

Yale University

**Re-making a Nation:
How Social Roles Defined Access to
Physical Disability Resources in Great Britain, 1888-1946**

A Thesis Submitted to the Department of the History of Science, Medicine, and Public Health in
Partial Fulfillment of the Requirements for the Bachelor of Arts

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Acknowledgements

First, I would like to thank my adviser, Professor Paola Bertucci, for her guidance and patience during the research and writing of this thesis and during my entire time at Yale. Her wealth of knowledge and challenging intellectual curiosity not only laid the foundations for my thesis but also served as the initial inspiration for me to pursue this major.

Additionally, I would like to thank Dr. Melissa Grafe at the Yale Medical Historical Library for her immeasurable help with my research. I would also like to express my gratitude for the support of the senior project director, Professor William Summers, and of the History of Science, Medicine, and Public Health department.

Finally, I would like to thank the Timothy Dwight College community, particularly Diane Charney, our residential college writing tutor, and Lanch McCormick, who organized the TD Mellon Forum series. It was an honor to be able to present my research alongside my extremely talented peers, who supported me with thoughtful criticism, friendship, and hot mugs of tea whenever needed. Special thanks go to Claire Mufson for her wonderful editing skills.

Introduction

It has long been recognized in the field of disability studies that physical disability is as much a sign of cultural identity as it is a medical condition. Historically, these identities have been imposed by society to marginalize those with disabilities. Depending on its extent and its context, disability can cause not only metaphorical but also true physical isolation as the stigma of disability limits the public lives of persons with physical disabilities. The more visible the disability – the greater the deviance from the accepted norm – the more socially invisible the person bearing the disability is rendered as society seeks to reject the transgression against the natural order that their body seems to represent.

In early Victorian Britain, the label of a “cripple” was used to differentiate between “whole” bodies and those that were seen as less than whole due to the physical or functional loss of limbs.¹ At best, society viewed the “cripple” as a pitiable creature, but not necessarily a sympathetic one. As popular medicine conflated external signs with internal being, physical deformity was often thought to be a reflection of character and potentially moral failings. Additionally, the sweeping moralism of Victorian Britain meant that individual actions were thought to have greater consequences for society. Even the most benign of circumstances surrounding physical disability were not spared from society’s indictments if seen as the result of personal neglect.

“Crippling” resulted from a number of causes: congenital causes, infectious disease, workplace accidents in an industrializing nation, and other accidents of urban life.² Before the

¹ Simon Millar, “Disability,” in *Unequal Britain: Equalities in Britain since 1945*, ed. Pat Thane (London: Continuum International Publishing, 2010), 167.

² Joanna Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (London: Reaktion Books, 1996), 35.

twentieth century, children with physical disabilities were either taken care of by their families at home or by private charities; there was no apparent political or economic incentive for the state to interfere in the care of the physically disabled population. Ignored by society and the state, those with severe physical disabilities came to suffer a physical and social handicap.

Well into the twentieth century, limb loss continued to serve as a particularly visible signifier of disability and, with the advent of the Great War, a potent reminder of the new atrocities that could be committed on the battlefield. The grand scale of the war made it impossible to ignore the needs of a growing disabled population, as images of soldiers with either empty sleeves or poorly made replacements such as wooden pegs were used to drum up support for disabled veterans.³ Consequently, Britain saw the establishment of a host of publicly available resources for the “crippled” population. On the material side, this meant specialized and technologically advanced medical care at orthopedic clinics and hospitals, including new standards of surgery and artificial limb designs. In addition to these material resources, Britain’s disabled population gained new social networks as those with disabilities were organized into communities with a distinct culture.

While past histories of twentieth century disability have generally concentrated on the impact of war on men’s bodies and the ensuing crisis of masculinity, few have examined how social reforms on behalf of “crippled” children beginning in the 1880s shaped the development of Britain’s twentieth century disability culture. Fewer still have examined the larger impact of the division of social roles, particularly in relation to the state, on the accessibility of these resources and on the surrounding community and public culture of physical disability. The

³ Seth Koven, “Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain,” *The American Historical Review* 99, no. 4 (October 1994), 1170.
<http://www.jstor.org/stable/2168773>.

traditional family model of Victorian Britain cast men, women, and children into distinct social roles that informed society's handling of privately-run volunteer organizations as well as the government's public policies.

Changes in children's education and healthcare and the extension of military traditions during the war expanded new public spaces for those with physical disabilities as long as they could maintain the social roles of "able-bodied" society. As Seth Koven has argued in his comparison of British children and British veterans with physical disabilities, charity organizations and hospital schools for "crippled" children provided the prototype for the military's system of comprehensive orthopedic care developed during the First World War. As an extension of Koven's work, it can be seen that the military's appropriation of the principles of work therapy advocated by disabled children's institutions was augmented by existing conceptions of masculinity. As the increasing number of wounded servicemen created an unprecedented demand for artificial limbs and other disability services in British society, the public face of disability became increasingly gendered and masculine in character, making it more difficult for disabled social groups aside from men to claim public attention and sympathy.

Even when wartime advancements of surgical procedures, artificial limb-making and fitting techniques, and after-care treatment models were adapted to civilian life following the Great War, these benefits had a limited reach in Britain's disabled population. The expansion of Britain's expanding material and social resources for the physically disabled privileged those whose restoration and rehabilitation were deemed mutually beneficial to society and the state, ultimately leading to the exclusion of disabled women, despite their increasingly vocal dissatisfaction with the treatments available to them.

I. “Physically Defective” Children and the Development of Hospital Schools

The late 1880s and 1890s marked the unprecedented creation of social and legal institutions that recognized the special concerns of physically disabled children, particularly those in need of artificial limbs. The creation of volunteer aid organizations such as the Invalid Children’s Aid Association (ICAA), founded in 1888, and Sister Grace’s Guild of Brave Poor Things, founded in 1893, not only reflected the progressive spirit of moralistic charity that was characteristic of the Victorian Era but also helped to separate children with physical disabilities as a distinct group amongst society’s downtrodden unfortunates.⁴ Disability was not an uncommon fact of civilian life, but adults with physical disability were not able to access the same cache of cultural sympathy; the first Adult Cripples’ Welfare Association was not founded until the 1930s, over a decade after the end of the Great War. Unlike their socially invisible adult counterparts, children with disabilities distinguished themselves as young innocents, which made them especially vulnerable and sympathetic in the eyes of society.⁵ This status granted disabled children greater access to a wider variety of resources from both government programs and private philanthropists. While typically Victorian fears of creating dependency limited the quality and quantity of aid available for adult “cripples,” the seeming innocence and unique helplessness of children with disabilities were considered sufficient justification for the wider range of resources provided by children’s charity organizations. For example, the ICAA provided material assistance to more effectively meet the greater needs of disabled children. This

⁴ Koven, “Remembering and Dismemberment,” 1173-74.

⁵ Bourke, *Dismembering the Male*, 44.

decision was in stark contrast against the directives of their parent group, the Charity Organization (COS), which refused to provide material assistance on principle.⁶

Following this philanthropic trend, the British government passed the Elementary Education (Defective and Epileptic Children) Act in 1899, demonstrating its own commitment to the new social obligation felt toward the care of children with disabilities. While past legislation, namely the Elementary Education Act of 1870 and subsequent amendments, had championed the more general cause of universal education for children, the 1899 act identified children who “by reason of mental or physical defect are incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but are not incapable by reason of such defect of receiving benefit from instruction in such special classes or schools.”⁷ Education authorities accepted the belief that certain populations of children with disabilities required unique educational arrangements; the authorities also now accepted their own responsibility toward such children. Local governments were invested with the power to create special schools and manage student enrollment. School authorities that were not able to provide “facilities for enabling any parent, who is of the opinion that his child ought to be dealt with under” the new education act, would be “deemed to have acted in contravention of this Act.”⁸ Following the passage of the Education Act, several publicly managed and funded schools for children with physical

⁶ Koven, “Remembering and Dismemberment,” 1173.

⁷ UK Parliament, “Elementary Education Act, 1870,” from Education in England, accessed January 14, 2015, <http://www.educationengland.org.uk/documents/acts/1870-elementary-education-act.html>, and UK Parliament, “Elementary Education (Defective and Epileptic) Act, 1899,” from Education in England, accessed January 14, 2015, <http://www.educationengland.org.uk/documents/acts/1899-el-ed-def-epi-children-act.html>.

⁸ Ibid.

disabilities were established following the model set by the Women's Work Committee of the Passmore Edwards Settlement House in London.⁹

In addition to special public schools, a number of privately run institutions influenced how reformers approached the problem of children who the government deemed “physically defective.” Most significantly, education for children with physical disabilities did not need to align with the curriculum of mainstream education. Although manual training was a compulsory part of mainstream education, the employment aspect of it declined from the turn of the century while it was expanded and even promoted in schools for the disabled, perhaps a recognition of their more pressing need for self-sufficiency.¹⁰ The emphasis on vocational training rather than intellectual education in these institutions helped redefine the social role of “cripples” by providing them with the training necessary to support themselves. The quest for self-sufficiency was not new; poor laws dating back to the Tudor era had attempted to promote apprenticeships for “crippled” children.¹¹ Although there is a record of schools for children with physical disabilities starting from the mid-nineteenth century, such schools did not exist in great number. Until the 1890s, the two most prominent schools were the Cripples’ Home and Industrial School for Girls, founded in 1851 at Marylebone, and the National Industrial Home for Crippled Boys in Kensington, which was founded in 1864 by the same committee.¹²

By the turn of the century, however, British society increasingly recognized the need for facilities serving children with physical disabilities. This new awareness sparked a wave of innovative educational and medical programs founded by independent reformers across the

⁹ Koven, “Remembering and Dismemberment,” 1176.

¹⁰ Bourke, *Dismembering the Male*, 13.

¹¹ D. G. Pritchard, *Education of the Handicapped: 1760-1960* (Florence, KY: Routledge, 1963), 62.

¹² *Ibid.*, 63.

countryside. Reflecting Victorian beliefs about work as a solution to social problems, these new institutions combined healthcare with occupational training, and explicitly framed work therapy as part of comprehensive medical care. In 1899, the nurse Agnes Hunt, who herself had a severe limp caused by tuberculosis, started a small clinic and convalescent home for children in the town of Baschurch. The clinic was visited by Robert Jones, a surgeon at Liverpool's Royal Southern Hospital and one of the leading orthopedic physicians in the country.¹³ The Baschurch clinic became the basis for Shropshire Surgical Home in the following year, establishing "the first open-air hospital for cripples," which would be renamed in 1921 as the Robert Jones and Agnes Hunt Orthopaedic Hospital. Although the Shropshire Surgical Home originally did not provide education or training, a blacksmith's shop was opened in 1904 that trained the children in making the very surgical appliances that would then be used by the hospital in treating them.¹⁴

At about the same time in 1899, Jones was also involved in the establishment of the first recognized hospital school, originally named the Royal County Hospital for Children, and later called the Royal Liverpool Children's Hospital.¹⁵ Although it was not explicitly called an orthopedic institution, the hospital school would continue to be known by education authorities as a school specifically for the treatment and education of "physically defective" children.¹⁶ With the advent of the hospital school, Liverpool became a leader in comprehensive orthopedic healthcare for children with lower limb disabilities. Like the Shropshire Surgical Home, the Liverpool Open-Air Hospital for Children, which opened at Leasowe in 1914, also had its own

¹³ Harold Ellis, "Dame Agnes Hunt: Pioneer of Orthopaedic Nursing," *Journal of Perioperative Practice* 18, no. 11 (November 2008): 510.

¹⁴ Pritchard, *Education of the Handicapped*, 160.

¹⁵ *Directory of Orthopaedic Institutions: Voluntary Organizations and Official Schemes for the Welfare of Cripples* (London: Central Council for the Care of Cripples, 1935), 22.

¹⁶ Pritchard, *Education of the Handicapped*, 159-60.

workshop that provided training and surgical appliances for the hospital's use.¹⁷ All of these hospitals were administered by voluntary committees rather than government authorities, demonstrating civic society's commitment to the care of children with disabilities.¹⁸

Social reformers helped spread the new medical standard of work therapy for children. Sister Grace Kimmins, the founder of the Guild of the Brave Poor Things, moved from London to Chailey in the Sussex countryside to establish the Heritage Craft Schools and Hospital for boys in 1903 (the school would later accept girls as well, but in fewer numbers). This establishment followed an ambitious plan of therapy, education, and vocational training.¹⁹ In addition to advanced medical care, Chailey offered its students a program of physical rehabilitation through occupational training, which would not only grant economic independence but also promoted the societal ideal of self-help. Victorian Britain placed significant moral importance on the ability to work and contribute to civil society; to provide "crippled" children with the means to overcome these apparent misfortunes allowed them a place in the larger fabric of British society, and rehabilitated a previously undesirable sector of the population.

These new resources for children with physical disabilities were developed not just out of compassion for the "Brave Poor Things" or a sense of social justice, but also out of national self-interest. The rehabilitation of children with physical disabilities through work presented an advantage to the country. By becoming productive members of society, these children helped to further strengthen the nation, which was built on the work of respectable citizens. As Seth Koven argues, widespread support for the children's labor and education reforms was won through

¹⁷ *Directory of Orthopaedic Institutions*, 22-23.

¹⁸ *Ibid.*, 22 and 107.

¹⁹ Koven, "Remembering and Dismemberment," 1167-75, and *Directory of Orthopaedic Institutions*, 122-23.

appeals to the public which framed children as a generation of “future citizens and workers.”²⁰ Similarly, the Education of Act of 1899 created the conditions that fostered the development of Britain’s hospital schools, in which comprehensive medical and social care for children with physical disabilities proposed an equally important benefit to the British nation.

Recognizing then the importance of public relations, the directors of the newly established children’s orthopedic hospital schools actively engaged the able-bodied public to garner support. Hospital schools also became a space of public spectacle, where children presented their physical disabilities in front of the able-bodied audiences that the hospital administrators courted for donations. Even Agnes Hunt, who was generally less zealous in her publicity efforts than her contemporaries, organized a performance of “Beauty and the Beast” using the children as actors as a fundraiser for the Shropshire Surgical Home in 1903.²¹ Meanwhile at Chailey, Kimmins aggressively promoted the Heritage Schools by opening the grounds to distinguished visitors and organizing children’s performances such as pageants and concerts. Publicity materials for the Chailey Heritage Schools often featured photographs of a boy with a leg brace pointing with his crutches to a sign in front of the school that proclaimed, “Men Made Here.”²² In Kimmins’s own words, the sign, which had been painted by an armless boy using his toes, was “symbolic of the spirit of the place.”²³

The public performance of disability was also shaped by an unusually militaristic attitude, a tactic which Kimmins developed in her early work with the Guild of the Brave Poor Things.

²⁰ Koven, “Remembering and Dismemberment,” 1172.

²¹ *Ibid.*, 1178.

²² Koven, “Remembering and Dismemberment,” 1176.

²³ Grace Kimmins, *Heritage Craft Schools and Hospitals, Chailey, 1903-1948: Being an Account of the Pioneer Work for Crippled Children* (Chailey: Baynard Press, 1948), 40.

According to Ada Vachell, head of the Bristol branch, guild members “considered themselves a regiment of soldiers,” and a Union Jack that was displayed prominently at their headquarters “had a very important place in the affections of the Guild.”²⁴ By linking children with disabilities to soldiers, Kimmins forged a cultural sympathy between those who had suffered on behalf of the nation at the height of the British Empire and those “Brave Poor Things” who suffered at home. Kimmins continued to utilize military culture at Chailey, which she publicized as the “public school of crippledom,” on par with such esteemed institutions like Eton. Thus, Kimmins established a model for orthopedic hospital schools to re-make “physically defective” children into proud able-bodied British citizens.

As a result of these developments in education and medical care, society’s support for children with physical disabilities became framed in moral and nationalistic terms. To provide these children with the means to cast off the negative aspects of “crippledom” and gain self-sufficiency through advanced medical care and education also had important implications for society. As Bishop Winnington-Ingram wrote to the press in an appeal to the public after a visit to the Heritage schools, “We neglect them at our own peril, and at the peril of the nation.”²⁵ The level of care that children with disabilities received, which determined their functionality and place in society, was a reflection of the state’s own power to rebuild even the weakest members of its society, those “Brave Poor Things,” and secure the strength of its future generations. Thus, comprehensive care for “crippled children” justified itself in the eyes of society and the state and created new ways of framing disability care in modern Britain in nationalistic terms.

²⁴ Ibid., 17.

²⁵ Ibid., 29.

II. The Disabled Veteran and a Post-War Culture of Disability

Neither adult men nor women with physical disabilities enjoyed the same access to comprehensive healthcare services that children had at the turn of the twentieth century in Britain; however, men were more readily positioned in society to inherit and expand upon these developing resources due to existing Victorian conceptions of masculinity, which related both to ideals of bodily integrity and to the male breadwinner model in society. Extension of these complementary Victorian definitions of masculinity, combined with new treatment models originally used with children with physical disabilities, increased public awareness and support for British men with disabilities during the twentieth century. With the advent of the Great War, the rehabilitation and reintegration of disabled servicemen became a national priority. The military turned to children's orthopedic centers as models for comprehensive care, particularly emphasizing the principles of work therapy found in children's hospital schools. In turn, children's disability organizations reinforced the cultural connection between the care of children, especially boys, and of male soldiers. As a result of the increased focus on disabled servicemen and on the restoration of their bodies and their role in society, a masculine disability culture emerged in post-war Britain.

As Joanna Bourke has convincingly argued in her study of male dismemberment in twentieth century Britain, "there is no clear distinction between the study of men's bodies and masculinity."²⁶ Victorian masculinity was often expressed in terms of physical health and virility. Physical wholeness reflected an internal metaphysical state of being, a masculinity of spirit.²⁷

²⁶ Bourke, *Dismembering the Male*, 11.

²⁷ Erin O'Connor, "Fractions of Men: Engendering Amputation," in *Raw Material: Producing Pathology in Victorian Culture*, (Durham: Duke University Press, 2000), 104.

Although improvements in amputation procedures and general surgery allowed more men to survive previously fatal injuries, the accompanying limb loss and other transgressions of bodily integrity compromised their masculinity. The gender identity of men with limb loss was further destabilized as side effects like stump pain and phantom limb sensations were medically associated with feminine disorder and hysteria, effectively feminizing their medical conditions and pathologizing that femininity.²⁸

In addition to posing a physical attack on masculinity, disability prevented men from fulfilling their social roles. Men faced an even greater expectation to successfully provide for their families through gainful employment. Late twentieth century British society separated men and women into distinct spheres, casting men as the primary breadwinners and placing women in the domestic realm.²⁹ When physical disability rendered a man unable to meet the needs of his family and to live up to this ideal, his masculinity was doubly threatened. And the combined strength of Britain's men had serious implications for the strength of the nation. Following the South African War of 1899-1902, the British government established the Interdepartmental Committee on Physical Deterioration to assess the national crisis of masculinity caused by the poor health of British men. This warranted state intervention as the shortage of healthy men to serve in the war jeopardized the strength of the British imperialist state.³⁰

In this framework, artificial limbs were important to men with disabilities as a tangible symbol of individual and collective national masculinity remade. The artificial limb tamed the hysteric stump and rehabilitated it, allowing the wearer to regain his physically whole

²⁸ Ibid., 102-147.

²⁹ Bourke, *Dismembering the Male*, 12.

³⁰ Ibid., 13-14.

masculinity and allowing him to return to work as his family's primary provider. Although there were few public resources and aid organizations for adults in general, men were thus able to receive more medical attention than women did outside the sphere of the children's orthopedic hospitals in the British countryside. An early twentieth century manual of artificial limbs published by the American A. A. Marks, a leader in American and British manufacturing circles, generally used masculine pronouns even when the antecedent used was not explicitly gendered ("patient," "person"). Most illustrations featured male patients except in a few cases. Although there was some recognition that women might require different types of prosthetic attachments, women were discussed with comparatively little detail compared to adult men or to children, whom limb makers discussed separately from adults. Most telling were the illustrations accompanying testimony of post-operative patients who had resumed normal daily life through the use of artificial limbs. These men were frequently drawn at work, particularly performing tasks requiring manual labor: farming, operating industrial machinery, carting wheelbarrows of cement and ashes.³¹ The artificial limb had both practical and symbolic value in restoring men's functional ability to perform their masculinity in society.

To a society that valued masculine whole bodies to such a high degree, the Great War was especially troubling because it produced so many wounded men and on such public display. Although the warfront was far away on the continent, civilians were able to witness the war's ravaging consequences when soldiers returned home for medical care. Past wars had presented similar theoretical threats to British men's masculinity but none had affected the nation on such a grand scale.³² Britain's entry into the Great War in 1914 sparked a greater need for better

³¹ For further illustrations, see A. A. Marks's *Manual of Artificial Limbs* (New York: 1907).

³² Bourke, *Dismembering the Male*, 13.

artificial limbs and for a better system to distribute medical resources to the men in the military. Prior to World War I, artificial limb manufacturers in the United States had the medical and technological edge, as the American Civil War had fueled progress out of necessity. At the start of the war, there were only about a dozen specialist limb manufacturing companies in Britain.³³ The initial supply of artificial limbs for British soldiers suffering from limb loss actually came from American companies, as British limb manufacturers were ill-prepared to meet the sudden increase in demand.³⁴ Yet, it also became increasingly clear that British society felt that it owed something to the soldiers who were endangering their lives and bodies on behalf of the nation.

The lack of adequate comprehensive orthopedic care for servicemen with physical disabilities at the start of the war became readily apparent to civilians at the home front. In 1915, Queen Mary's Auxiliary Hospital opened at Roehampton in 1915 after a certain Mrs. Gwynne-Holford was struck when visiting existing military hospitals "by the disadvantage at which soldiers who had suffered the loss of a limb were placed by having to leave hospital on attaining convalescence, but before they had got used to their artificial arm or leg."³⁵ Roehampton not only focused on post-surgery convalescence and after-care, but also became a leader in artificial limb manufacturing.³⁶ For some time before the British government started a decentralized network of limbless hospitals around the country, all of the wartime artificial limbs used by the military originated from Roehampton's workshops, which greatly resembled the surgical

³³ Mary Guyatt, "Better Legs: Artificial Limbs for British Veterans of the First World War," *Journal of Design History* 14, no. 4 (2001): 308.

³⁴ Gordon Phillips, *Best Foot Forward: Chas. A. Blatchford & Sons Ltd. (Artificial Limb Specialists) 1890-1990* (Cambridge: Granta Editions, 1990), 45.

³⁵ "Wounded Officers at Roehampton: Marvellous Improvements in Artificial Limbs," *The Observer*, August 15, 1915, ProQuest (480707255).

³⁶ *Ibid.*

appliance workshops previously established at children's orthopedic hospitals.³⁷ Roehampton affirmed the importance of "curative workshops" as an integral component of after-care. Patients' labor in these workshops held both therapeutic value and provided future training for employment, if and when the men would be expected to leave the military and reintegrate into civilian society.

Roehampton's management would eventually be taken over by the state in 1920; however, military medical officers developed their own wartime response to the problem of disabled soldiers in a model similar to Roehampton's curative workshops and to children's medical centers. Jones, who was well known for his orthopedic hospital schemes for children in Liverpool, was appointed the Inspector of Military Orthopedics during the war. He used his experience treating children with lower limb disabilities at the orthopedic hospital schools he founded in Liverpool and at the Shropshire Surgical Home to inform his organization of the military's medical resources.³⁸ As a military inspector, Jones formally defined the discipline of "military orthopaedic surgery" as a specific subset of military medical cases and emphasized the importance of providing comprehensive medical care.³⁹ In doing so, Jones explicitly designed the military's orthopedic care system on the model of children's orthopedic hospitals.⁴⁰ In an article in *The Lancet* explaining the necessity for the newly implemented system of comprehensive care, Jones proclaimed that military orthopedic surgery "[arose] out of the

³⁷ Robert Jones, "Military Orthopaedic Surgery: Its Scope and Aims," *The Lancet* 192, no. 4952 (July 27, 1918): 117, doi:10.1016/S0140-6736(00)53647-2.

³⁸ *Ibid.*, 115.

³⁹ *Ibid.*, 115-119.

⁴⁰ Koven, "Remembering and Dismemberment," 1187.

principles adopted for the treatment of crippled children.”⁴¹ These principles included rehabilitation in society through work therapy.

The first of the military’s network of orthopedic hospital was established at Liverpool in 1915. Three years later, the British military boasted about fifteen orthopedic centers located in “large industrial centres over Great Britain and Ireland,” each affiliated with a group of auxiliary hospitals supervised by the parent staff.⁴² At Shepherd’s Bush Military Hospital in London, a typical orthopedic center staffed with orthopedic surgeons, physiotherapeutic specialists, and neurologists, the curative workshop was a central feature of therapy.⁴³ Jones argued that “occupation is essential to [the patients’] recovery” and that the workshop had a “double curative value – the psychological and the mechanical.”⁴⁴ The men were able to learn to adjust to their new bodies and artificial limbs with the most advanced medical theories available.

Jones garnered support for the high level of after-care and rehabilitative work therapy despite the higher cost by pointing out the overall benefit to both the military and society at large. The military witnessed better outcomes at the new comprehensive orthopedic centers as seventy percent of patients were able to return to military life. Those whose injuries precluded them from returning to the battlefield were discharged from the army but would theoretically have the necessary occupational training that would allow them to adjust to civilian life with their disability. Jones made the ambitious claim that “the orthopaedic hospital is the only link which

⁴¹ Jones, “Military Orthopaedic Surgery,” 117.

⁴² *Ibid.*, 115.

⁴³ Jeffrey 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, London,” in *Disabled Veterans in History*, ed. David A. Gerber (Ann Arbor: University of Michigan Press, 2000), 187 and Jones, *Military Orthopaedic Surgery*, 115.

⁴⁴ Jones, “Military Orthopaedic Surgery,” 115.

makes it possible for the Pensions Ministry to make a useful citizen of a disabled soldier.”⁴⁵

Supporting Jones’s faith in the curative workshop, a report by the Departmental Committee on Artificial Limbs found that men who had lost limbs in the war were “likely to be, and indeed often have been, extremely useful, and they are at present employed to a considerable extent by limb-makers” in the surgical appliance workshops built at orthopedic hospitals.⁴⁶ As part of their medical therapy and physical rehabilitation, these men produced the very materials they needed to reintegrate into society and to continue their involvement in the war effort. By the end of the war, government officials embraced the work therapy provided to the disabled soldier at these special hospitals as a way to “re-create and fortify the rest of him [...] so that he fits again into the national life, becomes once more a workman with pride in his work, a stake in the country.”⁴⁷

The promotion of work therapy in hospitals was complemented by general innovations in personalized limb-prescription and fitting methods for servicemen. The government’s Departmental Committee on Artificial Limbs had reported that the “importance and magnitude of the limb fitting problem were not sufficiently appreciated” at the onset of the war. But another consequence of wartime developments in artificial limb-making and fitting techniques was the increased connection between the work of the surgeon and of the limb-manufacturers for better fitting and more functional artificial limbs.⁴⁸ In addition to the numerous fitting hospitals that were erected in direct response to the war, personalized care became recognized as the highest standard of care. Prior to the war, it had been accepted medical practice to send “the limbless man direct to the limb-maker for his limb and merely obtaining a surgeon’s certificate of the

⁴⁵ Ibid., 116.

⁴⁶ *Report of the Departmental Committee on Artificial Limbs* (London: His Majesty’s Stationery Office, 1919), 8.

⁴⁷ Reznick, “Work Therapy and the Disabled British,” 185.

⁴⁸ *Report of the Departmental Committee on Artificial Limbs*, 8.

suitability of the limb.”⁴⁹ With the Ministry of Pension’s reaffirmed commitment to wounded servicemen in 1916 and the medical community’s increasing awareness of the inadequacies of existing artificial limbs and surgical methods, the Departmental Committee found that such a system was untenable. As they wrote in their report, “It is now considered essential not only that the artificial limb should be passed finally by the surgeon after it has been fitted, but also that the surgeon should prescribe the limb and should exercise supervision up to the time that the limb is fitted.”⁵⁰

With this new set of medical standards, artificial limb-manufacturers began to restructure themselves and the limbs they made in order to adapt to the wartime conditions and to meet the newly recognized needs of men with physical disabilities. British limb-makers formed an association with representatives on the government’s Advisory Council “in matters of policy and procedure relating to the supply of artificial limbs.”⁵¹ Limb-manufacturers were now directly involved in matters of medicine and healthcare policy. Furthermore, the creation of contracts between artificial limb-manufacturers and military medical centers fostered competition between companies to obtain and renew these business relations. Contracted companies would even be allowed workshops within military hospitals.⁵² For example, the British company Blatchford and Sons became the exclusive provider of artificial limbs for the Prince of Wales’s Hospital in Cardiff in 1916.⁵³ Wartime demand and competition became the impetus for technological progress in artificial limb-manufacturing and fitting techniques with male soldiers as the natural

⁴⁹ Ibid., 3.

⁵⁰ Ibid.

⁵¹ Ibid., 4.

⁵² Guyatt, “Better Legs,” 311.

⁵³ Phillips, *Best Foot Forward*, 55.

beneficiaries among Britain's physically disabled population. Heightened demand increased economic competition, driving technological advances. In the years 1917-18 alone, Blatchford and Sons lodged at least eleven patent applications for a diverse array of prosthetic designs ranging from a Central Knee Control device, ankle and elbow joints, and secure attachments for artificial limbs to patients' stumps.⁵⁴

The military medical community directly oversaw these developments, holding meetings and exhibitions where limb-makers presented their products. In the summer of 1915, a year into the war, Queen Mary's Hospital at Roehampton hosted an International Exhibition of artificial limbs. As one of the leading military hospitals and centers for artificial limbs in Britain, Roehampton would continue to have a close relationship with private limb-making companies throughout the war. When representatives from British limb-manufacturing companies were invited again in 1917 to a meeting of the Medical Society of London, Major R.C. Elmslie, a distinguished orthopedic surgeon at Roehampton, pointed out to his peers that many of the prosthetic designs showcased there were already available to soldiers being treated at Roehampton.

The government also invested in its own research laboratory, developing a Standard Wooden Leg model to be used by all limb-makers on contract with the military; although this model was technically still "made-to-measure" like traditional limbs, it allowed standardization of production, as all legs had to follow the same construction methods using a set range of materials and mechanisms.⁵⁵ And as artificial limb designs changed, it was also important that after care should adapt to the new technology. At the same meeting in 1917, Major Elmslie

⁵⁴ Ibid., 51-52.

⁵⁵ Guyatt, "Better Legs," 312-15.

emphasized that “the fitting of an arm was only the first part of the business.” After receiving his artificial limb, the disabled soldier would need to be trained to use it both in a “general way” and then in a “special way, according to his particular trade or occupation.”⁵⁶ Thus, servicemen benefitted both from a new state emphasis on material resources and from the principles of children’s orthopedic care.

The existing connection between children and soldiers with physical disabilities was further reinforced as military care for soldiers was not only modeled after children’s healthcare but overlapped in the same spaces, resulting in close interactions and cultural exchanges. Some of the major children’s orthopedic centers were temporarily recruited into the war effort and taken over by military medical authorities. Both the Shropshire Surgical Home, which Jones had helped to start, and Chailey were willingly converted into military centers for treatment and rehabilitation of soldiers returning from the continental battlefields with limb loss.⁵⁷ When the war was first announced, the Shropshire Home proclaimed “that England’s need must come first,” a sentiment that was echoed by many.⁵⁸ The boys at Chailey even built new buildings where they stayed while wounded soldiers took over their usual living quarters.⁵⁹

During wartime, Chailey again served as an important leader in shaping the landscape of physical disability in Britain. While Chailey served as a military medical center, the male students who were housed at the school were encouraged to interact with the soldiers convalescing there. Kimmins arranged for each soldier to be paired with a Chailey boy who

⁵⁶ “Artificial Limbs and Their Influence upon Methods of Amputation,” *British Medical Journal* 2, no. 2965 (October 27, 1917): 555, <http://www.jstor.org/stable/20308567>.

⁵⁷ Koven, “Remembering and Dismemberment,” 1180.

⁵⁸ Bourke, *Dismembering the Male*, 49.

⁵⁹ Kimmins, *Heritage Craft Schools and Hospitals*, 30.

served as his personal “batman,” borrowing from military hierarchies, a scheme that received much positive publicity. Although the Chailey boys could not all fight on the battlefield, they could be part of the nation’s war effort by keeping injured soldiers company. The boys and soldiers were connected through their experiences of physical disability, as the boys were able to vicariously live through the soldier’s stories of heroism on the battlefield. Furthermore, the soldiers were encouraged to see these theoretically functionally able boys as model patients, which increased morale on all sides.⁶⁰ Thus, despite, or even because of their physical disabilities, these men and boys served an important shared role for the British state during the war.

Chailey’s female students, however, were excluded from this new culture of disability that Kimmins encouraged. Closer physical proximity to actual soldiers during the war merely highlighted this separation between the male and female experience of disability. Long economically restricted by the gendered separation of the types of vocational training offered by the school, Chailey girls were now shut out from a novel, inherently masculine culture of disability that was being developed during the war. Although British women were exposed to danger at the warfront both in the capacity of nurses and as members the Women’s Army Auxiliary Corps, newly formed in 1917, Chailey girls were not put into contact with these military women.⁶¹ Thus, girls and women with physical disabilities were prevented from joining an emerging community or from creating their own.

Civilian spaces reinforced the cultural sympathy between British servicemen and children, especially boys, which had been created through an exchange between children’s orthopedic

⁶⁰ Koven, “Remembering and Dismemberment,” 1167-1202.

⁶¹ Jenny Gould, “Women’s Military Services in First World War Britain,” in *Behind the Lines: Gender the Two World Wars*, ed. Margaret Randolph Higonnet, Jane Jenson, Sonya Michel, and Margaret Collins Wentz (New Haven: Yale University Press, 1987), 114-25, and “Work for Medical Women,” *The British Medical Journal* 2, no. 2965 (October 27, 1917): 555, <http://www.jstor.org/stable/20308567>.

institutions and military medical centers. During the war, the militaristic culture of disability that Kimmins had developed at the Guild of the Brave Poor Things became increasingly prevalent among disability organizations, and children's organizations actively sought out a connection with injured soldiers. Children's disability organizations were quick to latch onto the examples of former members who passed the army's physical entrance requirements and were able to serve with honor in the war. The Guild of the Brave Poor Things boasted twenty-eight former boys who died in action, and the ICAA's annual reports kept record of former members "on active service" and a "Roll of Honour" for those who were killed in action.⁶² At Chailey, Kimmins eventually erected two war memorials in the boys' school to celebrate the boys who were "sufficiently cured to fight and fall in the First World War."⁶³

In addition to sending their boys off to war, children's disability organizations also invited disabled servicemen to participate in their existing communities and support structures, and actively adapted to their needs. Anticipating the return of veterans with disabilities, many children's institutions also began admitting servicemen.⁶⁴ In 1916, the Guild of the Brave Poor Things was renamed to the more inclusive "Guild of the Handicapped" to appeal more to wounded soldiers who might consider joining the guild after returning from the warfront.⁶⁵ The inclusion of soldiers into these spaces reinforced military culture, as these institutions adapted military rehabilitation techniques for civilians, reciprocating the debt that military orthopedic centers owed to children's orthopedic hospital schools.⁶⁶

⁶² Koven, "Remembering and Dismemberment," 1184.

⁶³ Kimmins, *Heritage Craft Schools and Hospitals*, 31.

⁶⁴ Bourke, *Dismembering the Male*, 50-51.

⁶⁵ *Ibid.*, 41.

⁶⁶ *Ibid.*, 51.

III. The Exclusion of Women

The increased focus on disability during World War I led to widespread changes in the scale of public and private services for Britain's disabled population. In 1917, the British government reorganized their existing pension programs and created a new Ministry of Pensions to manage the rehabilitation of disabled veterans.⁶⁷ Just a year later, the government's Charity Commissioners counted 6,000 disability charity organizations.⁶⁸ Despite the multiplication of disability services, British women's access to these resources remained limited, as the general public's sympathetic attentions remained with returning soldiers and the problem of reintegrating them into society.

Immediate post-war concerns regarding adaptation of existing disabilities services focused on both the continued treatment of disabled veterans wounded in the war and the expansion of these services to cover industrial workers. The League of Nations International Labor Office reported that "it is desirable to make known the results obtained in the case of war, and to work for their application to the victims of industrial accidents and the disabled in general."⁶⁹ On the domestic front, the British government also expressed a specific interest in the expansion of wartime disability services to the civilian population. Speaking at a conference of disability organizations on the "industrial outlook" of the physically disabled, J.J. Lawson, the Parliamentary Secretary to the Ministry of Labor, voiced the ministry's concerns about "those injured on the industrial battlefield." He affirmed the Ministry's commitment to Britain's

⁶⁷ Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939* (Berkeley: University of California Press, 2001), 23.

⁶⁸ *Ibid.*, 35.

⁶⁹ "League to Deal with Disabled: Seeks to Apply Methods Developed by War to Industrial Sufferers," *The Globe*, March 8, 1921, ProQuest (1366246941).

disabled population, claiming that the Ministry of Labour would “support by any means in its power, financial or otherwise, those societies for the help of cripples.” Voluntary services like the King’s Roll, established in 1919 by the government to connect jobless disabled ex-servicemen with willing employers, were looked to as possible models for civilians with disabilities.⁷⁰

But despite international and domestic calls for the adaptation of wartime services for a civilian population in peacetime, whatever attention and resources were not devoted to the treatment and rehabilitation of disabled veterans were often diverted to the care of children or male workers, leaving little space for adult women with disabilities. Although an unprecedented number of women, many of whom had never held a wage-earning job before, worked outside the home in a variety of capacities during the war, their employment did not reflect a prevailing change in gender roles but merely the unique demands of war on society.⁷¹ Support for women’s work, especially in traditionally masculine occupations, at the home-front was gained not by appeals to progressive ideals but through reaffirming traditional gender roles. As a group, women with physical disabilities did not have the social or political influence necessary to successfully command support from either the government or from the many philanthropic volunteer organizations that arose out of the war.

With the Great War’s end and the return of men from the warfront, economic troubles racked Britain, bringing with it social turmoil and uncertainty. Unemployment was deemed “England’s most serious internal trouble,” and a political problem as well as an economic one as

⁷⁰ Cohen, *The War Come Home*, 38-39.

⁷¹ “Labor Conditions in Munitions Making in Great Britain,” *Monthly Review of the U.S. Bureau of Labor Statistics* 2, no. 6 (1916): 73-74, ProQuest (228774742).

protests and strikes threatened domestic stability.⁷² Servicemen returning from the war to seemingly hopeless job prospects were particularly active in expressing their anger and resentment toward the government that had conscripted them into the war and toward any of the “stop-gap women” who they believed were taking jobs away from deserving men.⁷³ Despite the civil unrest these men incited, even going so far as to seize public buildings, the public and the government were often understanding of their plight. Although some newspapers dismissed these protestors as “brainless illiterates,” others reported that “the public and government sympathy is all on their side.”⁷⁴ Regardless of how government officials truly felt about these men, they recognized the relative importance of these largely politically, if not economically, enfranchised men and the public relations problem they posed.

Consequently, government economic policies prioritized men, distinguishing between men and women workers and providing the greatest support for unemployed ex-servicemen, including those with disabilities.⁷⁵ As one woman complained, although women had worked various industrial jobs including munitions, women were now “forbidden by law from entering machine shops, and the world is filled with an outcry against their continued employment in every direction, save the domestic one.”⁷⁶ During a time of social and economic instability, to support the return of men to the workforce was a relatively popular way for the British government to pay the debt that they owed their soldiers after the Great War, and an attempt to

⁷² “500,000 Idle as Britain Acts to Curb Unrest,” *New York Tribune*, December 6, 1920, ProQuest (576285418).

⁷³ “Displacing Women Workers in Britain,” *The Christian Science Monitor*, December 18, 1919, ProQuest (510238602).

⁷⁴ “500,000 Idle as Britain Acts to Curb Unrest,” and “Lack of Jobs Fans Unrest in Britain,” *The Washington Post*, December 19, 1920, ProQuest (145773517).

⁷⁵ “500,000 Idle as Britain Acts to Curb Unrest.”

⁷⁶ “Displacing Women Workers in Britain.”

stave off criticism. Increased support for male employment also facilitated the return to seemingly safe and familiar structures, upholding the traditional and familiar male breadwinner model of society.

A special article published in the *Lancet* in 1945 praising the Disabled Persons' Employment Act instated the year before demonstrates the aforementioned focus on adult men with physical disabilities. Under the new act, employers with more than twenty employees were required to hire at least three percent of their laborers from the Disabled Persons Register.⁷⁷ In this context, Watson-Jones's piece is striking for its completely gendered language. Watson-Jones focuses entirely on the problem of employing men with disabilities, beginning the piece with the proclamation: "A disabled man, despite his disability, should be an asset and not a burden." Thus, the integration of the three phases of treatment, which he defines as "medical treatment, rehabilitation, and resettlement," is only applicable to the treatment of male physical disability.

In particular, rehabilitation and resettlement were essential for men with disabilities because these men could be "trained and employed in almost every type of industrial and professional activity," restoring him his functional place in society. In Watson-Jones's piece, the "disabled man" is only identified as a "cripple" when he is a "social outcast dependent on alms." Comprehensive treatment is capable of "relieving the handicap of the disabled person," who in this case is definitively male. Watson-Jones claims that the ultimate goal and duty of society is to "reestablish for him normal family life, normal employment, and normal recreation, and reinstate him in the privileges and duties of citizenship." Furthermore, Watson-Jones considered the

⁷⁷ Millar, "Disability," 163.

successful rehabilitation and resettlement of disabled soldiers a measure of a civilization.⁷⁸ Thus, the restoration of ex-servicemen took on national importance for both society and the state.

The British public accepted the basic tenets of Watson-Jones's vision of civil society, expressing their gratitude to the men whose physical sacrifice had kept them safe in the war through philanthropic efforts. Although government officials agreed that war veterans deserved special consideration, they also recognized the large financial burden that would entail in the post-war economy and therefore encouraged philanthropy; most schemes for long-term care and rehabilitation of disabled soldiers were operated by volunteers.⁷⁹ Even the Ministry of Pensions King's Roll program, the only state-run employment scheme for disabled veterans, required the support of private businesses to provide jobs. The Ministry also hired existing voluntary organizations such as the Lord Roberts Memorial Workshops to provide occupational training for disabled veterans, instead of creating their own.⁸⁰

Ironically, the apparent inadequacy of government structures in the face of the overwhelming needs of Britain's large population of ex-servicemen contributed to the narrowed scope of Britain's newly formed disability organizations. Public outrage over the management of the military pension program led to the mobilization of private charities and organizations, which became the largest source of support for Britain's disabled population. The most influential organizations were founded by and for disabled veterans. Groups like the British Legion and the British Limbless Ex-Servicemen's Association ensured that the problems of disabled veterans

⁷⁸ R. Watson-Jones, "Disablement and Employment," *The Lancet* 245, no. 6344 (March 31, 1945): 411, doi:10.1016/S0140-6736(45)90269-8.

⁷⁹ Cohen, *The War Come Home*, 4.

⁸⁰ *Ibid.*, 34.

remained in the public consciousness and that they remained the central figure in Britain's post-war disability culture.

Even organizations that did not have any explicit connection to the military or to veterans focused solely on the plight of soldiers. Founded a couple of years after the end of the war, the Disabled Society worked exclusively to secure the rights of disabled servicemen and to ensure that the government provided the best artificial limbs when fulfilling their promised obligations to veterans. In the case of legs, this meant the Desoutter metal leg, first manufactured from duralumin in 1913 and one of the most important wartime innovations for British prosthetics. The Disabled Society used the government's support of work therapy to argue in favor of the Desoutter leg. According to the Disabled Society, for disabled veterans to work, thereby completing their rehabilitation and reintegration into society, these men required Desoutter's metal legs.⁸¹ In focusing on the rehabilitation and social reintegration of veterans, such groups necessarily precluded women from gaining access to Britain's major network of disability resources.

Women participated in the disabled community primarily as volunteers, in keeping with traditional gender roles casting women as caretakers and maintaining the standard of male employment as the ultimate goal of rehabilitation services. Women were heavily involved in philanthropic charity for disabled ex-servicemen as one of the only visible ways to demonstrate their commitment to the nation's war effort and hold a public role in the British state.⁸² The most prominent wartime example was the aforementioned establishment of Roehampton by Mrs. Gwynne Holford. Following the end of the war, Marta Cunningham founded the "Not Forgotten"

⁸¹ Guyatt, "Better Legs," 316-18.

⁸² Cohen, *The War Come Home*, 36-37.

Association, one of the three major national charity societies for disabled veterans. In addition to these individual efforts, several women's organizations such as the British Women's Hospital Committee built homes for disabled veterans. One of the most famous, the Star and Garter Home for Disabled Sailors and Soldiers received most of its donations from women. Founded in 1916 by the Actresses' Franchise League, the Star and Garter received monetary donations from both wealthy aristocratic ladies and from common women such as the "Laundry Girls" of Saint Helena's Home in West Ealing.⁸³

The relegation of women to support roles in the disabled community reflected larger post-war trends that reinforced the domestic role of women in British society. Although more women had been encouraged to enter the workforce during the Great War, much of their work was considered to be temporary rather than vocational. Justifications for women in the workplace centered around the war, which may not have had a predictable end date but was clearly not intended to be a lasting condition. Employers allowed women to join the workforce even in traditionally masculine occupations out of a patriotic duty "in order that the men may go the front," as one newspaper described in a short piece on Minister of Munitions David Lloyd George's hiring of a female chauffeur.⁸⁴ Proponents of women's work during the war explicitly separated wartime women workers from the radicalism of the woman who "denuded herself of grace" by "straying beyond the domestic sphere." Instead, wartime women workers found their role models farther back in British history amongst the "noble women of other days," who "kept the castle if her lord went forth to war." Because of their "gentle and simple" disposition, such

⁸³ Ibid., 30-36.

⁸⁴ "She Takes Man's Job to Aid Britain," *The Baltimore Sun*, January 31, 1916, ProQuest (542563939).

women were absolved of shame.⁸⁵ Thus, the social acceptability of wartime work for women was built on the reinforcement of traditional gender roles rather than their disintegration.

The proof of women's capabilities in the war did not shift these views. Society deemed the situation of "lonely, unmarried women" a "postwar tragedy" for the nation. Even if "mateless women" were capable of financial independence and "given equal opportunities in all the professions," the issue was not necessarily one of ability but of social desirability. As one woman wrote, "self-supporting sisterhood is an icy ideal."⁸⁶ And as a woman's place in the British state was defined by her primarily domestic role, the principles of work therapy and self-sufficiency that had developed in children's orthopedic centers and expanded in the treatment of servicemen were less integral to the care of women with physical disabilities. Although work therapy was also adopted by aid organizations aimed at disabled women, these organizations were relatively fewer in number and did not necessarily see self-sufficiency as the aim. At the 1930 conference for disability organizations hosted by the Invalid Children's Aid Association and the Central Council for the Care of Cripples, only one of the organizations represented at the conference spoke specifically on behalf of women with disabilities. The representative for that group, the Hostels for Crippled and Invalid Women Workers at Denmark Hill, noted that while the women were divided into "wage-earners," who were "skilled needlewomen," and "non-wage-earners," even the wage-earning women were not self-supporting. Although management of the Hostels recognized that the domestic labor and piece-work system available to women with physical disabilities were not economically self-sustaining,

⁸⁵ Bride Broder, "Enrolling the Women to Do Britain's Work: Thousands Employed in Many Different Vocations to Help Win War," *The Globe*, June 15, 1916, ProQuest (1350617098).

⁸⁶ Helena A. Normanton, "Lonely, Unmarried Women Britain's Postwar Tragedy," *The Washington Post*, August 28, 1921, ProQuest (145866395).

this did not necessarily mean failure. Thus, work therapy in the context of women with disabilities was a more reflection of the moralistic associations of work and productivity rather than an actual attempt of promoting self-sufficiency.⁸⁷

Another sign of the gendered disparity of disability care, even among children, could be seen in the continued differences between boys' and girls' education in hospital schools for children with physical disabilities, which upheld traditional family structures. Chailey's gender-segregated educational programs clearly demonstrated the different expectations and aims of "comprehensive" care for boys and girls. As Kimmins explained in her history of Chailey: "The boys are tested at all trades before the final one is chosen, and frequently employers come down and select a boy at his bench, and he is then given special training in the type of work he will be doing when he leaves at the age of sixteen."⁸⁸ Kimmins boasted that "many old boys have flourishing businesses of their own" or were "doing extremely well in the employ of some of England's best-known firms."⁸⁹ But while boys with physical disabilities were trained in vocational careers, girls were trained mostly in domestic arts such as housekeeping and cooking. This education was supposed to "provide as complete a preparation as possible for a girl's future, should she in after life be called upon to rule over a small home of their own."⁹⁰ This division in educational values for young children was especially important as it imparted the traditional split of gender roles to the next generation of Britain's disabled population, perpetuating the division of disability resources.

⁸⁷ "Cripples in Industry," *The Lancet* 216, no. 5595 (November 22, 1930): 1142-43. doi:10.1016/S0140-6736(00)90227-7.

⁸⁸ Kimmins, *Heritage Craft Schools and Hospitals*, 47.

⁸⁹ *Ibid.*, 40 and 47.

⁹⁰ *Ibid.*, 90.

As memories of the war began to subside, public and private resources were diverted back to civilians, largely to children with physical disabilities. Due to the success of children's advocates like Kimmins and Vachell in creating a cultural and material connection between children and ex-servicemen with disabilities, the next beneficiaries of the wartime advances in disability care were "crippled" children. An examination of the *Directory of Orthopaedic Institutions, Voluntary Organizations, and Official Schemes for the Welfare of Cripples* released the Central Council for the Care of Cripples makes clear the greater accessibility of resources available for children, both old and new. After experiencing such unprecedented growth during the war, the artificial limb industry attempted to maintain their new level of economic productivity by focusing their marketing on children with disabilities rather scaling back to pre-war output. During the 1920s and early 1930s, even more orthopedic hospitals, clinics, schools, and training workshops were opened either exclusively for children or with special attention paid to children. With all these newly available resources, local government councils across the nation organized official schemes for the care of their communities, assuming special responsibilities on the behalf of children. These responsibilities included subsidized costs for hospital stays and surgical appliances, not insignificant expenses at the time. In counties that did not already undertake "the general welfare of cripples" in the area under their jurisdiction, there were still bureaucratic structures in place that allowed children to feed into nearby counties' programs or to be sent to one of the nation's larger orthopedic centers such as the Royal National Orthopedic Hospital or Roehampton.⁹¹

Even with the brutality of World War II and the returned focus on servicemen, children with physical disabilities were able to maintain a significant claim on disability resources in mid-

⁹¹ For specific details per county, see the *Directory of Orthopaedic Institutions*.

twentieth century Britain. By the Second World War, the British government had firmly developed its cultural message that “the limbless person is no longer necessarily a cripple,” as Dr. R. D. Langdale Kelham, the chief limb surgeon of the Ministry of Pensions, proclaimed.⁹² In this framework, even children with disabilities were allowed a conceptual escape from the stigma of being labeled a “cripple.” In a special article published in the *Lancet* in May 1944, just as victory in Europe was achieved, a children’s limb surgeon at Roehampton protested that “child amputees are mistakenly classed as cripples” when they were “only temporarily disabled until fitted with the correct limb.”⁹³ The medical community took special care in fitting children with artificial limbs that took into account their unique physical concerns. Roehampton’s workshops produced special legs with “telescopic shins to allow for growth” for children with lower limb disabilities.⁹⁴ In stark contrast, British women in the 1940s were still dissatisfied with the physical disability resources available to them despite early recognition in the medical community that the German blitz created novel wartime conditions that increasingly affected civilians, and that different medical treatments might be required for women versus children and men.

The Syme Amputation serves as an illustrative example of the differing medical recommendations for different demographics. According to the physician C. Max Page, publishing a lecture given at the British Postgraduate Medical School in the *British Medical Journal* in 1939, the Syme amputation stump could support “an effective if not elegant prosthesis.” Page believed that the procedure was well suited for children, as long as the surgeon

⁹² “Wartime Britain,” *The Baltimore Sun*, Dec. 5, 1943, ProQuest (534200669).

⁹³ A. W. J. Craft, “Prostheses for Children,” *The Lancet* 243, no. 6298 (May 13, 1944): 639, doi: 10.1016/S0140-6736(00)74858-6.

⁹⁴ “Arms and Legs,” *The Lancet* 243, no. 6298 (May 13, 1944): 635, doi: 10.1016/S0140-6736(00)74849-5.

took great care “to maintain full nutrition of the heel flap,” as the amputation could affect future growth. Page’s recommendation of the Syme for “young men and women provided there is no sepsis” was far more cautious. In light of the wartime conditions and the danger of infection during surgery on the battlefield, the Syme appeared to have been a failure for servicemen in the Great War; a survey done by the Ministry of Pensions in 1934 found that thirty-eight out of fifty-four Syme amputations performed in the war had to undergo re-amputation. In notable contrast to the detailed information informing Page’s medical recommendations for children and adult men, Page’s advice for women, which focused on aesthetic rather than functional concerns, seems lacking. In observing that the Syme amputation “does not allow the fitting of an artificial limb with a symmetrical ankle,” Page continues that “this objection is important to women from a cosmetic standpoint.” The only modification to medical procedure that Page provides to accommodate for women’s possible concerns is to address that “cosmetic standpoint.”⁹⁵

However, further discussion of physical disabilities in British women reveals a tension between the expectations of the medical community and of the women in their care. In 1942, in the midst of the war, a certain Dr. Wheeler wrote to the *Lancet*, “There is valid argument against the [Syme] operation in women, but I believe if the average woman was given her choice she would prefer to retain her own leg and make the best of what is an unnecessarily bad job – the artificial foot.”⁹⁶ However, the very next month, an article titled “The Amputee’s Point of View” was published in the *Lancet* in direct response to that physician’s opinion. Included was an anecdote about a woman who had received a Syme amputation at a young age but was recently

⁹⁵ Max C. Page, “War Wounds and Air Raid Casualties: Amputations Under War Conditions,” *The British Medical Journal* 2, no. 4096 (July 8, 1939): 77-80.

⁹⁶ W. I. de C. Wheeler, “Syme’s Amputation,” *The Lancet* 240, no. 6209 (August 29, 1942): 264, doi: 10.1016/S0140-6736(00)41429-7.

forced to undergo a re-amputation after being badly injured in a blitz. Contrary to Dr. Wheeler's assumptions, she found her new below-knee artificial leg permitted a greater range of movement. More importantly, her new artificial leg was unobtrusive; it effectively removed any visible markers of disability. As the story concludes, "above all she is no longer labelled a cripple."⁹⁷ The medical treatment that this woman had received only out of the most extreme necessity, previously unacknowledged by her doctors, had actually proved to be not only more aesthetically pleasing but also more functionally practical.

Women's frustrations with the physical disability resources available to them continued after the war's end. Without any social or political power to advocate for themselves in the disabled community, women with physical disabilities were forced to rely on mediated discussions in male-dominated spaces, if these discussions were held at all. In 1946, a letter to the *British Medical Journal* detailed the inadequacies of existing lower limb prosthetic designs for women, "some mechanical, some cosmetic," as recorded by the writer from the complaints of a female acquaintance with an artificial leg. The writer begins by pointing out the lack of an "artificial leg specifically designed for use by women." What differences that did exist between men's and women's artificial limb designs, specifically in the different types of suspension, seemed to privilege men over women, allowing them a larger range of movement. The writer then provides suggestions in design to improve artificial limb function, noting that they seem like "a small point to correct, but it is probably a question of going against preconceived notions." According to the writer's friend, the standard shin at the time was made to "the conformation of a man's leg irrespective of whether the leg is for a man or a woman." Additionally, the metallic

⁹⁷ "The Amputee's Point of View," *The Lancet* 240, no. 6215 (October 10, 1942): 42, doi: 10.1016/S0140-6736(00)41270-5.

finish of artificial limbs obviously shone through a woman's clothes, making it impossible to for a woman to disguise the appearance of an artificial leg.⁹⁸

In addition to bringing attention to previously undiscussed concerns about function, these women with physical disabilities highlighted an important nuance in the discussion of aesthetics that medical authorities had not previously recognized. Because medical authorities believed that the aesthetic complaints of women with artificial limbs were lodged simply from a "cosmetic standpoint," physicians could easily dismiss these complaints for what they assumed were more practical recommendations. However, the loss of a limb and the subsequently unsatisfying medical treatment was so damaging to a woman's sense of self because these cosmetic concerns had important practical implications. The conception of female disability and care precluded a woman's meaningful reintegration into society unless she was able to visually hide her disability. In contrast, men with physical disabilities were able to reaffirm their place in society and the state through medicine because the sheer functionality of an artificial limb could act as compensation for a defining aspect of masculine identity. Even children, particularly boys, held a unique place in the society's regard as the future of the nation and were provided with ways to escape the stigma of being a "cripple." For women, whose place in society and the state was reaffirmed in the domestic sphere, a visible artificial limb did not necessarily confer the same advantages. A woman with an artificial limb was still trapped under the label of a "cripple" and the baggage that came with such a social identity.

⁹⁸ L.S.S.W. "Artificial Leg for Women," *The British Medical Journal* 2, no. 4472 (September 21, 1946): 438.

Conclusion

With the creation of the National Health Service in 1946, following the Second World War, the British government expanded its promise of free service of one prosthetic and of any necessary revision surgery to the population at large.⁹⁹ Before this sweeping legislation, however, women with physical disabilities were clearly at a disadvantage, with limited access to the numerous material and social resources that were established and advanced during the late nineteenth and early twentieth centuries. The development of these private and public services resolved around the traditional family roles set by past Victorian social mores and their relation to the state. Thus, the re-making of disabled bodies reflected the prioritization of certain social roles over others.

In this cultural framework of disability, men and children were able to claim visible positions in society that justified some degree of state intervention and captured public attention and charity. Women, who commanded next to no public attention, were unable to access these limited resources. As part of the next generation, children with physical disabilities became a reflection of the nation's strength and ability to provide for its society. The re-making of "crippled" children into able citizens and functional members of society became a priority for national legislation regarding the education of children with physical disabilities. Against this backdrop of the state's interest in children with disabilities, reformers like Grace Kimmins and Agnes Hunt established charity organizations and hospital schools to provide comprehensive therapy and rehabilitation services for these children.

In a similar fashion, men with physical disabilities were able to inspire the expansion of disability resources by successfully presenting their problems as not merely niche concerns but

⁹⁹ John Kirkup, *A History of Limb Amputation* (London: Springer, 2007), 164.

problems for the state and society at large. While the unprecedented scale of the disabled male population caused by the war was in itself a significant reason behind the creation of more medical and social resources, the additional threat that men's disabled bodies posed to traditional gender and social roles provided another layer of justification. As wartime conditions entrenched traditional expectations of British masculinity, the restoration of disabled men's bodies and reintegration of these men into society preoccupied most government and volunteer disability organizations.

Following the war, advocates for "crippled" children, especially boys, worked to create a cultural sympathy between the two groups. Their success in forging a mutual cultural and material exchange helped to reinforce the position of children with disabilities in the interwar era. Consequently, veterans and children with physical disabilities claimed the most attention of the nascent communities forming by and for Britain's disabled population. Although the success for the numerous government and volunteer schemes providing medical care, material assistance, and social rehabilitation programs for ex-servicemen and children varied, their very existence shaped the public face of physical disability in British society. Since the mainstream culture of disability that emerged out of Britain after the First World War privileged men and children based on their social roles, women with physical disabilities were prevented from effectively demanding recognition for their specific medical and social needs even as military healthcare resources and treatment techniques were adapted for the civilian population.

During the interwar period and leading into the Second World War, women were pushed back into their traditional domestic roles in society, effectively preventing them from benefiting from the types of arguments that reformers and advocates had used to gain society and the state's support in caring for children and men with physical disabilities. The only place that women

could claim in the disabled community was in the role of caregivers rather than as patients in need of rehabilitation and reintegration into society. While more medical authorities began to recognize the individual needs of women with physical disabilities during the Second World War, the conceptual inadequacies of women's healthcare persisted even after the war's end. The few healthcare resources that were specific to girls and women with physical disabilities were self-limiting because they did not follow the same ideals of comprehensive treatment and rehabilitation that were considered standard for boys and men. As a result, these resources could not meet the actual needs of women with physical disabilities or allow them to systematically shed the label of being a "cripple" in public life. For women, disability remained a particularly stigmatizing marker of physical and social dysfunction.

Bibliographic Essay

My background on the subject of physical disability in early to mid-twentieth century Britain was very general to begin with, focusing entirely on the crisis of masculinity that resulted from the increase in Britain's disabled male population following the World Wars. In particular, Erin O'Connor's chapter on the threat that disability posed to the public performance of Victorian masculinity in her book *Raw Material: Producing Pathology in Victorian Culture* laid the foundation of my understanding of modern British disability culture. In the context of this gendered framework where physical disability feminized male bodies, I began to wonder about the social impact of disability on already feminine bodies. It didn't seem unreasonable to think that with modern industrial life and wartime conditions, especially during the blitzing of British cities in the Second World War, there would also be women dealing with physical disabilities. Thus, my initial topic of inquiry dealt directly with medical care and prosthetics for women with physical disabilities in Britain during the Second World War.

In my preliminary research, I found pieces in contemporary medical literature that indicated an unmet need amongst women with physical disabilities, namely a series of articles and correspondences published in *The Lancet* in 1942 under the title "The Amputee's Point of View" and a 1946 correspondence in *The British Medical Journal* published under the title "Artificial Leg for Women." The fact that these stories were not told directly by women but were mediated discussions hosted in male-dominated medical communities created an interesting dimension. It became clear to me that mainstream medicine's relative lack of interest in feminine disability would be problematic for my own research. Aside from these few promising articles that I found early in my research, there seemed to be a dearth of primary sources addressing this specific problem, even in similar outlets. I quickly accepted that the specific question of

prosthetics for women in mid-twentieth century Britain was too narrow a topic for the range of sources that were available to me and that I would need to find a new angle for my research.

Meanwhile, to contextualize my understanding of twentieth century British disability culture, I looked to secondary sources on the impact of disabled ex-servicemen on British society and the state. As I mentioned earlier, there were several existing historical studies of male disability in twentieth century Britain. In addition to Erin O'Connor's work, I found Joanna Bourke's book *Dismembering the Male: Men's Bodies, Britain, and the Great War* informative about the status of disabled men bodies, particularly in the context of war. Jeffrey Reznick's piece on the practical and symbolic significance of occupational therapy, "Work-Therapy and the Disabled British Soldier in Great Britain in the First World War: The Case of Shepherd's Bush Military Hospital, London," also helped to develop my understanding of a specific masculine military culture of disability, including the medical practices and social rehabilitation processes involved. This knowledge was supplemented by Deborah Cohen's book *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939*, which detailed the major social and financial issues surrounding the Military Pensions office following the Great War.

While examining the secondary literature on disabled servicemen, I was pointed to Seth Koven's article "Remembering Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain" in *The American Historical Review*. Soon after reading Koven's piece, I discovered a copy of the *Directory of Orthopaedic Institutions: Voluntary Organizations and Official Schemes for the Welfare of Cripples* released by the Central Council for the Care of Cripples in 1935, which provided a comprehensive list of orthopedic care institutions in Britain as well as the details of their management. These two sources together were especially influential in shaping the direction of my research at this critical moment, as Koven's comparison of

disabled ex-servicemen and “crippled children,” identified a number of the children’s hospital schools that were considered leading institutions in orthopedic care in the *Directory* and that Koven also argued served as models for military orthopedic centers for disabled servicemen. This background allowed me to return to my initial question of women with physical disabilities with a deeper understanding of the social and political forces surrounding Britain’s disabled community starting from the late nineteenth century and into the start of the Second World War.

After adjusting the scope and focus of my research, I found a variety of primary sources produced by the medical community, the military and the government, and administrators at children’s orthopedic hospitals during the Great War and the interwar period – often these entities had some overlap, and individual persons would represent different institutions at varying times and in varying spaces. Articles published in *The British Medical Journal* and *The Lancet* during the final years of the Great War were particularly useful in analyzing the goals of military orthopedic medicine and in understanding the connection between occupational therapy for disabled servicemen and the children’s orthopedic hospitals of the late nineteenth and early twentieth century. Additionally, a post-war *Report of the Departmental Committee on Artificial Limbs* (1919) was useful in delineating the perceived lessons of the war for the medical community regarding the comprehensive treatment of physical disability. For further information on wartime medical innovations in the material culture of disability, I referred to Mary Guyatt’s article “Better Legs: Artificial Limbs for British Veterans of the First World War” in the *Journal of Design History* and to the company history commissioned by the British limb manufacturer Blatchford, *Best Foot Forward* by Gordon Philips.

For insight into the development of children’s orthopedic hospital schools at the turn of the twentieth century, Grace Kimmins’s personal account of the Guild of the Brave Poor Things

and the Heritage Craft Schools and the Hospital was a key primary source (*Heritage Craft Schools and Hospitals, Chailey, 1903-1948: Being an Account of the Pioneer Work for Crippled Children*). As the founder of two organizations for “crippled children,” Kimmins provided a unique perspective into the gendered aims of the medical treatment and vocational training provided at orthopedic hospital schools. To provide context for the social changes facilitating the establishment of institutions like the Heritage Craft Schools or Agnes Hunt’s orthopedic clinic and eventual full-fledged hospital school at Shropshire, I referred to a couple of secondary sources on the history of British education (Simon Millar’s piece “Disability” in *Unequal Britain: Equalities in Britain since 1945* and D. G. Pritchard’s *Education of the Handicapped: 1760-1960*), as well as the parliamentary acts that were most influential in establishing education initiatives for children with disabilities (the Elementary Education Acts of 1870 and 1899).

As my argument on the effect of social roles in determining access to private and public disability resources coalesced around society and the state’s re-making of disabled bodies into functional citizens, I turned to articles in popular newspapers to gauge public opinions on the intersecting issues of physical disability, employment (and unemployment), and gender roles during the Great War and the interwar period. I was not able to access any contemporary British sources, but fortunately North American newspapers were following both the questions of women’s wartime employment and of post-war employment for disabled veterans with significant interest. One newspaper that I used, *The Baltimore Sun*, even ran a series of articles under the title “Wartime Britain.” Interestingly, the U.S. Bureau of Labor’s reports on labor conditions and statistics in Britain during and after the Great War suggested that the British government was interested in the continued employment of women workers following the end of the war, contrary to conventional histories of women’s wartime employment as an explicitly

temporary phenomenon. However, I decided that as I was examining social perception of gender roles and employment in shaping a disability culture that skewed heavily toward volunteerism and philanthropy, the stories published in popular newspapers were more relevant to the actual experience and performance of physical disability.

Having fleshed out my understanding of early to mid-twentieth century disability cultures in Britain, I could return to examining the relative inaccessibility of medical and social resources for women with physical disabilities. In addition to the articles that I had initially found in *The British Medical Journal* and *The Lancet* from the 1940s, I also discovered a few contemporary articles from these same journals on children and men with disabilities, which I compared to the pieces solely regarding women. Additionally, I found articles explicitly detailing differences between medical recommendations for different patient groups (women, men, and children). These articles thus shaped my conclusions on the status of disability resources in the immediate aftermath of the Second World War.

I defined the timeframe of my paper based on what I considered two important events in the making of twentieth century British disability culture: the founding of the Invalid Children's Aid Association, one of the first and most influential organizations for children with physical disabilities in Britain, in 1888 and the founding of the National Health Service (NHS) in 1946. It would be interesting to analyze the immediate and long-term effects of the NHS on Britain's physically disabled population, as well as the impact of later feminist and disability movements. However, such broader questions were outside of my capabilities in the limited time and space that I had. I also think that my research would have benefited from actual accounts of women with physical disabilities, but as I stated earlier the range of sources from this time period did not include many women's voices.

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