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**One remarkable legacy**

# REHABILITATION AFTER THE FIRST WORLD WAR

**Refusing to ignore people in crisis**

# Rehabilitation after the First World War

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Following the outbreak of the First World War on 4 August 1914, the British Red Cross formed the Joint War Committee with the Order of St John. They worked together and pooled their fundraising activities and resources. The committee supplied services and machinery in Britain and in the conflict areas abroad. They also helped wounded soldiers to rehabilitate in hospitals during and after the war.

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## Organising treatment

It was evident from the outset of the war that the existing government departments could not deal immediately with the needs of people who were disabled during the conflict.

During the first few months, there was no specific system in place for dealing with discharged men. They were part of the same system that had been in place prior to the war. Almost no provision was made for their treatment or rehabilitation.

Mr G N Barnes, first minister of pensions, appointed a Joint Committee of the Ministry of Pensions on Institutional Treatment (JCITMP) in February 1917. Its purpose was to arrange the provision of suitable treatment for discharged men disabled whilst serving in any branch of His Majesty's forces.

The committee consisted of representatives from the ministry along with the War Pensions Statutory Committee, the War Office and the Joint War Committee.

First to be considered by this committee were "paraplegics, neurasthenics, epileptics and advanced cases of tuberculosis". Medical specialists were brought in to advise the committee on how to deal with these cases. The actual management and administration of institutions was then left to local authorities, who were to be advised and monitored by the committee on the establishment of suitable treatment and rehabilitation homes.

However, it quickly became apparent that the government was not yet in a position to provide such homes. Because Red Cross funds were immediately available and unrestricted, the Joint Finance Committee sanctioned grants to be used for this purpose. The Red Cross immediately placed a large sum of money at the disposal of the JCITMP.

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## Neurasthenia

This term was used to cover a variety of 'nervous symptoms' (a definition used by the Joint War Committee is provided by Dr H H Tooth in the Joint War Reports, pp.240 – 241).

The First Home of Recovery in Highfield, Golders Green was one of the earliest institutions established to treat these cases. It was intended to serve as a model when it opened in May 1917. The home contained 100 beds and was surrounded by 12.5 acres of garden. A resident medical officer was in charge and a matron and trained staff were assisted by "carefully chosen"

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VAD members. The home contained workshops offering the patients regular employment as well as “curative treatment” and the opportunity to learn a trade, such as carpentry, woodwork, basket-making, boot-making or electrical engineering. Efforts to find employment for discharged patients were made, and 78% were sent out to work or train in special trades.

All treatment provided was free and patients could not be nursed against their will. In August 1918 the home was given to the RAF who used it to treat similar cases.

Other “homes of recovery” for neurasthenia cases were set up at Allerton Hall, Leeds; Abbotswood House, Gloucester; and the Remedial Exercises Room, London.

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### Epilepsy and tuberculosis

Patients suffering from these conditions were treated at existing institutions, under the care of specialist medical staff, rather than at specialist homes. A grant was used to extend existing institutions to treat patients.

By the end of 1917, approximately 20,000 men had been invalided from tuberculosis. Due to the large scale of the outbreak, state provision was not adequate so existing sanatoria at Cambridge, Birmingham, Derby, Bristol and St Helens were enlarged.

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### After-care of paralysed men

The Joint War Committee accepted the responsibility of running the Star & Garter Home in Richmond early on in the war. A home was also set up at Lonsdale House, Clapham Park. The aim was to give patients as much freedom as possible, with the use of “self-propelling” chairs and plenty of space to move around in the large grounds. The committee also took responsibility for transporting paralysed discharged soldiers, who were no longer under the care of the War Office. Monthly returns of paralysed soldiers were passed to Red Cross county branches, who contacted the local military hospital to arrange the transfer of patients to a suitable institution near their home.

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### Star and Garter home

In 1915 Sir Arthur Stanley, chairman of the Joint War Committee, became aware of an urgent and growing need for suitable accommodation for men disabled during the war. In 1916 Queen Mary, having expressed concern for the long-term future of servicemen injured in the war, was presented with the deeds of the historic Star and Garter Hotel in Richmond, Surrey. She then asked the Red Cross to convert the hotel into a “permanent haven” for disabled ex-servicemen.

The architect, Sir Edwin Cooper, gave his services free of charge, aiming to provide a building of beauty combined with every facility for the rapid and easy movement of the disabled men, many

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of them in wheeled chairs. Accommodation was provided for 180 patients and more than 60 members of staff. Workshops, a cinematograph hall and a gymnasium were included.

Life at the home settled into a pattern of therapy, training, social events and activities. The residents soon became proficient craftsmen, taking pride in their work and producing high-quality goods for sale. The annual exhibition and sale of work began in 1924 and was visited by prestigious guests including the Duchess of York, later Queen Elizabeth the Queen Mother.

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### Supply of provisional limbs

By 1918 many men were waiting for permanent artificial limbs. It was a lengthy process and men had to wait a long time to have their permanent limbs fitted. The Red Cross began supplying provisional artificial limbs and by December 1919, 11,750 limbs had been made under the authority of the provisional limbs department.

[summaries of work: October 1918 p.8; December 1918 p.14; December 1918 (no.106) p.11;]

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### Orthopaedic clinics

After the war, Red Cross branches ran orthopaedic clinics for disabled people, such as Wokingham War Memorial Orthopaedic Clinic, which opened during the 1920s. H M King Manoel of Portugal became the representative for these clinics and visited each orthopaedic centre as it was set up throughout the country. His main concern was the importance of “curative work”, part of the recovery process whereby men were trained in a handicraft of their choice. Provision was made for carpentry, tailoring, general and electrical engineering, fretworking, painting, commercial photography, plumbing, iron working, cigarette-making, printing, sign writing, splint-making, boot and shoe making.

The Military Orthopaedic Hospital, Shepherds Bush, was intended to serve as a model to other centres. The Joint War Committee gave a grant of £10,000 to provide treatment departments, including operating theatres, hydro-therapeutic, electro-therapeutic, massage and plaster departments. Other centres were set up at Alder Hey, Liverpool and the Second Northern General Hospital, Leeds.

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### Kitchener house clubs for wounded sailors and soldiers

The first of these was at 8 Cambridge Gate, Regent’s Park and was based on the model of the California house for wounded Belgian soldiers. The house was opened in February 1917 and aimed to “provide a club for wounded men in hospital where they may come and go as freely as hospital regulations permit...where they may find a comfortable refuge from the street... to stimulate their minds, and ultimately point the way to a possible livelihood after their discharge. In other words, to protect them from the demoralising effects of enforced idleness extended

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over a long period of time”.

The club was open every day from 10am to 6pm and classes were held in the afternoons. Subjects were varied and included languages, arts and crafts, carpentry, wood carving and metal work, embroidery and music. Free dinner and tea were given to those attending classes.

A second house was established in Hampstead and a third, for officers, at Grosvenor Place.

[JWC Reports; Summary of Work October 1918, p.8; December 1918, p16; December 1918 (no.106) p.12]

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### Facial injuries

There were many head and facial injuries as a result of trench warfare in France. Prolonged and delicate surgical and medical treatment was needed and huge advances were made in surgery as a result of the war.

It was decided that patients would be best grouped together in specialist homes for treatment. 74 Brook Street was the first hospital dedicated to treating facial injuries. It opened in May 1916 and owing to a large influx of patients a second house at 24 Norfolk Street was opened as an annex. 24 Norfolk Street closed in February 1919 and 74 Brook Street closed in June 1919, after which patients were transferred to other specialist hospitals.

Maxillo facial hospital opened in October 1916 and was attached to the King George hospital [Summary of work December 1918, p.15] and closed in December 1918.

Queen’s Hospital, Sidcup opened in November 1915 for people with facial injuries. There were approximately 1,000 beds for patients. The Joint War Committee was not directly responsible for the management of this hospital.

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### Post-war

After the war, County Red Cross demobilisation committees were formed. They determined the needs of local communities and tried to meet them using the surplus equipment, buildings, material and cash that remained at the end of the war. The Chairman of East Lancashire Branch, Corporal Coates, thought this would help “in no small degree towards keeping the detachments together after the conclusion of peace, a very important matter in view of the activities which he hoped the Red Cross would be engaged in”.

After the war several auxiliary hospitals and convalescent homes for ex-service personnel were run by the Red Cross. These acted as stepping stones between general hospitals and returning patients to their homes. Some of these establishments were managed in conjunction with the Order of St John.

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### Cover photo

V.A.D. nurses with wounded soldiers in garden, Southmead, Bristol, ref: IN4375.  
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