1.2 World History

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**PROBLEMS OF WORLD WAR I DISABLED VETERANS’ REHABILITATION (IN MATERIALS OF WESTERN COUNTRIES)**

With 2018 making it a century of the Armistice of Compiegne of 1918, numerous public and cultural events were held to commemorate the end of the First World War.

Broken bodies have always been the products of war, and British society had witnessed the physical consequences of conflict in the form of the disabled veterans of the Napoleonic Wars, the Crimean war, and the South African wars. Numerous German casualties, suffered from Neurological symptoms which had no realistic organic cause, and posed a burden to the German military. The organization of tremendous numbers of volunteers and later conscripts, alongside regulars in WWI dramatically widened the first-hand experience of the war. Taking a look at limb lessness which was highly observable and required a wide range of prostheses. Empty sleeves and trouser legs were absences articulating not only the physical loss of part of the body, but notably for this study, also the loss of economic potential.[[2]](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5341767/)

 Knowledge about the steps taken in the rehabilitation of disabled soldiers which as stated in the paragraphs above where numerous will enable us to: make steps and provisions so that another war would be avoided because when you look at it, the devastation caused by the Great war you’ll realize that it was honestly not worth it. Also, steps and processes taken in WWI to rehabilitate its disabled soldiers, were modified, and put into practice although this might be on a modern and more technological scale to produce more efficiency.

For many Great War veterans, the effects and repercussions of WW1were sustaining long after the guns fell silent.

 In 1919, Douglas C. Mcmurtrie, director of the Red Cross Institute for Crippled and Disabled Men, remarked that, ‘beyond reaches of history, the disabled man has been a castaway of society’.[[3]](https://www.history.ac.uk/reviews/review/1619)

Using a metaphor of a wolf pack as an illustration where by a disabled wolf is torn to pieces by its pack; the primitive society abandoned, expelled, put to death its disabled and deformed members. But thankfully in modern times, the system was changed but it still remains far from perfect. An individual with a disability is a source of charity and sympathy, and rarely received ‘the opportunity to make good and get back on his own two feet’.

Roughly 6 million British and German men were disabled by injury or disease in the period 1914-1918. Taking Britain as an example about 41,000 men returned missing one or more limbs from various parts the body most of them being of the lower extremity. Hospitals were established to try and aid with the increasing number of limbless men who were being sent back to Britain. These were majorly situated within various stately homes and country mansions, which were taken over for the duration of the conflict. But it was the opening of hospitals specifically to aid and care for those who needed new limbs.

Yet it was the establishment of The Princess Louise Scottish Hospital For Limbless Sailors and Soldiers at Erskine House, and the Queen Mary Convalescent Auxiliary Hospital at Roehampton, which had some of the greatest impacts, as well as being two of the most known of the hospitals dedicated to such a task. Limbs were created and supplied to these men, and were expertly fitted at such institutions. People were keen to support these institutions – as highlighted by the fact that by June 1915, donations totaling £19,715 had been subscribed to the hospital fund for Roehampton. Naming beds after those who donated was another tool used in order to gain support for the hospital. Who could resist having their name attached to such a cause, if they could afford to give enough money?

In relation to countries of Western Europe such as Government of Italy and France, realized that a large number of veterans, created a financial burden, by entitling them to health care, raising the issues of social warfare. As such, certain programs of rehabilitation where instituted providing injured soldiers long term medical care, and vocational training which was aimed at the sole purpose of restituting soldier’s independence for a rapid and speedy return to work. Example of such institution includes Istituto Orthopedico Rizzlo in Italy. [[4]](https://www.ncbi.nlm.nih.gov/pubmed/25941048)

 The role of rehabilitation, in the work under-taken by the hospitals established to deal with men who suffered severe damage during the war cannot be overemphasized. Giving these honorable men a chance at a new life by having a new limb attached was all good and well. But the insufficiency of proper instructions on how to use, adapt, and function will make this attachment less of a blessing but more of a cause.

Many men also returned from the Front with facial deformities. A few options were available to them, including: undergoing plastic surgery; wearing a mask; never going out in public; or wearing the scars with pride. Just imagining the trauma these men would have passed through is really disturbing. For those who opted for plastic surgery, Harold Gillies and the hospital at Sidcup in South East London was where they wanted to end up.

Despite surgical advances, these facial disfigurements remained intense. Even after undergoing what could be deemed successful reconstructive surgery, many men still continued to cover their faces. Within hospitals, mirrors were covered in order to stop them from seeing their reflections whilst they were undergoing the reconstruction process. They had specially painted blue benches outside the hospital building, designated for these men. However, the bright blue was also an indicator to the public – to warn that the appearance of the men seated upon them could be distressful to some.

For men who returned from the Frontlines suffering from blindness, once more, special hospitals and institutions were set up. The most popular of these was St Dunstan’s (now Blind Veterans UK) – originally set up as the Blinded Soldiers and Sailors Care Committee in January 1915. As expected, rehabilitation was the primary focus of St Dunstan’s. Men were trained in trades, and leisure and sports activities were also encouraged. They were also taught to read with braille.

Disabled veterans of the Great War, where provided with employment opportunities to participate in training and medical treatment in outstanding institutions. But efforts in treatment of Great War veterans who experienced mental health problems remained minor and tokenistic.

We need to understand that rehabilitation did not just cover a lost arm or leg, it also covered partial or complete paralysis of the arm, part of the arm or even the foot. However, a lot of the cases come under ‘neurasthenia’, which seems to be a term used as catch all for incidents and ailments that cannot quite be put under any other existing category. And there was reluctance within the military to allow shell shock to be seen as a result of war, unless it was physically caused by the impact of a shelling and not just from the wearing down that occurred from the constant fear and noise associated with barrage.

 The sequence of rehabilitation was divided into 2 main categories, that of sport and exercise, and that of teaching the men trades and craft that they could engage in even with their artificial limb.

Leisure and recreational activities such as football, table tennis, as well as board games, played a huge role in an attempt to make these men feel normal and full of joy and happiness, as it was before they went off to war. It added an appearance of normality to their lives. Learning a trade or setting up an institution also added a sense of ‘usefulness’ to their lives.

In terms of being disable, I think that WWI made disability a much more prominent issue in society. It led to the authorities having more of an understanding of mental health and the link to trauma and warfare becomes more evident.

A lot more emphasis where put on rehabilitating these men, and allowing them to return to work than it would have been earlier – then again this could have more to do with needing them to contribute to the society.

The story of one ex-serviceman, Thomas Kelly, a private in the Gordon Highlanders, and a man who returned from the First World War in receipt of a 100% disability pension after having his two legs amputated above the knee, is shown through records held in LAB 2/1195/TDS2884/1919.

He stated in a letter: ‘But now when I am a maimed and not fit for manual labor, this country has no further use for us.’ These may be the words of one disgruntled ex-serviceman who returned from the war with a disability, but his situation was not an unfamiliar one. Kelly’s letter allows us to springboard into the wider story of returning to employment, which again allows us to return to the ideas of workshops and employment bureaus set up in order to aid disabled men. [[6]](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5341767/)

In 1920’s, the rehabilitation methods pioneered with WWI veterans was utilized on victims or casualties of industrial accidents as well. Physical, psychological, and occupational therapy aided many people with disabilities to learn to dress, walk and perform many other daily tasks themselves. But the intention of rehabilitation medicine was seen as restricted, and its practice too ordinary, to earn its practitioners the status or resources given to doctors involved in acute care.[[5]](https://www.wdl.org/en/item/4586/)

We can conclude by adding that WWI increased the population of men with disability in our society, and educated medics on new ways of helping them. Over the years, rehabilitation has come to mean very different things. Even in post WWI movies, it was seen as the process of attempting to relearn normal daily activities such as walking or eating for example.

The Great War was not of exaggerated scale. The devastating effects it had on the soldiers cannot be overemphasized; it had definitely leaved permanent scares that not even the greatest form of rehabilitation was capable of fixing.

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