

Introduction: Whole Nations in Arms

In 1918, orthopaedic surgeon, Dr Archer O'Reilly of St Louis, sat down to pen an article for the journal *Public Health*. O'Reilly sought to draw attention to an issue which, to his mind, had major implications beyond the field of medicine and surgery. The problem of the disabled soldier was both a social and an economic one. Former wars, he noted, had been smaller than the present one; they required smaller armies and resulted in fewer casualties. Historically, disabled ex-servicemen were given a small pension, retired to convalescent homes or were given simple jobs that required little strain. In the worst cases, O'Reilly argued, they became mendicants, dependent on charity alms and goodwill. The system, if one could call it that, invalidated men out of the military and, effectively, invalidated them out of the productive labour force. As such, it was no longer tenable: 'In the present struggle ... not armies, but whole nations, are in arms and the number of disabled soldiers is so great that their care after the war is a very serious one'.¹ Casualty lists were a real cause for concern. Over the course of the war, more than 7 million men were disabled, including 1.5 million French, 1.17 million British, 800,000 Italians, and 157,000 Americans.² The loss of so many men from the workforce threatened to seriously disadvantage nations for what many imagined to be the economic struggle for survival that would follow the military one. Well before the conflict came to an end, government officials, policy makers, and men and women of influence in France, Great Britain, Italy, Belgium, and the United States began to imagine a version of post-war reconstruction that began, first and foremost, with the reconstruction of the men disabled in war.

Bodies of Work seeks to understand the reconstruction of the Allied war disabled across all its levels – local, national, and international – and in

¹ Archer O'Reilly, MD, 'The After-Care of the Crippled Soldier', *Public Health* VI, no. 10 (Oct. 1918): 327.

² Report, Adrien Tixier, 'Statistique des invalides de la guerre', 1923, series DADG, folder 6-1-6, International Labour Organization Historical Archives, Geneva, Switzerland.

2 Introduction: Whole Nations in Arms

all its organisational, cultural, and material dimensions. It examines the creation and development of large-scale national systems and international organisations aimed at the rehabilitation of Allied ex-servicemen disabled in the First World War. When nations mobilised in August 1914, there was little sense that the war would be as protracted or as destructive as it turned out to be. Military planners, used to fighting imperial wars, believed that casualties would be minimal and that the war would be over before Christmas. Little thought was given, consequently, to what ought to be done for those men whose bodies would forever bear the marks of war's destruction. Progress in both medicine and mechanised warfare meant that men were subjected to, and survived, horrific new mutilations. Rehabilitation – understood as a combination of surgical intervention, physical therapy, the provision of prosthetic devices, and vocational retraining – became recognised as the only tenable solution for the daunting, and escalating, number of ex-servicemen joining the ranks of the disabled. The book interrogates wartime rehabilitation to determine why it took the form, or, indeed, forms, that it did in the Allied nations. It is not strictly, or even primarily, a history of medicine, but a history of the tensions and conflicts that became expressed in the practices and products of rehabilitation – a social, cultural, and material history, above all.

While the concept of rehabilitation received relatively little popular support in the pre-war era, the First World War created the perfect confluence of conditions that rendered the rehabilitation of the Allied war disabled feasible and desirable to broad sections of society, who collaborated locally, nationally, and transnationally, to realise the reconstruction and retraining of former combatants. As I demonstrate in the following chapters, the growth and form of rehabilitative practices and products in Italy, the United States, France, and Britain were shaped by both durable and discrete influences, including social reformism, paternalist philanthropy, the movement for workers' rights, patriotism, class tensions, cultural ideas about manliness and disability, nationalism, and internationalism. In recognising wartime rehabilitation systems as complex and multi-faceted sociocultural constructions, the book sheds light on important points of friction that might otherwise be obscured by taking the cooperative nature of the rehabilitation project at face value or by investigating it in a single dimension alone. Such an approach allows us to see the transnational project, rather, as a site for the contestation and maintenance of boundaries of belonging. What emerges clearly in the following chapters is that while rehabilitation was a transnational initiative, actors of the various Allied nationalities, in myriad ways and in varying measures, both accommodated and resisted influence from abroad. The

development of wartime rehabilitation bears the marks of this struggle and of the tension between hegemonic and emerging notions of belonging and sovereignty. At the same time, the book makes plain the ways in which class conflict became imbedded, at all levels, in rehabilitation systems, despite prevalent notions of wartime solidarity amongst the various social classes and creeds. It argues, finally, that internal to such systems were the limits of expansion of services to the industrially disabled. By considering post-war efforts to extend rehabilitation rights to civilians, the book provides insight into the development of social rights and welfare and the evolution of ideas about the means, ends, and objects of humanitarianism.

A Pre-war World at War

The concept of vocational training for the disabled – and the provision of functional prosthetic devices that made such training feasible by providing critical support for weakened and missing limbs – had roots in the pre-war period. The first institutes for the vocational training of orthopaedic patients had been established in the nineteenth century, first in Munich (1832) then in Copenhagen (1871), Boston (1884), Stockholm (1890), and London (1899), but their aim was to serve congenitally and industrially disabled children. The first significant efforts towards retraining disabled adults were taken up in 1897 in St Petersburg, where disabled men were trained in the manufacture of orthopaedic devices, and in 1908, with the founding of a school in Charleroi, Belgium. There, the industrially maimed learned bookbinding, shoe repair, basket-making, and more.³ The transition from providing vocational training for disabled children to making similar provisions for disabled adults seems all too natural but, in reality, it was anything but. According to American surgeon Robert Lovett, writing in 1918, despite the apparent success of Boston's Industrial School for Crippled and Deformed Children, 'when it came to convincing the public that the state care and education of cripples was advisable, necessary and economical, it was surprising to see what public inertia one encountered'.⁴ Rehabilitation initiatives were part and parcel of the middle-class social reform movements of the late-nineteenth and early twentieth centuries that aimed to secure social peace through the expert application of science-based solutions,

³ Edmond Dronsart, 'La Rééducation des Mutilés de la Guerre', *La Revue Méridionale des Idées*, Édition spécial (Nov. 1916): 52.

⁴ Robert W. Lovett, 'The Problem of the Reconstruction and Re-education of the Disabled Soldier', *Surgery, Gynecology and Obstetrics* XXVII, no. 2 (Aug. 1918): 171.

4 Introduction: Whole Nations in Arms

paving a third way between socialism and the unbridled individualism that had created vast economic inequality and working-class disorder. The reform approach to social peace only became more compelling in 1917, following the Bolshevik Revolution in Allied Russia. Returning the working-class disabled to self-sufficiency through medical aid and job training was a win-win proposition, as far as social reformers were concerned, and the war delivered the opportunity to make their case.

Social reformers provided the blueprint for wartime rehabilitation, but various groups took their drafting pens to the plans. Middle- and upper-class philanthropists and socialist labour organisers alike were inspired by wartime patriotism – the same sentiment of national solidarity that underwrote social and political truces, such as France's *Union Sacrée*, and buoyed the market for government bonds used to finance the war – to support initiatives for the war-disabled. The movement for workers' rights had steadily gained influence in the industrialised states from the mid-nineteenth century with the establishment of various trade unions and with their consolidation into labour federations, such as the American Federation of Labour (1886), the British Trades Union Congress (1899), and the French General Confederation of Labour (1895). Labour advocates like Samuel Gompers and Albert Thomas brought a different perspective to rehabilitation of the war-disabled. Such care was not a concession for social peace but a right, and one in which the disabled should be active rather than passive participants. On the other end of the spectrum, a third view of care and social welfare, paternalist philanthropy, is likewise evident in rehabilitation schemes of the war years. In pursuit of their own spiritual redemption, the well-to-do had, for centuries, subscribed to the idea of providing charity for the less fortunate. On the eve of war, such traditions were alive and well among aristocrats and a new-monied capitalist class that believed, as Andrew Carnegie did, in the 'Gospel of Wealth', that success proved the wealthy fit to help those who could not help themselves.⁵

All three points of view were fortified in the pre-war period, owing to the growth of internationalism, which connected like-minded men and women across the world. Internationalism, built through transnational exchange, refers here simply to 'the impulse to create new networks and bonds that reached beyond the nation-state'.⁶

⁵ Andrew Carnegie, 'The Gospel of Wealth', *The North American Review* 148, no. 391 (June 1889): 653–664.

⁶ Daniel Laqua, 'Preface', in *Internationalism Reconfigured: Transnational Ideas and Movements between the World Wars*, ed. Daniel Laqua (London: I.B. Tauris, 2011), xii.

From the nineteenth century, technological advances in transit and communication meant that people and ideas moved across borders with relative facility and increased frequency. The period saw the development of the International Committee of the Red Cross (1863) and other organisations that viewed outreach and care in religious terms, as a charitable act funded by philanthropists.⁷ At the same time, the First and Second Internationals (1864, 1889) brought together working-class organisations – socialists, communists, and trade unionists – in common cause. The Internationals, in turn, opened the door for the creation of the International Association for Labour Legislation (1900) and the International Association for the Fight Against Unemployment (1911).⁸ Such associations represented the culmination of informal transnational exchanges by social reformers and their Allies in the labour movement that had begun in the 1880s.⁹ The various understandings of the appropriate approach to care and social welfare, embedded in these movements, filtered into the development, during the war, of the Permanent Inter-Allied Committee (PIC) for the War Disabled and the Disablement Service of the International Labour Organization – bodies that, examined in detail in the following chapters, were particularly influential in directing and defining rehabilitation for the period.

As transnational conceptions of care and welfare coalesced in the pre-war period, so too did a hegemonic masculine ideal, which proved equally influential in the formation of rehabilitation programmes. As George Mosse argued, ideal masculinity has been fundamental to the self-definition of society since the rise of the liberal nation-state. A reflection of predominantly middle-class values, it has played a ‘determining role in fashioning ideas of nationhood, respectability, and war’.¹⁰ The masculine ideal ensures that demands to ‘be a man’ elicit predictable, normative behaviours and appearances. Within the context of nineteenth- and twentieth-century liberal societies, all men, regardless of class, were charged with exhibiting courage, industriousness, virility, self-possession, independence, and steadfastness.

⁷ See Craig Calhoun, ‘The Imperative to Reduce Suffering: Charity, Progress, and Emergencies in the Field of Humanitarian Action’, in *Humanitarianism in Question: Politics, Power, Ethics*, eds. Michael Barnett and Thomas G. Weiss (Ithaca: Cornell University Press, 2008), 73–97.

⁸ See Davide Rodogno, Bernhard Struck, and Jakob Vogel, eds., *Shaping the Transnational Sphere: Experts, Networks, and Issues from the 1840s to the 1930s* (New York: Berghahn Books, 2014).

⁹ Daniel T. Rodgers, *Atlantic Crossings: Social Politics in a Progressive Age* (Cambridge: Harvard University Press, 1998).

¹⁰ George Mosse, *The Image of Man: The Creation of Modern Masculinity* (Oxford: Oxford University Press, 1998), 4.

6 Introduction: Whole Nations in Arms

War brought its own inflection to the ideal – martial masculinity challenged men to personify patriotism, sacrifice, strength, and disregard for danger. Men were, put otherwise, to be soldiers, fulfilling their duty to the nation. Martial masculinity, heroically claimed by legions of working-class men who made up the fighting armies presented a challenge to the staid, pre-war ideal embodied by the governing classes, who largely prosecuted the war from behind the lines and who, likewise, developed rehabilitation programmes. Not incidentally, such programmes deployed the masculine ideal, as has historically been the case, as a conservative force for, in Mosse's words, 'upholding the traditional standards of a society that threatened to depart from [its] norms'.¹¹

Rehabilitation and the First World War

There has been much work on the relationship between the First World War and gender norms. Scholars have examined mobilisation, warfare, and post-war reconstruction as moments in which the acceptable bounds of masculinity and femininity have been open to renegotiation. According to Stéphane Audoin-Rouzeau, 'warfare virility' prevailed during mobilisation and, later, the helplessness of trench life and the breakdown of male bodies resulted in devirilisation of soldiers.¹² John Horne argues that male norms were destabilised, particularly as some men were exempted from soldiering and women took up masculine roles at the home front.¹³ Nevertheless, as Joanna Bourke has justly suggested, wartime experience shifted concepts of masculinity only subtly and men drew on their understandings of the past to reconstruct their lives in the wake of the conflict.¹⁴ Moreover, as Gabriel Koureas has noted in his study of post-war Britain, commemorative culture reflected middle-class values and promoted the pre-war masculine ideal in a bid to 'subsume and control working-class ex-servicemen'.¹⁵ Gender, as Amy Lyford,

¹¹ Mosse, *The Image of Man*, 8.

¹² Stéphane Audoin-Rouzeau, 'The Great War and the History of Virility', in *A History of Virility*, eds. Alain Corbin, Jean-Jacques Courtine, and Georges Vigarello, translated by Keith Cohen (New York: Columbia University Press, 2016), 391.

¹³ John Horne, 'Masculinity in Politics and War in the Age of Nation-States and World Wars, 1850–1950', in *Masculinities in Politics and War: Gendering Modern History*, eds. Stefan Dudink, Karen Hagemann, and John Tosh (Manchester: Manchester University Press, 2004), 33.

¹⁴ Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (Chicago: University of Chicago Press, 1996), 19.

¹⁵ Gabriel Koureas, *Memory, Masculinity and National Identity in British Visual Culture, 1914–1930: A Study of 'Unconquerable Manhood'* (Hampshire: Ashgate, 2007), 49.

Daniel Sherman, and Mary Louise Roberts have shown, was central to the ‘symbolic and actual retrenchment of pre-war power relations’ in France.¹⁶ I do not intend to refute these interpretations, but, rather, to add to them through an examination of Allied rehabilitation, which operated directly on the male body and his psyche, aiming to reconstruct and retrain him both physically and morally.

In the last two decades, a large body of scholarship has developed dedicated to understanding the nature, aims, and consequences of First World War rehabilitation initiatives. Gender has been a pivotal component of these studies. According to Julie Anderson, the function of services was to support men in their efforts to ‘renegotiate their masculine identity’.¹⁷ The infantilisation associated with disability and dependence collided, as Seth Koven argues, with desires to remake ex-servicemen ‘into manly citizens’.¹⁸ Former soldiers could reclaim their masculinity only insofar as they succeeded in rehabilitation – in ‘conquer[ing] their disability’, returning to work, and ‘master[ing] artificial limbs’.¹⁹ Nevertheless, as Wendy Gagen notes, the war-disabled did not always follow such prescriptions, ‘refusing awkward prosthetic limbs was a way of reinventing and remastering the body and a way to re-conceptualise [the] hegemonic masculinity’ by which men continued to define themselves.²⁰ Against the pre-war, middle-class ideal to which men were called to conform and the infantilisation to which dependency subjected them, some men chose to root their masculine identities in their war experiences – to maintain the importance of, and their claim to, martial masculinity. The ‘empty sleeve’, Lisa Herschbach suggests of Civil War veterans, ‘was both a badge of courage and a mark of permanent disability; of manly heroism and effeminate dependency; of patriotic sacrifice and inability to care

¹⁶ Amy Lyford, *Surrealist Masculinities: Gender Anxiety and the Aesthetics of Post-World War I Reconstruction in France* (Berkeley: University of California Press, 2004), 11. See also Mary Louise Roberts, *Civilization Without Sexes: Reconstructing Gender in Postwar France, 1917–1927* (Chicago: University of Chicago Press, 1994) and Daniel J. Sherman, *The Construction of Memory in Interwar France* (Chicago: University of Chicago Press, 1999).

¹⁷ Julie Anderson, *War, Disability and Rehabilitation in Britain: ‘Soul of a Nation’* (Manchester: Manchester University Press, 2011), 43.

¹⁸ Seth Koven, ‘Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain’, *The American Historical Review* 99, no. 4 (Oct. 1994): 1192.

¹⁹ Meaghan M. M. Kowalsky, ‘Enabling the Great War: Ex-Servicemen, the Mixed Economy of Welfare and the Social Construction of Disability, 1899–1930’ (Doctoral thesis, University of Leeds, 2007), 71.

²⁰ Wendy Gagen, ‘Remastering the Body, Renegotiating Gender: Physical Disability and Masculinity during the First World War, the Case of J. B. Middlebrook’, *European Review of History* 14, no. 4 (Dec. 2007): 534.

8 Introduction: Whole Nations in Arms

for family'.²¹ Through various forms of self-fashioning, resistance, and participation in veterans' associations, some ex-servicemen attempted to resist discourses of emasculation and to challenge gender ideals that represented a return to the *status quo ante bellum* – an impossibility for men who were fundamentally changed by their war experiences.

Indeed, it is important not to overlook the role of ex-servicemen in their own care. It is true that for most of the war, the war-disabled had little influence over the form of rehabilitation initiatives, but their responses help us to understand the extent to which they accepted or rejected elite efforts to remake them. Matthew Price notes that 'years after the war, maimed veterans mourned the passing of the re-education centres as they closed down one by one' but continued to express 'significant hostility' towards the methods of discipline which dominated rehabilitative practice.²² In other words, the value of vocational training, prosthetic care, and medical intervention became apparent to the war-disabled, though they sought increasingly to shape their own experiences and set their own terms. Post-war activism to this end situates the war-disabled at the forefront of the disability rights movement. Jessica Adler notes that American ex-servicemen joined the American Legion and Disabled American Veterans to fight for healthcare access.²³ According to Scott Gelber, veterans in New York 'foreshadowed the direction of the modern disability rights movement by advocating for policies of inclusion and self-sufficiency'.²⁴ At the same time, the Disabled Society, a subsidiary of the British Legion, was founded to lobby for the rights of former Tommies. The Legion and the Limbless Ex-Servicemen's Association, Meaghan Kowalsky writes, took 'an active interest in their own welfare and formed a "disability community"'.²⁵ Yet, as Anderson has noted, the war-disabled occupied a special place in public sympathies during and immediately after the war.²⁶ Consequently, just as disabled ex-servicemen became models for civilian rights movements, they were likewise largely exclusionary, competing with the industrially and congenitally disabled for attention and resources.

²¹ Lisa Herschbach, 'Reconstructions: Making the Industry; Re-making the Body, Modelling the Nation', *History Workshop Journal*, no. 44 (Autumn 1997): 24.

²² Matthew Price, 'Bodies and Souls: The Rehabilitation of Maimed Soldiers in France and Germany during the First World War' (PhD dissertation, Stanford University, 1998), 258.

²³ Jessica L. Adler, *Burdens of War: Creating the United States Veterans Health System* (Baltimore: Johns Hopkins University Press, 2017), 8.

²⁴ Scott Gelber, 'A "Hard-Boiled Order": The Re-education of Disabled WWI Veterans in New York City', *Journal of Social History* 39, no. 1 (Autumn 2005): 161–162.

²⁵ Kowalsky, 19.

²⁶ Anderson, 42.

Neither the veterans' movement nor the rhetoric around rehabilitation were able to create lasting change in the ways in which societies thought about disabled bodies. Anderson notes rightly that the Second World War had a more profound impact than the First in areas of healthcare, welfare, social attitudes, disability rights, and legislation. Nevertheless, the 'change in attitude', the reimagining of disabled people 'from societal drain to valued workers' by authorities that she argues accompanied rehabilitation initiatives in the forties was not unique to the period.²⁷ As Kowalsky suggests, veterans' associations, charities, and state actors during the Great War had a more 'enlightened awareness' of disability, viewing it, not just in medical, but in social terms.²⁸ Many of them believed, as Adler and Heather Perry point out, that disability was 'a temporary condition that an individual could "rise above"' through training; bodies previously perceived as 'permanently crippled' were reimagined as 'temporarily injured'.²⁹ What is more, the application to rehabilitation practice of modern work techniques aimed at improving efficiency that Anderson associates with the Second World War were very much a part of practice in the First. Price makes clear that efficiency was a paramount aim of rehabilitation practitioners during and after the war and that they approached it through the use of scientific principles like motion study and with the notion of man as a perfectable machine. A redefinition of disability failed, though, to gain broad-based acceptance from publics who approached rehabilitation from numerous ideological and cultural perspectives.

First World War rehabilitation was shaped by not one impulse, one belief, or ideology, but many. As Adler and Beth Linker have argued, Progressivism – a multi-faceted movement that was at once evangelical, technocratic, and reformist – was the primary influence on the development of the American rehabilitation system. The reformist impulse, though, was at work throughout the Allied nations, paired with a strong, paternalist tradition of care for the less fortunate. Anderson notes that British society was 'paternalistically driven by an altruistic need' to alleviate suffering.³⁰ British institutions, according to Jeffrey Reznick, developed their work based on enduring forms of religion and Victorian modes of care, even as they reflected authorities' concerns about efficiency, economy, and post-war society.³¹ According to Valeria Tanci,

²⁷ Ibid., 11, 212.

²⁸ Kowalsky, 5.

²⁹ Adler, 4; Heather Perry, *Recycling the Disabled: Army, Medicine and Modernity in WWI Germany* (Manchester: Manchester University Press, 2014), 11.

³⁰ Anderson, 42.

³¹ Jeffrey S. Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain during the Great War* (Manchester: Manchester University Press, 2004), 3, 117.

nineteenth-century behaviours, relationships, and languages survived in an Italian system of rehabilitation that was both paternalistic and inflected by the strong Catholic influence in the country.³² Class tensions, too, had a role to play. As Adler suggests, political correspondence makes plain that the American system was designed both to promote social progress and to stave off radicalism.³³ In Italy, much effort went into convincing soldiers that it was in their best interest to uphold the social order as it had been and to return to their jobs, rather than to seek social advancement.³⁴

Allied rehabilitation was, in short, predominantly a force for conservation. Even reformers were invested in fitting men comfortably back into the existing social order, rather than creating a new one. Price argues that the opposite was true in France and Germany. In his examination of scientific literature, Price writes that rehabilitation was ‘in the great majority of cases’, a modernist affair, ‘a kind of laboratory for the creation of new social forms and the “new man” who would inhabit them’.³⁵ In focusing narrowly on one aspect of rehabilitation rhetoric, it becomes reasonable to conclude that scientific principles were, indeed, the ‘axes of rehabilitation’ and that practice was driven primarily by understandings of man as mechanical entity.³⁶ Such a view, however, never gained acceptance amongst the broader public for whom rehabilitation was as much a humanitarian effort as anything else. Indeed, as Roxanne Panchasi argues, the work of Jules Amar in France exemplified the belief in the manageability of ‘scientifically and technologically’ reintegrating the disabled male body, while at the same time seeking to ‘alleviate anxieties about the melding of men and machines’.³⁷ It is clear that, to fully understand wartime rehabilitation, a broader analysis is required. Even in Italy, where scientific principles featured most strongly in rehabilitation rhetoric, the desire to modernise was coupled with the conservative instincts described by Tanci. In Italy, more than anywhere else, middle- and

³² Valeria Tanci, ‘Storia dei mutilati della Grande Guerra in Italia (1915–1924)’, (Doctoral thesis, Università degli Studi di Roma, La Sapienza, 2010), 10, 13.

³³ Adler, 8.

³⁴ Tanci, ‘Storia dei mutilati’, 10.

³⁵ Price, 26.

³⁶ Price, v; 10. For more on the topic, see Anson Rabinbach, *The Human Motor: Energy, Fatigue and the Origins of Modernity* (Berkeley: University of California Press, 1992) and Perrin Selcer, ‘Standardizing Wounds: Alexis Carrel and the Scientific Management of Life in the First World War’, *The British Journal for the History of Science* 41, no. 1 (Mar. 2008): 73–107.

³⁷ Roxanne Panchasi, ‘Reconstructions: Prosthetics and the Rehabilitation of the Male Body in World War I France’, *Differences: A Journal of Feminist Cultural Studies* 7, no. 3 (Fall 1995): 112, 130.