Private Charles Neal, formerly a milkman, served in the British army during the Great War. Months of exposure in the trenches caused him to develop chronic infective arthritis that left both legs nearly immobile and movement in his right arm restricted. Doctors rated him 100% disabled. After the Armistice, the 24-year-old married and had four children. He supported his family with his pension and odd jobs, but between 1922 and 1925, his service-related condition worsened. Unable to find employment, Neal and his family turned to the War Seal Foundation for assistance, which housed the family in the Fulham Road Mansion. Neal’s condition made it difficult, if not impossible, to compete with healthy or less disabled men for jobs. With a family to support, Neal used the Mansion’s printing press to create stationery that he sold door-to-door. When the Mansion found out, they warned Neal to stop or face eviction because they were a residence and not a business. Neal failed to appeal the decision but continued to create stationery on the Mansion’s printing press. He travelled further away from the residence to sell his goods to appease complaints but unsatisfied; the Mansion evicted Neal and his family.

Neal was one of the 750,000 British soldiers left permanently disabled at the end of the war. By 1929, 1.6 million men received war pensions for service-related disabilities. The amended Military Service Act of 1916 required every man—married or single—between the ages of 18 and 41 to register for conscription. Volunteers and conscripts expected to return to their normal lives after the war. Most young men aspired to establish their male independence through secure employment, marriage, and potentially children. Older men with established occupations and families wanted to resume their pre-war identities. However, those unfortunate enough to return home disabled had to navigate an uncertain political and social landscape that left many without employment or state support. On November 24, 1918, Prime Minister David Lloyd George stated,
men who will come back. Let us make this a land fit for such men to live in. . . . Let us make victory the motive power to link the old land up in such measure that it will be nearer the sunshine than ever before, and at any rate, that it will lift those who have been living in the dark places to a plateau where they will get the rays of the sun.  

His speech promised to ensure the well-being of the soldiers that served in the war. Despite his promises, the British government attempted to escape financial and social responsibility for the overwhelming number of injured and disabled veterans returning from the front. Instead, the government encouraged private charities, organizations, and philanthropists to assist disabled veterans with expenses such as medical care and housing. Without a set of standards on how to treat the disabled, charities and philanthropists based their treatments on making the disabled man an independent, productive member of society that would reaffirm the veteran’s masculinity. Under the political conditions of 1914 to 1939, disabled veterans dealt with legislation and organization policies that acted against the base belief of treatment. Disabled veterans, like Neal, had the will and desire to work rather than live off charity but policies made it difficult to do so. These types of scenarios had a devastating impact on disabled veterans and their families. This paper will explore the connections between the rehabilitation and reintegration policies of 1914 to 1939 and their effect on the masculine identity of the disabled veteran.

**Masculinity in the Great War and the Disabled Veteran’s Dilemma**

During the early 1900s, British men maintained their identities through the traditional roles of protectors, providers, and sources of strength. Men had the responsibility to protect their families and country from hostile forces. Young recruits enlisted to fulfill the romantic image of the heroic soldier created from pro-war propaganda and examples like legendary heroes such as Field Marshal Horatio Herbert Kitchener. Many of the young men skipped their trade schools and apprenticeships to answer the call to arms. For others, the army offered a seemingly easy opportunity to support their families during hard times. Fathers and sons sent their paychecks home. Men expected to resume their pre-war identities or future aspirations of employment and families after the war. Reality crushed the dreams for those unfortunate to return disabled. The British masculine identity consisted of financial independence, owning a home, marriage with
children, and adapting to hardships without complaints. Disabled veterans wanted to reaffirm their traditional roles but faced challenges with social role reversals with their wives and unemployment. Failure to meet masculine expectations often led to shame, even from fellow disabled ex-servicemen.

The declaration of war against Germany in 1914 unleashed a wave of national fervor and pro-war propaganda that encouraged men to enlist. Private William Dove recalled watching the Royal Fleet sailing across movie theater screens as “Britons Never Shall Be Slaves” played in the background. It stirred up such emotion he rushed to enlist. Other forms of propaganda utilized legendary soldiers such as Kitchener to entice potential recruits. Private Thomas McIndoe, sixteen at the time of enlistment, stated, “It was seeing the picture of Kitchener and his finger pointing at you—any position that you took up the finger was always pointing to you—it was a wonderful poster really.” Propaganda created the image of the heroic soldier, which symbolized the ultimate form of masculinity. The soldier embodied the pinnacles of courage, endurance, adaptability, and duty, and the experience of war would transform the men into “individuals with the moral power to uphold the social order they had defended while in uniform.” Society encouraged potential recruits to enlist as a way for them to establish or prove their manhood. Failure to enlist led to shame tactics from the public such as the infamous white feather that called the man’s masculinity into question. Rifleman Norman Demuth stated,

As well as being given white feathers, there was another method of approach. . . . When she got to about five or six paces from you she would suddenly freeze up and walk past you with a look of utter contempt and scorn as if she could have spat. That was far more hurtful than a white feather. . . . I was looking in a shop window and I suddenly felt somebody press something into my hand and I found it was a woman giving me a white feather.

These tactics branded men as cowards and often led the shamed men into enlistment such as in the case of Demuth. Literature also played an important role in pushing the rosy images of war.

In December 1914, the British government enacted the Defense of the Realm Act (DORA), which censored defeatist or realistic accounts from the front. Images of injured soldiers were restricted. The media only published pictures of wounded soldiers with socially acceptable injuries such as an arm in a sling or bandaged forehead. Britons relied heavily on the media for information on the
battlefront but the one-sided narrative impaired the public’s understanding of the soldiers’ experiences and the war.\textsuperscript{11} Ian Hay wrote the fiction novel, \textit{The First Hundred Thousand: Being the Unofficial Chronicle of a Unit of “K(1),”} which followed a freshly-recruited Scottish regiment through basic training and the trenches. Their time in training was light-hearted because they believed they were destined for victory. Later, the regiment billeted in a small village, where they held daily morning parades. The locals viewed them as “kilted heroes” and welcomed them with “patriotic sounds and waved handkerchiefs.”\textsuperscript{12} Even the public remained confident in a quick victory. Hay wrote, “The dear old country at large is its dear old self, as usual. It is not worrying one jot about Conscription, or us, or anything like that. The one topic of conversation at present is Charlie Chaplin.”\textsuperscript{13} Fiction emphasized the heroic image and comforted the readership on the status of the war, but the influx of dead and injured soldiers returning home painted a more sinister narrative.

By February 1915, an average of 360 servicemen returned home disabled each month.\textsuperscript{14} Eventually, the British realized they faced a brutal, prolonged war. Once a supreme symbol of manhood, the disabled ex-servicemen turned into an embarrassing reminder of the cost of war.\textsuperscript{15} Disabled veterans faced the challenge of reaffirming their masculinity through traditional male roles such as provider. Secure employment and pensions would have allowed the disabled to achieve financial independence and provide for a family. However, this was not the case. Negative perceptions towards veterans and censorship of their stories generated a lack of understanding of their impairments and needs. Employers avoided hiring disabled veterans and fired those discovered with invisible impairments such as psychological disorders. Disabled ex-servicemen A. Gear commented that his employer did not know he received a pension because Gear had lost jobs in the past after they learned of it.\textsuperscript{16} Many men attempted to hide their disabilities, preferring to maintain their masculine identities. They jeopardized their economic situation with the façade.\textsuperscript{17} Men with visible impairments had fewer opportunities for employment because healthy able-bodied men, even women, received preferential consideration. Disabled persons had to wait until 1944 before the British government passed the Disabled Persons Employment Act that protected the status of employment regardless of impairment.\textsuperscript{18}

Phillip Gibbs, an official news correspondent for the British government, followed and observed soldiers in the trenches throughout the war. He developed a deep sense of respect and compassion for them and criticized the British for their lack of empathy. In his book, \textit{Now It Can Be Told}, he remarked on the British’s changed attitude towards disabled ex-servicemen. He wrote,
The consumptives, the gassed, the paralyzed were forgotten in institutions where they lay hidden from the public eye. Before the war had been over six months “our heroes,” “our brave boys in the trenches” were without preference in the struggle for existence. Employers of labor gave them no special consideration. In many offices, they were told bluntly (as I know) that they had “wasted” three or four years in the army and could not be of the same value as boys just out of school.19

The British advocated, even encouraged, potential recruits to enlist and head to battle. The same ones who advocated the war turned a blind eye to the needs of those who fought. Private Neal complained that “owing to my condition no employer will look at me.”20 Employers feared their conditions might cause disabled men to take the regular sick time or prolonged hospital stays. Employment was a key factor in establishing financial independence, but it was hard to come by. Without proper opportunities for employment, most disabled veterans could not reaffirm their masculine identity. Many married men turned to their wives for financial support, which shifted the traditional role of provider onto the woman.

Financial difficulties had serious repercussions for the disabled men’s families. Their condition forced many wives unwillingly from their traditional gender roles. Women had to earn incomes as well as care for their household and children, which caused some to develop depression and anxiety.21 The family dynamic negatively impacted both husbands and wives, but society encouraged disabled men to marry. Kate MacDonald argued that British literature pushed for marriage because the man promised financial support while the woman assumed physical support.22 Under this mindset, disabled men needed to support wives to reaffirm their masculinity. Realistically, the men had trouble finding jobs to fulfill their marriage obligations, which caused many wives to take on the traditional role of provider. Many disabled veterans turned to the state, then charities, for assistance with job retraining and placement to remove the pressure from their wives. Few veterans had the financial means to support themselves and their families, much less pay for their rehabilitation.

Sir Brunel Cohen had both legs amputated from injuries sustained in the third battle of Ypres. His father was a wealthy businessman. Thus he had resources many lacked. He paid for housing and car modifications that allowed him to reach the second floor and drive independently.23 Cohen spent the rest of his life advocating for veterans’ rights, but he held the belief disabled men and women had
the responsibility to overcome their impairment. He wrote, “Serious as the disability may be, it often can be, and is, overcome by the affected man or woman.”

Disabled ex-servicemen had to conquer their impairment and resume normal lives, but public opinion made it difficult to secure much-needed employment.

Veterans with impairments faced a dilemma. Britons expected them to reaffirm their masculinity through financial independence and supporting families. The reluctance of employers to hire disabled veterans made it impossible for them to achieve the traditional masculine identity. Men sought help from the state and charities, but legislation and non-standardized rehabilitation practices added more obstacles to their quest to reaffirm their masculinity.

**The British Government’s Disabled Veterans’ Policy**

Queen Elizabeth I established the first national pension scheme for disabled veterans in 1593. It remained in effect until 1679. Under the new system, every county in England had to increase their taxes and county-appointed treasurers provided payments to the pensioners. Physical impairments determined entitlement of pensions while psychological disabilities and poverty had no weight in the decision of payment. Before the introduction of the system, the English government encouraged charities and churches to care for the disabled ex-servicemen, but unrest amongst the soldiers forced them to adopt new legislation. The pension plan encouraged the soldiers to fight hard and loyally for the country as well as prevented maimed veterans from begging on the streets. Even with the scheme, the government continued to encourage charities to provide for the disabled to act as a supplement of resources to the pensions. National and local governments struggled to establish who should control enforcement of the legislation and administration duties and this caused the system to fail.

During the reign of King James II (1633-1701), the government shifted towards a nationally controlled program for disabled veterans. He established two national hospitals: the Chelsea and Greenwich. Deductions from soldiers’ wages funded the hospitals, ensuring limited financial responsibility from the Crown. However, disabled veterans faced harsh discipline from hospital staff and remained separated from their families. Eventually, the hospitals closed because they could not accommodate all the disabled veterans. In its place, the government made cash payouts based on length of service, severity of the injury, and personal record. By 1806, officials started to consider “how much the debilitating condition had been caused in and by service.” Rank, length of
service, and the severity of the impairment still determined the rate and entitlement of pensions in 1914, but the war created mass confusion on who should handle the pension claims. The British government introduced a new system to meet the challenges.

During the Great War, both the Central and Allied Powers mobilized massive armies that faced the unknown destructive powers of modern warfare. Injured and disabled servicemen returned home throughout the conflict and turned to the state for assistance in readjusting to civilian life. Every day the war produced disabled soldiers in need of help, but the British government had difficulties processing the influx of cases for war pensions. Four separate departments shared responsibility for the disabled: the War Office, the Chelsea Commissioners, the Admiralty Commissioners, and the Royal Patriotic Fund Corporation. The War Office handled the cases of army officers and their dependents, in addition to the widows of normal soldiers. Naval officers and sailors turned to the Admiralty for assistance, while enlisted men applied to the Chelsea and Royal Patriotic Corporation. These institutions were separate, yet soldiers and their families had to work with more than one to claim benefits, which generated confusion and frustration. The British government had to completely overhaul the system and create a single centralized institution. They tried to create an efficient pension policy and administrative procedures to meet the demands, but the slow implementation of policy left the disabled mostly ignored for the first two years of the war. Eventually, officials established the Ministry of Pensions in 1916 to handle pension claims and minor rehabilitation efforts. Local War Pensions Committees had the responsibility of determining entitlement and compensation rates for potential pensioners, using complicated rules. The government wanted to minimize its financial responsibility for the veterans making pension claims a controversial topic. Committees routinely denied claimants pensions and rarely overturned their decisions. Without pensions and employment, disabled veterans struggled to reintegrate into society.

Sir John Collie, a medical practitioner, acted as the lead authority for the Ministry of Pensions policy for neurotic ex-servicemen. In his book *Malingering and Feigned Sickness*, he wrote:

Are not the confining of sympathy and benefits to their proper channels, the prevention of improper claims against innocent persons, and the restoration to useful occupation of those who might otherwise become parasites of society, services which deserve well of the community?
The severity of the impairments determined the disability percentages, which determined the pension rate. Medical examiners had an immense influence on whether ex-servicemen would receive a pension, but most doctors like Collie were skeptical on the honesty of the claims. Peter Leese argued that Collie’s approach towards mental illness suited the government’s agenda of limiting their financial responsibility. This atmosphere of skepticism also appeared with military and government officials. Private Neal was lucky he even received a pension for his arthritis because the army’s medical board and Ministry of Pensions viewed the disease as a personal weakness. Lack of understanding of the disabled veterans’ needs and impairments created policies that caused more problems than solutions.

Further issues stemmed from the cancellation of allowances and benefits for dependents. Neal’s 100% disability rating granted him a treatment allowance, which subsidized his income while hospitalized. The Ministry of Pensions cancelled his allowance without explanation, forcing his family to survive off his pension. Dependents of servicemen had the right to benefits, but policies blocked many from becoming recipients. In the case of Neal, he married and had children after his disease manifested; therefore, the government denied them benefits. If he married before the disease, then his dependents could claim benefits. Approval for pensions and other benefits was a daunting task for many because the process was full of uncertainties.

Aside from monetary assistance, the British government attempted job retraining for those who could not return to their old profession or who had no previous technical training. Initially, the Ministry of Pensions had charge over job retraining until it passed to the Ministry of Labor in 1919. Many disabled veterans added their names to the long waiting lists for retraining, but the government faced administrative and financial problems that limited the number of men permitted into the programs. In 1919, the Ministry of Labor stated it required 80,000 locations to provide technical courses, but ten months later, it had only 15,000. The institution blamed the lack of buildings on the government’s financial obstruction. Without established training centers and administrative procedures, the department failed to train a steady flow of men into new occupations. By 1919, the Ministry of Labor had trained only 13,000 with another 20,000 on the waiting list. Although the British government offered technical training, it encouraged charities and private businesses to employ the disabled.

The British government failed to provide adequate social services, pensions, and employment opportunities for the disabled veterans, which fueled outrage amongst the public and ex-servicemen. In October 1919, the Ministry of Pensions released a report highlighting the most common reasons of
discontentment. Leese wrote, “The most important of these was a lack of inter-departmental co-operation, an unsympathetic and unhelpful attitude among staff, and a narrow interpretation of government guidelines on training and grants.”

Discontent reached its zenith in 1919 when 500 ex-servicemen went on strike demanding guaranteed minimum wages regardless of pensions and allowances. The government agreed to negotiate with the strikers about their benefits but offered no guarantees of change. Sympathetic to their cause, media outlets criticized the Ministry of Pensions for their inadequate support towards ex-servicemen. The *Times* accused the government of displaying “the kind of attitude which views a pensioner as a beggar at the gate.”

In response to the public outcry, the government enacted the Royal Warrant in 1919, which made pensions a statutory right, introduced an appeal policy, and increased rates. However, it made clear that the state would hold limited responsibility for the reintegration of the servicemen. Any further assistance would need to come from private organizations and volunteers. Although the Royal Warrant ensured certain rights and policies, it did not fix other grievances as seen in the case of Private Neal. Also, the government passed the voluntary King’s Roll policy in 1920, which encouraged private businesses to employ disabled veterans. Under the King’s Roll scheme, any employer with 10 or more workers promised that the disabled would make up 5% of their workforce. Employers had the right to use a special seal to show off their participation. The King’s Roll sought to address employment issues for disabled veterans, but it was completely voluntary and not enforceable. One Ministry of Pensions Employment Sub-Committee wrote, “So long as the employer is desired to pay the same wages for a disabled man as for an able-bodied man the chances are that the latter will be selected in preference.”

Although Britain improved its disabled veterans’ policy, it fell behind other European countries such as Belgium and France. Both Belgium and France established a post-war plan for their disabled ex-servicemen before the end of the war. Meanwhile, the British government largely neglected this aspect because they expected charities and philanthropists to handle reintegration issues. In May 1917, British and Belgian officials met in Paris to discuss all matters related to the ex-servicemen, including issues on pensions and rehabilitation practices. France, for example, kept their disabled in the military until the government discharged them into a civilian occupation. Lord Charnwood, an attendee, wrote, “I see no reason to think that we have anything to learn in this particular matter from the French system in so far as it differs from our own.” He continued to boast how officials viewed the English system as superior and an example for foreign countries to
imitate. The conference exposed British politicians and doctors to new methods and ideas on how to handle their disabled veterans, but the officials utilized little of the information provided. Charnwood’s report expressed the quickness of brushing off foreign methods while promoting their own.

Historian Deborah Cohen wrote, “In the latter half of the 1920s, Germany’s first democracy spent almost 20 percent of its annual budget on war victims’ pensions; in Britain, by contrast, war pensions occupied less than 7 percent of the annual budget from 1923 onward.” Britain’s policy stemmed from wanting to avoid full financial responsibility for the disabled. The minister of pensions acknowledged the amount of the pensions was not sufficient for soldiers to return to their standard of living before the war. However, pensions were not intended for ex-servicemen to live off but rather act as a supplement to charities or employment. Sir Griffith Boscawen wrote:

A remark made by me at the end of the proceedings that the most disabled man himself was the ultimate authority seemed to be accepted with most cordial agreement by everybody present. . . . Great approval was also expressed to the arrangement . . . whereby the Local Committee of the area in which a man is discharged will, some time before his actual discharge, try, with the assistance of the doctors and nurses to arouse the man’s keenness and intelligence in regard to his own future career.

Officials expected individual servicemen to overcome their impairments and resume a normal life as active members of society. During the Inter-Allied Conference, British officials agreed that young men needed encouragement to seek out and learn new professions, while older and married men with families were harder cases to handle. Regardless, the ex-servicemen had to rely on charities, their means and merit to reintegrate. Politicians added new legislation and schemes based on the desire to “preserve the existing distribution of wealth while maintaining a visible response to public concern.” Britain would not pass any meaningful legislation for the disabled until after the Second World War. The inter-war policies had negative consequences for the disabled veterans of the Great War.

Without adequate state support, the disabled and their families turned to private charities. The state’s negligence provided an opportunity for philanthropists to assume control of the direction of rehabilitation and reintegration policies. They carried most of the financial and social responsibility
by providing services such as medical treatment, housing, and job training. However, their policies had serious consequences for individual veterans and their families. Veterans struggled for a sense of normalcy while re-establishing their pre-war identities, but certain policies would only add to their problems.

Philanthropists in Control of Rehabilitation and Reintegration

During the inter-war period, private citizens made solving the problems of the disabled ex-servicemen a national project. Public awareness and a sense of responsibility towards their veterans increased as the disabled became a communal rather than state issue. Authors wrote books to raise awareness as in the case of Cecil William Hutt with The Future of the Disabled Soldier. He wrote:

> It is sad for those left behind to mourn the loss of the soldier killed in the War. But his fight is over; the wounded men, hindered by their injuries, have still to fight the battle of life. . . . Although much has been done, there is yet still need for further effort. Already the disabled soldier is to be seen begging in the streets. We cannot entirely prevent this degradation, yet we can do away with any necessity for it.55

Hutt advocated for citizens to tackle the problems of the disabled while providing information to help the public understand their specific issues. In his book, he discussed issues such as employment and treatment options. High profiled disabled veterans such as Sir Brunel Cohen also raised public awareness. In his memoirs, he wrote, “during the thirteen years I was in the House I rarely spoke on subjects unrelated to ex-servicemen, their dependents, and problems.”56 Finally, many organizations and charities, including the Star and Garter Home, operated on public funding, which required events or articles to promote donations.57 Philanthropists such as Sir Arthur Pearson stepped up to take charge of the disabled veterans’ plight, but there was no standard approach on how to tackle their problems.

Frank and Lillian Gilbreth were American engineers that promoted a standardized approach to handling the disabled. The married couple studied the motion of the human body, using a series of photos of a movement.58 Their studies sought to determine the most efficient method of acting, especially anything about the workplace. They wanted to teach the disabled the one best way to perform a task to promote independence and employment capabilities. In their book, *Motion*
Study for the Handicapped, they wrote, “It should be noted here that the cripples are only too happy to be helped to be useful, if the re-education is begun soon enough, before they have to contend with the bad advice of the ignorant, though well-meaning, friends, and the difficulties of overcoming habits of idleness.” Without a standardized approach, they argued that advice from others could have a negative impact on the veteran’s reintegration. Although the Gilbreths were American, British officials knew of their research. Regardless, Great Britain’s philanthropists never adopted a standard approach on how to rehabilitate or reintegrate disabled veterans.

During the Great War, no systematic approach to rehabilitation existed; however, doctors and volunteers started to work together to improve the lives of disabled veterans. About 60,500 British soldiers returned home with head or eye injuries that left their face severely disfigured. Roughly 5,000 soldiers had facial reconstructive surgery, but plastic surgery had its limits. Many of the soldiers refused to return home to friends and family because of the seriousness of the deformity. Depression was common. Francis Derwent Wood worked with the London General Hospital to create customized masks for the soldiers. Wood wanted to “re-create their original appearance from remaining features and pre-war photographs, matching the contours of the face and the pigmentation and texture of the patient’s skin.” Masks humanized the ex-soldiers and provided them an opportunity to become men again. Doctors provided medical services, while volunteers supported them for a life of “usefulness and activity.” Larger charities and organizations primarily focused on creating environments to enforce masculine standards, but their policies hampered individual attempts to reaffirm their traditional social roles.

In 1914, Sir Arthur Pearson founded St. Dunstan’s, a specialized institution that cared for blind soldiers, and he remained chairman until his death in 1921. Ian Fraser succeeded Pearson and remained chairman for the next forty years. Both men were blind. Pearson wanted “to assist its men to become useful and productive citizens rather than idle and unhappy pensioners, the basic view being that true happiness can only be enjoyed by those who contribute in some way to the work of the world.” Approximately 1,833 soldiers became blind due to the conflict and the institution trained or housed 95% of those men. St. Dunstan’s taught its members how to live as independent blind men through the introduction of new skills such as Braille, typing, basket weaving, and poultry and vegetable farming. Pearson wanted to make blind ex-servicemen into symbols of “heroism, triumph over adversity and the embodiment of restored masculinity” and remove the stigma of the begging blind man. Blind beggars
symbolized scorn, dishonor, and embarrassment, and onlookers often associated men asking for change on the streets with dogs. His policies reflected his desire to remove the stigma. Pearson avoided any distinguishing marks that set blind men apart from others and argued that dark glasses were a sufficient indicator of blindness. In addition, white sticks marked men as blind, so Pearson dismissed them. In *My Story of St. Dunstan’s* by Ian Fraser, he described that the ex-servicemen rejected the proposal that blind men should carry white walking-sticks. They adopted Pearson’s view on the walking stick and refused the idea. However, men started to adopt the white walking-stick and discovered how helpful it was for independent mobility. Over time, the white stick became the universal sign of blindness and is still widely used today.

Pearson disliked the image of the blind man on the street with his dog. In 1919, he read an article about how the French-trained guide dogs to assist the blind, and he commented, “a dog at the end of a string was apt to remind me a little too much of the blind beggar with his tapping stick and shuffling gait.” Guide dogs had proven to be a useful tool for the blind throughout Europe, but his rejection of the idea prevented the establishment of a training center for guide dogs in Britain. German officials invited Fraser to view their training centers, and he was enthusiastic about potentially bringing it to Britain. When he asked about introducing the guide dogs, Britons rejected his suggestion. As with the white stick, when the Guide Dogs for the Blind Association introduced the dogs on a larger scale, the blind changed their opinion. Fraser wrote, “All the fears proved groundless, and the old enemy of prejudice was gradually defeated.” Many of the blind ex-servicemen adopted Pearson’s views and rejected methods that other countries proved to be useful for independent mobility.

As chairman, Fraser endlessly promoted the needs of blind ex-servicemen and sought new employment opportunities for them. St. Dunstan’s provided many of the blind veterans with training in new skills such as basket weaving and poultry farming. It then sent them to their families to work from home. In his memoirs, Fraser explained that he encouraged the men to make at least two different items they could sell locally. He wrote, “Although we encouraged the men to regard it as a paying hobby rather than a full-time occupation, we did our best to make it as profitable as possible.” St. Dunstan’s provided the men with the materials to make their items, which increased the items’ profitability for the crafter. Although Fraser remarked the handicrafts was a hobby and not a job, both St. Dunstan’s and the blind did regard it as employment. Fraser wrote, “During the depression one of the main tasks of aftercare was to help men to remain fully employed.” St. Dunstan’s purchased
leftover stock from the men, even though the cost was immense. Blind veterans received tremendous support from the institution, but Fraser admitted problems with the handicrafts and farming—they produced low incomes. Factories could mass produce items such as baskets and carpets for lower prices compared to the hand-made items and this created tough competition. Prospective farmers had to deal with the initial high costs for the farm, and they could expect little to no income for the first few years. It was a difficult industry to earn a living.

Pearson’s policies attempted to shape the masculine image of the blind ex-servicemen by discouraging the white walking-stick and the service dog. They created an undignified image. On the other hand, he encouraged sports and fitness to restore a sense of masculinity within the ex-servicemen. Blind veterans competed in various sports such as rowing and running, which allowed them to show off their strength and health. Many of the soldiers were young men that skipped technical training to serve in the military and could not apply military skills to the civilian world. Pearson’s policies included occupational training for jobs that were almost obsolete and provided little to no income. Without secure employment, the disabled ex-servicemen could not provide for a family or achieve financial independence.

Many families of severely disabled veterans could not afford round-the-clock medical care, which forced the men to live in specialized institutions such as the Star and Garter Home for Disabled Soldiers and Sailors. Originally, the Star and Garter Home was established in 1916, while its modernized facility opened in 1924 with the aid of public and private funding. The institution was one of the first charities to house disabled ex-servicemen with a wide range of impairments. Unlike St. Dunstan’s, it focused on accommodating the men’s medical needs rather than programs such as occupational training. Nurses ensured bedridden veterans received daily medical attention such as cleaning open sores and performing enemas. To maintain morale, the Star and Garter Home offered its residents various forms of entertainment such as sporting events and concerts. In return, men had to conform to the institution’s policies. For instance, Sergeant Charles Whittaker was thirty-four years old, and he married before the start of the war. A bullet shattered his collarbone in the first battle of Ypres, which left both legs and his left arm paralyzed. His small pension was insufficient to offer much support to the family. Institutional living encouraged the men to live separately from their families. On the broad spectrum, British society urged disabled veterans to marry, but institutional policy indirectly discouraged it. Men had to renegotiate their masculine identities within the institutional environment.

Historian Deborah Cohen wrote, “The British disabled measured their
manhood by fortitude in the face of adversity. The most manly veteran was the one who suffered without complaint.” The Star and Garter Home expected their residents to act cheerful and grateful for the charity provided. Pictures and articles carefully depicted the residents in good cheer. The *West London Observer* stated,

Lord Beatty . . . expressed the opinion that establishments in providing such concerts were rendering a splendid service by bringing joy and pleasure to those who were unfortunately still confined to hospital owing to wounds received in the Great War. Many of the men could only smile their pleasure, as they could move neither hand nor foot.

The narrative around the Star and Garter Home remained a positive one because the Home concealed cases of suicide, mental deterioration, and loneliness. Many residents turned to alcohol to handle their conditions and wasted their pensions at the local pubs. The home forced the men to the “stigmatizing position of charity,” which isolated them from the rest of the world. Their policies also coerced men to accept their definition of disabled masculinity, which included “cheerful endurance, the willingness to work towards recovery, and asexuality.”

Men who challenged or complained against the institution risked expulsion.

State negligence allowed volunteers rather than paid professionals to control rehabilitation and reintegration programs, and disabled veterans and their families heavily relied on these institutions for assistance. Without secure legislation, veterans were at the mercy of wavering social support. While the war was over for the public, ex-servicemen continued to experience the war either through memories or impairments. John Galsworthy tirelessly promoted the needs of the disabled veterans through his writings. He predicted the public’s sense of responsibility towards the veterans would “evaporate when the war is over, and we are no longer in danger, and moreover, have become troubled by a new crop of economic difficulties . . . human memory is very short and human gratitude not too long.” Ironically, Galsworthy abruptly stopped advocating for disabled veterans. He wrote no additional pieces from 1921 to his death in 1933. The war faded from public memory as did the disabled. Philanthropists were aging or dead, and the younger generation knew little of the veterans. Furthermore, the country braced itself mentally for the possibility of another war with the rise of Hitler. Veterans then started to demand legal rights rather than more charity. With the influx of disabled veterans from the Second World War, the State started to
assume financial and social responsibility. New laws that guaranteed disabled ex-servicemen pensions, employment, and medical care passed throughout the war. In 1946, the National Insurance Act ensured a subsistence income for the severely disabled who could not work, while the National Health Service of 1948 ensured tax-paid medical care for all citizens. Legal support provided the veterans more individual choices that allowed the men freedom to re-create their identities as they saw fit.

**Conclusion**

Britain had a long history of neglecting their disabled veterans, but Prime Minister David Lloyd George promised to change this and make their country a land “fit for heroes.” His promises rang hollow as ex-servicemen returned home to political, social, and economic uncertainty. The British government pushed most of the financial and social responsibility onto volunteer organizations that understood little of what the ex-servicemen needed. Volunteers controlled the direction of rehabilitation and reintegration policies. Ex-servicemen received tremendous support from these organizations, but their policies created additional challenges for the men in assuming traditional masculine roles. Policies redefined masculinity for the disabled, even though society had a conflicting ideal of manliness.

Society encouraged the disabled ex-servicemen not to let their impairments define who they were but rather adapt and overcome them. Many eagerly wanted to achieve financial independence to purchase their own homes and support their families. However, employers dismissed the disabled and refused to hire them. Men with impairments could not compete with able-bodied men. Without adequate pensions and employment, the disabled became heavily reliant on charities for medical care, housing, and other social needs. These charities renegotiated the disabled veterans’ masculine identities. Institutions such as the Star and Garter Home wanted the disabled to live apart from their families, remain unemployed, and act grateful for the charity provided. The blind men of St. Dunstan’s had more autonomy, but they offered occupational training for jobs with no hope of a secure income. St. Dunstan’s also shunned treatments that could give the blind independent mobility. In both cases, the disabled ex-servicemen remained in a situation that did not allow men to establish their own male identity.

Without state support and rights, the veterans and their families had to turn to charities as grateful recipients or face expulsion. This forced them to conform. Their reliance on charities made them vulnerable as philanthropists died.
off and the younger generation became unaware of their existence. The Second World War created a new influx and awareness of disabled ex-servicemen, but instead of neglecting them, the government enacted multiple laws that ensured health care, employment, and pensions. It created flexibility and stability for the disabled, but mostly importantly, the chance to create their own masculine identity.

Notes


2. Ibid.


8. Ibid.


13. Ibid., AlReader 364.


17. Ibid., 108.


24. Ibid., 146-147.


27. Ibid., 126-127.


35. Ibid.

36. Ibid., 106.


39. Ibid.


43. Ibid.


45. Meyer, Men of War, 107.


47. Ibid.

48. Ibid.


50. Ibid., 26.


52. Ibid.


56. Cohen, Count Your Blessings, 58.


59. Ibid., 43.

60. Ibid., 100.


62. Ibid., 678.
63. Anderson, *War, Disability and Rehabilitation in Britain*, 43.
64. Ibid.
66. Ibid.
67. Ibid.
68. Ibid.
71. Ibid.
72. Ibid.
73. Fraser, *My Story of St. Dunstan’s*, 189.
74. Ibid., 121.
75. Ibid., 88.
76. Ibid., 123.
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80. Ibid., 134.
81. Ibid., 144.
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