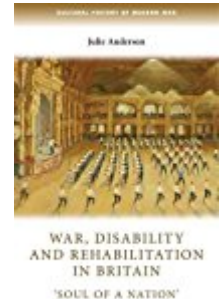


Julie Anderson. *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'.* Manchester: Manchester University Press, 2011. xii + 239 pp. \$95.00, cloth, ISBN 978-0-7190-8250-4.



Reviewed by Dee Hoole

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Commissioned by Iain C. Hutchison (University of Glasgow)

The approaching centenary of the start of World War One will no doubt generate a plethora of studies concerned with war, servicemen, and disability. This work by Julie Anderson is part of the publisher's Cultural History of Modern War Series. The seven thematic chapters are relatively short and written in a straightforward and understandable style. No previous knowledge of British physical or mental disability history is necessary as Anderson, beginning in the Britain of 1900, anchors the subject in the wider sphere of disability history. The time frame for this book, though not stated in the title, is 1900 through World War Two. The first chapter hints at the different forms of disability, considering "unfortunates" such as children, disabled civilians, and disabled workers before moving on to focus on war disabled in the later chapters. Finally, consideration is given to rehabilitation practices and systems developed during war that were extended and encompassed in the postwar welfare state.

Anderson argues that World War One "exposed the public to disability on a grand scale"

and that there was subsequently a change in attitudes towards disability (p. 7). However, the state, wishing to save money, did not take a "uniform approach" to the disabled and disability. For example, disabled industrial workers were not considered for pensions, benefits, or rehabilitation in the same way that the war disabled were. Yet, the main funding for many disabled ex-servicemen was left largely to charitable and voluntary agencies and this was a pattern continued after World War One. An aspect of war disability which is not covered by this book is mentally disabled ex-servicemen. Anderson has excluded shell shock in this work, and while there are other studies in this field, such as the work of Peter Leese and others, one might expect some reference to this war-related problem, especially as the title does not suggest that this work focuses specifically on physical disability.[1]

Sport, which encompassed discipline, fitness, and teamwork, played a huge part in therapy and the rehabilitation of disabled servicemen by assisting in reestablishing masculinity and restoring

“fitness in both body and mind” (p. 57). Sport and physical exercise was, Anderson argues, an extension of service life and this is clear from the examples of St. Dunstan’s (founded in 1914) and the Star and Garter Home (founded in 1916). Neither were hospitals, but both institutions were prominent and well publicized in the press, not least because the Chairman of St. Dunstan’s, Arthur Pearson, was a newspaper proprietor. In the case of the men accommodated in the Star and Garter, Anderson suggests that they appealed to the public imagination, reflecting a return of disabled ex-servicemen to a kind of independent living, focused mainly on their outings in motorized wheelchairs. They became known as “The Star and Garter Flying Squad” (p. 53). There is much emphasis on quotes from magazines and newspapers of the period, giving a flavor of the two different institutions, and since at St Dunstan’s “special events were staged for distinguished and royal guests” and for journalists, this is hardly surprising (p. 58). For example, blindfolded Arsenal Football Club players were featured playing the blind ex-servicemen. However, there are few personal testimonies, which seems an omission, and this work would have benefited if more intimate insights from those involved had been included.

Anderson argues that the seeds of cooperation toward rehabilitation were sown between medics, charities, and the government, but that it was not until World War Two that a “modern, organised system of rehabilitation” was implemented (p. 44). There are two case studies in the chapters concerning the later period. In chapter 4, “Fit: The process of rehabilitation,” the Royal Air Force (RAF) is held up as a particularly outstanding example of rehabilitative treatment and therapy. Anderson highlights a more psychological approach from the RAF—what she refers to as “social rehabilitation” (p. 115)—especially when a serviceman was suffering from burns. This was especially important in the case of injuries which caused disfigurement, which was in contrast to the physical regime of rehabilitation on which earlier at-

tempts had been focused. Yet, this chapter also suggests that the RAF approach was atypical among the services, often gaining concessions for injured aircrew which were thought to aid recovery—such as the wearing of uniforms and a relaxation of discipline. But I find unconvincing her statement that “the notion that they would receive excellent medical care should they be injured alleviated the problem of fear in aircrew” (p. 213). What is apparent in this chapter is that the RAF model of rehabilitation and “excellent quality of care” (p. 123), though unorthodox, demonstrated that the reintroduction of these military personnel back into the war effort was achieved relatively quickly and effectively. As Anderson argues, in most cases “active therapy was prescribed over passive treatment” (p. 106). A further measure of their success is that these methods were adopted and extended to civilians after the Second World War.

Stoke Mandeville Hospital’s Spinal Unit forms the second case study and is perhaps an obvious choice given its high profile since the Second World War and its connection to disabled sport. However, this does not detract from Anderson’s well-written narrative, which provides an insight into the development of facilities and therapies that were driven forward by a diverse team of neurosurgeons and orthopaedic surgeons within this institution. The generally perceived hopelessness of spinal injury cases before the Second World War had continued until a more organized system of treatment and therapy was undertaken at Stoke Mandeville in 1944. The rehabilitative therapy at Stoke Mandeville was premised on both physical and social rehabilitation. With often long periods of hospitalization necessary for those with spinal injuries, it was important to keep up morale and a positive and cheerful atmosphere was encouraged which led to competition, which Anderson states “redirected their focus from emasculated invalid toward the natural male state of rivalry” (p. 136). Archery was deemed to be particularly suited to the rehabilitation of the

Stoke Mandeville patients, encompassing beneficial development of upper body skills and competition. Alongside other activities such as javelin and netball, the Stoke Mandeville Games became a yearly event.

The illustrations included in the book mainly depict disabled males in various stages of rehabilitation and the focus on masculine identity is prominent throughout this work. However, Anderson does show that the state treated disabled women differently than men. For example, only if they were permanently disabled were they allowed to share treatment which had been developed for men. The single chapter on women and rehabilitation is concentrated on the period of World War Two. Anderson argues that women's bodies were not valued in the same way as men's during the war period, but that the need for workers allowed for more participation in employment for disabled persons of both genders, with many experiencing paid work for the first time. In terms of rehabilitation for women, new methods had to be developed since prior to the war there had been virtually no civilian disabled regime of rehabilitation on which to build. However, in some circumstances the state was willing to limit the size of a disabled woman's family through voluntary sterilization—which reduced state dependence.

The book might have benefited from a wider range of case studies and its geographic focus is really southern England, but it is nonetheless a well-researched work. The gendered nature of care and facilities up to the middle of the twentieth century is particularly obvious in this work. This book could be read alongside the work of Joanna Bourke and Ana Carden-Coyne since it encompasses largely the male world of disability and rehabilitation.[2] The endnotes are extensive, informative, and include suggestions for further reading. The sources are comprehensive. Anderson claims that 10 percent of the British population has been overlooked by history and historians. If this is so, this work represents some re-

dress of this imbalance. It is certainly a welcome addition to the growing field of disability history of early to mid-twentieth-century Britain and will be informative reading for all students of disability history and rehabilitation.

Notes

[1]. See, for example, P. Leese, *Shell Shock, Traumatic Neurosis and the British Soldiers of the First World War* (Basingstoke: Palgrave Macmillan, 2002); F. Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain 1914-1930* (London: Continuum, 2010); and W. Holden, *Shell Shock* (London: Channel 4 Books, 2001).

[2]. J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion Press, 1996); and A. Carden-Coyne and J. Anderson, "Enabling the Past. New Perspectives in the History of Disability," *European Review of History* 14, no. 4 (2007): 447-457.

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