minister of Pensions regularly visited and inspected treatment and training institutions personally. During these inspections the Minister held meetings with local volunteers. Importantly, he also met with local disabled men and listened to their opinions and difficulties. While these visits also provided much needed positive publicity, they kept the Minister in touch with real problems facing disabled men. In addition, the Minister organized regular visits to

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<sup>63</sup> PRO, MoP Report for 22 December 1917 to 4 January 1918, CAB24/38/GT3230.

<sup>64</sup> PRO, MoP Report for 11 to 25 January 1918, CAB24/39/GT3399.

<sup>65</sup> See for example, PRO, MoP Report for 2 to 8 February 1918, CAB24/41/GT3581; PRO, MoP Report for 16 to 22 March 1918, CAB24/46/GT4019; PRO, MoP Report for 23 to 28 March 1918, CAB24/46/GT4062; PRO, MoP Report for 29 March to 5 April 1918, CAB24/47/GT4161; PRO, MoP Report for 6 April to 12 April 1918, CAB24/48/GT4229.

<sup>66</sup> *Hansard*, 5<sup>th</sup> Series, 1920, 133, 1902.

<sup>67</sup> Cohen, *The War Come Home*, p.110; Bourke, *Dismembering the Male*, p.59.

<sup>68</sup> PRO, MoP Report for 21 to 27 April 1917, CAB24/1 GT589.



local branches of ex-service organizations. John Hodge was especially fond of holding large, open air gatherings in places such as Hyde Park. These meetings provided a forum for disabled men to express their concerns, register complaints, and clear up any misunderstandings.<sup>69</sup> Moreover, the MoP conscientiously kept the War Cabinet up to date with weekly report detailing pension amounts, pensions granted, the numbers of men receiving treatment and the difficulties which ensued. The War Cabinet discussed these reports in depth, and recommended further action or changes. Clearly the MoP was acutely aware of the problems men faced and highly concerned for their welfare. Rather than an uncaring and neglectful government body, the evidence left by the MoP reveals a state body diligently coping with an emergency situation. There was, in short, a very steep learning curve.

Pensions have also been accused of being unfair.<sup>70</sup> The inequitable distribution of pensions has been cited as an example of an exclusionary system. However, there is evidence that the MoP concerned itself with fairness and ‘struggled’ in its decisions to ensure each man received an appropriate amount.<sup>71</sup> Firstly, the MoP was very particular about stump measurements. Missing limbs were given a strict economic value.<sup>72</sup> When men attended limb fitting centres their amputation stumps were measured by an ‘approved sized stick’ in order to determine the pension amount. Men with shorter stumps received higher pensions, as they lost ‘more’ of a particular limb. If the stump was irregular, then both the longest and shortest measurements were taken and averaged out. In the case of unusually tall or short men, measurements of the existing limb were taken for comparison, or doctors compared their stumps with ‘average’ bone length charts’ to determine the disability percentage.<sup>73</sup> After the measurements were recorded, the limb fitting surgeon completed a ‘Certificate of Stump Measurement’ to officially declare the measurements accurate and binding.<sup>74</sup> Despite these regulations, anomalies in measurements occurred. LWPCs in Yorkshire for example, were

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<sup>69</sup> PRO, MoP Report for 27 April to 4 May 1917, CAB24/12/GT659; PRO, MoP Report for 20 to 26 October 1917, CAB24/30/GT2415.

<sup>70</sup> *Dismembering the Male*, p.59; Cohen, *The War Come Home*, p.121.

<sup>71</sup> A. G. Boscawen, *Memories* (1925), p.199.

<sup>72</sup> Cmd. 1446, *The Third Annual MoP Report*, p.58.

<sup>73</sup> PRO, Amputation Cases – Assessment: Definition of ‘Short Thigh’, PIN15/1835.

<sup>74</sup> PRO, Cases of Amputation or Re-Amputation After Discharge: Provision of Artificial Limbs For, PIN15/62.

overly generous in their measurements, whereas Birmingham committees tended to be very strict and granted few re-measurement requests.<sup>75</sup>

These ‘divergences of assessment’ prompted the MoP to investigate. Horrified by their findings, the MoP circulated leaflets and memorandums to LWPCs across the country reminding them of the need for fairness and conformity. While the services and the standard of support varied widely between LWPCs, there can be no doubt that the state insisted, and acted upon, the need for uniformity.

In further interest of fairness, the MoP worked to ensure that party politics and personal interests would not conflict with pension policy. When forming the Select Committee on pension administration it selected MPs equally from all parties. This made certain that all parties would share equal and joint responsibility for the pension ‘machinery’. Moreover, it aimed to prevent political parties from making empty promises to disabled men in an attempt to obtain votes.<sup>76</sup> The Select Committee was therefore a non-partisan committee which not only made important decisions but was charged with keeping the House of Commons abreast of all pension issues.

### **Pensions and the Social Construction of Disability**

Despite the state’s best efforts, many ex-servicemen were failed by the new pension system. It has been argued that further to disability pensions being ineffective overall, they actually worked to exclude ex-servicemen from society.<sup>77</sup> Pensions are offered as proof that the state viewed disability as a medical, individual condition. There are several reasons for this. Pensions placed the onus of proving disability on the ex-serviceman, they were contingent upon following prescribed medical treatment, they were designed to expose malingerers, and they treated disability as a temporary condition which could easily be ‘fixed’ by the appropriate orthopaedic appliances. All of these factors, it is argued, served to further exclude disabled men and traditionally held concepts were deeply embedded within the Ministry of Pension’s modern policies.<sup>78</sup> Yet these conditions were not solely due to an uncaring

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<sup>75</sup> PRO, Amputation Cases, PIN15/3376.

<sup>76</sup> PRO, CAB24/69/GT6284.

<sup>77</sup> Borsay, *Disability and Social Policy*, p.129; Cohen, *The War Come Home*, p.104.

<sup>78</sup> Stone, *The Disabled State*, pp.3-4.

infrastructure, nor were they the defining reasoning behind pension policy and decision making. The issues surrounding pensions were much more complex.

The receipt of a pension was contingent upon following medical treatment. The 1918 warrant made it compulsory for a man to undergo state prescribed treatment in order to receive his pension. Barnes went one step further and proposed that men be fined if they refused to follow their doctor's recommendations. Men could not decide for themselves which treatments to undergo or decline. A man who refused treatment came under suspicion. The new pension system was suspicious of malingerers and shirkers.<sup>79</sup> Medical boards were instructed to look out for malingerers as 'a certain number of men [...] pose as invalids and draw pensions to which they are not justly entitled.'<sup>80</sup> This type of contingency has been criticized by both Borsay and Stone who argue that placing restrictions and penalties on the disabled is both unkind and exclusionary. Stone states that through defining both disability and determining who is worthy of compensation, the government does not allow the disabled to have any control over their bodies or their treatment options. In order to receive pensions, the disabled could not choose their own medical treatment nor have a say in the decision process. This, it is argued, takes control away from the disabled person and assumes the disabled to be incapable of making decisions surrounding their own care.<sup>81</sup> Moreover, such stipulations are more intent on exposing malingerers rather than actually helping the disabled. These attitudes towards the disabled have a long history, and were seen as being perpetuated during the Great War. Indeed the pension system during this time is seen as the precursor to modern day, exclusionary policies.

Far from assuming disabled men were incapable, however, this stipulation was meant to nudge them in the right direction. The MoP urged men to follow recommended treatment as it was in their own best interest. Inducing men in this manner was what Barnes referred to as a 'curious combination of conciliation and coercion,' a 'carrot and stick approach' to pensions.<sup>82</sup> It was meant to ensure that all men took advantage of appropriate medical advice so they would have the best

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<sup>79</sup> PRO, Operations: Refusal to Undergo During Military Service, Question of Eligibility for Pensions, PIN15/435.

<sup>80</sup> PRO, Refusal to Undergo Operations – Eligibility for Pension, PIN15/436.

<sup>81</sup> Cohen, *The War Come Home*, p.104.

<sup>82</sup> PRO, PIN15/435; PRO, PIN15/436.

possible advantages once they resumed their everyday lives. It did not assume ignorance, but fairness: every ex-serviceman received his pension after receiving medical treatment. As well as providing the best possible care, the proviso ensured that lenient or unduly strict LWPCs could not arbitrarily decide pension amounts. A medical certificate had to be produced, and its recommendations followed.

Suspicion surrounding malingerers was inherent in this stipulation; however it was a suspicion that was financially justified. The MoP had little idea as to how much pensions would cost. State funds had to be allotted fairly, carefully and consistently to every ex-serviceman. With little idea of how many men would return home to claim a pension, the financial reins of the MoP had to be tightly controlled. Dr. John Collie, head of the Medical Board, instructed his doctors to look out for shirkers not so much out of an inherent distrust of the disabled, but of a fear of financial ruin. If men were allowed to claim higher pensions without benefit of medical approval, pension lists ‘would swell out of control.’<sup>83</sup> Dr. R.M. Wilson, head of the pension board in Cardiff further argued that the ‘indiscriminate awarding of pensions [...] does but restrict the funds available for those whom it is alike our privilege and delight to succor.’<sup>84</sup> Therefore, such a stipulation was enacted in the interest of fairness, consistency and budgetary prudence, not exclusion and fear.

The MoP and its medical boards were intent on providing fair and consistent pension decisions across England and Wales. Far from promoting exclusion, numerous texts published during the period stressed the importance of equality as well as advice on how to diagnosis different impairments.<sup>85</sup> Evidence suggests that the MoP and its medical boards wished to provide uniform, fair and consistent pensions. Ensuring this level of fairness, points to an inclusive approach to pension policies, rather than an exclusionary one. True, medical texts and medical boards moralized over the issue of malingering. ‘Promiscuous granting of pensions will inevitably bring its curse [...] It saps the sense of self-respect’, warned Dr. Wilson.<sup>86</sup> However, doctors, as well as ex-servicemen were reminded of their responsibilities. ‘If you miss a symptom, warned one text, ‘the man will get a lower pension, relapses will occur, he will suffer, and his family will suffer privation and join the ranks of

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<sup>83</sup> PRO, PIN15/436.

<sup>84</sup> R.M. Wilson & W.M.T. Wilson, *War Diseases and Pensions* (1919), p.84.

<sup>85</sup> *Ibid.*, p.3.

<sup>86</sup> *Ibid.*, p.84.

the disaffected.’<sup>87</sup> Medical boards were therefore not encouraged to enact witch hunts in order to save the state money. Rather, they were urged to employ restraint in their decisions. Importantly as well, they were made fully aware of the gravity of the situation and of the great consequences which their decisions would hold for men and their families. Thus, pension decisions should not be dismissed as exclusionary. They took men’s needs into great consideration and carefully balanced those with the limits of the state.

Moreover, state policies could only work within the limits of current medical awareness. Knowledge of war disabilities, their impact and their long term effects were all but unknown at the start of the war. In 1913 St. Thomas’ hospital in London performed just 34 amputations. During the war this number climbed to a staggering 2,000.<sup>88</sup> Many doctors on medical boards had not performed an amputation before, or had performed too few to fully understand what pension amount would fully compensate an amputee. Faced with an enormous workload and unprecedented injuries, medical boards were often overwhelmed. Deciding pension amounts and determining men’s futures was daunting. As one doctor cautioned his fellows, it was a difficult task to ‘appraise and forsooth assess the malign effects of disease or injury.’<sup>89</sup> It is highly likely therefore, that many low pensions were granted out of ignorance and haste rather than distrust or suspicion.

Many doctors held unwavering faith in rehabilitation and developing prosthetics. New artificial limbs promised to end disability, and medical boards often took this literally. Once issued a limb, a man was no longer considered disabled. Often, men who appealed their pension amount based on the fact that they could not use their limbs, and therefore could not get to work, were told just to work harder at their rehabilitation and to keep persevering in the use of their prosthetics.<sup>90</sup> This does not give evidence to a medical construction of disability; it is evidence of

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<sup>87</sup> L.L. Jones Llewellyn and A. Bassett Jones, *Pensions and the Principles of their Evaluation* (1919), p.3.

<sup>88</sup> *Ibid.*, p.535.

<sup>89</sup> *Ibid.*

<sup>90</sup> PRO, Amputation Cases – Assessment: Malformation of Stumps and Limitation of Movement of Joints – Procedure to be Followed by Medical Boards where these Circumstances are Considered to Justify a Higher Assessment, PIN15/1836: PRO, Amputation Assessments – Question of Higher Assessment Where Pensioner Cannot Wear an Artificial Limb, PIN15/1837.

misplaced optimism in the promises of limb fitters and general lack of knowledge surrounding the developing field of orthopaedics.

Additionally, many doctors had difficulty assessing ‘invisible’ impairments. Very little medical knowledge of rheumatism, arthritis or paralysis existed. Men disabled through disease often received lower pensions. John Robert Walker, for example, was told his paralysis existed only in his mind. The medical board denied him a pension concluding that his ‘condition [was] undoubtedly a hysterical one.’<sup>91</sup> Albert James Castleman had his pension slowly reduced from 50% to 1-5% despite his protestations that that he continued to have no feeling in his left arm.<sup>92</sup> Suffering from spinal concussions, both Walter Lemmon and Russell Lovell were dismissed as ‘delusional’.<sup>93</sup> Indeed, the misunderstandings surrounding mental impairments also impacted on these men. Lemmon did receive a pension in the end, but as doctors could not see a tangible injury to correspond to his complaints he was misdiagnosed as being insane.<sup>94</sup>

Current medical knowledge also significantly shaped overall policy. As the long term issues and complications surrounding disability were not understood, pension policies were ephemeral in nature. In 1920, responsibility for granting pensions and allowances reverted to different service departments.<sup>95</sup> The MoP took control of disability pensions during the war, but did not make significant changes to the armed services infrastructure to care for men as they approached old age. The MoP also imposed a ‘seven year time limit’ in which men had no more than seven years after their discharge to claim a pension.<sup>96</sup> This proviso did not take into account the possibility that certain disabilities only manifest themselves in later years, and that others grow more complicated with passing time. A man injured in the war may not have qualified for a pension immediately, however there was always the possibility that age, health and other factors would complicate a latent

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<sup>91</sup> PRO, Walker, John Robert, PIN26/15168.

<sup>92</sup> PRO, Castleman, Albert James, PIN26/2582.

<sup>93</sup> PRO, Lovell, Russell, PIN26/9191; Pro, Lemmon, Walter, PIN26/8919.

<sup>94</sup> PRO, PIN26/8919.

<sup>95</sup> Latcham, *Journey's End*, p.359.

<sup>96</sup> B. Harding, *Keeping Faith: The History of the Royal British Legion* (Barnsley, 2001), p.76; G. Wootton, *The Politics of Influence: British Ex-Servicemen, Cabinet Decisions and Cultural Change, 1917-57* (1963), p.25; PRO, Deputation to the Ministry from the British Legion, 27 June 1929, PIN15482.

disease or impairment. Medical boards only granted final awards once disabilities were deemed to be ‘final and stationary.’ There was little awareness that impairments often shift and change over time; that they could either deteriorate or improve. As a result around 150,000 ex-servicemen were still in receipt of a conditional pension as of 1923; their medical conditions yet to be diagnosed as final or stationary.<sup>97</sup>

This general lack of knowledge was compounded by financial pressures to deny pensions to men who were sick or disabled before they joined the army. When war broke out, doctors were under pressure to meet recruitment numbers and men ‘of a low category had accumulated in the army.’ It was then the role of the medical boards to determine if these men had any claim to a pension upon discharge.<sup>98</sup> Hence, it was not just as simple as placing the onus on men to ‘prove’ their disabilities. Many different, complicating, factors contributed to why men received a lower pension or none at all. High workloads, enormous pressures and the limits of medical knowledge all conspired to limit pensions.

Many factors limited how far pensions were socially constructed during the war. However, these difficulties should not cause one to dismiss the MoP and medical boards as exclusionary. Within the limits of current knowledge, strict finances and overwhelming workloads, the MoP and its doctors strove for fairness and equality. There were other areas where the MoP demonstrated a developing social construction of disability. The formation of the MoP was unprecedented: centralizing pensions as far as it did marked a significant departure from the traditional way of thinking. Until 1916, attitudes towards the disabled were characterized by ‘an insistence of self-help and the minimal role of the state.’<sup>99</sup> The 1917 warrant, however, drastically changed government responsibility for the disabled. Attitudes towards disability did not change over night. Yet, as Laybourn argues, these years were a ‘transition period between the destitution policies of the Victorians and the universalism of Beveridge [...]’<sup>100</sup> The policies of the MoP mark a significant step in the development of the welfare state and in the fair and equal

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<sup>97</sup> ‘Tories and Pensions: Saving Millions at Expense of Ex-Servicemen’, *The Daily Herald*, 27 November 1923, p.1.

<sup>98</sup> *Second Annual MoP Report* (1920), p.28.

<sup>99</sup> Bettinson, ‘Lost Souls in the House of Restoration?’, p.15.

<sup>100</sup> K. Laybourn, *The Evolution of British Social Policy and the Welfare State* (Keele, 1995), p.183.

treatment of the disabled. Critics of the 1917 warrant argue that it based on Victorian concepts of poor law relief which excluded the disabled.<sup>101</sup> However, this is unfair. One cannot expect a clean break with the past. As well, the MoP enacted welfare measures aimed at the disabled which had previously been unseen. Their desire for fairness and uniform pensions to all men cannot be dismissed as exclusionary.

Secondly, the MoP was also highly cognizant of the fact that it had to improve. A.G Boscawen, Parliamentary Secretary to the MoP acknowledged in 1917 that 'it is possible that in this country we have somewhat lagged behind [...] we did not anticipate our large army and heavy casualties.'<sup>102</sup> The MoP worked constantly to improve its services and strove to assist all men fairly and equally through close work with LWPCs, doctors and the army. They were extremely keen to gather as much information as possible so as to assist men in the best possible way. This is not evidence of a government which views disability as an individual problem, but of a government that sees disability as a state responsibility, and a long term, societal issue.

Moreover, MoP inspectors acted as watchdogs over discriminatory LWPCs and medical boards. For example, many doctors on medical boards inquired into men's employment situation even though they were specifically instructed not to.<sup>103</sup> The MoP kept up a tireless campaign to ensure that Ministry requirements were carried out consistently from county to county, and medical texts constantly reminded medical boards of their moral responsibilities. Such measures aimed to provide equal treatment to all disabled men and to educate those in charge of pension distribution.

Finally, and most significantly, the MoP undertook an impressive publicity campaign. It disseminated relevant pension information and warrant updates through several high-selling journals and pamphlets. *The War Pensions Gazette (WPG)* boasted a circulation of 13,000 as of 1920. *The Disabled Soldiers Handbook (DSH)*

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<sup>101</sup> Bettinson, 'Lost Souls in the House of Restoration?', pp.39-40.

<sup>102</sup> A. G. Boscawen, *Report on the Inter-Allied Conference for the Study of Professional Re-Education, and Other Questions of Interest to Soldiers and Sailors Disabled by the War* (1917), p.5.

<sup>103</sup> PRO, MoP Report for 27 October to 2 November 1917, CAB24/31/GT2506.



sold 263,000 copies in its first year of publication.<sup>104</sup> Both publications were available at hospitals, LWPC offices and newsstands. Two further publications, *Recalled to Life (RTL)*, and its successor *Reveille* addressed disabled men in clear, convivial language aimed at demystifying the pensions process. Further to necessary updates, each journal provided news on training; medical advances; job opportunities; and full transcripts of relevant parliamentary debates.<sup>105</sup> At a price of approximately 2 pence they were highly affordable. In addition, the Ministry distributed over 50,000 posters and 170,000 leaflets to be displayed at bus stations, rail stations, and town halls across the country.<sup>106</sup> The Ministry also widely publicised pension information in the local and national press.

Most of this publicity effort went into combating rumours. Despite their efforts to assure men of the contrary, doctors and MPs found that ‘[...] there is a very prevalent feeling among disabled soldiers that their pension, when they get it, will depend very largely upon their skill and aptitude.’<sup>107</sup> The misconception that job training and earning capacity would reduce pensions ‘disheartened many men.’<sup>108</sup> The MoP found these rumours frustrating and scrambled to quell any misconceptions. *RTL*, *DSH* and *The WPG* constantly reassured their readers that pensions would not be lowered under any circumstances. In 1921, the persistent rumours forced then Minister of Pensions Ian McPherson to directly address readers of the *British Legion Journal (BLJ)*. Any claim that pensions would be cut back was, he argued, ‘pernicious and mischievous fallacy.’ He also lashed out at ex-service organizations who he believed to have started the rumour. ‘Pensions’, he admonished, ‘are a difficult job and the matter is not made any easier by ill-considered criticisms or by attempts to introduce an atmosphere of alarm and suspicions.’<sup>109</sup>

Finally, Ministry officials took on the cause of disability issues. George Barnes, John Hodge, and successive Pensions ministers toured the country addressing crowds of disabled men.

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<sup>104</sup> *The Lancet*, Vol.2 (1919), p.851.

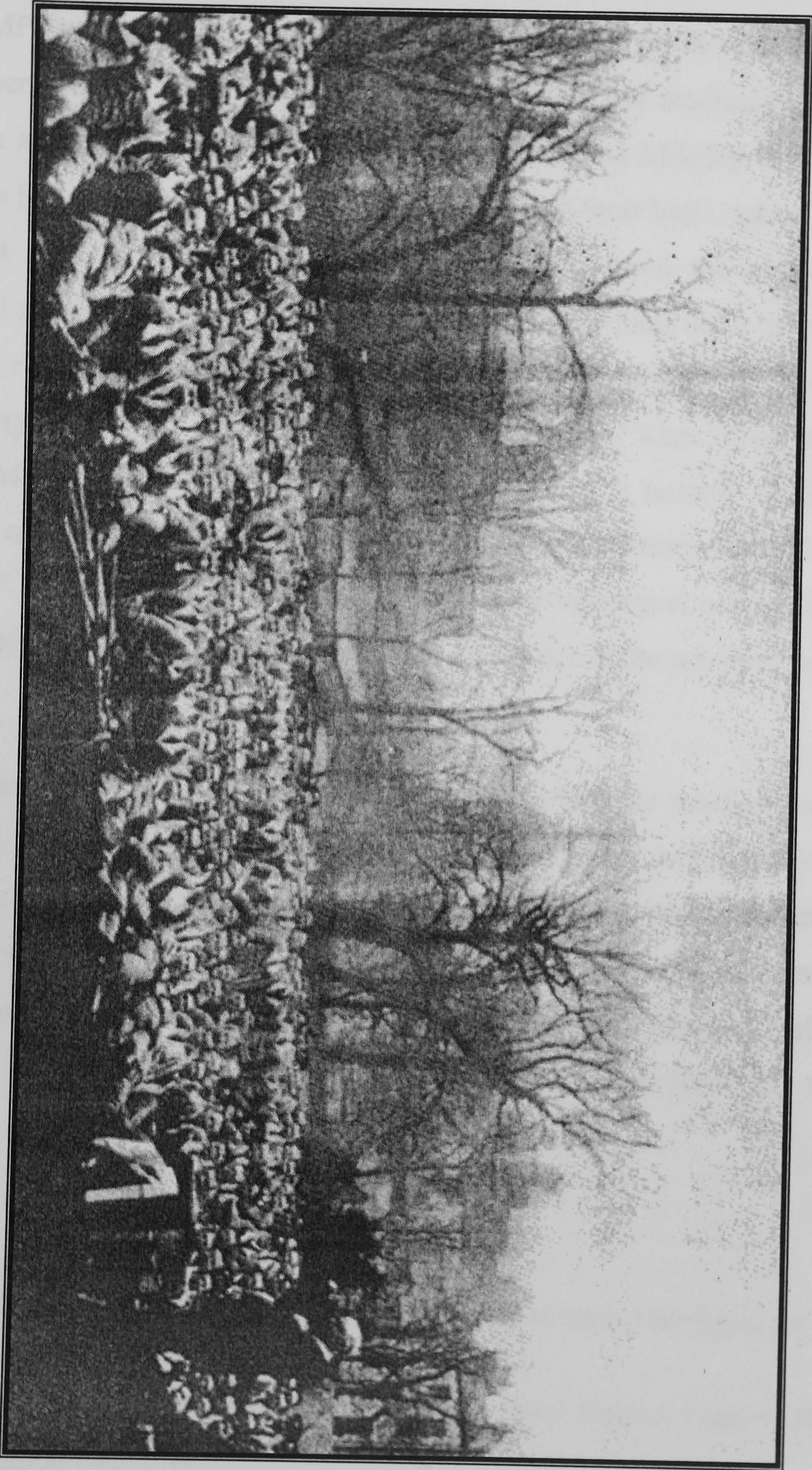
<sup>105</sup> *Second Annual MoP Report*, p.45.

<sup>106</sup> *Third Annual MoP Report* (1921), p.25; ‘The Weakest Link’, *WPG*. August 1916, p.37.

<sup>107</sup> *Hansard*, 5<sup>th</sup> Series, 1916, LXXX. 2144.

<sup>108</sup> *WPG*, August 1917, p.1.

<sup>109</sup> ‘Repairing the Human Wreckage of War’. *BLJ*. Vol.IV, October 1921, pp.82-89.



**Fig.20: John Hodge addressing over 400 limbless men in Brighton, 1918**

They also personally visited and inspected LWPCs to ensure that men were treated fairly and to educate both volunteers and civil servants as to the rights and needs of the disabled. Ministers also worked to advance the cause of the disabled in Parliament and the War Cabinet.<sup>110</sup> Moved by what he saw from his work in the MoP, MP James Hogge became a disability rights activist. He was a vocal advocate of ‘unpensionable’ men and lobbied both the MoP and medical boards for higher pension amounts. In 1917 he formed ‘The Naval and Military War Pensions and Welfare League’ which worked to ‘get the disabled their legal rights.’<sup>111</sup> He invited disabled men to join the league committee and toured the country addressing disabled men answering their concerns and asking for their input on pension policy. As with all MoP officials, he strongly believed in popularising the MoP and ensured that every man clearly understood the pension process. Keen to spread the mission of the MoP far and wide, Hogge even appeared in a number of documentaries, directly addressing cinemas of disabled men in cities nationwide.<sup>112</sup> Not only were the MoP keen to disseminate information and provide equal access for all disabled men, they worked to educate and to give men a voice in the pensions process.

### Conclusion

The formation of the MoP was unprecedented in both its practice and its scale of work. Moreover, an understanding of disability as a social problem is evident among members of the MoP. However, this is not to deny the real hardships men faced. Poverty was a very real threat.<sup>113</sup> Between fifteen and thirty cases of financial distress and complaints surrounding payment delays were heard in Parliament every week.<sup>114</sup> Pension assessments and the pension appeals process left many feeling

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<sup>110</sup> PRO, MoP Report for 7 to 13 April 1917, CAB24/2/GT444; PRO, MoP Report for 17 to 23 March 1917, CAB24/8/GT261.

<sup>111</sup> ‘Soldiers’ and Sailors’ New Pensions: Mr. Hogge’s New National League’, *The Manchester Guardian*, 16 January 1917, p.4.

<sup>112</sup> Boscawen, *Memories*, pp.208-9.

<sup>113</sup> A. Bowley, *Has Poverty Diminished?* (1925), pp.81-131.

<sup>114</sup> IWM, R.I. Smith, 86/36/1.

frustrated, angry and resentful.<sup>115</sup> The issues surrounding both pensions and appeals were hard fraught and continued throughout the inter-war years.<sup>116</sup>

However, these difficulties were not the result of indifference, miserliness, or a medical construction of disability which sought to exclude disabled men. On the contrary, the MoP strove to provide equal and fair pensions and conceptualized disability as a social problem. Delays, financial hardships and other difficulties were the result of other, complicating factors. First and foremost, the MoP was overwhelmed by the sheer scale of the task they had set themselves. Keeping pace with the workload was next to impossible. As well, the MoP had to contend with traditional attitudes towards the disabled, limited medical knowledge and little understanding of the long term effects of disability.

Disorganization and chaos plagued the pension process at times; however one should not condemn too harshly a Ministry which had no guiding precedent in either scale or philosophy. Considering the limits of the war time economy, contemporary attitudes towards disability and welfare, and the previously limited involvement of the state in the mixed economy of welfare, the work of the MoP was impressive. It is also important not to lose sight of the fact, that despite hardship and difficulties, the MoP successfully compensated unprecedented numbers of men and distributed vast sums of state money on a scale hitherto unheard of. As John Hodge acknowledged, the MoP may not have been perfect 'but it was a great step forward.'<sup>117</sup>

Most significantly, there is evidence that attitudes towards disability were evolving with the evolution of pensions, and that the MoP conceptualized disability as a social problem. The Ministry strove for fairness and uniform, equal treatment; widely disseminated relevant information to educate disabled men and their caregivers; provided disabled men with a voice and the opportunity to express their own concerns and ideas surrounding pensions; and took a personal interest in disability issues. Moreover, MoP actions which resemble exclusion, on closer inspection further reveal attempts to create inclusive and fair policies. Not only was

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<sup>115</sup> See for example: PRO, Blackwell, Charles, PIN26/21216; 'Ask the Pensions Expert', *The Daily Herald*, 3 December 1923, p.7; 7 August 1924, p.7; 12 December 1924, p.7.

<sup>116</sup> Latcham, 'Journey's End', p.351; Wootton, *The Politics of Influence*, p.25

<sup>117</sup> 'Soldiers' and Sailors' New Pensions: Mr. Hogge's New National League', p.4.

the MoP significant and effective in pension distribution, but in the manner in which it conceptualized disability.

## Chapter Six – Charity

### Introduction

Charitable and philanthropic organizations were an integral part of the Edwardian mixed economy of welfare. During and after the war, volunteers played an important role in caring for disabled ex-servicemen. Charitable activities varied considerably in size, ranging from small, local fundraising drives, to national support networks that worked closely with state employment and pension initiatives. They also varied considerably in nature. Charities ran small hospitals and convalescent homes, offered medical and financial assistance, and provided emotional support and religious guidance.

Several studies have examined charitable action on behalf of disabled ex-servicemen. Jeffrey Reznick has argued that there was a ‘contemporary culture of care giving’<sup>1</sup> in Britain at the time of the war which facilitated charitable involvement and inspired individuals to contribute to the care and treatment of injured men. Reznick also posits that the general public was able to make sense out of the war through voluntary work, assisting ex-servicemen was a form of therapy for volunteers.<sup>2</sup> Like Reznick, Deborah Cohen acknowledges the importance of charities in assisting disabled men medically, financially and emotionally. However she has argued that charitable efforts often amounted to little more than social control. According to Cohen philanthropists sought to cure men not only physically, but sometimes morally and spiritually as well.<sup>3</sup> In a recent PhD thesis, Helen Bettinson has also presented these arguments, contending that charities attempted to mold men into deserving recipients.<sup>4</sup> Despite negative connotations of social control, however, both Michael Snape and Cohen have noted that it was the close relationship soldiers had with volunteers that prevented the uprisings that occurred

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<sup>1</sup> J.S. Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain During the Great War* (Manchester, 2004), p.36.

<sup>2</sup> *Ibid.*, p.1.

<sup>3</sup> D. Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939* (Berkeley, 2001), p.117.

<sup>4</sup> H. Bettinson, ‘Lost Souls in the House of Restoration?: British Ex-Servicemen and War Disability Pensions, 1914-1930’ (unpublished PhD thesis, The University of East Anglia, 2002), p.155.

amongst ex-servicemen on the continent.<sup>5</sup> Disabled men felt both support and gratitude from the British public, despite what Cohen perceives as government neglect.

A larger historiography exists which examines the history of charity and disability generally. Disability Studies has traditionally been very critical of charity. Rather than helping the disabled, charity organizations have been accused of perpetuating stereotypes and ensuring that people with disabilities remain disenfranchised citizens.<sup>6</sup> Charitable handouts are argued as being demeaning and stigmatizing, and charitable institutions presented as cruel and Dickensian in nature.<sup>7</sup> Disability academics have also accused charity and its influence as further justifying exclusion: charities historically have branded those with impairments as objects of pity, fear and superstition, and inextricably linked disability with poverty. Charity further carries the stigma of being ignorant, insufficient and morally rigid. Moreover, charities are presented as agents of social control.<sup>8</sup> For many, charity represents oppression and discrimination, and is therefore dismissed or condemned as a relic of the past. Yet as more recent scholarship has argued, modern attitudes towards charity and past practices cannot blind one to the fact that charity played a very important role in the lives of the disabled.<sup>9</sup> Regardless of its questionable practices or its less than palatable attitudes and beliefs, charity cannot be ignored. Charity workers and organizations were instrumental in shaping the history of disability and the experiences of disabled persons. Their impact was enormous and their roles were multifaceted.

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<sup>5</sup> M. Snape, *God and the British Soldier: Religion and the British Army in the First and Second World Wars* (Milton Park, 2005), p.213.

<sup>6</sup> F.Z. Fleischer and F. Zames, *The Disability Rights Movement: From Charity to Confrontation* (Philadelphia, 2001); A. Borsay, *Disability and Social Policy in Britain Since 1750: A History of Exclusion* (Basingstoke, 2005).

<sup>7</sup> S. Humphries and P. Gordon, *Out of Sight: The Experience of Disability 1900-1950* (Plymouth, 1992), p.9.

<sup>8</sup> *Ibid.*, p.67; P.K. Longmore and L. Umansky, *The New Disability History: American Perspectives* (New York, 2001); Fleischer and Zames, *The Disability Rights Movement*; T. Meade and D. Serlin eds., *Disability and History* (Durham, 2006).

<sup>9</sup> A.N. Bergen, 'The Blind, the Deaf and the Halt: Physical Disability, the Poor Law and Charity c. 1830-1890, With Particular Reference to the County of Yorkshire' (unpublished PhD thesis, The University of Leeds, 2004), pp.9-11.

This chapter examines the important role of charity in the lives of disabled ex-servicemen. It contends that charities, far from being agents of social control, were motivated by other prominent factors. In its examination of charitable actions, this chapter will demonstrate not only the effectiveness of charity in providing for ex-servicemen, but a developing social awareness of disability inherent in charitable practices.

### **The Importance of Charity**

Before the war, charities were the main medical and financial caregivers for disabled persons in Britain. The function of the state was largely supplementary; it filled the gaps left by the network of charity and carried out its 'traditional obligation of relieving the genuinely destitute through the function of the Poor Law.'<sup>10</sup> By 1914, however, the balance was shifting. Several economic crises and a reconceptualization of poverty witnessed an increase in state involvement.<sup>11</sup> The 'New Philanthropy' which grew out of the Edwardian years transformed the relationship between the state and charity, furthering cooperation between state and public services.<sup>12</sup> However, the predominant philosophy that the care of the disabled should be left in voluntary hands still prevailed.

At the outbreak of the war, several prominent charities were already in existence which dealt with disability in general. These included the Charity Organization Society (COS) and the Guilds of Help, who, along with local children's charities and benevolent organizations for the poor, tackled the problems of ill health and impairment as part of their wider remit. The Soldiers' and Sailors' Help Society (SSHS) and the Soldiers' and Sailors' Friendly Association (SSFA) were established in the Victorian era to relieve the financial distress of returning ex-servicemen and their families. A wide range of philanthropic organizations were

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<sup>10</sup> D. Owen, *English Philanthropy* (1965), p.211; F. Prochaska, *The Voluntary Impulse: Philanthropy in Modern Britain* (1988), p.1.

<sup>11</sup> Owen, *English Philanthropy*, p.212.

<sup>12</sup> Ibid., p.526; K. Laybourn, *The Guild of Help and the Changing Face of Edwardian Philanthropy: The Guild of Help, Voluntary Work and the State* (Lampeter, 1994), pp.168-9; J. Lewis, *The Voluntary Sector, The State and Social Work in Britain: The Charity Organization Society/Family Welfare Association Since 1869* (Aldershot, 1995), p.24; R.H. Bremner, *Giving: Charity and Philanthropy in History* (1996), pp.159-60.



also urged to channel their energies into raising funds for hospitals, convalescent camps, funds for ex-servicemen and their families, and the war in general.

Public support for injured ex-servicemen was enormous. Donations and volunteers flooded into hospitals just as fast as men returned from the front. Appeals for donations ran from everything from medicine bottles to extra pyjamas, to tobacco and cigarettes. Money was collected in churches, in shops and on street corners. People donated whatever they could afford. More affluent members of society held craft bazaars or plant sales on their estates on behalf of local hospitals and convalescent institutions. Some even went so far as to open their doors to recuperating patients.<sup>13</sup> Support was not only given to the men themselves, but to the new technology which promised to improve their lives. The public became keenly aware of, and interested in, orthopaedic and prosthetic advances. Medical exhibitions aimed at doctors and disabled men were known to attract crowds of up to 50,000 visitors a week – many out of simple curiosity or a desire to help.<sup>14</sup>

Hospital work was one of the key areas of charitable involvement. For numerous ladies of middle class standing, volunteering with disabled ex-servicemen was an extension of their normal charitable activities.<sup>15</sup> There was no end to the charitable duties well meaning women could perform in hospital. Lady almoners distributed gift baskets full of cigarettes, sweets, books, fruits and flowers on weekly ‘errands of mercy.’<sup>16</sup> All activity regarding the collection and distribution of such baskets was efficiently undertaken in Almoners’ rooms where goods flooded in from the public. Each ward was assigned volunteer ‘visitors’ who not only delivered gifts of food and flowers, but provided entertainments in the form of ward concerts and parties. Some hospitals even raised enough funds to purchase records and gramophones for each floor so weekly parties and dances could be held for everyone fit enough to join in.<sup>17</sup>

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<sup>13</sup> ‘For the Benefit of the Wounded’, *The Manchester Guardian*, 15 February 1916, p.7.

<sup>14</sup> PRO, MoP Report for 29 June to 5 July 1918, CAB24/57GT5044.

<sup>15</sup> For an examination of women and charity see: Prochaska, *The Voluntary Impulse*, pp.21-24; A. Digby, ‘Medicine and the English State, 1901-1948’ in S.J.D. Green and R.C. Whiting, eds. *The Boundaries of the State in Modern Britain* (Cambridge, 1996), pp.220-8.

<sup>16</sup> J.R. Lord, *The Story of the Horton War Hospital: Epsom* (1920), p.222.

<sup>17</sup> *Ibid.*

Providing entertainment for hospitalized men became a serious charitable enterprise. Entertainment was organized under the auspices of the Red Cross Entertainment Director in each hospital. Through the Red Cross, volunteers collected donations, organized entertainers and showcased their own amateur talents. Fundraising appeals filled the society pages of newspapers. Hospitals appealed for donations of board games, books, records and gramophones. Concert parties, ward parties, hospital picnics and fetes were held to not only provide entertainment but raise further funds. Perhaps most impressively, hospitals in Manchester organized an appeal for used pianos, an appeal so successful that they were forced to turn people, and pianos, away.<sup>18</sup> At St. Thomas' in London, Red Cross volunteers organized dance classes for limbless men in an attempt to both provide distraction and rehabilitative exercise.<sup>19</sup>

More organized hospital entertainments came into existence after the war. Saddened by the realization that many volunteers abandoned charitable duties after the Armistice, singer Marta Cunningham founded the 'Not Forgotten Society' (NFA) in 1919 with the object of providing 'comfort, cheer, and entertainment for the wounded ex-servicemen still in hospital as a result of the Great War.' The NFA remains in existence to this day.<sup>20</sup> Every week troupes of singers, actors and other performers descended on hospitals across the country to cheer convalescent men and alleviate the boredom of long hospital stays. In conjunction with the Red Cross the NFA also organized boat trips, garden parties and other outdoor recreations.<sup>21</sup> Lest We Forget (LWF) had a similar remit. Founded by entertainers it hosted hospital dinners, donated gifts of food, beer and cigarettes, and held theatrical shows, comedy nights and musical revues.<sup>22</sup> Whilst the LWF did not enjoy the longevity of the NFA, if carried on its work long after the war was over.

Further to volunteering in established military hospitals, charities were instrumental in establishing and funding voluntary ones. The War office paid £880,000 to voluntary hospitals between 1914 and 1919 for disabled and sick

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<sup>18</sup> 'Pianos for Military Hospitals', *The Manchester Guardian*, 16 February 1918, p.7.

<sup>19</sup> 'Dancing with Artificial Limbs: Classes for Officers', *The Times*, 19 December 1919, p.10; R.D. Blumenfeld, *All in a Lifetime* (1931), p.75.

<sup>20</sup> 'The Not Forgotten Association', [www.nfassociation.org/history](http://www.nfassociation.org/history). Accessed 30 March 2007.

<sup>21</sup> 'The "Not Forgotten Association"', *The Times*, 31 August 1922, p.9

<sup>22</sup> L. Watson, *The Story of St. David's Home for Disabled Ex-Servicemen* (Uxbridge, 1977), p.27.

servicemen. However, this fell short, and charities were able to raise the money through donations.<sup>23</sup> Religious bodies such as the YMCA ran convalescent camps and rest huts on the western front. Charities also raised funds to establish long term care institutions for severely disabled men. Often, charities and the state worked in conjunction to provide care. For example, the British Red Cross Special Committee, the War Office, and the Ministry of Pensions jointly dealt with institutional care thus demonstrating ‘the important ties between philanthropy and the state.’<sup>24</sup>

Aside from the large number of voluntary hospitals which sprang up during the war, private convalescent homes of all kinds were established by philanthropists, charitable organizations and churches. Many training hostels were run or at least partially funded by charities. Wealthy actor Oswald Stoll established The War Seal Homes in London in 1917 to provide men awaiting limbs with free accommodation for themselves and their families.<sup>25</sup> The Eccentric Club offered hostel accommodation in proximity to training facilities in various cities and made disabled men the focus of their fundraising banquets and auctions.<sup>26</sup> So successful were their efforts they were able to raise over £10,000 to provide accommodation to men training at the London Polytechnic Institute alone, much needed support for men from outside the capital who would otherwise be denied employment and training.<sup>27</sup> Other facilities offered long term or permanent care: the Duchess of Norfolk, for example, opened her home for ‘totally incapacitated and incurable’ men,<sup>28</sup> and St. David’s Catholic Home in Ealing was one of numerous church based convalescent homes established.<sup>29</sup> Importantly as well, disabled organizations, initially aimed at providing social activities and financial support to disabled children and their families, began admitting ex-servicemen. In various cities Guilds of Disabled People, which offered ‘cripples’ a place to socialize and seek comfort and advice,

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<sup>23</sup> B. Abel-Smith, *The Hospitals, 1800-1948: A Study in Social Administration in England and Wales* (1964), p.282.

<sup>24</sup> *Hansard*, 5<sup>th</sup> Series, LXXVIII, 1917, 2185.

<sup>25</sup> PRO, MoP Report for 21 July to 27 July 1917, CAB24/21/GT1551; PRO, MoP Report for 11 August to 17 August 1917, CAB24/23/GT1775; Cohen, *The War Come Home*, p.34.

<sup>26</sup> A.G. Griffith Boscawen, *Memories* (1925), p.100.

<sup>27</sup> PRO, MoP Report for 30 June to 7 July 1917, CAB24/19/GT1328.

<sup>28</sup> Snape, *God and the British Soldier*, p.237.

<sup>29</sup> *Ibid.*

provided a network of support, as well as supplying orthopaedic appliances and mobility aides.<sup>30</sup>

Charities were also instrumental in helping disabled men find employment. By 1916, the YMCA alone had already found jobs for over 10,000 men across England and Wales. With the help of the COS, ex-service organizations were also able to establish 950 men in employment or training that same year.<sup>31</sup> 'The Friends of the Poor' expanded their weekly home visits to include ex-servicemen. Visiting men both at home and in hospital, they enquired into employment prospects, skills and interests and researched possible job opportunities in different localities.<sup>32</sup> Finding employment for disabled men was often conducted in conjunction with state enterprises. Volunteers were charged with organizing training schemes and finding suitable employment for men in their individual localities. Examples of such initiatives include 'The Victory Villages Scheme' in which Lord Leverhulme of Lancashire purchased land to train men in government run forestry and agriculture schemes; the project housed over 1300 people, both men and their families.<sup>33</sup> However, numerous charities and philanthropists founded their own employment schemes independent of, and often in competition with, those of the state; the Church Army established its own farming colony along the same principles at Hampstead in Essex,<sup>34</sup> and the Quaker run Enham Village Centre trained over 400 men in various occupations during its existence between 1919 and 1921.<sup>35</sup>

In addition, charity was invaluable in bringing a voluntary spirit to the pension system. At LWPCs volunteers were valued not only for their experience, but for their sympathy and enthusiasm. Many of these volunteers were plucked from charitable bodies such as the COS, the Guilds of Help or the SSFA. In other localities, charities acted as the sole body responsible for distributing pensions, finding employment or dealing with questions related to health care and orthopaedic

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<sup>30</sup> D. Seaton, *From Strength to Strength: The History of the First 100 Years of the Leicester, Leicestershire and Rutland Guild of Disabled People, 1898-1998* (Leicester, 1998), p.41.

<sup>31</sup> 'The Development of Plans for the Benefit of Disabled Sailors and Soldiers', *COR*, Vol.XL, 1916, p.65; 'Disabled Soldiers: New Trades', *The Manchester Guardian*, 14 June 1918, p.3.

<sup>32</sup> 'Work for Disabled Soldiers', *COR*, Vol.XLI, 1917, p.28.

<sup>33</sup> 'Victory Villages', *The Manchester Guardian*, 6 December 1918, p.4.

<sup>34</sup> PRO, MoP Report for 15 September to 28 September 1917. CAB24 27/GT2107.

<sup>35</sup> 'Olympia Exhibition Open', *The Times*, 11 February 1921, p.10.

appliances.<sup>36</sup> As well as acting in conjunction with the state, charities took on the responsibility of cases which the local committees rejected and assisted those who could not be helped with Ministry of Pension funds.<sup>37</sup> Charities also raised funds for men whose pensions were not adequate to meet the needs of their dependents.

Perhaps most impressively, charities were able to raise unprecedented amounts of money for the care and treatment of ex-servicemen. In 1919, the Charity Commissioners reported that money raised for medical charities increased from £153, 851 before the war in 1914 to £426,368 by the end of the war in 1918 – an increase of 177% due to the interest in ex-servicemen's welfare.<sup>38</sup> Emotional appeals, calls for donations and updates on the progress of men in hospital were a daily feature of newspapers both during and after the war. The King's Fund, a volunteer body responsible for helping men establish small businesses, was undertaken with enthusiasm. Thanks to an aggressive publicity campaign, the charity was halfway to its goal of raising £100,000 just one year into the campaign in January 1919, and successfully assisted nearly 8,000 men through start up loans, training and the purchase of materials.<sup>39</sup> The campaign stepped up its fundraising activity in that same month with the creation of 'Gratitude Week' that witnessed charity collectors on every street corner, posters in every shop and rail station, and culminated in special fundraising drives at churches across England in Wales in which ministers repeatedly passed the collection plate and offered prayers for disabled men and their families.<sup>40</sup>

Charitable organizations provided essential financial contributions and worked hand in hand with the state to provide care for ex-servicemen at all stages of convalescence and rehabilitation. Volunteers were invaluable for the experience and training which they brought to their war work. They also conveyed something to the care of ex-servicemen which the state could not provide: 'a human touch.' Home

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<sup>36</sup> Laybourn, *The Guild of Help and the Changing Face of Edwardian Philanthropy*, p.150.

<sup>37</sup> *Ibid.*, p.141.

<sup>38</sup> B. Harris, *The Origins of the British Welfare State: Social Welfare in England and Wales 1800-1945* (Basingstoke, 2004), p.185.

<sup>39</sup> 'The King's Fund Begins Where the State Finishes', *The Manchester Guardian*, 11 January 1919, p.6.

<sup>40</sup> 'Gratitude Week', *The Manchester Guardian*, 17 January 1919, p.7.

visits and personal social work were seen as the best way to achieve this. State employees did not have the time, the experience or the training for home visitation. Moreover, state aid was perceived as inevitably limited, standardized and mechanically delivered; the individualized, personal care which charity workers could deliver was of extreme importance. In an urgent appeal for more volunteer home visitors in Salford, the secretary of the LWPC announced that thousands of men 'broken in health and spirit' needed 'the stimulus of sympathetic care and the personal encouragement of a friend.'<sup>41</sup> The Murray Commission, established in 1915 to investigate possible avenues of care for the disabled stressed the importance of personal, charitable care when reporting their findings, concluding that the best results would be achieved through co-operation with voluntary organizations and other interested people.<sup>42</sup> Minister of Pensions James Hogge agreed, announcing in 1917 that although the 'State must find the essential money, [...] the people of the county must provide sympathy [...] which will help to make the path of disabled soldiers as smooth as human care can make it.'<sup>43</sup> The COS fully supported high voluntary involvement, warning that without the sympathetic treatment of volunteerism, a system of 'unyielding officialdom' would surely result.<sup>44</sup> Speaking for the medical community, the *BMJ* further stressed the need for voluntary input, citing 'the human aspect' as the key to success in the treatment of the disabled,<sup>45</sup> and 'every effort ought to be made to compensate by the truest form of neighbourly kindness for the deprivations caused to soldiers.'<sup>46</sup> Thus, charity was seen to provide essential care on many important levels.

### **Social Control**

Volunteerism and charitable work were highly regarded as the most humane and sympathetic way of caring for disabled men. However, whilst historians have acknowledged this aspect, the motivations and methods of charitable work have received a great deal of criticism. 'Social control' has been identified as a key

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<sup>41</sup> 'Discharged Disabled Soldiers', *The Manchester Guardian*, 15 June 1918, p.5.

<sup>42</sup> 'Report of the Murray Commission on Disablement', *BMJ*, Vol.II, August 1915, p.226.

<sup>43</sup> 'Disabled Soldiers and Sailors, Local Efforts to be Co-ordinated: Lancashire to Lead the Way', *The Manchester Guardian*, 17 February 1917, p.5.

<sup>44</sup> 'The Development of Plans for the Benefit of Disabled Soldiers and Sailors', p.69.

<sup>45</sup> 'Curative Workshops', *BMJ*, Vol.I, May 1917, p.555.

<sup>46</sup> *Ibid.*

impetus behind care giving during and after the war. Historians contend that philanthropists wished to impose their own morality upon ex-servicemen and to use the opportunity to model men in their own image.<sup>47</sup> According to Jeffrey Reznick, the Church Army, Salvation Army and YMCA all drew upon Edwardian and Victorian views of 'saving' the urban poor and destitute 'in their efforts to ameliorate the wartime weariness of ex-servicemen,' while British voluntary organizations based their work on traditional ideas of domesticity and codes of moral behavior.<sup>48</sup> Deborah Cohen further posits that although small convalescent homes were presented as a familial atmosphere the 'familial ties were based on dependence and subordination', and ex-servicemen living within the walls of charitable institutions were subject to the 'aspirations and discipline' of the volunteers responsible for their care.<sup>49</sup> In positing the social control argument, these historians and disability academic have cited issues of discipline, selectivity, and the long held notion of 'deserving' recipients as evidence. However, an examination into these factors reveals far less sinister motivations, and at times, demonstrates a developing awareness of the larger issues surrounding disability.

Charities could be selective in choosing the people they wished to help. Often, this selectivity was decided upon through contemporary notions of 'deserving' and 'undeserving' recipients. Charities only assisted those who they deemed worthy of care, and dismissed those who did not conform to their high standards. Whilst this may seem discriminatory, it should not be surprising that this occurred during and after the First World War. As Frank Prochaska has previously argued with regard to charitable giving in general, the very nature of voluntary work made distinctions necessary. Charities during the war struggled to raise sufficient funds. There was never enough money, and in these circumstances 'imposters took on a sinister importance.'<sup>50</sup> Furthermore, charities had never previously dealt with disability on such a large scale. Resources were few, and were often far outstripped by the number of disabled men. Charities and philanthropists were often selective out of necessity, therefore. Institutions could not necessarily afford to help men whom they deemed 'undeserving' when the waiting lists for care were so long. The

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<sup>47</sup> Cohen, *The War Come Home*, p.127.

<sup>48</sup> Reznick, *Healing the Nation*, p.18.

<sup>49</sup> Ibid.

<sup>50</sup> Prochaska, *The Voluntary Impulse*, p.52.

more prosaic concerns of wise budgeting often outweighed any overall motivation of social control.

Furthermore, charity was a discipline. Freedom of choice and the skill of selecting appropriate recipients were believed to provide moral training and discipline for the giver.<sup>51</sup> The COS, especially, attempted to control and organise charitable giving so as to use funds efficiently and prevent wastage on frivolous, unsustainable giving. For the COS charity had a social purpose and was ‘conceived of as a fundamental social principle crucial to the health and progress of society.’<sup>52</sup> Unsystematic giving was perceived as being detrimental to both the giver and the recipient, as neither learned discipline, and no social benefit resulted.

In addition, selectivity and discrimination were not necessarily seen as negative actions by contemporaries. Whilst state support was increasing, it was necessarily strict and inflexible. Its uniformity resulted in some men receiving more funding than they needed, and others, much less. Charity and volunteers however, could distribute money and choose recipients as they saw fit, thus assisting men with inadequate pensions, and refusing men who they deemed to be financially better off. The state recognized the limitations of government support and lauded charity for being able to ‘fill in the gaps,’ and level the playing field.<sup>53</sup>

Discipline regimes within charitable homes and institutions have also received criticism. Drunkenness and absence without leave were the most common breaches of institutional discipline. Depending on the moral or religious inclinations of the philanthropist in charge, men were given curfews or forbidden from drinking and playing cards. For minor infractions such as the above, men were fined or received a temporary reduction in their allowances. For more serious offences men could be expelled from the home in question. These types of punishments have led historians to argue that charities ‘saved both lives and souls by imposing middle class standards’.<sup>54</sup> Indeed, philanthropists often imposed their own ethics on the men in their care. The Enham Quaker Colony and the Oswald Stoll mansions structured their institutions around strict religious values and liberal individualism respectively.

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<sup>51</sup> Ibid., p.21; Owen, *English Philanthropy*, p.500.

<sup>52</sup> Lewis, *The Voluntary Sector, The State and Social Work in Britain*, p.25.

<sup>53</sup> PRO, MoP Report for 1 December to 7 December 1917, CAB24:35/GT2926.

<sup>54</sup> Laybourn, *The Guild of Help and the Changing Face of Edwardian Philanthropy*, p.167.



Men who did not conform to behavioral standards had certain privileges revoked.<sup>55</sup> However, whilst some charities did take advantage of the situation to propagate their own moral beliefs, the imposition of discipline should not come as a surprise. Disabled men did not receive exceptionally harsh treatment; any person in receipt of charitable care was subject to the same control. Rules of some description were needed. They were, after all, young men and discipline was needed in order to have the institution run smoothly and to facilitate recovery.<sup>56</sup>

Moreover, not all charitable institutions introduced strict regimes. Distinct from disabled children, ex-servicemen were recognized as adults, and their sacrifice as soldiers saw they received preferential treatment. Philanthropists founded homes primarily out of a desire to help disabled men, and see them fulfill independent lives; an example being the Eccentric Hostels. Whilst the hostels were run and supervised by volunteers, men were responsible for themselves. They formed a communal mess and decided together on their weekly food. They also contributed a small amount towards their accommodation. As a memo to the Ministry of Pensions in 1917 stated: 'as few rules as possible are laid down, the desire being that the men should cultivate self-control, and that the hostel should be a reflection of home life as far as possible.'<sup>57</sup>

The ethos of individual charities varied widely. Some organizations, such as the Quaker Village viewed the young, predominantly working class men in their care as in need of not only medical assistance, but moral improvement as well. However, the argument of social control is too simplistic and generalized a term to apply to charitable work for the disabled in this period. As both Prochaska and Harrison have argued, the motivations behind charitable work are diverse and 'the idea that philanthropy can be reduced to a form of middle class social control, unresponsive to genuine grievances [...] is not only inadequate, but insensitive.'<sup>58</sup> Reasons behind charitable giving and caring were many and complex.

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<sup>55</sup> Cohen, *The War Come Home*, p.119.

<sup>56</sup> PRO, MoP Report for 1 December to 7 December 1917, CAB24/35/GT2926.

<sup>57</sup> PRO, MoP Report for 20 October to 26 October 1917, CAB24/30/GT2415.

<sup>58</sup> B. Harrison, *Peaceable Kingdom: Stability and Change in Modern Britain* (Oxford, 1982), pp.224-6; Prochaska, *The Voluntary Impulse*, p.52.

One of the main motivations behind charitable work was humanitarian: volunteers were horrified by the number of disabled men who returned home from the front and desired to help. As one volunteer simply stated, she wished 'to bring one ray of pleasure to the poor mutilated darlings.'<sup>59</sup> Charity workers and philanthropists genuinely felt sorry for these men and worried about their futures. Volunteers witnessed first hand the tragic circumstances of financial hardship and physical suffering. Due to their close contact with disabled men, volunteers were more acutely aware of the difficulties disabled men faced than any other facet of the mixed economy of welfare. In the case of charities which operated on the Western Front, volunteers put themselves in harm's way, often risking death and injury to assist men in battle.<sup>60</sup> They must have felt strongly about their cause in order to undertake such risks. Others volunteered out of gratitude. There was a feeling that the nation owed something to these men who sacrificed their youth and virility for the country. Religious organizations felt it was their Christian duty to help those in need and to provide not only physical comforts, but spiritual ones as well. Women volunteered as a way to contribute to the war effort. Many, like the daughter of the Duke of Norfolk, devoted themselves to assisting disabled men after losing male relatives in the war. Charity work was a way to help their fallen husbands' comrades, to keep occupied during a time of extreme grief, and to turn their feelings of sadness and anger into positive energy.<sup>61</sup>

To view charitable work for the disabled as little more than social control, not only denies the multifaceted motives behind charitable work and volunteerism, it presents disabled men as susceptible and passive recipients, with little intelligence to decide for themselves. Ex-servicemen were not simply submissive beneficiaries, easily molded by charitable ideals. In fact, many disabled men took advantage of their relationship with charitable bodies. Capitalizing on the generous spirit of the times, some patients made their own appeals. One such example was 'Smokeless' who, in a letter to *The Manchester Guardian*, appealed to the public to supply him with tobacco, as his pension was in arrears and he was 'unable to draw a halfpenny'

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<sup>59</sup> A. Gregory, 'Lost Generations: The Impact of Military Casualties in Paris, London and Berlin', in J.M Winter and J.L. Roberts, eds. *Capital Cities at War* (Cambridge, 1997), p.95.

<sup>60</sup> Snape, *God and the British Soldier*, p.215.

<sup>61</sup> Watson, *The Story of St. David's Home for Disabled Ex-Servicemen*, p.7.

to buy cigarettes.<sup>62</sup> In another instance, men petitioned the chairman of the Manchester Royal Infirmary to advertise for donations of new, more comfortable pyjamas, an appeal that saw the hospital inundated with over 1,000 pairs.<sup>63</sup> Others balked at the special attention and resented any coddling that volunteers imposed. In 1922, LWPCs distributed special badges for men to wear so they would receive special consideration whilst out in public. Despite the best efforts of LWPC volunteers, the majority of men absolutely refused to wear the badge, believing it to be both patronizing and demeaning; a few telling volunteers exactly what they thought the badge was good for.<sup>64</sup>

Men did not always conform to the expectation of charity workers, nor did they passively accept the conditions and regulations which different organizations stipulated. Whilst appreciating the care and comfort they received, numerous men sneaked out after curfew and smuggled in contraband items such as beer and playing cards. Men co-operated with each other to conceal rule breaking, or took advantage of more lenient members of staff. As their medical conditions prevented any possibility of expulsion, most knew that charitable attitudes would not send a suffering man out onto the streets. Men pushed the boundaries of charitable care when they could.

Recent scholarship has argued that the relationship between charity and the recipient was a pragmatic and practical one. Charities did not simply exert social control onto passive, working class subjects. Rather, both sides took advantage of their respective situations. As Michael Snape has observed in his recent study on religion and war, religious charities did not necessarily attempt to control or rationalize their patients. Although church organizations may have taken advantage of the situation to influence ex-servicemen ‘during a highly impressionable period in their lives,’ humanitarian motivations were stronger than ulterior motives of conversion. Moreover, soldiers did not necessarily conform to church tenants or look to religious charities for spiritual assistance. Rather, church charities ‘tended to perpetuate an existing tendency among soldiers [...] to take advantage of the

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<sup>62</sup> ‘Cigarettes for the Wounded’, *The Manchester Guardian*, 21 February 1916, p.7.

<sup>63</sup> ‘Pyjamas for the Wounded’, *The Manchester Guardian* 28 November 1917, p.6.

<sup>64</sup> PRO, MoP Report 20 October to 26 October 1917. CAB24/30/GT2415.

churches' philanthropic work while remaining aloof from closer association.'<sup>65</sup> Men may have gone to mass or bible readings in return for medical and financial care, but did not necessarily pay heed to the religious or moral tenants being propagated.

Whilst there can be no doubt that some men must have resented charity and the meddling of well meaning volunteers (several ex-servicemen's organizations took exception to charity and believed that care was a state responsibility)<sup>66</sup> many also appreciated the help and assistance they received. Charity was instrumental in providing specialized care and equipment. One grateful recipient was double leg amputee Walter Makin. Unable to leave his house unaided in the standard pushchair provided by the Ministry of Pensions, Makin appealed to his local Guild of Disabled People in Leicester and they soon provided him with a self-propelling chair that 'brought him back a sense of self-reliance' and enabled him to travel independently. Importantly as well, the chair afforded him the freedom to visit the Guild Hall and partake in social activities with his fellow disabled comrades.<sup>67</sup> The human touch, so lauded by state officials, was also valued by disabled men. Benjamin Clouting had nothing but praise for the volunteers who visited his hospital ward. 'The local community did all they could to help our recovery' he remembered and the Gift Fund provided much needed distraction in the form of musical instruments, games, books and stationary. Garden parties hosted by local philanthropists were also 'a well-appreciated source of outside entertainment,' and soldiers felt appreciated when invited to attend various functions.<sup>68</sup> Sir Adrian Carton De Wiart also remembers charity workers with fondness. He looked forward to visits and excursions and recalled that 'as in every hospital, kindnesses were showered on the wounded and we were almost buried under flowers, fruits and books. Theatres opened their doors wide to us, a fleet of cars took us for drives [...] and delightful country houses were put at our disposal. Most anticipated by the men however, were the visits from "lovely ladies" who 'upset our temperatures.'<sup>69</sup>

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<sup>65</sup> Snape, *God and the British Soldier*, pp.203-4. See also, E. Roberts, 'The Recipient's View of Welfare', in J. Barnat, et al. ed. *Oral History, Health and Welfare* (2000), pp.203-226

<sup>66</sup> See 'Discharged Soldiers and King's Fund', *The Manchester Guardian*, 24 October 1918, p.3.

<sup>67</sup> Seaton, *From Strength to Strength*, p.38.

<sup>68</sup> B. Clouting, *Tickled to Death to Go: Memoirs of a Cavalryman in the First World War* (Staplehurst, 1996). pp.114-5.

<sup>69</sup> A.C. Carton De Wiart, *Happy Odyssey* (1950), p.76

One can presuppose as well that charitable actions helped form a sense of community and identity amongst disabled men. Men spent long periods of time in each other's company. They wiled away the boredom of convalescence; were witness to one another's painful rehabilitation; lived together in convalescent homes and hostels; and worked and trained together on employment schemes. In their study of early twentieth century children's homes, Humphries and Gordon discovered that institutional care often forged strong bonds of friendship and encouraged continued contact and support amongst former patients upon their release.<sup>70</sup> Unfortunately disabled ex-servicemen have not bequeathed memoirs of their time in charitable homes; however their long stays in convalescence probably worked to form such bonds. Moreover, men who resented charity or disagreed with the ideals philanthropists tried to impose, formed organizations of their own, the most prominent of these being LESMA, examined in the next chapter. Understood in this way, charity not only helped form a disabled identity within institutions, but worked to inspire self-help groups.

### **Charity and Education**

Charitable organizations did not just raise funds and relieve distress, but educated both the state and the general public concerning the medical, financial, and emotional difficulties facing disabled ex-servicemen. Through their work, volunteers came into close contact with the harsh realities of living with a disability. They witnessed first hand how men struggled to find employment and cope with their impairments. Charities were acutely aware of the social barriers facing the disabled. Their close work with ex-servicemen necessarily developed an awareness of these social barriers, and in turn they disseminated this awareness to other members of the mixed economy of welfare.

Charities educated firstly through their daily work. Charities served as important sources of information for state workers and the medical community. Through home visits, hospital work and fundraising activities they gathered and disseminated necessary details regarding disabled men in each locality. Research carried out by LWPCs and other volunteers provided valuable statistics as to the success of government initiatives. This information, along with personal case studies, was passed on to the state in order to make cases for distress and to

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<sup>70</sup> Humphries and Gordon, *Out of Sight*, pp.144-5.

influence decisions such as pension appeals. Established charities made it their duty to educate ‘givers’. There was a worry that a growth of new charities, coupled with the spirit of the times, would result in harmful, indiscriminate giving. Many who worked with disabled ex-servicemen expressed concern over the ‘frivolous actions of benefactresses’<sup>71</sup>, namely the establishment of unsustainable employment workshops. The COS was vocal in its discouragement of ‘any attempt to start sporadic and mushroom schemes which will tend to only raise hopes of our soldiers.’<sup>72</sup> Experienced organizations recognized the need for long term, economically sustainable employment that would support disabled men throughout their lives.

Most importantly, charities ensured that disabled ex-servicemen were kept at the forefront of British consciousness. They disseminated important information about their work and the situation of disabled ex-servicemen through charity books and institutional publications. Numerous hospitals and convalescent homes published histories and human interest stories to raise much needed funds. As well as information on the rehabilitative progress of their patients, many of these books included short stories, poetry and sketches contributed from the men themselves. Through fundraising, advertising campaigns, newspaper articles, seminars, hospital open days and other events, charity organizations promoted an awareness of disability issues and helped keep disabled men in the public spotlight.

Through their work, charities recognized that disability was a long-term social problem, and they continued to promote an awareness of disability long after the war had ended. Whilst government ministers such as James Hodge cheerfully believed that ‘the same splendid spirit [of voluntarism] would ‘prevail throughout the country’ and that the disabled would not be forgotten by a continually grateful public,<sup>73</sup> charitable organizations did not share the same sense of optimism. As one contemporary observed, ‘the longer the war went on the more were natural feelings of indignant pity worn down [...] swarms of men on crutches had gradually ceased to affect most people.’<sup>74</sup> It was not just the public, either, who became accustomed to the sight of disabled men and weary of war work, LWPC workers – both civil

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<sup>71</sup> A. Broca, *Artificial Limbs* (1918), p.145.

<sup>72</sup> ‘The Development of Plans for the Benefit of Disabled Soldiers and Sailors’, p.69.

<sup>73</sup> *Hansards*, 5<sup>th</sup> Series, LXXII, 1915, 1890.

<sup>74</sup> C.E. Playne, *Britain Holds On, 1917-1918* (1933), p.77.

servants and volunteers alike – began to lose interest in their work and started to resign throughout the 1920's.<sup>75</sup> This prompted charities to hold frequent campaigns, donation drives and publicity events to urge the public not to forget the disabled as they had forgotten the war.

Charities which ran long term care institutions needed to work especially hard to maintain interest, support and sympathy. Staff at the Star and Garter in Richmond, and St. David's Home in Ealing, both homes for paralysed men, had difficulty in raising awareness. A St. David's report in 1921, reminded the public that although 'three years of peace may have caused the horrors of the war to fade and grow dim [...] there are still many thousands of sailors and soldiers lying in hospital [...] others will never be better.'<sup>76</sup> Charities such as St. David's were all too aware of the long term consequences of disabilities.

Various other organizations, namely the NFS and LWF, worked diligently to keep disability and disability issues in the spotlight. They educated the public as to the difficulties disabled men faced and encouraged continued support to assist men who would never leave hospital. They ran donation drives, held open days, hosted hospital exhibitions, and provided entertainments not only for ex-servicemen but for any members of the public who wished to attend. In northern cities, Wounded Warriors' Welfare Committees issued annual Remembrance Day radio broadcasts which not only reminded the public about the long term affects of disability, but solicited for volunteers and donations.<sup>77</sup>

Charities recognized that it was not simply enough to raise public awareness. Public perception had to be altered as well. Disability in the early twentieth century was still surrounded by ignorance, fear and superstition.<sup>78</sup> Thus, in their campaign to prevent ex-servicemen from being forgotten, charities were mindful of the general attitudes which existed. Many feared that initial hero worship and sympathy would soon turn to prejudice. As one Red Cross volunteer doctor lamented, 'the greatest handicap is the weight of public opinion.'<sup>79</sup> In order to change public perception, the image of disabled persons as objects of discrimination and mistreatment had to be

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<sup>75</sup> *BLJ*, Vol.3, No.9, March 1924, p.271; *The Times*, 6 May 1920, p.10.

<sup>76</sup> Watson, *The Story of St. David's Home for Disabled Ex-Servicemen*, p.8.

<sup>77</sup> *Leeds Wounded Warriors Welfare Committee* (1926), p.3.

<sup>78</sup> Humphries and Gordon, *Out of Sight*, p.12.

<sup>79</sup> D.C. McMurtie, *The Disabled Soldier* (New York, 1919), p.26.

overcome. Charities, including the COS began a public education campaign to promote awareness of disability and to dislodge discriminatory feelings.

The main concern of the COS was the long standing association between disability and mendicancy. Undeserving 'crippled paupers' and malingerers, ruined the reputation of genuine 'deserving cripples', it was argued, and did a 'great disservice to self-respecting disabled men.'<sup>80</sup> The COS recognized that this long held association would be difficult to surmount. Deeply ingrained beliefs and prejudices would not simply change overnight with the return of ex-servicemen; sympathy would soon fade away, and ex-servicemen would simply be viewed as other disabled persons, carrying all the connotations of pauperism and mendicancy in the eyes of the public.

In a draconian measure to remove the 'beggar-cripple' association from public consciousness, COS branches in several cities rounded up disabled persons from the streets in preparation for demobilisation, offering them the choice of either employment or gaol. Since they were made up of a segment of society which had little training or skills, and resources for training were stretched, the employment offered usually involved some sort of activity within the work house walls. The COS whole heartedly supported such schemes urging every community to do the same 'until the unfortunate conception of the cripple shall exist no more.' With the return of disabled soldiers 'the public should have no excuse for associating their prospective career with that of a mendicant.'<sup>81</sup> The COS very neatly opted to forget that a number of 'cripple beggars' on the streets were ex-servicemen from previous wars.

On the face of it, herding and gaoling the disabled does not appear to be all that enlightened, nor indeed does it give proof as to a growing social conceptualization of disability. Yet removing the 'undeserving' from sight was seen as a solution to ensuring the 'deserving' were not victims of discrimination by association. It may seem primitive by contemporary standards, but ideas such as these do demonstrate that attitudes were changing. It reveals that charities such as the COS believed in the abilities of disabled persons; that although the idea of the undeserving and deserving was firmly established, the COS knew the disabled had

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<sup>80</sup>'Pensions and Eugenics', *COR*, Vol.XXXIX, Jan 1916, p.45.

<sup>81</sup> *Ibid.*



potential that public prejudice could prevent from developing. It also demonstrates that charities were keen to erase public prejudices and misconceptions regarding disability. If organizations like the COS held that the cripple-beggar association was a prejudice that needed to be dislodged, then they must have also believed persons with impairments could live a normal life, and deserved the same treatment as the able-bodied. It also goes towards proving that the COS knew public misconceptions surrounding disability and traditional prejudices were just as disabling, if not more so, than impairment itself. With this knowledge in mind, they strove to educate the general public and to dissuade people of their long held notions. Although their methods were somewhat questionable, one does have to acknowledge that their intentions were for the long term benefit of disabled persons.

The COS also took on popular misconceptions which were promulgated by the medical and religious communities. A 1916 article in the *Eugenics Review* concerning a disabled men's' marriage scheme incensed the editors of the *COR* and prompted an outcry amongst volunteers. The scheme, established by an unnamed clergyman, set out to find wives for wounded soldiers with the idea of breeding a new generation of 'heroic children.' According to the *Eugenics Review*, disabled men should be encouraged to breed as 'their children will receive as a natural power, a constitution unimpaired, and the power to become all that their fathers might have been.' The journal, in encouraging women to marry disabled men, also assured potential brides that war disabilities could not be inherited, their children would be born with limbs intact.<sup>82</sup>

The COS immediately went on the attack. 'We have little doubt ourselves that the wounded soldiers will find an ample choice of mates without the intervention of any philanthropic agency' it retorted, and 'it should at least be considered whether any class of men would be the happier for being set apart [...] for breeding purposes.'<sup>83</sup> Most significantly, the COS demonstrated here a social awareness of disability. The charity argued that poorly conceived marriage schemes would not benefit disabled men. According to the editor of the *Charity Organisation*

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<sup>82</sup> 'Editorial Notes', *COR*, Vol.XXXVIII, November 1915, p.374.

<sup>83</sup> Ibid. The COS also railed against the 'white feather movement' in which women mistakenly gave feathers of cowardice to disabled men on discharge. See, N. Gullace, 'White Feathers and Wounded Men': Female Patriotism and the Memory of the Great War', *Journal of British Studies*, Vol.36 (1997), p.199.

*Review*, ‘the real difficulty lie in that [disabled men] may be incapable of supporting a family, and it is a great question to which we should turn all our attention.’<sup>84</sup> Thus, the COS urged people to back long term sustainable ideas, such as how to help disabled men support their families and return to independence. Here the COS saw a twofold problem: the ignorance and superstition surrounding the disabled which was still firmly lodged in public consciousness, as well as the need to educate the public as to the real problems disabled men faced in society and of meaningful ways by which to assist them.

Charities strove to erase misconceptions of poverty and stigma surrounding disability, and were in this manner more enlightened than has been previously assumed. However, in pursuing the most important aspect of their work – fundraising – charities managed to further promote another long held perception: that of heroic and pitiable cripples. In charity publications, hospital books and newspaper appeals, disability was described in sentimental terms to provoke pity and sympathy. In one example convalescing soldiers are described as ‘deeply troubled’ about their futures.<sup>85</sup> In another, the author pleads for donations to prevent fine young men from ‘dragging on a maimed existence, upon an inadequate pittance.’<sup>86</sup> Photographs portrayed the most serious cases to maximize impact. These publications presented soldiers in the ideal light; they were promoted as worthy of public support. As one donation drive in *The Manchester Guardian* implored: ‘the pensioners are persons of the middle class, who have been in comfortable circumstances, until their incurable illness, they have lost their occupations and become dependant on relatives or friends to supplement what little means of savings they may have,’<sup>87</sup> thus assuring a donating public that ex-servicemen were indeed ‘deserving’ recipients. In these sentimental portrayals men are not concerned about the prosaic issues of money and pensions, but strive towards an ideal vision of independence and usefulness. More than the fear of any physical pain, (which they

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<sup>84</sup> ‘Pensions and Eugenics’, p.45

<sup>85</sup> M.A. Cloudesley Brereton, *The Future of Our Disabled Soldiers and Sailors: A Description of Training and Instruction Classes at Queen Mary’s* (1917), p.4.

<sup>86</sup> ‘King’s Fund for the Disabled: A “Gratitude Week”’, *The Manchester Guardian*, 3 January 1919, p.5.

<sup>87</sup> ‘How to Help Incurables’, *The Manchester Guardian*, 16 February 1926, p.10.

always bravely endured) ‘the fear of being [...] useless for life’ was ‘very real.’<sup>88</sup> They were also portrayed as pitiable heroes with images that played upon public guilt. As one charity in East Lancashire pleaded, the public must donate ‘to show their indebtedness to the crippled soldier.’<sup>89</sup> In another example, a letter published in *The Lancet* pleaded with the nation to demonstrate their ‘special debt of gratitude’ to ‘gallant men who have lost their limbs in war.’<sup>90</sup>

Presenting disabled men as upright citizens or as pitiable heroes differentiated ex-servicemen from the public association of poverty and disability; the very misconception that the COS attempted to erase by gaoing the disabled homeless. In so doing, charities further cemented stereotypes<sup>91</sup> and fed public conceptions of the disabled as struggling and pitiable. Charities gave people images of disability that they expected: heroic men struggling with rehabilitation; poverty stricken soldiers scraping by on a pension, and once fit, athletic young men ‘condemned’ to wheelchairs. It has been argued that this type of fundraising also served to further medicalise disability as the impairment is presented as an individual illness which must be overcome at all costs.<sup>92</sup>

Therefore, a major contradiction is apparent in the attitudes disseminated by charities: they worked to educate and inform the public of the issues surrounding disability, and to erase stereotypes and misconceptions. Yet in their fundraising methods they served to some extent to undermine their own efforts. In portraying disabled men in a sentimental and emotive manner, charities did a great disservice to their overall perception. Any work they did to educate and inform has been overshadowed by these portrayals. However, one can understand the reasons behind these overly dramatic and sentimental appeals. Firstly, charities and private philanthropic enterprises were dependent on the public and therefore had to keep up

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<sup>88</sup> Cloudesley Brereton, *The Future of Our Disabled Soldiers and Sailors*, p.4.

<sup>89</sup> ‘Curative Treatment in Manchester’, *The Manchester Guardian*, 1 October 1918, p.6.

<sup>90</sup> ‘Limbless Sailors and Soldiers’, *The Lancet*, Vol.II, October 1915, p.786.

<sup>91</sup> Fleischer and Zames, *The Disability Rights Movement*, pp.7-10.

<sup>92</sup> Contemporary fundraising is examined in R. Garland Thomson, ‘Seeing the Disabled: Visual Rhetorics of Disability in Popular Photography’ in P.K. Longmore and L. Umansky ed., *The New Disability History: American Perspectives* (New York, 2001), p.341; Fleischer and Zames, *The Disability Rights Movement*, pp.7-10.

There are such a variety of sad cases that it is impossible to refer to them in detail; but it is for these gallant men—Sons of our Empire—that an earnest appeal is made for funds to carry on and extend this great work.

£50 will maintain for a year a bed to be named after the Donor, and it is hoped that donations of this amount will be forthcoming from many quarters—including Industrial firms—to secure the provision of County beds, beds for Naval, Military and Aircraft units, and also for officers and men from our Overseas Dominions.\*

Particulars of the Queen's Gift Book Fund will be found on the last page of this leaflet.

C. H. KENDERDINE,  
Honorary Secretary and Treasurer.

Commandant—Surg.-General C. PEARSON, M.D., K.H.P., R.N.

Matron Miss AMY MUNN.

\* Artificial limbs up to a certain cost are supplied free by the State, but in cases where it is desired that a man shall be supplied with an artificial limb at a cost exceeding the Government allowance, it is hoped to make arrangements whereby the State grant may be obtained in part payment.



**Fig.21: Charitable appeal for hospital donations. Emotional language and photographs were often employed.**

a certain image.<sup>93</sup> Charities were very much aware of how the public viewed disability and were careful to separate disabled ex-servicemen from any association with the disabled poor. In order to secure funds and public interest in disabled men it was necessary to present images that the public expected. As Bettinson contends, the treatment of the disabled ‘reflected a perceived need to sell an idealized version of the “broken hero.”’<sup>94</sup> These images worked to inspire givers with awe and wonder, and convince people to part with their money. Charities manipulated traditional beliefs and stereotypes to their advantage. This was especially crucial as the general public began to forget the war and donations dwindled. In order to help the disabled materially, it was thus necessary to hinder their image socially.

If charities did believe in their own heroic and pitiable images, this should not be dismissed as perceiving disability as a medical condition. One cannot fault charity workers for feeling pity and sadness at the great number of disabled men they assisted every day. Despite the fact that certain charitable organizations believed in the abilities and rights of the disabled, there was still a great deal to be lamented over the loss in both lives and limbs that volunteers witnessed during these years. Fundraising books and leaflets which various charities have bequeathed cannot simply be read as promoting stereotypes and prejudice. Rather, these sources reveal a complex mix of human emotion and strategic marketing tactics, which, although possibly detrimental to the image of disabled ex-servicemen in the long run, secured the short term financial assistance necessary to assist these men the best way possible.

### **Conclusion**

Charity has been accused of exclusionary practices which stigmatized disabled persons and denied the disabled their rights and freedoms. However, charitable attitudes towards disabled ex-servicemen were much more complex. The concept of ‘social control’ does not adequately cover charitable motivations. Volunteers and philanthropic organizations helped disabled men for a myriad of reasons, including humanitarian ones. Disabled men, too, were not simply passive recipients of charity, but rather used charity to their advantage, and dismissed practices they found unappealing. Moreover, the notion that charities conceptualized disability solely as a

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<sup>93</sup>Prochaska, *The Voluntary Impulse*, p.36; Harrison, *Peaceable Kingdom*, p.244.

<sup>94</sup> Bettinson, ‘Lost Souls in the House of Restoration?’, p.155.

medical problem and thus enforced exclusionary practice is too simplistic. Charitable actions give evidence to a social awareness of disability. Charities worked to educate in a number of ways: they gathered and disseminated important information regarding disability; they strove to raise an awareness of disability in public consciousness; they worked to keep disability in the spotlight long after the war was over; and they attempted to dissuade people of their prejudices. Whilst charitable representations of the disabled were often contradictory, these portrayals reveal an immediate need to assist disabled men in the most efficient way.

The importance of charity in assisting disabled men should not be underestimated. Volunteers and local charities brought invaluable experience to the network of machinery responsible for ex-servicemen. The state relied on the experience and training of local volunteers to efficiently and sympathetically deal with all aspects of treatment. Despite what may be viewed as questionable fundraising or educative methods, charities materially, medically, and financially assisted a large number of men and made an impact on the quality of life for the disabled. Charitable organizations were not only extremely important in the lives of disabled ex-servicemen, but in shaping the attitudes towards disability in the post-war years. The work, and the changing philosophies of charities during this period, represents a highly significant moment in the history of disability in the early twentieth century and prompts a fresh look at the relationship between disabled ex-servicemen and charity during and after the Great War.

## Chapter Seven – Ex-Service Organizations

### Introduction

After the war, disabled men joined other ex-soldiers and became members of newly formed ex-service organizations. Some ex-service groups were formed amongst local men within a community, or within a particular battalion. Others were active on a national level and established branches throughout England and Wales. Many had political affiliations. These organizations provided men with assistance, security and comradeship. They also acted as pressure groups. The larger and more influential amongst them lobbied successive governments on ex-service issues such as unemployment and pensions.<sup>1</sup>

The success and longevity of ex-service groups was variable. Most famously, the Royal British Legion merged several, disparate political organizations into one non-political and successful nationwide ex-service body. Less well known, the Limbless Ex-Servicemen's Organization (LESMA)<sup>2</sup> continued to grow in effectiveness and support, despite still only existing as a loose network of local clubs when the 1920's drew to a close. This chapter will examine the work of the two very diverse, yet enduring organizations: the Legion and LESMA. Whilst the former was founded for ex-servicemen by a governing body, LESMA represented a grassroots, working class movement founded by ex-servicemen. Each organization played a significant role in their welfare.

Ex-service organizations form a significant part of Great War historiography. In 1963 G. Wootton published *The Politics of Influence*, the first comprehensive work to detail the political power and work of the Royal British Legion. Other notable works which examine the politics of ex-service organizations include P. Reese's *Homecoming Heroes* (1992) and D. Englander's 'The National Union of Ex-Servicemen and the Labour Movement' (1992) and 'Soldiers and Social Reform in the First and Second World Wars' (1994). More recently, A.P. Latcham's

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<sup>1</sup> I.W.F. Beckett and K. Simpson, *A Nation in Arms: A Social Study of the British Army in the First World War* (Manchester, 1985), pp.161-2; C. Carrington, *Soldier from the Wars Returning* (1965), p.8; G. Wootton, *The Official History of the British Legion* (1956), p.5.

<sup>2</sup> Once LESMA branches were centralized in 1932 the organization was re-christened 'BLESMA', the British Limbless Ex-Servicemen's Association. P. Ryde, *Out on a Limb: A Celebration of the British Limbless Ex-Service Men's Association Golden Jubilee, 1932-1982* (1982), p.1.

unpublished thesis, 'Journey's End' (1997), examines the relationship between ex-servicemen and the State, and how ex-service organizations, specifically the Legion, negotiated issues such as pensions and unemployment with successive governments.<sup>3</sup>

However, whilst the origin, motivation and politics of ex-service groups have been assessed, they have yet to be examined for their impact on disabled men and their relevance to disability history in the early twentieth century. Disability historians have overlooked the importance of these groups in the development of disability movements. When ex-service organizations are examined, they are dismissed as largely superfluous to the needs of disabled men. For example, in her 2001 study, *The War Come Home*, Deborah Cohen argues that men were not interested in politics and were resigned to leave the responsibility of their welfare to others, thus perpetuating the notion that disabled men and their organizations were irrelevant to twentieth century histories of activism and organization.<sup>4</sup> The significance of these organizations has been underestimated, therefore.

This chapter seeks to redress this imbalance in the historiography by examining both the Legion and LESMA in their work surrounding disability issues. Furthermore, it will assess the significance of both groups in the organizational history of disability in the twentieth century. It is argued here that the Royal British Legion and LESMA were emergent 'disability movements' which conceptualized disability as a social problem. Both ex-service groups met the definition of a disability movement in that they worked to promote change, improve the quality of life, and promoted full inclusion into society. They performed these tasks through 'involvement in the formal political system and through the promotion of other

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<sup>3</sup> See A.P. Latcham, 'Journey's End: Ex-Servicemen and the State During and After the Great War' (unpublished PhD thesis, The University of Oxford, 1997); P. Reese, *Homecoming Heroes: An Account of Re-assimilation of British Military Personnel into Civilian Life* (1992); G. Wootton, *The Politics of Influence: British Ex-servicemen, Cabinet Decisions and Cultural Change, 1917-1957* (Cambridge, 1963); D. Englander, 'The National Union of Ex-Servicemen and the Labour Movement, 1918-20', *History*, Vol.76, No.3 (1991); D. Englander, 'Soldiers and Social Reform in the First and Second World Wars', *Historical Research*. Vol. LXVII (1994).

<sup>4</sup> D. Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939* (Berkeley, 2001), p.48.



kinds of political activity.’<sup>5</sup> The Legion and LESMA were not only extremely important and effective organizations for disabled ex-servicemen: they were progressive in their ideology and in their treatment of disabled men.

In order to demonstrate the above points, the chapter will first discuss the formation of ex-servicemen’s organizations. It will then examine the work of the Legion and LESMA, as well as the activities of disabled men within these two groups. Finally, the chapter will present some reasons as to why, although many disabled men were active in these organizations, others disengaged from ex-service activity altogether and chose not to associate with these early disability movements.

### **Disability Movements: Current Theories**

According to disability theory, the disability movement ‘emerged out of the particular economic and social conditions that existed in Britain in the 1960’s’; people with disabilities before that time did not share the consciousness needed to pursue significant, collective action.<sup>6</sup> It is argued that consciousness and awareness were only raised amongst persons with disabilities in the late twentieth century once the welfare state was fully developed and the affluence which characterized the latter half of the century was not extended to persons with disabilities. These resulting inequalities led disabled people to organize themselves and fight for the rights and privileges enjoyed by other members of society.<sup>7</sup>

It is further argued that throughout the course of the twentieth century, disabled people slowly began to understand their common situation. Difficult experiences with pensions, unemployment, institutionalization and health care all fostered among disabled people ‘a growing perception of common disabled interests’.<sup>8</sup> Yet only after decades of discriminatory social legislation was this sense of identity fully developed. Disabled people as a whole realized their rights within

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<sup>5</sup> M. Oliver and J. Campbell, *Disability Politics: Understanding Our Past, Changing Our Future* (1996), p.22.

<sup>6</sup> *Ibid.*, pp.1-2.

<sup>7</sup> *Ibid.*, pp.20-22; C. Barnes, ‘A Legacy of Oppression: A History of Disability in Western Culture’, in L. Barton and M. Oliver, eds. *Disability Studies Past, Present and Future* (Leeds, 1997), p.5.

<sup>8</sup> P.K. Longmore and L. Umansky, ‘Disability History: From Margins to Mainstream’, in P.K. Longmore and L. Umansky, eds. *New Disability History: American Perspectives* (New York, 2001), p.4.

society and collectively organized themselves into pressure groups.<sup>9</sup> Moreover, the re-conceptualization of disability as a social, rather than a medical problem, allowed persons with impairments to redefine their disabilities as a form of oppression.<sup>10</sup> Such activity and awareness could only result in the latter part of the twentieth century when conditions were ripe.

Whilst disability groups in the late nineteenth and early twentieth centuries are acknowledged as the early roots of contemporary movements, they are not considered proper disability movements themselves. Any activity before the 1960's is viewed as an early glimmering of protest, but not of sufficient significance to current trends. Organizations which existed in the early decades of the twentieth century are not thought to have held sufficient awareness of their own situation, or the collective consciousness necessary, to qualify as a disability movement.

Disability academics define this collective consciousness as 'how people view themselves and their relationship with the rest of society.' The transformation of disabled persons' individual and collective consciousness is what made the disability movement 'new.'<sup>11</sup> However, this chapter will posit that the transformation of a collective consciousness, as defined above, started much earlier through the collective activity of disabled Great War ex-servicemen. In joining and participating in ex-service organizations, disabled men had their consciousness raised, and demonstrated that they, too, began to conceptualize disability as a social problem. Far from being passive or indifferent, as some historians have also previously argued,<sup>12</sup> disabled ex-servicemen took an active interest in their own welfare and became both educated and aware through their involvement with disability organizations. The collective activity of disabled ex-servicemen represents a significant chapter in the history of disability movements and urges a re-evaluation of the history of disability organizations as a whole.

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<sup>9</sup> Ibid., pp.4-5.

<sup>10</sup> Barnes, 'A Legacy of Oppression', p.5; Oliver and Campbell, *Disability Politics*, p.20.

<sup>11</sup> Oliver and Campbell, *Disability Politics*, p.105.

<sup>12</sup> K. Jeffrey, 'The Post-War Army'. in I.W.F. Beckett and K. Simpson, eds. *A Nation in Arms: A Social Study of the British Army in the First World War* (Manchester, 1985), pp.210-236; Cohen, *The War Come Home*, pp.3-7.

## The Establishment of the Royal British Legion

The war years witnessed the formation of several, rival ex-service organizations, each with disparate and conflicting interests. The National Association of Ex-Servicemen, and the National Association of Discharged Sailors and Soldiers (NADSS) established in 1916, held Liberal and Labour affiliations respectively. In 1917, the Comrades of the Great War (CGW), supported by the Conservative Party, and a radical, left-wing group, the National Federation of Discharged and Demobilized Sailors and Soldiers (NFDSS), came into existence.<sup>13</sup> As the war drew to a close, other organizations were established by the newly demobilized and disgruntled ex-service population; prominent amongst these were two Socialist groups, the short-lived Soldiers', Sailors' and Airmen's Union (SSAU) and the more successful National Union of Ex-Servicemen (NUX).<sup>14</sup>

The explosion of ex-service groups reflected the turbulence and confusion of the time. By the end of the war, however, there were only three organizations with political and national clout left standing: The NADSS, the NFDSS and the CGW. It was the CGW, led by Lord Haig, which first broached the idea of unifying the three major ex-service parties. After two years of negotiations, the remaining groups joined together to form the Royal British Legion in 1921.

The Legion rested on two fundamental principles: 'unity and no politics.'<sup>15</sup> Founders of the Legion argued that political divisiveness distracted from the common goal of working for the betterment of ex-servicemen and their families. Whilst the organization was met with initial skepticism – regarding both its purpose and apolitical stance – it soon gathered support from politicians, the churches and the press.<sup>16</sup> However, it did not just prove popular with the establishment. Within five weeks of its formation, 690 branches were opened across England and Wales.<sup>17</sup> A year after its inception, the number ex-servicemen in the Legion grew from

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<sup>13</sup> Carrington, *Soldier from the Wars Returning*, p.8.

<sup>14</sup> Englander, 'The National Union of Ex-Servicemen and the Labour Movement', pp.24-26; Beckett and Simpson, *A Nation in Arms*, pp.161-2.

<sup>15</sup> 'Lord Haig on War Pensions', *The Times*, 5 June 1922, p.3; D. Englander, 'Soldiers and Social Reform in the First and Second World Wars', p.321.

<sup>16</sup> A. Brown, *Red for Remembrance* (1971), pp.7-10; 'Good Fellowship and Honest Service'. *The Times*, 5 June 1922, p.11.

<sup>17</sup> *BLJ*, Vol.1, No.1, July 1921, p.27.

18,000 men in 1921 to 100,000 in 1922. By the early 1930's, 320,000 ex-servicemen belonged to nearly 3,000 branches nationwide. A year before the outbreak of the Second World War, the Legion boasted over 409,000 members many of whom were disabled.<sup>18</sup>

At its inception, the Legion was condemned as a mouth-piece of the state and for being too conservative and conformist. Historians' attitudes also differ. The formation of the Legion is either applauded as a remarkable achievement or criticized as a sellout.<sup>19</sup> Others argue that the Legion was a method of social control which aimed to de-radicalize disabled ex-servicemen; it both reflected and perpetuated ex-servicemen's diffidence about politics.<sup>20</sup>

The Legion set out to fulfill many roles for ex-servicemen. Space does not permit a full investigation into the purpose and relevance of the Legion here. Its role in assisting disabled ex-servicemen will be evaluated. In its treatment of disabled men, and in its work for disability issues, the Legion demonstrated a social awareness of disability. For its disabled members, it was an effective and progressive disability movement.

### **The Royal British Legion: An Emergent Disability Movement**

The Legion campaigned energetically for disability issues and encouraged participation from its members. It lobbied successive governments on problems surrounding disability and promoted the rights of disabled ex-servicemen. The Legion's most passionate cause was disability pensions. Indeed the ex-service organization took credit for the standard of pensions in Britain. In 1922, when disabled men worried that pensions would be reduced in conformity with the official fall in the standard of living, the Legion protested against this possible decrease and won. As a result of protests and petitions from every branch, pensions were stabilized for another three years, protecting men from the vagaries of the post-war

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<sup>18</sup> Beckett and Simpson, *A Nation in Arms*, pp.161-2; Cohen, *The War Come*, p.50; B. Harding, *Keeping Faith: The History of The Royal British Legion* (Barnsley, 2001), pp.37-8.

<sup>19</sup> Debates surrounding the Legion include: S.R. Ward, 'The British Ex-serviceman's Ticket of 1918', *Journal of British Studies*. Vol.8 (1968), pp.155-169; P. Reese, *Homecoming Heroes*. pp.170-171; Harding, *Keeping Faith*, pp.1-69.

<sup>20</sup> Cohen, *The War Come Home*, p.49.

economy.<sup>21</sup> The organization further lobbied against the seven year time limit, petitioned the government to increase both pensions and allowances, and worked tirelessly to gain assurances from each consecutive government to protect pension rates. Moreover, the Legion protested against a system which placed the onus of proof on the man, arguing that having to prove the existence and extent of one's impairments was both unfair and cruel.

Men with pension difficulties found a strong and sympathetic ally in the Legion. Workers in the British Legion Pensions Department acted as advocates for men on appeal and for men denied a pension altogether. Demand for assistance was high. In July 1921, just a few months after the organization was founded, the Pensions Department dealt with 30,000 cases that month alone. Its popularity was a result of its impressive track record; appeal success rates through Legion representatives consistently hovered around the 70 percent mark.<sup>22</sup> The organization was therefore an extremely effective pressure group.

The Legion vigorously represented ex-servicemen's pension interests, and actively encouraged men to campaign on pension issues themselves. The pensions column in the *British Legion Journal (BLJ)* recommended that its readers lobby their local MPs. Both the journal and branch representatives urged reluctant men to appeal their pension decision and fight for what was their due. Disabled men participated in protests and fundraising events, and signed petitions. The most impressive political action undertaken by disabled men was in their protest over the seven year time limit. On a 1925 petition protesting the law, 824,105 ex-servicemen added their names, the largest collection of signatures on a petition since the Chartist movement.<sup>23</sup> This impressive collection of signatures demonstrates the ability of the Legion to secure participation from its members, as well as the active interest which disabled ex-servicemen took in their own future welfare.

In addition to campaigning for pensions, the Legion took up the cause of unemployed disabled men. Unhappy with government assurances, it carried out its own surveys and statistical reviews which challenged official data. For example, in

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<sup>21</sup> 'Pensions in 1923', *BLJ*, Vol.2, No.4, October 1922, p.87; 'Legion's Policy Vindicated', *BLJ*, Vol.2, No.6, December 1922, p.133.

<sup>22</sup> *BLJ* Vol.2, No.4, October 1922, p.87.

<sup>23</sup> Cohen, *The War Come Home*, p.53.

1922 while the state estimated the number of unemployed ex-servicemen in Liverpool to be 214, the Legion put the number at 905. Similarly in Swansea, the numbers were 23 and 220 respectively.<sup>24</sup>

The Legion used this data to pressurize the government into further action. It took up the cause of the King's National Roll Scheme (KNRS), arguing that such a scheme was the only way to provide sustainable employment for disabled ex-servicemen and to fully integrate them back into the economy. Legion members continuously canvassed private employers throughout the inter-war years to join the KNRS and pressurized successive governments to enforce the scheme. Disabled ex-servicemen lobbied alongside Legion officials, soliciting employers, petitioning MPs and reporting unwilling employers to their local branches.<sup>25</sup>

Further to political campaigns, the Legion alleviated unemployment through programmes of its own. The British Legion Unity Relief Fund, founded in January 1921, provided relief to impoverished men and their families, as well as start up loans and grants to help men establish their own businesses.<sup>26</sup> The Legion's specialized division, the 'Disabled Society' founded Disabled Men's Industries which became responsible for Disabled Men's Workshops across the country.<sup>27</sup> Workshops encompassed not only factories and small businesses, but farms, and village settlements, all of which employed disabled men only. Disabled Men's Workshops made everything from toys to furniture and medical appliances. Others were established as dry cleaners, carpenters, and piano tuners. They were designed to not only meet the financial needs of local disabled men, but of the local economy. The Legion heavily advertised and endorsed their workshops in the press so as to encourage the public to use the services of disabled men first.<sup>28</sup> Giving Disabled Men's Workshops a high profile was another way in which the Legion actively campaigned against unemployment.

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<sup>24</sup> *BLJ*, Vol.2, No.1, July 1922, p.14.

<sup>25</sup> See for example *BLJ*, Vol.1, No.1, July 1921, p.113; *BLJ*, Vol.1, No.11, June 1922, p.275.

<sup>26</sup> *BLJ*, Vol.1, No.6, December 1921, p.130; Harding, *Keeping Faith*, pp.70-72.

<sup>27</sup> *BLJ*, Vol.1, No.3, September 1921, p.50; *BLJ*, Vol.2, No.2, August 1922, p.16.

<sup>28</sup> See for example, *BLJ*, Vol.1, No.3, September 1921, p.50; Harding, *Keeping Faith*, pp.88-92.



**Fig.22: Delivering the 1925 Petition to Parliament**

Further to activism, the Legion acted as a disability movement in another way: it worked to educate its members. It informed disabled men of their rights, promoted awareness of disability issues and disseminated pertinent information through the *BLJ*, branch meetings, and political canvassing.

The *BLJ* was a monthly publication produced by the Royal British Legion. Available at bookstalls and through subscription at a price of 3d per copy, it was extremely popular. Circulation figures increased from 12,000 per month in 1921, to 80,000 in 1923. By 1935 it was selling 113,000 copies a month.<sup>29</sup> The magazine was able to reach a large number of the ex-service population, and to widely circulate its ethos and politics.

The *BLJ* was an important reference for ex-servicemen with disabilities. As well as useful tips on how to wash and care for one's amputation stump, it disseminated relevant information which affected their future welfare. Each issue contained full transcripts of relevant parliamentary debates and articles from current medical journals. Editorials gave insights into government practice, medical care and employment issues. The magazine also offered advice on prosthetics and rated new artificial limbs. The regular pension column invited readers to write in with their questions and difficulties and clarified the pension process by translating

<sup>29</sup> Harding, *Keeping Faith*, pp.45-6. The price was reduced to 2d in 1925 which led to increased circulation.

policy into plain English.<sup>30</sup> It further worked to dispel rumours and misconceptions regarding payments, entitlement and medical allowances through informative and convivial lead articles. Importantly as well, the publication directed men toward the appropriate channels for help and assistance and encouraged them to take action in their own hands by lobbying their local politicians.

The *BLJ* also reached out to disabled men by advertising employment vacancies and providing detailed information on training and educational opportunities. When advertising new jobs, it gave recommendations as to which type of impairment the occupation would suit. Men were invited to post 'job wanted' ads, where they could advertise their particular talents and skills to industries reserved for the disabled and the wider market.<sup>31</sup> Therefore, the Legion provided men with practical, immediate support, as well as circulating important political and policy information.

Local branch activity further promoted education and awareness. Personalized home visits assisted men on difficult processes such as pension appeals, and advised men on the course of action to take in their individual situations. Branch meetings provided updates on local issues surrounding pensions, employment and medical care. Political canvassing was another means of disseminating and gathering information. Branch members canvassed disabled men within their localities to encourage their participation. Canvassers provided updates on local fundraising and political activities. During every election, branch members surveyed disabled men in their local divisions. They asked men to describe any grievances or difficulties they had been having and to provide an assessment of their overall welfare. These comments were then turned into surveys which were given to political candidates to test their knowledge of, and their commitment towards, ex-service issues. Once these surveys were complete, the results were distributed to disabled men in the candidate's constituency. Whilst canvassing, the Legion also circulated information on different candidates so men could make educated choices at the ballot box. Thus the Legion not only acted on behalf of its disabled members, but ensured they were educated as to their rights and were informed on the organization's activities.

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<sup>30</sup> *BLJ*, Vol.5. No.6, December 1925, p.177.

<sup>31</sup> *Ibid.*



Most significantly, the Legion conceptualized disability as a social problem. For the Legion, disability was not an individual medical problem contained within the ex-serviceman; economic and social barriers were just as disabling. The Legion strove to obviate the stigma attached to disability. In the inaugural issue of the *BLJ*, G.N. Barnes expressed disappointment at the prejudices and discrimination which disabled men faced in the workplace. 'I have been ashamed of my fellow trade unionists' attitude,' he stated, 'may you succeed in promoting a different frame of mind.'<sup>32</sup> Legion campaigners for the KNRS worked to educate employers, employees, and trade unionists. They promoted the skills and capabilities of disabled men. The ex-service group recognized, just as late twentieth century groups acknowledge, that 'the biggest obstacle to integration [was] public attitude.'<sup>33</sup>

Moreover, the Legion fought for accessible workplaces and improved transportation. It campaigned for disabled access to public transport and within the built environment. To enable men to travel to work, it sponsored free travel in major cities, and successfully petitioned the government to provide free travel on buses and trams for amputees.<sup>34</sup> The Legion further advised both State and private employers on how to make workplaces and equipment more accessible, and to provide a safe working environment for both able bodied and disabled employees alike. It fought to make training and exam facilities more accessible. Although the state heavily invested in training disabled men, numerous facilities were insufficient for their needs. For example, many disabled ex-servicemen wished to gain positions in government departments and therefore had to sit civil service entrance exams. The exams took place in primary schools. The classrooms were small and cramped, which made manipulating artificial limbs, crutches and wheelchairs very difficult. Sitting at children's desks was uncomfortable, and a great number of ex-servicemen had difficulty getting into, and out of, the tiny chairs. Few disabled men passed these exams. The poor success rate, argued the Legion, was due to inappropriate facilities and uncomfortable, sometimes painful writing conditions. Disabled men were effectively barred from the civil service because they were not provided with appropriate amenities to suit their needs. Recognizing that environmental barriers

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<sup>32</sup> *BLJ*, Vol.1, No.1, July 1921, p.6.

<sup>33</sup> C. Barnes, 'A Legacy of Oppression', p.4.

<sup>34</sup> *BLJ*, Vol.1, No.1, July 1921, pp.12-13; Harding, *Keeping Faith*, p.77; B. Gleeson, *Geographies of Disability* (1999), pp.99-127.

worked to the disadvantage of disabled ex-servicemen, they fought to have exam venues changed and adapted.<sup>35</sup>

Apart from its work with disabled ex-servicemen and the public, the Legion worked overseas in a precursor to later international activism on behalf of the disabled. Oliver and Campbell define 'disability movement' as a movement of 'international proportions which raises the collective consciousness of people with disabilities and promotes disability as a human rights issue.'<sup>36</sup> The Legion fits this definition in a number of ways. Although disability was but one ex-service issue with which the Legion had to contend, it promoted disability as a matter of human rights and co-operated with foreign organizations to best assist disabled men. Representatives from the Legion traveled around Europe and North America to assess programmes for the disabled and learn from foreign disability social policy. In 1921, for example, the British Legion was fundamental in organizing an international exhibition which toured Europe, sharing innovations and ideas on artificial limbs.<sup>37</sup> It also co-operated with other foreign ex-service organizations and took part in exchanges, visits, and international conferences. In particular it became involved with The Federation Interalliee des Anciens Combattants (FIDAC) and The British Empire Services League (BESL), to promote ex-service issues internationally.<sup>38</sup> The Legion used their knowledge of such activities to lobby the government. Unfavorable comparisons with other nations were useful in prompting changes in social policy. Discovering that France offered its disabled war ex-servicemen free tram and bus travel, for example, was used as an incentive in trying to convince the British government to do the same.

In summary then, in its activism, its work to educate, its social conceptualization of disability and its promotion of an international awareness of disability, the Legion can be defined as a disability movement. It not only campaigned on behalf of disabled men, but brought men together and encouraged their active participation in these campaigns. Yet the Legion did not appeal to all disabled men. For many, it still represented the establishment, and held links with

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<sup>35</sup> *BLJ*, Vol.1, No.4, October 1921, p.80.

<sup>36</sup> Oliver and Campbell. *Disability Politics*, p.20.

<sup>37</sup> *BLJ*, Vol.2, No.1, August 1922, p.36; *BLJ*, Vol.2, No.3, September 1922, p.78.

<sup>38</sup> Harding, *Keeping Faith*, pp.141-2.

the armed forces. Disabled men who rejected the Legion formed their own self-help organization, which will now be examined below.

### **Self-Help and the Limbless: The Emergence of LESMA**

The Limbless Ex-Servicemen's Association (LESMA) grew spontaneously out of casual meetings down at local pubs. The pub was a popular social outlet for disabled ex-servicemen. It was a place to relax, meet friends, and forget about difficulties surrounding pensions, unemployment and medical conditions. Disabled men met regularly to drink, play cards and talk. Often these conversations led to discussions of each other's impairments. Men shared advice and ideas as well as complaints. Through regular meetings disabled men became increasingly aware of the situation facing their friends, and meeting for casual drinks evolved into self-help sessions. The local pub became host to guest lectures on everything from artificial limbs to pension advice. Men canvassed other limbless ex-soldiers in their communities and advertised their activities. They raised donations amongst themselves for social outings and clubbed together to assist their comrades in distress.

Whilst men met casually at pubs across the country, it was in working class, trade unionist towns in the North of England where groups of men seriously began to organize. The first official LESMA branches were founded in Manchester and Salford in 1922 and other branches spread across the North of England before gaining popularity in the rest of the country. Brighton, for instance, did not form an official LESMA branch until 1926.<sup>39</sup> As LESMA branches gained popularity, they grew from pub meetings to organized charities. They rented rooms and offices, raised funds to assist local men in their community and held self-help sessions. They also developed specialized departments which dealt with limbs, pensions, and employment. LESMA aimed to support limbless men in all aspects of their lives. They worked to:

foster social intercourse and comradeship among limbless ex-service men: To encourage members to help each other over the difficulties of artificial limbs so that hope may be installed in the less fortunate by seeing the results obtained by those who have succeeded: To promote lectures on artificial limbs and appurentances [sic]: To advise members on all matters relating to pensions.<sup>40</sup>

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<sup>39</sup> PRO, Charities: Registration of the Limbless Ex-Servicemen's Association, CHAR4/12.

<sup>40</sup> Ibid.

Its wide-ranging objects encompassed comradeship, information and practical advice. The self-help ethos of the organization is evident in its remit. LESMA organizers wished to educate and assist each other and promote awareness from the ground up. LESMA permitted membership to rank and file ex-servicemen only. All members of staff were limbless. Unlike the Legion, LESMA was run for and by limbless men alone.<sup>41</sup>

Throughout the 1920's LESMA groups remained loosely organized. Branches were scattered across the England and there was no central governing body. Although separate branches gained status as registered charities, it was not until 1932 that the organization finally achieved national status and was centralized under one charitable umbrella.<sup>42</sup> Before that time, LESMA branches lacked co-ordination. However they continued to fight for national status, and worked to keep informed as to events in neighbouring localities.

Despite the ascendancy of the Legion, and the lack of co-ordination among local branches, LESMA was extremely popular. When Leeds established its first branch for instance, they recruited a membership of more than 100 men within just two weeks of their first advertisement.<sup>43</sup> Its popularity was due in part to its self-help ethos and 'rank and file only' membership. Men were keen to join groups where they could meet others with similar impairments and learn from their comrades. The group provided important social and educational activities that formed strong bonds among men who had endured similar experiences.

Another popular aspect of their work was the LESMA volunteer system whereby 'fitted' men visited other limbless ex-servicemen in hospital to give advice on artificial limbs and how to care for both their prosthetic and their stump. One such volunteer was Bill Thompson of Leeds. Thompson visited a number of men in hospital with badly fitting limbs, abscesses and reduced mobility. He advised them not only on how to care for their limbs, but explained how they could procure more modern prosthetics. He also recorded their complaints and grievances to take to the

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<sup>41</sup> P. Ryde, *Out on a Limb*, p.12.

<sup>42</sup> *Ibid.*, pp.42-3.

<sup>43</sup> *Ibid.*

local LESMA branch.<sup>44</sup> Many limbless ex-servicemen like Thompson remained lifetime members and worked to assist ex-servicemen of future wars.

LESMA was an effective pressure group too. LESMA branches continuously lobbied Parliament for better, cheaper aluminum limbs, and kept their members informed regarding the latest advancements in prosthetic technologies. Members of LESMA carefully monitored the artificial limb trade. Bill Thompson recalled how two local limb manufacturers cornered the market in Leeds and produced inferior limbs in order to make higher profits. Part of his job as a LESMA campaigner was to alert fellow members to these shoddy dealings and to report insufficiencies to the Ministry of Pensions. The local Leeds branch was therefore instrumental in instigating improvements in the quality of prosthetics in the city.<sup>45</sup> As well as successfully campaigning for better limbs, LESMA members worked to educate themselves about artificial limbs and the prosthetic industry.

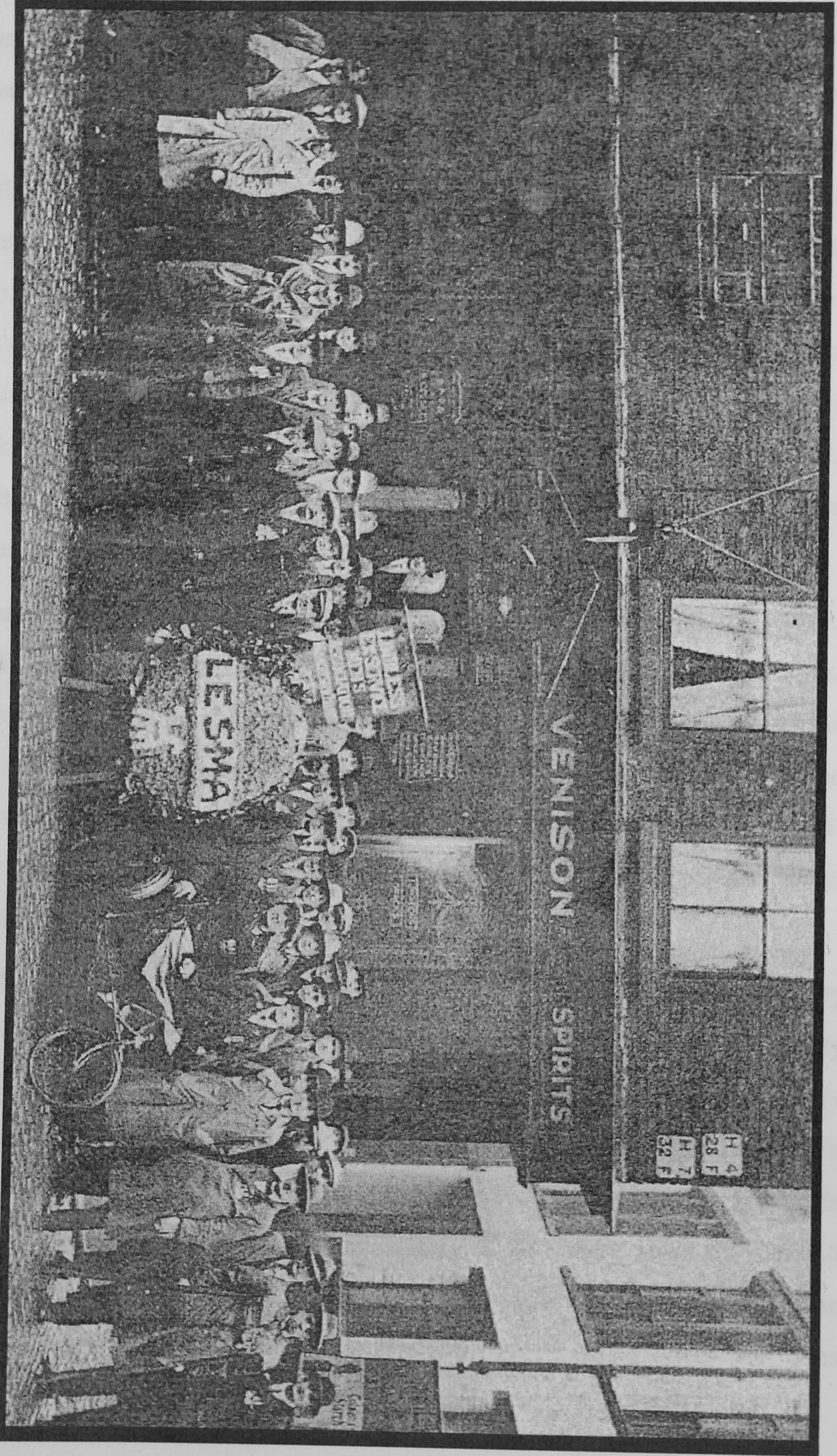
In addition to lobbying for better limbs, LESMA carried out successful, large scale campaigns which not only worked to assist its members, but increased public awareness about the difficulties disabled men faced. During the general strike of 1926, for example, LESMA organized an emergency service of motor cars to convey limbless ex-servicemen around the London district. Concerned that disabled men would be denied access to work and medical treatment during the transit strike, the group implored all car-owning Londoners to join their brigade. Within forty eight hours of their request being published in *The Times*, enough motorists had responded to transport nearly 2,000 men to important interviews and medical appointments. By day four of the strike, an impressive 5,000 men were being taxied back and forth by generous members of the civilian public. So successful was their public awareness campaign that numerous men who had not even ordered the car service reported being approached on the streets by passing motorists and whisked off to their destinations.<sup>46</sup>

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<sup>44</sup> E. Elsey, 'Disabled Ex-Servicemen's Experiences of Rehabilitation and Employment after the First World War', *Oral History*, Vol.25, No.2 (1997), p.55.

<sup>45</sup> *Ibid.*, p.56.

<sup>46</sup> 'Limbless Ex-Servicemen', *The Times*, 18 May 1926, p.9.



**Fig.23: Members of Huddersfield LESMA outside their meeting place, the Haunch of Venison pub**

LESMA members actively supported each other in numerous other ways. Unhappy with the efforts of the Legion and the government, LESMA branches formed their own employment committees and helped one another search for work. Limbless men solicited local employers and canvassed companies within each locality. To encourage independence, they offered start-up loans to men who wished to establish their own businesses or pursue further training. Employment was available within LESMA itself.<sup>47</sup> Limbless men were hired to work in the various branch departments which dealt with unemployment, pensions, prosthetics and charitable donations. Volunteer opportunities were also available. Disabled men offered their time through hospital visits, lectures and fundraising activities. Similar to the Legion, LESMA formed its own distress committees which provided allowances for disabled ex-servicemen and their families. For men who could not afford housing, or needed customized, accessible housing, LESMA supplied residential homes which were entirely funded by local branch activities.<sup>48</sup>

The branches provided an important social outlet which fostered friendships and helped form a group identity. LESMA meetings took place in the convivial atmosphere of local pubs or clubs. Some branches had their own social club, and every branch arranged social activities and weekend excursions. Volunteer work and employment within LESMA also helped cultivate strong bonds. Through all aspects of LESMA, men were able to meet others with similar disabilities, form friendships and assist each other with common difficulties.

LESMA, therefore, can similarly be defined as an emergent disability movement. Its grassroots activism marks a highly significant moment in disability history. However, it has largely been overlooked by historians. Only a single history of has been written.<sup>49</sup> As the association did not achieve national status and begin work on a larger scale until 1932, its early days have been ignored. The little information which does exist focuses on the history of BLESMA since the Second World War.<sup>50</sup> Admittedly, a lack of co-ordination between LESMA branches in the 1920's, and poor or non-existent record keeping amongst its earlier members, does

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<sup>47</sup> Ryde, *Out on a Limb*, p.42; PRO, CHAR4/12.

<sup>48</sup> 'British Limbless Ex-Servicemen's Association', [www.blesma.org](http://www.blesma.org). Accessed 9 August 2006.

<sup>49</sup> Ryde's *Out on a Limb*, was written as a fundraiser for the organization's jubilee in 1982. It's largely narrative but provides useful background information on the organization's birth as LESMA.

<sup>50</sup> See, 'British Limbless Ex-Servicemen's Association'. Accessed 9 August 2006.

cause some difficulties for historians researching its wider impact. However, the work of LESMA and the LESMA ethos deserve closer attention, as both its establishment and its activities were highly significant in a number of ways.

Firstly, the establishment of LESMA demonstrates that self-help groups formed by people with disabilities existed before World War II. Disability literature generally posits the formation of such groups after 1945, when the welfare state was more fully developed and persons with disabilities became more aware of their common situation.<sup>51</sup> Yet LESMA meets the criteria as set out in Oliver's definition: it encompassed 'self-help projects and other activities aimed at problem-solving' and provided 'services to meet [the] self-defined needs of members.'<sup>52</sup> Secondly, the existence of LESMA after the Great War demonstrates that disabled ex-servicemen were not as passive or apathetic as they have sometimes been labeled.<sup>53</sup> Rather than leave their care in the hands of the state, philanthropy, or even the Legion, limbless men actively took control of their own welfare through the formation of self-help groups. The formation and popularity of LESMA suggests that disabled men were keen to solve their own problems and found each other's advice and experience invaluable. Thirdly, LESMA activities contest the claim that ex-servicemen were 'de-radicalized' and uninterested in politics.<sup>54</sup> The association had its roots in working class, trade unionist towns and cities. Its members campaigned for better services and successfully lobbied the government on issues surrounding the supply and quality of artificial limbs. As LESMA was a 'rank and file only' organization, its existence demonstrates that average disabled soldiers actively involved themselves in the politics of their own welfare.

Both LESMA and the Legion were emergent disability movements which raised a social awareness of disability and worked for a better quality of life for their disabled members. Disabled men of all ranks were active participants in both of these organizations and, especially in LESMA, took control of their own future welfare. However, as historians have pointed out, many ex-servicemen, both able bodied and disabled alike withdrew from party politics and ex-service activities.<sup>55</sup>

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<sup>51</sup> M. Oliver, *The Politics of Disablement* (Basingstoke, 1990), p.117.

<sup>52</sup> *Ibid.*

<sup>53</sup> Cohen, *The War Come Home*, pp.6-7.

<sup>54</sup> *Ibid.*, p.7.

<sup>55</sup> *Ibid.*, p.49.



This chapter will now turn its attention to the men who disengaged from such activity.

### **Disengagement from Disability Politics**

In her 2001 study, *The War Come Home*, Cohen argues that the actions of charity organizations and the overall benevolence of the British public effectively quelled any radical tendencies amongst ex-servicemen and contributed to their lack of interest in ex-service organizations. Cohen posits that ‘broad participation in the resolution of war victim’s problems through voluntary work and charities led ex-servicemen to believe that their fellow citizens had honoured their sacrifices.’ Therefore they were content with the assistance and support they received and ‘did not translate their grievances into political conflict.’<sup>56</sup> Whilst this can be accepted as a factor in the development of disabled ex-servicemen’s politics, it is not the only explanation. Moreover, as evidenced above, numerous men did join ex-service organizations and took an active interest in their own welfare.

This section will posit some reasons as to why disability movements such as the Legion and LESMA, whilst very successful, did not appeal to every disabled man. It will also demonstrate that lack of involvement did not necessarily denote apathy, but could be indicative of more wide ranging issues surrounding both the man and his impairment.

Firstly, many ex-servicemen, including the disabled, wished to sever all contact with the army.<sup>57</sup> ‘George’, interviewed 60 years later, recalled how he wished to put it all behind him. His disability marked a new stage in his ‘present life’<sup>58</sup> and he had no desire to get involved in politics or socialize with fellow comrades. Association with an ex-servicemen’s organization would make it difficult to leave the war behind. Fellow wounded men were a constant reminder of war and disability. Both LESMA and the Legion became actively involved in local Remembrance Day ceremonies and organized battlefield pilgrimages. More than any other association, the Legion constantly reminded its members of their duties as ex-servicemen and urged them to promote the memory of the war. Rather than cling to army associations and fight over pensions and welfare, men wished to return to their

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<sup>56</sup> Ibid., p.7.

<sup>57</sup> Beckett and Simpson, *A Nation in Arms*, p.161.

<sup>58</sup> R. Blythe, *The View in Winter: Reflections on Old Age* (1979), p.168.

families and to normality. As Cohen rightfully points out, 'most men wanted a steady job and a secure home life, not a revolution.'<sup>59</sup>

It is also important to recognize that the population of disabled men was varied: they were of different ages, ranks, and backgrounds. Upper class officers, middle class boys, and working class youths joined professional soldiers on the invalid list. As discussed above, some men did form strong bonds through their experiences of disability. However, not all men would have enough in common to form a single, political movement that would appeal to a cross-section of men in different classes and different age groups. As Oliver argues, varieties within 'disabled populations' (including family circumstances and individual medical conditions), work against the formation of a single political organization.<sup>60</sup> Fathers, who had families to support, and single young men, even if they had similar impairments, would have had sufficiently divergent interests and priorities to preclude any serious and long lasting affiliation. Moreover, disabled men may already have formed strong political affiliations before they were injured.<sup>61</sup> As can be seen by the formation of several politically affiliated ex-servicemen's organizations both during and immediately after the war, many had strong political ties which remained unshaken during and after their impairment. Thus, these diverging political interests, combined with their class, family and religious background could possibly mitigate against any single, strong, radical group.

Physical limitations may also have provided an obstacle to any involvement in ex-service organizations.<sup>62</sup> Severely disabled men were not mobile enough to join organizations or to meet other disabled soldiers. They may have not been able to leave their house or their immediate surroundings due to inaccessible transport, poorly fitted limbs or physical pain. Psychologically, too, men had a lot with which to contend. Many ex-soldiers who were struggling to cope with their impairments were probably too busy dealing with the sudden changes in their life and their bodies<sup>63</sup> to concern themselves with 'higher' political aspirations. As one man

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<sup>59</sup> Cohen, *The War Come Home*, p.49.

<sup>60</sup> M. Oliver, 'The Politics of Disability', *Critical Social Policy*, Vol.4, No.11 (1984), p.23; Longmore and Umansky, 'Disability History: From Margins to Mainstream', p.4.

<sup>61</sup> Oliver, 'The Politics of Disability', p.23.

<sup>62</sup> Ibid.

<sup>63</sup> J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (1996), pp.60-75.

recalled, he was so worried about how his fiancée would respond to his impairment he could not think of much else: ‘Fancy marrying a cripple!’<sup>64</sup> Another Lieutenant recounted in an interview how after sixty years his wounds were still so agonizing that he had to recite poetry in order to fall asleep, and that so many years after the war he resented his disabilities and the pain they caused.<sup>65</sup> Men such as these two were often too preoccupied with their own physical and mental adjustments to devote the time and energy to a political movement.

Another important reason for lack of organization centres on identity. As Oliver has posited in his study on contemporary disability groups, ‘many disabled people do not regard themselves as disabled, or even if they do, would not contemplate joining an organization for disabled people.’<sup>66</sup> It is conceivable that some men may not have viewed themselves as ‘disabled persons’, and therefore had no desire to join groups like LESMA which would have labeled them as such. For others, a supportive family network, enough disposable income and relatively few medical complications would have diminished the need for joining disability or ex-service organizations in the first place.

Finally, radicalized, political groups of disabled ex-servicemen did not always flourish because many disabled men did not have a heightened awareness of their own rights as disabled persons, or of the circumstances of their comrades. Although many did form strong bonds and organize themselves into self-help groups and ex-servicemen’s associations, this sense of identity was not firmly cemented among all disabled men who returned home. This lack of cohesion existed for several reasons. As mentioned above, the population of disabled ex-servicemen was sufficiently disparate in background, politics and class to preclude any single identity. Moreover, a number of men did not feel justified in complaining or demanding further rights and treatment. In response to questions about his disability one ex-soldier retorted, ‘Some did worse, didn’t they? You can read their names up on the church wall.’<sup>67</sup> Another responded in a similar vein: ‘I was limping and dragging about, and I hurt most of the time, but what did that matter – I was in the

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<sup>64</sup> Blythe, *The View in Winter*, p.164.

<sup>65</sup> *Ibid.*, p.190.

<sup>66</sup> Oliver, ‘The Politics of Disability’, p.23.

<sup>67</sup> Blythe, *The View From Winter*, p.175.

world!’<sup>68</sup> These men were dealing with feelings of guilt over the deaths of their comrades, and relief at being alive. They did not have a sense of deserving special treatment. They were dealing with a variety of emotions, which mitigated against any thoughts of politics or disability rights.

For some, it was difficult to think of pensions and employment prospects when the whole world had changed so suddenly. As one ex-soldier stated ‘Many of us were quite indifferent to the future.’<sup>69</sup> He was too numb from both the war and his impairments to think of much else. However, the suddenness of disability is also significant in another way: impairments happened too quickly to allow men to realize what their rights as disabled persons were. Unlike disability groups in the latter twentieth century, which rallied against their childhood treatment, or protested against long term institutional care and segregation, disabled ex-servicemen of the Great War had no previous experience with which to draw upon. They went from healthy, young adult males, to disabled ex-servicemen in one rapid moment. In contrast to persons with childhood or long term disabilities, they did not have years of grievances to protest against. They had no experience of life with impairments and did not know what to anticipate. As Oliver and Campbell argue, it is only when the disabled *en masse* share a common past and common experience that they can identify themselves as being discriminated against and collectively fight for their needs.<sup>70</sup>

This lack of cohesion can also be linked to an absence of a sense of entitlement. At the outbreak of the War, the welfare state was still in its embryonic stages. Disabled Great War ex-servicemen did not have the same sense of privilege as ex-servicemen of later wars would hold. Oliver and Campbell have pointed out that it was not until welfare benefits were fully available and society became more affluent, that minority groups such as the disabled started demanding their own equal portion of that affluence. This sense of entitlement did not solidify until after the Second World War when the welfare state was fully developed.<sup>71</sup> Therefore, despite the fact they were conscripted and fought on behalf of the government, certain disabled men may not have demanded more from the state, simply because it

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<sup>68</sup> Ibid., p.190; Bourke. *Dismembering the Male*, pp.60-75.

<sup>69</sup> E. Carrington, *A Sub-Altern's War* (1930), p.138

<sup>70</sup> Oliver and Campbell, *Disability Politics*, pp.49-50.

<sup>71</sup> Ibid., p.21.

was beyond their frame of reference. The welfare state and all the rights and privileges guaranteed therein, was not an organic part of their life, but still a new concept.

It is also possible that for some, the self-help ethos of their parents and their Victorian upbringing would have superseded any nascent sense of entitlement. As one ex-serviceman philosophically explained, ‘sixteen days on the Western Front made me like this – and made me as I am now. That’s all there is to it. There’s no good letting your troubles get you down when they can set you up, if you know what I mean.’<sup>72</sup> He did not wish to focus on his impairments, or blame anyone else for his war time disabilities.

### Conclusion

This chapter has argued for the importance of ex-service organizations in the history and development of disability movements. It has demonstrated that The Royal British Legion and LESMA were emergent disability movements which conceptualized disability as a social problem and were thus progressive in both their ideology and treatment of disabled ex-servicemen. Both ex-service groups met the definition of ‘disability movement’ in that they worked to promote change, improve the quality of life, and promote full inclusion into society.

The Legion demonstrated its work as a disability movement in a number of ways. It campaigned actively on behalf of its members; encouraged men to become politically active themselves; raised awareness amongst disabled men; educated its members as to their rights; and worked to raise an international consciousness as to the problems associated with disability. Most significantly, Legion founders realized that disability was not just created by physical impairment, but was hindered and further exacerbated by prejudice, social stigma, economic barriers and an inaccessible built environment.

The formation of LESMA was also an important development. LESMA was a grassroots disability organization founded and run entirely by ‘rank and file’ limbless men. LESMA members actively lobbied the government; educated themselves on medical and social policy advancements; formed their own employment bureaus and distress funds; ran self-help lectures and seminars;

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<sup>72</sup> Blythe, *The View From Winter*, p.164.

volunteered their time and experience to help other members; and acted as a consumer watchdog over the limb industry. Notably, the existence of LESMA demonstrates that self-help groups formed by people with disabilities existed before World War II, and that persons with impairments began to collectively organize earlier than has been previously assumed.

Not all disabled men joined an ex-service organization, yet as this chapter has demonstrated this should not be an indication of the failure of these disability movements, or an indication of disabled men as passive and apathetic. Dismissing men who did not join these groups as simply uninterested denies the wider socio-medical issues which complicated their involvement and factored into their decision to disengage from ex-service politics. Moreover, the ethos of a particular movement cannot be expected to hold a universal appeal. However, for those who did join either LESMA or the Legion, they served their members well. The work of both the Legion and LESMA in promoting disability issues and improving disability welfare should not be overlooked: they must be credited as emergent disability movements. In order to fully understand their past, contemporary disability groups must look past 1945, and take a closer look at the activities of disabled ex-servicemen following the Great War.

## Chapter Eight – Autobiography

### Introduction

Official government material, charity records and medical information all survive to give evidence to the conceptualization of disability. Yet disabled men themselves have left few clues as to what they thought of their treatment, or how they lived with their physical impairments. The historian's task of determining how disabled men identified themselves and how they coped within the mixed economy of welfare is therefore a difficult one.

Only a few oral histories have examined the impact of disablement. Richard Van Emden's *Britain's Last Tommies* (2005) and Van Emden and Humphries' *Veterans: Last Survivors of the Great War* (1998) are among the handful of more recent works which have recorded the memories of the last surviving ex-servicemen. Philip Ziegler's *Soldiers: Fighting Men's Lives* (2001) and Richard Holmes' *Tommy* (2004) have also briefly considered disability in their overall assessment of ex-service issues. The only work to focus on the specific experiences of disabled men has been Ena Elsey's 'Disabled Ex-Servicemen's Experiences of Rehabilitation and Employment After the First World War', in *Oral History* (1997), a follow up to her 1994 unpublished thesis 'The Rehabilitation and Employment of Disabled Ex-Servicemen After the Two World Wars'. Disability history more broadly has also produced surprisingly few histories of disability experiences in the twentieth century. The most prominent and influential of these is Pamela Gordon and Stephen Humphries' 1992 study *Out of Sight* which recorded the memories of adults who spent their childhoods in institutions and hospitals. Gordon and Humphries' important collection has been drawn on extensively by successive disability historians including Anne Borsay in *Disability and Social Policy in Britain since 1750* (2005). However, few studies exist. Rarely have disabled persons bequeathed memoirs. As a result, the feelings of disabled persons themselves remain elusive.

Ex-servicemen are no exception. Relatively few disabled ex-servicemen left behind memoirs, autobiographies or clues as to their experiences. Whilst a number of men kept diaries in hospital of their immediate experiences, and later recalled to oral historians the injuries both they and their comrades sustained, little detail exists as to how ex-servicemen lived with their disabilities throughout the remainder of their lives, and as to the kind of attitudes they encountered.

This chapter examines published autobiographies and memoirs of disabled ex-servicemen. The first section explores current theories on the validity of disability autobiography, and posits how this material can be used for assessing the experiences of ex-servicemen specifically. The second section explores hitherto ignored writings of five disabled men in detail: Charles James Simmons; Sir Adrian Carton De Wiart; Sir Jack Benn Brunel-Cohen; Frank Richards; and F.W. Heath. Up till now, the works of Simmons, Brunel-Cohen, and Heath have yet to be explored. Whilst De Wiart and Richards' autobiographies have been previously studied, neither has been examined through the lens of disability.<sup>1</sup> The image of the 'heroic cripple' overcoming his impairment is a recurrent theme in many of these autobiographies. A paradox is inherent in these writings: the authors perpetuated widely held conceptions of the disabled, yet at the same time sought to educate readers and break down the barriers which disabled people encountered. Sections three and four examine how disabled men engaged with societal expectations and stereotypes within their writings. Sections five and six identify how these men, through both their writing and their actions, involved themselves in disability politics and activism, and reached out to their disabled reading audience.

This chapter contends that rather than simply internalising and reflecting societal expectations, as disability autobiography is often accused of doing, these authors conceptualized disability as a social problem; they recognized that disability was not just a medical condition, but the result of, and exacerbated by, societal prejudice, inaccessibility and unrealistic expectations. This is evidenced through their attempts to educate the able-bodied reader; their desire to assist other disabled men and to reach out to a 'disabled community'; and their involvement in activism and disability politics. They were active agents in their own lives, and worked to improve the lives of others. Each of these men demonstrates an active understanding of disability issues. Their awareness further promotes the existence of a social construction of disability in the post-war era.

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<sup>1</sup> Other published autobiographies have yet to be discovered. A thorough investigation into possible source material is necessary in order to unearth additional experiences of disabled men. This is an area open to further research.



### Five Men and their Stories

The memoirs fall into two main categories. The first is full length autobiography. These were written by men in their elderly years and reflect upon a lifetime of experience, including disability. The second group of reminiscences exists within a collection of essays edited by blind ex-serviceman Ian Fraser in 1956 entitled *Conquest of Disability: Inspiring Accounts of Courage, Fortitude and Adaptability in Conquering Grave Physical Handicaps*. Intended to inspire and encourage a disabled reading audience, Fraser also hoped his publication would educate the general public and dispel misconceptions and stereotypes surrounding disability. The collection includes the stories of authors from all walks of life living with impairments resulting from birth complications, inherited conditions, childhood diseases, adult industrial accidents and war.

Charles James Simmons responded enthusiastically to Fraser's request and contributed a small essay entitled 'Stumping the Country' to the edited collection. Three years before his death in 1975, he also published his convivial, full-length autobiography *Soap Box Evangelist*. A down to earth and industrious man, Simmons hailed from a working class family in Birmingham. His father's constant search for work as a painter resulted in a nomadic childhood. His parents were devout Methodists and Liberals and active in the Temperance Movement. The family often spent their Sundays preaching to poor families and performing charitable works. In his early childhood Simmons became acutely aware of the poverty and suffering around him. His early experiences radicalised his political beliefs and he soon broke away from family politics and joined the I.L.P. His late teens and early twenties were spent in political campaigns. He worked to raise awareness over slum conditions in Birmingham and became a voice for the poor. He also trained as a Methodist preacher and preached his beliefs at political rallies, on the pulpit and in the press. In 1915 he enlisted in the army. He was wounded a total of three times, the last of which resulted in the amputation of his right leg.<sup>2</sup>

Simmons's periods of convalescence had a profound effect. He struggled with his own wounds, and saw the suffering of other men around him. Simmons preached to his fellow convalescents in the hospital chapel. He visited their bedsides. The more gruesome disabilities he saw, the more enraged he became.

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<sup>2</sup> J. Simmons, *Soap-Box Evangelist* (1972), pp.22-27.

Upon his discharge, Simmons embarked on an enthusiastic peace campaign. Billed as “Private Jim Simmons with a Message from the Trenches”, he travelled up and down the country denouncing ‘war profiteers’ and politicians. His fiery and passionate speeches attracted not only large crowds, but the attention of the police who followed him on his travels and occasionally threw him in jail for public disturbances. He was a self-styled ‘free-lance socialist evangelist’. This period of ‘soap-box’ evangelism coincided with the fitting of his artificial limb. He often addressed his crowds on one leg; the artificial one standing next to him on stage for extra emphasis. Simmons wittily referred to this period in his life as ‘stumping the country.’

Simmons continued an active political life after the war. He became a prominent member of Birmingham city council throughout the inter-war years. He unsuccessfully ran for Member of Parliament in 1924, 1931 and 1936. During his last session as council member he also served as Secretary for the local Borough Labour Party. He was president of the Birmingham Temperance Society and the Birmingham Christian Socialist movement, as well as editor of *The Birmingham Town Crier*. He was an active member of the N.U.X and a passionate crusader for ex-servicemen’s rights. He served as assistant Whip in 1945; as Leader of the Opposition in 1946; as Commissioner of the Treasury from 1946 to 1949; and most significantly, as Parliamentary Secretary to the Ministry of Pensions from 1949 to 1951. Simmons remained an active political lecturer, organizer, journalist and preacher until his death in 1975 at the age of 82.<sup>3</sup>

Sir Jack Benn Brunel-Cohen’s early years were much more sedate. Brunel-Cohen was the eighth child of a wealthy family. His father was Lord Mayor of Liverpool and his uncle owned a chain of department stores where he and his brothers subsequently worked. He was educated at Cheltenham and summers were spent abroad. Upon graduation he joined the Territorial Army and took up a position in the family business. War broke out shortly after his marriage and the birth of his first child. His eldest brother George was killed in France in 1915. Brunel-Cohen himself spent the first couple of years of the war in England training new recruits,

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<sup>3</sup> M. Stenton and S. Lees ed., *Who's Who of British Members of Parliament: Vol.IV, 1945-1979* (Brighton, 1981). p.1001.

but left for France in time to fight in the 3rd battle of Ypres in 1917. It was here that he was hit by shrapnel, and lost both of his legs.

Denied further work in the family business by his surviving brothers, Brunel-Cohen found himself increasingly drawn to politics. His father suggested that his young son run for Parliament. In the 1918 'coupon' election Brunel-Cohen ran as an Independent Conservative and successfully gained a seat in the Fairfield Division of Liverpool where he served until 1931. He also served as a Justice of the Peace in Liverpool from 1923 to 1936. For his public service he was awarded Knight of the British Empire in 1943.<sup>4</sup>

Brunel-Cohen was an outspoken advocate for the rights of disabled ex-servicemen. He used his position as MP to campaign for better pensions, cheaper artificial limbs, and the implementation of a compulsory King's National Roll Scheme. He also sat on the Board of Governor's at St. Thomas' and served as a member of the executive committee at St Dunstan's, both prominent hospitals for disabled ex-servicemen. Most notably, he was a founding member of the Royal British Legion, and served as Legion Treasurer from 1921 to 1946. During this time he was responsible for the Poppy Campaign and worked hard to promote the Poppy Appeal to the public and Legion branches throughout the Empire. His devotion to the employment of ex-servicemen led to his position as Chairman of the National Advisory Council for the Disabled Persons (Employment) Act implemented in 1944. He worked ceaselessly for disability rights until his death in 1965. He published his autobiography, *Count Your Blessings*, in 1956.

Perhaps the most famous memoirist examined here is Private Frank Richards. Richards is best known for his memoir *Old Soldiers Never Die*. Orphaned at a young age, Richards was brought up by his aunt and uncle in Monmouthshire. He worked as a coalminer in the 1890's. He joined the Royal Welsh Fusiliers in 1901 and served in both India and Burma. A reservist soldier in 1914, he reattached to the 2<sup>nd</sup> Battalion Royal Welsh Fusiliers and remained with the battalion for the remainder of the war.<sup>5</sup> Richards was one of the 'Old Contemptibles.'

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<sup>4</sup> J.B. Brunel-Cohen, *Count Your Blessings* (1956), p.148.

<sup>5</sup> Naval and Military Press. 'Frank Richards', <http://www.frank-richards.com/>. Accessed 11 April 2006.

During his time in the army Richards suffered from constant illness and debilitating injuries. After a number of hospital stays, he was discharged with rheumatoid arthritis. Despite his protestations, the medical boards found his disability to be neither caused nor aggravated by military service and he received no pension. Unable to return to his work in the coalmines, he was forced to rely on a series of temporary jobs after the war. Despite his deteriorating illness, Frank Richards lived until the age of 78 and died in 1961.

Richards was good friends with Robert Graves and it was Graves who convinced him to write his memoirs. In 1933 Richards published *Old Soldiers Never Die*, followed by *Old Soldier Sahib* in 1936. Both texts were extremely successful and hailed as ‘classic accounts’ written from the perspective of a ‘ranker.’ They have subsequently been studied by military historians and academics in literature studies.<sup>6</sup> Given Richards’ detailed accounts of his impairment, however, it is surprising that *Old Soldiers Never Die* has yet to be examined through the lens of disability.

Sir Adrian Carton De Wiart bequeathed both a full length autobiography, *Happy Odyssey*, in 1950, as well as an essay in Fraser’s collection entitled ‘Work is of Minor Importance Except in War’. A Lieutenant General of Irish and Belgian descent, De Wiart was born to an aristocratic family in Brussels. De Wiart led a colourful life. He began studying at Oxford, but soon left to join the British army. He suffered a punctured lung in the Boer War and lost an eye while serving with the Camel Corps in Somaliland. During the First World War he was wounded a total of eight times, and had his hand amputated. For his services he was awarded the Victoria Cross. He was a prisoner of war in World War II and later served as a diplomat in Poland, China and France. In 1946 he fell downstairs and broke his back. He was proud of his disabilities as they served as proof of his heroism.

De Wiart’s tales make for exciting reading. His autobiography is also well known and widely read. Yet while his disabilities were highly visible, and indeed defined his character, De Wiart has yet to be examined by disability scholars or historians of disability. His flair for storytelling perhaps casts some doubt on the total authenticity of his tales. However, his autobiography should not be dismissed.

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<sup>6</sup> See for example, M. Cadogan, *Frank Richards: The Chap Behind the Chums* (1988).

Of all the men examined here, De Wiart goes into the most detail about his injuries, convalescence, rehabilitation and life with only one hand.

Less is known about the experiences of F.W. Heath. His essay 'One of the Lucky Ones', included in Fraser's collection, is the only published account detailing the amputation of his leg. A journalist before the war, Heath returned to his occupation as a writer after his discharge from hospital. Greatly concerned about the number of disabled men in poverty, he accepted Fraser's invitation, hoping his story would highlight disability issues.

As with all historical disability narratives much of what is available 'owes its preservation to the relatively elevated social status of its authors, which will certainly be reflected in their experience of disability.'<sup>7</sup> De Wiart, Heath, and Brunel-Cohen were from the middle and upper classes. Therefore issues such as pensions, the cost of medical treatment, employment and access to both artificial limbs and surgical appliances held entirely different meanings than they did for the lower middle class or working class disabled ex-serviceman. Both Brunel-Cohen and De Wiart held officer's pensions. Heath was a journalist before the war, therefore could easily return to his previous occupation. Yet regardless of class these men had to endure the physical and emotional trauma of injury and disability. They also shared the common experience of war time disablement which united them with their lower class counterparts.

However, authors are also represented here from other classes. Private Frank Richards was working class and remained so all his life. Simmons was born into a working class family and only became financially comfortable in the late 1920's after securing a seat on Birmingham City Council. He knew first hand the difficulties with pensions, unemployment and state medical care. Importantly as well, these men worked on behalf of disabled ex-servicemen's rights. Regardless of their own backgrounds, therefore, they witnessed the plight of their comrades. These autobiographies provide a mine of information for the disability historian. Significantly, they also demonstrate that disabled ex-servicemen were not passive

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<sup>7</sup> E. Bredburg, 'Writing Disability History: Problems, Perspectives and Sources', *Disability & Society*, Vol.14, No.2 (March 1999), p.198.

instruments of governmental or charitable control, but active participants in their own lives.

### ‘Heroes’

Disability autobiography has come under a great deal of academic criticism. P.K. Longmore contends that disability autobiographies are often misleading. According to Longmore, the disabled internalize society’s expectations and in turn produce these expectations in their memoirs. Thus, the ‘heroic’ cripple is a predominant image. Longmore posits that disabled memoirists portray themselves as ‘super-crips’ as it has become a ‘preferred, even required mode of self-representation for people with physical and sensory disabilities’. In order for the rest of the population to accept them, and indeed wish to read their stories, the disabled [have] to ‘cheerfully strive towards normalization’.<sup>8</sup> According to Lennard Davis and Howard Brody, not only is this ‘heroic’ struggle a recurrent theme within disability autobiography,<sup>9</sup> but disability is further portrayed as pitiable and inspiring. By writing impairment ‘one tends to sentimentalize it and link it to the bourgeois sensibility of individualism and the drama of an individual story.’<sup>10</sup>

In portraying this heroic struggle, G.T. Couser argues that the disabled conform to certain rhetorical devices, most commonly the ‘Rhetoric of Triumph’, where the disabled person details how they first despaired, yet overcame their disability, and the ‘Rhetoric of Nostalgia’, in which a significant portion of the memoir is dedicated to reminiscences about the subject’s able-bodied past. Here they fondly remember the lost limb, or are tormented by ‘phantom limbs.’<sup>11</sup> Both Couser and Elizabeth Bredburg contend that these patterns occur because disabled persons were most likely influenced by their institutional and medical experiences. The expectations of medical men prejudice their own expectations, which in turn affect how they remember their disabilities and reflect upon their own progress.

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<sup>8</sup> P.K. Longmore, ‘Uncovering the Hidden History of People with Disabilities’, *Reviews in American History*, Vol.15, No.3 (September 1987), p.361.

<sup>9</sup> H. Brody, *Stories of Sickness* (Oxford, 2003), p.154.

<sup>10</sup> L.J. Davis. *Enforcing Normalcy: Disability, Deafness and the Body* (1998), p.4; Brody, *Stories of Sickness*, p.154.

<sup>11</sup> G.T. Couser, ‘Signifying Bodies: Life Writing and Disability Studies’, in S. Snyder et al., ed. *Disability Studies: Enabling the Humanities* (New York, 2002), p.109.

Disabled authors may present an ‘institutionalized perspective’<sup>12</sup> which does not accurately reflect their true feelings towards their impairment but echo what they have been told.<sup>13</sup>

The concepts of heroism, struggle and endurance are indeed common themes within the writings of the five men examined here. The titles *Count your Blessings; Happy Odyssey; Conquest of Disability*; ‘One of the Lucky Ones’, give evidence to the inspirational and heroic tone of their works. The writers actively encourage their disabled readers to stoically persevere. In ‘Stumping the Country’, Simmons advises his readers: ‘Don’t pity yourself; don’t under-rate your capabilities; and above all, don’t develop an inferiority complex because you are disabled. Don’t think “the world owes me a living” but determine that you will do something better than the non-disabled. They conquer who believe they can.’<sup>14</sup> De Wiert echoes similar sentiments in ‘Work is of Minor Importance Except in War’:

[T]here is only one tragic disablement, and that is of the mind. A broken body can mend, but a broken mind means a broken spirit and is the cruellest blow of all. For the rest it seems to me that, the greater the handicap, the greater the courage and determination to overcome it, and the deficiency of one senses often means the extra efficiency and alertness of all the others. All that is needed is to be given the character to face whatever life sees fit to hand out to each one of us[...]<sup>15</sup>

Moreover, De Wiert idealizes the bravery of his disabled comrades. ‘Although his career as a soldier finished,’ he wrote of his friend ‘Butcha’ who was paralysed from the waist down, ‘he brought to his mental and physical suffering all the remarkable courage he had shown in his active life – without a tinge of self-pity, or a word of complaint.’<sup>16</sup>

Implicitly, Frank Richards also promotes this ideal. Richards had to struggle for any sort of pension, relied on temporary employment, and tried endless treatments and medicines for his rheumatism. Richards grew increasingly bitter towards the state, the medical establishment, and the general public. Yet he does not

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<sup>12</sup> Bredburg, ‘Writing Disability History’, p.199.

<sup>13</sup> Ibid., p.111.

<sup>14</sup> J. Simmons, ‘Stumping the Country’. in I. Fraser, ed. *Conquest of Disability: Courage and Fortitude in the Face of Grave Physical Handicaps* (1956), p.192.

<sup>15</sup> A.C. De Wiert, ‘Work is of Minor Importance Except in War’, in Fraser, ed. *Conquest of Disability*, p.52.

<sup>16</sup> A.C. De Wiert, *Happy Odyssey* (1950), p.59.

end the book full of self-pity. He does not portray himself as bitter about his disability, but bitter about how the establishment failed to deal with it. Although Richards became increasingly frustrated with his worsening, undiagnosed condition, according to his memoirs he never complained. He proudly suffered in silence. In fact, he lashes out quite disparagingly at younger, disabled men. He claimed that the new recruits were soft and coddled, and sent home for quite minor wounds. He also devoted a great number of pages to so called ‘malingerers’ and men who would rather shoot themselves in the foot than fight for their country.

According to critics of disability autobiography, authors do not only portray heroism and bravery, but are humbled by their experiences and thankful that their impairments are not much worse. They recognize there is always someone ‘worse-off’ and do not complain or lapse into self-pity, thus creating a more likeable character for the reader.<sup>17</sup> This theme can also be found in the autobiographies of disabled ex-servicemen. Firstly, each of the disabled ex-servicemen expresses gratefulness at not being more severely disabled. This feeling of relief or even ‘luck’ is palpable throughout their stories. Frank Richards is especially vocal on this subject. His entire memoirs are those of a chronically ill and disillusioned soldier who ran up against endless bureaucratic barriers. As he bitterly recalls:

[...] my complaint grew worse and after spending much money and giving every known remedy a fair trial I got fed up. In two years and a half I drunk enough medicine to float the British Navy and swallowed enough pills which if they had been made into cannon balls would have knocked down all the concrete pillboxes on the western front [...] I have never been the same man as I was before [...].

Yet he concludes his memoirs with:

My civilian friends were astonished that I did not receive a pension of some sort and had a job to understand me when I told them that I was quite satisfied, and thankful that I was not blind, had all my limbs, that I was not horribly disfigured and that I was not an inmate in a mental home like tens of thousands of poor men still are who served in the war.<sup>18</sup>

Despite his deteriorating, chronic condition, Richards is grateful that his impairment is not significantly worse. In a sense he feels lucky that he escaped the war with just rheumatoid arthritis. It was in seeing other more severely disabled ex-servicemen that made him realize how fortunate he really was.

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<sup>17</sup> Longmore, ‘Uncovering the Hidden History of People with Disabilities’, p.361; Bredburg, ‘Writing Disability History’, p.198

<sup>18</sup> F. Richards, *Old Soldiers Never Die* (1965), pp.313-320.



De Wiart was also humbled by the experiences around him. There was, he tells his readers, always someone worse off. 'I saw an officer with two hands amputated and from that moment I never felt sorry for myself again.'<sup>19</sup> Brunel-Cohen felt the same way. His autobiography, *Count Your Blessings*, is in many ways homage to his good fortune after the war. He frequently recalled how fortunate he felt to be alive and working when so many died or became impoverished. Whilst working for the Ministry of Pensions, Simmons realized the 'pride, courage and fortitude' of disabled soldiers and civilians; dismissing his own disabilities as trivial and barely worth re-telling when so many of his readers will be much worse off than himself. Simmons initially declined to write for *Conquest of Disability* as he felt his achievements were nothing in light of his 'minor disabilities.'

Are the expressions of heroism and humbleness mere affectations? Are they simply rhetoric, as other disability autobiographies are accused of espousing? This chapter contends that ex-service autobiographies and memoirs are indeed useful and valid sources. Previous studies of autobiography do not include war disability. For these authors affecting gratitude was not necessarily mere rhetoric. In the trenches they witnessed the disabling effects of modern warfare first hand. They also observed the pain and agony which men went through in hospital and continued to experience upon their return home. Therefore, such expressions were more likely to be sincere expressions of their relative good fortune. Moreover, their elevated social positions as politicians, journalists and activists may have left them feeling not only grateful, but perhaps guilty that they survived, and were successful in life.

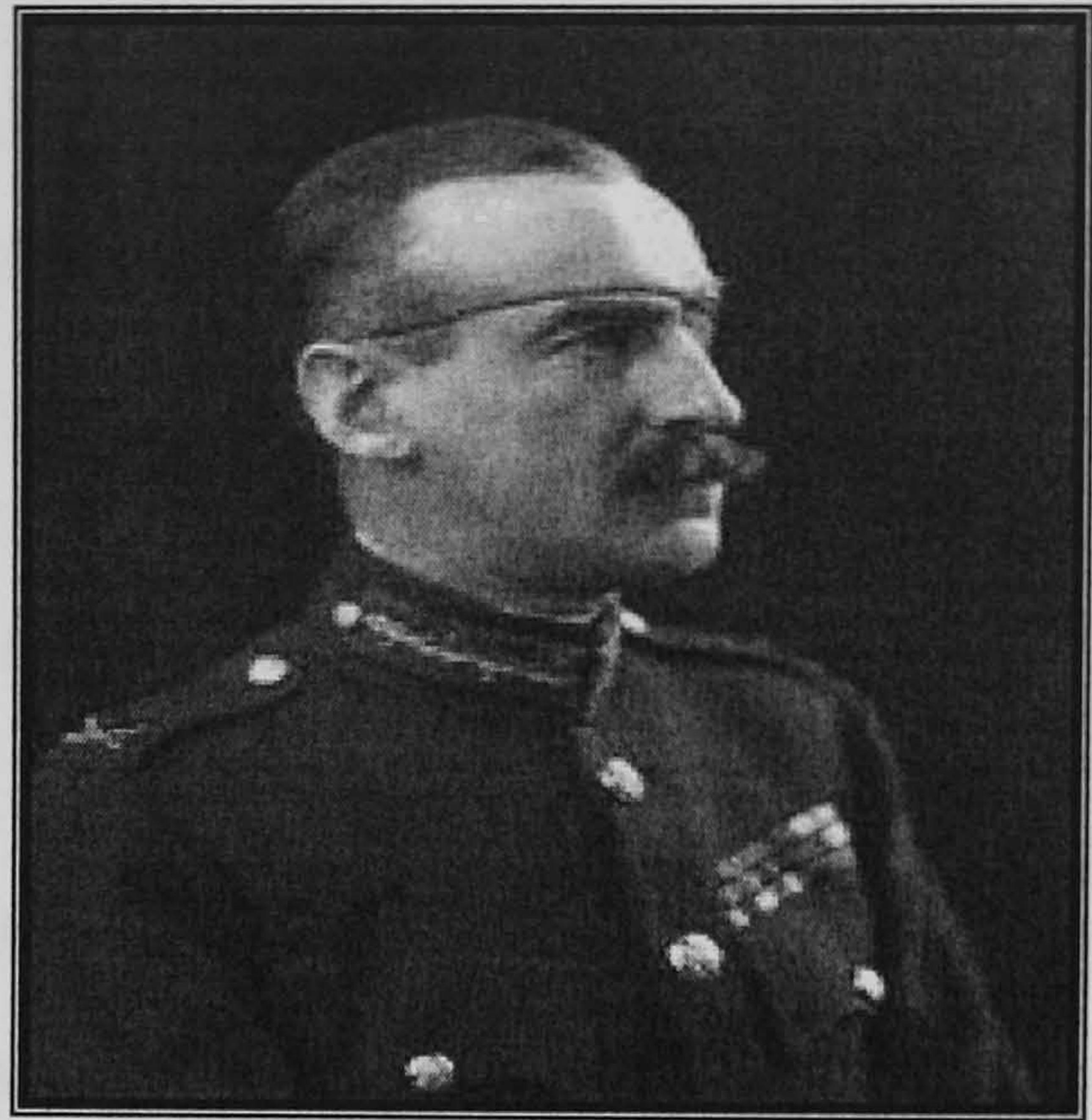
To make the assumption that men internalised medical and social expectations and then unknowingly reproduced them, underestimates their abilities. These writers were intelligent men who commented upon the war, the government, contemporary politics and social problems of the day. Ideas of heroism and gratitude do not give evidence of mere internalized rhetoric. It is plausible that many men simply did not wish to relive the trauma in great detail. In his only published work in which he describes his impairment, Brunel-Cohen details his hospital experience in less than two pages and sums it up thus:

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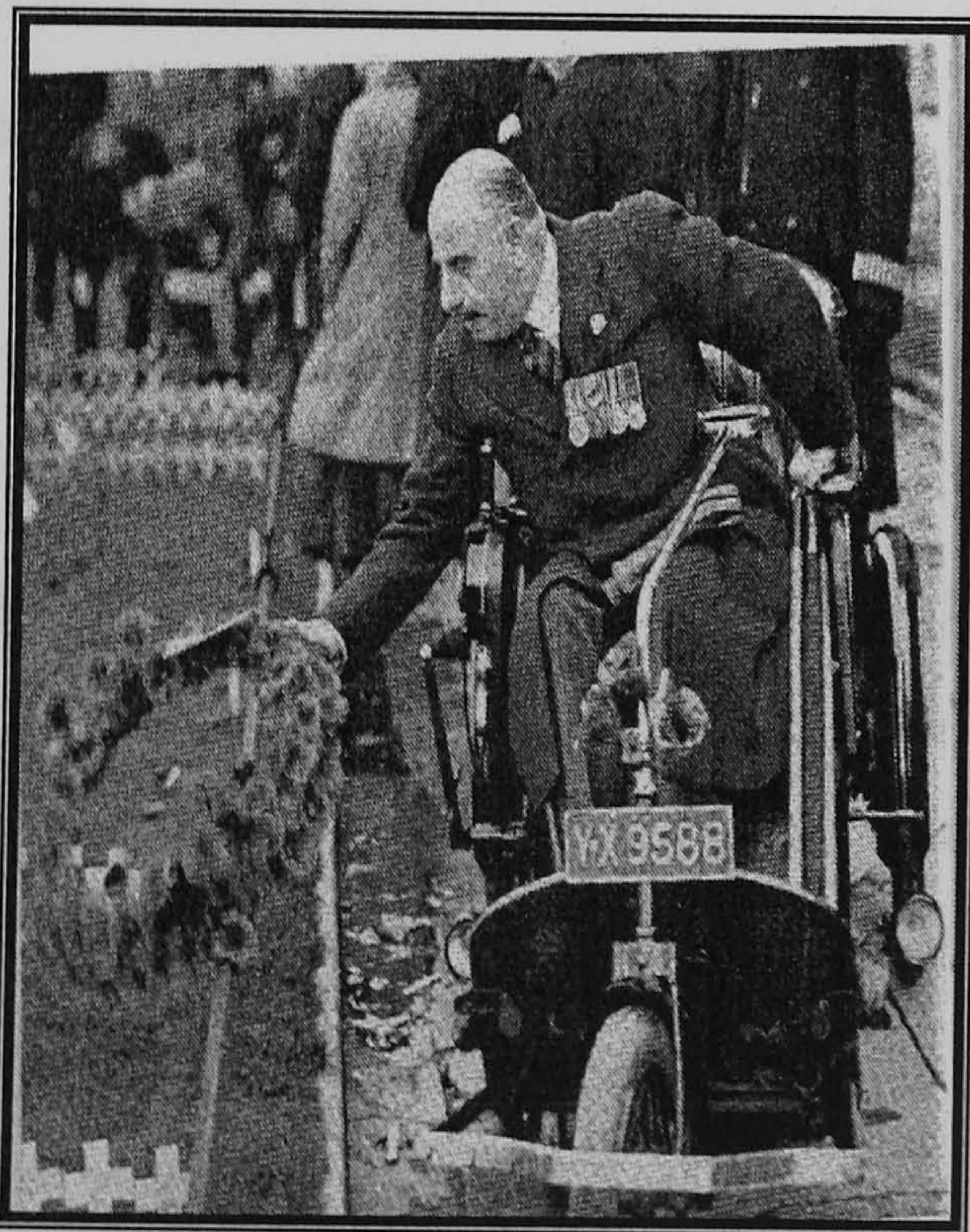
<sup>19</sup> De Wiart, 'Work is of Minor Importance Except in War', p.58.



**Fig.24: Charles Simmons**



**Fig.25 : Sir Adrian Carton De Wiart**



**Fig.26: Sir Jack Benn Brunel-Cohen**



**Fig.27: Frank Richards**

The next day the second leg was amputated; the artery had been severed and in spite of every effort to cure it the leg just died. I came out of anaesthetic with no legs and wondered what was going to happen to me. It never for a moment occurred to me that I might die.<sup>20</sup>

Brunel-Cohen expresses his shock and his worry about his future life. However he does not go into any specific detail about his hospitalisation, convalescence or even the eventual fitting of his artificial limbs. Despite the lengthy rehabilitative process which subsumed nearly five years of his life, he brushes it off as almost a minor event. Many war ex-servicemen declined to recall or relive any part of the war. Therefore, brevity can be read as a way to emotionally distance themselves from a painful past, rather than as stoic affectations.

Jim Simmons and Adrian Carton De Wiart are equally succinct. However, more interestingly, inconsistencies can be found in the works of these two authors. Each man represents his injury and rehabilitation in a different way, depending on his reading audience. In *Soap Box Evangelist*, Jim Simmons dismisses his surgery with aplomb:

I cannot recall being unduly depressed about the loss of my limb; I had gone through an agonizing six months while they were trying to save it, and I suppose the fact that something definite, however drastic, was being done, came as a bit of a relief at the time.<sup>21</sup>

Simmons describes himself as ‘young and resilient’ and lucky enough to suffer no complications after his surgery. He omits any further reference to his hospital stay, surgery or rehabilitation in his autobiography. It is a chapter in his life quickly summed up and finished. His autobiography is primarily concerned with recording his political life and does not linger over such details. He leads his readers to believe that the amputation of his leg was swift and relatively painless. More importantly, he does not recount any traumatic effects, either emotional or physical which may have resulted from his impairment. Yet in ‘Stumping the Country’, Simmons recalls his surgery and rehabilitation in a very different way. He tells his readers of the excruciating treatment, of the agonizing pain and how he begged the nurses to end his misery. Six months of rehabilitation are given in greater detail. Compare the following excerpt to the information he gave in his autobiography above:

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<sup>20</sup> Brunel-Cohen, *Count Your Blessings*, p.45.

<sup>21</sup> Simmons. *Soap-Box Evangelist*, p.27.

[...]when I came out of hospital minus a limb I was a very bitter disillusioned young man [...] I worried about my wife's reaction – how would she feel about being tied to a cripple? [...] I expect I was unbearable when in one of my many fits of depression, or after one of my nightmares.<sup>22</sup>

Sir Adrian Carton De Wiart's writings also reveal similar discrepancies. The officer represents his injuries differently in his autobiography and Fraser's inspirational text. In the latter, he tells his readers:

Several of my fingers had already been disposed of, and the well-meaning surgeons kept chopping bits and pieces off until it looked like a revolting claw. All the physical revulsion I had over my eye was multiplied a hundred times, and as I had been continuously in hospital for nine months, I felt that I should be there for the rest of my life unless my hand was amputated. The surgeons were doing their very best to save it, but by December I could stand it no longer. I threatened to leave the hospital and get it chopped off by someone else, I prevailed upon them to operate, and they took off my left hand about 4 or 5 inches above the wrist.<sup>23</sup>

Yet in *Happy Odyssey*, he recalls:

My hand was a ghastly sight; two of the fingers were hanging by a bit of skin, all the palm was shot away and most of the wrist. For the first time, and certainly the last, I had been wearing a wrist-watch, and it had been blown into the remains of my wrist. I asked the doctor to pull my fingers off; he refused, so I pulled them off myself and felt absolutely no pain in doing it.<sup>24</sup>

In the first instance De Wiart pleads in agony for his doctors to remove his hand. Yet in the second, he effortlessly tears off his own fingers without feeling any pain. He represents himself as two different people: he is a stalwart hero in his autobiography and an average, disabled patient in *Conquest of Disability*.

Bearing these inconsistencies in mind, can their stories be trusted? How much is factual and how much is embellishment? Do these men simply write what their reading audiences wish to hear? Are they assuming the role of hero for when it suits their purposes? There are several possible reasons for the irregularities in their stories. Firstly, In *Conquest of Disability* both De Wiart and Simmons write primarily for a disabled audience. They therefore may spend more time describing their injuries for the purposes of the book. They may also have felt the need to 'connect' with their disabled audience. De Wiart's story is dramatically altered. Yet the audiences for his texts are distinctly different. In his autobiography he is writing for a reading public which may already be familiar with his adventurous exploits,

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<sup>22</sup> Simmons, 'Stumping the Country', p.191.

<sup>23</sup> De Wiart 'Work is of Minor Importance Except in War', p.54.

<sup>24</sup> De Wiart, *Happy Odyssey*, p.64.

and therefore wishes to keep up his stoic image. In *Conquest of Disability*, however, he opens up more to a disabled audience. It is here perhaps that he feels more comfortable recounting a truer version of events.

Secondly, neither Simmons nor De Wiart defined themselves primarily as disabled. Therefore, it is natural that their autobiographies would concentrate on other aspects of their lives rather than their disability. In *Conquest of Disability*, Ian Fraser asked each contributor to think carefully about their own experiences, and how they could best advise other disabled persons. Thus, their writing would naturally be more detailed.

Thirdly, and most importantly, in order to attract an able-bodied reading public these men may have realized they could not go into detail about the emotional upheaval their impairment caused. As Howard Brody argues, reading audiences often expect such 'heroism.'<sup>25</sup> Simmons wished to demonstrate to his readers that he was a self-made man, who rose through the ranks of politics despite both his working class roots and subsequent impairment. De Wiart's reputation was one of swashbuckling bravery. Regardless of his real feelings, it is unlikely he would reveal his fears or pain to his awe inspired readers. In order to reach out to an able-bodied reading public, it is probable these men fed societal expectations.

Yet if these men tailored their stories, can they ever be trusted as accurate accounts of the lived experience of disability? Disability studies activist Lennard Davis does not discuss discrepancies. However, he is highly skeptical of disability autobiography. Davis contends these types of sources cannot be trusted for their authenticity. Disabled authors may write what they believe their audience wishes to hear.<sup>26</sup> Therefore, even primary sources must be read with caution. It may be impossible to ever get to the real truth of disability experience. As Longmore argues '[t]he experience of disability is not always what we are told, nor is it always what it seems.'<sup>27</sup>

These criticisms are probably unfair. Rather than dismiss autobiographies as fictitious or ahistorical, one must view them as important information concerning the lived experience of disability. True, it can be argued that these men glossed over

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<sup>25</sup> Brody, *Stories of Sickness*, p.154.

<sup>26</sup> Davis, *Enforcing Normalcy*, p.4.

<sup>27</sup> P.K. Longmore, *Why I Burned My Book and Other Essays on Disability* (Philadelphia, 2003), p.14

certain aspects of their impairment, and in so doing perpetuated long held stereotypes regarding heroism and disability. Yet in tailoring their memoirs they were able to reach a wider reading audience: they were able to educate the general reading public as to their abilities and accomplishments as disabled persons. As will be discussed below, their autobiographies also served as educative tools in which disability was brought to the able-bodied public. Yet there was a paradox inherent in their writings: they used the common stereotype of the heroic cripple in order to attract and inform their able-bodied readers.

### **Autobiographies as Education**

Far from just perpetuating stereotypes, the authors worked to educate their able-bodied audience about disability and disability issues. By describing their stays in hospital, their rehabilitation, uses of artificial limbs, pensions and employment, these men informed their readers about the struggles disabled people encountered. Brunel-Cohen, for example, devoted the penultimate chapter of his book to the work of the British Legion and to promoting the interests of disabled ex-servicemen. The final chapter 'On Disablement' is dedicated to educating his readers about disability. He outlines different forms of impairments, their definitions, their treatments, and how disability affects people both physically and emotionally. Brunel-Cohen's tone is not sentimental or melodramatic. He details the facts of disability in simple terms and does not embellish the details.

Richards also promotes an awareness of disability. Published in 1933, *Old Soldiers Never Die* enlightened its readers as to the plight of many ageing ex-servicemen. His critique of the Ministry of Pensions and the medical community would have informed readers about the problems disabled ex-servicemen faced, and of the insufficient level of care they received. He reveals glaring incompetence within the army, the government, and the RAMC; incompetence which conspired to delay his diagnosis, treatment and pension. Robert Graves encouraged Richards to publish his tale, not only because he had an interesting one to tell, but to speak out against the injustices he received.

Simmons, too, describes in scathing detail 'the marionettes at the local office [LWPC]; medical stooges devoid of human feeling; and condescending voluntary workers.'<sup>28</sup> He further educates his readers as to the barriers which disabled ex-

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<sup>28</sup> Simmons, *Soap Box Evangelist*, p.138.

servicemen encountered from both the state and the public. Heath worried about the fate of severely disabled men who previously relied on physical labour for their income and outlines his concerns in 'One of the Lucky Ones'.

These writers worked to erase preconceptions or stereotypes surrounding disability. Keen to dispel any myths that the disabled were 'lazy' or 'malingers', Brunel-Cohen informs his readers of the abilities of his fellow disabled men. 'I have never yet met anyone who has given into his own lot or has decided in his own mind he can never be as other men. The disabled are as other men, possibly with a bit more to carry, but maybe because of their very disability their backs become a little broader, their outlook a little wider, so that they become attuned to what other people might consider a burden but which they in fact rarely do.'<sup>29</sup> Simmons is also eager to impress upon his readers that disabled men can live normal lives. 'In 1916 the amputation seemed to be the end of all my dreams of useful work and service, and happy family life', he tells his readers. 'Thirty-nine years after I can say I have enjoyed a full and happy life in every respect.' He impresses upon his readers that he had a 'normal' life with his wife and sons.<sup>30</sup> He further discourages any pity from the able-bodied world, telling his readers how frustrating such pity is for the disabled. To illustrate his point he proudly describes how during his time in Armley Gaol in Leeds he asked for, and received, no special treatment on account of his missing leg.<sup>31</sup> De Wiart also stresses that he was able to live a 'normal' life. 'I want to emphasize again that my career was in no way affected by my disabilities, he wrote 'and I am certain that they did not alter the course of my life.'<sup>32</sup>

Some of the men discuss public discrimination. De Wiart admits that he dreaded being 'physically repulsing'.<sup>33</sup> He worried that people would stare, or be frightened of his appearance. Brunel-Cohen, too, reveals such discrimination. He peppers his autobiography with the attitudes he had to endure. Some MPs did not know how to speak to him and averted their eyes in the halls of the House of Commons. When people went out of their way to accommodate his needs, he felt awkward and sometimes embarrassed. He was resentful when people marvelled at

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<sup>29</sup> Brunel-Cohen, *Count Your Blessings*, p.147.

<sup>30</sup> Simmons, *Soap Box Evangelist*, pp.191-2.

<sup>31</sup> Simmons, 'Stumping the Country', p.189.

<sup>32</sup> De Wiart, 'Work is of Minor Importance Except in War', p.53.

<sup>33</sup> *Ibid.*

his abilities: ‘Some people remark to me how amazed they are at the way in which I get about and run a fairly full life. These people are obviously entirely able-bodied and have never been required to put themselves in a position of a man who for various reasons has his physical power restrained.’<sup>34</sup> He also criticises those who insist on ‘doing good’ for the disabled. When he first joined the House of Commons, he was given a seat at the front near the speaker so he could manoeuvre his chair and need only to walk a short distance to the lobby. ‘In the previous Parliament’ notes Brunel-Cohen rather scathingly, ‘Horatio Bottomley had usually sat there and he took great credit to himself in his weekly *John Bull* for giving it up to me.’<sup>35</sup>

Simmons also discusses the discrimination and attitudes he faced. ‘I felt I had to show that I was just as good as anyone with two legs, and resented “sympathy” [...]’ He tells his readers how the general population took less interest in the disabled as the war receded and criticised the public for both their ignorant stares and blatant disinterest.<sup>36</sup> Indeed many of the writers discuss the hypocrisy of the public who take an interest in the disabled as part of their war work, yet ignored or discriminated against disability once the war was over. Brunel-Cohen goes one step further and has his able-bodied readers imagine what it is like to be disabled. He reminds his readers that disability can happen to anyone: a man could go ‘from able-bodied human beings to something that is broken, disfigured and a travesty of what they were a few seconds ago.’<sup>37</sup> Thus readers should not be too quick to judge or discriminate, for they could be next.

Ian Fraser’s collection of essays *Conquest of Disability* was written with education in mind. He wished to not only inspire disabled readers, but to educate the able-bodied world as to the abilities of those with impairments. Fraser was keen to dispel stereotypes and ignorance surrounding disability. In the preface he acknowledges the fact that the essayists are all successful men and that the experiences of other disabled persons would not be the same:

I do not forget that this book is necessarily written by a small group of people who have been lucky or are talented above the average, and that there are scores of thousands of persons disabled in one way or another whose activities do not hit the headlines. But they also serve if they do their best to

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<sup>34</sup> Brunel-Cohen, *Count Your Blessings*, p.146.

<sup>35</sup> *Ibid.*, p.57.

<sup>36</sup> Simmons, ‘Stumping the Country’, p.188.

<sup>37</sup> Brunel-Cohen, *Count Your Blessings*, p.145.



make something of their lives, to minimize their dependence on others and thus to contribute to the well being of all.<sup>38</sup>

In one paragraph Fraser both acknowledges that the status of the authors is not necessarily representative, yet attempts to dissuade his readers from any misconceptions they might hold regarding disability.

The authors also engaged with both their able-bodied readers on another level. They employed humour when describing their experiences of disability. Simmons especially enjoyed recounting mishaps with his artificial leg. He tells his readers how he used to 'forget' his leg was missing and would often lose his balance and fall over. On another occasion:

I had got to the site of the meeting, which was in a park bandstand; to reach my platform I had to climb a steep incline and half-way up my leg snapped off at the ankle. I dispelled the consternation of the waiting crowd by asking for a 'piggy back'; delivered my oration on one leg with the knee of my truncated limb resting on a chair.<sup>39</sup>

De Wiart recalled how he spent quite a lot of time 'picking myself up from the ground.' F.W. Heath recollected how he once locked himself in the 'loo' and had to crawl out through the top of a window, sending his artificial leg out first.<sup>40</sup>

In these stories disability was not presented as tragic. Rather, the disabled writers presented themselves as everyday people coping with their new situations and applying a sense of humour to their impairments. A reading public which felt awkward around the disabled may have felt more comfortable after reading such stories. Through humour, the disabled men did not present themselves as stoic heroes, but as normal men who found themselves in comic or embarrassing situations.

The writings of disabled ex-servicemen were indeed educative. Although they may have used the image of the 'super-crip' to get their point across, each of these men worked to inform the able-bodied public. They did not conform to institutionalized expectations, nor did they internalise the heroic ideal. By discussing issues such as economic concerns, social barriers and discrimination, these writers educated their readers as to the role others play in the construction of disability.

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<sup>38</sup> Fraser, *Conquest of Disability*, p.11.

<sup>39</sup> Simmons. *Soap Box Evangelist*, p.63.

<sup>40</sup> F.W. Heath, 'One of the Lucky Ones', in Fraser, ed. *Conquest of Disability*, p.193.

Further to educating the able-bodied reading public, these men strove to educate and inform their disabled readers. Their memoirs and autobiographies reached out to their fellow disabled in a number of ways. Each author proffered practical advice to other disabled ex-servicemen. Artificial limbs were a popular subject of choice. ‘A good limb fitter is a disabled person’s best friend’ advised Simmons, ‘As soon as I got my new leg I felt like a new man; no more crutches, no more sore arm-pits, and no more hopping about on one leg.’<sup>41</sup> Keen sportsman De Wiart was eager to give amputees practical suggestions on how to continue outdoor pursuits and other activities. He informs his readers where to procure surgical equipment to make leisure time pursuits more accessible; provides instructions on homemade contraptions of his own invention to help readers hunt, fish and ride a horse; and encourages resourcefulness and creativity amongst his readers so they can continue their favourite pastimes.<sup>42</sup>

Significantly, these writers also advised men on how to adapt in the able-bodied world. De Wiart sympathises with his audience as he details how he re-learned basic tasks. ‘Personally,’ he states, ‘I think that far and away the biggest difficulties come from the trivial tasks of daily life, such as tying one’s shoe laces or an evening tie, and certainly I have found the little things far more trying to the temper and producing the most fluent language.’<sup>43</sup> De Wiart and Simmons give practical tips on how to fasten buttons and work household appliances. Brunel-Cohen explains adaptations which can be made to motor cars, and recommends swimming as an appropriate sport for double leg amputees. He also recommends marriage, as wives provide important emotional support and strength:

I am quite certain that a disabled man [...] should be married. If his wife is the right type of person – and so many women are – she can make life infinitely easier without his ever knowing it [...] so long as she is in the background, just there, jogging him along slightly, slowly and surely, at the same time letting him think he is the leader and the boss, she can in a quiet and retiring way make him achieve miracles.<sup>44</sup>

Simmons further supports this view. ‘The biggest help is an understanding wife’, he advises his readers, ‘and I would like to bet that 99 out of a 100 disabled men would

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<sup>41</sup> Simmons, ‘Stumping the Country’, p.188.

<sup>42</sup> De Wiart ‘Work is of Minor Importance Except in War’, pp.53-55.

<sup>43</sup> Ibid.

<sup>44</sup> Brunel-Cohen, *Count Your Blessings*, p.145.

say that it was the understanding attitude of their wives that helped them to win through.’<sup>45</sup>

Yet while their advice is practical, rarely do the writers recommend that their fellow disabled conform to societal expectations. Simmons openly told his readers that he did not always wear his artificial limb, because ‘the stump did get sore sometimes, and the harness chafed in the hot weather.’<sup>46</sup> De Wiert was also dismissive of wearing artificial limbs purely for aesthetic reasons. ‘For fishing, and fishing only, he tells his readers, ‘I wear an artificial arm, using the hook to handle my line. Otherwise, I never wear one, as I do not care for the look of them, and find that my stump gets paralytically [sic] cold inside the bucket.’<sup>47</sup> Brunel-Cohen recounts how he attempted to walk everywhere on his two artificial limbs for appearances sake. However, he found the slow progress depressing. Rather than appear ‘normal’ he decided he would be much happier if he purchased a motorised chair: ‘I came to the decision that I would never be able to walk very far and that it would be better to get accustomed to being carried or wheeled everywhere. My horizon was thus enlarged and I have carried on with this process to this day.’<sup>48</sup> Clearly, these men did not internalise societal expectations regarding their limbs. They did not feel the need to appear ‘normal’ and indeed encouraged their disabled readers to adapt and use their limbs whichever way was most comfortable.

However, the authors did warn their readers that adapting to an able-bodied world was difficult. While Simmons did not always wear his limb he warned his readers that they may face prejudice. ‘You cannot be taken for a normal human being when you are using crutches [...] with an artificial limb, one can hide a disability and fit in with the crowd.’<sup>49</sup> He also tells his readers that they may have to work to ‘prove’ themselves just as capable as the able bodied. Comments such as these do not reinforce stereotypes and misconceptions. Rather they serve as advice. In the post-war world, the disabled had to act a certain way in order to survive and succeed. Simmons simply tells his readers the facts.

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<sup>45</sup> Simmons, ‘Stumping the Country’ p.189.

<sup>46</sup> Ibid., p.188.

<sup>47</sup> De Wiert, ‘Work is of Minor Importance Except in War’, p.53.

<sup>48</sup> Brunel-Cohen, *Count Your Blessings*, p.55.

<sup>49</sup> Simmons, ‘Stumping the Country’, p.188.

## Activism and Disability Politics

The writers were all actively involved in disability issues and the rights of disabled ex-servicemen. Their memoirs and autobiographies served as another channel for expressing their concerns and championing the cause of disabled men. Heath accepted Fraser's invitation to contribute to *Conquest of Disability* because he believed the book would bring disability issues into the spotlight. De Wiart firmly believed that multiple disabilities should not stop anyone from pursuing their interests and he worked hard to publicise these opinions. Frank Richards was partly motivated to publish his memoirs by a desire to expose the difficulties ex-servicemen encountered. He not only wished to tell his own story, but create awareness.

Simmons and Brunel-Cohen were the most vocal activists. As politicians they used their positions to further disability issues. Simmons was a keen activist for disability rights up until his death in 1972. He was a member of the N.U.X; spoke at ex-servicemen's rallies and worked for the Ministry of Pensions. During his term as Parliamentary Secretary to the Ministry of Pensions he instigated a number of reforms and worked on behalf of ex-servicemen from both wars. 'As a war disabled man I had no pleasant memories of the Ministry of Pensions,' he recalls in his autobiography, 'I am glad we exorcised those ghosts from the corridors of the Ministry before we left.'<sup>50</sup> Simmons' own experiences, as well as those of his comrades inspired him to work for the government and to make improvements for future persons with disabilities.

As Member of Parliament and Treasurer of the Legion, Brunel-Cohen worked exhaustively on behalf of disabled ex-servicemen. He lobbied for better pensions and campaigned specifically against the seven year time limit. He fought for advanced artificial limbs, accessibility in public buildings and on public transport, and for the implementation of a compulsory King's National Roll Scheme.<sup>51</sup> He later served as Chairman of the National Advisory Council for the Disabled Persons (Employment) Act of 1944. Like Simmons, Brunel-Cohen promoted disability issues right up until his death.

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<sup>50</sup> Simmons, *Soap Box Evangelist*, p.138.

<sup>51</sup> Brunel-Cohen, *Count Your Blessings*, pp. 67, 100.

However, these men just did not work for disability issues, but used their own impairments to further the cause. At first, Brunel-Cohen resented that his fellow MPs assumed that he should take up the pensions cause. They recommended his name to the Speaker without his consent and this initially angered him. Why he wondered, should he work for disability issues simply because he was disabled? In spite of initial misgivings and shyness, however, he soon 'found' his subject. As a result, he became a popular voice for ex-servicemen during his thirteen years in Parliament.

Brunel-Cohen used his disability to further the rights of his fellow ex-servicemen. He acknowledged that other MPs listened to him on the subject because he was disabled himself. Although he was aware that they viewed him with a mixture of both pity and awe, he knew he could put these feelings to good use to make changes for other men less fortunate than himself.<sup>52</sup> Simmons employed his artificial limb as an important tactic in a number of political battles. He recalls how it came in useful as a 'weapon' in particularly vicious political debates:

Where a labour candidate had an honourable record as an opponent of war the Tories could be pretty vile in their propaganda and in such cases my war record was an asset and my disability a weapon that could be deployed against the crude interruptions of the hirelings of the jingo brigade.<sup>53</sup>

When he was less well known and campaigning for peace, he hid his disability and used it as a surprise tactic to embarrass both hecklers and the opposition:

My artificial leg was the cause of quite a few incidents; on one occasion an interrupter shouted 'Conchie' at me. I slung my leg over the top of the platform, pulled up my trouser leg, revealing my fully fashioned bit of wood, and grinned. The crowd adequately answered my interrupter.<sup>54</sup>

Simmons was cognizant of the fact that his disability attracted crowds. However, he also represents his disability in another way. He not only protested against the war itself, but protested on behalf of all of his fellow soldiers. 'I felt so passionately that, being out of the battle-line because of my disability, he wrote, 'I had a special duty to speak for my inarticulate comrades who were still risking life and limb on the

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<sup>52</sup> Ibid., p.58.

<sup>53</sup> Simmons, *Soap-Box Evangelist*, p.44.

<sup>54</sup> Ibid., p.64. 'Conchie' was a derogatory term for a conscientious objector.

battlefield.’<sup>55</sup> Moreover, he hoped his very visible disability would alert the public to the damages that the war inflicted.

What, therefore, can be gleaned from such activism? Firstly, it demonstrates that these men worked to educate the able-bodied public, not just through their writing, but through their actions. Secondly, they used their disability as a tool. Brunel-Cohen knew his impairment gave him credence, and he used this to his advantage when lobbying for disability issues. Simmons’ acknowledged that his artificial leg was a bit of a spectacle and that many came just to see him ‘standing on improvised platforms, insecurely balanced on one leg’, while he railed against the state.<sup>56</sup> Both men were aware of the discrimination which they faced. They were also cognizant that there was a certain amount of spectatorship involved: many came to see them speak in order to gawk at their impairments. However they used this knowledge to their advantage. More importantly, they used it to advance disability issues: once they had public attention both men worked to educate, dispel stereotypes, and campaign for the rights of disabled ex-servicemen. Therefore these men did not simply internalise stereotypes, but used their knowledge of such stereotypes to instigate change.

### Conclusion

A paradox is inherent in the autobiographies of disabled ex-servicemen. The writings appear to perpetuate widely held conceptions surrounding disability; the ‘heroic cripple’ is a recurring theme in each source. Yet at the same time, the authors sought to educate readers and break down the barriers which disabled people faced. They promoted disability rights, spoke out against prejudice, and called for political and social reform.

Previous studies have criticised disability autobiography for internalising and reproducing medical expectations and social stereotypes. What appear to be very valuable primary sources, it is argued, must be approached with both caution and skepticism. However, this argument does a serious disservice to disabled writers. It presupposes that the disabled were highly susceptible to both rhetoric and social pressure. Disabled war ex-servicemen would naturally have been influenced by their experiences, institutional, medical and otherwise. Yet, as this chapter has shown,

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<sup>55</sup> Ibid., p.30.

<sup>56</sup> Ibid.

they did not simply internalise social expectations; rather they used these expectations to their advantage.

Simmons, De Wiart, Brunel-Cohen, Richards and Heath did not passively accept their role in society. They actively fought for their rights as ex-servicemen and worked to help better the lives of others in the same situation. Furthermore, by discussing issues such as discrimination, pensions, and public attitudes, they recognized that disability was not just a medical condition, but a social issue, and promoted this awareness in their writing and in their actions. In speaking to an able-bodied audience they often found it prudent to deliver their ideas in a format consistent with contemporary perceptions of disability. By working within the confines of these expectations, the authors stood a greater chance of gaining acceptance, and ultimately understanding. This point is emphasized by the manner in which these memoirists addressed their disabled audience exclusively. Here, they portrayed a rather more stark portrayal of their disability than they did in their autobiographies. They confided in their fellows that being seen to conform to expectations, though not a true reflection of their experiences was a prudent method for gaining support and acceptance in the able-bodied world.

These hitherto neglected sources not only give insight into the experiences of disabled men, but give evidence of an understanding of disability issues amongst Great War ex-servicemen that has not previously been credited.

## Conclusion

The purpose of this thesis has been to examine provisions for, and the experience of, disabled ex-servicemen between the years 1899 and 1930. It has reassessed the prominent perspective that previous to the late twentieth century the treatment of disabled persons was characterized by exclusion, discrimination and a ‘medicalisation’ of impairments. Contrary to this view, this thesis has demonstrated that a social understanding of disability was present in Britain before, during and after the war. All facets of the mixed economy of welfare – the state, charity, medicine and ex-service organizations – acknowledged that disability was not just an individual, medical condition. Rather, it was recognized that problems encountered by disabled people were the result of societal discrimination and social barriers. These barriers included: discrimination; inaccessible public buildings; poor employment options; unrealistic expectations placed on disabled persons to ‘overcome’ their impairments; and poverty. Common practices and inequality were disabling, not physical disabilities, and policies were made in accordance with this understanding.

There have been many criticisms levelled against the mixed economy of welfare. Successive governments have been deemed irresponsible, indifferent and miserly, and of not fully integrating the disabled into post-war society. However, as this thesis has demonstrated, not only did the state discharge its responsibilities towards disabled men more effectively than often supposed, it showed a greater awareness of and sensitivity towards the plight of disabled soldiers than several existing studies allow.<sup>1</sup>

The Ministry of Pensions strove for fairness and uniform treatment, widely disseminated relevant information to educate disabled men and their caregivers, and provided disabled men with the opportunity to express their own concerns. It also successfully compensated unprecedented numbers of men and distributed sums of state money on a scale hitherto unseen. To alleviate unemployment and economic

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<sup>1</sup> See for example, A. Borsay, *Disability and Social Policy in Britain Since 1750: A History of Exclusion* (Basingstoke, 2005); D. Cohen, *The War Come Home: Disabled Veterans in Britain and Germany 1914-1939* (Berkeley, 2001).



distress, governmental bodies responsible for the care of disabled men made significant adaptations to create a more accessible and inclusive job market. The Ministry of Labour disseminated information to educate and assist disabled men; combated discrimination amongst employers, trade unions and able-bodied employees; worked to eradicate prejudice and apathy at every level of government; and strove to eliminate public misconceptions surrounding disability. The state also undertook complex employment schemes during a time when the prevention and relief of unemployment was not regarded as a major governmental duty. Despite some failures, many programmes found occupations for a large number of men. The most significant scheme – the KNRS – employed over 300,000 men every year in sustainable, secure jobs.

Within the mixed economy of welfare charitable giving also played a vital role. The state relied on the experience of local volunteers to deal with all aspects of treatment. Charities assisted a large number of men materially, medically, and financially, and made an impact on the quality of life for the disabled. Often criticised, charities have been identified as agents of social control.<sup>2</sup> Yet as this thesis has demonstrated, volunteers and philanthropic organizations helped disabled men for a myriad of reasons, including humanitarian ones. Charities and philanthropists have further been accused of exclusionary practices which stigmatized disabled persons and denied the disabled their rights and freedoms.<sup>3</sup> Yet many charities and volunteer workers demonstrated not only a deep concern for disabled ex-servicemen, but a wider understanding of disability. Far from excluding and discriminating against the disabled, charities worked to integrate disabled ex-servicemen back into society and to combat discrimination and prejudice. Various philanthropic and charitable bodies strove to raise an awareness of disability, to educate the public as to the abilities of disabled men, and to keep disabled men in the spotlight long after the war was over. Whilst portrayals of disabled men in charitable publications often pandered to stereotypes and misconceptions

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<sup>2</sup> See J.S. Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain During the Great War* (Manchester, 2004).

<sup>3</sup> Borsay, *Disability and Social Policy in Britain Since 1750*; S. Humphries and P. Gordon, *Out of Sight: The Experience of Disability 1900-1950* (Plymouth, 1992); D. Fleischer Zames, and F. Zames, *The Disability Rights Movement: From Charity to Confrontation* (New York, 1999).

surrounding impairment, this can be read as an attempt to garner sympathy, support and desperately needed funds. These representations reveal an immediate need to assist disabled men in the most efficient way.

Moreover, disabled men were not passive recipients of care, but active agents in their own welfare. Many joined ex-service organizations. Two important ex-service organizations examined here – the Royal British Legion and LESMA – were emergent disability movements: they worked to promote change, improve quality of life, and promote full inclusion into society. The Legion encouraged men to become politically active and educated its members as to their rights as disabled persons. LESMA actively lobbied the government and operated at a grassroots level. Both groups realized that disability was not just created by physical impairment, but hindered and further exacerbated by prejudice, social stigma, economic barriers and an inaccessible built environment. Notably, the existence of LESMA demonstrates that self-help groups formed by people with disabilities existed before World War II, and that persons with impairments began to collectively organize much earlier than has been previously assumed.

Disability autobiography further demonstrates how individual men worked to promote disability rights. The disabled authors examined in this thesis did not simply internalise and reflect societal expectations and stereotypes, as disability autobiography is often accused of doing. The authors sought to educate readers, break down the barriers which disabled people faced, and worked to improve the lives of others through their involvement in activism and disability politics. A social understanding of disability was present not only within the mixed economy of welfare, but amongst the men themselves.

Deeply entrenched notions of disability were, of course, not eradicated. Tensions between traditional misconceptions surrounding disability and evolving reforms were present. These tensions are especially apparent in the ways in which limb manufacturers advertised and promoted their wares. The ‘heroic ideal’ promoted by limb manufacturers presented disability as a simple problem and pressured men to return to ‘normal’. This ideal was at odds with the realities of the disabled ex-servicemen. It failed to recognize the many obstacles that men faced as they attempted to deal with their disability. Yet, in believing the promises of limb

fitters, doctors and the state were not necessarily ignorant to the problems disabled men faced. It is likely that they honestly believed that artificial limbs and other orthopaedic appliances could effectively eradicate disability. It seems likely that faith in new prosthetic technologies mitigated against any consideration of the long term effects of living with an impairment.

There is a substantial historiography surrounding the impact of the Great War and whether it fundamentally transformed British society.<sup>4</sup> It is difficult to gauge if the war radically altered perceptions of disability within the wider public consciousness. Joanna Bourke has posited that, initially, society became more accepting of disability, but that as the 1920's progressed, disabled men were shunned just as disabled persons had been before the war broke out. It has been argued that the Great War did not improve or change the situation of the disabled population as a whole.<sup>5</sup>

It is conceivable that public perception was altered, however. During the war, disabled men were in the spotlight. As has been shown, both the state and charities strove to educate the public and to dislodge prejudice. Numerous families now had a disabled relative. Most people at least knew of someone who returned home disabled. Whereas before disability was largely confined to the poor, it was now widely felt: every town in England and Wales had its share of war disabled men. The issues surrounding war disability were not just dilemmas facing the inter-war years: the impact of war disability continued to be felt into the late twentieth century. Just before the outbreak of World War II, 419,000 disabled pensioners were living in England and Wales.<sup>6</sup> In 1977, 3,000 surviving limbless ex-servicemen from the Great War were listed in BLESMA records.<sup>7</sup> As late as 1980 – sixty two years after the Armistice – 27,000 men were still in receipt of a disability pension.<sup>8</sup> The ramifications for pensions, employment, medical care, men and their families were

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<sup>4</sup> See for example, A. Marwick, *War and Social Change in the Twentieth Century* (1974); J.M. Winter, *The Great War and the British People* (1986).

<sup>5</sup> J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (1996), pp.70-75.

<sup>6</sup> N. Ferguson, *The Pity of War* (1998), p.437.

<sup>7</sup> Bourke, *Dismembering the Male* p.33.

<sup>8</sup> I.W.F. Beckett, *The First World War: A Guide to Sources* (PRO, 2002), p.156.

ongoing. Thus, it seems likely that society became more aware of the needs of disabled persons.

Historians have also accused British society of forgetting disabled men. Disabled ex-servicemen supposedly lost the sympathy and interest of the government, charities and the wider public. Eager to put the war behind them, most people began to quickly forget that numerous young men were still undergoing surgeries and rehabilitation throughout the 1920's, and that others still would spend the rest of their lives in institutions. For the wider public, disabled men no longer inspired the shock and sadness that they did during the war years. Disabled men were commonplace. The sense of horror which once inspired donations was replaced by a sense of normalcy, even indifference.<sup>9</sup>

Yet few families were left untouched by the war. If families did not have to care for a disabled father, son, or brother, then chances were they knew someone who did. Every town had its share of disabled men. It is perhaps unfair, then, to say that the public forgot disabled men altogether. It is more likely that many people were too busy caring for their own disabled friends and family members to worry about the wider population of ex-servicemen.

There are many possibilities as to why others did neglect the disabled. Financial constraints had a role to play. The crisis of the war mitigated against any long term contemplation of the after effects of disability. The post-war economy restricted what people could donate to ex-servicemen's causes, even if they wished to do so. At a time when a number of people faced unemployment and economic uncertainty, ex-servicemen were either resented or envied for having a pension. Moreover, if medicine did not understand the long term effects of disability, it would be unfair to expect the wider public to appreciate the full extent of the problem. People may have assumed that advances in orthopaedics and prosthetics effectively 'cured' men, thus eliminating any need for further support. Many historians have discussed the need for British society to move on and forget the war, to have life return to normal.<sup>10</sup> This desire cannot be dismissed as a possible reason. Together these factors conspired to lower interest in ex-servicemen; however it is

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<sup>9</sup> Bourke, *Dismembering the Male*, p.70.

<sup>10</sup> See for example, J.M. Bourne. *Britain and the Great War 1914-18* (1989).

also likely that for many people war disability had a lasting impact. Not only did the war keep disabled men at the forefront of their minds, it changed their attitudes towards impairment.

It is not within the remit of this thesis to explore the long term consequences of war disability into the 1930's and beyond. This is an area of study open to further investigation. Indeed, many avenues of the history of disabled ex-servicemen remain unexplored. The long term impact and experiences of ageing disabled ex-servicemen, for example, is still unknown. Aspects of gender and masculinity have been the subject of illuminating studies, but histories focusing on these aspects of disability are as of yet incomplete.<sup>11</sup> Although shell shock and mental disabilities have received a great deal of interest, fresh inquiries incorporating the 'New Disability History' would invigorate historical debate.

Disabled ex-servicemen and disability issues further aid an understanding of the war and its impact. An examination of disabled ex-servicemen also provides valuable insight into the perceptions and treatment of impairment in the early twentieth century. Thus, the Great War not only prompts a reassessment of how disability was understood in the past, but holds a place of importance in disability history overall.

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<sup>11</sup> Bourke, *Dismembering the Male*; W.J. Gagen, 'Disabling Masculinity: Ex-Servicemen, Disability and Gender Identity 1914-1930' (unpublished PhD thesis, The University of Essex, 2004); S. Koven, 'Remembering and Dismemberment: Crippled Children, Wounded Soldiers and the Great War in Great Britain', *American Historical Review*, Vol.99, No.4 (1994), pp.1167-1202.

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