Constructing a Care System: Medical Voluntarism, and the Disabled ex-servicemen of Lancashire during the First World War.

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Constructing a Care System: Medical Voluntarism, and the Disabled ex-servicemen of Lancashire during the First World War.

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List of Abbreviations

ADMS	Assistant Director of Medical Services
BEF	British Expeditionary Force
BRCS	British Red Cross Society
KNRS	King's National Roll Scheme
MRI	Manchester Royal Infirmary
TF	Territorial Force
TFNS	Territorial Force Nursing Service
VADS	Voluntary Aid Detachment Service
YMCA	Young Men's Christian Association

Abstract

The level of mutilation inflicted upon the male body during the First World War was unprecedented. Over 75,000 British servicemen returned home with disabilities sustained through physical and psychological trauma, producing substantial challenges in medical care and the treatments available to disabled ex-servicemen to aid the medical and social restoration. Earlier wars had exposed the inadequacies of welfare provisions across the country, prompting a transformation of the medical services available during the First World War, which focused almost entirely on the contribution of medical voluntarism.

Returning home with permanent impairments left many disabled ex-servicemen isolated and without the necessary support and state guidance to reintegrate into civilian life. The long-term recovery and rehabilitation of the war-disabled became the responsibility of voluntary organisations and philanthropists who recognised the social anxieties that accompanied disablement. Therefore, the role of voluntary caregiver was fundamental in rehabilitating disabled ex-servicemen between 1914 and 1918. Nonetheless, little attention is given to medical voluntarism and philanthropists' influence and social impact during the First World War, with the Armistice and inter-war period most focused on by historians. Therefore, using Lancashire (predominantly Manchester) as a case study, this research will demonstrate how the region's earlier social understanding of disability and construction of a culture of medical charity enabled its citizens to promote voluntary activity and successfully support the returning disabled ex-servicemen between 1914 and 1918. Acknowledging the diverse roles performed by voluntarists, this thesis recognises those who worked to deliver systematic rehabilitation and medical facilities schemes as a concerted reaction to the state's persistent national disregard for the disabled ex-servicemen during the First World War.

Introduction

This study will demonstrate how the evolution of Lancashire's medical voluntarism and liberal approach towards disability from 1752 reinforced the medical provisions offered during the First World War. It will examine how the region's philanthropic culture underpinned its response to the state's persistent disregard for its citizens' social welfare, forcing voluntarists to take an active role in constructing a pioneering care system to support the social and medical reconstruction of returning disabled ex-servicemen between 1914 and 1918. With an unprecedented number of disabled servicemen (mainly soldiers) returning to Manchester with orthopaedic injuries during the First World War, this research concentrates primarily on the provisions of orthopaedic care and the treatments to provide surgical and social restoration to support the reintegration and re-employment of disabled ex-servicemen returning to the area.

Voluntary contribution was the archetypal reaction to the social welfare inadequacies of the working classes of Lancashire during the eighteenth and nineteenth centuries and is demonstrative of the cultural movement of philanthropy exhibited within the region. The absence of state guidance and a demeaning Poor Law forced the working classes to manage their social difficulties through a combination of self-help and neighbourhood support. Consequently, they adopted a liberal approach towards disability and established a culture of voluntary care to support community members suffering from psychological and physical impairments. Assisted by middle-class philanthropic contributions from the region's

influential medical men and the evolution of Manchester's pioneering voluntary medical institution from 1752, Lancashire's organised charities and enlightened culture would serve as a prelude to the region's success in orchestrating the necessary voluntary care system for the medical and social restoration of returning disabled ex-servicemen during the First World War.

Voluntary action during the First World War was more significant than during any other period in British History. While over two and a half million men volunteered to fight, a similar number of British citizens volunteered to support the war effort at home with 18,000 new charities created during the war, caring for the returning sick and injured and their families.[1] Earlier conflicts, particularly the Boer and Crimean Wars, underpinned these charities' experience and resources as both relied on volunteers to win the war. However, the historiography of philanthropy often overlooks its significant role in earlier British wars, with most literature focusing on charity's impact during the inter-war period. Historians Peter Grant and Pat Thane compare the effects of the history of voluntarism during previous conflicts to the gratification and support shown towards British soldiers during the First World War.[2] Also, most accounts of voluntarism consider the participation of wealthier philanthropists, especially women, to be most prevalent, while the role of non-uniformed and working-class volunteers remains largely unwritten.

Acknowledging this gap in the literature, this study analyses the significance of Lancashire's (predominantly Manchester's) philanthropic culture and the role of

[1] Peter Grant, *Philanthropy and Voluntary Action in the First World War: Mobilizing Charity* (New York: Routledge, 2014), pp.24-27.
[2] Grant, *Philanthropy and Voluntary Action* p.26; Pat Thane, *The Foundations of the Welfare State* (Harlow: Longman, 2nd ed. 1996).

the working-class men and women from the mid-eighteenth century who embodied the region's spirit of benevolence and self-help attitude to pioneer a network of voluntary organisations to provide care for its disabled citizens. The evolution of this culture through the daily experiences and hardship of local citizens underpinned the voluntary medical resources available during the First World War to support the restoration of returning disabled ex-servicemen by constructing a voluntary care system.

Lancashire and medical voluntarism

Examining the evolution of medical voluntarism within the industrial district of Lancashire has many advantages and provides an alternative to other histories of philanthropy and charity that overlook the significance of working-class agency and the influence of local political and cultural developments that shape the foundations and purpose of its charities. During the mid-nineteenth century, Lancashire transformed into a region of remarkable economic growth due to the Industrial Revolution and urbanisation. As a result, the area displayed some of the country's worst poverty and physical health, with outbreaks of smallpox, influenza, and cholera frequenting those destitute within society. The Industrial Revolution contributed enormously to increased physical impairment and a high industrial accident rate across the region, primarily through employment in cotton mills and mining and intensified further during the construction of railways and the

Manchester Ship Canal in 1887; disability became central to the region's industrialisation. The absence of state support and a demeaning Poor Law forced the working classes to manage their social and moral problems through a combination of self-help and neighbourhood support. Although the poorer members of society remained hesitant to reach out to middle-class philanthropic intervention and voluntarism, they were almost invariably unable to manage without it, mainly to subsidise the inadequacies of social welfare.

The turn of the twentieth century demonstrated a national awareness concerning the seriousness of poor health amongst society's young working-class men through the quality of men volunteering to fight in the Boer War 1899. In Lancashire, of the 11,000 men who volunteered to fight, only 3,000 passed the required fitness levels, with an extraordinary number of young men demonstrating the impact of poor health and social class disparities. By 1900, Manchester began to experience a joining of charitable and statutory activity as philanthropists and reformers persisted in their recommendations to improve the lower classes' social standards. However, state changes were slow to come; therefore, the region continued to rely on voluntarism to support those most in need. In 1900 this included offering medical aid and often financial relief to the Boer War's disabled ex-servicemen and their families. In Jan 1900, the *Manchester Courier and Lancashire General Advertiser* described the benefits of funds raised during the South African War for the Wounded, Widows, Wives and Children by the Manchester Salford and District South African Fund Committee.[3] While state

[3] 'Anon, 'For the Wounded, Widows, Wives and Children', *Manchester Courier and Lancashire General Advertiser* Jan 1, 1900, p.11.

interest in public health increased at the turn of the twentieth century, it by no means replaced voluntary organisations that continued to expand and provide social and medical care for the lower classes of Lancashire for some time.

Notably, by 1900 the Manchester and Salford Medical Charities body (MSCS) recorded twenty medical charities across the region that provided various services to the community.[4] Many concentrated on those with physical and mental illness and provided medical care, accommodation, and education. [5] Other organised charities such as the YMCA and the Salvation Army offered financial and practical support to the hospitals, offering clothing and surgical equipment[6]. Some of these charities were branches of national organisations, while others were unique to Manchester. Apart from religious groups, Manchester and Salford's medical charities provided the most significant voluntary resources to this population. Crucially, the expansion of voluntarism at the turn of the twentieth century saw more charitable activity provided to medical resources within Lancashire than any other relief. The evolution of medical voluntarism within Lancashire during this period would underpin the care delivered to the returning ex-servicemen and the formation of the region as a medical hub during the First World War. [7]

Methodology

[4] F Brocklehurst, *The Medical Charities of Manchester and Salford*, (John Heywood Deansgate and Ridgefield: Manchester & London, 1900), pp, 7-10.
[5] Medical Charities in Manchester 1836- 1990, *The University of Manchester Library*, GB 133 MMC/8.
[6] Ibid
[7] A Kidd, State, Society and Poor: In Nineteenth Century England (Great Britain: Macmillan Press Ltd, 1999) p.50.

The primary basis of this thesis is supported by qualitative research observed within the Manchester Medical Collection Sections 3-16. This collection provides a comprehensive overview of the region's local medical history and associated medical charities, providing an extensive database of dates, locations, minute files, rulebooks, and annual reports of around 100 charities established in Lancashire from the mid-eighteenth century. Notably, the remaining accounts on the Manchester Royal Infirmary and its network of charities and philanthropic contributions provide an extensive database on the social and political reasons for the voluntary hospital's expansion to meet the growing needs of its citizens. While records for some charities and medical facilities, including the 2nd Western Hospital, no longer exist, it is possible to use other annual records found in the minutes of voluntary organisations such as the British Red Cross Society (BRCS) that worked alongside and helped manage the hospital during the war period.

Using the primary source material of the (BRCS) notably, the East Lancashire Branch has provided the only substantial evidence of local working-class contribution to the construction of a voluntary care system within Manchester. This material allowed an insight into the medical training and recruitment of local volunteers and the rules and procedures they had to follow. This information is detailed through annual reports, handbooks and local circulars and recruitment posters. However, unfortunately other than the medical records of disabled ex-servicemen who were treated within Manchester, few primary sources recorded by the working classes and their participation of medical voluntarism across the area exists. Therefore, a large proportion of the evidence to support this thesis relies on

patient's medical files and the medical professionals who constructed and worked with the voluntary care systems established across Manchester

Accessing the medical documents relating to the patients and medical facilities of the First World War has proved problematic and prohibited the inclusion of qualitative examples of treatments and their success, limiting the focus of this research. This primarily restricted the evidence available for chapters three and four, which examines the variety and cases of medical services available during the war. Restricted access to these medical documents has limited the scope of analysis to Grangethorpe Hospital and the surgical treatments provided between 1914 and 1918, to support the suggestion that the region pioneered leading treatments as part of its evolution as a leading medical hub during the war period. In addition, access to these files would offer an invaluable insight into the orthopaedic medical services given to the region's soldiers. The East Lancashire branch of the BRCS and its chairman William Coates was crucial in establishing and overseeing medical voluntarism within Lancashire, and the utilisation of the annual records and accounts of the charity located at the Manchester Central Library has proved invaluable in understanding all facets of voluntarism and their role in supporting the war effort. To obtain further insight into contributions to charity and reform by Lancashire's public through subscriptions, local fundraisers, bazaars and committee meetings, *the Manchester Guardian* online archive provides a comprehensive database. The database also presents evidence on the local recruitment of Voluntary Aid Detachments Services (VADS) and the medical voluntarism of the East Lancashire branch of the BRCS during the war. Additionally, the *Manchester Guardian* online database details the events of many local medical

men and philanthropists who used the publication to gain support and political attention, as seen in chapter five.

Chapter one is divided into two sections and summarises Manchester's voluntary medical organisations between 1752-1907. The first section examines the evolution and expansion of the Manchester Royal Infirmary in 1752 as the town's leading medical charity and response to the increased population and necessity of medical welfare due to the Industrial Revolution. The second section considers the philanthropic and charitable response to the region's increased number of disabled citizens, predominantly the disability of blindness within Manchester and Salford between 1750-1907. It will demonstrate how the social and physical challenges of industrialisation and working-class inequalities within Manchester offered the ideal opportunity for local charity, underpinning the region's empathetic attitudes towards those citizens less fortunate and serving as a prelude to the organisation of restorative medical care during the First World War.

The second chapter examines the Liberal welfare reforms of 1907 and their impact on Manchester and its preparation for mobilisation. Split into two sections; it outlines the consequences of the Boer War and its effects on the British Army and the formation of the Territorial Force. Secondly, it examines Lancashire's medical preparations before the outbreak of the First World War, focusing on the construction of the 2nd Western General hospital and voluntary organisations and influential medical figures such as the East Lancashire branch of the British Red Cross Society and William Coates and Alfred Keogh who supervised Manchester's transformation into a leading Medical Hub. As a town rich in philanthropic culture and pioneering medical developments, this second chapter will examine how

Manchester's voluntary medical organisations incorporated government requirements to prepare the region for the influx of wounded ex-servicemen and the construction of a voluntary care system.

Chapter three explores the progression of orthopaedic treatments within Lancashire between 1889-1918, focussing specifically on the work of leading orthopaedic surgeon Robert Jones and his role in providing clinical and rehabilitative treatments to the unprecedented numbers of men returning to Manchester with orthopaedic injuries. This chapter will demonstrate how the medical therapies pioneered by Jones during the construction of the Manchester Ship Canal, and his earlier experiences of working with disabled children underpinned a prolonged scheme of aftercare to support the social and medical restoration of Lancashire's disabled ex-servicemen during the First World War. Furthermore, it considers the influence and advancements of his work between 1914-1918 and its role in creating a blueprint for orthopaedic care and its impact on modern-day orthopaedic practice.

Chapter four continues with an examination of the region's orthopaedic treatments and explores the position of the East Lancashire Branch of the British Red Cross Society to raise funds to purchase four private properties to be used to administer rehabilitative treatments of returning disabled ex-servicemen within Lancashire. This chapter focuses specifically on the orthopaedic hospital, Grangethorpe, to provide examples of long-term treatment plans and therapies that followed surgery and the hospital's impact on supporting social restoration and preparation for the reintegration of the war-disabled. It will offer an example of the region's deep-rooted philanthropic and charitable culture and citizens' dedication

to providing voluntary rehabilitative care to the war-disabled, which would become the sole responsibility of voluntarists from 1918.

The final chapter concludes with a re-analysis of Lancashire's philanthropic culture and liberal approach towards reform and the need for state intervention in the care of the disabled. This includes an analysis of the national problem of unemployed, disabled ex-servicemen during and after the war and Manchester's role in creating the first legislation for the employment of the disabled and the King's National Roll Scheme by Henry Lesser Rothband in 1919 as the region continued to embody its empathetic approach to providing care and support to the disadvantaged members of its communities.

Literature Review

Literature of Military Medicine and Disability

The First World War is considered an instrumental moment in military medicine and a turning point in the history of disability. There is much literature on the effects of trauma on the returning soldier and British society that often intersect social, medical, and military histories. However, few studies analyse voluntary caregiving experiences to Britain's war disabled people between 1914-1918. The early medical histories of the Great War traditionally focused on both physicians' and soldiers' accounts and medical developments and surgical experiences. Such reports appeared within medical journals and newspapers, including *The Times History and*

Encyclopaedia of the War 1914-1920.[8] Released three weeks after the outbreak of war, *The Times History and Encyclopaedia* compiled 22 volumes covering the war's social and political conditions and the traumas and mutilations suffered by servicemen.

Similarly, the *Lancet* medical journal offers contemporary medical developments and specialist advances, particularly in orthopaedic and shell-shock conditions. More broadly, contemporary reports help examine the medical advances made during the First World War and their influence on modern-day medical developments. Complete medical histories began to appear after the end of the First World War. They focused predominantly on the medical advancements made throughout the war and the achievements of pioneering surgeons. Two notable examples were H. H. Thomas's *Help for Wounded Heroes: The Legless* and Frederick Watson's *Civilisation and the Cripple*.[9] While these studies present vital evidence on the advances of medicine because of modern warfare, they fail to consider the broader social and cultural impact war disabled had upon British society.

While social histories of the First World War began to appear in the 1960s, specific accounts considering the war disabled and their mutilation experiences rarely appeared before John Keegan's *The Face of Battle* (1976). Keegan's publication was one of the first histories to use servicemen's narratives to produce a detailed soldier experience of warfare.[10] Using primary accounts and medical

[8] The Times, *The Times History and Encyclopaedia of the War 1914-1920* (London: Printing House Square, 1920) https://archive.org/details/timeshistoryof war03lon.
[9] H. H. Thomas, *Help for Wounded Heroes: Legless the story of ancient and modern artificial limbs* (unknown binding, 1920) and Frederick Watson, *Civilization, and the Cripple* (Bale, 1930).
[10] John Keegan, *The Face of Battle* (New York: Viking Press, 1976), pp. 270-276.

statistics, Keegan examined the injuries sustained by servicemen during three battles: Agincourt, Waterloo, and the Battle of the Somme. Keegan concluded that (apart from cannonballs) the wounds inflicted on the human body during the Battle of the Somme were the worst presented to a surgeon.[11] The injuries sustained through trench warfare were new and forced surgeons to improvise and make rapid decisions to save a serviceman's life. Keegan illustrates the havoc shell fragments and bullets wreaked across men's bodies, causing tissue damage and infection. He described military medicine horrors and paid attention to the physicians' hasty decisions, leading to unnecessary amputation and disablement cases.

Conversely, Keegan also demonstrates the achievements made to combat these injuries by British Military Medical provisions during the war, especially those addressing surgical problems such as bed space, anaesthetics, and antiseptic dressings. He also considers the success of the medical services infrastructure and describes their ability to keep up with war trauma as 'impressive'.[12] Though now dated and with additional offerings of comparable historiographies available, John Keegan's analysis in *The Face of Battle* remains a crucial study in military history and has inspired similar studies. Notably, the author *Surgery and Society in Peace and War: Organisation of Medicine, 1880-1948* Roger Cooter, believes Keegan's research in *The Face of Battle* permitted the study of war and medicine to be taken seriously.[13]

[11] Keegan, *The Face of Battle* p.274
[12] Ibid.
[13] Roger Cooter, *Surgery and Society in Peace and War: Organisation of Medicine, 1880-1948* (London: The Macmillan Press Ltd 2104), p.27.

While the study of combat trauma and the soldier experience expanded in scope and gained considerable popularity, Joanna Bourke's seminal study, *Dismembering the Male*: *Men's Bodies, Britain, and the Great War* (1996) is considered a first in its field, inspiring a following of similar studies and monographs.[14] Bourke's analysis focuses on the gendered experience of war and the effects of trauma on soldier masculinity. This analysis is demonstrated effectively through a mutilated veteran's lens and his experiences of returning home. Bourke's research draws on medical statistics to illustrate the horrors of mutilation and the injuries most visible amongst the returning war disabled. She also considers the social and cultural impact these men had on their return home, including their influence on British society and the wider disabled community. An unprecedented number of men were dismembered during the First World War, with one-quarter of causalities losing a limb. Bourke suggests that while the male body was 'intended to be mutilated', the sight of limbless men returning to Britain broadened the realities of impairment within society.[15] While disablements were worn as badges of courage and honour, lost limbs and mental dispositions were not unique, especially not to Britain's pre-war disabled population, which remained little unchanged by the return of the war-disabled.[16]

Another focus of Bourke's research highlights the sentimental representation of losing a limb to the broader public and its distaste amongst disabled veterans. The chapter 'Mutilation' expresses the politicising of war-

[14] Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain, and the Great War,* (London: Reaktion Books ltd, 1996).
[15] Bourke, *Dismembering the Male* p.33
[16] Ibid*,* pp. 33-35

disabled and the public's initial sympathy during the war and Armistice.[17] While the disabled men looked for new ways of interpreting their disablement, Bourke implies that despite medical advances and public interest in the disabled during the war, most experienced medical miss management and were eventually demoted to the status of the pre-war disabled.[18] Conversely, while many returning servicemen in Lancashire did receive momentary state interest in their disablement and medical needs, local voluntary organisations' continued efforts to bridge the mismanagement and offer medical centres otherwise disregarded by the state highlight the transformation of the pre-war approach towards the disabled. Furthermore, while Bourke denotes the demotion of disabled soldiers, this study outlines the continued charitable benevolence of the communities of Lancashire to reconstruct the disabled and advocate their reintegration as contributing members of society.

Leo van Bergen's *Before My Helpless Sight* (2009) examines the traumas of battle, injury, and death during the First World War over five chapters Battle, Body, Mind, Aid and Death.[19] In his study of the history of medicine during the First World War, van Bergen examines the management of medical treatments accessible to the Western Front's injured men. The study focuses mainly on British men but discusses Belgium, German, French, and American soldiers' experiences. Unlike John Keegan, van Bergen believes that medical care during the First World War was

[17] Ibid, pp. 31-75
[18] Ibid, p.31.
[19]Leo van Bergen, *Before My Helpless Sight* Suffering, Dying and Military Medicine on the Western Front, 1914–1918 (London: Routledge,2009), pp. 306-312.

far from progressive, describing it instead as 'inadequate and miss managed'.[20] Van Bergen's analysis offers detailed accounts of medical treatments and those administering them to support his argument, suggesting that many soldiers died unnecessarily due to inadequate treatment and a lack of doctors and nurses despite the mentioned recruits to the medical territorial forces. [21]

Van Bergen reaches a significant conclusion concerning what he describes as the difference between 'military medicine' and 'medicine in the military' and its significance to wartime caregiving.[22] Echoing similar nuances to Bourke's research, van Bergen describes how the medical care administered to the civilians focused on recovery and healing, while military medicine focused on the war effort and returning the soldier to the front. Consequently, unrecovered men were forced to return to the front, presenting various problems amongst those suffering from War-Neurosis. In these cases, van Bergen describes accounts of the undiagnosed soldiers trialled for cowardice, executed and periods spent at Homes of Recovery. The administrative disregard for the war disabled demonstrates how significant voluntary-aid recognition for specialised rehabilitation was during the First World War. While van Bergen's examination of military medical mistreatments and lack of humanitarian focus is credible, he neglects medical voluntarism's profound impact and enthusiasm to ameliorate treatments and facilities. Unlike van Bergen, this study suggests that the war enhanced medical care, particularly the practice of orthopaedics and rehabilitation, which ultimately transformed the medical and public approach to disability.

[20] Bergen, Before My Helpless Sight, p.308
[21] Ibid, p.308
[22] Bergen, *Before My Helpless Sight,* p. 311

Like Bourke and van Bergen, Anna Carden-Coyne's *The Politics of Wounds: Military Patients and Medical Power in the First World War* (2014) reinforces the idea that military medicine and care provisions politicised and exploited patients and their pain through harsh treatments in a system of power and authority.[23] While agreeing with scholars of military medicine, Carden-Coyne suggests that partial responsibility for the mismanagement of medical facilities lies with the Surgeons and Physicians who felt that they had little authority over care or adequately equipped facilities to treat the intense crisis of humanity created by war.[24] She also suggests that doctors worked to provide the best treatments and were often left dehumanised by the brutality of industrial warfare.

Carden-Coyne has also written many journal articles and books focusing on combat experiences and the pain inflicted upon the male body. More recently, she has considered the rehabilitation culture, particularly haptic therapies in 'Butterfly Touch: Rehabilitation, Nature and the Haptic Arts in the First World War'. In this study, Carden-Coyne explains how nature allowed injured men an escape from the terror of industrial-scale warfare.[25] Offering a different approach to other literature, which focus on the economics of returning injured men to the front lines, Carden-Coyne highlights a personal response to soldier recovery and rehabilitation

[23] Anna Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford: Oxford Uni Press 2014).
[24] Ibid.
[25] Anna Carden-Coyne, 'Butterfly Touch: Rehabilitation, Nature and the Haptic Arts in the First World War', *Critical Military Studies, 6, (2*009), pp. 176-180.

using the fragile butterfly's symbolic representations providing an alternative to prevalent rehabilitative examples. However, Carden-Coyne's focus on the significance of the butterfly and its links to gendered history and emasculation of war gives little attention to the role of charitable contribution in the success and progression of new therapies and treatments crucial to rehabilitation. Here, the work of medical professionals and voluntary bodies becomes interlinked as organisations such as the British Red Cross would sell the crafts and embroidery used as a therapy to raise money to fund the facilities and further treatments. Similarly, sympathetic philanthropists bought handicrafts made by the recovering war-disabled in support of haptic therapies and rehabilitation.

Using similar soldier accounts of the First World War, Joseph Reznick's *Healing the Nation: Soldiers and the culture of caregiving in Britain during the Great War* (2011) offers a distinctive analysis of the care and rehabilitation available through voluntary rest huts and convalescent homes ran by the YMCA, Salvation Army, and the Church Army.[26] Reznick draws several comparisons with other military medicine scholars in *Healing the Nation,* noticeably the idea that rehabilitation was considered an extension of military discipline and the dehumanisation of war. Comparing military hospitals and rehabilitative workshops with the Workhouse, Reznick implies soldiers considered rehabilitation schemes an extension of authority and a useless task, mainly as many men remained unemployed. Like van Bergan and Bourke, Reznick offers examples of how the state

[26] Jospeh. S Reznick, *Healing the Nation*: *Soldiers and the culture of caregiving in Britain during the Great War*, (Manchester: Manchester Uni Press, 2004), pp. 6-8

politicised the war disabled to maintain civilian support for the war and ensure 'comradeship of healing'.[27]

The use of hospital magazines featuring disabled soldier imagery is a valuable source chosen by Reznick to underline the politicising of recovery, particularly during convalescence periods. Images and printed narratives generated sympathy to create a relationship with the public, particularly effective when featuring the 'Convalescent Blues'. Reznick devotes his first chapter to detailing the significance of convalescent blues and their process of recovery. This chapter effectively illustrates how the uniform's physical inadequacies stigmatised the broken men and showed a mark of discipline upon the disabled. Their uniform lacked dignity and instead denoted horrors of war to the nation and maintained a distinct separation between the citizen and the war-disabled within society. [28] Reznick's *Healing the Nation* is of great pertinence when studying military medicine and war disability and offers an innovative direction in disability historiography, especially for those interested in the voluntary medical care of the First World War. However, focusing predominantly on religious charities and voluntary organisations formed in the mid-nineteenth century onwards, Reznick creates a gap in the literature and space for this study to examine the premise of earlier charities, philanthropists, and local volunteers' in underpinning the medical care available during the First World War and its contribution to contemporary medicine.

[27] Reznick, *Healing the Nation*, pp.16-18
[28] Reznick, *Healing the Nation*, p.6.

Similarly, in *Soul of a Nation: War Disability and Rehabilitation in Britain* (2011), Julie Anderson examines rehabilitation experiences during the First World War and how the disabled ex-serviceman shaped Britain's broader pre-war disabled society.[29] She argues that developments made during the First World War led to significant rehabilitation advances and the British culture of disability. Anderson examines the experiences of disability from the late Victorian period to the Second World War. Significantly, she touches upon the evolution of disability and state interest before 1919 and the Ministry of Health's construction, suggesting a growing national interest in the disabled during this period.[30] However, despite this growing interest, Anderson claimed that while the First World War acted as a catalyst in increasing the public awareness of disabled people, the lack of state intervention formed an extensive reliance on voluntary organisations to administer the care and treatments to the disabled.

Indeed, the obvious appearance of dismembered men returning to Britain from the outbreak of war changed the public consciousness of disablement, and the lack of state intervention produced a dependency on voluntary organisations. However, this study argues that reliance on medical charities to meet changing medical requirements and disabilities had already begun during the eighteenth and nineteenth centuries, holding a central position within society underpinning the resources available to the voluntary organisations of the First World War. Anderson's work summarises the various therapies and practices available to the war maimed through primary case studies of two specialised rehabilitative

[29] Julie Anderson, *Soul of a Nation War Disability and Rehabilitation in Britain (*Manchester: Manchester Uni Press, 2011).
[30] Julie Anderson, *Soul of a Nation p.36.*

hospitals. However, like Bourke and Carden-Coyne, Anderson suggests that while a range of rehabilitative schemes were offered to disabled soldiers, the British state's primary objective remained to repair the war's waste and ultimately make them self-sufficient. This left rehabilitation, and convalescent care within Lancashire and the rest of Britain to the relief of medical voluntarism as the government began closing medical facilities at the end of the war in 1918.

When considering military medicine and disability developments between 1914 and 1918, nurses' and their volunteer assistant's involvement remains limited in scope. While offering a relatively new focus to the many specific histories of the First World War, nurse practice and their authority during the war provide another perspective to understand the soldier experience of military medicine and disability. Christine E. Hallett's *Containing Trauma* (2009) and *Veiled Warriors* (2014) explore the complexities of nursing work and their efforts to care for the physical and emotional needs of the war disabled while maintaining morale and support for the war. [31] Hallett provides a detailed analysis of nurses' lives across Britain, the USA and Australia using primary accounts sourced from letters and diaries. She describes how preserving their dignity when faced with daily combat traumas became challenging, especially as they were expected in their roles to demonstrate support for the war and maintain morale.

When considering the nurse's role, Hallett examines whether the gendered reversal of authority impacted care and, similarly, whether the gender disruption in

[31] Christine Hallett, *Containing Trauma: Nursing Work in The First World War* (Manchester: Manchester Uni Press, 2009); *Veiled Warriors: Allied Nurses of the First World War* (Oxford: Oxford Uni Press, 2014)

medicine changed women's authority. Her research draws similarities from other scholars, predominantly Anna Carden-Coyne and Jessica Meyer, who focus on the impacts of war on gender and masculinity. The role of women within the voluntary medical organisations of Lancashire, particularly those enrolled on VAD schemes, represented a significant example of female volunteers and their role in caring for the war-disabled. The number of female volunteers to nursing also allowed Lancashire to effectively staff and expand its medical facilities and treatments to meet the needs of the rapid influx of disabled men to the region. Lancashire also experienced large numbers of non-uniformed female volunteers who provided vital support in caring for servicemen and supporting the war effort.

Finally, Emily Mayhew's *Wounded: From Battlefield to Blighty 1914-1918* (2013) examines the journey of military medical care administered to the soldier from the moment of injury on the Western Front to the journey back to Britain.[32] Offering a comparative approach to Hallett, Mayhew describes soldier care experience through primary accounts of medical professionals, including stretcher-bearers, physicians, and nurses, notably, the Voluntary Aid Detachment (VAD). Mayhew's choice of primary sources highlights the priceless commodity nurses placed on life, which motivated the care they administered, both physical and psychological.[33] The care and support of nurses often went beyond medical requirements, as Mayhew demonstrates in accounts of nurses sitting beside the unconscious soldier, refusing to move until he awoke so she could personally

[32] Emily Mayhew *Wounded: From Battlefield to Blighty 1914-1918* (London: The Bodley Head, 2013). pp.69-75.
[33] Mayhew, *From Battlefield* p.90.

inform him of his life-changing injuries. These accounts suggest that nurses regarded the moments following consciousness as fundamental in forming a relationship and trust, crucial to recovery's success.

Mayhew documents mutilation as the most common soldier experience during the war. However, the fear of disablement and returning home physically impaired somehow feared soldiers more than death. Hallett's research reiterates earlier indications that while there were many failings within military medical care management during the First World War, several beneficial changes helped improve contemporary medical practice and specific medicine and trauma fields. Indeed, the improvements to medical care between 1914 and 1918 categorically transformed modern-day medicine and contributed to the formation of the NHS. However, the medical developments of the First World War are often considered in isolation, and essential to this study were the developments within orthopaedic injuries and rehabilitation, which reformed the long-term care of general disabilities and the medical provisions offered to soldiers of subsequent wars.

Literature of British Philanthropy and Volunteerism

The First World War generated the most significant act of volunteerism ever in Britain, with over two million men volunteering to fight.[34] A similar number of male and female civilians on the home front demonstrated their support for the war effort by volunteering and joining charitable organisations that cared for

[34] Peter Grant, *Philanthropy and Voluntary Action in the First World War: Mobilizing Charity* (New York: Routledge, 2014), pp. 20-24.

injured soldiers. While the act of non-uniformed volunteerism and philanthropic efforts at home during 1914-1918 may not have been as dangerous as those in conflict, the scale of a voluntary contribution to the war effort was unprecedented but remains an under-researched history. While the existing literature of the home front during the First World War does acknowledge the value of voluntarism to the war effort, it concentrates primarily on the notion of a deteriorating charitable system and the need for state intervention and progression towards a welfare state. Furthermore, the literature highlights how the pre-war voluntary organisations became overwhelmed during the war, particularly within the earlier medical provisions and hospital facilities available to administer care for the influx of disabled men. However, scholars have failed to identify pre-war charities' instrumental position in readying the nation for war. This research challenges this literature gap and emphasises how Victorian and Edwardian voluntary associations' evolution reinforced the design and distribution of medical resources and the overall civilian attitude towards voluntary care in Britain during the First World War.

To gain a comprehensive understanding of philanthropy and volunteerism in Britain during the First World War, one must consider earlier pre-war charitable bodies' positions and their independent work to ease social inadequacies. David Owen examined three centuries of philanthropy and the evolution of charitable institutions in *English Philanthropy 1660-1960* (1965). He described the journey of philanthropy as the only means of social betterment in Britain before the

establishment of the Welfare System in 1948.[35] Importantly for this research, Owen explores the Victorian and Edwardian periods at length over three parts, illustrating the exceptional scale of voluntary activity during the Victorian period, described as the 'golden age of philanthropy' designed to rid society of its social problems.[36] He explained how the Victorian era's new industrial societies intensified the perception of social evil and inadequacies that middle-class charities and philanthropists sought to improve by giving to the deserving poor. Owen's examination of the changing work of medical-aid during the Victorian and Edwardian periods identifies the Poor Law hospitals as establishments built to replace workhouse sick-wards from 1870, while voluntary hospitals remained private organisations that received no state funding.

Owen includes examples of the Saturday and Sunday Funds as a useful example to highlight the necessary aid required to fund hospitals and institutions until the end of the nineteenth century.[37] Equally, he details how medical research influenced philanthropic benefactors' direction, particularly the statistics given by influential researchers and philanthropists Seebohm Rowntree and Charles Booth. Their work documented the poor health of English citizens towards the turn of the century. While *English Philanthropy 1660-1960* provides a detailed examination of philanthropy, it offers little philanthropic information of the First World War. Instead, Owen focuses on the interwar period, the effects of the Second World War, and the Welfare State's establishment.

[35] David Owen, *English Philanthropy 1600-1960* (Cambridge: The Belknap Press of Harvard University Press, 1964), pp.97-112
[36] Ibid, pp.97-112.
[37] Owen, *English Philanthropy 1600-1960,* p. 485.

Frank Prochaska suggested that philanthropy should broadly be considered as kindness, necessary in working-class communities and widespread across all social classes. His monograph, *The Voluntary Impulse: Philanthropy in Modern Britain* (1988), claimed that philanthropy's historiography focuses primarily on the evolution of the Welfare State. While this development is central, it is by no means the singular motivation. Prochaska proclaimed that the religious and hierarchical values and the needs of the soul during the nineteenth century accounted for Victorian Philanthropy's moral reasoning.[38] Like many historians of philanthropy, Prochaska agreed that the Victorian era was the 'golden era' when philanthropy accounted for most of the moral and social help received by the poor. He suggests that the working classes' social inadequacies highlighted the area's most drawn to philanthropists with many reasons for philanthropic giving during the nineteenth century involving religious organisations. He also considered the study of philanthropy to be unduly regarded as a phase between charity and welfare reform, with much of its historiography ignored.[39] Prochaska's examples to support his analysis include the nineteenth-century philanthropic efforts of poor-to-poor giving, which is often overlooked as it fits uncomfortably with the idea of philanthropy and middle-class conceptions.

Another example used by Prochaska considered the philanthropic work of women and their relationship with the state (except for Florence Nightingale). Like

[38] Frank Prochaska *the Voluntary Impulse: Philanthropy in Modern Britain* (London: Faber & Faber, 1988), p.3.
[39] Prochaska, *The Voluntary Impulse* p. 15.

many historians of philanthropy, Prochaska agrees that the Victorian era was the golden age of charity. He claimed that the threat of state social intervention began in the Edwardian period and that the First World War outbreak unsettled the structure of philanthropy.[40] This became increasingly evident as war fractured faith and the new social distractions challenged religious charities as people looked for alternative ways of consolidation. Furthermore, Prochaska demonstrates how medical care and scientific advancements affected the role of medical charities within communities as more people chose hospital care over the traditions of home visits.

However, Prochaska supports the idea that philanthropists rose to the challenges of waning religion and the horrors of war by focusing on contemporary issues of personal services and the national effort.[41] Examples used to support his argument include the Women's Institute 1915 and King George's Funds for Sailors 1917.[42] Prochaska concludes by outlining how state provisions have overshadowed the public understanding of voluntary traditions since the Second World War and the development of the Welfare State, which he claimed removed voluntarism from the debate on health. Although, Prochaska proclaimed that no nation on earth could lay claim to a richer philanthropic past than Britain. While the welfare state's formation may have overshadowed philanthropy, he believed that the Victorian forebears' philanthropic traditions remain in their individualism. [43] Indeed, this study demonstrates how the philanthropic culture embedded within Manchester,

[40] Prochaska, *The Voluntary Impulse* p.74.
[41] Ibid, p.76
[42] Ibid pp.76-77
[43] Ibid p. 86

reinforced by the consequences of industrialisation and the hardships endured by the working classes, formed a collective spirit of benevolence to provide care to the disadvantaged, which remained a distinctive feature within the region's communities despite the interventions of a welfare state.

Pat Thane's *The Foundations of the Welfare State* examines the changes in social policy and the role of self-help and Charity in the lower classes' survival between 1870 and 1945.[44] Like Kidd and Prochaska, Thane describes the extraordinary scale of charitable development from the mid-nineteenth century. Thane considers the problems of philanthropic giving and the distinction between undeserving and deserving poor. This categorisation of more impoverished citizens by the philanthropists determined whether a person was deserving of aid or whether they were to rely on the Poor Law's support. Thane suggests that this categorisation of a person's need for relief discriminated against many and uses William Booth, the founder of the Salvation Army, as an example of this problem. Booth was an English Methodist Preacher and believed all souls needed saving and should not face discrimination based on their social circumstances.

For many Victorian philanthropists and charitable organisations, religion was the central motivation for their voluntary responsibility within society. Thane offers examples of wealthier citizens within Victorian Manchester and Liverpool from 1880 and their connections to voluntary giving, particularly the Jewish population who concentrated their aid on the influx of persecuted Russians. Another example

[44] Pat Thane, *The Foundations of the Welfare State 2nd* ed (Harlow: Longman,1996), pp.119-123.

given by Thane outlines the services provided by Roman Catholics in Lancashire, who focused their philanthropic giving on the Irish Communities. Furthermore, Thane claimed Evangelism was the most extensive single inspiration for charitable effort, with over three-quarters of nineteenth-century charities rooted in Christianity, notably Dr Barnardo's and the YMCA.[45] She concluded with the suggestion that charity was localised and dependant on finance from the wealthier middle-class citizens. In more developed industrial cities such as Manchester, charitable efforts were widely available while neighbouring Salford not so much. This is an essential factor in establishing charities across Lancashire during this period and goes some way to explain the formation of many medical resources used and adapted for the war effort from 1914.[46]

Alan Kidd has contributed much to British Philanthropy and Volunteerism literature, notably the advancement of charitable bodies in the nineteenth century. Kidd's publication *State Society and the Poor in Nineteenth-century England* highlights how the poorest members of society would seek the charitable bodies' help rather than turn to a state that disregarded their welfare and transferred the responsibility to the voluntary sector. This analysis offers a critical comparison to the state's attitude towards its responsibility of disabled ex-servicemen between 1914 and 1918 and the disregard for their rehabilitation. While Kidd draws similar comparisons to other scholars when examining the voluntary sector and its history,

[45] Thane, *The Foundations of the Welfare State*, pp.119-121.
[46] A Kidd, *State, Society and Poor: In Nineteenth Century England* (London: Macmillan, 1999), p.21.

his research into the motives for giving provide a unique approach to this field. He suggests that while the justification for giving defined voluntary impulse, it has been regarded cynically by historians who considered social and political reputation enhanced giving. Kidd claims that the motive for charitable giving speaks to human values and failing to act could be viewed as a human failure, which would have been of great concern to a pious middle-class citizen within nineteenth-century Britain. Furthermore, Kidd describes how many acts of giving began with family, friends, and community before approaching a voluntary organisation; therefore, voluntary giving came in many forms. Like Owen and Prochaska, the acknowledgement Kidd made in linking the communities' attitude to challenge social inadequacies considering an uninterested government independently is significant compared to the voluntary caregivers and medical aid administered in the First World War.

Deborah Cohen's *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939*, dedicated a chapter to philanthropic initiatives between 1915-1919 and the care of nearly six million German and British men.[47] Like other scholars of this field, Cohen focuses on voluntarism's role in assuming the medical duties regarded as state responsibly. She supports her argument by contrasting the program of rehabilitation for disabled ex-servicemen organised by the British Government with those of the German Government.[48] While the German

[47] Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939* (London: University of California Press Ltd, 2001), p.40.
[48] Cohen, *The War Come Home* P. 5.

Government were regarded as pioneers in social welfare, with the state considered pensions, injury compensation, and comprehensive rehabilitation schemes at the highest obligation, Cohen claims that the British state saw the war-disabled as a burden. Furthermore, she believes that Germany regarded their war-disabled as an opportunity and used them to represent a 'cornerstone of the new democratic order'.[49]

Cohen also underscores the importance of voluntary efforts in Britain's interwar stability, notably as the state neglect left philanthropists to construct a social peace amongst a public eager to provide the gratitude of an uninterested state.[50] Using examples of eight homes for the disabled across London, Cohen claims that the long-term rehabilitation schemes were provided for by the private and voluntary Homes and hospitals, as the promises of adequate care from the state never came and left charity as the only other solution. However, she suggests that while charitable bodies provided the war-injured with care on their return home, it may have been far from adequate due to the often unorthodox reasons for philanthropic efforts. However, Cohen concluded by claiming that philanthropists' success between 1915 and 1919 resulted from the Government's consistent refusal of responsibility of the disabled. Because of this, charitable bodies championed the challenges of war.[51] Although the voluntary bodies never considered their work as a permanent substitute to state intervention, many hoped that the Government would intervene.

[49] Cohen, *The War Come Home* pp.5-7.
[50] Ibid, p.8.
[51] Ibid, p.30.

Peter Grant's *Philanthropy and Voluntary Action in the First World War: Mobilizing Charity* examines the role of non-uniformed volunteers on the home front between 1914 and 1918. His research has gone much further than other philanthropy historiographies, notably his broad use of various wartime philanthropy primary sources taken from the IWM, National Archives, and government documents to support his claim. He claims that voluntary action during the First World War was more significant than at any other time in British history, with 18,000 new charities developed during the war, raising nearly 150 million pounds. These charities profoundly affected both the war effort and the relationship between voluntary bodies and the state.[52] Like Thane, Grant's research considers the regional differences in charity. It suggests that social class participation across Britain's industrial towns was most prevalent, but this he believes was not due to wealthier philanthropists' work; instead, working-class solidarity with organisations ran by ordinary men and women.[53]

Significantly for this study, Grant examines the history of voluntarism during previous conflicts, particularly the Boer War, where 90,000 volunteers joined the professional army and were supported by a more significant network of voluntary organisations than in the Crimean War.[54] Grant considers the voluntary efforts during the Boer War another forgotten area of British philanthropy. However, Grant does mention the significance of public support during the Boer War, and

[52] Peter Grant, Philanthropy *and Voluntary Action in the First World War: Mobilizing Charity* (London: Routledge, 2014), p.6.
[53] Grant, *Philanthropy and Voluntary Action, pp.* 6-10.
[54] Ibid, p.8.

while the money raised during the First World War was twenty times that of the Boer, the general gratification and solidarity shown to British soldiers remained the same during the First World War with unforgotten traits through voluntarism.[55] Chapter four, *Supporting Charity-Tommy Goes to War,* provides an in-depth look at charitable bodies and their work to support men during the First World War. Grant shows that once the initial demands from unemployment and influx of Belgian refugees were acknowledged, voluntary efforts shifted and became focused on the war-wounded.[56] He examined the work of the British Red Cross and the Saint John's Order and their supplies of medical care, explaining how while charities experienced overwhelming instants at the outbreak of war, they were supported by communities who worked to support the local regiments and hospital.

Additionally, unlike other philanthropy histories, Grant considered the contributions of the YMCA and the Salvation Army's use of earlier resources learned during the Boer War.[57] While much of Grant's analysis concerns the validation of charitable bodies during the First World War, he manages to balance his argument by recognising the transformation of relations between the state and charities due to war. Notably, the state's recognition that medical supplies and hospital provisions required more than voluntarism in 1915.[58] Grant demonstrates how this transformation was met through the 'war manifesto' by the War Emergency: Workers National Committee, 1914-1920, who issued an emergency meeting to discuss the effects of war on the working class and outlined twelve demands and

[55]Ibid, pp. 8-9.
[56] Grant, Philanthropy *and Voluntary Action, p.*4.
[57] Ibid, p.37.
[58] Ibid p.82.

significantly all demands were met by 1918. Still, through voluntary organisations and not the state, the process transformed the relationship between the two, including the first direct state control of charities organisations: Director General of Voluntary Organisations (DVGO).[59]

Most historians agree that the relationship between the state and philanthropy changed during the war, with the state challenging the predominance of charity. However, Grant describes the decline of voluntarism between 1914 and 1918 as a war myth and should be appreciated as a period when philanthropic activity developed most to meet the challenges of and fill the gap of state intervention.[60] He agrees with Frank Prochaska's sentiment that the war offered a fresh field of voluntary service action.[61]

Finally, Hugh Cunningham's *The reputation of philanthropy since 1750: Britain and beyond* (2020) uses a broad range of periodicals to present comprehensive historiography of the last 270 years of British philanthropy.[62] He considered philanthropy's changing reputation and sentiment over time and claimed it began as an amalgam of the Enlightenment and Romanticism and a love for all humans.[63] However, this representation was quickly challenged during the French Revolutionary War in 1793 and the African Slave Trade, mainly as radicals

[59] Ibid p.2.
[60] Hugh Cunningham, *The Reputation of philanthropy Since 1750: Britain and Beyond* (Manchester: Manchester Uni Press, 2020), p.169.
[61] Cunningham, *The reputation of philanthropy*, p.171.
[62] Cunningham, *The reputation of philanthropy,* p.2.
[63]Ibid, p. 2

believed that philanthropy was a challenge to their rights.[64] With many philanthropists taking part in anti-slavery movements, revolutionaries quickly challenged their sentiment and lack of interest in the social problems at home. Like other philanthropy historians, Cunningham explains the golden age of Charity during the Victorian Period and the recognition it gained for challenging the social inadequacies of the working classes. He suggests that the public interest in philanthropy began to decline in the early twentieth century as a new profession of female social workers replaced the name and role of volunteers.

The philanthropy of the Edwardian period was gradually substituted by a new state interest in unemployment, poverty, and public health began to replace charitable efforts as the public realisation of its inadequacies in scope and inability to manage urban society's social issues grew. Therefore, many voluntary initiatives of the Victorian era were limited and struggled to find a new sense of direction in the early twentieth century and began receiving resentment from those who recognised philanthropists as moral preachers.[65] Here, Cunningham draws on Peter Grant's research by describing philanthropy's fractures caused by war, particularly as the religious aspect waned. Like Grant, he also described the outbreak of the First World War as acting as a catalyst in the development of the 18,000 new charities and the significance of pre-war charities during the Boer War, whose voluntary effort was a testament to philanthropy.[66]

The social consequences of war highlighted that while the state needed to intervene in social welfare, it did not need to achieve this through the decline of

[64] Ibid
[65] Cunningham, *The reputation of philanthropy*, p. 176.
[66] Ibid, p.177.

voluntary organisations, which had mainly gained strength through the war.[67] Philanthropy needed to reassign itself to a new identity in contemporary times and move away from the pre-war ideas of welfare and the notion that philanthropy did not sound very modern or democratic. The war also changed attitudes towards social classes and believed that the middle class's treatment was no longer acceptable. Thus, philanthropy needed to adjust as there was no longer a place within the British Society for old fashioned philanthropic values.[68] This philanthropy historiography is often overlooked, with many historians choosing to focus on the interwar period and the Welfare State formation instead. However, criticism of the welfare state in the 1970s sparked a reformed interest in the study of philanthropy and a welcomed focus on the First World War's philanthropy. Therefore, this study offers an example of philanthropy and voluntary intervention during the First World War by focusing on the evolution and role of Lancashire's philanthropic culture. It considers the fundamental role of the working classes who embodied the region's spirit of benevolence and self-help attitude from the mid-eighteenth century to pioneer a network of voluntary organisations that underpinned the construction of a rehabilitative care system for disabled ex-servicemen between 1914 and 1918.

[67] Ibid, p178.
[68] Ibid, p.196.

Chapter 1

A Summary of Manchester's Voluntary Medical

Organisations: 1752-1907

The Industrial Revolution of the late eighteenth century cultivated south-east Lancashire into a region of extraordinary economic growth, transformed by the cotton industry.[1] During this period, visitors' curiosity and attention led contemporaries to regard the district as an image of urban development, while others were horrified by the social inequalities of the poor that accompanied the region's success. Faced with all the social challenges of a growing industrial area and reliant only on a demeaning Poor Law, Lancashire began developing an organised network of voluntary organisations and Friendly Societies. Crucially, for this study, many of the established charities included voluntary hospitals and medical charities that provided medical relief and advocated for the lower classes' social reform. Therefore, as a prominent region during the Industrial Revolution and home to one of Lancashire's first voluntary hospitals, Manchester presents a compelling case study of the origins, requirements, and treatments of voluntary medical aid in response to the region's social and public health concerns created by rapid urban growth producing a culture of philanthropy that would underpin the medical resources and restoration offered to the returning disabled ex-servicemen during the First World War.

The establishment of this culture of philanthropy and voluntarism and the development of voluntary medical organisations within Manchester from 1752 represented the establishment of an enlightened culture that later voluntary

[1] A Kidd, *Manchester* (Edinburgh: Edinburgh University Press, 3rd ed, 2002), p.13

organisations, particularly those supporting the war between 1914 and 1918, would reflect and build on. This first chapter, therefore, is divided into two sections. The first will explore the establishment and expansion of the Manchester Royal Infirmary Voluntary Hospital, Manchester's leading medical charity. The second section examines the charitable response to disability within Manchester and Salford, focusing specifically on the region's care of the blind. Concentrating primarily on the motivations of voluntary medical care within Manchester and Salford between 1750 and 1907 with close reference to charitable contributions mentioned in the Manchester Medical Collection, this chapter, therefore, considers how the challenges of industrialisation and working-class inequalities presented an ideal opportunity for local charity. Furthermore, it will argue that Manchester's heritage and philanthropic culture underpinned the region's empathetic attitudes towards those citizens less fortunate, serving as a prelude to the region's success in orchestrating the necessary social and medical care during the First World War.

Census records note how Manchester's population increased at an alarming rate from the late eighteenth century due to industrialisation and urbanisation to meet cotton production demands. The constant movement of migrants and workers from Cheshire, Lancashire and primarily Ireland saw Manchester's population increase rapidly from around 43,000 in 1773 to 242,983 in 1841, with the urban poor occupying Manchester's central areas such as Chorlton-on-Medlock, Irk Town, and areas close to the Irwell.[2] Their confinement to densely-

[2] Kidd, *Manchester,* pp. 13-16.

built houses left Manchester with some of the country's worst living conditions and public health during the early nineteenth century.[3] Such poor living conditions, outbreaks of fever and hunger led to an increased interest in public health by local medical men and philanthropists. This led to the establishment of voluntary organisations concerned with hospitals, dispensaries, medicine, lunacy, and disability.[4] Operating at a local level, the new medical voluntary organisations and friendly societies began to replace conventional parish trusts of the early seventeenth century who struggled to provide the necessary relief required when dealing with an industrial town.

Historians of Manchester claim that working-class living conditions and poor health provided the local elites and those authoritarians of charity and social welfare with key issues for discussion. Moreover, Alan Kidd proclaimed that middle-class voluntary action was the archetypal response to Manchester's social problems.[5] However, while the middle classes were central in the management of a multiplicity of charities formed to influence and provide support within poorer districts, they asserted class formation and power by deciding who was deserving of help. Equally as significant but receiving less attention was the role of working-class Friendly Societies and the philosophy of self-help in providing grassroots charity to those in need. The working-class voluntary support network established by families and friends offered vital support to the more impoverished communities and was

[3] Mervyn Busteed, '"*The Most Horrible Spot*": The Legend of Manchester's Little Ireland', *Irish Studies Review*', 4 (1995), p.12.
[4] For a comprehensive overview of the Manchester's local medical history 1750-1946 see the *University of Manchester's Medical Collection*, Local Medical History GB 133 MMC 4-15, John. V Pickstone, *Medicine, and Industrial Society: A History of Hospital Development in Manchester and Its Region 1752-1946* (Manchester: Manchester University Press, 1985).
[5] Alan Kidd, *State, Society and Poor: In Nineteenth Century England*, pp. 70-74.

often the primary contact before considering private charity. Many historians concentrate primarily on the importance of middle-class charitable input while much volunteerism involved the working classes, particularly evident during the First World War, as this study will demonstrate.

The Manchester Royal Infirmary

It is suggested that hospitals have existed in Britain since the late eleventh century; however, the voluntary hospital and medical charity movement of the mid-eighteenth century helped create the image of hospitals most people are familiar with today.[6] These hospitals represented the Age of Enlightenment's influence when hospitals were founded to encourage and promote innovative ideas of medical science funded by the wealth of the Industrial Revolution.[7] Voluntary hospitals also offered a popular form of civic philanthropy that gathered the support of local elites, middle classes and graduate physicians, presenting them with an opportunity to engage in local social reform concerns while improving their prominence within society. These residents were essential contributors to voluntary hospitals' and dispensaries' funding through a subscription system and donations, each paying an annual subscription of approximately two Guineas, allowing them to recommend medical attention for two outpatients and one inpatient at a time.[8] For

[6] G. B Carruthers and Lesley A Carruthers, A History of Britain's Hospitals, and the background to the medical professions, (Lewes: Book Guild, 2007), pp15-20.
[7] John V. Pickstone, *Medicine, and Industrial Society: A History of Hospital Development in Manchester and Its Region 1752-1946* (Manchester: Manchester University Press, 1985), pp. 14-20.
[8] Ibid, pp.20-24.

a more impoverished citizen to gain a subscription, it was common practice to demonstrate they were deserving of the charity, which included having employment and attending church. Voluntary hospitals provided a welcome alternative to the medical care delivered by the over-stretched sick ward of the local Poor Law Hospital or the workhouse hospital ward, which presented an overcrowded hotspot for the disease in an expanding industrial region such as Lancashire. This goes some way to explain the reason for constructing the voluntary hospitals of Liverpool and Manchester during the 1750s. The Liverpool Royal Infirmary was built first in 1749, followed by the Manchester Royal Infirmary (MRI) in 1752. [9]

Figure 1: Photograph of Manchester Royal Infirmary in Picadilly (c.1874)
Source: Given by Chethams' Library, Manchester.

[9] The Manchester Royal Infirmary (MRI) *The University of Manchester Library* GB 133 MMC/9/6.

The Manchester Royal Infirmary founded the beginning of the region's health system in 1752.[10] Led by local doctor Joseph Bancroft and surgeon George White, the original Manchester Royal Infirmary Hospital consisted of twelve beds on Garden Street, Shudehill. It expanded several times before relocating four years later to the land known as Daub-holes, better known today as Piccadilly (Figure 1).[11] The Infirmary was the leading voluntary hospital in Manchester and identified itself as a significant General hospital with many specialist departments funded by a subscription system to raise money for the hospital and ensure patients were worthy recipients of the charity.[12] The Infirmary Board Minutes describe the hospital as a regional and not just an urban charity, with subscribers from Manchester, SouthEast Lancashire and Cheshire, demonstrating a hospital of municipal pride and authority.[13]

From the beginning, the Infirmary achieved a growth of differentiation from the neighbouring Liverpool Infirmary and was managed by exceptional circumstances and was well supported by residents. This support encouraged the Infirmary's use of medical schemes to utilise private philanthropy and provide funding towards its expansion.[14] Furthermore, in recognising the significance of shifting political and economic challenges within Manchester and acknowledging the town's liberal attitude, the Infirmary's board members advocated further

[10] The Manchester Royal Infirmary (MRI) Annual Reports, *the University of Manchester Library* GB 133 MMC/9/6/2.
[11] For Piccadilly site see Manchester Royal Infirmary (MRI), GB 133 MMC/9/6/10; Pickstone *Medicine, and Industrial Society,* pp.10-15.
[12] ibid
[13] Notes of Infirmary Board Minutes, Quarterly Board minutes 1752-1873 *the University of Manchester Library* MMC/9/6/5/1.
[14] Hospitals and the related institutions in the Manchester area, 1752 -2002, GB 133 MMC/9 the University of Manchester library

provisions on physical, moral and social relief for the poor through an organised network of medical aid. In recognising the significance of coordinating social problems with medical innovations to allow for an advanced level of treatment, Manchester's surgeons and physicians could offer their patients innovative treatments while remaining at the forefront of pioneering medicine. This proved vital to the therapies available within the voluntary medical system established across the region in the decades before and during the First World War. The Infirmary's weekly board meeting of 1763 offers an example of the growing liberal approach taken by the Infirmary, which influenced its decisions and developments as it adjusted to Manchester's urban poor's problems with the suggestion of (using the medical terminology of the period) an adjoining 'Lunatic Asylum' to the hospital's main building in Picadilly.[15] While the Manchester Royal Infirmary already treated paitetints described in medical notes as 'lunatics' as outpatients through district visits, it was forbidden from admitting lunacy patients for treatment within the hospital. Although the idea faced opposition from the hospital committee members, the Asylum was completed in 1776, supplying twenty-four cells for lunatic inpatient treatments.[16] The Lunatic Asylum allowed Manchester to position itself as a leading medical locality due to its prevailing integration of lunacy with the voluntary hospital movement and inpatient hospital treatment provisions[17]

By 1787, the Lunatic Hospital was bigger than the main Infirmary, and by 1800 it had over 100 beds and employed highly skilled physicians at the forefront of

[15] Notes of Infirmary Board Meeting 1753-1841 MMC/9/6/5/3.
[16] For accounts on Manchester Lunatic Asylum see Cheadle Royal Lunatic Hospital *the University of Manchester Library* MMC/9/44; Pickstone, *Medicine, and Industrial Society,* pp. 14-15, 103-7.
[17] Pickstone, *Medicine, and Industrial Society*, p.14.

their research and pioneering treatments.[18] The Lunacy hospital's administration policies were ahead of their time, with regular inspections performed by trustees to ensure that patients received routine therapies, alongside an up to date record for all medicines administered. The hospital provided a humane approach to its patients' care and treatment. In 1795 Dr John Ferriar, one of the Infirmary's senior physicians, noted in his essay on medical properties *Medical Histories and Reflections.* That physicians should use only *"*'Mild discipline without infliction of pain or terror', with mischievous patients treated 'without the order of stripes but with dignity over violence.*"*[19] This account provides another example of Manchester's medical men's groundbreaking provisions and the regions freethinking attitude towards medical innovations —a particularly groundbreaking approach amidst growing national concern of abuse of asylum patients confined within the Workhouse. This approach established a liberal culture to the provisions of care that influenced soldiers' treatment during the First World War.

The earlier approaches and considerations of alternative treatments used by Manchester's medical men during the eighteenth and nineteenth centuries are comparable to those used to treat injured servicemen during the First World War. A notable example is relocating the Lunatic Asylum to Cheadle in 1849 to provide clean air and outdoor space away from the city centre and included several villas to house patients. Similar ideas of recreational treatments would reappear within voluntary medical care, particularly as a popular choice of convalescence and psychological trauma rehabilitation during the First World War. [20] Additionally, the

[18] Ibid p.14.
[19] J. Ferriar, *Medical Histories and Reflections* (London: Cadell & Davis, 179) pp.187-189
[20] Pickstone, *Medicine and Industrial Society,* pp.47-50.

significance of Manchester's voluntary hospital's use of innovative and alternative treatments gained national recognition as an institution of advancing expertise. These developments informed the War Office's decision making to use Manchester as a leading medical centre to treat injured and disabled ex-servicemen between 1914-1918.

Figure 2: The Expansion of the Manchester Royal Infirmary
Source: Given by Chetham's Library, Manchester

Manchester, during the 1790s, experienced a reform movement of its medicine driven by growing political tensions of the continuity between fever outbreaks and poverty amongst the overcrowded and unventilated lodging houses. This led to an increased scale of voluntary medical activity, including suggestions for expanding the Infirmary hospital and its treatments. These suggestions created political differences over the Infirmary's control between the region's medical men,

notably, the Infirmary's honorary physicians who had controlled the Infirmary during the 1780s and the Whig reformers who promoted the hospital's expansion. The success of the Whig campaigns forced the honorary physicians to resign, allowing the addition of new physicians, including John Ferriar and began a period of rapid extension across the hospital.[21] This included constructing a range of public baths located north of the original Infirmary building that provided various hot and cold baths and a sweating room (Figure 2). The baths were open to all members of society who could afford the fee, which began at 1s for a cold bath to 6s for an Almond bath, with a discount for annual subscribers.[22]

By recognising the benefits of public hygiene and its connection to the growing public health conditions, the Infirmary used hospital funding to provide patients of both the MRI and Lunacy Hospital with a separate bathing facility. [23] Like the voluntary hospitals, the baths were highly profitable and an appealing method of philanthropy that reflects the trustees' creativity to utilise a collaborative network of support to help challenge current political and social problems while continuing to develop the hospital's reputation and status.[24] The significance of the Infirmary and its physicians' questioning of old medical methods and delivering new technologies and expertise offers another example of the town's growing medical abilities guided by the population's challenges. Crucially, this included advancements in orthopaedics and neurology, providing significant medical

[21]John Pickstone, 'Ferriar's Fever to Kays Cholera: Disease and Social Structure in Cottonopolis', *History of Science*, 22 (4) 1982 pp.401-419.
[22] Anon, Advertisement and Notices, *Manchester Mercury*, Tues June 26, 1781, pg. 3.
[23] S V F Butler, and John F Pickstone, 'The Politics of Medicine in Manchester, 1788-1792: Hospital Reform and Public Health services in the Early Industrial City *Medical History,* 28 1984 pp. 227-249.
[24] Ibid, p. 227.

developments beneficial in aiding the care of injured servicemen during the First World War.

The continued expansion of the MRI included campaigns by the medical men to include specialist departments. Voluntary hospitals were not intended for use as a public health measure and prohibited the admission of all children, pregnant women and any illness relating to venereal or infectious diseases.[25] These medical problems were cared for by separate charities alongside but separate to the Infirmary, a standard procedure amongst all other Infirmaries across Britain. Many larger voluntary hospitals, including the Liverpool Infirmary, provided a separate Dispensary building to provide a district scheme of home visits and free medicine to the poor and excluded patients. However, unique in practice, Manchester attached its Dispensary to the Infirmary's existing building in 1781, using it to extend its home patient service and treat those prevented from treatments at the General Infirmary.[26] The Dispensary represented another successful addition to the Infirmary's expanding voluntary medical network and led to establishing a further two voluntary hospitals, including the Lying-in Charity, 1790 and the House of Recovery in 1796.[27] Founded through the efforts of renowned obstetrician Dr Charles White (founder of the Infirmary) and Richard and Edward Hall, the Lying-in Charity was established in 1790 to assist with home delivery and childbirth, as pregnant women remained excluded from medical

[25] Pickstone, *Medicine and Industrial Society*, pp.31-34, pp.114-20.
[26] For the Manchester Dispensary see Manchester Royal Infirmary (MRI), *the University of Manchester Library* MMC/9/6; Pickstone, *Medicine and Industrial Science*, pp.52-55, 145-6.
[27] For an overview of Medical Charities and other voluntary hospitals see the Manchester Medical Charities *the University of Manchester Library* MMC/8.

assistance at the Infirmary.[28] Also, it is noted in the charity's annual reports that the midwifery training and lectures provided by Charles White to midwives and pupils were the first of their kind across Britain. The Lying-in Charity's success led to its relocation to larger premises, which, similar to the Infirmary, provided the use of private baths sourced from a local to spring to help fund the charity.[29] The charity became the Manchester and Salford Lying-in Hospital in 1795 and later in 1854, a designated hospital for women's health better known today as St Mary's Hospital. Equally as significant and providing another example of the groundbreaking provisions established by Manchester's medical men and voluntary charities was the House of Recovery's construction (sometimes referred to as the Fever Hospital) in 1796.[30] This addition to the Infirmary presents a final noteworthy example of the hospital's expansion to meet the region's growing concerns during the late eighteenth century. While the newly formed Board of Health managed the House of Recovery, it worked collectively with the Infirmary as England's first general fever hospital. The hospital assisted Manchester's sick during outbreaks of typhus fever, which coincided with the poor's increasing problems fuelled by a collapse in the cotton trade during 1794. This created mass unemployment and food shortages when grain prices were high, and the working-class residents of Manchester were going hungry and fearful of an epidemic.[31] Once more, the House of Recovery highlighted the liberal attitude of Manchester's medical men, who continued to press the Infirmary to either admit patients with an infectious disease

[28] St Mary's Hospital, *The University of Manchester Library,* MMC/9/10.
[29] Hospitals and Related Institutions in the Manchester area, *the University of Manchester Library* MMC/9/6
[30] House of Recovery, *the University of Manchester Library* MMC/9/47
[31] Ibid.

or provide a separate facility to allow for a scientific approach to assist the necessary medical provisions. Manchester's House of Recovery was the first specialised voluntary hospital to reduce a fever outbreak successfully. The hospital embodied Manchester's spirit of benevolence and determination to exceed expectations when delivering voluntary medical care with a name that signified hope to its patients.

Disability and Blindness

Alan Kidd explains how charitable giving drew upon the conventional norms of empathy, compassion and social responsibility.[32] However, the nineteenth century's self-help philosophy outlined the context of philanthropy, which judged the prime responsibility for poverty upon those capable of improving their situation.[33] By contrast, those less able to help themselves, such as the sick, disabled or children, were considered suitable charitable cases and relied on voluntary hospitals and philanthropy for support. Furthermore, medical charities were considered the greatest absorbers of nineteenth-century charity, with Manchester registering 24 voluntary medical organisations between 1752-1907 and a further six, which supported a range of disabilities.[34] By 1900, over twenty voluntary hospitals existed in Manchester, each relying financially on donations and a system of subscription[35] Notably, half of Manchester's Infirmary subscription

[32] Kidd, *State, Society, and the Poor in nineteenth Century* England, pp. 70-71
[33] Ibid, p.70.
[34] For an account of the Medical Charities formed in Manchester between 1750-1907 see Medical Charities in Manchester, *the Manchester University library* MMC/8-8/31.
[35] Ibid.

during the mid-nineteenth century came from the town's manufacturers who recognised the rising number of industrial accidents and their financial implications.[36]

Workplace accidents frequented areas of employment that included factories, quarries and railway construction, where working conditions left workers significantly more vulnerable to ill health and physical injury. Inadequate working conditions created a variety of physical injuries, including burns, falls, and injuries from machine tools.[37] More severe accidents included being thrown or getting caught in machinery, which led to the dismemberment of limbs and life-changing disabilities, if not death. The Infirmary annual reports recorded 680 patients admitted to the Infirmary between 1801 and 1802 through industrial injury. This increased to seventeen per cent of all patients by 1820.[38] Equally as worrying amongst the working class was the threat of disease, most commonly reported were Tuberculosis, Spinners Cancer, Rickets, Fever, and Cholera. Another common health concern amongst factory workers included deafness, although this was one of the last conditions to be recognised within the region.

Evidence of the significant rise in disability caused by industrial accidents are detailed in medical directories and the Annals of Manchester, noting first-hand medical accounts of industrial accidents and disablement recorded by a local physician and medical inspector of factories, John Shephard Fletcher (1843-45).[39]

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[36] Kidd, State, *Society and the Poor in Nineteenth Century England*, p.93
[37] Ibid, p.93.
[38] The Manchester Royal Infirmary Annual Report June 34, 1814-1823, *the University of Manchester Library* MMC/9/6/2.
[39] John Shepherd Fletcher 1822-1882 *the University of Manchester Library* MM10/2/JS.

Fletcher documented the name, gender, age, injury and treatment administered to patients suffering from industrial injuries. One account described how thirteen-year-old Martha Felton 'was removing a strap from a roller machine in a cotton factory on Dec 02, 1844, when the machine caught her arm, dismembering her below the elbow.'[40] Fletcher's medical accounts were written around the same time Frederich Engels visited Manchester and details similar descriptions of limbless and maimed people of Manchester in his publication *The Condition of the Working Class in England 1845*.[41]

As disability became more visible throughout society, volunteers and philanthropists established organisations providing welfare assistance to those struggling with their impairment. Likewise, the increasing numbers of physical impairment within Manchester captivated the motivations of physicians' medical curiosity, presenting an opportunity to expand their knowledge and training, especially within orthopaedics and neurology. This resulted in frequent disputes with the hospital subscribers, who were often more motivated by compassion and evangelical enthusiasm than medicine. Evangelical philanthropists used their connections with voluntary hospitals to emphasise the seriousness of Christian life and considered the facility a place for 'reform and promotion of spiritual welfare and eternal salvation.[42] The middle classes used philanthropy in an attempt to re-establish links with the poor through evangelical missions and was a popular framework of middle-class women of the victorian period who, inspired by Christ,

[40] Reports of the cases seen at the MRI, Martha Felton, *Manchester Medical Manuscript* MMM/10/1.
[41] Fredrich Engels, The Condition of the Working Class in England, (Oxford: Oxford Uni Press, 1993) pp.45-50.
[42] Alan Kidd, *Manchester* (Edinburgh: Edinburgh University Press Ltd third ed, 2002). p.93

believed that love could transform society.[43] The role of women within Manchester's charities and philanthropy was most apparent amongst medical organisations and disability assistance. For many of Manchester's citizens, disability was an institutionalised problem best concealed from the public eye. However, several local philanthropists supported the disabled during the nineteenth century by forming specialist charities and voluntary hospitals, revealing the depth of Manchester's permissive attitude.

The records on Manchester's medical charities suggest that many charities were formed to support the region's disabled during the nineteenth century and twentieth centuries. During this period, the town developed a significant interest and voluntary support network for those suffering from eye disease and blindness. A great deal of interest stemmed from an increase in eye disease in England due to the return of blind or partially sighted soldiers of the Napoleonic Wars 1803-1815. Manchester responded to this medical crisis by creating a specialist voluntary eye hospital and founding the Manchester Institution for Curing Disease of the Eye on King Street in 1814.[44] Like many other voluntary hospitals of its time, the Manchester Institution struggled financially, and its niche field impeded its support for public funding. However, by 1820 over 10,000 patients had been admitted and expanded its resources to include new teaching facilities, including paid lectures to increase funding and gain Royal patronage in 1867 due to its success. [45]

[43] Frank Prochaska, *Women and Philanthropy in Nineteenth Century England* (Oxford: Oxford University Press, 1980), p. 29
[44] Manchester Royal Eye Hospital, *the University of Manchester Library*, MMC/ 9/12/1.
[45] Ibid, MMC/9/12/2

The creation of Henshaw's Blind Charity in 1837 by local businessman and Philanthropist Thomas Henshaw provides one example of the philanthropic concern for the blind and those visually impaired within Manchester and Salford as one of the region's oldest remaining voluntary charities.[46] Henshaw's Blind Asylum was representative of the district's forward-thinking attitude as the second of its kind in the country, the first being the establishment of the Liverpool School for blind people in 1791.[47]

Figure 3: Basking Weaving Workshop at Henshaw's (1905)
Source: Given by Henshaw's Archives

Henshaw's initially provided a range of schemes and workshops to thirty-seven inmates giving training in a range of handicrafts, including piano tuning, brush and furniture making, and basket weaving, providing patients with skills and

[46] Records of Henshaw's Society for the Blin: HEN/1/9 *the University of Manchester Library*
[47] Peter Shapely, 'Charity and the 'Market': The Case of Henshaw's Blind Asylum' *Manchester Regional History Review* 1994, pp.34-38.

building confidence and self-sufficiency(Figure 3). Comparable programs were used to aid the rehabilitation of blind ex-servicemen of the First World War, particularly those encouraging therapeutic and sensory elements such as handicrafts.[48] Like most charities, Henshaw's relied extensively upon the support of local volunteers for funding and the participation in a range of schemes, including reading to pupils, a popular choice amongst the area's female middle classes and philanthropists. The annual reports of Henshaw's detail Miss Isabel Heywood's work, who began daily visits to Henshaw's workshop Deansgate in 1897, initially to read newspapers to the patients.[49] Her persistent devotion to helping the blind of Salford and Manchester led to her appointment as the Lancashire Mutual Aid Society's honorary Secretary for the blind in 1898.[50]

The society provided sick benefits, clothing and gifts for its members; they also offered some of the first 'raised books' and taught the blind how to read braille. [51] Additionally, the society championed pioneering treatments, understanding the benefits of recreational therapy and advocated the physical and psychological advantages of trips to the society's Convalescent home in St Annes-on-the-sea.[52] Isabel's motivation and commitment to the blind focused on the provisions of adequate treatment by developing an inclusive welfare plan that would enable all 'able-bodied' people to contribute to general society as much as

[48] Anna Carden Coyne,' Butterfly Touch: Rehabilitation, Nature and Haptic Arts of the First World War', *Critical Military Studies*, 6:2, (2016), pp.176-203.
[49] Records for Henshaw's Society for the Blind, *John Rylands University Library* (HEN/2); Henshaw's charity has their own personal archives that can be accessed by contacting them directly.
[50] Lancashire Mutual Aid Convalescent Home and Home Teaching Society for the Blind, *the University of Manchester Library* MMC/8/24.
[51] Ibid.
[52] Lancashire Mutual Aid Convalescent Home, MMC/8/24

the rest of the population. Her progressive attitude towards disability and her persistent nature to providing the best care continued into the twentieth century by establishing the Manchester and Salford Blind Aid, merging with Henshaw's in 1980.[53] The nineteenth-century voluntary organisations for the blind in Manchester and Salford recognised the disproportion of medical and rehabilitative schemes available and worked collectively to provide a system that operated to improve the life quality of the blind. Significantly, many of these programs underpinned the later treatments and rehabilitation used by voluntary medical organisations to provide an adequate system of care to returning soldiers of the First World War.

The Manchester and Salford Blind Aid Society, continued with a similar care plan to those carried out by the Lancashire Mutual Aid Society, including home visits and financial support to those who experienced prolonged periods of sickness.[54] In addition, however, the Blind Aid society expanded its resources to include workshops, a braille library and provisions for finding employment, all led by Isabel's motivations. Her vision of an inclusive culture where blind members had support through various methods enabling members to be self-sufficient outside of institutions, led to the founding of four residential homes. In 1901, the society owned its first house, No 1 Hulme Place, the Crescent, Salford and was occupied by nine blind women, each charged five shillings a week and was quickly followed by The Godfrey Ermen Convalescent Home, Southport in 1905. Isabel then secured the Elms, a large villa residence on Eccles Old Road as a home for blind women, a large spacious villa with leafy gardens situated within a suburban neighbourhood

[53] Manchester and Salford Blind Aid Society, *the University of Mancheser Library,* MMC/8/19
[54] Ibid.

surrounded by sighted citizens. Oaklands followed the Elms in 1923, Elmbank in 1925 and Oakhurst in 1929.[55] Together with the Godfrey Ermen home in Southport (1905), these homes accommodated 162 people permanently and provided convalescence for 40 people.[56]

Accounts of the society show how Isabel raised the money to obtain, maintain and supervise these homes through requests to the Ministry of Health, conducting bazaars and other fundraising events. Isabel's intuitive nature and motivation to provide innovative and unique medical schemes and rehabilitation of the blind would provide the region with a foundation of transferable skills useful in supporting those unrepresented through a systematic welfare support system. Her work was representative of the impact of volunteers within society, particularly when organising a voluntary care system in the absence of national guidance. Additionally, Isabel's work represents just one example of the many volunteers whose work would influence later medical treatments, particularly those administered to disabled ex-servicemen of the First World War.

Through an examination of the origins and expansion of the voluntary medical organisations within Lancashire from 1752, this chapter has demonstrated the significance of medical voluntarism and philanthropists' attitudes and motivation to advance the region's medical expertise guided by the social challenges of its population. The expanding variety of illnesses and disability caused in part by the Industrial Revolution developed the requirements for an inclusive and qualitative voluntary healthcare system in Manchester. Both medical men and

[55] Ibid.
[56] Godfrey Ermen (Southport) Home Committee, *the University of Manchester Library* GB133 HEN/27

philanthropists acknowledged the advantages of innovative medical treatments to provide a better quality of life for the town's disadvantaged, enabling them to achieve many medical and charitable firsts. The freethinking attitudes of Manchester's volunteers created a culture that was representative of a changing attitude towards disability and inequality and underpinned the region's status as a pioneering medical institution capable of supporting the local demand during unprecedented times, thus reinforcing the decision of the War Office to choose Manchester as a medical hub from the outbreak of war in 1914. Its disposal of medical buildings, infrastructure, and specialist physicians and charities advocating the trials of ground-breaking treatments indicated that Manchester had the transferable services and foundations needed to treat the influx of returning ex-servicemen, as the second chapter will evaluate.

Chapter 2

Liberal Reform and the Construction of the 2nd Western General Hospital.

During the eighteenth and nineteenth centuries, the construction of Lancashire's medical voluntary network supplied the region with a much needed and varied medical service in the absence of state welfare. Demonstrating a forward-thinking response to the challenges of public health, disease, and war during this period, the medical voluntarism of the district provided a wealth of experience and values which continued into the twentieth century. However, despite the enthusiasm for voluntary medical action and its success, the Edwardian period challenged the predominance of Victorian philanthropy and charity as the new Liberal Government of 1906 set out to address the inadequacies of public health and poverty. While earlier social problems of the nineteenth century mainly remained the responsibility of the middle classes and community self-help, the Edwardian period observed the development of relationships between philanthropy, community and, ultimately, the state in the challenge against poverty and poor public health. The period also symbolised the transition of voluntary organisations from charity to social work, particularly with the introduction of the Social Welfare Reforms between 1906 and 1914.

The Liberal Government's new interventionalist approach in dealing with the poorer members of society and health problems underlined many of the existing social tensions in the years leading to the First World War. [1] Therefore, the motivations and significance of the welfare reforms are often contested amongst historians, with some suggesting they reflect a significant development in the

[1] J R Hay, *The Origins of the Liberal Welfare Reforms 1906-1914* (Hampshire: Palgrave, 1974) p.43.

modifications needed to develop Britain's welfare and medicine, which ultimately laid the foundations of the National Health Service and the welfare state of today.[2] In contrast, others consider them a reaction to the fear of national degeneration and efficiency, mainly as hostilities with Germany were escalating with the uncertainty of war, highlighting the widespread public discontent and national concern for ill-health and poverty, primarily the common soldier of the British Army. This discontent and campaign for reform originated from mistakes made during the Boer War (1899-1902) when the government's negligence to prepare the Army for war provoked public shame, and the scale of disability and ill-health amongst the working-class recruits tarnished the reputation of the British Army. The ambitions and motivations of the welfare reforms influenced the improvements of public health and the progression of medical voluntarism in Britain during the Edwardian period, particularly as preparations for mobilisation began.

Therefore, as a town rich in philanthropic culture and pioneering medical developments, this second chapter will examine how Manchester's voluntary medical organisation's incorporated government requirements to prepare the region for the influx of wounded ex-servicemen and the construction of a voluntary care system. Divided into two sections, it will first consider the consequences of the Boer War and its influence on the reorganisation of the British Army and the

[2] For examples of literature contesting the motivations of the welfare reforms see: Pat Thane,' The Working Class and State 'Welfare' in Britain, 1880-1914', *The Historical Journal*,27:4, (1984).Peter Grant, *Philanthropy and Voluntary Action in the First World War: Mobilizing Charity* (New York & London: Routledge, 2014); Steven Cherry, 'Regional comparators in the funding and organisation of the voluntary hospital system, c.1860-1939' in M Gorsky & S Sheard (eds), *Financing Medicine, The British Experience since 1750,* (London; Routledge, 2006), pp. 59-76.

formation of a Territorial Force. Second, it will examine the region's preparations for mobilisation with the construction of Manchester's Territorial Hospital, the 2nd Western General, and the significant participation of philanthropic and charitable interventions, specifically the efforts of the East Lancashire Branch of the British Red Cross and the Order of St John who recruited over 3,575 VADs during the first five months of the war to support the return of the war-disabled. Finally, it will also examine the contributions of the town's Army medical authorities William Coates and Alfred Keogh, who used their medical experiences of the Boer War to supervise Manchester's transformation into a prominent medical hub appropriate to meet the evolving complex physical mutilations of the First World War.

Liberal Reform and the Boer War

The Boer War (1899-1902) highlighted the inadequacies of poverty and the poor health of the working classes, with between 40-60 per cent of army volunteers rejected as medically unfit for service.[3] Manchester played a vital role in the narrative of these statistics as the response to the records of local men resulted in a national movement for improved welfare. Specifically used were the statistics detailed in Manchester's Recruiting Returns from October 1899 to July 1900, which listed 8,000 of their 11,000 volunteers rejected for inadequate health reasons,

[3] Bourke pg. 13

more than twice the national rejection rate.[4] First published by Manchester activist Arnold White in a series of articles in the *Weekly Sun* in July 1900 and later in the book *Empire and Efficiency* (1901) and was spread widely by social reformers and philanthropists across Manchester. [5] Furthermore, the editor of the *Manchester Guardian* Newspaper and Liberal MP, CP Scott, printed the statistics again on 3 January 1900.[6] Famous for its opposition to the Boer War and strong supporter of the social reform movement in Manchester, the *Guardian* ensured the scale of physical disability present amongst working-class recruits and high rejection of recruitment requirements across the region was publicly known. These statistics suggest that while the inadequacies of poverty urgently required state intervention and welfare reform, the efforts of philanthropists and charity to deliver social and medical care in the absence of state involvement was not particularly successful as high numbers of working-class volunteers remained with health conditions.

Reasons for rejection amongst Manchester's army recruits between 1899 and 1900 included 'low in-step or flat feet' and 'loss or decay of teeth' as the most frequent disorders. Both complaints were common amongst the working class, especially those working in factories, mining, and those who wore clogs.[7] The figures and health concerns recorded in Manchester evidenced general concern about the welfare of the nation and eventually prompted an enquiry by the government. The *Inter-Departmental Committee on Physical Deterioration Report*

[4]Evidence of figures supporting health concern of recruits see: *The Inter-Departmental Committee on Physical Deterioration Report*, Vol. 1, Paragraph 22; Vanessa Heggie, 'Lies, Damn Lies, and Manchester's Recruiting Statistics: Degeneration as an "Urban Legend" in Victorian and Edwardian Britain', *Journal of the History of Medicine and Allied Sciences*, 63:2, (2008), pp.178–216.
[5] Arnold White, *Efficiency and Empire*, (London: Methuen & co, 1901), pp.102–3.
[6] Anon, 'Recruiting Returns in Manchester', Manchester *Guardian*, 3 January 1900, 10.
[7] Vanessa Heggie, 'Lies, Damn Lies', pp.210-212.

1904 highlighted the extent of working-class and military volunteers' general weakness and physical disability described as a 'source of dirt, ignorance and neglect'.[8] As a result, three out of every five men were rejected at Manchester's recruiting depot in 1899.[9] Importantly, these findings were not unfamiliar to local reformers or philanthropists, and its recommendations merely repeated the proposals suggested by social activists of the nineteenth century. However, the report managed to connect the effect of poor public health to national security and the threat of a declining national power due to the military's weakness. As a result, this article offered social reformers the status of a fair political question that nineteenth-century philanthropists lacked the power to do.[10] With the prospect of a European war increasing, national security dominated the Edwardian period, and the Liberal government contemplated revisions to the British Army and the Volunteers. The success of this reorganisation and preparation for mobilisation would require medical voluntary organisations and charities working collectively with the government, which was unprecedented and initiated the beginnings of a working relationship between the state and charity.

Recognising the public discontent for poverty and the welfare reform movement and with social tensions mounting amidst the uncertainty of a European war, the Secretary of State for War, Sir Richard Haldane, announced the *Territorial Reserves Forces Act 1907* aimed at reorganising the British Army and its medical units in preparation for mobilisation.[11] The 1907 Act considered the faults of the

[8] B. B Gilbert, 'Health and Politics: The British Physical Deterioration Report 1904', *Bulletin of the History of Medicine,* 39:2, (1965), pp.143-153.
[9] Arnold White, *Efficiency and Empire*, pp.101-102.
[10] B Gilbert Bentley, '*Health and Politics',* p.145.
[11] The Territorial and Reserve Forces Bill, *Hansard* HL Deb 15 July 1907 vol 178 cc267-9

Boer War (1899-1902) and the threat to national efficiency, outlining a plan to reorganise and improve the welfare of the British Army. Part of this reorganisation included the establishment of a Territorial Force (TF) second army and Royal Army Medical Corps (RAMC) comprised of volunteers to free up the regular British Expeditionary Force (BEF), to create an extension of the regular Army if required and provide a home defence should war break out. The act combined the older Yeomanry and Volunteer units into newly formed Territorial Forces (TF) centred on fourteen peacetime County Associations supported by fourteen yeomanry brigades, a Territorial Artillery, Territorial RAMC unit and Royal Engineers unit.[12] To ensure a successful reorganisation of the army and the volunteers, Haldane carried out a country tour. On 14 November 1907, he attended a Luncheon in Manchester given by the Volunteer Officer's Association of Lancashire.[13] There he spoke with senior officers of Manchester and Liverpool and the RAMC drill to outline his plan of forming a Territorial Force and units in Manchester known as the East Lancashire Territorial Division.

Importantly, in attendance at these meetings were Sir William Coates and Sir Alfred Keogh, who sat on committees of the War Office at which new regulations for the organisation and drafting of Manchester's East Lancashire Territorial Division Medical Services were drawn up.[14] Coates was also instrumental in forming Manchester's RAMC (TF) in 1908 and was Assistant Director of Medical Services (ADMS) of the East Lancashire Territorial Division between 1903-1912 and

[12] Ibid.
[13] Sir William Coates, 'The Evolution of the Medical Services of the 42nd (East Lancashire) Division' *The British Medical Journal*, 2, (3324) 13 September 1924 p.334.
[14] Coates, 'The Evolution of the Medical Services', pp.335-337.

the Western Command 1914-1918. Likewise, Alfred Keogh was a British Army surgeon during the Boer War and would be re-appointed as Director-General Army Medical Services at the outbreak of war in 1914. Both men would use their medical experiences of war to supervise the expansion of the medical services of the Territorial Forces in Manchester and nationally.

The limitations of the Boer War were instrumental in identifying the problems of public health and poverty within Britain; however, it also highlighted issues of malnutrition and general physical fitness with disease and inadequate medical care causing large numbers of death within the British Army. These conclusions inspired advancements in medicine and sanitation required to sustain medical care throughout the First World War and traumas of modern warfare. Furthermore, orchestrating these developments and establishing a systematic network of medical care fitting for future conflicts entailed a substantial contribution from voluntary organisations such as the British Red Cross and the Order of St John of Jerusalem. Despite the suggestion that many of the medical advances and development of a welfare state originate from the Second World War, the Boer War experiences contributed considerably to the improvements in medicine and sanitation, transforming hospital facilities for subsequent wars. The decision to ensure that (where possible) during future conflicts, all treatment and surgery would be conducted in hospitals away from the front was significant in establishing better communication and transport to provide more efficient treatments at specialised hospitals. [15]

[15] Cooter, *Surgery and Society in Peace and War,* p.112.

In the event of a European war, it was anticipated that surgical care of serious traumas would be conducted in Britain; for this purpose and as part of the Territorial Force reform scheme, twenty-three large civic buildings were allocated nationally as Territorial Hospitals.[16] The occupation of each building anticipated expanding time on main sites during war, with additional auxiliary hospitals and extensions.[17] Each Territorial base hospital would operate 520 beds on mobilisation, with nursing staff recruited through Haldane's *Territorial Forces Nursing Services* (TFNS) 1908, later augmented by the organised Voluntary AID Detachments (VADS) of the British Red Cross.[18] In addition, in 1909, the War Office issued the Scheme For the Organisation of Voluntary Aid in England and Wales.[19] With both female and male volunteers, the VADS performed basic nursing and essential transport duties to fill the gaps of the Territorial Medical services and supply extra medical support to the wounded and sick soldiers.[20] The contributions of voluntary organisations in the medical planning and recruitment of volunteers to prepare for potential war signify pre-war charities' vital position and influence within society and their significance in underpinning the resources available during the First World War.

[16] Ibid, p.113.
[17] ibid.
[18] Papers relating to the service of Rosemary Savage as a nurse in the Ulster Volunteer Aid Detachment during the First World War 1916-1919, The British Library Online, MSS EURF628/5/4.
[19] Christine. E Hallett, *Veiled Warriors: Nurses of the First World War*, (Oxford: Oxford Uni Press, 2014), pp.78-91.
[20] The Scheme for the Organisation of Voluntary Aid in England and Wales (London: H.M.S.O, 1910) pp. 2-8 Wellcome collection online <https://wellcomecollection.org/works/mgxnngqs3>; Christine. E Hallet*, Containing Trauma: Nursing Work in The First World War* (Manchester & New York: Manchester Uni Press, 2009); Christine. E Hallet, *Veiled Warriors: Nurses of the First World War*, (Oxford: Oxford Uni Press,2014).

The 2nd Western General Hospital

The general proposal for the preparation of the Territorial Hospitals in 1908 was that of Sir Alfred Keogh, Director General of the Army Medical Services. As part of Haldane's *Territorial Reserve Forces Act,* 1907, Keogh believed the volunteer medical services were 'inadequate to perform the duties required during the war' and suggested Territorial hospital and staff formation during peacetime.[21] Tasked with the construction of the RAMC (TF) units with the help of the British Medical Association and civilian medical authorities, Keogh's foresight and planning ensured the recognition of medical services as an essential part of the British Army. Evidence of Manchester's Territorial Medical Service proposal is found in the *Lancet*, detailing Keogh's visit to Manchester in 1907 to outline his ideas and emphasise the importance of local voluntary organisations' contribution, specifically the East Lancashire branch of the British Red Cross and Order of St John.

[21] Alfred Keogh, 'The Medical Service for the Proposed Territorial Force', *the Lancet, November 2, 1907*, pp.1265-1266.

Figure 4: The main 2nd Western General Hospital Building: Whitworth Street, Manchester (c1957) Source: Given by Manchester Archives +

During a conference of around one hundred medical professionals at the Midland Hotel, Manchester, on 25 October 1907, Keogh spoke of his vision to build on the leading medicine and medical voluntarism already presented within the region. Appreciating the advantages of the district's philanthropic culture, he suggested Lancashire worked collectively with neighbouring troops and the surgeons of Manchester and Liverpool to strengthen their reputation and not be behind any other division in 'turning out a thoroughly good and practical scheme' to aid the wounded in the event of war.[22] The scheme's success required the assistance of Lancashire's many experienced health professionals and voluntary medical organisations, notably those associated with the Manchester Royal, in preparing Manchester's Military Territorial Army hospital, the 2nd Western General

[22] Ibid.

Hospital. Additionally, using the town's medical background and organised charities, the 2nd Western also incorporated a medical training school providing local volunteers with medical skills and the opportunity to join the war effort if required, a scheme that Keogh hoped to replicate across the country.

During peacetime, the East Lancashire Territorial Association planned the location and operations of Manchester's main Territorial Hospital, the 2nd Western General Hospital.[23] While the hospital's earliest records no longer exist, details on the hospital's construction and management are available in the East Lancashire Branch of the British Red Cross's annual reports, with whom it had a close association. Also, additional evidence on the development and administration of the hospital are shown within the frequent articles written by the branches' chairman William Coates to the editor of *the Manchester Guardian* between 1914 and 1918. [24] These resources express Lancashire's empathetic attitude towards medical voluntarism and support of the region's medical needs during a crisis only; this time, the volunteers worked collectively with the government to construct a systematic care system and support the war effort. Coates described the actions of the Lancashire in a letter to the editor of *the Manchester Guardian* in August 1914.[25] "Leading the way in all charitable and patriotic movements as her children are now risking their lives for the honour, home and industries of the old country,

[23] William Thorburn *the 2nd Western General Hospital Offprint, 1915* MMC/1/Thorburn/49, University of Manchester Library, p. 492

[24] William Coates, *East Lancashire Branch British Red Cross Society An illustrated account of the work of the branch during the First Year of the War* (Sherratt & Hughes, 1916), Manchester Central Library, Book Rarities BR940.916B5.

[25] William Coates, Letter to the Editor of the Manchester Guardian, Correspondence: East Lancashire & The Red Cross, *Manchester Guardian.* (4), 29 Aug 1914.

we appeal with confidence to see it that our soldiers and sailors shall not be subject to any pain that lies in our power to lessen or prevent it."[26]

Also of considerable use when examining the location and internal layout of the hospital is the report presented by the pioneer of spinal surgery and future neurologist of the 2nd Western, William Thorburn.[27] He described the location of the 2nd Western as 'strategically positioned and considered safe from the Naval attacks, with good transport links to London, Edinburgh, Dublin, Glasgow and Liverpool via many railways grouped in a circle about a quarter-mile radius to the centre of the town.'[28] Additionally, with almost level roads and tramways, its location ensured easy access and transportation of the wounded.[29] Initially based in the Central Higher-Grade School, Whitworth Street, Manchester, the hospital was described as an "entirely modern building in perfect repair" situated between a canal and a small area of quiet garden gifted by the town.[30] Considered a suitable and tranquil space for convalescing, the inclusion of outdoor space at the hospital encompassed Manchester's experience in incorporating alternate therapies to stimulate recovery and reverts to its use at the Lunacy Hospital during the nineteenth century. The hospital staff consisted of non-commissioned men and officers who undertook annual training in a military hospital, locally trained nurses and a further 'a la suite' staff, including twenty-five officers and matron supplied by the honorary team of the Manchester Royal Infirmary. In addition, the East Lancashire Association formed contracts with local philanthropists and medical

[26] Ibid.
[27] Ibid.
[28] Thorburn, *The 2nd Western General Hospital Offprint,* p.491.
[29] F.A. Bruton, *A Short History of Manchester and Salford,* pp.286-289.
[30] Ibid, pg.287

charities to provide the hospital with beds, food, drugs, and surgical material, which aided the conversion of the former school into wards of 520 beds with separate theatres to provide surgical cases. Army regulations defined the size of the hospital, although the committee agreed to resources for 1000 beds, proving a justified consideration at the outbreak of war.[31]

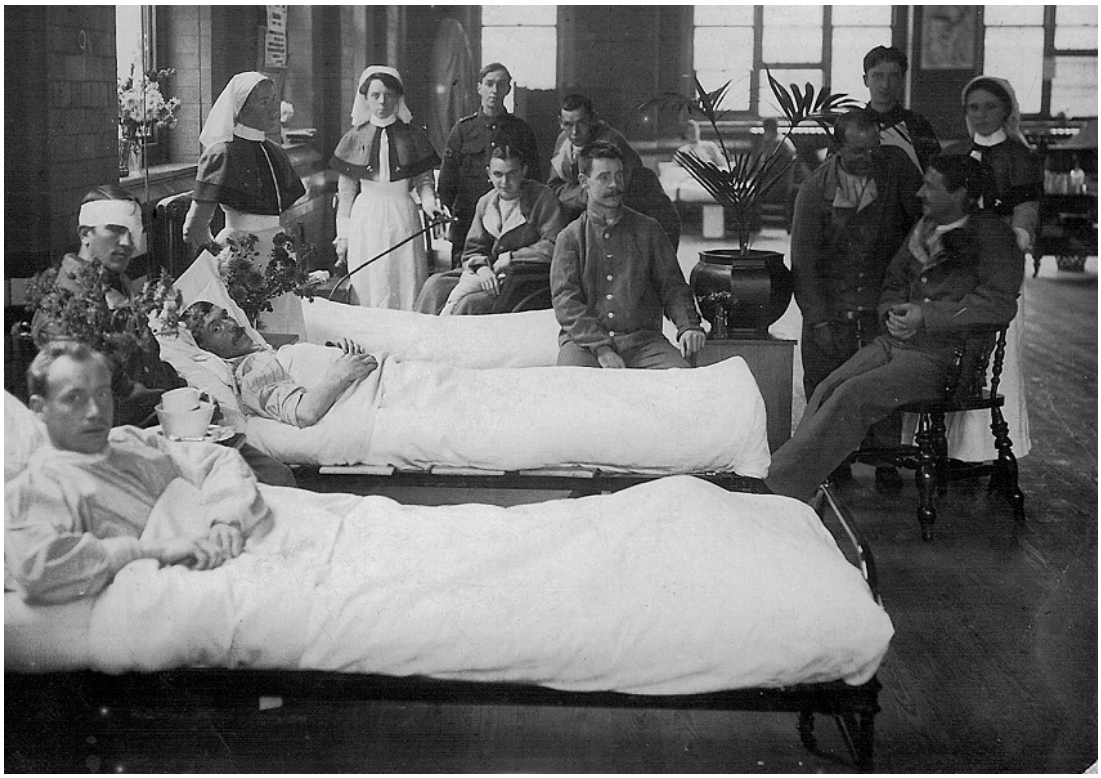


Figure 5: The Wounded and Nursing Staff in the 2nd Western General Hospital, Manchester (c1915) Source: Given by Manchester Archives +

The mobilisation of Manchester's 2nd Western General Hospital on Thursday, 6 August 1914, was led by Lt-Col J.W., Smith, surgeon to the Manchester Royal Infirmary, and observed by the chairman of the East Lancashire Branch of the

[31]Thorburn, *The 2nd Western General Hospital Offprint,* p.491

Red Cross, Sir William Coates.[32] Commandeered by the War Office for use as a military hospital on 16 August to treat sick and wounded soldiers, the first patients arrived with minor cases of ordinary, general sickness and venereal disease amongst local troops and members of the TF.[33] The first overseas hospital train containing casualties from France arrived on 20 September 1914 and changed the hospital's working history with the arrival of around 150-200 patients disembarking from Southampton to Manchester's Mayfield St. daily until the end of the war.[34] On arrival to the 2nd Western, each wounded serviceman was undressed, fed and washed, and a complete examination of their injuries was detailed on a medical case sheet provided by the War Office.

While the building on Whitworth Street functioned as the hospital base, the 2nd Western operated across twenty-three 'sister' buildings within Manchester (predominantly the Day Training College on Princess Street and the School of Economics on High Street in the early stages of the war). The 2nd Western evolved quickly to meet the influx of wounded and grew to an enormous size, and at one time, it totalled 6,700 beds in section hospitals, schools and poor law institutions and a further 15,223 beds in Auxiliary hospitals such as Red Cross and Mental Institutions.[35] While Manchester represented a region of pioneering medicine and experienced voluntary medical organisations, the contribution and commitment of local citizens to volunteer their services to medical aid was central to the town's

[32] Coates, 'The Evolution of the Medical Services', p.335.
[33] Anon, 'Emergency Work in the Provinces, Extemporised Hospitals: Manchester', *the Hospital,* 18 August 1914 p.548.
[34]Thorburn, *The 2nd Western General Hospital Offprint,* p. 498.
[35] Coates, 'The Evolution of the Medical Services', p.342.

successful construction of a voluntary care system, nursing team and aiding of recovery and rehabilitation of the wounded.[36]

Figure 6: Wounded Soldier and staff on the steps of a Red Cross Hospital, Manchester (c1915) Source: Given by Manchester Archives +

The initial nursing staff of the 2nd Western were the responsibility of Miss Fletcher, supported by principal Matron, Miss Sparshott of the MRI, and 141 highly qualified sisters.[37] By 16 January 1916, the 2nd Western employed 301 trained nurses with the assistance of 566 VAD Nurses to staff its expanding number of

[36]Nursing in Manchester, 1900-1971 MMC/10 *Manchester University Library.*

[37] Booklet listing nursing staff who served at 2nd General, 1914-1919, compiled by M.E. Sparshott, principal matron, Territorial Force Nursing Service MMC/9/50/5/5 *Manchester University Library.*

hospital buildings.[38] While the War Office controlled the hospital, the daily management and care was essentially the responsibility of the region's volunteers, predominantly those recruited by the East Lancashire Branch of the British Red Cross Society (B.R.C.S). As the influx of returning wounded rapidly increased, the demand for voluntary nurses was vital, and Branch held public meetings in the Iron Room, Alexander Road, to form Voluntary Aid Detachments. The extent of the work done by the East Lancs B.R.C.S in Manchester was published by the *Manchester Guardian* five months after the outbreak of war and detailed the establishment of seventeen Auxiliary hospitals across Manchester and Salford, providing a further twelve with the work of the Order of St. John.[39] It is important to note that the management of the 2nd Western during the war involved more than just medical and nursing positions; many other roles were crucial to the daily administration and care of the wounded.

The society recruited volunteers to many Voluntary Aid Detachment schemes, with jobs in cooking, laundry, drivers, clerical, and many others. During the first five months of the war, the VADs of Manchester contributed 3,575 members, both men and women, providing over 80 courses of first aid and home nursing, issuing around 1800 certificates providing the volunteers with the necessary training to join home front medical efforts.[40] The branch organised a transport network of 166 motorcars, sixty ambulance wagons, and fifty-eight ambulance trains to move 2717 sick and wounded servicemen between the hospitals. The initial work of the BRCS was primarily self-funded, with equipment

[38] Coates, 'The Evolution of the Medical Services', p.336
[39] Anon, 'Five Months Work in East Lancashire', *Manchester Guardian*, 1 January 1915.
[40] ibid

often gifted or loaned by local philanthropists or members of the community that wanted to contribute to the war effort. Additionally, the East Lancs BRCS met and conveyed 12,306 wounded servicemen by 23 March 1915, as the influx of wounded British and Belgian soldiers increased and the branch Chairman, Sir William Coates, appealed for financial contributions to support the transport system to hospitals. These numbers grew significantly as the war progressed, with Manchester relying profoundly on the support of the region's philanthropic culture and enthusiasm of volunteers that had become customary throughout the eighteenth and nineteenth centuries providing the area with care for the disadvantaged and those disregarded by the state. Furthermore, this confidence in Manchester's liberal approach reinforced their abilities to construct a voluntary care system for the disabled ex-servicemen in the absence of state welfare during the First World War.[41]`

The construction of the 2nd Western and recruitment of VADs worked effectively to support the gaps in medical provisions and uphold the region's empathetic approach of championing those in less fortunate and in need of medical attention. Although, despite preparations and volunteers' best efforts, the scale of injury and number of returning wounded required the rapid expansion of Manchester's medical services and its hospital. By October 1914, severe cases from the front arrived with almost no prior medical attention or operations, with many untreated compound fractures and cases of sepsis in nearly all open wounds. Small improvements were visible in the medical assistance received at the front by November 1914, with those returning to Manchester presenting some (if only minor) prior treatment. However, William Coates noted that nearly all early cases

[41]Coates, *East Lancashire Branch British Red Cross Society,* pp.110-118

returning to the region required specialist orthopaedic treatments or were almost convalescent.[42]

Coates recorded that during the first three months of mobilisation, the 2nd Western Hospital treated 5,560 patients across three hospitals with 316 operations, thirteen amputations, sixteen deaths and five open spine operations.[43] A large proportion of patients sent to Manchester had suffered shrapnel wounds involving large fragments of casing, bullets wounds and frostbite. Details in the hospital's medical case notes demonstrate that these surgical cases required long periods of hospitalisation and rehabilitation due to damage to limbs and subsequent nerve damage or problems relating to 'concussion', a notable feature of the First World War. Encouragingly, several leading orthopaedic and neurological surgeons worked within Lancashire with the foresight to utilize the region's experimental character to advocate for the expansion of innovative medicine and technologies at the 2nd Western. Furthermore, their influence amongst the region's medical men gained the necessary support to develop a leading orthopaedic and neurological centre for disabled ex-servicemen between 1914 and 1918, reaffirming the War Office's decision to construct a medical hub within the area.

[42] Coates, 'The Evolution of the Medical Services', pp.334-338.
[43] Ibid.

The Edwardian period and the First World War reformed the conditions of voluntary organisations and philanthropists charged with providing medical care for the poorer members of society, a situation intensified by legislation passed during the Liberal government's social welfare reforms. Influenced by inadequacies of the Boer War, particularly the national concern for general health and poor sanitation amongst the common soldier of the British Army and with growing tensions of a threat to national efficiency, the State was forced to revaluate its medical and military position as a European war looked likely, and the preparations for mobilisation intensified. Ultimately, the *1907 Territorial Forces Act* and the failures of the medical services during the Boer War motivated improvements to the medical arrangements for returning servicemen to Britain and Manchester during the First World War. Guided by the state provisions, Manchester's medical voluntary organisations recognised the importance of developing medical resources by utilising the experience of charities formed during the eighteenth and nineteenth centuries, as the previous chapters have acknowledged. This charitable culture and reputation as a leading medical institution underpinned the triumph of Manchester's medical services during the First World War. The innovative attitude manifested within the town assisted in their challenge to adapt to the ever-changing situations of war and the traumas it presented. Notably, Manchester's medical men identified the need for specialist treatments in orthopaedics, as the region dealt with a high proportion of limb trauma and damage to the peripheral nerves, inspiring the work of local neurologists and orthopaedic surgeons. However, the shortage of beds for these injuries within the area and the growing need to

specialise in orthopaedic treatments led to the construction of the Grangethorpe Orthopaedic Hospital in 1916.

Chapter 3

Developments of Orthopaedic Practice in Lancashire

1889-1918

As the First World War progressed, the severity of mutilation upon the bodies of returning men was unprecedented, and medical services both nationally and within Lancashire were unprepared for the physical devastation.[1] Despite Lancashire's medical heritage and experience in treating the physical disabilities of the Industrial Revolution, the scale of orthopaedic injuries arriving during the First World War required an enlightened approach to the elementary medical treatments available. While the arrangements for general medical care and the region's hospital facilities expanded to sustain the capacity of an increasing number of returning men, the shortage of orthopaedic beds and aftercare facilities challenged Lancashire's medical men, with one-quarter of the region's patients suffering an orthopaedic injury. Therefore, with an emerging network of pioneering orthopaedic surgeons advocating for the formation of specialist centres and rehabilitative treatments, Lancashire offers a persuasive example of the clinical developments of orthopaedic practice that assisted in the recovery of disabled ex-servicemen during the First World War.

Progression within orthopaedic surgery and reconstructive treatments in Lancashire between 1889-1918 characterised the region's continued effort to develop leading medicine while maintaining a liberal attitude towards the disadvantaged members of its communities. Therefore, this chapter focuses on the developments in the field, predominantly the work to modify both the medical and public opinion towards those with permanent disabilities and the aftercare offered to improve the quality of life by distinguished orthopaedic surgeon Robert Jones.

[1] Joanna Bourke, *Dismembering,* pp.32-33.

Secondly, this chapter examines how Jones influenced the direction of orthopaedic care within Britain during the First World War with support from a network of surgical colleagues. It will assess how the medical treatments he pioneered during the construction of the Manchester Ship Canal and his experiences in earlier work with disabled children underpinned his vision of implementing a prolonged plan of aftercare in the reconstruction of orthopaedic injuries of disabled ex-servicemen during the First World War. Furthermore, this chapter will examine how the progressive advancement in orthopaedics facilities within Lancashire between 1889 and 1918 established a national blueprint of surgical and rehabilitative treatments modernising the practice and underpinning present-day orthopaedics.

The physical destruction of modern warfare mutilated and wreaked havoc on men's bodies more devastatingly than previous conflicts due to the increased effectiveness of artillery and the medical complications arising from uncleanliness and the absence of antibiotics in this period.[2] The medical resources and military surgeons at the front and home were quickly overwhelmed by the scale of dismemberment with an unprecedented number of amputations performed. One-quarter of casualties arriving into British military hospitals sustained orthopaedic injuries, with over 41,000 limbs amputated between 1914 and 1918 and a further 272,000 suffering injuries to limbs that did not require amputation.[3] These figures revealed the level of mutilation experienced by men throughout the First World War, strengthening the requests from orthopaedic surgeons to implement new and

[2] Joanna Bourke, *Dismembering*, p.34
[3] Ibid, pp.33-40

advanced special medical centres focused on treating fractures, nerve injuries and artificial limb fitting.[4] Additionally, the increasing sight of returning dismembered men strengthened the cause, with surgeons outlining the painful and unfulfilling quality of life a permanently disabled serviceman would lead as a civilian without further medical care and rehabilitation.

Maintaining its reputation as a pioneering medical location, Lancashire established its first special orthopaedic centre early into the war in Liverpool in 1915, followed by a similar unit in Manchester in 1916. These centres allowed the region's medical men to apply their clinical ideas within a substantial surgical infrastructure led by a network of medical colleagues specialising in Orthopaedics and Neurological treatments. Both facilities advocated the fundamental principles of providing a systematic care scheme and long-term rehabilitation. Equally, as both Joanna Bourke and Roger Cooter have pointed out, this growth of orthopaedics during the First World War was not inevitable, despite the demand. The opening of political space in medicine for this specialism was also crucial in reorganising medical work that had been part of the modernist agenda since the 1880s.[5] However, during the war, developments in the field gained support from Military Medical services who stressed the need to invest in the aftercare available to ex-servicemen after hospital discharge leading to national recognition for the construction of orthopaedic teams consisting of medical professionals and volunteers. Notably for this study, Liverpool's orthopaedic surgeon Robert Jones, Director of Military Orthopaedics in Britain, directed and supervised the application

[4] Ibid, p.51
[5] Roger Cooter, *Surgery and Society in Peace and War: Organisation of Medicine, 1880-1948 pp.46-50*; Joanna Bourke, *An Intimate History of Killing, p.*108.

of orthopaedic and rehabilitative facilities across Britain during the First World War. Jones's involvement in the care of disabled ex-servicemen between 1914 and 1918 illustrates the contributions to Manchester's reputation as a pioneering medical institution and popular use of voluntary hospitals as civic philanthropy. This helped to gather political and financial support and provide an opportunity to engage in local social concerns on the treatments of the returning disabled ex-servicemen.

Robert Jones (1857-1933) was a distinguished orthopaedic surgeon whose reputation and experience in treating fractures and supporting those with permanent disabilities assisted him in securing influence and the necessary resources to plan his vision of an orthopaedic practice to treating disabled men during the First World War.[6] Jones's medical career began at an early age under the practice of his uncle, Hugh Owen Thomas, considered the father of orthopaedics.[7] While not credited as a trained surgeon, Thomas's medical splints assisted with the healing of bone fractures, notably the Thomas Splint, which contributed significantly to orthopaedic treatments, especially during the First World War. Introduced to the front by Robert Jones in 1916, the Thomas Splint was initially designed to quickly stabilise the femur bone and reduce the loss of excessive blood and handling of the wound, which allowed the patient to arrive at the Casualty Clearing Station in a healthier condition with a reduced level of shock and risk of infection. The use of the Thomas splint during the First World War considerably lowered mortality from femur fractures from 80 per cent to 20 per

[6] Stella V. F. Butler 'Academic Medicine in Manchester: the careers of Geoffrey Jefferson, Harry Platt and John Stopford 1914-39', *Bulletin of John Rylands Library,* 87:1, (2005), p 7.
[7] B. Di Matteo, V. Tarabella, G, Filardo, 'Sir Robert Jones: orthopaedic surgeon and war hero', *International Orthopaedics,* 39 **39 (**2015), pp. 1021–1025.

cent.[8] Jones gained much inspiration from his uncle's expertise and continued implementing and modifying orthopaedic splints as post-war routine clinical treatments. This experience and distinctive practice under Thomas proved invaluable during Jones's appointment as Surgeon Superintendent to the construction of the Manchester Ship Canal in 1886, where he formed one of the world's first accident casualty services.

The construction of the Manchester Ship Canal between 1889- 1895 enabled vessels of up to 18,000 tons to sail to Manchester from the Mersey estuary through Runcorn and Warrington, bypassing the port of Liverpool.[9] Over sixteen thousand navigators 'navvies' were employed at the heights of its construction, laying over seventy million bricks.[10] A navvy's occupation was considered amongst the most hazardous of manual jobs due to the continuous risk of severe injury and accidental death; however, the medical care available to them remained inadequate and the responsibility of voluntary and workhouse infirmaries. Consequently, as Surgeon Superintendent to the Ship Canal's construction, Robert Jones used his previous medical experiences treating the labourers of the Liverpool docks to provide the navvies with an accident and emergency service hospitals with dressing stations alongside the thirty-five miles of canal. The locations and preparations of the three hospitals included: Eastham, near Birkenhead, Latchford, Warrington and Barton, near Manchester, all to be built of wood and comprised a well-ventilated general ward and separate facilities for women and children.[11] Each

[8] Robert Jones, *Notes on Military Orthopaedics* (London: Cassell), 1917 p.60.
[9] Manchester Ship Canal, *University of Manchester Library* GB 133 PWR/4/1.
[10] Frederick Watson, *The Life of Sir Robert Jones* (London: W. Wood & Company, 1934), pp. 98-103.
[11] Manchester Ship Canal, GB 133 PWR/4/1.

facility offered independent medical service to the voluntary hospitals of Manchester and Liverpool, for whom memories of earlier railway construction traumas remained.[12] *The Provincial Medical and Surgical Journal* (1893) published examples of navvy injuries of severe burns from blasting accidents, crushed and severed limbs from falling machinery, and accidental death by vehicles and slurries. In addition, many injuries were the consequence of drunkards and genuine accidents.[13]

During the six-year construction of the canal, Jones treated over 3,000 fracture cases and operated on over 300 of the most severe injuries, including amputations and artificial limbs fittings. During this time, he formed an understanding and admiration for the hardworking but socially and medically disadvantaged navvies who taught him the importance of applying a quick and effective medical service through good communication to ensure the functional efficiency of the workforce.[14] Jones's work embodied the nature of Lancashire's philanthropic culture and liberal approach to adapting medical care and public health to the requirements of its citizens. By supervising the unpredictability of daily working activities and primitive conditions of the navvies, Jones would coalesce his pre-war experiences and willingness to apply experimental treatments to form a similar care system for disabled ex-servicemen during the First World War. Jones's interest and experience in orthopaedic practice progressed productively before the outbreak of war in 1914, and he continued to influence the modernisation of the field through posts held as honorary surgeon to the Royal

[12] Frederick Watson, *The Life of Sir Robert Jones*, pp.98-99.
[13] *Provincial Medical and Surgical Journal* 1893, pp.1-10,
[14] Ibid.

Southern Hospital and his private clinic both in Liverpool. However, it was during the twentieth century that Jones's expertise in observation and providing the disabled with an effective service through surgery and therapy that relieved pain and provided comfort. Much of this experience was developed during his time as Honorary Surgeon at the Baschurch Convalescent Home for children, the first fully open-air hospital.[15] Here, Jones worked with the hospital founders and trained nurses Agnes Hunt and Emily Goodford, with monthly visits to the Home's 'crippled' children providing a medical examination of the children's disabilities and congenital deformities.[16]

At the Baschurch Home, Jones mastered the advantages of applying therapies to permanent disabilities at the earliest possibility through gentle but effective treatments that often included the use of plasters, frames, and splints in an observed and continued care plan.[17] Jones's work at Baschurch advanced his understanding of orthopaedics and treatments offered in the private and voluntary homes, which together with Agnes Hunt, inspired the transformation of Baschurch into the first country orthopaedic hospital. Much of Jones's time spent working with disabled children and navvies before the war influenced his foresight to change the clinical and moral approach to orthopaedic and long-term aftercare that would reinforce the reconstruction scheme available to the disabled ex-servicemen of the First World, which contributed considerably to modern-day orthopaedics.[18] His willingness to include experimental and controversial medicine, including 'open-air'

[15] A.J. Carter, 'Heroic Medicine', *The British Medical Journal*, 303 (Dec. 1991), pp.21-28.
[16] G. R. Girdlestone, 'The Robert Jones Tradition'*, The Journal of Bone and Joint Surgery,* June 1947, pp.1-9.
[17] Ibid p.8.
[18] A. J. Carter, 'Heroic Medicine', p.21.

treatments in half-open huts, provides an additional example of Jones's ambition to improve the quality of treatment and after-care for patients with orthopaedic injuries. Like other new medical provisions, the huts faced opposition, described by Hunt in her memoirs, as inciting a 'medical opinion that was doubtful of the cold, so consent was given rather anxiously'.[19] Despite opposition to open-air treatments, Jones considered the effects of fresh air and sunshine to act antiseptically upon the body, reducing infection and mortality. Jones's time and influence at the Home are reflected in the advancements of its medical facilities and innovative technology, especially its recognition as the first British medical institution to introduce the use of X-ray imagery for diagnostic purposes.[20]

Jones joined the RAMC (TF) at the outbreak of war as captain of the 1st Western General Hospital, Liverpool and was promoted swiftly to the rank of Major. He spent time as a volunteer at the front and at home, observing what he considered inadequacies in medical care, particularly the treatment of fracture and surgical aftercare of disabled men. He summarised his experiences in a short guide entitled *Notes of Military Orthopaedics* containing illustrative figures on suitable treatments for fractures and deformities, nerve suturing and transplant, and bone grafts.[21] Jones chose to publish his work to articulate his recommendations for the utilisations of orthopaedic practice to treat war injuries. His contributions were immediately copied and disseminated amongst the theatres of war and the allied armies. This support in confidence led Jones to press Alfred Keogh, Director General

[19] Agnes Hunt, *this is My Life,* (London: Blackie & Sons Ltd, 1934), pp. 75-80.
[20] Ibid, pp.75-77.
[21] Robert Jones, *Notes of Military Orthopaedics*, pp.69-72.

of the Army Medical Services, on the extraordinary benefits of advancing the care and rehabilitative treatments offered to the war-disabled.

Despite the vital role played by Keogh in the implementation of the Liberal reforms and preparation of the territorial hospitals and military medical resources before the outbreak of the First World War, the British Government continued to show little interest in the post-surgical treatments of disabled soldiers and assigned all aftercare to the sponsorship of voluntary organisations after medical discharge.[22] Encouraged by his wealth of experience and leading medical knowledge Jones outlined the inadequacies of the Government's current policy, suggesting 'a cohesion between departments of treatments, such as massage, physical therapies, which together make success in orthopaedic surgery.[23] While the orthopaedic care of contemporary medicine follows a comparable system to Jones's proposal, he was ahead of the time in his recommendations, particularly the need to administer a collaborative national hospital to treat the ailments of the war disabled. Nonetheless, his foresight generated significant changes in the acknowledgement of orthopaedic practice by the government and shaped the foundations of future medical care available.

In Lancashire, this began with permission from Alfred Keogh to establish a specialist unit at Alder Hey Hospital, Liverpool, for reconstructive surgery.[24] Here, he applied his earlier experiences of treating the disabled through the principle of continuity and coordination of care through surgery and implementing a plan including physiotherapy, fresh air, and purposeful activity. Keogh's support for

[22]Reznick, *Healing the Nation,* pp.120-121.
[23] Quoted in Watson, *Robert Jones,* pp. 164-165.
[24] Reznick, *Healing the Nation,* pp. 120-123.

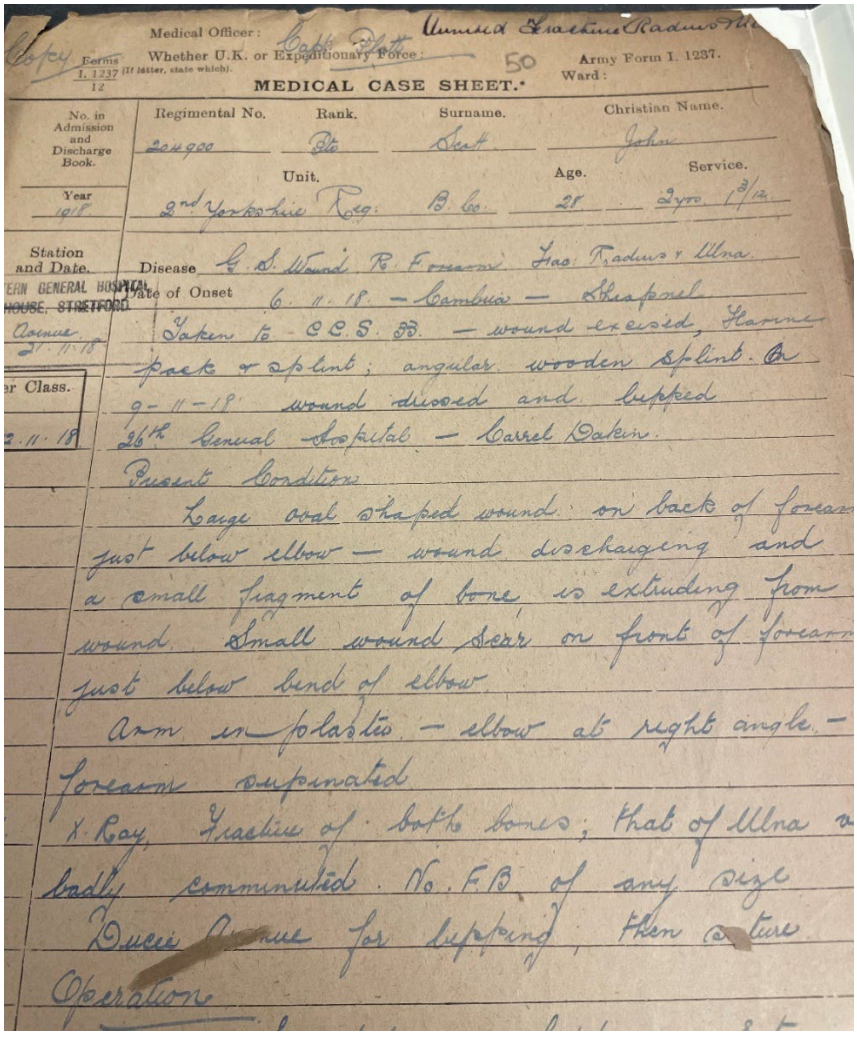
Jones's vision and acknowledging the necessity of enforcing provisions for the long-term orthopaedic treatment of the war-disabled demonstrates a critical transformation in state involvement of public welfare and advanced Lancashire's philanthropic reputation and position as a pioneer of medical developments.[25]

The success of Jones's unit at Alder Hey Hospital led to his appointment as Director of Military Orthopaedic Services in 1916, where he used his position to advocate the advantages of opening comparable centres across the country to deal with the influx of orthopaedic injuries. Recognised by Jones as a leading medical location Manchester was one of the first regions to adopt a similar unit to Alder Hay with the addition of an orthopaedic unit at the 2nd Western's Ducie Avenue building, Moss Side with surgeon and Captain of the RAMC (TF), Harry Platt as the surgeon in charge. [26] Like Jones, Platt was an acclaimed orthopaedic surgeon gaining his medical training and capabilities at the Royal National Orthopaedic Hospital, London, and Ancoats Hospital in Manchester. During his position as surgeon to Ancoats Hospital, Platt pioneered Britain's first specialist fracture clinic, another vital medical contribution used to treat and rehabilitate permanently disabled soldiers. [27]

Platt's career as a leading surgeon is documented through an invaluable collection of papers examining the clinical experiments of orthopaedic injuries and investigations of the history of orthopaedic practice in Lancashire during the First World War. [28] While many of the records within the papers remain closed, sources

[25] Butler, 'Academic Medicine in Manchester' p. 139.
[26] Patricia Gray, 'Grangethorpe Hospital Rusholme 1917-1929', *Transactions of the Lancashire and Cheshire Antiquarian Society*, 78, 1975, pp 52—55.
[27] 'Records of Orthopaedic Practice' *Papers of Sir Harry Platt 1904-1986*, The University of Manchester Library, GB 133 PLA/1
[28] Ibid.

outlining the formation of orthopaedics at the Ducie Avenue and subsequent Grangethorpe House are accessible, providing an insight into the injuries of ex-servicemen returning to Manchester between 1914-1918 and the formation of an alliance between the region's leading orthopaedic surgeons and neurologists and voluntary organisation to administer an innovative scheme of care to support the reconstruction of the war-disabled men .



Medical Officer:

Whether U.K. or Expeditionary Force. (If latter, state which).

Army Form I. 1237.

Ward:

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.		Age.	Service.

Station and Date.

Disease

Date of Onset

Class.

Figure 7: Medical Case Sheet of a patient to Grangethorpe Hospital in 1918, outlining symptoms and plan of treatment Source: Records of Orthopaedic Practice' *Papers of Sir Harry Platt 1904-1986*, The University of Manchester Library,

Over 200,000 wounded soldiers arrived in Manchester during the First World War, often after receiving unsuccessful care at other military hospitals. The Medical Case Sheets of the *Papers of Harry Platt* demonstrate how the rudimentary methods of treating orthopaedics, predominantly fractures resulted in disproportionate numbers of men discharged from hospital with permanent disabilities and no aftercare plan. Although evidence would suggest that as orthopaedic treatments advanced, particularly within Manchester, servicemen were transferred to one of the six wards at the town's Ducie Avenue unit. However, this increased Manchester's casualties further, and orthopaedic care at Ducie Avenue was no longer sustainable, leading to the transfer of the unit to a larger mansion house: Grangethorpe in Rusholme, Manchester, bought by the East Lancashire Branch of the British Red Cross in 1916.[29]

As the surgeon in charge of Manchester's orthopaedics, Platt oversaw the conversion of Grangethorpe House, initially intended for use as a convalescent home and ensured it followed the recommendations outlined in Robert Jones's scheme. A report of Grangethorpe House written by Platt in 1917 provides an in-depth description of the renovations, including an x-ray department, surgical theatres, a gymnasium, and treatment rooms fitted with electrical therapy appliances and wax baths to aid rehabilitation.[30] Also noted in Platt's article was

[29] Pickstone, *Medicine and Industrial Society* p.207.
[30] 'Grangethorpe Hospital 1917-1926', *Papers of Sir Harry Platt,* University of Manchester Library, GB 133 PLA/1/2.

the significance of including curative workshops to 'build a bridge between military and civilian life; to restore men and help make them useful citizens again.'[31]

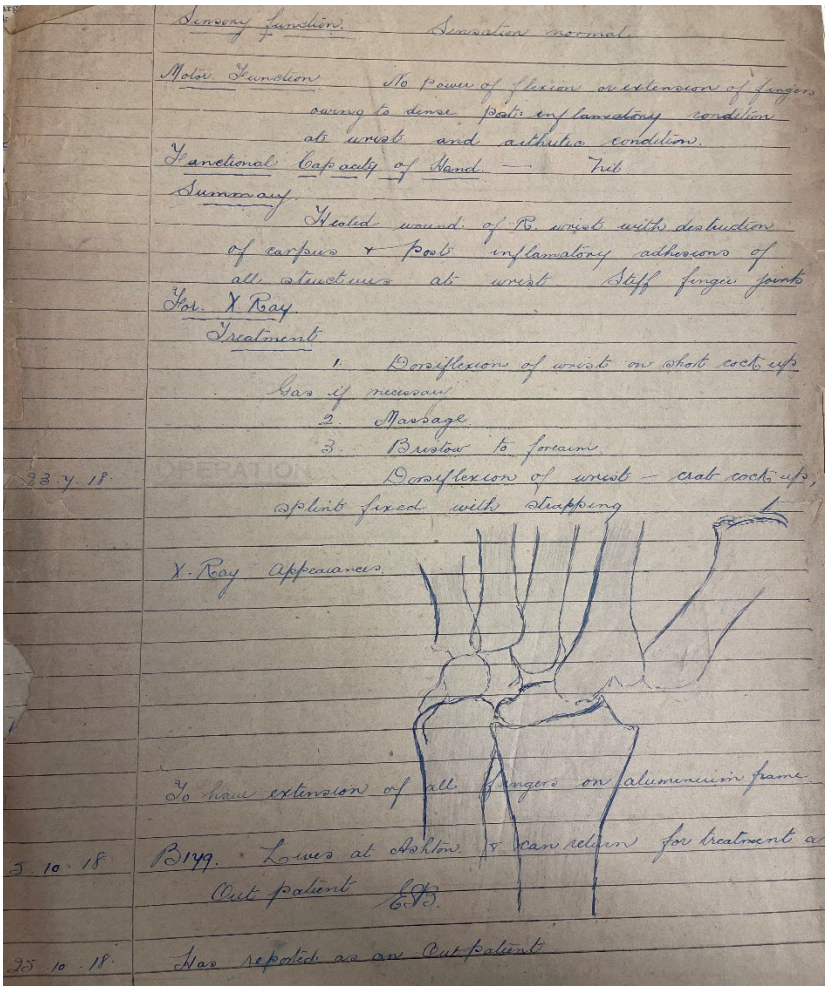


Figure 8: Example of an X-Ray appearance in the summary of a fracture treatment plan Source: Grangethorpe Hospital 1917-1926', *Papers of Sir Harry Platt,* University of Manchester Library.

The surgical work at Grangethorpe was overseen by Platt and John Stopford, an experienced military surgeon and neurologist, to the 2nd Western General hospital. Both men were interested in reconstructive surgery, predominantly

[31] Ibid.

peripheral nerve injuries, which characterised a substantial amount of the operations they performed and would later compile Platt's publication in 1921, *The Surgery of the Peripheral Nerve Injuries of Warfare*.[32] As mentioned, the Medical Case Sheets of Grangethorpe within the *Platt Papers* offer examples of orthopaedic practice within Lancashire during the First World War. The records available, primarily from 1918, evidence the medical journey and lack of aftercare that ex-servicemen experienced before their admission to Grangethorpe, and the prolonged symptoms orthopaedic injuries posed to their overall health. Individual cases describe the many injuries sustained by bullets and shrapnel, damaging limbs and the sciatic or ulnar nerve. Often diagnosed through symptoms of numb fingers and pain of the elbow, shoulder or wrist, most nerve injuries were treated with surgery by Stopford through nerve transportation surgery or ligament suturing followed by an aftercare plan of physical therapy, wax baths, and massage therapy.[33]

Another frequent injury noted within the *Platt Papers* was an un-united fracture of the humerus bone sustained by bullets. The demand for surgeons to perform treatments to severe fractures, delicate nerve transportation and supplying artificial limbs at Grangethorpe became overwhelming, mainly as the medical case sheets document previous unsuccessful treatments at other centres that needed correcting. These types of injuries were treated with an X-Ray diagnosis, wound cleaning, surgery if necessary and then long-term rehabilitation,

[32] Harry Platt, 'The Surgery of the Peripheral Nerve Injuries of Warfare'*, British Medical Journal, 1 (34) ,1921, pp.596-600.*
[33] Grangethorpe Hospital 1917-1926', *Papers of Sir Harry Platt,* University of Manchester Library, GB 133 PLA/1/2.

which became a recurrent clinical process in reconstructive treatment during the First World War (see Figure 8). The treatments provided at Grangethorpe validated the advantages of restoring soldiers who would have otherwise died or been forced to live in disability and pain.[34]Additionally, the methods and practices provided at Grangethorpe were comparable to Robert Jones's work at the Shephard's Bush Military Orthopaedic Hospital, and Grangethorpe would become more than just an orthopaedic hospital; it became a leading centre for rehabilitation specialising in limb cases and nerve injuries.

The severity of mutilation upon the male body during the First World War was unprecedented, with few military surgeons prepared for modern warfare's impact on servicemen's bodies, particularly the extreme scale of amputations that would transform orthopaedics into an essential specialism. This mass mutilation also impacted the British civilian as the return of groups of disfigured men were obvious in towns and cities where they were sent for further treatments or convalescence. While daily horrors of war-disability were highlighted in Lancashire between 1914 and 1918 through the disfigured appearance, their distinguished features were not an uncommon sight as civilian disablement had been a frequent factor of the region's industrial working-class life from the eighteenth century. Moreover, the hazards of manual labour had produced reoccurring accidents and injuries as described during the construction of the Manchester Ship Canal in the late nineteenth century, which established a space for an orthopaedic practice in

[34] Pickstone, *Medicine and Industrial Society*, p. 207.

Lancashire. Nevertheless, Robert Jones can be credited with using his earlier medical experiences to advance the care offered to servicemen during the war through his recommendations of prolonged treatments and the creation of special hospitals for reconstructive surgery, first in Lancashire and then nationally. The establishment of these units allowed the region to combine clinical expertise and technologies to provide the disabled ex-servicemen in Lancashire with a systematic scheme of care and rehabilitation focused on a combination of surgical treatments followed by a range of rehabilitative therapies, as the next chapter will examine.

Chapter 4

Medical and Social Restoration at Grangethorpe Hospital

At the outbreak of the First World War, the British Government had devised no care plan to provide for the medical and social restoration of the returning disabled ex-servicemen. The vast numbers of mutilated British men returning home to an unprepared and disregarding State complemented the testified stereotype of the neglected disabled heroes of the Crimean and Boer Wars.[1] As noted in Chapter 2, the medical mistakes of earlier conflicts provided the Government with sufficient experience to plan for future wars using the advancements of surgical practice and medicine within territorial hospitals. However, the State's disregard for the care of disabled ex-servicemen requiring long-term recovery and reconstructive therapy between 1914 and 1918 provided space for the initiatives of voluntary organisations, predominantly those of the British Red Cross Society and generous philanthropists who, unlike the State, welcomed the challenges of war-disability. Consequently, by 1918 almost every prominent centre and facility providing prolonged rehabilitative treatments to disabled ex-servicemen were privately owned, and those providing care for permanently disabled soldiers relied only on public money and charities.

By the start of the First World War, the citizens of Lancashire were well accustomed to the central position of local philanthropists and municipal generosity in facilitating the expansion of its medical institution. Similarly, we have seen how the region's communities regularly relied on charity and public kindness to provide

[1] Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939* (London: University of California Press Ltd, 2001), p.18.

medical treatments to disadvantaged citizens. Therefore, unsurprisingly the State's neglect of the disabled soldier between 1914 and 1918 stirred discontent amongst the region's communities who, consistent in their philanthropic efforts and self-help approach, raised enough money to assist the East Lancashire Branch of the British Red Cross Society's purchase of four local private houses for use in the recovery and rehabilitation of disabled ex-servicemen.[2] Concentrating on one of the four houses purchased, Grangethorpe, this chapter will explore the conversion of the house into a specialist orthopaedic rehabilitation centre and consider the examples of long-term treatment and reconstructive therapies that followed explorative and clinical procedures described in the previous chapter. Furthermore, this chapter will highlight the significant role of centres like Grangethorpe and the commitment of local surgeons, doctors, and medical volunteers to provide restorative treatment that provided disabled men, otherwise forgotten by the State, with the space to heal both medically and socially and assist in their return to society.

The arrival of the first disabled ex-servicemen to Britain in the autumn of 1914 marked the realisation that state provision for the disabled from earlier wars remained little unchanged, and the administration of their long-term treatment would depend on substantial charitable contributions. At the outbreak of the war, earlier organisations established to support the disabled men of the Crimean and Boer Wars, including the Chelsea Commissioner, the War Office, the Royal Patriotic

[2] British Red Cross Society, 1914-1970, 133 MMC/8/30 the University of Manchester Library

Fund Corporation and the Navy's Admiralty Commissioners, were tasked with dividing the care of over 2.4 million volunteers recruited between 1914 and 1916.[3] These groups had provided previous veterans with pensions and, on occasion accommodation, but were unable to sustain the demands of the British public to overhaul the medical or rehabilitative care provisions for disabled ex-servicemen.

Consequently, in 1916 the Ministry of Pensions was assigned the responsibility of retraining programmes and medical treatments for the war-disabled and encouragingly. By mid-1916, over 1,200 Local War Pension Committees had been formed, providing the disabled ex-servicemen with medical treatments, pensions, and primarily rehabilitative retraining schemes, offering various manual skills to assist the disabled ex-servicemen with re-employment. Despite the small number of men who welcomed the opportunity to participate in retraining programmes, State provision for treatment and medical care remained inadequate during and after the war. By 1917, the Secretary to the Ministry of Pensions noted that less than fifteen per cent of disabled men had taken up training, and while well-intended, the success of State involvement in retraining schemes and rehabilitation during the First World War are mostly considered unsuccessful by historians with voluntarists forced to take the lead in retraining the disabled. Deborah Cohen's *The War Come Home* describes the ambition of volunteers' ongoing campaigns to raise unparalleled sums of money to support the disabled and provide the necessary funds to establish private rehabilitative and convalescent homes.[4] Similarly, Jeffrey Reznick suggests that government schemes

[3] Deborah Cohen, *the War Come Home,* p. 20
[4] Ibid.

during the war were unsuccessful, providing only temporary employment with employers preferring to hire able-bodied men. Equally, Reznick reiterates the government insistence that rehabilitation schemes should remain the premise of voluntary organisations and philanthropists.[5]

As we have seen, Lancashire formed a leading medical hub between 1914 and 1918, which expanded quickly to meet the demands of the returning disabled ex-servicemen. General (TF) hospitals like the 2nd Western provided wounded men with clinical treatments from which the soldier was discharged on recovery, leaving large numbers of Lancashire's disabled men without necessary aftercare. These treatments became the responsibility of medical voluntarism, mainly through the administration of the East Lancashire Branch of the British Red Cross Society who in 1916 bought a substantially sized property in Rusholme for use as a home for the permanently war-disabled and registered under the War Charity Act (1916) as the East Lancashire Home for Disabled Sailors and Soldiers.[6] The purchase was one of four local buildings secured to provide specialist rehabilitation and accommodation to the disabled and wounded men within Lancashire during the First World War. Much of the initiative behind the development came from the Manchester R.A.M.C. (T.F.) commanding officer and chairman of the East Lancs Joint Committee of the Order of St. John and British Red Cross Society, Col. William Coates.[7] As a significant figure in organising medical care across the region, and with a specific interest in improving the care and rehabilitation of disabled ex-servicemen, Coates frequently

[5] Reznick, *Healing the Nation* pp. 127-129
[6] Ibid, p.129
[7] Alfred Keogh, 'The Medical Service for The Proposed Territorial Force', *Lancet*, 2 November 1907

visited other military hospitals and Homes throughout Britain to remain apprised of the current care schemes available to support medical and social restoration.[8]

After visiting the Star and Garter Home for permanently disabled and paralysed soldiers and sailors in Richmond, Surrey, in 1916, Coates spoke with patients from the Northwest on their experiences at the home, which was intended to provide care for sixty men but was forced to accommodate over 200. The house was renowned for its extraordinary care and compassion towards disabled servicemen, many of whom were paralysed through either brain or spinal trauma or artillery injuries resulting in total paralysis below the waist.[9] Unlike military hospitals, the Star and Garter was a private home; therefore, it did not provide surgical treatments focussing instead on retraining programmes and accommodation for those whose disabilities impeded the process of reintegration. In addition, with no systematic scheme of rehabilitation or provisions for permanently disabled servicemen outlined by the State in Britain before 1918, the establishment of the Star and Garter and its continued success relied on public charity, subscriptions, and ambitious philanthropic efforts.[10] While impressed by the work of the Star and Garter, Coates recognised that accommodation and long-term rehabilitation schemes for the disabled men were inadequate. Coates gathered local support for specialised accommodation and rehabilitative centres to benefit the returning disabled ex-servicemen within East Lancashire by enlisting on the sympathies of Manchester's philanthropic culture and pioneering medicine.

[8] Anderson, *Soul of a Nation*, p.43.
[9] Ibid, p.44
[10] Deborah Cohen, *The War Come Home* p.17

During a conference of East Lancashire's mayors and chairmen at the Manchester Town Hall on 4 December 1916, Coates outlined his scheme to provide care for the 'helpless men'.[11] Referring to the work of the British Red Cross at the Star and Garter Home, he proclaimed that permanently disabled soldiers and those partially disabled were not sufficiently differentiated, and the accommodation provided for the former was inadequate across the country. Also, Coates deemed the construction of a home or homes in East Lancashire necessary and looked to the East Lancs branch of the BRCS to enlist the support of influential Manchester Men who formed a committee, the East Lancashire Homes for Disabled Soldiers and Sailors. The *Manchester Guardian* printed the committee's proposal in December 1916, describing their intentions as 'not looking to provide homes in the nature of convalescent but, to look after helpless men, to be waited on hand and foot, with the most careful nursing to make them comfortable'.[12]

Coates also considered the visitation of friends and relatives to homes and hospitals an essential part of regaining independence after disablement required to facilitate reintegration; therefore, the construction of local facilities was of great significance and relied on the support and goodwill of public charity. Additionally, as previous chapters have shown, Manchester's reputation as a philanthropic society underpinned the decisions of its communities, who throughout history maintained a network of relief and support to the region's most disadvantaged. Manchester was also a central disembarking point for returning soldiers during the First World War, and the obvious mutilation to the bodies of men and disregard for

[11] Anon, 'Home for Disabled Soldiers', *Manchester Guardian*, 6 December 1916.
[12] Ibid.

their welfare by the state enlisted the sympathies of Manchester's philanthropic culture. This reinforced their humanitarian approach and commitment to constructing a systematic care system and support the challenges of war neglected by the state. As a result, over £100,000 towards the cost was raised by the citizens of Lancashire, enabling the East Lancs BRCS to purchase Grangethorpe Hospital, Broughton House Salford (still in existence), Wyborne Gate Southport, and a private house in Blackburn to support the rehabilitation and recovery of ex-servicemen.[13]

Figure 9: Grangethorpe Mansion House showing part of the gardens: Source by Manchester High School for Girls PUH 19120 BO2.

[13] Patricia Gray, 'Grangethorpe Hospital Rusholme 1917-1929', *Transactions of the Lancashire and Cheshire Antiquarian Society*, 78 (1975), p.54.

In 1917 due to an acute shortage of orthopaedic beds within Lancashire, the War Office prevailed upon William Coates and the East Lancs BRCS to use Grangethorpe to establish Manchester's first orthopaedic hospital.[14] Despite Coates's initial proposal to transform the house into accommodation for permanently disabled soldiers, the British Red Cross handed Grangethorpe to the War Office for use as a military specialist orthopaedic centre, free of charge, supplying nursing staff the necessary equipment towards the general management of the hospital. Set in eleven acres on the southern edge of Platt Fields, the Grangethorpe mansion house presented an ideal solution to the shortage of orthopaedic facilities in the region.

Typescripts noted in Grangethorpe' s minute books by leading surgeon Harry Platt outline plans for the conversion of the mansion house into the main hospital building. It would include six additional new wards (each with forty beds), a gymnasium and a theatre block, all connected by a covered walkway (see Figure 10).[15] While Grangethorpe operated as a military orthopaedic hospital with the War Office undertaking complete control of the wards and surgical procedures, it granted the East Lancs BRCS use of a section of building to create 'curative workshops' for the discharged disabled ex-servicemen in East Lancashire requiring urgent rehabilitation.[16]

14 Anon, 'For Disabled Soldiers and Sailors', *Manchester Guardian*, 22 September 1917.
[15] Papers of Sir Harry Platt- Grangethorpe Hospital GB 133 PLA/1/2 *University of Manchester Library*
[16] Anon, 'Orthopaedic Surgery: New Manchester Hospital', *Manchester Guardian,* 16 October 1916.

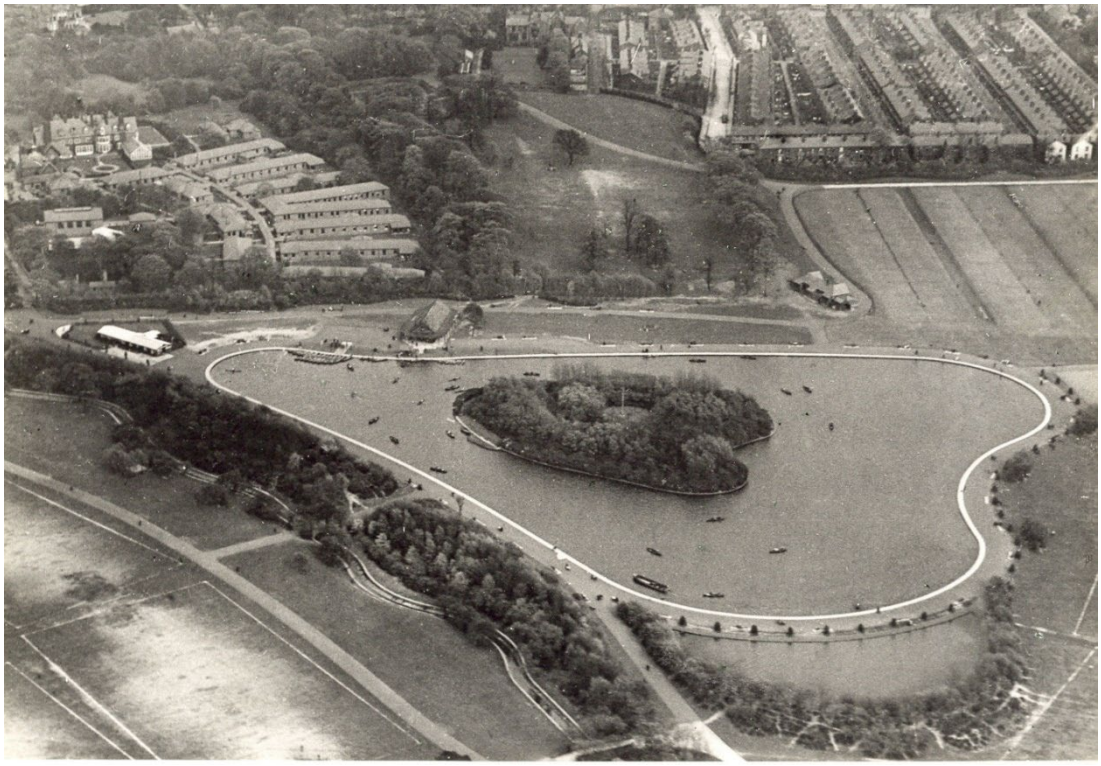


Figure 10: Aerial photograph of Grangethorpe 1925. Showing mansion house, wards and accommodation to the top left Source: Manchester High School for Girls Digital Archives.

As a leading orthopaedic rehabilitative centre, Grangethorpe welcomed men from across Britain and therefore contained innovative facilities and programmes following the guidance of Robert Jones and his scheme of prolonged and adaptable treatments to assist in rehabilitation. Examples of the facilities offered at Grangethorpe during the First World War are noted by a former member of the physiotherapy department who recalled diathermy, physiotherapy, sports, and manual retraining workshops alongside occupational therapy and handicrafts.[17] Also, like other orthopaedic centres, Grangethorpe provided printing presses and

[17] Patricia Gray, *Grangethorpe Hospital* pp.55-59.

boot making and repairing workshops to retrain the disabled men in curative and vocational skills vital for their return to civilian life and those men unable to return to previous employment.

Anna Carden Coyne described the unprecedented scale of the programmes needed for rehabilitation during the war period, with the premise of restoration underpinned by its pre-war history of work therapies and political ideology driven by usefulness and utilising occupational therapies to retrain men back to a functional semi-skilled status.[18] Indeed, the gendered approach to reconstruction was inadequate, focusing on returning fit soldiers to the front or military discharge to the care of voluntary organisations such as the British Red Cross, whose medical volunteers provided much of the retraining to prepare the disabled ex-servicemen for civilian life.[19] However, the contribution of work therapies and manual retraining served as an essential form of healing, particularly in orthopaedic centres like Grangethorpe, where physical disabilities often overshadowed pride and masculine identities and were used in other comparable centres such as the Military Orthopaedic Hospital, Shephard's Bush who drew extensively from work with crippled children.[20] Grangethorpe' s incorporation of manual workshops as part of the rehabilitate scheme allowed the disabled ex-servicemen to exercise masculine traits and military discipline to overcome physical pain and give back to society whilst empowering them to escape the demands of soldiering and express their creativity.[21] Drawing comparisons to the earlier workshops mentioned at the

[18] Anna Carden Coyne, *Butterfly Touch* pp2-3
[19] Reznick p.120
[20] Ibid 119.
[21] Anna Carden Coyne, *Butterfly Touch*, p177.

Henshaw's Blind Society, where patients sold their handicrafts and furniture to Lancashire's residents, work therapy shaped the public image of the disabled soldier with military hospitals and Red Cross facilities eager to show that men were not idle during recovery.[22]

During the First World War, the idea of medical aftercare evolved further and developed the foundations of modern-day occupational therapy. As noted in chapter three, the recommendations of orthopaedic surgeons such as Robert Jones highlighted the benefits of prolonged aftercare in the social and medical rehabilitation of the disabled. This idea was later manifested into the popular choice of manual retraining schemes for disabled ex-servicemen between 1914-1918. These work-related therapies encouraged the disabled servicemen to re-engage with society and were offered collectively with physical therapies as part of the soldiers' rehabilitative plan. The supervision of care at Grangethorpe was overseen by several of Lancashire's leading medical men and characterized the region's use of experimental treatments and forward-thinking therapies and the continuation of upholding its reputation as a society of medical pioneers. One example of this was Grangethorpe' s incorporation of rest and recuperation therapy into patient's reconstruction plans, a significant medical development underpinned by the injuries of the First World War and widely used by doctors treating disabled servicemen requiring intense rehabilitation or prolonged periods of convalescence. Its use highlights the early signs of connecting war trauma and its effects on the serviceman's mental health. In addition, Grangethorpe provided a haven for disabled men to heal both medically and socially through a scheme of medical

[22] Ibid, p. 187.

volunteers and societies dedicated primarily to orthopaedic rehabilitation whilst contributing to the psychological support needed to reconstruct masculinity and the necessary independence to contribute to society.

Examples of the range of rehabilitation therapies used by the doctors and medical volunteers of Grangethorpe are mentioned in the hospital's Medical Services Records. These included weekly activities led by doctors in the gymnasium, equipped with rowing and cycle machines that promoted physical and mental strength, followed by time spent in the wax baths to improve blood circulation and reduce pain in injured joints and limb amputations.[23] As we have seen, from the founding of the Manchester Royal Infirmary and the beginning of the region's health system in 1752, Lancashire maintained its position as a leading medical institution through a probing network of prominent surgeons and doctors incorporating innovative and experimental treatments into effective remedies. This approach benefitted Grangethorpe' s rehabilitation unit considerably as its doctors' expertise and commitment to medical science, notably those interested in physiotherapy, promoted the inclusion of ground-breaking medical equipment, including the use of the first Diathermy machine in England. With similar features to the wax baths, this surgical technique used a high-frequency electrical current to stimulate circulation and relieve pain by eliminating unhealthy tissue and alleviating joint stiffness, pain and muscle spasms, all frequent complaints of mutilated men.[24]

[23] Medical Services, *University of Manchester Library*, GB 133 MMC/9/49/2
[24] Patricia Gray, *Grangethorpe Hospital,* p.55.

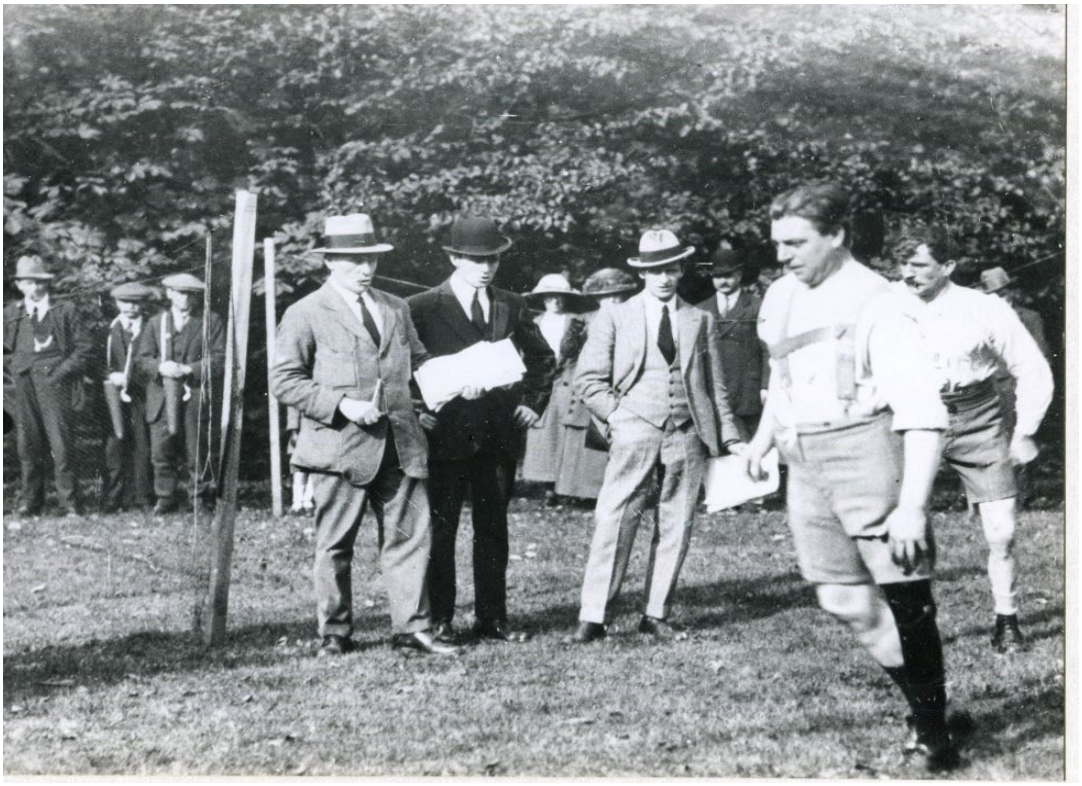


Figure 11: Sports Day held for the limbless soldiers at Grangethorpe at Platt Field Park. It has no actual date but is believed to be c 1918-1922: Source Given by Manchester School, Ph 1918 O3 and O4

Photographs and personal testimonies presented by ex-patients and physiotherapy staff at Grangethorpe reinforce Lancashire's philanthropic reputation and advanced medical institution through the centre's insightful inclusion of sports therapies to enhance physical rehabilitation led by a 20 staff physiotherapy department.[25] Throughout the First World War, the benefits of sports therapies gained national recognition, as doctors considered the outcomes similar to those achieved through other methods of physical treatments while also encouraging

[25] Grangethorpe Hospital Photographs, Platt papers University of Manchester Library GB 133 PLA/1/21917-1926 and papers of Sir Harry Platt, Grangethorpe hospital patient case sheets GB 133 PLA/1/2/2.

psychological healing.[26] The implementation of athletics and competitive sports days, predominantly football, to stimulate physical and psychological recovery and advance healing was first promoted by renowned rehabilitative centres such as St. Dunstan's and the Star and Garter.[27] While obtaining less awareness than other prominent rehabilitation centres, the sports and athletic therapies available at Grangethorpe were comparable to some of the leading rehabilitation centres in Britain. Crucially, sport was a routine part of military life, supporting the soldiers' fitness and mental health during service and injury. The structure and familiarity of its use during rehabilitation supplied disabled men with a space to begin restoring their masculinity away from the demands of military service and the anxieties of public life.[28] In addition, engagement in sport and athletics for servicemen readjusting to life with an amputation strengthened the proficiency of prosthesis during activities once considered routine, allowing a sense of normality and psychological release from the emasculation of disability. Also, as a team game, football embodied the spirit of comradeship and the male bonding experience of military service when men were forced to embrace group camaraderie to survive the horrors of warfare.[29] During rehabilitation, disabled ex-servicemen explored new ways to reaffirm the spirit of comradeship and the sense of pride and mutual loyalty shared between pals as they continued to shape their lives as disabled civilians.

[26] Patricia Gray, p.58.
[27] Julie Anderson, *Healing the Nation,* pp.40-43.
[28] Anna Carden Coyne, 'Masculinity and the Wounds of the First World War: A Centenary Reflection', *French Journal of British Studies*, 15 Jan 2015, pp. 1-7.
[29] Ibid.

As noted in the first chapter, the citizens of Lancashire had shown interest in disability and provided philanthropic support towards the upkeep and equipment of private institutions. While Grangethorpe was under the command of the War Office, its rehabilitation unit relied on charitable contributions from the public and medical volunteers to sustain its prominent position. Recognising the vital role of public generosity alongside a growing curiosity in artificial limbs and disability, Grangethorpe invited spectators to the hospital's disabled ex-servicemen's charity sports days. While these events provided crucial physical fitness and social interaction for disabled patients alongside the opportunity to raise money towards their rehabilitation at Grangethorpe, most events relied on the organisation of volunteers and donations of sporting equipment by philanthropists.

One example of the efforts of Grangethorpe' s war-disabled men was to raise funds and give back to society can be seen in the photograph below (Figure 12). While no evidence of its formation exists, the photograph illustrates the endeavours of the disabled ex-servicemen of the hospital's team 'Grangethorpe Wanderers 1914-1918', suggesting patients participated in charitable football games to raise money for Cancer Research. While the obvious advantages and effectiveness of including sport and games therapies to physical and social rehabilitation were unquestionable, the provisions for their inclusion remained the responsibility of voluntary organisations and philanthropists, proving that little had changed within Lancashire's public health and welfare during the First World War. Despite the advancements in medicine, ultimately, the responsibility of the disadvantaged and provisions of medical care in the absence of state welfare remained the duty of the region's humanitarianism and philanthropic culture.

Figure 12: Grangethorpe Wanderer's hospital team- 1914-1928 Source: with permission by Rusholmearchive.org

A final example of the rehabilitative programmes offered at Grangethorpe considers social reconstruction and expands on the regions' experimental medical heritage and incorporation of recreational therapies between 1914 and 1918. The restorative benefits of outdoor space and fresh air had been trialled on 'mental' patients of Manchester's Asylum during the nineteenth century with a positive medical response. Patients were noted as exhibiting attributes of calmness and concentration after periods spent outdoors, and the benefits of recreational therapy influenced the decisions of medical men and voluntary organisations of the First World War who deemed the geographical location of any potential rehabilitative centres a priority. This medical opinion prompted the purchase of

Grangethorpe House by the East Lancashire BRCS in 1916, described by William Coates in the Minutes of the society as a 'Quiet and idyllic location with surrounding gardens to furnish patients with a place of convalescence'. The house would later provide the site for manual retraining workshops outlined by Robert Jones, who advocated for psychological healing achieved by combining physical rehabilitation with respite from the outdoors. [30]

Historians have widely associated restoration in recreational space with the more severely disabled soldiers. Julie Anderson, Peter Leese, Fiona Reid, and Tracey Loughran equally focus on the benefits of the outdoors during rehabilitation schemes for those servicemen suffering from war neurosis and blindness due to sensory stimulation's therapeutical features.[31] Also, contemporary examples frequently feature photographs or films of blind-ex-servicemen partaking in basket weaving and horticulture like those practised at Henshaw's Blind Institution. However, the history of orthopaedic rehabilitation often overlooks the inclusion of social restoration, focusing instead on rigorous physical treatments and prosthetic limbs. Many therapies, including handicrafts, needlework, and gardening,

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[30] William Coates, *East Lancashire Branch British Red Cross Society: An illustrated account of the work of the branch during the first year of the war*, (Place of publication: Sherratt and Hughes, 1916).
[31] For overview of history on rehabilitation for the blind and shell shocked Soldiers and Sailors see: Julie Anderson, *War Disability and Rehabilitation in Britain* (Manchester: Manchester University Press, 2011); Tracey Loughran, *Shell-Shock and Medical Culture in First World War Britain*, (Cambridge: Cambridge Uni Press, 2017); Fiona Reid, *Broken Men: Shell Shock, Treatment And Recovery In Britain 1914-30: Shell Shock, Treatment and Recovery in Britain 1914-1930*,(London: Bloomsbury Academic, 2011); Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (Hampshire: Palgrave Macmillan 2002).,

benefitted those with physical impairment and nerve damage, offering lighter exercise and aftercare, particularly for those recovering from delicate nerve operations, This rehabilitative approach highlights cases of the growing understanding and developments in medicine and rehabilitation within Lancashire (and nationally) during the war period to meet the demands of modern warfare both physically and mentally. Furthermore, while these advancements in medical science demonstrated the success of alternative approaches to recovery the responsibility of rehabilitation and the administration and trial of reconstructive therapies during the war relied on the efforts of medical voluntarists and charitable donations.

Through an analysis of orthopaedic rehabilitation in Lancashire during the First World War, this chapter has demonstrated how the British state established no systematic medical care scheme, particularly amongst the permanently disabled ex-servicemen. Despite appearing to intervene in reconstructive measures, the duties of state responsibility progressed fundamentally through volunteers, as the obligations of care for disabled men became the responsibility of medical voluntarism and local philanthropists. Lancashire's high proportion of returning disabled ex-servicemen suffering orthopaedic injuries reinforced the region's philanthropic culture and incentive to provide care for the disadvantaged. As an area accustomed to relying on charitable contributions, the collective response and support showed to the East Lancashire Branch of the British Red Cross Society's purchase, and renovation of Grangethorpe House in 1916 demonstrated the strength of the public's continuous liberal approach to support those disregarded

by the state. Also, the pioneering medical technologies and social rehabilitation supplied at Grangethorpe administered through the dedicated role of medical volunteers embodied the region's philanthropic reputation and concentrated on preparing disabled ex-servicemen, both physically and psychologically, with the skills to reintegrate and contribute to society. Therefore, the role and response of Lancashire's medical volunteers between 1914 and 1918 underpinned the organisation of orthopaedic rehabilitative care vital to the recovery of disabled ex-servicemen as, without it, large numbers of men would have been denied long-term treatments. The contributions of volunteers were distributed through a range of responsibilities and initiatives across Lancashire between 1914 and 1918, offering the public opportunities to support the war effort and disabled ex-servicemen.

Chapter 5

The Future of the Disabled-ex Serviceman in Lancashire

Over one million British ex-servicemen returned home from the First World War with permanent disabilities, and during the first year of conflict, one out of every one hundred men admitted to the hospital lost a limb. The enormity of the returning war disabled and the problem of how to care for them highlighted Britain's pre-war inadequacies of social welfare and care of the disabled. As we have seen, the Boer War (1899-1902) exposed the health concerns of the working classes and fear of national degeneration, which facilitated fundamental changes in social welfare and the public attitude towards disability. However, this did not include medical care available to the disabled; therefore, Britain remained without any state-led systematic care scheme for the disabled ex-servicemen during the First World War leaving philanthropists and voluntarists of large towns and counties to construct voluntary care systems. The care of these disabled men involved more than just medical volunteers and resources as a growing number of discharged war-disabled looking for employment required more than the support of pre-war voluntary organisations to assist in their return to civilian life and employment. As a town accustomed to relying on its philanthropic culture and renowned for its social reform movements led by medical men and influential local philanthropists, Manchester led the campaign that would provide a national employment scheme that formed the first piece of legislation for the unemployed, disabled ex-servicemen.

Medical volunteers and philanthropists assumed the responsibility of rehabilitation and the long-term care available to the returning disabled ex-servicemen of Lancashire during the First World War as the only choice of medical and social reconstruction in the absence of state assistance. As we have seen, part of the voluntary long-term care plan offered to the war-disabled involved work therapies and manual workshops to provide employable skills that they hoped would support their return to work. However, large numbers of disabled men nationally and within Lancashire found themselves unemployed and at a disadvantage to find work due to their war injuries. Therefore, this final chapter considers how Lancashire's renowned philanthropic culture and liberal approach towards social reform and caring for the disadvantaged members of its community underpinned Henry Lesser Rothband's innovative proposal for the King's National Roll Scheme as part of his vision to retrain and reintegrate all disabled ex-servicemen back into society. It also considers the impact of Rothband's scheme on establishing similar charities of the present day.

Retraining Schemes

The arrival of returning disabled ex-servicemen to England and Wales increased rapidly after the outbreak of war, and by February 1915, an average of 360 disabled men were returning home each month.[1] As outlined in chapter three, Lancashire, in particular, experienced unprecedented numbers of orthopaedic

[1] Meaghan Kowalsky, 'This Honourable Obligation': The King's National Roll Scheme for Disabled Ex-Servicemen 1915–1944', *European Review of History,* 14:4 (2007), pp.567-572.

injuries requiring long-term treatment and rehabilitation. Furthermore, in 1915, Manchester experienced the highest number of returning disabled ex-servicemen outside of London.[2] However, while the region provided some of the country's leading orthopaedic medicine and rehabilitation schemes to restore men to optimum health, once discharged from medical care, a substantial number of permanently disabled ex-servicemen struggled to reintegrate and find work. By the Spring of 1915, over 9000 men had passed through the town receiving medical and rehabilitative treatments and the daily appearance of groups of unemployed, disabled ex-servicemen on crutches with pinned trousers and jackets covering missing limbs became an increasingly common presence. With no compulsory national employment scheme available during the war, Lancashire's charities, societies, and philanthropists assumed responsibility for their care.

Underpinned by the evolution of the region's enlightened approach to welfare during the eighteenth and nineteenth centuries, Lancashire's voluntarists and philanthropists were well prepared and experienced in caring for the region's disadvantaged during the First World War. Also, while Manchester's benevolent culture and liberal approach supported the war's challenges, the state's continued disregard for the welfare of the war-disabled provoked political unrest amongst the town's activists, who began advocating the implementation of a national retraining scheme to assist large populations of unemployed, disabled ex-servicemen. As a result, this reform movement within Manchester would eventually create the Kings' National Roll Scheme (KNRS) through a campaign led by Henry Lesser Rothband in 1915.

[2] Ibid

Formed by Manchester-based rubber manufacturer Henry Lesser Rothband, the National Scheme for the Employment of Disabled Ex-Servicemen, or King's National Roll Scheme (KNRS), was fundamental in pioneering the legislation of the national employment programme for disabled ex-servicemen of the First World War.[3] While little is known about Rothband's motives for the scheme, his association with Manchester's Reform Club and his yearly donations to the *Manchester Guardian Christmas Fund For Soldiers* during the First World War indicate his involvement in the liberal cause of the Manchester area.[4] Furthermore, it is undoubtable that he, like other locals, became concerned by the growing number of unemployed, war-disabled ex-servicemen residing in the area.[5] Eager to address the dilemmas facing these ex-servicemen and looking for evidence to assist his campaign, Rothband visited the departments of the 2nd Western General Hospital to enquire about the provisions for retraining during rehabilitation, which remained in its infancy in the region until 1916 and to seek new ways of ensuring that employment followed discharge from military medical facilities.

In addition, Rothband also addressed the lack of employment positions for disabled men with his fellow businessmen of Lancashire and wrote to similar manufacturers across the country to discuss suggestions of work and vacancies suited to the war-disabled soldiers . As a result, he received over 600 enthusiastic replies on ideas of retraining and employment positions for the disabled men , which he used as evidence in his introductory campaign and underpinned the

[3] Mike Mantin, 'Coalmining and the National Scheme for Disabled Ex-Servicemen after the War', *Social History,* 41 (2016), pp.155-170.
[4] Manchester Reform Club, *Papers of the Manchester Reform Club*, 1886-1987, JRULM 1903
[5] Kowalsky, 'This Honourable Obligation', pp. 560-565.

publication of his first pamphlet proposing a national scheme for the inclusion of disabled men in the workplace and. [6] Presented to MPs in 1915 and entitled *Employment for Disabled Soldiers and Sailors: a Scheme for a national role for employers,* Rothband's proposal outlined the concept of enforcing a 'royal roll of employers willing to employ one or more disabled men, that is to say, a permanent guarantee of employment embodied in book form and distributed to all employment agencies, and not a mere agency itself'.[7] He anticipated the proposal would raise public awareness of the daily challenges of finding employment felt by disabled men after military service and force substantial changes to government policy, deeming the construction of a national employment scheme to be a moral obligation of the British Government.

Moreover, Rothband's vision echoed Manchester's earlier activists who advocated for changes in legislation to provide medical relief and social reform to the lower classes during the eighteenth and nineteenth centuries. Once endorsed, Rothband's enlightened scheme would produce the first piece of legislation for disabled ex-servicemen. However, recognising the difficulties his campaign faced in securing government acknowledgement despite mounting national public support, he gained the attention of parliament by resourcefully publishing sections of his pamphlets in the *Manchester Guardian.* As mentioned in chapter two, the newspaper had amassed a reputation of opposing Britain's involvement in conflict during the Boer War and led a campaign leading up to the First World War opposing

[6] Henry Rothband, 'Employment of Disabled Men: The Rothband Scheme', *Manchester Guardian,* day October 1918.
[7] H. L. Rothband, 'Scheme for Finding Employment for Disabled Sailors and Soldiers: Extracts from Letters Containing Expressions of Opinion on his Proposals for a National Roll of Employers', *Manchester Guardian*, 28 Feb 1918.

the Army's participation and advocating for British neutrality. Furthermore, using a newspaper founded to provide liberal reformists with a vocal platform to promote his proposal ensured Rothband would gain the attention of influential politicians. An example of a part of Rothband's earlier pamphlet taken from the *Manchester Guardian* in August 1915 highlighted the importance of learning from the mistakes of previous wars and the need to act before the public's enthusiasm for disabled ex-servicemen waned.[8]

> It must be recognised that after-effects of the current war must inevitably be greater than in so far as the disabled men are concerned than any other wars where veterans of past Crimean and South African Wars who had shed their blood and through sickness and disablement were allowed to drift into workhouses and hostels, unneeded and uncared for…. whose physical infirmities were not so great to shut them altogether from the ranks of workers, where if only in a restricted capacity might have earned some kind of living…It essential that appeal be made now and not left until the enthusiasm engendered by the war dies out.[9]

[8] H, L Rothband, 'Works for Disabled Soldier: Letter to Editor', *Manchester Guardian, 21* August 1915.
[9] Ibid.

Figure: 13 Poster encouraging employers to join the national scheme in Bolton. Also showing the King's Seal at the top Source: with permission IWM

The *Employment for Disabled Soldiers and Sailors* scheme outlined the social and economic benefits of employing disabled ex-servicemen to all businesses in England and Wales. The scheme persuaded employers with ten or more staff to allow five per cent of their workforce to comprise disabled ex-servicemen to support the possibility of reabsorbing all war-disabled men back into the economy.[10] While the initial support for the scheme was widespread, many companies were hesitant to hire disabled people, prompting Rothband to formulate

[10] H. L Rothband, 'Employment of Disabled Men: The Rothband Scheme', *Manchester Guardian*, 8 October 1918.

a reward scheme to encourage reluctant participants known as the King's National Roll and deemed the appeal of royal recognition enough to persuade those unwilling to participate. [11] Also, the 'favour' of hiring disabled men was sent by royal proclamation to all eligible businesses and rewarded with the company's inscription on the King's National Roll and permission to use the King's Seal on stationery and correspondence (See Figure 13).[12] Nevertheless, despite the significance of the proposal and its public support, the government was unwilling to enforce the KNRS and chose instead to leave the responsibility of unemployed war-disabled to voluntary organisations and philanthropists. While parliamentarians concentrated on the success of rehabilitation administered by medical volunteers using recent orthopaedic advancements and modern prostheses.

As evidenced in chapters three and four, voluntarists assisted the rehabilitative and long-term care of disabled ex-servicemen using advanced medicine and prostheses to equip permanently disabled men with the skills to support their return to society and employment without the guidance of national schemes. Also, the state proclaimed that the work of existing employment programmes provided by volunteers such as of *the Disabled Soldiers and Sailors Society*, which in Manchester had offered relief to the local veterans since the Boer War through local subscriptions and charity, demonstrated the success of local voluntary organisations and reaffirmed their decision to refuse Rothband's proposal.[13] However, undeterred Rothband believed that the resources of pre-war

[11] Ibid.
[12] Meaghan Kowalsky, 'This Honourable Obligation', p. 568.
[13] Anon, 'The Social Side of the War: Local Relief Committee's Work', *Manchester Guardian*, 10 May 1916,

voluntary organisations would become quickly overwhelmed by the increasing numbers of returning disabled during the First World War and combined with the state's persistent disregard for disabled ex-servicemen, reinforced his determination to continue with his campaign of social reform for a national employment scheme for the permanently disabled ex-servicemen.

As we have seen between 1914 and 1918, the British Government's neglect of the war disabled servicemen left the provisions of long-term care and support during reintegration for permanently disabled ex-servicemen primarily to the voluntary organisations and initiatives of philanthropists. Deborah Cohen discusses the modest compensation offered to Britain's disabled ex-servicemen by the state despite great hopes and assurances of a 'land fit for heroes' on their return.[14] In *The War Come Home Disabled Veterans of Britain and Germany 1914-1939*, Cohen comments on the lack of preparation for the after-care of British disabled ex-servicemen by the British Government, unlike Germany, France and Belgian, who began developing employment bureaus in 1916.[15] Cohen's research is one of only a small number of studies to consider this under-researched area of history and the significance of British voluntary organisations in assuming vital after-care and reintegration roles considered state responsibility. Therefore, adding to this hypothesis, this study demonstrates the importance of voluntarists across the region of Lancashire to provide disabled ex-servicemen with medical and social rehabilitation between 1914 and 1918.

[14] Cohen, *War Come Home,* p.19
[15] Ibid.

The voluntary organisations and philanthropists of Lancashire assisted in and supported the construction and of a care system when no alternative national systematic health service existed and was met only by stanch contempt from the government. This persistent disregard for the inadequacies of the region's disadvantage despite the obvious needs for social welfare reform and state intervention provoked the philanthropic culture embedded within society and had a profound effect on the communities of Manchester. The reintegration difficulties experienced by disabled ex-servicemen of Lancashire demonstrated in this study were comparable to those within most large towns and counties of England and Wales, and the growing need for national legislation became increasingly apparent across the country. This recognition and public support strengthened Rothband's cause for a national scheme and encouraged his purpose to continue campaigning and issuing pamphlets throughout the war.

In 1918, Rothband wrote to the editor of *Manchester Guardian* to openly condemn the rejection of the KNRS by the state, claiming it was economically sensible and a 'moral obligation' which they were obliged to deliver. However, despite the absence of a national scheme between 1914 and 1918, employment retraining programmes were organised by employers who recognised the unfair competition faced by the war-disabled people in regaining employment and felt frustrated by the state's continued disregard for their welfare. An example of an empathetic local employer and their suggestions of possible workplace adaptions to support a return to work is noted in *Manchester Guardian* in 1916, reflecting the tone of the public and opinion of the region.[16]

[16] Works Manager, 'Employment for the Maimed Soldier', *Manchester Guardian,* 18 January1916.

> There are many occupations where a one-armed man can be used at only a slight disadvantage, and the motoring press have shown how the foot controls of vehicles can be adapted to the use of one foot, and most clerical pursuits do not require two sound legs or even two sound arms…. A one-armed man is of a greater disadvantage than his one-legged brother, but many jobs like ticket punching and coin collecting on the trams and railways, a one-armed man would be quite satisfactory as a guard.[17]

In Manchester, the appeal to create vacancies for the unemployed, disabled soldier and sailor began before the national scheme was launched. An exhibition for Disabled ex-servicemen opened at the Free Trade Hall, Manchester, between 6 and 21 September 1918, by John Hodge, the Minister of Pensions.[18] Arranged in cooperation with the Young Men's Christian Association (YMCA), the exhibition was one of six national expositions to explain to the public and prospective employers the work done in rehabilitation centres to restore the health of the war-maimed and re-train those with permanent disabilities. Hodge outlined many of the orthopaedic injuries returning to Manchester during the exhibition and the benefits of the region's advancements in surgical skills, curative manual treatments in orthopaedic centres and nursing to provide 'remarkable cures' and restore most men. While the medical achievements of the region were celebrated, the purpose of the exhibition was to consider the number of disabled men that, despite medical and rehabilitative treatments, remained 'quite unfit and therefore every effort must be made for his return to civilian life'.[19]

[17] Works Manager, *Manchester Guardian,* Jan 18, 1916.
[18] Anon, 'Future of Disabled Men: The Manchester Exhibition', *Manchester Guardian,* 2 September 1918.
[19] Anon, 'Disabled Soldiers: New Trades: Exhibition in Manchester', *Manchester Guardian,* 4 June 1920

The Manchester Exhibitions presented special tools, artificial limbs and appliances for the use of the disabled alongside kinematograph imagery of training available for employment canning, drying and bottling fruits.[20] While this exhibition would have inspired many local employers to create vacancies for the disabled encouraged by local reformers, volunteers and philanthropists, their efforts and positions were undermined by the state, who exploited the humanitarian approach of volunteers, using it as a reason to deny the necessity of national employment schemes. Nonetheless, on 15 September 1919, after four years of campaigning, Rothband's perseverance paid off, and the government launched the KNRS as a voluntary scheme with plans to return 100,000 men to employment. Notably, the government required the assistance of voluntary organisations and societies to continue finding jobs for disabled men and to urge employers to enrol on the scheme.

In Manchester, this work became the responsibility of the Debt of Honour Committee formed on 31 August 1920. The number of unemployed ex-servicemen in the city had reached over 4000 after the Armistice and the town's Lord Mayor, Alderman Tom Fox, appealed to Mr E F. Stockton, chairman of the committee, to send letters to every local employer appealing for all to 'be sympathetic and to scrutinise their businesses to determine how many vacancies they could make available.[21] By October 1920, it appeared that their appeal had benefitted some of the 4000 men, as the Manchester Town Hall publicly showcased the efforts of local employment with a barometric chart outside the building. On one side, the mercury

[20] Ibid
[21] Anon, 'The Debt of Honour 'Manchester's Committees' Appeal', *Manchester Guardian,* 21 September 1920.

displayed the 100,000 recruits leaving from Manchester during the war and on the other side demonstrated a slight drop in the numbers of unemployed men down from 4000 in August to 3500, highlighting the successful securement of 500 new positions of employment secured through the committee's efforts.[22]

One example of local committee efforts includes the 1917 association between the Local War Pensions Committee and the Manchester Education Committee, who set up a training school in bespoke tailoring at the Cavendish School of Art, Cavendish Street, Manchester. This training scheme was open to no less than 30 men with the advisory that 'candidates should have the use of both hands and feet and good eyesight…the loss of a leg or injury to a lower limb need not be a handicap'.[23] This scheme was fully funded by the Ministry of Pensions, with allowances to support men and their families during the twelve-month course, with a bonus on completion. While various employers, committees and voluntary organisations of Lancashire made every effort to support the reintegration of the war-disabled during and after the First World War, unfortunately, not all men would gain re-employment as many companies refused to embrace disabled people into their workforce. As mentioned in chapter four, this reinforced the collective suggestion amongst historians that the KNRS was ultimately ineffective, particularly as public interest began to wane after the Armistice and uptake by employers remained low during and after the war. For those disabled ex-servicemen struggling with civilian life, therefore, friendly societies such as the Disabled Soldier and Sailor and the East Lancashire branch for Finance and Homes and Community

[22] Anon, 'Manchester Debt of Honour', *Manchester Guardian,* 16 October 1920.
[23] Anon, 'Training of the Disabled: the tailoring Trade', *Manchester Guardian*, 28 November 2017.

Benevolence continued to provide local paternalistic support to the region's most disadvantaged as it had done from the seventeenth century. Nevertheless, these societies represented the continuation of the region's philanthropic culture and liberal approach to support those disadvantaged, particularly disabled ex-servicemen of the First World War , who were continually overlooked by the state.

However, despite the absence of state guidance between 1914-1918, once passed in 1919, the KNRS demonstrated the first legislation for disabled ex-servicemen and changed the relationship between voluntary organisations and the state. Furthermore, while in its infancy and arguably momentary, the state's measured acknowledgement of veterans and disabled ex-servicemen that followed the KNRS and Armistice led to the founding of some of the first significant charities and societies to focus explicitly on supporting disabled ex-servicemen. Examples include the formation of the (Royal) British Legion in 1921, which combined four existing associations established to support ex-servicemen during the First World War, (B)LESMA, the Limbless ex-servicemen's association 1921 and Blind Veterans in 1915. They continue to provide similar support to veterans in the present day.

This chapter has established how the region's heritage of philanthropic culture and support for social and welfare reform remained unfaltering from the eighteenth century and underpinned the actions of local citizens to create the first piece of legislation for the employment of disabled ex-servicemen of the First World War. With no national plan for the long-term care of disabled servicemen during the First World War and despite the advancements in medicine and

orthopaedic and curative therapies, over 4,000 of Manchester's men faced civilian life as unemployed, disabled citizens reliant on the benevolence of voluntary organisations for support. The pioneering vision and collective work of Manchester's philanthropist Henry Lesser Rothband, local employers and committees who gathered enough support to begin the campaign to implement a national scheme of employment for disabled ex-servicemen (the KNRS) exemplified the region's reputation. The evolution of the liberal approach towards disability within the community reinforced the resources available to voluntary organisations and philanthropists during the war. Furthermore, many of the techniques used by volunteers and civilians to promote their cause and publicise the challenges of disability and employment were pioneered during the First World War and underpin the work of similar modern-day charities.

While the success of the KNRS is questionable, it undoubtedly changed the relationship between the state and charity by forcing them two to work together and challenge a national problem. During the First World War, the work of voluntary organisations and philanthropists transformed the proficiency of charity which remained a vital resource of support within society. Also, the KNRS legislation influenced the formation of new charities for the care of disabled ex-servicemen, with many remaining in the present day. Although crucially in the modern-day, while the support for disabled ex-servicemen occupies a more distinguished position within society, the care they provide remains predominantly private charity, relying on public subscriptions and funding for help, and therefore, the role of philanthropy and voluntarism within society has changed very little within

Conclusion

This study of medical voluntarism in Lancashire has explored the functional role of charity and philanthropy to support the working-class communities and provide medical care to the region's sick and disabled citizens from the eighteenth century. In doing so, it demonstrates the significant role of earlier local charities and the region's philanthropic culture in underpinning the enthusiasm of philanthropic and voluntary intervention that would later facilitate the provisions needed to construct a voluntary care system and provide medical and social restoration to the disabled ex-servicemen of the First World War.

As a prominent area during the Industrial Revolution with inadequate living conditions and an expanding variety of illnesses and disabilities caused in part by Industrialisation forced Lancashire's poorer members of society to adopt a liberal attitude of self-help and spirit of community benevolence to survive the hardships of inequality in the absence of state management. While the significance of this approach should not be overlooked, its achievements to subsidise the region's inequalities were mainly inadequate. Despite the poorer members of society's unwillingness to accept middle-class philanthropic intervention, they were almost invariably unable to manage without it. Also, Lancashire, specifically the town of Manchester, represented a region of philanthropic heritage and maintained an enlightened approach towards the care of its disadvantaged citizens from the eighteenth century, which appeared to be little unchanged at the outbreak of the First World War. Guided by the establishment and experience of earlier charities and the community spirit of benevolence, philanthropic and voluntarism

intervention across the region between 1914 and 1918 contributed to one of the largest acts of volunteerism within British history.

The social welfare problems of the poor during the eighteenth and nineteenth centuries created ideal opportunities for middle-class organised charity, utilised by increased awareness in public health by local medical men, activists, and philanthropists. Recognising the significance of coordinating these problems with the progression of the region's pioneering medical facilities and treatments to provide a better quality of life for the town's disadvantaged enabled them to achieve many of its medical and charitable firsts. Furthermore, the freethinking attitudes of Manchester's volunteers created a culture that was representative of a changing attitude towards disability and inequality and underpinned the region's status as a pioneering medical facility efficient in supporting the local challenges during unprecedented times, which continued into the twentieth century.

The enthusiasm for medical voluntarism and philanthropic interventions during the Edwardian period challenged the predominance of Victorian philanthropy and charity as the new Liberal government of 1906 began to address the inadequacies of public health and poverty highlighted through the consequences of the Boer War. The vital role of Manchester's citizens in outlining these failings underpinned their enthusiasm to shape the construction of a leading medical facility across Manchester led by philanthropists and voluntarists to adequately provide medical care to the returning sick and wounded ex-servicemen during the First World War. Although, as this study has shown, as the war progressed, the severity of mutilation and dismemberment upon the bodies of returning men was unprecedented. Despite Lancashire's medical heritage and

experience in treating the physical disabilities of the Industrialisation, a shortage of orthopaedic beds and requirements of long-term aftercare schemes challenged the region's medical men and voluntary organisations. Here, the shared work of doctors, physicians and organised charities advocated the advantages of providing prolonged rehabilitation schemes, gaining public support and financial backing to secure private facilities to allow the continuation of specialised advanced orthopaedic treatments and therapies.

The medical voluntarism provided at private hospitals such as Grangethorpe delivered the only means of rehabilitative care through an established network of leading medical men and organised charities working collectively to provide the necessary aid to assist disabled ex-servicemen during medical and social restoration and return to civilian life with a disability. This role remained fundamental in the care of disabled ex-servicemen, despite the enactment of employment legislation the KNRS in 1919 and particularly after the Armistice as public interest in disabled ex-servicemen waned.

By concentrating on the vital role of voluntarists and organised charities between 1914 and 1918, this study contributes to two gaps in the literature of the First World War. While much research into the disabled ex-servicemen and their rehabilitation concentrating on the care available in the aftermath of war, this study has explored the medical treatments and voluntary care offered during the war period itself. Furthermore, the significant role of non-uniformed volunteers supporting the war on the home front remains an under-researched study and the vital role of both middle-class philanthropists and local working-class citizens during the construction of a care system and prolonged rehabilitation scheme are central

to this study's argument. Therefore, with access to the mentioned restricted medical resources, this research could be developed further to provide a qualitative example into the construction of a care system pioneered by Lancashire's voluntarists, reinforced by the philanthropic culture embedded within the region's heritage.

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