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2014 - War and Impairment: The Social Consequences of Disablement

This year UK Disability History Month (UKDHM) examines the links between war and impairment and as a result how those who become disabled are treated. With the 100th anniversary of the start of World War One, the treatment of war disabled people casts a long shadow, with the unprecedented number of newly disabled people created by the world's first industrial and total war. How did the self-driven activity of disabled war veterans challenge the negative way they were often treated? This negativity remains widespread around the UK and the world and is the main reason UKDHM continues to try to improve the position of disabled people in the present, by understanding what happened to us in the past.

We will examine the impact of both World Wars (WWI and WWII) on those permanently impaired, as well as the responses of society and the state which led to differing levels of disablement. We will contrast different social responses, mainly in the UK and Germany and disabled ex-service men's responses and how these helped to shape the rights to equality in employment in the post war years. The legacy of employment for disabled people today in the UK will be explored. As people become more educated and receive more information, they are more likely to challenge the ideas of going to war, patriotism and defending one's country's interests. As one of the ex-soldiers in the organisation, Veterans for Peace (VFP) UK, Gus Hales says:

"I joined VFP because war is always based on a lie, and those that start them never fight in them. Time to end this aberration and to cultivate a more compassionate, egalitarian and peaceful world". (<http://veteransforpeace.org.uk/about-us/veterans/>)

Impairment and Disablement

Impairment is the loss of physical or mental function; Disablement is the resulting social impact on the life of the person caused by physical and social barriers. There are many causes for the loss of physical or mental function. Disease, accidents and war are the three biggest causes. The damage to fellow human beings in war is intentional and usually supported by the state or different ethnic or religious groups. The disability of war casualties depends on the nature of their impairment, the quality of medical treatment, the rehabilitation they receive and how effectively the barriers they face are overcome and compensated.



Rights vs Charity

Disablement does not automatically follow after receiving a permanent impairment. Receiving a good false limb or other necessary aids, re-training and education, positive employers, compensation for potential loss of earnings in a pension and people having a respectful attitude are all important



ways of reducing disablement. From time to time, usually during a conflict or soon after, positive social attitudes chime with Lloyd George's sentiments of creating "a land fit for heroes". Special pleading for charity for disabled veterans rather than other disabled people can be common. However, generally attitudes and treatment towards disabled people are negative and discriminatory. In the longer run those with impairments created in war are also placed in the same negative category as other disabled people. The struggle for rights and social equality for all disabled people is the only long term solution.

Consequences of War

In larger conflicts, especially in the Wars of 1914-1918 and 1939-1945, civilians were also among the millions of casualties, whether through starvation, aerial bombings, radiation (Hiroshima/Nagasaki) or war induced diseases such as Spanish Influenza. Society was forced to change traditionally held roles, with many women and disabled people taking part in the workforce, previously the preserve of men.

As a direct result of the more than 230 regional and civil wars that have occurred since the ending of WWII, millions have developed life-long impairments. Chemicals such as Agent Orange have had long term negative health impacts on both troops and civilians in Vietnam. In most countries there is no social protection for these disabled people, though the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) [ratified by the European Union and 145 countries in 2006] holds out the promise of a better life. Land mines left in the ground impact largely on children playing and women gathering wood or farming. Since the Land Mine Ban Treaty in 1999 (now adopted by 160 countries) the number of people killed or injured by mines each year has fallen dramatically from around 20,000 at the end of the 1990s to below 4,000.

Over the last 100 years, rape and sexual abuse of women and children has moved from being seen as part of the 'spoils of war' and is now understood to be a gendered weapon of war. In the Amnesty Report 'Lives Blown Apart' this phenomenon is chronicled. "Survivors face emotional torment, psychological damage, physical injuries, disease, social ostracism and many other consequences that can devastate their lives," says Amnesty. "Women's lives and their bodies have been the unacknowledged casualties of war for too long." In 2014 Angelina Jolie and William Hague co-hosted an international summit drawing the world's attention to this issue.



Aftermath of the First World War

The industrial scale and widespread use of shelling, machine gun and poison gas during WWI led to a huge toll of casualties, especially on the Western Front. The dead numbered 9.5 million (an average of over 5,000 daily over the 52 month war) with 20 million injured (of whom 9.5 million were permanently disabled). The Great Powers - Britain, Germany, France, Russia and the Austro-Hungarian empire, driven by rivalry, failed to use diplomacy and were instead led by Generals who thought it would be a short war of cavalry charges and infantry attacks. The machine guns meant soldiers dug in with trenches from Switzerland to Belgium. The stalemate on the Western Front drew in soldiers from the British and the Ottoman Empires. Little was achieved and a great deal of economic and personal damage occurred. Many socialists never thought workers across Europe would fight one another, but patriotism and distorted press reports ensured they did and it went on and on. Only as the war was coming to an end did mass opposition occur in Russia, in Germany and across Europe with a general upsurge of labour militancy.



In Britain, the response of the more than 2 million disabled British War veterans after WWI was to either suffer in silence (a majority), or the minority who fought for rights not charity. Faced with the injustices of a government that had taken a conscious decision to restrict pensions and to not provide adequate training or support for employment, they had to rely on charities. Unlike Germany, the British government had no comprehensive plan to rehabilitate or to get disabled ex-servicemen back to work. By 1929, 1.6 million had been awarded war pensions, which required attending a local Medical Board and establishing the percentage of impairment. Many complained that they were not believed and these tribunals were very demeaning. The level of pension was not adequate to live on and did not support a family. In 1920 the maximum pension was 40 shillings a week. An unskilled builder earned 84 sh. 4d, a coal mining labourer 99sh. 3d and a skilled coal getter 135sh. 6d. By comparison German pensions were higher and provided for dependants. In the UK, Non-Commissioned Officers (NCOs) and Officers got 1.5 to 3 times more.

Disabled ex-servicemen like their civilian colleagues wanted proper employment rather than charity and initially turned to collective action to demand it. In the year after the Armistice – ending of 1st World War - there was widespread social disruption and strikes as ex-servicemen became politicised as never before in Britain. Discharged soldiers and sailors demonstrated at the Albert Hall in March 1918, with a mass rally of wounded ex-soldiers later in the same month. The Armistice Day celebrations were disrupted by ex-servicemen on several occasions during the 1920s. The Luton peace riot of 1919 was a response to the town council excluding ex-servicemen's associations from the victory celebrations. The Discharged Soldier's and Sailor's Federation (DSSF) lined the path of the parade and hung a banner



“Don't pity us, give us work”.

They demonstrated for better state provision for disabled men (including a clash with the police in Hyde Park), put forward disabled candidates in by-elections, boycotted peace demonstrations and were under constant police surveillance, but by 1920 despite several new organisations, the rank and file did not support radical action. Instead the more conservative organisations came together as the British Legion, which although lobbying for better pensions, took a generally non-political position. The Legion grew from 18,000 members in 1921 to 100,000 a year later and had 300,000 ex-servicemen in its ranks by the 1930s. Even today the ubiquitous Red Poppy appeal provides funding for the Legion.

Many other charity organisations increasingly filled the gap between meagre state provision and the needs of disabled veterans. However, many disabled veterans complained that they had lost their independence and did not like being objects of charity. They felt they had to live up to the ideals of the silent, stoical hero. The charitable impulse to give to disabled veterans lasted well into 1930s.

An article in The Times in 1923 about St Dunstan's hospital for blind ex-servicemen illustrates the new expectation of work: "The aim of St Dunstan's...is to assist its men to become useful and productive citizens rather than idle and unhappy pensioners, the basic view being that true happiness can only be enjoyed by those who contribute in some way to the work of the world".

For those 41,000 who had lost limbs the emphasis was on rehabilitation and finding work. Queen Mary's Hospital in Roehampton became the national centre for fitting prostheses, rehabilitation, teaching work-related skills and attempts to find jobs for the amputee veterans.

By 1920 the Government was forced, by public opinion, to introduce the voluntary system – the King's National Roll scheme. Employers were asked to sign up, and pledge to employ disabled ex-servicemen as 5% of their workforce. Employers on the roll could use a royal crest and were given preferential consideration for government contracts. This enjoyed a measure of success at its height in 1922, at the peak of the post-war economic slump when 18% of the labour force was unemployed, the King's National Roll boasted 30,000 firms (around 1 in 5), employed 360,000 disabled veterans. Many Government Departments and Local Authorities were very slow in coming forward with only 382 out of 2,514 on the Roll by the end of 1920. In 1932 there were still 25,000 firms employing 356,000. However, to fulfil their quota employers took on men with low level disabilities. This largely left the severely physically disabled out of work. A government committee examined this group and under pressure from the Ministry of Pensions and the Treasury went for a charity-led scheme with a small annual grant per person of £25 to £35, rather than a fully sponsored state scheme, as in Germany. This led to around 30 organisations mainly local, running sheltered workshops but never employing more than 2,000 men with impairments at any one time.



By the 1930s there was increasing bitterness from British disabled veterans, as they found out that veterans in Australia, New Zealand, France, Germany, Italy and the USA had a much better deal from their governments.

Writing in the Sunday Express in 1932 Viscount Castlerosse, a disabled veteran of the Guards, said ***“We have never demanded our rights. The Americans, who never went through anything like we did, are on a much better basis. Instead of demanding our rights we went hat in hand asking for charity. We ought to have gone bayonet in hand demanding our rights.”***

Employment and Pensions: a UK/German Comparison War Disability Pensions in Britain and Germany-

% of disability	Pension for Private	Specific Injury in Britain - illustrative	Britain	Germany
100%	40 Shillings 90 RM + family Supp per month.	Two or more limbs; arm and eye; leg and eye, both hands, all fingers and thumbs, both feet, hand and foot, total paralysis, lunacy, brain, epilepsy, thoracic or abdominal organs, injury or very severe facial disfigurement	6.7%	6.0%
90%	36 Shillings 80 RM +	Amputation right arm through Shoulder	0.7%	0.6%
80%	32 shillings 70RM + supplements	Amputation of leg at hip or stump not more 5 inches, right arm below shoulder with stump 6 inches, severe facial disfigurement, loss both feet	3.5%	3.8%
70%	28 shillings 60 RM +	Amputation leg below hip, not below middle thigh, left arm not more 6 inches below shoulder; right arm more 6 inches below shoulder or not more 5 inches below elbow; total deafness	5.3%	7.2%
60%	24 shillings 50 RM +	Amputation of leg below middle thigh or not more 4 inches below knee; of right arm 5 inches below elbow	8.2%	8.2%
50%	20 shillings 42 RM +	Amputation leg more than 4 inches below knee, left arm more 5 inches below elbow, loss vision of one eye.	12.7%	17.0%
40%	16 shillings 30 RM +	Loss of thumb or 4 fingers right hand, loss 2 toes on both feet, Lisfranc op. in one foot	12.7%	15.1%
30%	12 shillings 22 RM +	Loss of thumb or 4 fingers of left hand, loss 3 fingers right	20.1%	41.9%
20%	Lump sum	Various, but not neurothesia or shell shock	29.9%	N/A

The German State (especially during the Weimar Republic 1919-1933) provided pensions for disabled veterans. Extra was provided if they were married and for each child, including for new relations, after their injury. In Germany from 1915 there had been an effort to rehabilitate disabled soldiers to their former employment or to new careers. By 1919 nearly every town had rehabilitation centres for the blind and physically disabled.

Because of labour shortages during and immediately after the war, employers were happy to take on disabled veterans, but not those with more severe impairments. By 1919 this was no longer the case and so the left-leaning Weimar Republic introduced in 1920 'The Law of the Severely Disabled'. In this all employers with 25 or more employees were obligated to hire 2% severely disabled workers. It applied to any worker who had 50% or more classification, not just war veterans.



By 1931, 350,000 severely war disabled men benefited from the law's protection. Those who earned above a certain level had deductions in their pension. Many testified to the beneficial impact on their self-esteem of working again. Even when the Depression hit, severely disabled workers were more likely to stay in work. In 1932 30% of workers in Germany were unemployed, but only 12% of severely disabled.

For almost ten years, unemployment rates among working age disabled people in Germany was close to zero. With the onset of the Great Depression, the eligibility criteria for disability pensions were tightened. This meant that tens of thousands of workers no longer qualified for employment protection under the law. Emergency decrees in 1931 and 1932 slashed pensions. Additionally, veterans felt that they lacked control and that the Fatherland had never given them the thanks they were due.

Hitler's Nazi Party was committed to eradicating disabled people, Jews, Homosexuals, Gypsies, Trade Unionists, Communists and other 'anti-social' elements. In 1933 they introduced compulsory sterilisation for disabled people and in 1939 started their mass killing programme on disabled people. Ironically, the Nazi's cynically manipulated disabled veterans' dissatisfaction. Unemployment among disabled people under the Nazi regime dropped hugely, from a high of 46,780 in early 1933 to less than 2% of all disabled people by 1939. The Nazis even went so far as to claim that it was they who were responsible for the 'Law of the Severely Disabled'. However, by 1940 disabled ex-servicemen were included in the programme for getting rid of 'useless eaters'.

After WWII in West Germany, the employment provisions were extended to include workplaces with as few as seven workers or more. The quota was also increased from 2% overall to 8% in private industry and 10% in financial services and the state sector. All disabled workers were given an extra six days paid leave per year. By the mid-1950s, 90% of the approximately 700,000 covered by the new law were in jobs.



The four worst cases in the Brighton Hospital. The soldier on the extreme left, in the chair in the next picture came in a the week 10/11/14, but is now well on the way to recovery. The soldier opposite has a fractured arm and elbow, caused by an explosive German bullet, while the two Germans on the right were both wounded by a German shell, one losing his leg and the other an arm and his leg shattered.

Britain (WWII and beyond)

In Britain during WWII (as in the 1914-18 conflict) disabled workers were recruited into war work. Factories employed 500,000 people with impairments. Additionally disabled men and women were supported with adjustments by the Ministry of Labour. They were a reserve army of sorts having to leave these posts when non-disabled veterans returned.



WWII created 300,000 disabled ex-servicemen and women (17,000 women) and many more disabled civilians. Rehabilitation, developed since the aftermath of WWI laid much emphasis on developing physical fitness. The Paralympics grew out of sports as therapy for ex-servicemen with spinal injuries from WWII at Stoke Mandeville Hospital. Competition was seen as a great motivator and an antidote to mental health issues.

The Tomlinson Report on 'Rehabilitation and Resettlement of Disabled Persons' (1943) advocated statutory legislation for rehabilitation, sheltered workshops for those who could not work in the open market and legislation to support the employment of disabled people with a quota. Nye Bevan was keen that the measures should apply to all disabled people, not just those injured in war but also those impaired through industrial and other accidents and disease.

Remploy was established for those who needed supported employment and although limited by shortages of suitable buildings and government funds, by 1953, had 90 factories employing 6,000 disabled people. At its height in the late 1980s Remploy employed more than 10,000 people, the vast majority of whom were disabled, across 94 sites. In 2012, the Coalition Government decided to close all factories and use the £120 million subsidy to support employment in the open market. To date most workers remain unemployed. Six factories were sold as going concerns to the private sector.

In 1945, 'The Disabled Persons (Employment) Act 1944' came into force.

The focus was on finding work. It was the first piece of legislation which encompassed all disabled people of working age, regardless of their disability, when and where it had occurred. It contained reserved occupations-lift and car park attendant, a systematic registration of disabled people - the green card and a quota system for companies over a certain size - 20 employees (2% later replaced by 3%). There was no real mechanism of enforcement and it was fairly easy to get exemption. The Act was widely welcomed and publicised to the public with exhibitions and films showing what disabled people could do. In 1945, 150,000 people registered and numbers peaked at 900,000. A vocational training scheme was available to those registered, running at 67 centres. A Disability Resettlement Officer (DRO) was to help place them in a job once trained. It was not that effective for in 1948 the unemployment rate of non-disabled workers was 2% and for disabled workers 8.14%, but much better than achieved under previous voluntary schemes. These figures are better than today, when only 48% of disabled people of working age nationally are in satisfactory employment though more people are counted as disabled.

Despite the intention of no special treatment for ex-servicemen, Parliamentary lobbying secured preferential treatment to the war disabled. In addition a system of grants was established to set them up in small businesses and a system to provide higher education to disabled ex-service men and women through the Further Education and Training Scheme. Disabled veterans pensions also increased more than other peoples in 1950's and 1960's.



The continual disgruntlement of disabled veterans in 1920s and 1930s over low pensions and lack of work, combined with the social transformation of the setting up of a Welfare State did lead, once war broke out again, to an entitlement approach rather than a charity focus. The Disabled Persons (Employment) Act 1944 led directly to the increased employment of disabled people, the development of support through DROs and eventually Access to Work. It became normal due to the efforts of disabled ex-servicemen and women and the National League of the Blind and Disabled, for disabled people to be part of the workforce. In turn this led to the 1995 Disability Discrimination Act covering all employers and the ending of quotas. This is now the 2010 Equalities Act (Part 5). The problem remains not in legislation, but on its enforcement relying on the individual employee or their union.

More recently Help for Heroes supported by Princes Harry and William and the Daily Mail have been agitating for special treatment for veterans from the War in Afghanistan. The general cutbacks imposed on disabled people by the austerity measures have found many veterans losing their Employment Support Allowance, like other disabled people by ATOS.

Mental impairments

The true cost of war in terms of impairment must include civilian deaths and disablement e.g. 170,000 deaths in Iraq and many times more disabled with long term psychological effects on service personnel and civilians. There are currently 970,000 disability claims registered with the Veterans' Association in the USA for the Wars since 2001, mainly for Post Traumatic Stress Disorder (PTSD) and mental impairments. Due to budget cuts claimants have long waits for their claims to be resolved. One of the consequences are 22 veterans a day are taking their lives. This suicide rate is 3.4 times that for civilians (www.thecostofwar.org).

The term 'shell shock' wasn't used officially until 1915; then the Army Medical Service banned its use in 1917. Before the war, 'neurasthenia' (nervous collapse) was associated with malingering among uneducated workers. But as the war developed it was increasingly applied to respectable officers, with working class soldiers diagnosed with the more vulgar 'hysteria', with a pre-existing disposition to mental instability. Officers got their own rooms in country houses, with other ranks sent to traditional field hospitals where they were likely to die of disease or infections in filthy conditions. Attitudes to shell shock reflected and reinforced sexist and paternalistic attitudes towards a physically weak and degenerate working class.

British and Commonwealth military command executed 306 of its own men (of 3,076 death sentences passed) during the Great War. In 90% of cases, humanitarian reasons or fear of protests from the troops, Generals gave reprieves. Nearly a century on, their names still do not appear on official war memorials. Relatives and supporters of the executed men are fighting to win them a posthumous pardon. The Shot at Dawn campaign claims it was not cowardice but severe psychological trauma that rendered them physically unable to cope with the shocking scenes they had witnessed. Most of the 5 million British troops soon knew they faced almost certain death on the battlefield. To their far-off generals, the soldiers' executions served to punish the deserters and to dispel similar ideas in their comrades.



Shell shock - now called post-traumatic stress disorder (PTSD) - was first recognised in print by Dr Charles Myers of the British Psychological Society in 1915, drawing on ideas developed by French military neuropsychiatrists. By the end of the war the army had dealt with more than 80,000 cases. During 1917, the battles of Arras, Messines and Passchendaele produced a flood of shell-shock cases. Some thought the condition would be better addressed by military discipline.

Finally in 2011 the Ministry of Defence (MOD) recognised PTSD and is monitoring all personnel before discharge. However, The Mental Health Foundation found that troops cannot be prepared for trauma and that MOD figures for the Gulf War suggest 20% of returning ex-service men and women have PTSD, depression or suicidal thoughts. This was still being diagnosed 10 years after the conflict and is more serious the longer it is not diagnosed. PTSD-Symptoms include re-experiencing, flashbacks, intrusive images, avoidance, emotional numbing, negative thoughts, hyperactivity, irritable behaviour, angry outbursts with little provocation, drug and alcohol abuse, depression and suicide. PTSD survivors need psychiatry, Cognitive Behaviour Therapy and group therapy. The British Army Defence Medical Service has 10 psychiatrists, but needs 35.



Some impacts are reflected by the following figures:

- Crisis survey of ex-service people - 41% had spent time in prison;
- Shelter - 1 in 4 homeless people are ex-service veterans;
- The Falklands Veterans Association - 329 have committed suicide, more than the 255 killed in combat;
- The first Gulf war 24 combatants were killed, 107 have committed suicide post-war.

Advances in medicine

The bringing together geographically of so many injured people and the imperative to rehabilitate them sufficiently to get them back into the war effort has led to advances in medicine and new approaches. The casualties in a war are usually counted as the numbers killed and wounded, but as battlefield medicine has advanced, the numbers injured but surviving usually with long term impairments has increased dramatically. Until WWI more soldiers died of diseases such as typhus, cholera and smallpox than in combat. The sheer scale of the war's destructive power led to more soldiers dying and being injured in battle.



The following are some of the improvements in battlefield medicine in a variety of wars:

- The introduction of nursing and triage (Crimean War 1851-55);
- Field dressing stations and ambulances (American Civil War 1861-65);
- Mass vaccination of troops (Franco-Prussian War 1870);
- Keeping wounds clean, Thomas splint and improved surgery(WWI 1914-18);
- X-ray and blood transfusion (Spanish Civil War 1936-39);
- Penicillin, sulphonamide (preventing infection), plastic surgery and rapid transport to hospital and physiotherapy (WWII 1939-1945);
- Mobile Army Surgical Hospitals (MASH) (Korea 1950-53);
- Larger helicopter ambulances (Vietnam 1964-73);
- Improved early intervention, haemorrhage control and more body armour have all resulted in higher survival rates (Iraq 2001-2009).

American Casualty Ratio: The impact Medical Progress			
War	Numbers killed in Battle	Disabled - Wounds not Mortal	% Injuries leading to Death
US Civil War (Union side only) 1861-1865	364,511	281,881	56%
World War 1	116,516	204,002	36%
World War 2	405,399	671,846	37%
Korean War	36,516	103,284	26%
Vietnam	58,198	153,303	27%
War Since 2001	6,809	52,010	8-13%*

USA and the March for the Bonus

A little known piece of American History is the Bonus March Washington in 1932 by 1st World War veterans. The US did not come into the 1st World War until late 1916. In order to get the manpower they needed they conscripted more than 2 million men. Others were conscripted for war work in the factories. However, they were paid around 10 x as much as the soldiers.

So after the War a pledge was made by the Government in 1924, to pay a bonus to those who fought but only in 1945. When the Great Depression hit more than 25% of people were out of work and so veterans converged on Washington to pressure their representative in the Senate and Congress to bring forward the Bonus. 45,000 unemployed veterans and their families, including one fifth disabled men, camped out in Washington. They got their position through Congress, but not through the Senate. The army then decided on President Hoover's orders to clear the demonstrators. Two were shot dead and the rest were forcibly removed and sent to work camps around the USA.



Several hundred were killed when a Hurricane hit their camp in Florida Keys. Partly, as a result of the public outcry over this President Roosevelt and his New Deal, were elected and the Bonus was paid. When the Second World War approached the GI Bill and the Veteran's administration was set up. In all subsequent American wars many demobbed soldiers have got support in education, home loans and disabled veterans have received rehabilitation and pensions they can live comfortably on for some.

<http://gopthedailydose.com/2014/01/27/watch-operation-american-spring-lessons-1932-bonus-army-attack/>

Where do we go from here?

Although service people have been given a slightly better position than other disabled people, they are still subject to negative and oppressive treatment. Without their struggles we would not have the anti-discrimination legislation we have today. There should not be a divide between disabled veterans and other disabled people as we have a common cause. The cost of modern wars is far too high, both on service people and civilians. A recent study of the population of Northern Ireland found 10% of the population had symptoms of PTSD. A study in South Sudan where they have had five decades of civil war found the figure to be in excess of 20%.

Peace has to be a better option for the world than wars, which are usually started for the sectional interests of politicians, big business or ethnic or religious divisions. Conflict resolution is better than war. Learning to live with those we do not agree with is better than war. The world spends \$1.7 trillion on the military each year and \$3.2 trillion on education. In poorer countries it is often more on the military than on education. However, most people would agree, when all else fails, it is necessary to oppose fascism or tyranny with force as happened in the 2nd World War and may have to occur in future.

Hold a meeting in your work place, local library, college and/or union branch to look at the historical impact of war on you and your colleagues. Do family and local research to find out how veterans were treated in the last 100 years. What were their chances of employment? Have conditions improved for everyone?



Campaign for the right to employment and or benefits for disabled people.

Share what you find out with UK Disability History Month (UKDHM):

info@ukdisabilityhistorymonth.com
or (020)7 359 2855.

Tells us about your events and we will place this on our website www.ukdisabilityhistorymonth.com'



End note. Based upon *The War Come Home* Deborah Cohen 2001, *War, Disability and Rehabilitation in Britain*, Julie Anderson, 2011; *War and Medicine*, Wellcome Trust 2008. Thanks to notes from Roddy Slorach.