

Restoring the Spirit: The Rehabilitation of Disabled Soldiers in Australia after the Great War

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AUSTRALIA'S PARTICIPATION IN THE GREAT WAR (1914–18) CAME AT A SIGNIFICANT human cost. Of the 324,000 Australian soldiers who took to the field, 59,342 were killed (18 per cent) and 152,171 wounded (46 per cent).¹ This is said to be proportionally the highest rate of battle casualties experienced by any forces of the British Empire in that conflict. The injuries suffered by those wounded during the Great War had an impact on the human body and mind on a scale that had not been experienced before; 'bombs & hand grenades make some ugly wounded' wrote one stretcher bearer.² By 1920 about one-third of returned soldiers in Australia were receiving a war disability pension.³ Australia had never experienced, nor was entirely prepared for, such a large proportion of its volunteer army to return with 'shattered health' and 'broken bodies'.⁴ By the early 1920s, a network of repatriation hospitals, rest rooms, nerve homes, curative workshops and sanatoria had been established in each State. At the heart of soldier rehabilitation was the optimistic hope that disabled soldiers would recover their independence and industrial efficiency. In a pamphlet distributed to demobilising men, Senator E. D. Millen, Minister for Repatriation, articulated the key challenge for disabled servicemen: 'Every disabled soldier and sailor should know, that with the exception of very rare cases, he can win his way back to the productive ranks of the community.'⁵

This paper investigates the rehabilitation of disabled soldiers in Australia after the Great War, and examines how 'restoring the spirit' of these men was central to the rehabilitation process. 'Rehabilitation' is a broad term which referred to the preparation of the disabled soldier for civilian life. Its main goal was to assist the disabled man to find and keep a place in business or industry by teaching him to adapt to his impairments, and by providing him with appropriate and marketable skills.⁶ While the provision of prostheses and surgical aids certainly comes under the rubric of rehabilitation, this paper approaches rehabilitation as an extended process of personal, social and economic integration.

For most soldiers, rehabilitation commenced when the limits of acute medical intervention had been reached, and centered around a range of therapeutic activities, most of which were not directly carried out by physicians.⁷ Indeed, many medicos believed that they should play a greater role in the rehabilitation of disabled soldiers, and argued for a higher degree of integration between the medical care and vocational training systems.⁸ Rehabilitation activities were graded according to the nature and extent of the disability and included exercise, handicrafts, social gatherings, musical concerts, curative workshops, education, training and vocational schemes. Soldier rehabilitation was an issue of much official and public comment in Australia, and there is a good range of historical sources available. This paper is primarily concerned with those sources that document soldier rehabilitation from the perspective of its architects and implementers during and after the Great War. The records of the Department of Repatriation and the Red Cross provide a useful range of 'official rehabilitation literature', which advised soldiers about, or directly commented upon, the rehabilitation process. As part of a larger project, this paper selectively examines the official literature in order to identify the dominant ideas about disability encountered by returned soldiers during rehabilitation.⁹

The figure of the disabled soldier has attracted some attention in the Australian and international historiography. While pensions remain the largest area of scholarly interest, a number of studies have focused on soldier rehabilitation and, in particular, the 'identification of productivity with masculinity'.¹⁰ The gendered implications of male disability and its attendant 'unnatural dependency' have been examined, and historians have been quick to explore the 're-masculinising' agenda of soldier rehabilitation.¹¹ Some scholars have also pursued rehabilitation in relation to the subjectivity of disabled soldiers and examined questions of identity.¹² In the British context, Joanna Bourke has suggested that during the Great War the language of disability itself shifted away from reflecting the 'childlike passivity' of civilian cripples, to a 'positive language of mutual aid' that better reflected the active identity of ex-servicemen as 'an indisputable part of the body-politic'.¹³ While the historiography emphasises the social and political values embedded in rehabilitation literature, it tends not to explore, to the same degree, the process through which soldier disability was embodied in everyday life.

How were disabled soldiers advised to make sense of their disabilities and live in their own bodies? Recent scholarship on 'embodiment' provides a starting point for addressing this question, by opening up analytical possibilities regarding the inter-relationship between body, identity, agency and culture.¹⁴ This approach, which is often heralded as breaking the theoretical impasse between the 'discursive body' and

the 'material body', explicitly facilitates questions about the processes through which the body is inhabited.¹⁵ This paper draws upon this theoretical framework to consider how returned soldiers were encouraged to embody their disabilities—that is, how disability was to be lived as part of the self. It suggests that at the heart of soldier rehabilitation was the hope that each man could transcend his impairments through determination and will-power, thereby regaining 'captaincy of the soul'.¹⁶ Rehabilitation literature encouraged men to master their disabilities through the 'psychological factor',¹⁷ 'moral force',¹⁸ and the 'recovery of courage'.¹⁹ Significantly, it was not only men suffering from shell-shock who were spoken of in terms of needing psychological repair. For disabled soldiers living with a range of chronic physical and mental conditions, rehabilitation became a journey about embodying disability through their 'strength of character' by 'shutting out disappointments and cultivating a cheerful spirit'.²⁰

During the war there was some optimism that only relatively small numbers of men would fail to be rehabilitated and thus 'classed as permanently sub-efficient'.²¹ Yet this hope slowly diminished in the early 1920s as the complex nature of veteran disabilities became apparent. While disabilities of observable physical loss, such as limblessness, had become powerful war-time symbols of national sacrifice, less than 3300 returned men were pensioned for the loss of a limb.²² By 1922, the Department of Repatriation acknowledged that it was uncommon to find a returned man 'whose disability is restricted to one ailment' and that its cases were 'more complicated than civilian patients'.²³ Many disabled soldiers lived with respiratory, circulatory and nervous system ailments, and a myriad of internal problems affecting organs, joints and muscles—all at continued risk of deterioration.²⁴

If any generalisation can be made about the disabilities suffered by men in the Great War, there is strong evidence to suggest that they tended to be multiple, dynamic and prone to degeneration as the years passed. During my examination of 150 Great War veterans' medical files, I was struck by the prevalence of conditions that resulted from the weakening of the body. The files cumulatively build up a picture of debilitating conditions: 'loss of power' in limbs, 'nerve and heart conditions', the 'dragging pain' of gunshot injury, and 'periodical attacks in the chest and stomach caused from the effects of gas' and 'shortness of breath'.²⁵ Soldiers were also subject to the effects of diseases contracted upon service, such as malaria, tuberculosis and the parasitic condition bilharziosis, which left men with a 'feeling of malaise and inability to do heavy work'.²⁶ A. G. Butler, official medical war historian, argued too that returned soldiers predominantly experienced disabilities that undermined their general physical and mental health, observing that the two conditions which 'dominated the history of the

aftermath' were 'moral and mental disorders' and tuberculosis.²⁷ Indeed, soldiers themselves also realised only too well that the effects of their injuries could be long-lasting and lead to a life of uncertain health. As one soldier with pieces of metal lodged in his lungs wrote: '[I] am always liable to become worse while the lads with limbs off have their trouble over.'²⁸

The wounded soldiers who returned to Australia during the war years were welcomed as heroes, but also feared as 'an uncertain quantity' because of the complexity and unpredictability of their disabilities, and the disturbingly high incidence of shell shock among their numbers.²⁹ By 1917, the social unrest caused by unemployed and disorderly returned soldiers, many of whom had been discharged prematurely as disabled or unfit, was a matter of much anxious public comment. Many men were unable to settle down, debilitated and 'nerve racked' due to the 'terrible strain' of modern warfare.³⁰ Of particular public concern were those returned men 'broken in health and nerve' whose conditions did not conform to the boundaries of 'definite disabilities' and who were not necessarily pensionable.³¹ 'Our broken living' were a disparate group of men whose health had been 'shattered', and whose nervous strain manifested itself in mood swings, anti-social tendencies and behavioural problems.³² While Anzacs epitomised the strength and 'future of the race', disabled soldiers represented what the Department of Repatriation termed the 'peril of inefficiency'.³³ Disabled Anzacs occupied an uncomfortable position on the continuum of racial fitness, and their rehabilitation was anxiously considered alongside other contemporary concerns about national and racial health after the war, such as the falling birthrate, industrial productivity and a white Australia.³⁴ It was hoped that with rehabilitation disabled soldiers could become 'independent and productive' through employment rather than being 'a burden on the state or their friends for the rest of their lives'.³⁵ Given these concerns, rehabilitation became a national question of transforming every broken man into a citizen through restoring his spirit and encouraging a 'normal mental outlook' that would lead to his successful reintegration into the community.³⁶

In the early stages of the war, the rehabilitation of disabled soldiers was a joint endeavour of the Department of Defence, State governments and voluntary organisations. By 1916 the increasing number of soldiers invalided to Australia, coupled with the prospect of the return of thousands of men after the war, prompted the Hughes government to propose legislation that would centralise the repatriation process. After lengthy debate in 1917, Parliament passed the *Australian Soldiers' Repatriation Act*, which provided the framework for Australia's first federally coordinated repatriation scheme. Underpinned by what E. D. Millen called 'a new conception of public duty', the legislation

reflected the strong public feeling that those wounded heroes of the Great War must be looked after more generously by the State than veterans of previous wars.³⁷ Importantly, the government extended a firm commitment to provide all means necessary to 'overcome disablement' through coordinated rehabilitation and vocational training programs.³⁸ The newly created Department of Repatriation commenced its work in April 1918 and administered a variety of schemes for demobilising soldiers that provided sustenance, medical care, housing, education and training opportunities. Rehabilitation became the responsibility of the Department of Repatriation, but organisations such as the Red Cross remained a vital part of the national rehabilitation infrastructure by generating funds, managing convalescent facilities and providing a formidable volunteer workforce.

The rehabilitation of disabled soldiers involved assisting men to overcome their physical impairments, but it also had a strong psychological component. Given the number of soldiers whose minds and bodies were 'shattered' and whose disabilities were subject to deterioration, the idea of overcoming impairment through adjusting one's mental outlook took on a particular importance. The *Medical Journal of Australia* noted that a

man must be helped to recover his 'pep', his 'interest in life' and to banish the idea, often long nourished in his bosom, that he is 'never going to be any good anymore'.³⁹

The idea that the disabled could 'recover their spirits and learn to face the future' was not an entirely new proposition.⁴⁰ In nineteenth-century Australia, disability commonly meant a life of pauperism with little opportunity for employment, and public perceptions of the disabled largely mirrored this dependent status. By the turn of the century, however, the few charities for disabled people then operating were beginning to represent disability in a more active language. In 1910, the Royal Victorian Institute for the Blind spoke of the 'the blind being taught and trained to assist themselves', and the possibility that 'many strong men stricken by accidents' could assume 'their places in life's battle successfully'.⁴¹ Although firmly rooted in the principle of 'self-help', a tenet central to philanthropy in which the deserving poor were distinguished from the undeserving, this belief in the social potential of the disabled nonetheless represents an important shift in the conceptualisation of disability.⁴² Indeed, there is a consensus among social historians that during the early twentieth century, disability became understood as a problem that the individual could rise above through psychological adjustment, rather than a condition that entailed inevitable physical limitations, suffering and dependence.⁴³ It was during the Great War

that this idea firmly took hold, and a new era of enlightened attitudes towards the ‘treatment of cripples’ was proclaimed.⁴⁴ Disabled soldiers were urged to draw upon their inner potential to achieve independence and self-reliance in spite of the challenges posed by impairment. Invalidism, pauperism and dependence were repudiated, the spiritual potential of the ‘physically deformed’ was championed, and each soldier was encouraged to overcome his disability through ‘the will’.⁴⁵

The belief that disabled soldiers could overcome impairment through their force of character was reinforced by the patriotic representations of those wounded during the war years. With public morale at stake, the heavily censored newspapers of the home front responded to the horror of war injury by insisting that the wounded could triumph over trauma. The ‘ghastly’ was re-written as the ‘gallant’ and ‘glorious’, and the wounded as heroically rising above their pain.⁴⁶ Ellis Ashmead Bartlett’s famous dispatch from Gallipoli in 1915 offered a particularly striking image:

I have never seen anything like these wounded Australians in war before...
Though many were shot to bits, without the hope of recovery, their cheers resounded through the night.⁴⁷

In Australia, the reports of Bartlett and C. E. W. Bean became the foundation of the Anzac legend, which asserted that Australians had ‘ideal constitutions’ and displayed remarkable qualities of independence and self-reliance.⁴⁸ In this context, a ‘legend within a legend’ developed about the remarkable resilience of the injured Anzacs, and the heroic figure of the wounded soldier became an embodiment of patriotism and a powerful symbol in recruitment campaigns.⁴⁹ The arrival of hospital ships did little to quieten the censor’s insistence that even wounded Australian soldiers possessed an innately healthy constitution. One newspaper report described the wounded arriving at Port Melbourne in 1915 as ‘painfully bent and hobbled, men without arms or legs, men blinded and led by comrades’, but the account concluded that ‘there was hardly a sick looking man among them’.⁵⁰ This idealised disabled Anzac quickly became part of the standard imagery in the Australian rehabilitation discourse. Regional facilities for tubercular soldiers were called ‘Anzac Farms’, a term ‘fully charged with significance in Australian history’, perhaps to remind patients of the Anzac ideal that they should live up to.⁵¹ The Department of Repatriation reported that even the most ‘difficult cases’ could draw upon ‘natural Australian characteristics inherent in the individual—initiative, confidence, and buoyancy which will not lie down and whine, but is eternally ambitious’.⁵²

The rehabilitation of disabled soldiers in Australia commenced in earnest in July 1915 with the repatriation of men injured at Gallipoli.

The public arrival of battle-scarred men to Australia brought home the war in flesh and blood, and the wounded became the 'emotive core of national mobilisation'.⁵³ In the early years of the war, the Red Cross and other voluntary organisations were 'central players' in the care and rehabilitation of wounded soldiers in Australian institutions.⁵⁴ The Red Cross alone had a membership of more than 82,000 women dedicated to relieving the suffering of soldiers by the 'golden thread' of love and self-sacrifice.⁵⁵ The women of the Red Cross worked tirelessly in hospital and rehabilitation facilities to ensure that the institutional setting was one in which the patient could be won back to health both in mind and body. Rehabilitation was conceived of as a holistic task, which started with ensuring that the institutional atmosphere was conducive to recovery. As one Tasmanian volunteer put it: 'It is good to feel that when they return from that frightful "Hell in Flanders" there is a little bit of heaven awaiting them here.'⁵⁶ In its official literature, the Red Cross often alluded to the tranquility of its facilities, and the transformative effect of the atmosphere within them. This environment required substantial work to sustain, as one Caulfield volunteer wrote:

Wheeled beds, wheeled chairs, mechanical supports for wearied limbs, food delicacies, well chosen literature, ever changing gramophone records, concert parties, and fancy work lessons, amidst surroundings bright with cleanliness, fresh air, and flowers, are generously and cordially contributed.⁵⁷

This therapeutic environment provided a backdrop to the men's daily activities and, it was hoped, acted upon the whole self through the senses. Pleasant surroundings, 'blackbirds and thrushes... on dew-pearled grass', billiard tables, fresh scones and writing rooms were to give the men a chance to awaken 'that fine independence which the horrors of war have seemed to deaden and kill'.⁵⁸ The successful rehabilitation of soldiers had a significant social and interpersonal dimension, and the Red Cross emphasised the 'psychic effect' of its activities.⁵⁹ Women volunteers arranged entertainments for the men, organised outings, established libraries and staffed the 'Rest Rooms' at repatriation hospitals.⁶⁰ Red Cross Voluntary Aids (VAs) provided the 'cheering influence of companionship' to disabled soldiers, and worked at making them feel 'valued and not forgotten'.⁶¹ The aptly named 'Cheer Up Society' of Adelaide saw its volunteers as providing activities that would encourage men to 'carry-on' and rebuild their will-power.⁶² Women volunteers' counsel reflected men's own 'strength and courage' back to them, and encouraged soldiers to develop a hopeful outlook.⁶³ In official rehabilitation literature VAs were conferred the role of attending to the emotional dimension of recovery, because they understood how to 'mend the digger's heart'.⁶⁴

It was within this restorative environment that ‘curative workshops’ for disabled soldiers were conducted, bringing together therapy and productivity to ‘stimulate the interest of men and prevent hospitalization’.⁶⁵ Depending on their disability, soldiers received instruction in a variety of crafts and trades such as carpentering, toy-making, netting, boot-making, weaving, embroidery and typewriting.⁶⁶ These workshops certainly assisted men to shrug off what have been regarded as the ‘feminizing tendencies’ of disability, but the inclusion of embroidery and other traditionally feminine handicrafts suggests that they also offered the disabled soldier more than re-masculinisation. Needlework was particularly suitable for the severely disabled, because it was one of the few ‘lap-crafts’ that did not require a bench or heavy tools. Not only did the small repetitive stitching movements develop muscle tone and coordination, but it could also be taught by women of the Red Cross. However, needlework was a leisure activity that had strong gender and class associations with middle-class women. Visitors to exhibitions of crafts made by disabled soldiers commented encouragingly on the fancy work and acknowledged its unusual status, explaining that these men had no energy for heavier pursuits such as woodwork.⁶⁷ In these accounts, needlework certainly did not signify an imminent return to a masculine role in civilian life, but rather was an activity associated with providing ‘cheerful thought’ to the men.⁶⁸ It also demonstrated the willingness of ‘cot cases’ to transcend their brokenness and pursue life with determination. Its value lay in the process, not necessarily the outcome. The ‘productivity’ of severely disabled soldiers in curative workshops related more to the strengthening of the will and the simple daily embodiment of disability with hope, than any realistic prospect of once again becoming a breadwinner.

Paid employment was at the heart of official rehabilitation literature, and the journey towards it often acted as an inspirational metaphor for overcoming disability. Rehabilitation advice and commentary was replete with success stories that illustrated the ultimate triumph of the spirit over impairment.⁶⁹ These formulaic testaments provided proof that disability could be overcome:

Soldier with 51 wounds. Notwithstanding these handicaps, he is now engaged in his pre-war occupation as a civil servant in Queensland, helped by a full pension, which goes to him as a permanently incapacitated man.⁷⁰

Hopkins, AL—Shell wound and shock. Labourer. Present course of training: Boot repairing. Now in business for himself, Tocumwal NSW.⁷¹

No. 5578. Pre-war occupation gardener. Gunshot wound chest. Another of the French polishing class, who after a few months’ training, made rapid progress, and left to enter into a partnership in the furniture trade, and is now making a comfortable living.⁷²

These testimonies are highly selective, idealised representations of life for the disabled soldier, and conflate recovery with employment. Are we to assume that Hopkins' success in the boot repair business signified recovery from his shell wound and shock? Did the 'comfortable living' of No. 5578 mean that since finding employment he was untroubled by the gunshot wound to his chest? The significance of these inspirational stories was to define disability simply as a lack of productivity which could be restored.⁷³ They were micro-legends about the dividends reaped from the 'willingness to be rehabilitated', and provided proof that disabled soldiers could regain their efficiency through determination and strength of mind, and win their 'way back to the productive ranks of the community'.⁷⁴ These positive stereotypes, while designed to inspire and motivate the wounded, were no doubt frustrating to some disabled veterans in the same way that not all returned soldiers saw their own experience reflected in the Anzac legend.⁷⁵ By framing disability as a problem of employment, it became something that could be successfully solved. As one rehabilitation manual put it, 'the disabled man who is profitably employed is no longer handicapped'.⁷⁶

The idea that returned soldiers could overcome their disability through strength of character had wide appeal. It provided rehabilitation authorities with a way to motivate and encourage the wounded by giving them a positive masculine identity not necessarily based on physical potency. It offered disabled soldiers a sense of control and hope, and pointed to the possibility that they could again become active and powerful agents in their own life by 'fighting as bravely and unselfishly as they ever did in the trenches'.⁷⁷ Yet, this paradigm of disability was one of aspiration and idealism. It defined possibilities contingent on the successful exercise of individual agency and an unflagging optimism. As disability theorist Michael Oliver suggests, the twentieth-century imperative of 'adjustment' ultimately had the effect of reinforcing disability as a problem for the individual.⁷⁸ In rehabilitation rhetoric, the 'problem' was not necessarily impairment but rather the willingness or unwillingness of men to strive for productivity. For the Red Cross, the type of soldier who became a greater problem than the blind or limbless was the man 'who does not want to be a worker anymore'.⁷⁹

It was the disabled man whose personal resolve looked to be in danger of weakening who was portrayed as 'sub-efficient'.⁸⁰ At greatest risk of 'protracted industrial inefficiency' were the 'debilitated classes', the significant number of men who lived with conditions such as tuberculosis, war neuroses, alcoholism and other progressive complaints.⁸¹ The rehabilitation of limbless soldiers, on the other hand, could be practically addressed by prosthetics and retraining, and rehabilitation success was commonly promoted as a real possibility. The Red Cross

reported that one legless soldier provided with a motorcycle in 1922 had become '100 per cent efficient'.⁸² However, the rehabilitation of tubercular and shell-shocked soldiers was less certain because their conditions were systemic, which meant that they would 'always be unreliable, unstable or inefficient in some way'.⁸³ The concern about debilitated men was that their maladies sapped their inner spirit and vitality. Recovery from tuberculosis, for example, was intimately connected to one's 'mental state', which governed the 'powers of resistance'. In 1922, the Department of Repatriation lamented that not all tuberculosis patients possessed the 'degree of intelligence... determination and force of character' necessary for recovery.⁸⁴ The danger posed by these men was that their debility caused an inability or unwillingness to work.⁸⁵ It was hoped that a stay at a 'convalescent farm' would encourage the debilitated, and those who had 'lost the habit of work', to 'regain industrial tone'.⁸⁶ The rehabilitation of those with degenerative conditions was problematic, however, because of the systemic and unstable nature of these conditions and, more particularly, because debility itself undermined personal resolve and vitality.

By the early 1920s, the Red Cross was managing the transition of some of its curative workshops into small industries that aimed to be commercially viable 'self-supporting' businesses.⁸⁷ In 1920, the NSW Disabled Soldiers' Weaving Industry boasted profits of more than £4000, and the Red Cross Toy Industry confidently asserted 'we are now in a position to cope with any class of the Wooden Toy trade in Australia'.⁸⁸ In Sydney, one could have afternoon tea at the New South Wales Blinded Soldiers' Tea Company in Pitt Street, and then perhaps purchase something from the Disabled Soldiers' Pottery Factory in Redfern.⁸⁹ The Anzac Tweed Industry in Melbourne boldly announced its hopes for a 'wide expansion to supply tweed throughout the Commonwealth'.⁹⁰ Such businesses were held up as examples of the efficiency and personal resilience shown by disabled soldiers.

However, in reality most of these enterprises experienced financial difficulty. By 1923, the NSW Blinded Soldiers' Tea Company was wound back to being a 'distributing agency' of a larger tea merchant.⁹¹ Similarly, by 1924 the Department of Repatriation questioned whether the hand-loom of the Anzac Tweed Industry could compete with the power-loom of the civilian textile mills.⁹² The demise of these industries was not blamed on the workers, however, but attributed instead to broader economic factors or simply left unexplained.⁹³ Nevertheless, the closure of these businesses highlighted a contradiction in the rehabilitation rhetoric: that although these men had the 'will to work' their pluck and vitality alone could not ensure their employability in the labour market. Indeed, despite promises of 'preference', disabled soldiers faced significant problems of unemployment and under-employ-

ment throughout the 1920s and 1930s. Many campaigned vigorously for the right to 'become a wage earning citizen', a right which they argued they had 'surely earned'.⁹⁴ Working-class disabled men and labourers were particularly hard hit, because they depended on a strong functioning body for their livelihood. By the late 1920s, the health of returned soldiers had measurably decreased, and the 'burnt out soldier' struggled to find work. As one disabled digger noted in 1931, 'the councils want able-bodied men, not wrecks'.⁹⁵

Soldier rehabilitation was both a national and individual project, but the insistence on the 'psychological factor... in determining whether success or failure is to be the issue' meant that the ultimate responsibility for rehabilitation was left to the individual man.⁹⁶ Soldier disability was reconfigured not so much as a problem of impairment, but of individual temperament and the willingness or otherwise to be rehabilitated. Employment, if that could be secured, was proof of one's psychological adjustment and provided daily evidence that one had overcome disablement. In an age preoccupied with questions of racial fitness and vitality,⁹⁷ the 'fitness' of the disabled soldier related to his spirit and personal efficiency. Ultimately, the journey towards productivity was configured as both practical and spiritual.

The goal of soldier rehabilitation was to assist every man to regain his productive capacity. Each soldier's journey towards rehabilitation was marked by practical achievements such as the recovery of one's physical strength and getting a job. However, rehabilitation was also a process of re-embodiment, of instructing men how to live with their impairments and negotiate a new identity. Official rehabilitation literature encouraged disabled soldiers to embody their disabilities through the spirit; it conceptualised disability as a problem that could be overcome through the determination of the individual. Rehabilitation offered men a psychological choice between brokenness and vitality; 'the choice of two roads, one leading to the attainment of their desire in professions, business or a trade, and the other pointing to stern duty, hardship and suffering'.⁹⁸ The assertion that disabled Anzacs could embody their disabilities with full industrial productivity was a redemptive idea. It allowed the fear of disabled soldier inefficiency to be expressed, while offering the hope that the majority of these men could make a contribution to national progress regardless of their impairments. However, for many returned soldiers embodying disability with the 'right spirit' was an ongoing struggle and 'overcoming' became a daily burden.⁹⁹

1. A.G. Butler, *Official History of the Australian Army Medical Services in the War of 1914–18*, Halstead Press, Sydney, 1943, vol. 3, p. 880.
2. Diary of James McPhee, Stretcher Bearer, 4th Field Ambulance, 3 May 1915, MS9876 MSB 496, State Library of Victoria (SLV), p. 58.
3. Department of Repatriation, *Annual Report*, 1938–39, p. 15.
4. 'Straight from the Shoulder: Lest we forget—what?', *Mufti*, 1 July 1934, p. 13.
5. E. D. Millen, Minister for Repatriation, *What Australia is Doing for Her Returned Soldiers*, H. J. Green, Melbourne, 1918, p. 5.
6. *Recalled to Life: A Journal Devoted to the Care, Re-Education, and Return to Civil Life of Disabled Sailors and Soldiers*, June 1917, p. 1.
7. Indeed, Major-General Fetherston noted in his comprehensive 1919 report that medical men were unsuited to the task of rehabilitation. *Department of Defence Report by Surgeon-General R. H. Fetherston, Director-General, AAMS to the Honorable the Minister of State for Defence on 1. Australian Army Medical Service Overseas. 2. The Medical Services of Great Britain and the Allies. 3. The Re-education and Re-establishment of War Cripples in America, Europe and India, February–November 1918*, Australian Government Printer, 1919, p. 12.
8. See 'An Urgent Matter', *Medical Journal of Australia*, 8 March 1919, pp. 193–4; 'A Retrospect', *Medical Journal of Australia*, 11 January 1919, pp. 29–30.
9. This paper is part of a larger PhD study undertaken at La Trobe University entitled *Returned Soldiers and Disability in Australia 1914–1939*.
10. Roxanne Panchasi, 'Reconstructions: Prosthetics and the rehabilitation of the male body in World War 1 France', *Differences*, vol. 7, no. 3, 1995, pp. 109–40, p. 132; See also Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War*, University of Chicago Press, Chicago, 1994; Seth Koven, 'Remembering and Dismemberment: Crippled children, wounded soldiers and the Great War in Great Britain', *American Historical Review*, vol. 99, no. 4, October 1994, pp. 1167–202; Jeffrey S. Reznick, 'Work-Therapy and the Disabled British Soldiers in Great Britain in the First World War: The case of Shepherd's Bush Military Hospital, London', in David Gerber (ed.), *Disabled Veterans in History*, University of Michigan Press, Ann Arbor, 2000, pp. 185–203; Deborah Cohen, 'Will to Work: Disabled veterans in Britain and Germany after the First World War', in Gerber (ed.), *Disabled Veterans in History*, pp. 295–321.
11. K. Walter Hickel, 'Medicine, Bureaucracy, and Social Welfare: The politics of disability compensation for American veterans of World War I', in Paul K. Longmore & Lauri Umansky (eds), *The New Disability History: American Perspectives*, New York University Press, New York, 2001, pp. 236–67; David Gerber, 'Introduction', in David Gerber (ed.), *Disabled Veterans in History*, p. 10; Joanna Bourke, 'Effeminacy, Ethnicity and the End of Trauma: The sufferings of "shell-shocked" men in Great Britain and Ireland', *Journal of Contemporary History*, vol. 35, no. 1, 2000, pp. 57–70; Joanna Bourke, *Dismembering the Male*, p. 74.
12. See David Gerber, 'Blind and Enlightened: The contested origins of the egalitarian politics of the Blinded Veterans Association', in Longmore & Umansky (eds), *The New Disability History*, pp. 313–34; Peter J. Boston, 'The Bacillus of Work': Masculinity and the Rehabilitation of Disabled Soldiers in Dunedin 1919 to 1939, BA Honours Thesis, History Department, University of Otago, 1993.
13. Bourke, *Dismembering the Male*, pp. 39–45. Bourke ultimately argues that 'by the mid-1920s [disabled soldiers] too had become identified with passivity', p. 75.
14. See Thomas Csordas (ed.), *Embodiment and Experience: The Existential Ground of Culture and Self*, Cambridge University Press (CUP), New York, 1994; Elizabeth Hallam, Jenny Hockey & Glennys Howarth, *Beyond the Body: Death and Social Identity*, Routledge, London, 1999; Kathleen Canning, 'The Body as Method? Reflections on the place of the body in gender history', *Gender and History*, vol. 11, no. 3, November 1999, pp. 499–513; Claire Edwards & Rob Imrie, 'Disability and Bodies as Bearers of Value', *Sociology*, vol. 37, no. 2, May 2003, pp. 239–56; Bryan S. Turner & Steven P. Wainwright, 'Corps de Ballet: The case of the injured ballet dancer', *Sociology of Health and Illness*, vol. 25, no. 4, April 2003, pp. 269–88.
15. Kathleen Canning, 'The Body as Method?...', p. 506.
16. Butler, *Official History of the Australian Army Medical Services*, p. 60.
17. Department of Repatriation, *Annual Report*, 1925, p. 50.

18. William Osler, 'The Problem of the Cripple', *Recalled to Life: A Journal Devoted to the Care, Re-Education, and Return to Civil Life of Disabled Sailors and Soldiers*, June 1917, London, pp. 265–6.
19. W. Fitzpatrick, *The Repatriation of the Soldier*, unpaginated.
20. Department of Repatriation, Annual Report, 1922, p. 1215; 'Caring for Soldiers: Aiding limbless men', *Herald*, 19 July 1921, p. 11.
21. *The Civil Re-Establishment of the AIF: A Summary of the Work of the Department of Repatriation from April, 1918, to the End of June, 1920, with Some Account of the Activities Which Preceded the Department's Formation*, Government Printer, Melbourne, 1920, p. 188.
22. Limbless men represented less than 4 per cent of pensionable returned men. The largest number of men was pensioned for limblessness (3259) in 1933. See Butler, *Official History of the Australian Army Medical Services*, pp. 963–5.
23. Department of Repatriation, *Annual Report, 1921–22*, p. 1204.
24. See Clem Lloyd & Jacqui Rees, *The Last Shilling*, Melbourne University Press (MUP), Melbourne, 1994, pp. 144–5.
25. Descriptions of war disabilities in the Department of Repatriation case files (closed access) of CM (1917), RM (1919), HE (1938), TH (1929) and EP (1920–22).
26. 'Bilharziosis in Western Australia', *Medical Journal of Australia*, 17 September 1921, pp. 217–19.
27. Butler, *Official History of the Australian Army Medical Services*, p. 828.
28. Summary of Evidence, August 1927; Letter, 24 February 1920, Department of Veterans' Affairs File of SM (closed access).
29. Mr Fleming, MHR Robertson, 24 September 1917, *Australian Parliamentary Debates*, vol. 83, p. 2558.
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63. 'Jolly Good Fellows: An Evening at "Graythwaite"', *Red Cross Record*, NSW Division, ARCS, 9 January 1922, p. 27.

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66. See ARCS, *Annual Report, 1916–17*, p. 13; ARCS, *Annual Report, 1919–20*, pp. 62, 64.

67. See 'Exhibition of Soldiers' Work at Caulfield Military Hospital', *Red Cross Record*, Caulfield Branch, Vic. Division, ARCS, 1 November 1917, pp. 11–12; 'Helping Disabled Soldiers: Visit to Caulfield Hospital', in *ibid.*, 1 September 1919, pp. 11–14 (reprinted from the *Argus*, n.d.).

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88. NSW Division, ARCS, *Annual Report*, 1921–22, p. 24.

89. *ibid.*, p. 23. Also see photograph of the tearoom in ARCS, NSW Division, *Annual Report*, 1919–20, p. 29.

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