

‘The Living Death’

The Repatriation Experience of New
Zealand’s Disabled Great War Servicemen

BY

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Abstract

‘The Living Death’: the repatriation experience of New Zealand’s wounded Great War servicemen.

The New Zealand government committed over 100,000 men to active service during the Great War of which around 40,000 returned injured. Due to the severity of their disabilities many wounded servicemen required ongoing medical care and were unable to return to their former employment. New Zealand introduced a variety of repatriation initiatives during the 1920s and 1930s to aid the Great War’s struggling wounded soldiers and restore them to their traditional masculine role as independent wage-earners and useful citizens. ‘The Living Death’ uses a variety of qualitative sources including state-based documents, newspapers, journals and oral history as well as a quantitative sample from military personnel files. Using these sources this thesis explores the medical treatment, pensioning and employment assistance offered by state and society to disabled soldiers in order to elucidate how New Zealand’s wounded ex-servicemen experienced and negotiated the cultural issues of disability, masculinity and citizenship in the post-war period. I argue that these men were identified as a class apart from other disabled persons in the immediate aftermath of the war, but that this identity began to fade once the economic conditions worsened, war memory faded and as some wounded ex-servicemen failed to complete a successful transition into civilian life.

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Abbreviations

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|-------------|--|
| <i>AJHR</i> | <i>Appendices to the Journal of the House of Representatives</i> |
| ATL | Alexander Turnbull Library |
| DGMS | Director-General of Medical Services |
| DSID | Discharged Soldiers' Information Department |
| <i>EP</i> | <i>Evening Post</i> |
| <i>GRA</i> | <i>Grey River Argus</i> |
| NZEF | New Zealand Expeditionary Force |
| NZMC | New Zealand Medical Corps |
| <i>NZPD</i> | <i>New Zealand Parliamentary Debates</i> |
| <i>PBH</i> | <i>Poverty Bay Herald</i> |
| <i>QM</i> | <i>Quick March</i> |
| RSA | Returned Soldiers' Association |
| <i>RSAR</i> | <i>RSA Review</i> |
| SCRL | Soldiers Civil Re-establishment League |
| WWIOHA | World War I Oral History Archive |

Introduction

Indifferent, flippant, earnest, but all bored,
 The doctors sit in the glare of electric light
 Watching the endless stream of naked white
 Bodies of men for whom their hasty award
 Means life or death maybe, or **the living death**
Of mangled limbs, blind eyes, or a darkened brain;
 And the chairman, as his monocle falls again,
 Pronounces each doom with easy indifferent breath.¹

In 1920, Wilson Wilfred Gibson's poem "The Conscript" depicted war disability as "the living death". Despite surviving the Great War, the disabled soldier had irretrievably and irrevocably lost something: their health, wholeness and perhaps their independence and autonomy. Of the 100,444 New Zealand soldiers mobilised overseas for active service in the Great War, 18,166 were killed and 41,317 were wounded.² In 1914 with a population of just over one million and an eligible male population of approximately 200,000, the 100,444 mobilised represented nearly 10 per cent of the total New Zealand population and around 40 per cent of males aged between 20 and 45.³ The incapacitation of such a large number of young men posed a potential threat to the country economically due to inefficiency and dependency. Wounded soldiers began returning to New Zealand from 1915 onwards, in varying states of physical and mental ill health. Due to their

¹ Wilfred Wilson Gibson, 'The Conscript', 1920, Dominic Hibberd and John Onions (eds.), *Poetry of the Great War: An Anthology*, Basingstoke, Macmillan, 1986, p. 97. (Emphasis mine).

² Christopher Pugsley, *The ANZAC Experience: New Zealand, Australia and Empire in the First World War*, Auckland, Reed Publishing, 2004, pp. 307-8.

³ Ibid, p. 308; Kris Inwood, Les Oxley, and Evan Roberts, 'Physical Stature in Nineteenth-Century New Zealand: A Preliminary Interpretation', *Australian Economic History Review*, Vol. 5, no. 3, November 2010, p. 264.

large numbers, living disabled soldiers as a group proved a far greater problem than the dead in the post war period. It is the aim of this thesis to explore the state's response to repatriate those suffering from "the living death" in the post-war period.

The government provided free medical treatment, pensions and employment assistance to help disabled soldiers transition into civilian life. Medical treatment was the first step in a successful repatriation. In the best case, treatment would return men to military service. If that proved impossible, treatment attempted to restore the disabled soldier to the greatest degree of fitness possible to restore him to civilian life. Medical treatment included curative and vocational therapy whilst the disabled soldier was still in hospital or convalescent home and ongoing medical care. Next on the repatriation agenda, pensions compensated the soldier for the physical disability incurred in the state's service that medical treatment was unable to cure. Importantly, the pension was designed to act as a permanent, inalienable compensation for physical and mental disability, rather than charity. The final step in repatriation was the acquisition of suitable permanent employment. The government provided vocational and educational classes, as well as specialised government departments to help soldiers find employment. Returning disabled soldiers to the workplace was regarded as ensuring the restoration of the soldier to the highest possible degree of mental and physical health. Work enabled him to continue his

masculine duty to himself, his family, his community and, most importantly, his duty to the Dominion.

Disabled soldiers occupied a paradoxical position within New Zealand society. War disability represented the penultimate form of masculine duty to the state through the soldiers' sacrifice of health and wholeness on the battlefield. Of course, the ultimate form of duty was death: "next to those who have given life itself in the common cause come those who have returned to their native country in various degrees of disability due to mutilation and shock, or broken in health by disease and hardship."⁴ In the immediate post-war atmosphere state and society professed their willingness and sense of duty to help such soldiers re-establish themselves in civilian society. In the winning National League essay on "How to Help Disabled Soldiers in Civil Life" A. E. King from Waitaki High School extolled the deservedness of disabled soldiers to receive state benefits: "Worthiest of every possible assistance is the soldier, who, by self-sacrifice, has lost his health and become completely disabled while hardly at the prime of life. And the Government must be influenced to realise that he should be comfortably provided for".⁵ War service, therefore, entitled disabled soldiers to generous governmental benefits.

⁴ *Appendices to the Journal of the House of Representatives (AJHR)*, 1917, H. 30, p. 1.

⁵ *Grey River Argus*, 5 February, 1918.

Disability, on the other hand, condemned men to dependence and a lack of autonomy – the opposite to public conceptions of masculinity and citizenship.⁶ Furthermore, not only did disability threaten the soldier's masculine identity, it also represented a tremendous potential financial burden to the state's finances. The government, therefore, had the difficult task of ameliorating this paradox. To do so, repatriation measures appealed to the masculine identity of the soldier, emphasizing his duty to repatriate himself. The government provided the opportunities for repatriation and it was up to the soldier to do the rest.

Yet, by the 1930s it seemed repatriation had failed. Returned soldier organisations complained that disabled soldiers were breaking down in health. Due to their incapacitation these soldiers were unable to find employment and were reliant on their pensions. To make matters worse, the economic depression of the early 1930s meant that both the New Zealand government and society could not afford to prioritise disabled soldiers over other civilians. Employers were unwilling to hire inefficient workers and the government was forced to focus its energies on the thousands of young, fit men out of work.

⁶ On this paradox, see Graham Dawson, *Soldier Heroes: British Adventure, Empire and the Imagining of Masculinities*, London; New York, Routledge, 1994; Stephen Garton, 'War and Masculinity in Twentieth Century Australia', *Journal of Australian Studies*, no. 56, 1998; John Williams-Searle, 'Cold Charity: Manhood, Brotherhood, and the Transformation of Disability, 1870 – 1900', Paul K. Longmore and Lauri Umansky (eds.), *The New Disability History: American Perspectives*, New York; London, New York University Press, 2001, pp. 157 – 186.

This thesis demonstrates that the government's repatriation initiatives were responding to a complex situation. Success in repatriation varied greatly due to a range of factors such as the type and extent of war injuries and the very nature of such a large volunteer and conscript army which included men from a vast array of backgrounds. The government also had to balance perceptions of the soldier's deservedness of preferential treatment with the fear of dependency. Thus, repatriation initiatives were as much cultural and gendered concerns as they were financial ones. Furthermore, this thesis highlights that a crucial element of an analysis of repatriation is the passage of time both because of international factors that created the financial crisis of the 1930s, and – perhaps more importantly – because as veterans aged, their needs increased.

Several categories and terms used in this thesis need a note of explanation. Repatriation initially referred to the restoration of soldiers to the land. After the war the term expanded to incorporate any initiative seeking to aid the transition from soldier to civilian. This thesis focuses on three areas of repatriation offered by the New Zealand government to disabled soldiers: medical treatment, pensions and employment. These three areas constitute the main foci of repatriation initiatives within New Zealand during the post-war period. Although focusing on the state repatriation initiatives, "The Living Death" will also include aspects of societal support for disabled soldiers through patriotic societies. Although technically societal initiatives,

patriotic societies were regulated by the New Zealand government through the 1915 War Funds Act and therefore are included under the wider heading of state initiatives.

Additionally, the terms soldier, ex-soldier, returned soldier, serviceman, ex-serviceman, returned serviceman and veteran are all used interchangeably within contemporary literature after the demobilisation of the New Zealand Expeditionary Force (NZEF). This thesis uses these terms to differentiate men with active war service from those who did not serve, even though veterans might not have continued to identify themselves as such in the post-war period.

By the terms wounded, incapacitated, disabled and maimed, this thesis refers to those with physical injuries and, to a lesser extent, illness contracted during the war. This includes gunshot and shell victims, the blind and deaf, amputees, tubercular (and other respiratory) cases. In this respect, this thesis follows the example of Australian historian Marina Larsson by including a wide range of injuries and illnesses which were categorised under the general heading of disability.⁷ However, due to time constraints and word limitations, soldiers who suffered mental illnesses, such as shellshock, will only receive attention in passing.

⁷ Marina Larsson, *Shattered Anzacs: Living with the Scars of War*, Sydney, University of New South Wales Press, 2009.

Discussion of Historiography

New Zealand historiography generally focuses on the state's role in repatriating soldiers. The soldier settlement scheme⁸, pensions or wider studies of welfare in New Zealand⁹ and the Returned Soldiers' Association's (RSA) response to repatriation initiatives¹⁰ have all received a marked amount of historiographical attention. Within repatriation historiography, the perceived generosity or miserliness of the New Zealand government and society towards the disabled Great War veteran is a prominent argument. J. O. Melling for example argued that the government's repatriation efforts were characterised by reluctance and that even though they often made promises, the New Zealand government "had not, of its own volition translated these promises into action."¹¹ This thesis also focuses on state initiatives and the RSA's perspective. However, in doing so it also recognises

⁸ Arthur P. Bates, *The Bridge to Nowhere: The Ill-Fated Mangapurua Settlement*, 2ed, Wanganui, Wanganui Newspapers, 1982; Michael Roche, 'Soldier Settlement in New Zealand after World War 1: Two Case Studies', *New Zealand Geographer*, Vol. 58, no. 1, 2002, pp. 23-32; Anne Maloney, 'Land Fit for Heroes? The Otago Experience of the National Soldier Settlement Scheme after World War One', BA(Hons), University of Otago, 1982; Ashley Gould, 'Proof or Gratitude? Soldier Land Settlements in New Zealand after World War One', Ph.D, Massey University, 1987; Simbo Ojinmah, 'Land Settlement for Soldiers, 1918-1922', P.G. Dip., University of Otago, 1987; Atholea A. Shanks, 'The Teviot Soldier Settlement: An Evaluation', MA, University of Otago, 1983.

⁹ Stephen Uttley, 'The Development of War Pensions Policy', *British Review of New Zealand Studies*, no. 7, 1994, pp. 33 – 48; Margaret McClure, *A Civilised Community: A History of Social Security in New Zealand 1898 – 1998*, Auckland, Auckland University Press in association with the Historical Branch, Department of Internal Affairs, 1998; W. H. Oliver, 'The Origins and Growth of the Welfare State', A. D. Trlin (ed.), *Social Welfare and New Zealand Society*, Wellington, Methuen, 1977, pp. 1-28; Margaret Tennant, *Paupers and Providers: charitable aid in New Zealand*, Wellington, Allen & Unwin New Zealand Ltd and Historical Branch, Dept. of Internal Affairs, 1989; Margaret Tennant, *The Fabric of Welfare: voluntary organisations, government and welfare in New Zealand, 1840 – 2005*, Wellington, Bridget Williams Books, 2007.

¹⁰ J. O. Melling, 'The N.Z. Returned Soldiers' Association, 1916-1923', MA, Victoria University College, 1952; Stephen Clarke, 'Return, Repatriation, Remembrance and the Returned Soldier's Association 1916 – 22', John Crawford and Ian McGibbon (eds.), *New Zealand's Great War; New Zealand, the Allies and the First World War*, Auckland, Exisle Publishing, 2007, pp. 157 - 180.

¹¹ Melling, p. 72.

that arguments of generosity, or lack thereof, do not represent the full complexity of repatriation.

Generally New Zealand's repatriation historiography only focuses on the first decade after the war's end. Marina Larsson has addressed the dearth of historiography regarding disabled soldiers in the 1930s:

Scholars' interest in repatriation, rehabilitation, and the emergence of disabled soldier organisations has seen a chronological bias towards the war years and the 1920s. The 1930s is often treated as a postscript: an era in which disabled soldiers were simply 'forgotten' ... Such conclusions echo disabled soldiers' own political claims that they had become 'forgotten heroes' who no longer received public sympathy and were victims of the government's broken repatriation promises.¹²

This thesis, however, recognises that repatriation and rehabilitation initiatives continued long after the 1920s due to the long-term and complex nature of war disabilities.

Both government and society, in New Zealand and overseas, have been accused of neglecting disabled returned servicemen, not only after the Great War, but also those preceding and succeeding it. Such sentiments were shared by W. E Leadley, a leading RSA figure and disabled-soldier advocate during the interwar period, who stated in 1949 that "History reveals a very sorry tale concerning the treatment of disabled ex-servicemen at the conclusion of wars waged by the nation. It is a story of neglect and forgetfulness, not peculiar to New Zealand, but one which has been the

¹² Larsson, *Shattered Anzacs*, p. 208.

general experience of all nations.”¹³ Similarly; historian Ana Carden-Coyne has described disabled soldiers as figures of neglect and “awkward symbols of social amnesia”.¹⁴ As this thesis shows, war memory faded in the 1930s. But this was also a result of the strained economy and the emergence of new groups more needy than the disabled soldier.

Another major theme in international historiography of the experience of the war disabled has focused on the relationship between disabled soldiers and civilians during the interwar period. Australian historians such as Joanna Bourke, Joy Damousi, Stephen Garton, and Marina Larsson have highlighted society’s growing indifference and even hostility towards the returned soldier population, especially as war memory faded and as the economic situation tightened.¹⁵ They argue many soldiers felt unappreciated by the civilian population and the civilian population resented the state’s preferential treatment of returned soldiers, especially as the economy deteriorated in the 1930s. Deborah Cohen, too, has highlighted

¹³ W. E. Leadley, *How they Fared: the work of the DSRL (Inc) New Zealand*, Wellington, Government Printer, 1949, p. 6.

¹⁴ Ana Carden-Coyne, ‘Ungrateful Bodies: Rehabilitation, Resistance and Disabled American Veterans of the First World War’, *European Review of History*, Vol. 14, no. 4, December 2007, pp. 543.

¹⁵ Joanna Bourke, *Dismembering the Male: Men’s bodies, Britain, and the Great War*, University of Chicago Press, Chicago, 1996; Joanna Bourke, ‘The Battle of the Limbs: Amputation, Artificial Limbs and the Great War in Australia’, *Australian Historical Studies*, Vol. 29, no. 110, April 1998, pp. 49-67; Joy Damousi, *The Labour of Loss: Mourning, Memory and Wartime Bereavement in Australia*, Cambridge, UK; New York, Cambridge University Press, 1999; Stephen Garton, ‘Return home: War, Masculinity and Repatriation’, Joy Damousi and Marilyn Lake (eds.), *Gender and War: Australians at War in the Twentieth Century*, Cambridge, U.K.; Melbourne, Cambridge University Press, 1995; Stephen Garton, *The Cost of War: Australians Return*, Melbourne; Auckland, Oxford University Press, 1996; Stephen Garton, ‘War and Masculinity in Twentieth Century Australia’; Marina Larsson, *Shattered Anzacs*; Marina Larsson, ‘Restoring the Spirit: The Rehabilitation of Disabled Soldiers in Australia after the Great War’, *Health and History*, Vol. 6, no. 2, 2004, pp. 45-59.

the difference in the relationship between soldiers and civilians within Britain and Germany.¹⁶ Cohen finds that the relationship between disabled soldiers and civilians was much more appreciative in Britain than in Germany. Cohen's main point of difference between the two countries is that British government provided disabled soldiers with meagre and basic rehabilitation schemes, whereas Germany provided amply for its wounded fighters. The limited assistance offered by the British government, however, induced the British public and volunteer societies to take a more active role in the care of disabled ex-servicemen, thereby assuring the soldiers that their efforts were appreciated by the public in general. The Weimar government, on the other hand, denied society the chance to show their appreciation to disabled soldiers and left them feeling alienated from the rest of the public.

The relationship between disabled soldiers and the New Zealand public does not constitute a major theme within this thesis. However, it is important to note that within public debates regarding disabled soldiers, little evidence remains regarding any major hostility between the two groups. Although often complaining that war memory was fading, the RSA continually expressed gratitude for the public's support, and received regular donations for the disabled soldiers' cause. In this respect, it can be argued that New Zealand followed the example of the British government

¹⁶ Deborah Cohen, *The War Come Home: Disabled veterans in Britain and Germany, 1914 – 1939*, Berkley; Los Angeles, London, University of California Press, 2001.

wherein state initiatives required the continued efforts of community groups. Thus, as soldiers could see society was willing to help and society could see disabled soldiers were struggling, a more considerate relationship developed between the two groups.

New Zealand historiography and popular opinion generally revolves around the perceived success or failure of the repatriation scheme. Most concur that the repatriation of wounded soldiers after the Great War was a failure as many men struggled with ongoing ill health, financial instability and unemployment. Sarah Neal has argued that although the New Zealand government made a genuine effort, the repatriation of disabled soldiers was hampered by haste, lack of understanding regarding the complexity of repatriation and the long-term effects of war.¹⁷ Peter Boston declared that repatriation was “a partial commitment cobbled together from voluntary and public sources and was always harassed by financial constraints.”¹⁸ Margaret Tennant too, has described the government’s role in repatriating soldiers as “incomplete” due to the premature closure of the Repatriation Department which forced soldiers to rely on volunteer and patriotic organisations for support.¹⁹

¹⁷ Sarah Neal, ‘Well-intentioned but Ill-fated’: the New Zealand Government’s Repatriation Scheme for World War One Returned Soldiers, 1915-1930’, BA (Hons), University of Otago, 2001, p. 55.

¹⁸ Peter Boston, ‘The Bacillus of Work: masculinity and the rehabilitation of disabled soldiers in Dunedin 1919-1939’, BA (Hons), University of Otago, 1997, p. 9.

¹⁹ Tennant, *The Fabric of Welfare*, p. 99.

Recent accounts question the long narrative of neglect. Repatriation historian Ashley Gould and Gwen Parson's PhD thesis have argued that the extent of soldier hardship during the post-war period has been exaggerated in popular memory. Parsons states that New Zealand's repatriation provisions in the 1920s were "more generous than historians have generally recognised" and that many more veterans than previously presumed re-established themselves successfully in society.²⁰ In terms of the land settlement scheme, Ashley Gould has argued that repatriation was judged too harshly by contemporaries and historians alike.²¹ Parsons and New Zealand historian Margaret McClure have also demonstrated how disabled soldiers received more generous financial assistance than other needy groups.²²

Arguments regarding the success or failure of repatriation initiatives in the 1920s and 1930s can only be regarded as partial, however. Although New Zealand had some provisions available for wounded soldiers due to the New Zealand Wars and the South African War, the Great War involved such a large number of men with such a complex and serious range of injuries and illnesses that no real precedent existed from which the government could form comprehensive legislation and repatriation initiatives. This thesis does

²⁰ Gwen Parsons, "The Many Derelicts of the War'? Great War Veterans and Repatriation in Dunedin and Ashburton, 1918 to 1928', PhD., University of Otago, 2008, p. 3.

²¹ Ashley Gould, 'Soldier Settlement in New Zealand after World War I: A Reappraisal', Judith Smart and Tony Wood (eds.), *An Anzac Muster: War and Society in Australia and New Zealand 1914-18 and 1939-45*, Clayton, Vic., Dept. Of History, Monash University, 1992, p. 114.

²² Parsons, p. 132; McClure, p. 35.

not focus on the overall “success” or failure of repatriation. Rather, it focuses on the perceptions of repatriation authorities that various kinds of soldiers were successes or failures, thereby illuminating contemporary cultural attitudes.

Very few New Zealand historians have examined the experience of repatriation through the cultural constructs of disability, masculinity and citizenship. Peter Boston’s BA(Hons) thesis on the rehabilitation of disabled soldiers in Dunedin is one of the only repatriation studies which discuss disability, masculinity and citizenship. Boston details the ideological connections between “martial masculinity” and civilian masculinity – both of which advocated self-help, duty, leadership and independence, and how the economic reality during the 1920s and 1930s deprived disabled ex-servicemen from reaching those ideals.²³ He also argues that the New Zealand government and society’s commitment to repatriating men was partial; contingent on deservedness based on contemporary perceptions of masculinity and citizenship.²⁴

International sources have much more thoroughly engaged with concepts of masculinity, disability and citizenship in relation to the repatriation of wounded Great War servicemen. This thesis uses these sources as a base from which to compare New Zealand’s experience. They

²³ Boston, pp. 70-1.

²⁴ Ibid, p. 9.

highlight that during this period, idealised masculinity was based around independence, self-help, courage, and continuing to do one's duty to King and country both as a soldier and as a civilian breadwinner.²⁵ The soldier hero was both a national and masculine ideal.²⁶

Disability historiography has argued that disability posed a direct threat to the masculinity of the soldier. Disability made him an object of pity and fear as an "unsettling" and "haunting spectacle"²⁷ or, as Sandy Callister describes: "the enduring signs of the war's spent fury, a continuing challenge to all who looked at them."²⁸ Furthermore, disability undermined his ability to work and provide for his family. American historian Douglas Baynton has demonstrated how disability has been one of the most prevalent justifications for inequality as disability was evoked to "clarify and define

²⁵ Martin Crotty, *Making the Australian Male: Middle Class Masculinity 1870-1920*, Carlton, Vic., Melbourne University Press, 2001, p. 11; Joy Damousi and Marilyn Lake, 'Introduction: Warfare, History and Gender', Joy Damousi and Marilyn Lake (eds.), *Gender and War: Australians at War in the Twentieth Century*, Cambridge, U.K.; Melbourne, Cambridge University Press, 1995, p. 11; Martin Francis, 'The Domestication of the Male? Recent Research on Nineteenth- and Twentieth-Century British Masculinity', *The Historical Journal*, Vol. 45, no. 3, September 2002, p. 644; Garton, 'War and Masculinity in Twentieth Century Australia,' p. 89; Garton, 'Return home: War, Masculinity and Repatriation', p. 193; Jessica Meyer, *Men of War: Masculinity and the First World War in Britain*, Basingstoke; New York, Palgrave Macmillan, 2009, pp. 98, 127; Kate Murphy, 'The "Most Dependable Element of Any Country's Manhood": Masculinity and Rurality in the Great War and its Aftermath', *History Australia*, Vol. 5, no. 3, December 2008, p. 72.13; Robert A. Nye, 'Review Essay: Western Masculinities in War and Peace', *American Historical Review*, Vol. 112, no. 2, April 2007, pp. 417-38; Lynne Segal, *Slow Motion: Changing Masculinities, Changing Men*, (3ed.), Basingstoke, Palgrave Macmillan, 2007.

²⁶ Crotty, *Making the Australian Male*, p. 28; Dawson, *Soldier Heroes*, p. 1; N. E. J. Morecroft, 'No Nation Ever Sent Forth Braver Troops to Battle': Images of the Soldier in Nineteenth-Century British Literature and Culture', *When the Soldiers Return: November 2007 Conference Proceedings*, p. 88. Informit, URL: <http://www.search.informit.com.au/browsePublication;isbn=9781864999273;res=IELHSS>. Accessed 11 March 2010.

²⁷ Joy Damousi, *The Labour of Loss*, p. 89.

²⁸ Sandy Callister, *The Face of War: New Zealand's Great War Photography*, Auckland, Auckland University Press, 2008, p. 95.

who deserved, and who was deservedly excluded from, citizenship.”²⁹

International disability historiography has long recognised that disability was as much a social issue as it was a physical one: “‘Disability’ in other words, is not simply located in the bodies of individuals. It is a socially and culturally constructed identity. Public policy, professional practices, societal arrangements, and cultural values all shape its meaning.”³⁰ Therefore, disability challenged the masculine identity and citizenship of the disabled soldier.

Disability created both a physical and social barrier. Wounded soldiers needed to overcome disability to regain their masculinity rather than relying on the state and the community for their maintenance. However, Wendy Jane Gagen has argued that whilst becoming disabled was “not necessarily an emasculating experience”, in some cases it still required an “intense course of renegotiation”.³¹ Soldiers had to renegotiate their masculinity in order to accommodate their disability and for a number of men, this was never successful. As Joanna Bourke has argued “Many of the war-disabled searched for new ways of interpreting the devastation wrought upon their flesh. In this quest they failed: although initially they won special

²⁹ Douglas C. Baynton, ‘Disability and the Justification of Inequality in American History’, Paul K. Longmore and Lauri Umansky (eds.), *The New Disability History: American Perspectives*, New York; London, New York University Press, 2001, p. 33.

³⁰ Paul K. Longmore and Lauri Umansky, ‘Disability History: From the Margins to the Mainstream’, Paul K. Longmore and Lauri Umansky (eds.), *The New Disability History: American Perspectives*, New York; London, New York University Press, 2001, p. 19.

³¹ Wendy Jane Gagen, ‘Remastering the Body, renegotiating Gender: Physical Disability and Masculinity during the First World War, the Case of J. B. Middlebrook’, *European Review of History*, Vol. 14, no. 4, December, 2007, p. 527.

status, the broader public to whom they appealed eventually reverted to pre-war ways of thinking about disabled bodies.”³² Repatriation initiatives sought to assist the renegotiation period whereby men overcame their disability. When repatriation was seen to fail, disabled soldiers rescinded their special status and were absorbed into the wider population.

It has been argued in other countries that in order to reclaim the masculinity supposedly lost through disability, soldiers, state and society alike propagated ideas of a special citizenship held by disabled soldiers in recognition of their sacrifice.³³ This “moral obligation” of state and society privileged the disabled veteran to special provisions and rights in terms of financial welfare and general government support over and above other members of society, disabled or otherwise.³⁴ This thesis has used the examples of international disability historiography as a framework. Within this framework, “The Living Death” explores and deepens the understanding of the New Zealand government’s responses to war disability and the centrality of masculinity and citizenship to those responses. This thesis shows that New Zealand’s repatriation initiatives expressed the deservedness of disabled soldiers to receive benefits over the civilian population in an attempt to remove them from the stigmatising position of

³² Bourke, *Dismembering the Male*, p. 20.

³³ Garton ‘War and Masculinity in Twentieth Century Australia’, p. 89.

³⁴ Richard K. Scotch, ‘American Disability Policy in the Twentieth Century’, Paul K. Longmore and Lauri Umansky (eds.), *The New Disability History: American Perspectives*, New York; London, New York University Press, 2001, p. 378; David A. Gerber, ‘Introduction’, *Disabled Veterans in History*, David A. Gerber (ed.), The University of Michigan Press, 2000, p. 12.

civilian disability. It demonstrates that disability was feared due to its association with dependency as it threatened both cultural perceptions of masculinity and citizenship, as well as the economic well-being of New Zealand.

Sources & Methods

The repatriation experience of wounded soldiers after World War I has been relatively confined to a state narrative in terms of their medical treatment, pensions and employment. In this narrative, the experience of disability is defined by reactionary governmental initiatives towards what was culturally viewed as the disabled soldier problem. This is due to the difficulties involved in uncovering the individual narrative of war disablement separate from the state based narrative. Diaries of soldiers during their war service generally stop with the war's end or with injury, leaving little trace of their individual experience through medical rehabilitation, pensioning and efforts to gain employment. Little evidence in newspapers, magazines and other public forums (apart from the RSA) tells of the individual struggle with disability and what impact it had on their lives socially, emotionally and mentally as the ex-servicemen negotiated their identity in a society which maligned the disabled person.

Therefore, 'The Living Death' also uses a state narrative. My research analyses traditional historical sources of political debates, legislation, commissions, and organisations as well as newspapers and journals. In terms

of newspapers this thesis largely focuses on the *Evening Post* as it was the major newspaper in Wellington. Of the journals special note must be made of *Quick March* magazine and its later replacement; the *RSA Review* which were the official journals of the RSA, as well as *Kai Tiaki*, New Zealand's official nursing journal. In terms of archival sources, I have examined repatriation, war pension, medical files and employment collections held within Archives New Zealand as well as *New Zealand Parliamentary Debates* and *The Appendices to the Journal to the House of Representatives*.

In order to broaden from the state narrative of disability, my research had to expand from a qualitative study to include some aspects of quantitative research. Using military personnel files and a 1920 register of disabled servicemen I have attempted to gain an insight into complex kinds of war incapacity to which the state initiatives reacted. Although the sources vary in the amount of detail provided and the information is necessarily fragmented and partial, they do provide a range of information about disabled soldiers including their name, occupation, age, domestic status, injury or illness and the extent of the disability. In order to complement these sources, I have additionally listened to interviews from National Library's World War I Oral History Archive (WWIOHA) as another sample. These interviews not only describe the experience of wounding and illness at the battlefield, but also illuminate the post-war experience of state repatriation.

The MacMillan Brown Library at Canterbury University holds a register of disabled soldiers in 1920 in New Zealand's four military districts: Auckland, Wellington, Canterbury and Otago.³⁵ The register has two sections; the first records men receiving permanent war pensions, and the second supplies a list of "discharged and undischarged hospital patients assessed as suffering permanent disability, but not yet in receipt of a pension." Both sections give the serviceman's regiment number, name, pre-service occupation, domestic status, the nature of the injury and either the amount of pension received or, in the second section, the estimated percentage of disability. Of the 3263 cases recorded in the register of disabled soldiers, a sample of 691 was examined more closely in order to illuminate the nature of injury in relation to the amount of pension received or the perceived percentage of disability. The first impression of the register is both the vast array of occupations the men held prior to their service, and the range of injuries.

In addition, personnel files were sampled. Dr Evan Roberts of Victoria University, alongside Kris Inwood and Les Oxley have in recent years compiled a database from a sample of personnel files in order to examine the heights and weights of New Zealand's World War I servicemen. The sample was made possible by the transfer of 122,357 copied personnel files (covering

³⁵ *List of the Names of all ex-members of the New Zealand Expeditionary Force, suffering permanent disability from 20 per cent. to 100 per cent.*, Wellington: New Zealand Times, 1920.

ninety-five per cent of men who served with the New Zealand Forces in World War I) from the New Zealand Defence Force to Archives New Zealand and made available for public viewing in 2005.³⁶ Due to fragility, the original paper records are not available to the public, and as the micro-filmed copies of the records also contain personnel files from World War II servicemen – they are restricted from public viewing as well. However, Archives New Zealand prints copies of the microfilmed files out for researchers, and now makes digital copies available online, which can then be viewed by the general public. As most of the researchers are interested in genealogical work, the sample is naturally biased towards men who survived the war and produced descendants interested in their ancestry.³⁷ The database compiled by Inwood, Oxley and Roberts contained 7,705 files and includes soldiers' name, date of birth, place of birth, next-of-kin, marital status, occupation, date of enlistment, age at enlistment, date of death and miscellaneous details from the soldier's service records including discharge, cause of death, various post war medical conditions and disciplinary action. Using this database, as with the disabled soldier register, I have tried to explore the range of physical wounding and the reasons behind the New Zealand government's response to disabled returned servicemen.

³⁶ Inwood, Oxley, and Roberts, pp. 269-270.

³⁷ Ibid, p. 270.

The National Library in Wellington hosts a collection of 85 interviews of Great War veterans conducted between 1988 and 1989 by interviewers Jane Tolerton and Nicholas Boyack. The objectives of the WWIOHA project were to conduct “full life interviews concentrating on World War I and its impact on the individual and New Zealand society,” and to ask questions that had previously been neglected in the field of Great War historical research, including repatriation and life in New Zealand during the 1920s and 1930s. Of these 85 interviews, I listened to a sample of twenty interviews with veterans who had reported experiencing wounds or illnesses during their service and the effect this had on their later life in terms of their health, employment and financial security.

Of the 85 interviews, all but two interviewees were over the age of 90, making their provided information less reliable than earlier sources. As American historian David Gerber has argued: “Long-term autobiographical memory is constantly semiconsciously filtered, accreting layers of add-ons and revisions.”³⁸ However, despite their age most of the men were able to recollect their experiences of World War I and its impact on their later life with a certain degree of accuracy and varying levels of detail. Even more remarkably, there were several interviews in which the veterans had received near-fatal wounds which had lasting effects long after the war

³⁸ David A. Gerber, ‘Blind and Enlightened: The Contested Origins of the Egalitarian Politics of the Blinded Veterans Association,’ Paul K. Longmore and Lauri Umansky (eds.), *The New Disability History: American Perspectives*, New York; London, New York University Press, 2001, pp. 328 – 329.

ended. There were three interviewees who reported still having pieces of shrapnel lodged inside their bodies.³⁹ The variation and fluidity regarding the structure of the interviews did provide some limitations, however. The interviewers seemed to have a list of questions that they generally asked, but the interviews tended to follow the thread of the interviewee's recollections. While this enabled the veterans to go into detail on the issues they could more accurately recollect, it did mean that some important questions were not asked in some interviews.

Of the 20 interviews, 13 of the veterans had served on the western front, four of whom additionally served with the Army of Occupation in Germany. Eight were veterans of the Gallipoli campaign and one served in the Palestine campaigns. Two served at both Gallipoli and the western front but in supporting roles. Colin Gordon for example was an orderly within the New Zealand Medical Corps treating the Gallipoli wounded at Pont de Koubbeh hospital in Egypt and then later as a stretcher bearer on the western front. Another Gallipoli veteran, Victor Nicholson, became a radiologist with the New Zealand Medical Corps after being wounded. All the interviewed veterans reported receiving wounds serious enough to require medical

³⁹ Leslie Frederick Harris, interview by Jane Tolerton and Nicholas Boyack, 7 August, 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHC-002646; Leslie Maurice Stewart Sargent, interview by Jane Tolerton and Nicholas Boyack, 8 November, 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHC-002748; Frederick Thornborough Tate, interview by Jane Tolerton and Nicholas Boyack, 15 May, 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHC-002771.

treatment and many were sent back to New Zealand and discharged due to the extent of their wounds.

In addition to these sources, I have also made extensive use of the RSA's publications. As the official journals of the RSA *Quick March*, and later the *RSA Review*, provided forums for subscribers to both learn about, and comment on, the various issues confronting the returned soldier in New Zealand during the 1920s and 1930s. One of the most important aspects of *Quick March* for the returned wounded soldier was the information it provided regarding the services offered by the government. One of the RSA's main objectives was to look after the interests of the wounded soldier and his dependants.⁴⁰ Thus *Quick March* took care to ensure that the wounded soldier was kept up to date with the changing nature of pensions, medical care and treatment, convalescent care, artificial limbs, repatriation, the land settlement scheme, employment, vocational schemes, transport, as well as how New Zealand's policies compared with those of international standards. As the first issue stated:

the Executive of the N.Z.R.S.A. modestly reminds the community that returned soldiers do have some thought about their future; they do have opinions on repatriation; they do wish to be consulted fairly; they do desire to comment on the schemes proposed for their welfare. For this purpose 'Quick March' will be helpful to returned soldiers and to the State.⁴¹

⁴⁰ *Quick March (QM)*, Vol. 1, no. 7, November 1918, p. 4.

⁴¹ *QM*, Vol. 1, no. 1, April 1918, p. 1.

Not only could soldiers learn the ins and outs of various governmental schemes, they could also submit their comments, queries and suggestions to the magazine.

Another of the significant functions of *Quick March* was to report on the aims, objectives, events, activities and reform movements in the RSA's social and political sphere. Notes from the yearly conferences show the attitudes towards various government schemes and the reforms the RSA felt needed to be made to such schemes. As well as at a national level, *Quick March* also published notes from the various local branches of the RSA about their activities. A large part of the District notes was concerned with the various fundraising events and activities orchestrated by the RSA to help with the welfare of returned soldiers.

In the disabled soldier register, the personnel files and the oral history archive the evidence regarding the experience of disabled soldiers is necessarily fragmented and partial as the trail generally goes cold when the men either returned successfully to civilian life or died. However, the combination of a qualitative and quantitative approach, combined with the juxtaposition of different sample groups points to a wide array of disability and the complex situation to which the New Zealand government was responding. These sources show the multiple and dynamic range of injuries suffered by disabled soldiers which precluded their return to former occupations. When combined with the state narrative, as well as nursing and

medical journals, newspaper articles, servicemen's journals such as *Quick March* and the *RSA Review*, these sources have enabled me to illuminate the far-reaching effects of disability among New Zealand's ex-servicemen population to a greater extent than just a state based narrative alone.

Argument and Chapters

New Zealand's rehabilitation of and assistance for disabled servicemen was a complex process in which medical rehabilitation was entwined with the rehabilitation of character and masculine citizenship. Beginning with the medical treatment in the battle field and convalescence in England, Chapter One of "The Living Death" focuses on the medical treatment made available to disabled soldiers by the government both during and after the Great War. Within this chapter I examine the treatments and initiatives available to soldiers in order to rehabilitate the wounded soldier from the horrors of the battlefield. Special attention is paid to the implementation of vocational training and the cultural values which were concurrently expressed within such medical treatments regarding the status of the disabled soldier patient and the role of his individual will in his recovery. Chapter Two examines various state initiatives for the financial maintenance of disabled servicemen such as the 1915 War Pensions Act (and its later amendments), the 1923 Economic Pension and the 1935 War Veterans Allowance. Within this chapter I discuss the public debates regarding pensions as: compensation or charity; a temporary support or

permanent crutch; and the amount that the returned soldier status deserved. The final chapter in this thesis details the employment assistance offered to disabled soldiers in order to restore them to the workforce and, subsequently, removing governmental support. In this chapter I discuss the advice given to both state and society from repatriation authorities as to what course of employment was best suited to soldiers as well as the various vocational and educational schemes offered to disabled ex-servicemen. These employment initiatives highlight societal values regarding the fears of disability and its impact on the soldiers' masculinity and special citizenship.

Many wounded soldiers during this period had to negotiate an identity in limbo. On the one hand, they were the epitome of masculinity and citizenship having fought, and shed blood, for the safety of the Dominion and the preservation of the British Empire. On the other hand many were disabled, unable to care fully for themselves or families and were dependent on the charitable assistance of state and society alongside widows and the elderly. In order to negotiate this polarity I argue that disabled soldiers were identified as "a class apart".⁴² Due to their military service the returned wounded soldier was classed as separate from other invalids with separate hospitals and wards, separate from other pensioners with wider reaching and more generous pensions, and separate from the general unemployed with special employment assistance.

⁴² *Evening Post (EP)*, Vol. CXIII, Issue 60, 11 March 1932, p. 6.

As time passed, however, New Zealand's war memory faded and, in combination with the economic crisis, their special status diminished. Ageing, burnt out and broken down soldiers were recognised less by medical authorities as a separate group from the average aging civilian population. Instead, in the 1930s the government granted disabled soldiers pensions that evoked connotations of charitable aid and other struggling groups started gaining support for their recognition in pension schemes. The government prioritised the task of finding work for fit unemployed men because in many cases disabled ex-soldiers were better off due to their pensions and fit men had a better chance of contributing to the economy. Therefore this thesis argues that what, in the 1920s, was a repatriation scheme designed to restore men to a life of full masculine citizenship, became in the 1930s perceived as charity for those men who had failed to overcome "the living death". The rationale and rhetoric of New Zealand's repatriation schemes gives us a fuller understanding of the cultural understandings of manliness, work and disability in the post-war period.

Chapter One: Disabled servicemen and medical treatment

In 1918 New Zealand's nursing journal, *Kai Tiaki*, predicted the future for badly disabled servicemen:

The war will still cause the need of many, and even when it ends and the world is again at peace, the work of nurses will be needed to care for the broken survivors. Infinite patience will be needed;... by and bye there will be the daily care, week in and week out, of the helpless, injured, incurable ones, the phthisical cases so hard to manage and to bear with, the nerve cases so fractious and despondent.⁴³

For the many servicemen who were physically wounded during the Great War, medical treatment marked the first stage of their experience with disability and the repatriation process. Before the soldier could find employment, earn a wage and return to civilian life as an active and useful member of society, he first had to undergo extensive medical treatment to restore him to the highest possible level of fitness and wholeness. Without such intervention from medical authorities, facilities, technologies, techniques and knowledge, the disabled soldier risked long-term dependence on the state and his community for his up-keep. As both military and civilian ideals of masculinity and citizenship during the post-war period extolled work and independence, disability threatened to diminish his status as a soldier, a man and as a citizen alongside his physical deterioration.

⁴³ *Kai Tiaki*, Vol. II, no. 1, January 1918, p. 1.

This chapter begins by outlining the conditions and medical facilities available to the wounded during the Great War. The combination of unsanitary conditions and destructive weaponry inflicted tremendous hardship on the human body and overwhelmed medical provisions. On the soldier's return to New Zealand, this chapter then explores the interactions with Medical Boards, the medical facilities and medical treatment made available to the wounded by both state and patriotic associations, focusing in particular on orthopaedic and vocational treatment. The last section within this chapter focuses on the shift into the 1930s when the RSA, the Soldiers' Civil Re-establishment League (SCRL), patriotic organisations and the government became concerned regarding the "burnt out" soldier problem.

I argue in this chapter that medical authorities, the New Zealand government and the RSA sought to keep the soldiers' medical experience as an entirely separate experience from that endured by incapacitated civilians. The evidence collected within the Heights and Weights Database, the 1920 register of disabled soldiers and the World War I Oral History Archive (WWIOHA) demonstrates that the conditions at the front caused multiple, dynamic injuries and illnesses. Because of their war service and the conditions they endured on the front line, war disability was therefore perceived as a more terrible and heroic experience than civilian disability and, consequently, more deserving of specialised medical facilities and

expert medical treatment which were free of charge and separate from the stigmas associated with the civilian disabled population.

Secondly, within the disabled soldier's experience with Medical Boards and medical treatment, great importance was placed on the individual mindset of the disabled soldier. Repatriation literature expressed that whilst tremendous advancements had been made in medical technology, techniques and knowledge, it was the soldier's attitude above everything else that ensured a complete medical repatriation. Medical authorities were advised not to coddle the soldier and encourage dependency, but to restore the soldier's sense of masculine duty to his country and his community. The best way in which to do so, it was claimed, was to provide disabled soldier with opportunities for vocational training so that they could not only strengthen their physical health but also prepare for their re-entry into civilian life as wage earners and useful citizens.

By the 1930s, however, it seemed as though earlier medical treatment had failed to restore the health of returned soldiers. Soldiers were reportedly suffering from ill-health, premature aging and, in some cases, premature death due the hardships experienced during their war service. Whilst medical authorities lacked consensus regarding the attributability between war service and the burnt out soldier problem, this chapter demonstrates that there was a correlation between war wounds and premature death but in many cases other factors, such as the depressed economic climate and the

general effects of aging also contributed to the perception of a problem. This chapter argues that the burnt out soldier implied a failure on behalf of medical authorities and also the soldier himself to complete a successful medical repatriation. Even despite advanced medical facilities offered free of charge to the soldier, the complex nature of war disability and illnesses sometimes precluded the efficacy of contemporary medical ability. Furthermore, due to the emphasis during the 1920s on the attitude and responsibility of the soldier to overcome his own disability, he too shared in the implications of failure.

Conditions at the Front

The New Zealand Medical Corps, formed in 1908, had devised a process for dealing with casualties in the Great War: first stabilised at field ambulances the injured were then evacuated to a Casualty Clearing Station further away, and then to a more established hospital.⁴⁴ However, the overwhelming number of casualties sustained at Gallipoli, along with mismanagement and poor coordination, broke down this process resulting in long delays before the soldier received medical attention, often in unfavourable conditions.⁴⁵ The hospital transports were few and full, and the men in some cases had to spend days on the beach waiting for attention, with an inadequate food and water supply. Despite hard-working and

⁴⁴ McGibbon, *The Oxford Companion to Military History*, p. 314.

⁴⁵ Ibid.

competent doctors and nurses, medical facilities were hampered by being ill-equipped, overcrowded, unhygienic, understaffed and generally overwhelmed, resulting in life-threatening delays and insufficient treatment.⁴⁶ According to a WWIOHA interviewee, Francis Fougère, the doctors struggled to cope with the number of wounded men and the extent of their wounds:

The doctors were toiling 24 hours a day... The doctors couldn't have done any more than they did, they never had any time to themselves at all. More wounded would be coming, more would be coming and the gangrene would be coming worse and worse, and they had nothing, they didn't have the drugs that they have nowadays. Blue stone and hot salt water was all they had that I know about.⁴⁷

Once a wounded soldier boarded one of the hospital transports, he was then taken to hospital in Egypt, Lemnos, Malta or England for further treatment.

Other fronts required and allowed a different approach. The slow moving nature of the western front and the presence of nearby stationary hospitals meant that the medical arrangements were better organised than at Gallipoli. The wounded soldier was taken to a Regimental Aid Post just behind the front line where a medical officer and stretcher bearers examined, dressed and tagged him before moving the patient to an Advanced Dressing Station a couple of kilometres away. From there, the soldier was moved to

⁴⁶ T. D. M. Stout, *War Surgery and Medicine*, Wellington, 1954, p. 43; Leo van Bergen, *Before My Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, Liz Waters (trans.), Farnham, Surrey, England; Burlington, VT, Ashgate Pub., 2009, pp. 286, 310, 317, 328.

⁴⁷ Francis Jude Fougere, interview by Jane Tolerton and Nicholas Boyack, 8 November, 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHC-002623.

the main dressing station where minor or urgent cases received medical treatment and surgery. Next, ambulances transported the wounded to casualty clearing stations which housed surgeons, anaesthetists and nurses. After undergoing surgery, the wounded soldier was sent to stationary hospitals in France, and evacuated for further treatment and recovery in England where three general hospitals were operated by the NZEF. After a time in convalescence, recovered soldiers returned to their units and invalids were repatriated to New Zealand.⁴⁸

Although better than Gallipoli, sanitary arrangements on the western front were still inadequate and many soldiers fell ill with pneumonia, dysentery and as military medicine historian Leo van Bergen has stated “practically every form of illness that accompanies poor living conditions”.⁴⁹ One of the defining features of the western front in the Great War was trench warfare whereby soldiers had to wallow in trenches full of mud, rats, fleas, lice and raw sewage. They were subject to the elements: rain, snow and heat which often led to difficulties in the task of properly disposing of the dead. On top of such conditions, men were housed in extremely close quarters with one another – thereby enabling the rapid spread of disease and illness. Combined with an inadequate supply of food and water these conditions resulted in the general deterioration in the health of most men. Veteran

⁴⁸ McGibbon, *The Oxford Companion to Military History*, p. 314.

⁴⁹ Van Bergen, p. 140.

Charlie Lawrence recalled: “You must remember you’re only half fed, you’re half starved, half the time you are there, you know. It doesn’t take much to put you out. You haven’t got your full strength. You are only half a man.”⁵⁰ Therefore, even without weaponry, the conditions at the front inflicted stress on the health of soldiers.

Advancements in weaponry technology meant that the wounding experience for Great War soldiers was unlike any seen before. The western front saw the first use of chemical weapons, such as mustard gas and the first use of tanks and aircraft in coordinated strikes against the enemy.⁵¹ Bomb, shell and bullet fragments broke and shattered bones; tore and mutilated skin, tendons and nerves; caused trauma to internal organs and irreparable damage any body part in its path. Chemical gas corroded the lungs, thickened the blood and caused painful, long-term damage. Dirt from clothes, fields and the trenches contaminated wounds.⁵² The chance of infection was the most dangerous aspect of wounding during World War I. The lapse in time between the initial wounding and treatment, as well as the unsanitary conditions of the battlefield, meant that even very small wounds

⁵⁰ Charlie Lawrence, interview by Jane Tolerton and Nicholas Boyack, 9 October, 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHC-002685.

⁵¹ Michael S. Neiberg, *Warfare in World History*, London; New York, Routledge, 2001, pp. 64, 66.

⁵² Van Bergen, pp. 168-172, 179-180.

had a strong likelihood of developing gas gangrene or blood poisoning which resulted in a number of deaths.⁵³

Without any effective means with which to combat anaerobic infection, such as antibiotics, many men had to undergo an extensive excision of the wound. This required the radical removal of all foreign bodies, contaminated soft-tissue and devitalised muscle, except for the vessels and the nerves, and leaving the wound open for irrigation with an anti-septic solution, such as Carrel-Dakin Solution.⁵⁴ Although this method often succeeded in saving the limb and the life of the soldier, it was at the expense of function and movement.⁵⁵ Unfortunately, the prevalence and virulence of gas gangrene meant that amputations of legs, arms, fingers and toes was common in soldiers with severe injuries to the extremities as it was often the only real means of stopping infection.⁵⁶

Rapid advancement in medical technology and knowledge during the war, however, resulted in improved survival figures. By the end of the war, the death rate for an abdominal injury had declined from nearly 100 per cent to around 50 per cent as surgeons recognised the need to operate as soon as possible and to irrigate wounds with anti-septic solutions.⁵⁷ In the beginning of the war the majority of men with a fractured femur died due to archaic

⁵³ Ibid, pp. 328, 332.

⁵⁴ Stout, pp. 3-4.

⁵⁵ Ibid, p. 3.

⁵⁶ Ibid, p. 42.

⁵⁷ McGibbon, *Oxford Companion to New Zealand Military History*, p. 315.

splints which provided no stability to a fractured limb. However, the advancement of splinting methods reduced the mortality rate of men with a fractured femur from 70 to 30 per cent.⁵⁸ Specialist areas such as orthopaedics and reconstructive surgery developed into major medical fields. However, because of the incredible damage inflicted on the body by mechanised warfare, in many cases medical staff were able to save the lives of soldiers, but were unable to save the health and wholeness of many servicemen. Additionally, without the aid of precedents, the medical profession was unable to predict the long-term effects of such wounds on the human body.

Many factors determined the survival of soldiers. One was the men's own agency in the face of medical authority. Two of the men interviewed in the WWIOHA reported personal interventions into the treatment of their wounds, which they believed helped to speed their recovery. Colin Gordon's arm wound caused by a shell blast developed a serious infection and he was advised by the doctor that it might need to be amputated. Fortunately for Gordon, the doctor treating him was a family friend and was easily persuaded to give him a bit more "leeway" by trying a different course of treatment. They tried Carrel-Dakin's Solution, which involved a continual in-flow and out-flow of saline solution irrigating the wound. After a couple of days Colin's wound had cleared up, much to his delight, and the threat of

⁵⁸ Stout, p. 278.

amputation passed.⁵⁹ Similarly, Robert Closey recounted a similar experience of medical treatment after he was shot in the knee at Passchendaele. Every morning the orderly ripped the dressing off and the doctor advised whether it needed a wet or a dry dressing. Closey noticed that every time they ripped his dry dressing off, the wound started to bleed again. When the doctor recommended another dry dressing for his wound, Robert insisted that he get a wet dressing so that it would not start bleeding. The doctor acceded to his request and Robert's wound healed enough that he returned to his unit.⁶⁰

Closey referred to his intervention in his wound treatment as "overruling" the doctor. This indicates that better treatment was afforded to those who could advocate their case and who had the astuteness (or the impertinence) to suggest different forms of treatment. When Jacob Moller was shot through both legs while serving in Gallipoli he was sent to a Greek hospital where none of the staff spoke English. He was placed on a bed which he believed was too soft and caused one of his legs to set improperly.⁶¹ It is unclear whether Moller was unable to address this issue with the hospital staff at the time due to the language barrier, the fear of "overruling" the medical advice, or whether the severity of his wounds hindered him

⁵⁹ Colin Gordon, interview by Jane Tolerton and Nicholas Boyack, 16 September, 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHC-002639.

⁶⁰ Robert Vincent Closey, interview by Jane Tolerton and Nicholas Boyack, 13 June, 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHC-002589.

⁶¹ Jacob Randrup Moller, interview by Jane Tolerton and Nicholas Boyack, 6 November, 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHC-002706.

from noticing his treatment, let alone communicating any of his suggestions. However, it shows that men who took notice of their treatment and advocated their position enhanced their recovery odds.

As can be seen from this small sample, the experience of wounding and illness during the Great War led to complex and multiple injuries. Australian historian Marina Larsson has argued that whilst limbllessness became a powerful war-time symbol, the reality was that most men complained of multiple ailments which were generally “more complicated than civilian patients.”⁶² These war disabilities, Larsson argues, tended “to be multiple, dynamic and prone to degeneration as the years passed.”⁶³ Larsson’s statements are supported within the evidence found in the disabled soldier register, the Heights and Weights Database and the WWIOHA.

Within the sample of interviews collected from the WWIOHA all the interviewed veterans reported receiving wounds serious enough to require medical treatment and many were sent back to New Zealand and discharged due to the extent of their wounds.⁶⁴ None of the men had to undergo amputation, but several had come very close to having a limb removed due to the severity of bone damage. Francis Fougeré for example received extensive bone damage. He was hit in both arms by a sniper, and one of the

⁶² Marina Larsson, ‘Restoring the Spirit’, p. 47.

⁶³ Ibid, p. 46.

⁶⁴ Interviews by Jane Tolerton and Nicholas Boyack, 1988-1989, for the World War I Orah History Archive, held in the Oral History Centre, Alexander Turnbull Library.

bones in his left forearm was severely damaged and subsequently became infected and gangrenous.⁶⁵ When he returned to New Zealand he was still forced to seek medical treatment regularly when the wound flared up: “I went into whatever hospital was handy when an abscess would form on my arm, and I’d be there for maybe a week or so; however long it took to clean it up – a piece of bone would come loose from the main bone and cause trouble.”⁶⁶ As Fougère’s wound demonstrates, some war wounds required ongoing medical care.

The majority of the men in the WWIOHA sample received flesh wounds from shrapnel and bullets in the arms and legs (three of which became gangrenous); three men were affected by gas; two received very serious chest wounds; two men suffered facial wounds; one man was wounded in the back and another developed sciatica. Malaria, pleurisy and dysentery afflicted one man each; one man lost the hearing in one ear; and two suffered ongoing headaches. 14 of the 20 men suffered from several injuries and illnesses.

Of the 102 servicemen chosen from personnel files in the Heights and Weights Database, only 15 contained no evidence of any reasonably severe wounds or illnesses. 49 had experienced wounding such as gunshot wounds and gassing, and 49 had suffered from serious illnesses – including measles,

⁶⁵ Francis Jude Fougère, WWIOHA, OHC-002623.

⁶⁶ Francis Jude Fougère, WWIOHA, OHC-002624.

pneumonia, bronchitis, pleurisy, influenza, debility, typhoid, malaria, dysentery, mumps and, most seriously, tuberculosis. Many of the soldiers had experienced both wounds and illnesses on multiple occasions (if a man had suffered more than two incidents of wounding this was counted as one case of wounds, and likewise with illnesses). 14 of the men also suffered from venereal disease.

The 1920 disabled soldier register also recorded a wide range of injuries: gunshot wounds, shrapnel wounds, bomb wounds, amputations, tuberculosis, DAH (Defective Action of the Heart), CPDI (Chronic-Pulmonary Disease, Indeterminate), VDH (Valvular Disease of the Heart), as well as broken bones, hernias, blindness, deafness, malaria, mental cases, varicose veins, and many others. Of the 691 men in the sample, 197 experienced multiple ailments, many of which combined illness with gunshot wounds or amputation.⁶⁷

The wounding experience of soldiers in the Great War fundamentally differed from that of their civilian counterparts. Whereas the civilian “usually has the advantage of normally comfortable surroundings prior to his accident and, after it, usually has his amputation performed by a surgeon who has the convenience of a hospital at his disposal, as well as facilities for consultation with a colleague”, the soldier had to undergo emergency

⁶⁷ *List of the Names of all ex-members of the New Zealand Expeditionary Force, suffering permanent disability from 20 per cent. to 100 per cent.*, Wellington: New Zealand Times, 1920.

medical treatment for complex wounds in unfavourable circumstances.⁶⁸ Not only did their disabilities differ in the circumstances of wounding, but also in the type, scale and complexity of wounds. An article in a French guide on the rehabilitation of wounded servicemen explained the difficulty in assessing and planning for such complex wounds: “similar wounds have very different functional results, and that it is quite the exception for two men with identical wounds to have the same capabilities when they are discharged.”⁶⁹ Both the Medical Board and Pensions Board found assessing these injuries difficult because of the wide range of injuries war disability encompassed: “Disability claims are hardest to settle equitably, because the extent of disability shades off almost by imperceptible degrees from total disablement down to cases of stiff fingers and slight deafness”.⁷⁰ The range of war disability was so vast that judging their impact on the soldier and the expected duration was problematical.

Furthermore, despite emphasis that the experience of war wounds was altogether different from that of civilians, it was also recognised that everyday illnesses and infirmities added to the incapacitation of disabled men. In 1923, *Quick March* reported information from the Repatriation Department that a number of men who had recently been placed under treatment were further incapacitated due to added factors of advancing age

⁶⁸ *RSA Review (RSAR)*, Vol. 1, no. 3, February 1925, p. 16.

⁶⁹ Dr. Adrien Nyns, ‘Occupational Re-education after Various Injuries’, Jean Camus et al, *Physical and Occupational Re-education of the Maimed*, W. F. Castle (trans.), London, 1918, pp. 28-9.

⁷⁰ *Poverty Bay Herald*, Vol. XLIII, Issue 13973, 20 April 1916, p. 9.

and complications caused by “other diseases peculiar to the normal course of life.”⁷¹ These factors resulted in the increased length of their hospital stays.

While medical treatment began just behind the battle lines, it was an ongoing feature of disabled men’s lives. Once soldiers were repatriated to New Zealand, their complex wounds and compounding ailments were the problem of the New Zealand government and its health system. It was then the difficult role of the Medical Boards to assess and judge the extent and effects of disability on the future life of the returned serviceman.

Medical Boards

To decide on a soldier’s treatment, the soldier had to appear before a Medical Board that assessed his physical and mental condition. The Medical Board was made up of three medical practitioners who decided the need for further treatment as an in-patient or outpatient as deemed necessary, judged the extent and probable duration of the wound and recommended a pension rate for referral to the Pensions Board.⁷² Soldiers met with the Board on arrival in New Zealand prior to disembarkation, and, if the wound or illness necessitated further medical treatment, were required to meet regularly with the board until their disability either healed or stabilised and a permanent pension was granted.

⁷¹ *QM*, Vol. 5, no. 11, March 1923, p. 25.

⁷² *Returned Soldiers’ Handbook containing instructions dealing with returned soldiers from the New Zealand Expeditionary Forces (provisional); Special General Order no. 369/1915*, Wellington, 1915, p. 29.

Few WWIOHA interviews describe Medical Board hearings but those who did related negative experiences. They reported that it was fairly subjective and dependent on the temperament and sympathy of the doctor. William White was forced to seek a second opinion: "One doctor wasn't much good. The first doctor I went to wasn't much good at all. He wasn't in sympathy with us at all. But the second doctor was quite good."⁷³ After being told he did not have long to live due to the shrapnel in his chest, Leslie Sargent, years later, was called in front of the Medical Board. The doctors examined him, asked him questions about pain, his ability to do certain activities and if he was able to work. Sargent emphasised that he did not plead his case one bit and did not make out he was sick (because he felt he was in good health), but rather informed them that he just had to be careful not to hurt his side. To his delight and astonishment, he was told later by a Medical Officer that he was going to get 10 shillings a week for life.⁷⁴

William White first went before the Board around 1925 and described the Board as "sympathetic" and "quite good".⁷⁵ On the other hand, Sidney Stanfield went before the Medical Board just after arriving home and received a 40 per cent pension, yet described the experience in a negative light:

⁷³ William Walter White, interview by Jane Tolerton and Nicholas Boyack, 5 December, 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHC-002786.

⁷⁴ Leslie Maurice Stewart Sargent, WWIOHA, OHC-0027551.

⁷⁵ William Walter White, WWIOHA, OHC-002786.

The doctors, the Boards that you went before were very, almost hostile, almost hostile, you know. You had to be proof positive so to speak or you didn't get anything. Naturally I think that the doctors that were appointed to these boards were men that were pretty hardened sort of customers to suit the circumstances, you see. They wouldn't want to be too sympathetic, you see, or it'd cost the country too much anyhow, yeah.⁷⁶

The Boards, Stanfield implied, were unsympathetic owing to financial considerations. But when asked if he felt he was treated adequately by those boards, Sidney replied: "Well, yes I was in a way... probably more than adequate because, because today I'm a fairly hale and hearty man reasonably so of 87".⁷⁷ It is implied within this comment, that without the cooperation of the Medical Board his future health may have been detrimentally affected by their refusal to grant an adequate pension.

A number of disability historians have described the medical profession as the gatekeepers through whom the disabled had to pass and whose opinion greatly impacted on the experience of the disabled person's impairment. Richard Scotch argues that "the consequences of impairment for different individuals are uncertain and largely subject to the interpretation and expectations of medical gatekeepers."⁷⁸ An article in *Quick March*

⁷⁶ Sidney George Stanfield, interview by Jane Tolerton and Nicholas Boyack, 19 May, 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHC-002764.

⁷⁷ Ibid.

⁷⁸ Scotch, p. 380. Medical practitioners are also described as "the gatekeepers to benefits" in K. Walter Hickel, 'Medicine, Bureaucracy, and Social Welfare: The Politics of Disability Compensation for American Veterans of World War I', Paul K. Longmore and Lauri Umansky (eds.), *The New Disability History: American Perspectives*, New York; London, New York University Press, 2001, pp. 236 – 237.

reminded soldiers that their injuries must be the result or have been aggravated by war service in order to receive state services:

Returned soldiers should know that, whether they have been discharged or not, they can obtain medical or surgical treatment if suffering from disabilities the result of, or aggravated by, war service. That is to say, that if they can prove they have infirmities caused or aggravated by war service (but not unless), and those infirmities are remediable...⁷⁹

Soldiers had to prove to medical gatekeepers that their wounds were attributable to war service. If they could not, they were excluded from state benefits such as free medical treatment and financial assistance.

The power of medical practitioners was especially apparent in the fight to appeal a decision at the War Pensions Appeal Board. Disabled ex-servicemen were encouraged to have as much detailed medical evidence as possible in order to convince the Board of their deservedness. Doctors' certificates and prescriptions, dating back from the "first signs" of ill-health "until the time when the disablement caused application to be made for treatment" were necessary in order to "complete a chain of evidence over the period with the names of reputable people (particularly medical officers or chemists) who may be able to recall illnesses or other phases".⁸⁰ Like Colin Gordon and Robert Closey who took control of their medical treatment during the war, it was the work of the disabled soldier to compile a complete chain of evidence which determined his success with the Board: "We must

⁷⁹ *QM*, Vol. 2, no. 19, November 1919, p. 27.

⁸⁰ *RSAR*, Vol. 11, no. 2, November 1934, p. 19.

stress that the onus of proof is on the applicant, and it is in his hands, in the majority of cases, whether the appeal is won or lost.”⁸¹ It was, therefore, the soldier’s responsibility to keep track of his medical treatment and prove his case to medical authorities.

The difficulties in attributing an ex-soldier’s disability to war service were even more strenuous when disagreements arose between civilian medical practitioners and military medical authorities. In 1922, the Canterbury District Conference of the RSA complained that the Director-General of Medical Services (DGMS) constantly ignored signed statements of civilian medical men tracing disability to war service. There had apparently been several cases where two doctors had agreed the breakdown in health was due to war service but the DGMS had claimed that such opinions were valuable only in so far as they showed the soldier’s present state of health, but did not prove the primary cause of the disability.⁸²

In response, Brigadier-General McGavin, the DGMS and Medical Administrator of the Pensions Department (1919-1924), claimed he had seen several certificates from civilian medical practitioners who had stated that “men who had never been beyond England were suffering from shellshock ‘undoubtedly due to war service’; that men who had never been anywhere

⁸¹ *RSAR*, Vol. 11, no. 2, November 1934, p. 19.

⁸² *QM*, Vol. 5, no. 2, June 1922, p. 44.

but in New Zealand, England and France were suffering from malaria".⁸³

Nor, McGavin argued, would sending patients' personnel files to medical practitioners be practical as "many civilian medical men would not understand the files on account of the abbreviations contained in them. Not all were familiar with the conditions at the places where the New Zealanders had been."⁸⁴ Thus, civilian medical practitioners were perceived as less able to accurately assess cases of war disability due to lack of military experience and knowledge. Furthermore, tension between civilian and military medical provisions continued to be an issue regarding the medical facilities offered to disabled soldiers.

New Zealand Hospitals

A highly specialized organization of hospitals and convalescent homes under the control of the Defence Department has been gradually evolved to a degree of efficiency which has been praised by many impartial observers. Soldiers disabled by wounds or sickness have the best skill available to strengthen them for suitable tasks in civilian life.⁸⁵

Wounded soldiers often required ongoing medical treatment for their disabilities and/or illnesses and were treated as either in-patients or out-patients in both military and civilian hospitals throughout New Zealand. Returned soldiers who found themselves suffering from recurring wounds or illnesses directly attributable or aggravated by war service were entitled to free medical treatment provided by the Defence Department. The

⁸³ *QM*, Vol. 5, no. 3, July 1922, p. 23.

⁸⁴ *QM*, Vol. 5, no. 3, July 1922, p. 23.

⁸⁵ L. S. Fanning (ed.), *Winning Through: From War to Peace*, Wellington, 1919, p. 3.

Department did not accept liability for medical treatment without its prior approval, nor would it pay for private medical treatment except in emergencies.⁸⁶

New Zealand's hospitals and medical facilities for caring for wounded returned soldiers "gradually evolved to a degree of efficiency", but at first struggled to keep up with the number of soldiers returning with extensive injuries. New Zealand's already established hospitals created room for separate wards such as the Annexe at Auckland Civic Hospital in which to treat disabled soldiers.⁸⁷ In 1918 an inquiry was undertaken in regard to the conditions of Rotorua's hospital accommodation for returned disabled soldiers. The report stated: "The Sanatorium was originally built for about 40 patients, but has been enlarged by a hotch-potch of additions to accommodate, say, 90 in a more or less makeshift manner". Treatments in the Bath House had increased from 545 in December 1915, to 4,000 in August 1918.⁸⁸ The report questioned how hospitals in New Zealand would cope

⁸⁶ *QM*, Vol. 3, no. 34, February 1921, p. 37. It is important to note that at the start of the twentieth century, civilian medical care during this period was not often financed by the state. Prior to the Social Security Act in 1939, civilians needing hospital treatment were required to pay for treatment, or, if they could not afford to do so had to apply to hospital and charitable aid Boards and charitable institutions for assistance. For further information regarding civilian medical treatment, see Tennant, *Paupers and Providers*, p. 163 and Tennant, *The Fabric of Welfare*, p. 91.

⁸⁷ A. D. Carbery, *The New Zealand Medical Service in the Great War 1914 – 1918*, Auckland, 1924, p. 511.

⁸⁸ Joint committee of the British Red Cross Society and Order of St, John in Auckland, *Report of the delegation appointed to visit Rotorua for the purpose of inquiry as to complaints with regard to the conditions at Rotorua affecting disabled returned soldiers and generally to inquire as to existing conditions at Rotorua, 1918*, Auckland, 1918, pp. 7-8.

with the influx of returned soldiers needing specialized orthopaedic care when they were already stretched in 1918.⁸⁹

Prior to 1918, due to overcrowding in civilian hospitals and an inadequate number of military hospitals, a number of small “war hospitals” and convalescent homes were established throughout New Zealand by local patriotic bodies in the larger towns.⁹⁰ These hospitals were difficult to administer or to control and in 1919 the DGMS McGavin began to close these establishments and transfer patients to appropriate military institutions. New Zealand society opposed such action due to the “fervour of local patriotic feeling” but the Defence Minister, Sir James Allen, felt it was necessary in order to maintain efficiency.⁹¹ For further efficiency, a change in medical administration in 1918 transferred sole responsibility for sick and wounded returned soldiers to the Defence Department, rather than dual control with the Public Health Departments.⁹² However, it was necessary to use civilian hospitals to treat such large numbers of sick and wounded returned soldiers.

In June 1919 there were 4,831 soldier patients undergoing medical treatment in New Zealand, 1,890 of which were in-patients. By 1922, this number had dropped to 920 in-patients and 756 outpatients.⁹³ Thus, the need

⁸⁹ Ibid, pp. 9-10.

⁹⁰ Carbery, p. 509.

⁹¹ Ibid, pp. 508-9.

⁹² Ibid, p. 503.

⁹³ Ibid, p. 515.

for separate wards and hospitals for wounded returned soldiers gradually lessened and these medical facilities began to shut down and amalgamate soldier patients with civilian patients. Due to the rapid advancement in medical knowledge and technology, especially in orthopaedics, many disabled civilians benefited from initiatives designed to help maimed soldiers: "Each trained medical officer of the N.Z.E.F. brought back with him from overseas some special knowledge or skill which was of immediate avail to the civil population and so the profitable lessons taught by the war became a powerful uplift to the civilian medical organisations of the Dominion."⁹⁴ Thus, the blurring of injured or disabled soldiers and civilians was both spatial in regards to combined facilities but also regarding treatments that were extended to the civilian population after the war.

As the number of ex-service patients needing orthopaedic treatment decreased in the early 1920s, King George V. Hospital and Trentham Military Hospital opened their wards to admit civilian patients. By 1921, Trentham housed 30 children alongside 212 soldier patients, and Rotorua had 60 children alongside 154 soldier patients.⁹⁵ Disabled children were especially sought out to receive treatment alongside disabled soldiers as the combination was considered advantageous to both groups: "The association of the crippled children with the disabled soldiers proved a very happy one,

⁹⁴ Ibid, p. 517.

⁹⁵ *QM*, Vol. 4, no. 3, July 1921, p. 36.

helpful to morale, promoting discipline,” as well as re-energising the medical profession’s enthusiasm for orthopaedic medicine.⁹⁶

British historian, Seth Koven, has explored the association of disabled veterans with disabled children and found it was believed that the “vitality” of the children would “boost the morale of wounded soldiers.”⁹⁷ Both disabled veterans and children were given more sympathy than other disabled groups because they held more chance of being rehabilitated, re-educated and, therefore, of being useful to society. In an article discussing the ways in which disability has been used to justify inequality, American historian Douglas Baynton has examined the hierarchies involved in disability, which were “constructed on the basis of whether they [the disabled] were seen as ‘improvable’ or not – capable of being educated, cured, or civilized.”⁹⁸ A child was generally regarded as malleable, and if provided with the proper education and medical treatment, could in time overcome their disability to become an active member of society. The disabled soldier, too, had the potential continue his economic value to the state, society and community and therefore was felt to be worthy of separate, specialised medical treatment in order for him to reach such goals.

The closure of military wards and hospitals did not always go unopposed especially by soldier patients and by civilians with an interest in

⁹⁶ Carbery, p. 515.

⁹⁷ Seth Koven, ‘Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain’, *American Historical Review*, Vol. 99, Issue 4, October 1994, pp. 1180.

⁹⁸ Baynton, p. 36.

the welfare of disabled soldiers. Apprehension was expressed regarding the medical treatment of soldiers alongside their civilian counterparts and strong expressions of disabled soldiers as a class apart appeared in the media. In 1930, when criticising the Unemployment Bill, the RSA emphatically stated “Incapacitated ex-soldiers require and deserve separate treatment from incapacitated civilians.”⁹⁹ This sentiment was expressed a decade earlier when members of the Dunedin RSA complained to *Quick March* that soldiers were being placed in ordinary mental hospitals where little special provision was made for them, and where they suffered additional disabilities from being confined within such public institutions.¹⁰⁰

In a discussion later in 1920 regarding the transfer of military patients to civilian control by the North Canterbury Hospital Board, the Canterbury branch of the RSA adopted the resolution “that military patients be kept together as much as possible, but the board retains the right to use available beds for civilian patients if required.” However, a “lady member” objected to such mergers as “military patients had been receiving three meat meals a day, and if they were placed on the civilian fare she felt sure there would be trouble.”¹⁰¹ This was especially the case in mental hospitals where members of the public were against the mingling of soldier patients with civilian patients. A. D. Carbery reported that

⁹⁹ *RSAR*, Vol. 7, no. 1, August 1930, p. 5

¹⁰⁰ *QM*, Vol. 2, no. 21, January 1920, p. 63.

¹⁰¹ *QM*, Vol. 3, no. 28, August 1920, p. 63.

Public opinion was very sensitive to the removal of alleged 'shell shock' patients to mental hospitals, so much so that after certification, the soldier mental patients were accommodated in separate 'military' wards where they received the same gifts and minor attentions as the inmates of other hospitals as far as was permissible.¹⁰²

Society perceived that shell-shocked ex-servicemen were of a higher status than civilians with mental disorders and thus deserved separate treatment facilities.

Soldiers, too, were anxious about the transference of hospitals, sanatoria and military wards to civilian authorities. During the troubled handover of Cashmere Hills Sanatorium to civilian control in 1920 "the patients secured a promise from the Defence Committee of the House of Representatives that none of their privileges would be lost as a result of the alteration in control."¹⁰³ The Hospital Board was quick to contend that "none of the privileges enjoyed by the men would be disturbed and that no extra fatigues should be imposed."¹⁰⁴ It seemed to soldiers that by merging with civilians they would lose the privileged status accorded to them by their war disabilities.

In a *Quick March* article titled "From a Mental Hospital: Reflections of an Ex-Soldier" a writer called "Hermes" argued against the soldier-civilian separation. Hermes stated that those who wanted soldiers to be kept separate from civilian cases "have forgotten the dreadful fact that such

¹⁰² Carbery, p. 510.

¹⁰³ *QM*, Vol. 3, no. 30, October 1920, p. 63.

¹⁰⁴ *Ibid.*

affliction brings all to a level of disability, to a state where a man is neither civilian nor soldier, officer nor private, but merely an unfortunate upon whom the hand of God has fallen heavily.”¹⁰⁵ Hermes thus saw disability as an equalising force, stripping both the soldier and the civilian of their personal identity and combining them under the heading of the “unfortunate”.

However, Hermes was a lone voice in this opinion. The majority of rehabilitation material regarding the medical treatment of disabled soldiers sought to disassociate disabled soldiers from the rest of the civilian disabled community. Advocates required separate military wards and hospitals for the war-maimed. Additionally, it was stressed that the medical treatment involved in a soldier’s disabling experience inherently distinguished the soldier from his civilian counterpart: “The case of the disabled soldier differs in many important respects” as the civilian usually had more comfortable medical arrangements than the rough and ready aspects of military medical treatment and military experience.¹⁰⁶

Lack of military medical knowledge and specialised equipment was another argument against the placement of disabled ex-soldiers in civilian hospitals. In October 1921, DGMS McGavin refuted rumours that Trentham

¹⁰⁵ *QM*, Vol. 3, no. 34, February 1921, pp. 33-4.

¹⁰⁶ *RSAR*, Vol. 1, no. 3, February 1925, p. 16.

Military Hospital would close. Despite earlier disapproval of Trentham as a hospital site, the RSA viewed these rumours with apprehension arguing

there is not sufficient accommodation in civil hospitals in the district to deal with service patients now at Trentham, and, as the appointments and staff have been selected with peculiar adaptation to the nature of the work they have to do, it would be very unwise to distribute those patients among the smaller civil hospitals, which have not staff nor equipment to deal with them.¹⁰⁷

Nor did these views wane over the next decade. In the Christchurch sitting of the Rehabilitation of Disabled Soldiers Commission in 1930 it was stated that “medical treatment of [military] pensioners at public hospitals was far from satisfactory, as pensioners were treated by doctors who had no previous knowledge of their disabilities.”¹⁰⁸ As with the decisions made by the Medical Board mentioned in the previous section, the complex nature of war disabilities meant that only medical practitioners with military experience were deemed capable of properly treating wounded soldiers.

However, the number of soldier patients decreased and soon only the advanced, incurable cases maintained the soldier-civilian separation. In the establishment of convalescent homes in the main centres, the Red Cross Society accepted the responsibility for the care of permanently disabled ex-soldiers and the money collected during the war period was administered entirely for those incapacitated due to war service.¹⁰⁹ Homes for the small

¹⁰⁷ *QM*, Vol. 4, no. 6, October 1921, p. 19.

¹⁰⁸ *RSAR*, Vol. 6, no. 3, February 1930, p. 13.

¹⁰⁹ *Kai Tiaki*, Vol. 20, no. 3, July 1927, p. 120.

number of chronic or incurable ex-service patients were established in the four centres early in the 1920s in which the surgical treatment was provided by local civil hospitals and the surroundings and amenities of the homes were maintained “by the known zeal and generosity of the Red Cross Society.”¹¹⁰ Thus by 1922 only those most severe cases were treated in separate facilities. Ex-military and civilian patients were otherwise blended but debates regarding the special status of veterans continued.

Treatments

Medical Treatment after discharge

i) The Defence Department will provide medical treatment for discharged soldiers who are suffering from a recurrence of illness arising out of and directly caused by their service in the Forces, such as the reopening of a wound, muscular rheumatism, neurasthenia, pneumonia, or any other ailment which renders them unfit to follow their daily avocations.¹¹¹

Orthopaedic medical treatment was one of the most common, and popularised, needs of the returned soldier.¹¹² As Minister of Defence, James Allen, stated: “80 per cent of our returned wounded need some orthopaedic or curative treatment.”¹¹³ Orthopaedics often required long-term treatment to restore the fullest possible function of the limb. Treatment for orthopaedic wounds generally began approximately six months after they were incurred, in order to counter the risk of sepsis and infection which had proved both

¹¹⁰ Carbery, p. 516.

¹¹¹ *Returned Soldiers' Handbook containing instructions for returned soldiers of the New Zealand Expeditionary Forces: First demobilization edition (Revised to 30th Novr., 1918) New Zealand Defence Forces Special Order, no. 540/18, London, 1919, p. 36.*

¹¹² Orthopaedics is a branch of surgery which uses both surgical and non-surgical methods to treat conditions of, or trauma to the musculoskeletal system.

¹¹³ British Red Cross Society and Order of St. John, p. 9.

common and virulent during war time. In the meantime: “Massage, electricity and baths help to keep the muscles normal and the joints free” and electrical apparatus was used to re-educate muscles by using the current as a stimulant.¹¹⁴ If the soldier patient was housed at King George V. Hospital in Rotorua or in Hanmer Springs, the hot pools were also used to treat orthopaedic injuries. When the risk of sepsis had passed, the orthopaedic surgeon attempted to restore the limb to usefulness by reconnecting severed nerves. The post-surgical treatment averaged around six months per patient and involved further massage, electricity and exercises.¹¹⁵

Because of the long nature of orthopaedic treatment, curative and vocational work was encouraged to soldiers. Not only did it bring strength back to weakened limbs, but also relieved the monotony of hospital life and aided their restoration into civilian life. The Red Cross Society played an integral role in the care, rehabilitation and welfare of wounded soldiers both during and after the Great War. The Society provided over £20,000 from its funds for the establishment of vocational and curative workshops in various trades and activities to provide for soldiers under treatment until their discharge from hospital.¹¹⁶ In these workshops, disabled and convalescing soldiers could learn skills and trades including architecture, woodworking, boot-repairing, weaving, tailoring, motor-engineering, basket work, leather

¹¹⁴ Ibid.; Fanning, p. 5.

¹¹⁵ British Red Cross Society and Order of St. John, p. 9.

¹¹⁶ *Kai Tiaki*, Vol. 20, no. 3, July 1927, p. 119.

work, splint-making, and welding.¹¹⁷ The main purpose of the workshops was curative – in the hope that these activities would aid the soldiers' recovery as well as attempting to prepare them "for new occupations in civilian life."¹¹⁸

Vocational therapy in hospitals meant reconstituting men as healthy individuals, able-bodied breadwinners and productive citizens.¹¹⁹ In an official publication of the Repatriation Department soldiers were kept busy with a range of tasks in order to aid their recovery and keep them occupied:

Soldiers who pass through New Zealand's military hospitals promise to be handy-men about a house. Many of them will be able to take a turn at darning, or mending children's clothes, or repairing boots, or making cushion-covers for the drawing-room, as well as building the fowl-house, or anything else that calls for carpentry and joinery.¹²⁰

Such work improved dexterity, flexibility and strength as well as teaching the soldier new skills that would help him the future. By keeping the soldier's minds occupied on such pursuits, rather than on the extent and nature of his disability, it was hoped that curative and vocational training would encourage the disabled soldier's positive outlook on life by reassuring his usefulness as a member of New Zealand society.¹²¹

¹¹⁷ Fanning, pp. 9-10.

¹¹⁸ Ibid, p. 9.

¹¹⁹ Jeffrey S. Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain during the Great War*, Manchester; New York, Manchester University Press, 2004, p. 117.

¹²⁰ Fanning, p. 9.

¹²¹ *Poverty Bay Herald*, Vol. XLVI, Issue 144930, 7 June 1919, p. 9. It must also be noted that vocational and curative training also had an additional benefit to the economy of the hospitals. As Jeffrey Reznick has argued in his work on care giving during wartime Britain, vocational and curative therapy (what we now term 'occupational' therapy) in hospitals was used not only to aid recovery rates and prepare disabled soldiers for the civilian world, but also to maintain efficiency in hospital

Throughout the literature regarding the medical rehabilitation of wounded soldiers was an overwhelming belief in the ability of medical technology to restore such men to health:

The medical and surgical restoration of the war cripple presents no serious obstacles... Wonderful strides have been made in the science and art of restoring maimed men to physical soundness. Wounds that, early in the war, would have meant amputation or death are healed with amazing speed and completeness.... the experience gained in this war has marked a new era in surgical technique. Patching the human body in ways almost undreamed of five years ago is now a matter of everyday practice in military hospitals... Stiffened joints can be made to work once more, and new muscular powers developed.¹²²

The “amazing speed” of recovery induced by “wonderful strides” in medical technology which were “restoring maimed men to physical soundness” implied that any deficiency in medical rehabilitation was the individual’s fault or responsibility. As the “medical and surgical restoration” of the war-disabled presented “no serious obstacles”, blame was placed on the ex-soldier’s character, rather than medical technology, if a disability or illness could not be overcome.

Throughout the contemporary literature on the best rehabilitative treatments for disabled soldiers, the importance of the individual will and attitude of a disabled soldier was emphasized as one of the most important tools in their rehabilitation. In the 1918 repatriation publication, *Winning Through: From War to Peace* the war was described as having taught the

economies by the creation and repairs of artificial limbs and the maintenance of after-care equipment. See Reznick, p. 7.

¹²² Thomas Gregory, *Restoring Crippled Soldiers to a Useful Life*, Auckland, 1918, p. 5.

physician “to realize as never before how enormous is the influence of the mind upon the body.”¹²³ In a French occupational therapy book published in English in 1918, Jean Camus also extolled the soldier’s attitude as one of the most significant aspects of medical treatment: “One principle in the treatment is of the highest importance – the patient must desire to get well and start again.”¹²⁴ The soldier needed to first be willing to undergo treatment, willing to accept the advice of their medical practitioner, willing to use prosthetic aids and medical technology, willing to face society and, most of all, willing to do all this with an optimistic and determined attitude. Camus further claimed that the soldier’s attitude caused medical miracles: “I have seen limbs, shattered beyond belief, regain nearly normal function through the faith of the patient. This personal factor is worth more than any electricity, heat, or vibrations, as, being constantly present, it urges the patient on to overcome his disability.”¹²⁵ In repatriation literature, the mind’s influence, faith and the “personal factor”, not medical technology, were the vital components for a successful medical rehabilitation.

Marina Larsson, in her analysis of the theoretical framework of the rehabilitation of disabled soldiers in Australia suggests that the medical rehabilitation relied on a strong psychological component: “at the heart of soldier rehabilitation was the hope that each man could transcend his

¹²³ Fanning, p. 4.

¹²⁴ Jean Camus, ‘Physical and Occupational Re-education’, Jean Camus et al, *Physical and Occupational Re-education of the Maimed*, W. F. Castle (trans.), London, 1918, p. 3.

¹²⁵ Ibid.

impairments through determination and will power".¹²⁶ This psychological element made disability a problem that "could be overcome through the determination of the individual."¹²⁷ These appeals to determination and will power tried to restore a sense of masculine autonomy to the experience of war disability. Disabled soldiers could gain control and master their disability, rather than conceding power to the disability and its associations with dependence.

In order to overcome disability, medical authorities were urged to coax the soldier patient out of the feelings of helplessness and hopelessness caused by incapacitation. Thomas Gregory in his 1918 work on restoring disabled soldiers to civil life described the shock, fear and depression that followed severe wounding, and urged medical practitioners to do all they could to restore the patient's spirit:

When a man loses his leg in war it affects his thinking more than it affects his walking. Science can supply him with an artificial leg that will answer almost all his needs. But if he finds he is maimed in any way, his first thought is 'Nobody has any use for a cripple'. He feels that he is done for, and unless he can be quickly shown that he still has a chance, he is done for. He lost his nerve when he lost his leg.¹²⁸

The sentiment that "Nobody has any use for a cripple" illustrates the social barriers standing between the soldier and his rehabilitation. It shows that disability was as much a cultural and social issue as it was a physical one.¹²⁹

¹²⁶ Larsson, 'Restoring the Spirit', p. 47.

¹²⁷ Ibid, p. 55.

¹²⁸ Gregory, p. 3.

¹²⁹ Longmore and Umansky, 'Disability History: From the Margins to the Mainstream', p. 19.

Disability was seen as making a man worthless and dependent – the opposite to ideals of hegemonic masculinity during the post-war period.¹³⁰

For this reason, it was advised that “every possible care has to be taken to keep the men in the best possible state of mind to help their bodies. They are encouraged to look outward brightly in hope, not inward darkly in despair.”¹³¹ Patriotic societies, such as the Red Cross, the YMCA, the Salvation Army, and the RSA then supplied an essential medical treatment by providing “cheer” in the disabled soldiers’ hospital environment. As a letter from DGMS McGavin published in *Quick March* stated:

the provision of recreation and entertainment becomes... a part of treatment, and... a very important part. In the provision of this recreation and entertainment, the assistance of the Y.M.C.A. has been, and still is, invaluable, and I would contemplate with alarm any suggestion that these activities would cease.¹³²

Recreation and entertainment improved the soldier’s outlook and, according to McGavin, proved an invaluable contribution to overcoming disability.

In a working arrangement with the Red Cross Society, the YMCA provided entertainment and recreation. Voluntary organisations such as the RSA often visited disabled soldiers in hospital, bringing gifts usually consisting of fruit and cigarettes, as well as some much valued company.¹³³ Additionally, these societies also took disabled soldiers out to trips to the theatre and organised various functions for the soldiers’ entertainment in

¹³⁰ Baynton, p. 51; Gerber, ‘Blind and Enlightened’, pp. 320, 322; Koven, p. 1169; Meyer, p. 114.

¹³¹ Fanning, p. 4.

¹³² *QM*, Vol. 3, no. 34, February 1921, p. 63.

¹³³ *RSAR*, Vol. 14, no. 2, November 1937, p. 42.

order to “relieve the tedium of prolonged orthopaedic treatment”.¹³⁴ At King George V. Hospital, Rotorua, the Salvation Army, the Church of England and the YMCA looked after the recreation of soldier patients whereby:

The Salvation Army arranges free launch and motor-car trips to all sights of the district, and, in addition, gives various comforts. A concert under the direction of the Salvation Army is given every fortnight and a social is arranged by the Church of England each alternate Monday. An excellent library is attached to the Y.M.C.A...¹³⁵

With funds collected during war time, patriotic funds were also often used to furnish recreation rooms in hospitals with music, reading material and other activities.

However, too much sympathy from medical practitioners and society alike could conversely have a negative effect on the disabled soldier. A report regarding disabled soldiers at King George V. Hospital stated:

As for entertainment of convalescent soldiers, particularly those able to accept the attentions and hospitalities of the Rotorua residents and patriotic institutions, we found that men in process of treatment and slow convalescence suffered, if anything from too much kindness instead of too little.¹³⁶

Thomas Gregory’s repatriation publication also warned society that excessive displays of “‘patriotic’ hysteria”, and “over-sentimentality” threatened the disabled soldier’s mental state and, consequently, his rehabilitation.¹³⁷ Even overly-sympathetic nurses could contribute to the

¹³⁴ Carbery, p. 515.

¹³⁵ *QM*, Vol. 2, no. 17, September 1919, p. 41.

¹³⁶ British Red Cross Society and Order of St. John, p. 8.

¹³⁷ Gregory, pp. 9, 11.

disabled soldier's despondency.¹³⁸ He urged the public "to understand that the returned soldier is human, like the rest of us, and just as likely to imbibe false notions and have his head turned by adulation as anyone else."¹³⁹

Repatriation authorities feared that overly sympathetic treatment might encourage the disabled soldier to enjoy his dependant coddled status instead of overcoming it.

If quicker recovery was not incentive enough, men were also punished for interfering with their treatment. Soldiers who "by their own action, neglect or mode of life... are found to be retarding their recovery" were punished with a "Deduction of 2s per day" from their pay.¹⁴⁰ *Quick March* reported in 1921 that several ex-soldiers receiving treatment for tuberculosis in sanatoriums interfered with their treatment either by not conforming to hospital discipline, removing themselves from hospital or refusing treatment. They were punished accordingly with a reduction in their pensions and subject to disciplinary surveillance.¹⁴¹ "The New Zealand Government can accept no responsibility for the care and treatment of the soldier who refuses the treatment offered, who fails to carry out the treatment prescribed, or who acts in such a manner as to impede his

¹³⁸ Ibid, p. 8.

¹³⁹ Ibid, p. 11.

¹⁴⁰ *Returned Soldiers' Handbook containing instructions dealing with returned soldiers from the New Zealand Expeditionary Forces; New Zealand Defence Forces Special General Order no. 394/1916*, Wellington, 1916, p. 20.

¹⁴¹ *QM*, Vol. 4, no. 3, July 1921, p. 34.

recovery.”¹⁴² As Franklin Shontz has argued, the emphasis on the disabled person’s attitude and its repercussions meant “experts began to describe people who did not respond favourably to rehabilitation as ‘unmotivated’. This term conveys the belief that certain individuals lack the necessary energy or drive to take advantage of the opportunities provided them.”¹⁴³ Therefore, if a disabled soldier failed to repatriate medically, it implied the soldier was deficient in character and attitude.

The medical treatment and rehabilitation of disabled servicemen suggested that while the government provided the opportunities and facilities for rehabilitation, it was up to the individual and his right attitude to rehabilitate himself fully: “Men of energy, with such a will to win in peace as they had in war, have now the encouragement and reasonable facilities to assure for themselves and their dependents a prosperous and happy future.”¹⁴⁴ Advances in medical technology and knowledge, it was emphasised, could only take the disabled soldier so far; he had to complete the process himself in a way appropriate to his status as a returned soldier, a man and a valuable citizen.

¹⁴² *Returned Soldiers’ Handbook*, 1915, p. 26.

¹⁴³ Franklin C. Shontz, ‘Psychological Adjustment to Physical Disability: Trends in Theories’, Robert P. Marinelli, Arthur E. Dell Orto (eds.), *The Psychological and Social Impact of Physical Disability*, 2ed, New York, Springer Pub. Co., 1984, p. 120.

¹⁴⁴ Fanning, p. 1.

1930s Burnt Out Soldier

The *RSA Review* reported in 1935 a speech made to the legislative council regarding War Veterans Allowances in which Sir James Allen stated: “When men were enlisting nobody foresaw that not only would they receive war disability, but that when they came back they might eventually break down owing to the strain of their war service.”¹⁴⁵ Allen was prompted to defend war pensions, almost two decades after the war, because of the problem of burnt out soldiers. The SCRL and the RSA had brought the state’s attention to the problem of burnt out soldiers who were suffering from latent aspects of war service - premature aging, general physical and mental ill health which was not directly attributable to war service - and who were thus unemployed and unemployable. In the *RSA Review*’s District News section, Christchurch RSA expressed concern with the increasing number of “war wrecks” who were finding it difficult to convince medical authorities that their impaired health was attributable to war service due to the “the difficulty in collecting evidence to support the claims of men who are only now breaking down in health.”¹⁴⁶

The perceived trend in burnt-out soldiers was noticed as early as 1920 by *Quick March* which stated that a number of men had been discharged fit, felt well enough to get married and start a business only to later fall ill in

¹⁴⁵ *RSAR*, Vol. 3, no. 2, November 1935, p. 9.

¹⁴⁶ *RSAR*, Vol. 9, no. 1, August 1932, p. 14.

health as a result of some aspect of their war service.¹⁴⁷ In 1921, applications for pensions were still being received from men discharged two to five years earlier and the lapse in time made it even harder to confirm the disability was due to, or aggravated by, war service.¹⁴⁸

In the late 1920s and 1930s the RSA, the SCRL and the Red Cross again brought the government's and society's attention to the estimated 5,000 returned disabled soldiers suffering from premature aging and general ill health.¹⁴⁹ The burnt out soldier was described as "the class which looks and moves as if in the vicinity of sixty or seventy years of age."¹⁵⁰ By 1935, the Dominion President of the RSA claimed that New Zealand had

now reached a period when latent results of war service are becoming apparent in varying degrees of impaired health amongst ex-service men. Many of these men who were discharged as fit on their repatriation, and who until recently have had no particular ground for complaint in the matter of their health, are now developing and suffering from rheumatism, sciatica, lumbago, neurasthenia, respiratory diseases (asthma, bronchitis, and tuberculosis), colour-blindness, bad eyesight, deafness, heart trouble, and the after effects of knocks and bruises.¹⁵¹

Many of these men were said to be experiencing relapses and recurrences of old wounds and illnesses and yet some men suffered from general ill health that could not be attributed specifically to their war service. However, in 1933 the *Evening Post* reported on the views of C. Treadwell, a hospital board

¹⁴⁷ *QM*, Vol. 3, no. 29, September 1920, p. 50.

¹⁴⁸ *QM*, Vol. 4, no. 3, July 1921, p. 34.

¹⁴⁹ *AJHR*, 'H-39, 1930, p. 6.

¹⁵⁰ *RSAR*, Vol. 12, no. 2, November 1935, p. 8.

¹⁵¹ *Ibid*, p. 7.

candidate, who stated it was becoming more obvious every year that some returned soldiers were struggling with ill health and that medical science was proving that in many cases, this failure was attributable to war service.¹⁵²

Moreover, medical witnesses for the Ex-Soldiers Rehabilitation Commission identified that the breaking down in health of soldiers was a phenomenon distinct to returned soldiers and was of a completely different nature to the normal aging process of civilians:

More than one of the medical witnesses that gave evidence before us in the various parts of the Dominion spoke of the mentality of the returned soldier as something recognizable by them as distinctive: as the mentality of a class of men who, in some cases for years, were subjected to a degree of mental and nervous strain, and life under insanitary and uncomfortable conditions, to a degree never known before. This has caused them to be restored to civil life with the marks of these experiences upon them; they suffer and display lessened nervous control, and many of the symptoms of premature old age.¹⁵³

The hardships involved in active service, as illustrated at the beginning of this section, were perceived to have marked burnt out soldiers as distinctive from the general population.

This was particularly troubling when the tests for military service on enlistment tended to send the physically fittest to the front. During the war, New Zealand's soldiers on active service were described by various MPs as "the finest lot of men you can see in the world" and by the Minister of

¹⁵² *EP*, Vol. CXV, Issue 97, 27 April 1933, p. 12.

¹⁵³ *RSAR*, Vol. 12, no. 2, November 1935, p. 7.

Health, G. W. Russell as “the salt of the earth, equal in courage to any troops, superior in physique to any but the picked men of other countries”.¹⁵⁴ This, John Barton, the Commissioner of the SCRL, claimed, was proof that their illness was due to war service:

If, therefore, at the present time (considering only persons who were by age eligible for service during the period of the war), ex-service men show at least as much tendency to ill health as those who did not serve, there is a *prima facie* case for the submission that their tendency to ill health is due to war service.¹⁵⁵

However, Barton pointed out that they could not verify this as fact as “None of the medical witnesses was inclined to commit himself to a definite statement of opinion”.¹⁵⁶ Yet the medical witnesses were described by Barton as unanimous in the belief that the government had presumed too early that all sickness and impaired health due to war service had manifested by the 1930s.¹⁵⁷

There is a lack of clinical evidence in medical journals such as *Kai Tiaki* and the *New Zealand Medical Journal* regarding burnt out soldiers. This, Gwen Parsons has argued shows that the medical community lacked consensus regarding the burnt out soldier as any different from that of the aging civilian population.¹⁵⁸ Yet, veterans in their 40s and early 50s – a time when life expectancy generally was improving - did die during this period, and the

¹⁵⁴ *New Zealand Parliamentary Debates (NZPD)*, 173 (1915), p. 21 (T. M. Wilford); *NZPD*, 174 (1915), p. 1 (G. W. Russell).

¹⁵⁵ *AJHR*, H-39, 1930, p. 5.

¹⁵⁶ *Ibid.*

¹⁵⁷ *Ibid.*

¹⁵⁸ Parsons, p. 110.

Government also recognised the existence of such men by the introduction of an additional financial allowance to help them in 1935. This allowance will be discussed further in the following chapter.

It is very difficult to accurately gauge whether war service lessened the life expectancy of veterans. The 1939 annual report of the War Pensions Department stated that 8,765 of the 60,878 ex-serviceman (14.4 per cent) who had been granted a pension between 1916 and 1939 had died. Of the 8,765, just over half (4,549) died between 1930 and 1939.¹⁵⁹ From the Heights and Weights Database, 4392 men were listed with a known date of death which spanned from 1914 to 1997 with the age of death ranging between 18 and 103 years, averaging at 52.9 years. Between 1920 and 1939, 399 out of the 4392 men died (approximately 9.1 per cent): a slightly lower number than the 1939 War Pensions Report mentioned earlier, but still a significant number.

Within the smaller sample of 102 returned soldiers in the Heights and Weights Database, 30 had died of causes related in some way to war service: 12 personnel files declared the death as due to war service (usually as a result of wounds), 11 from tuberculosis and five suicides. 66 of the files did not go into detail about the cause of death or cited other chronic diseases which may or may not have been exacerbated or indirectly linked to their active service. Only six of the personnel files stated that the death was in no way linked to active war service, with deaths labelled as accidents included

¹⁵⁹ *AJHR*, 1939, H-18, p. 7.

in this category also. Thus, although a causal relationship cannot be established between war service and premature death, a correlation existed in nearly a third of the soldiers in this sample between wounding and an early death.

However, this can also be compared with the more long-lived sample of wounded veterans within the interviews collected from the WWIOHA. All the interviewed veterans reported receiving wounds serious enough to require medical treatment and many were sent back to New Zealand and discharged due to the extent of their wounds, yet they had all reached over 80 years of age.¹⁶⁰

In the mid 1920s, local branches of the RSA began to mention ex-soldiers who had "Gone West" in the district notes in the *RSA Review*.¹⁶¹ The "Gone West" lists do not provide an accurate appraisal of the state of health in disabled ex-servicemen, nor can it be ascertained as to whether active service resulted in a decreased life expectancy. However, a number of these men were reported to have been suffering from a war disability, such as Nils Nicholson who was described as having "a severe war injury [which] left him practically a cripple, and a great deal of his time since his return to New Zealand had been spent as a patient in hospital."¹⁶² These lists suggested that a number of ex-servicemen were dying prematurely due to their war service.

¹⁶⁰ WWIOHA.

¹⁶¹ *RSAR*, Vol. 2, no. 1, September 1925, p. 17.

¹⁶² *RSAR*, Vol. 7, no. 3, February 1931, p. 21.

The RSA went further to emphasise that the incapacity suffered by the burnt out soldier was “clearly the result of the over-strain and tremendous hardships during war service.”¹⁶³ The Dominion President of the organisation stated in the Legislative Council that “we feel – and evidence that has been taken in various countries since the Great War has conclusively proved it – that the life of the average ex-serviceman has probably been reduced by from seven to ten years as a result of his war service, if he served in the actual front line with a fighting unit.”¹⁶⁴ War service, it was claimed, was one of the primary factors contributing to the problem of burnt out soldiers.

War service, however, was considered one of a number of reasons why these men were breaking down in health. Giving evidence at the Commission into the Rehabilitation of Disabled Ex-servicemen in 1929, J. J. Clark, the chairman of the Soldiers’ and Dependents’ Welfare Commission of the Otago Patriotic Association condemned unemployment as a major factor in “the breaking down of men.” He claimed “It is very remarkable how getting into steady work improves the health of the men. The experience of my committee goes to prove that unemployment has a serious effect on the health of the men.”¹⁶⁵ The Secretary of the Oamaru RSA, N. H. Colquhoun similarly attributed the burnt out soldier syndrome to unemployment as

¹⁶³ *RSAR*, Vol. 11, no. 1, August 1934, p. 5.

¹⁶⁴ *RSAR*, Vol. 13, no. 2, November 1936, p. 4.

¹⁶⁵ *RSAR*, Vol. 6, no. 2, November 1929, p. 10.

“when in employment the soldier was more contented, and that his physical, moral, and mental condition was beneficially affected.”¹⁶⁶ These comments were then strengthened by the testimony given by J. Renfrew White, a surgeon with experience in orthopaedic cases who stated that “during the past few winters when unemployment had been so common, there had been a considerable increase in the number of returned men who, though for years previously they required no treatment were reporting back either to the hospital or through the Pensions Department for treatment.”¹⁶⁷ To White and the other witnesses, a direct correlation existed between unemployment and ill-health.

Other men were suffering from “Over-hospitalisation”. Barton described this as “the attitude acquired by soldiers who had been over-nursed, over-doctored, and over-impressed with their position as disabled men.”¹⁶⁸ In his report on the Ex-Soldiers Rehabilitation Commission Barton argued that the long-term effects of out-patient medical care had unfavourable results on the soldiers’ life:

Many of them have had to enter into a course of treatment, and their lives for considerable periods have been alternating periods in and out of hospital. When out of hospital and subject to the ordinary strain of our industrial and economic life their disabilities place them at a conscious disadvantage, and often the result is the necessity of more hospital treatment. This after a time begins to fail in its effect; they become the victims of what more than one medical witness described as ‘over-

¹⁶⁶ Ibid, p. 16.

¹⁶⁷ Ibid, p. 20.

¹⁶⁸ *EP*, Vol. CVIII, Issue 111, 6 November 1929, p. 6.

hospitalization,' and these alternating periods begin to create a vicious circle in their lives.¹⁶⁹

In Barton's theory of over-hospitalisation, rather than being beneficial to the soldier's health and recovery, medical treatment had conversely contributed to the vicious circle of unemployment and ill-health.

Conclusion

Despite the extensive medical facilities and treatments offered free of charge to the returned disabled soldier by state departments and patriotic organisations during the 1920s, the burnt out soldier in the 1930s was perceived as still suffering from the lasting effects of war service. Although their perceived strife was a combined result of complex wounds, economic depression and the aging process, their struggles were a far cry from statements made in 1918 by repatriation authorities who claimed that even severe disabilities could be overcome by the advancements made in medical care and the cheerful attitude of the soldier.

The lack of comment from medical authorities regarding the perceived issue of burnt out soldiers has been suggested by some as implying that the medical community did not differentiate the burnt out soldier from the average aging civilian. This could perhaps be explained by a theory offered by Rosmarie Thomson in her study on the history of disability in photography called the "logic of 'cure or kill'". In her theory Thomson

¹⁶⁹ *AJHR*, H-39, 1930, p. 5.

argues that within the medical profession when the disabled body does not respond to medical treatment it “becomes intolerable, a witness to the human inability to perfect the world.”¹⁷⁰ Therefore, returned disabled soldiers who were perceived as breaking down in health may have represented an affront on the medical profession and were therefore ignored.

However, disabled soldiers who were suffering from being burnt out were also personally implicated in their failure to successfully repatriate medically. The emphasis within contemporary rehabilitation literature on the role of the disabled soldier to overcome his disability himself implied that burnt out soldiers did not possess the masculine qualities of determination and self-help that successful soldiers did. As these men had not been able to reach the goals expected of a returned soldier, they were implied as no different from aging or incapacitated civilians, despite earlier appeals to the contrary. Therefore, not only had they been unable to overcome their physical disability, they had also been unable to overcome the cultural perceptions of disability.

¹⁷⁰ Rosmarie Garland Thomson, ‘Seeing the Disabled: Visual Rhetorics of Disability in Popular Photography’, Paul K. Longmore and Lauri Umansky (eds.), *The New Disability History: American Perspectives*, New York; London, New York University Press, 2001, p. 355.

Chapter Two: Disabled servicemen and pensions

“A man’s body is his capital in life, and the pension is to replace part of his body or part of his capital (lost).”¹⁷¹

In 1915 the New Zealand government passed the War Pensions Act recognising that many of the wounded men returning home would not work again due to the severity of their injuries and illnesses. Pensions were granted as a compensatory payment for physical disability according to rank, a scale of disability as well as prevailing attitudes regarding deservedness and citizenship. In order to aid the growing number of returned disabled soldiers who were struggling economically, a supplementary pension was enacted in 1917, then replaced in 1923 by the economic pension. The men were assigned more generous pensions than the invalid civilian population and more recognition for their disabilities due to their elevated masculine status as soldiers and breadwinners. These measures prompted fears regarding the moral, physical, emotional and economic dangers of long-term reliance on pensions both to the soldiers themselves and also to New Zealand society.

The economic depression in the late 1920s, however, marked a significant transition in the pensioning of struggling disabled soldiers. Due to strained financial circumstances disabled soldiers, alongside civilian pensioners found their economic pension reduced by the government in an

¹⁷¹ *QM*, Vol. 5, no. 3, July 1922, p. 40.

attempt to curtail expenditure. In 1935 the War Veterans Allowance was introduced and liberalised the deservedness requirements to include those not covered under the regulations of the War Pensions Act, thus reducing the special and privileged nature of war pensions. As a multitude of other needy and unfortunate groups advocated for income maintenance due to the strained economy, the injured veteran began to lose his privileged position as other groups began to receive recognition of their needs. With the election of Labour into government in 1935, and Labour's Social Security Bill in 1938, income maintenance became a right for all New Zealand citizens, not just a privileged few.

The issue of pensions was debated widely and publicly and stands as the most obvious measure of governmental attempts to provide for wounded men who could not provide for themselves. These debates acted as a forum for issues such as deservedness, citizenship, masculinity and the extent of state responsibility for welfare, to be aired in the public sphere. Discussions regarding the pensioning of disabled soldiers also highlighted a number of tensions regarding provisions of financial assistance. Tension existed between the need to provide soldiers with liberal pensions due to their masculine soldier-breadwinner status and the fear of dependency which would place a considerable financial burden upon the government. Furthermore, the purpose of pensions was also a site of indecision. Although physical disability warranted permanent incontrovertible compensation, war

induced economic disability was unfavourably associated with charitable aid. Thus, the economic pension never quite transcended its perceived position as a temporary stop-gap measure until the soldier found employment.

Origins of Pensions

Pensions for soldiers were not created out of thin air. Prior to the Great War, welfare in New Zealand was generally confined to that of voluntary philanthropy or personal initiatives rather than public or state-based action.¹⁷² Old-age pensions were the first to be granted to the civilian population in 1898 from whence pensions were extended to disadvantaged groups such as widows, miners made ill by their work and the blind.¹⁷³ Generally, sick and needy persons relied on charitable aid boards and benevolent institutions which supplied intermittent hand-outs.¹⁷⁴ All of these initiatives, both state and societal, were usually confined to those who fitted the description of the “deserving” poor – the very young, the very old, the sick or infirm, those who were out of work through no fault of their own and married mothers.¹⁷⁵ The sound moral character of the pension applicant was further emphasised in the stipulations regarding old-age pensions.

Appellants were not allowed to receive a pension if they had been

¹⁷² Oliver, p. 2.

¹⁷³ Ibid, pp. 5, 10-11. Before 1920 only miners suffering from a work-related illness (and in 1924 the Blind) received a disability pension from the New Zealand government: Tennant, *Paupers and Providers*, p. 165.

¹⁷⁴ Oliver, pp. 5, 10-11.

¹⁷⁵ Ibid, pp. 2, 6.

imprisoned in the immediate past or had deserted a wife, and were required to have lived a sober and reputable life in the previous year.¹⁷⁶

Soldiers, however, received pension legislation earlier than civilians. As British historian Mildred Blaxter's study of disability has shown, the war injured and work injured were treated differently from the rest of the civilian population due to "the economic value of the work ethic".¹⁷⁷ This has been referred to by Melanie Nolan as economic citizenship whereby their higher level of economic contribution to state and society entitled soldiers and workers to more generous assistance and recognition.¹⁷⁸ Due to their services to the country, soldiers generally fared much better than civilians and were perceived as the government's responsibility. From 1858 disabled soldiers had received pensions under the Militia Act and at the end of the New Zealand Wars in 1866, the government introduced the Military Pensions Act (which was later extended to include Anglo-Boer War veterans) to financially compensate soldiers disabled during service and their dependants.¹⁷⁹

The 1915 War Pensions Act and Amendments

The New Zealand government revisited the Military Pensions Act and created a new pension scheme in response to the growing numbers of the

¹⁷⁶ *New Zealand Official Year-Book*, 1936, p. 477.

¹⁷⁷ Mildred Blaxter, *The Meaning of Disability*, London, Heinemann, 1976, p. 183.

¹⁷⁸ Melanie Nolan, *Breadwinning: New Zealand Women and the State*, Christchurch: Canterbury University Press, 2000, p. 14.

¹⁷⁹ Nolan, p. 87; Uttley, p. 33.

Great War's casualties. The War Pensions Act was introduced in 1915 to financially aid servicemen wounded, disabled or suffering from illness as a direct result of their war service and a judgement on the effect such disablement would have on their employment chances and earnings.¹⁸⁰ The Act compensated a disabled veteran at a rate dependent on rank with additional provisions for his wife, children and dependants. A private with two amputated limbs (total disability) was entitled to the maximum of £1 15s (35 shillings) per week and a Rear Admiral with an advanced incurable disease (total disability) received £3 (60 shillings) per week.¹⁸¹ Wives and dependants of disabled ex-soldiers were also entitled to a pension from 12s 6d for privates' wives to £1 10s for the highest rank, and 5s per child under the age of sixteen.¹⁸² The war pension was not means-tested, but rather "a compensatory payment" for physical and mental disability directly attributable to war service.¹⁸³ As James Allen proclaimed in 1915 "the disabled soldier is entitled to a pension, no matter what his position may be – he may be wealthy or he may be poor, but he is entitled to claim whatever may be provided for him".¹⁸⁴ In order to receive a pension, the ex-soldier needed to prove the correlation of his infirmity with active service, as mentioned in the previous chapter.

¹⁸⁰ Uttley, p. 41; *Returned Soldiers' Handbook*, 1919, p. 43.

¹⁸¹ *NZPD*, 172 (1915), p. 394.

¹⁸² *Ibid.*

¹⁸³ Uttley, p. 34.

¹⁸⁴ *NZPD*, 172 (1915), p. 227 (J. Allen).

The War Pensions Act was amended regularly between 1915 and 1920 but most significantly so in 1917. This amendment increased pension rates, established the War Pensions Appeal Board and a standardised scale of disability. The Act additionally allowed for totally incapacitated servicemen to receive an attendant's allowance of £1 per week and the War Pensions Boards could pay a supplementary pension of £1 per week if the applicant's "earning capacity precludes the enjoyment of pre-War standard of living".¹⁸⁵ This payment was in 1923 replaced by the economic pension, which will be discussed in further depth later in this chapter.

In order to standardise pension payments to wounded soldiers, the government introduced a scale of disability in 1917 upon which medical boards could assess the percentage of the soldier's disability. According to the scale soldiers with total blindness, paralysis, madness or the amputation of two limbs were assessed at 100 per cent disability, whereas a soldier with an amputated index finger was assessed at 20 per cent.¹⁸⁶ If a soldier had lost an eye (50 per cent disability) and lost a leg above the knee (80 per cent disability) he was assessed at 100 per cent disability, not the combined percentage of the two.¹⁸⁷

¹⁸⁵ 'War Pensions Annual Report 1917 – 1918', Archives NZ, Agency SS, Accession W1844, Box/Item 13, Record W153; *Returned Soldiers' Handbook*, 1919, pp. 44, 46.

¹⁸⁶ 'Repatriation and training of Disabled Soldiers', 1918, Archives NZ, Agency WA, Series 1, 1 Box 3/27, Record 12/2

¹⁸⁷ *QM*, Vol. 1, no. 2, May 1918, p. 21.

Initially, temporary pensions were granted for periods from three to 12 months until the War Pensions Board was satisfied that the soldier's ailment had either reached its final stage or he had fully recovered.¹⁸⁸ The disabled soldier register noted that as of 31 March 1920, no fewer than 23,144 temporary pensions had been awarded "and it is quite probable that a considerable portion of them will ultimately become permanent."¹⁸⁹ Once the extent of permanent disability was established a pension was granted according to the scale of disability and was not reduced on account of any income earned by the soldier. It could be increased if the Board deemed the disability to have become worse and, like civilian pensioners, cancelled on any account of misconduct, such as refusing recommended medical treatment or being convicted of an offence punishable by imprisonment.¹⁹⁰

A large number of incapacitated soldiers were granted war disability pensions in the interwar period. In 1920 the government recorded 34,571 war pensions (25,274 granted to soldiers) in force, of which the average annual value was £54: this amounted to £1,869,366.¹⁹¹ By 1924, the number of returned soldiers receiving a pension had decreased to 14,515 but still

¹⁸⁸ Ibid, p. 19.

¹⁸⁹ *List of the Names of all ex-members of the New Zealand Expeditionary Force, suffering permanent disability from 20 per cent. to 100 per cent.*, Wellington: New Zealand Times, 1920.

¹⁹⁰ *QM*, Vol. 1, no 2, May 1918, p. 19; *QM*, Vol. 3, no. 3, November 1920, p. 23; *QM*, Vol. 2, no. 15, July 1919, p. 55; *Returned Soldiers' Handbook*, 1915, p. 46.

¹⁹¹ *AJHR*, 1920, H-18, p. 1.

represented a considerable financial burden upon the New Zealand government.¹⁹²

Of the 20 interviews in the WWIOHA, seven men received pensions in the post-war period, one of whom also received the War Veteran's Allowance and assistance from his local patriotic society. None had to rely solely on their pensions, and only one interviewee received a 100 per cent pension (which was subsequently reduced after a year).¹⁹³ Three informants never received pensions including one man who was rejected as his condition was not a result of any direct war injury. Another also had dealings with the Pension Board but refused to re-attest, and the third man received help from the Canterbury Patriotic Society. The remaining men either were not asked about pensions, or received pensions much later in life.¹⁹⁴ The experiences related by the interviewees show that interaction with the Pensions Board was a common experience for all soldiers, not only those with severe disabilities.

Generally, discussions regarding war pensions centred on the amount disabled soldiers should be offered. Because of their heroic status as servicemen, men disabled by war service were argued to be deserving of generous pensions. In discussions regarding the 1915 War Pensions Bill, Members of Parliament expressed the elevated status of soldiers and the

¹⁹² *AJHR*, 1930, H-18, pp. 3, 5; Carbery, pp. 549-550; Disabled Servicemen's Rehabilitation League Archive, 'Early History', Alexander Turnbull Library, MS-Group-0114, 91-005-2/21.

¹⁹³ Jacob Randrup Moller, WWIOHA, OHC-002707.

¹⁹⁴ One man died before the interview could be concluded.

responsibility of New Zealand society to financially compensate them.

Soldiers were invariably described as “the flower of the manhood of our country”, the “best of our people”, and the “nation’s protectors”.¹⁹⁵ Due to the sacrifice of their health and wholeness on the battlefield, it was the “duty and obligation” and the “responsibility” of the government to provide “a measure of mere justice” and “a square deal” to disabled soldiers by granting them generous pensions.¹⁹⁶

Unsurprisingly, the RSA also took this view of pensions. Various articles in *Quick March* referred to pensions as a “right”, “justice”, “compensation” and New Zealand society’s “debt of gratitude” to disabled men “who have sacrificed a measure of their powers in the country’s service.”¹⁹⁷ The loss of health and wholeness on the battlefield had thus accorded the disabled soldier a higher level of citizenry which compelled the government to provide generous pensions as a right, not as a privilege.

Although in agreement that disabled soldiers deserved generous pensions, opinions differed between pension commentators as to what constituted “generous”. In a *Quick March* article, it was argued that pensions should restore soldiers to an even better position than they held before the war: “No compensation can approach adequacy until disabled men are

¹⁹⁵ *NZPD*, 172 (1915), p. 241 (A. Glover); *NZPD*, 172 (1915), p. 427 (C. A. Wilkinson); *NZPD*, 172 (1915), p. 411 (G. Witty).

¹⁹⁶ *NZPD*, 172 (1915), p. 253 (C. Poole); *NZPD*, 172 (1915), p. 420 (P. C. Webb); *NZPD*, 172 (1915), p. 413 (R. Fletcher); *NZPD*, 172 (1915), p. 434 (J. Payne).

¹⁹⁷ *QM*, Vol. 4, no. 8, December 1921, p. 35; *QM*, Vol. 1, no. 2, May 1918, p. 3; *QM*, Vol. 4, no. 3, July 1921, p. 41; *QM*, Vol. 4, no. 6, October 1921, p. 32; *QM*, Vol. 5, no. 3, July 1922, p. 40.

permanently restored to moral, physical, social, and economic prosperity, and, if possible, as a reward for their sacrifices, placed in a better position than that which they enjoyed before enlistment.”¹⁹⁸ MPs in debates regarding the 1915 War Pensions Bill generally took a more moderate approach, agreeing that the pension should be used to place disabled soldiers “in as good circumstances as they enjoyed before they went to the front” and “to make up to the man what he would ordinarily earn if he were in sound health and fit condition to earn his daily bread.”¹⁹⁹ To the government, therefore, pensions were compensation rather than rewards.

However, government was nervous at the projected expenditure of providing all disabled soldiers with pensions. During discussions regarding the War Pensions Bill in 1915 James Allen showed concern regarding the potential costs in responding to accusations that the rate of pensions was inadequate. Based on the estimate of 50,000 men for two years, at different rates of death and different rates of disablement, Allen estimated: “There is... a prospect of our having to provide over a million a year in the course of two years’ time in pensions.”²⁰⁰ He argued for applying a rate of pension that could stand the test of time rather than “hysterical” measures which could impose a burden that future New Zealand was unable to bear. G. W. Russell agreed with Allen and referred to the inception of the old-age pension where

¹⁹⁸ *QM*, Vol. 1, no. 12, April 1919, p. 3.

¹⁹⁹ *NZPD*, 172 (1915), p. 263 (J. A. Hanan); *NZPD*, 172 (1915), p. 228 (J. Allen).

²⁰⁰ *NZPD*, 172 (1915), pp. 232, 408 (J. Allen).

it was decided to start the pension rate on a low basis with allowance to increase rates if finances were able to bear the cost.²⁰¹ Russell felt that this would guarantee the government's ability "to maintain it at least at the level at which it started."²⁰²

Although wanting to aid disabled soldiers, the government emphasised that it was not prepared to do so at the expense of other civilians and the economy. MP A. L. Herdman expressed that "whilst it is our duty to deal justly by the men who have gone to fight our battles across the sea... it is also our duty to consider the rest of the community."²⁰³ Fearing the cost of the dependence of thousands of soldiers on the government, Allen felt in 1917 that pensions granted to the war-disabled should not be so much as to discourage soldiers from continuing to work. He stated that "any pensions scheme to be passed must encourage a man to improve his position by his own occupation, treatment and training."²⁰⁴ The government felt that whilst it should financially assist disabled soldiers, it was up to the soldier himself to completely restore his pre-war circumstances.

Yet, within the public rhetoric concerning the pensioning of wounded returned soldiers some commentators insisted that these men receive generous pensions even at the expense of other citizens:

²⁰¹ *NZPD*, 172 (1915), p. 248 (G. W. Russell).

²⁰² *NZPD*, 172 (1915), p. 438 (J. G. Ward).

²⁰³ *NZPD*, 172 (1915), pp. 420-1 (A. L. Herdman).

²⁰⁴ *Poverty Bay Herald*, Vol. XLIV, Issue 14413, 27 April 1917, p. 5.

If any man is to suffer financial stress, and face a life of penury and constant self denial, who ought to do it – the man who has not fought for this country but who has been fought for, or the man who has periled his life and who comes back to this land handicapped his life through by disabilities he has endured in the defence of his land?²⁰⁵

The message was clear: citizens must share the sacrifices with disabled soldiers. This was perceived as especially more important than the case “of a naturalised alien (Chinese, etc.), to whom the Government proposes to give pensions.”²⁰⁶

Because of their proven deservedness and special citizenship owing to their services for “King and country”, returned disabled soldiers were touted to receive more generous pension provisions than other civilians.²⁰⁷ War pensions during the 1920s were consistently higher than the old-age pension and the military pension for New Zealand War veterans, and much higher than the blind pension which was introduced in 1924.²⁰⁸ The standard rate was only really on a par with the pensions allotted to incapacitated miners - an acknowledgement of their masculine role as breadwinners. The only rate which was consistently higher than the war pension was the widows’ pension which included allowances received for children. However, in addition to this amount, the average annual rate for dependants of disabled soldiers (women and children) during the 1920s was much higher than that allotted to widows. Furthermore, as Gwen Parsons has pointed out, the full

²⁰⁵ *NZPD*, 172 (1915), p. 440 (L. M. Isitt).

²⁰⁶ *EP*, Vol. CXXII, Issue 37, 12 August 1936, p. 8.

²⁰⁷ *NZPD*, 172 (1915), p. 405 (W. T. Jennings).

²⁰⁸ See Appendix

statutory rate of a pension for a private with additional amounts for a wife, children and an attendant, and the supplementary pension, was around £234 per annum and thus on a par with the average skilled (plumbers and bakers etc) worker's wage during the 1920s.²⁰⁹ It was also higher than blacksmiths and unskilled workers such as tramway conductors, farm hands and the average annual wage of £225 as calculated in 1926.²¹⁰

However, most war disability pensioners only received a partial pension for their disability. In the sample of 691 men from the 1920 register of disabled servicemen the amount ranged from five to 80 shillings for disabled ex-soldiers on the permanent pension and averaged 21.78 shillings (just over £1) per week.²¹¹ The percentage of disability for the men with temporary disability pensions still receiving medical treatment ranged from 20 per cent to 100 per cent and averaged at 54.57 per cent. The majority of the men were single (503 men), 167 men were married, three were widowers, 17 were unstated and one was divorced. This means that the majority of the men in this sample would not have received additional pensions for a dependant wife and children.

Quick March, however, consistently complained that the pension had "never been satisfactory".²¹² Within the WWIOHA, two interviewees agreed

²⁰⁹ Parsons, pp. 148-9.

²¹⁰ Ibid.

²¹¹ *List of the Names of all ex-members of the New Zealand Expeditionary Force, suffering permanent disability from 20 per cent. to 100 per cent.*, Wellington: New Zealand Times, 1920.

²¹² *QM*, Vol. 4, no. 3, July 1921, p 41.

that their pensions “wasn’t a pension you could live on very well” as it was only worth “a few bob.”²¹³ Despite the fact that in 1917 the New Zealand government had significantly increased the amounts payable to disabled soldiers from the original 1915 Act²¹⁴ the RSA repeatedly criticised the government for the miserly pensions offered to disabled soldiers and consistently demanded higher pension rates, as well as higher disability rates: “The N.Z.R.S.A. also insists that present pension for total disablement is obviously only a bare existence allowance. This proposal defines a minimum of £3 per week, which can hardly be regarded as excessive compensation for a soldier wholly broken in war service.”²¹⁵

However, the generous state benefits accorded to disabled soldiers were not to be confused with charity. In June 1922 *Quick March* reported that soldiers who received pensions for disability due to war service were subject to taxation by the government in certain circumstances as their pension was regarded as “unearned income”.²¹⁶ The complaint was brought to *Quick March*’s attention by G. Mitchell (MP) who added “The pension was earned by suffering and hardship and the blood which flowed from them [disabled soldiers] on the field. Could ever money be more faithfully earned? To class

²¹³ Charlie Lawrence, WWIOHA, OHC-002686; Leslie Frederick Harris, WWIOHA, OHC-002647.

²¹⁴ The 1915 War Pensions Act allowed a soldier 35s a week (maximum), an additional 12s 6d per week for a wife and 5s per week per child. In 1916 the rate per child was raised to 7s 6d and in 1917 to 10s per week as well as to £1 for the soldier’s wife.

²¹⁵ *QM*, Vol. 2, no. 20, December 1919, p. 51.

²¹⁶ *QM*, Vol. 5, no. 2, June 1922, p. 21.

such income as unearned is not only unjust; it is an insult.”²¹⁷ Mitchell was suggesting that charity, and those who receive it, was below the status of returned soldiers.

At the heart of this emphasis on the deservedness of wounded soldiers to receive pensions lay the seemingly deep dislike of charity and dependency. The RSA claimed that its “sole desire is to see justice done to the soldier without the insulting taint of charity.”²¹⁸ In 1918 the Government was granting soldiers £5 or a suit of clothing on their return to New Zealand. *Quick March* reported that in many cases this grant was handed back as the suggestion of charity was so “hateful to the average man”.²¹⁹ The article further objected to the term “relief of distress” as although it was appropriate when applied to dependants it was “pernicious” when applied to returned soldiers.²²⁰ Even the word “pension” was objected to by some, as it

gathered round it an atmosphere of charity and penury which serves to obscure the real issue, and makes it possible for the Government to award (and the public to tolerate) a dole for the crippled soldier just sufficient to enable him to exist on the lowest standard.²²¹

To receive charity then was perceived as insulting as those who did so existed “on the lowest standard” of society. The term “pension” was also unacceptable to some because of its association with the citizens who already

²¹⁷ Ibid.

²¹⁸ *QM*, Vol. 1, no. 2, May 1918, p. 3.

²¹⁹ *QM*, Vol. 1, no 1, April 1918, p. 19.

²²⁰ Ibid.

²²¹ *QM*, Vol. 4, no. 3, July 1921, p. 41.

received pensions: the elderly and widows or those receiving financial aid from charitable organisations such as permanent invalids, deserted wives and children. As McClure and Tennant have pointed out, a man both before, during and after the war was “legally responsible for the support of his wife and family.”²²² Men were culturally viewed as breadwinners: the ones supporting dependants – not the dependants themselves.²²³ Therefore, receiving financial assistance was regarded as ill-fitting the soldier’s masculine identity.

Patriotic Societies

Both during and after the Great War, various patriotic bodies operated in New Zealand and played a vital role in keeping struggling disabled soldiers from falling below the bread-and-butter line. Tennant noted that “War energised the voluntary sector, providing new pressures and outlets for charitable giving”.²²⁴ During the war 983 patriotic societies were established to collect money for the war effort by way of extra comforts for sick soldiers in hospital and those still fighting in the trenches.²²⁵ It was estimated in 1923 that New Zealanders had donated the generous amount of over £5 per capita.²²⁶ Although faced with some opposition, the New Zealand government sought control over the disposal of the funds and

²²² McClure, p. 39; Tennant, *The Fabric of Welfare*, p. 71.

²²³ Nolan, p. 167.

²²⁴ Tennant, *The Fabric of Welfare*, p. 83

²²⁵ *QM*, Vol. 5, no. 8, December 1922, p. 26.

²²⁶ *QM*, Vol. 5, no. 9, January 1923, p. 20.

passed the 1915 War Funds Bill through which the War Funds' Council reduced the number of societies to 100 in order to centralise funds which amounted to £1,400,000.²²⁷ Many patriotic associations however, remained independent and localised to specific areas. Disabled soldiers struggling financially during throughout the 1920s and 1930s also benefitted from the proceeds of poppy sales organised by the RSA on Anzac Day. In 1923 *Quick March* reported that sales of Poppies of Remembrance the previous year had received an enthusiastic response from the community totalling £13,166.²²⁸

These funds in the interwar period were used to help struggling sick and disabled soldiers with immediate aid in the form of clothing, food and luxury items, loans for setting up small businesses, and general help towards their civilian reestablishment. In 1920 the War Relief Association of Wellington received 4731 applications for assistance from men still suffering partial or complete economic loss due to their war service.²²⁹ By March of the same year, patriotic societies throughout the Dominion had given £728,734 to soldiers and their dependants as well as £3,178,282 on equipment, comforts, Red Cross purposes and other uses.²³⁰

Although these funds were collected specifically for the war effort and disabled soldiers it was still regarded as degrading for a man to have to use their services. If veterans were required to seek financial aid from charitable

²²⁷ *QM*, Vol. 5, no. 8, December 1922, p. 26.

²²⁸ *QM*, Vol. 5, no. 12, April 1923, p. 18.

²²⁹ *QM*, Vol. 3, no. 35, March 1921, p. 51.

²³⁰ *QM*, Vol. 3, no. 31, November 1920, p. 37.

organisations it was generally viewed as a failure on behalf of the state and society by shirking of responsibilities to the soldiers, rather than any fault on their part: "the spectacle of a man maimed by the war earning a precarious living in a dead end is degrading, not to the man himself but to those who permit it."²³¹ The services provided by patriotic societies provoked debate regarding the role of welfare for struggling disabled soldiers. Many objected to giving soldiers monetary handouts and other such immediate relief as it gave the distasteful impression of charity. Some felt that appealing to patriotic boards "was reducing the status of the men who had served the country to that of applicants for charitable aid".²³² These complaints again reinforced the unfavourable view of charity as opposed to earned income.

Moreover, charity threatened the masculine identity of returned soldiers. Waitaki High School student A. E. King, won the award for best essay in the National League's essay competition entitled "How to help Disabled Soldiers in Civil Life". King argued that charitable aid detracted from the masculine trait of independence. He wrote: "the Government must be influenced to realise that he should be comfortably provided for by a liberal pension, and not by public subscription, which tends to undermine the independence he deserves."²³³ An article in *Quick March* agreed with

²³¹ *QM*, Vol. 2, no. 14, June 1919, p. 41.

²³² *Ibid*, p. 77.

²³³ *Grey River Argus*, 5 February 1918, p. 4.

King, stating that patriotic funds tended “to kill the spirit of independence”.²³⁴

In order to make grants from patriotic societies more palatable to disabled soldiers, the rhetoric of debt and gratitude was applied similarly to that accorded to pensions. In 1920 the *Poverty Bay Herald* published a letter sent to a wounded returned soldier from the War Relief Association of Wellington. The letter expressed that the money given by this association was not charity “but a tribute of thanks from the residents of Wellington to the men who served their country, and who may be in difficulties that the Government cannot remedy.”²³⁵ By terming it as a debt of gratitude for services rendered, the charitable element of patriotic funds was accordingly downplayed.

In addition, to damper the associations of charity, it was stressed that the “policy of Patriotic funds should be to help the soldier to help himself”.²³⁶ A complaint voiced in *Quick March* was that patriotic societies failed to grasp the difference between the dependant (women, elderly men and children), and the returned soldier whose “ambition and independence should be the power which is aided”.²³⁷ These concerns further demonstrate that it was regarded as ill-befitting for those of returned soldier status, and of the male sex, to seek charitable aid. Because of their privileged position as soldiers

²³⁴ *QM*, Vol. 2, no. 14, June 1919, p. 78.

²³⁵ *Poverty Bay Herald*, Vol. XLVII, Issue 15335, 4 October 1920, p. 7.

²³⁶ *QM*, Vol. 1, no 1, April 1918, p. 19.

²³⁷ *Ibid.*

and breadwinners, it was felt that they should receive aid from the state in the form of opportunities for employment, rather than the handouts reserved for women and civilian invalids.

In 1921 the RSA again proposed changes to the war pension scheme to the government. They demanded firstly that the maximum rate of pension should be increased from £2 per week to £3 10s per week – an increase of 75 per cent – due to the fact that £2 was regarded as too little and New Zealand since 1915 had experienced a significant decrease in purchasing power.²³⁸ Dr. Boxer, the President of the RSA in 1921 recommended that the “full pension” and its percentages should “rise and fall in relation to the purchasing power of the sovereign.”²³⁹ Another contributor to *Quick March* in July 1921 felt that the minimum basic pension for loss of earning power only should equal that of the minimum wage of unskilled labour which he deemed to be £4 3s 5d per week.²⁴⁰ The RSA felt that the government ought to provide enough for the disabled soldier to “live decently”.²⁴¹

Additionally, the RSA asked for a regrading of the disability schedule in order to rid it of the anomalies that excessively compensated some ex-soldiers with minor wounds, and yet insufficiently compensated men with severe disabilities.²⁴² *Quick March* referred to the fact that a man who suffered

²³⁸ *QM*, Vol. 4, no. 1, May 1921, p 33.

²³⁹ *QM*, Vol. 4, no. 3, July 1921, p 32.

²⁴⁰ *Ibid*, p 41.

²⁴¹ *QM*, Vol. 3, no. 30, October 1920, p. 46.

²⁴² *QM*, Vol. 4, no. 1, May 1921, p 33.

the loss of his right leg above the knee was entitled to 80 per cent of the maximum pension rate, and a disabled soldier with the loss of his right eye would receive 50 per cent. However, a man missing his right leg and right eye only received 100 per cent of the pension rate. The RSA suggested the use of “plus percentages”, whereby the disabled soldier missing his right leg and right eye would receive 130 per cent.²⁴³

Again, sentiments of deservingness and rights were expressed within these complaints. The RSA asked for regrading of pensions schedule in order to “add to the most deserving, and take away from those getting too much” and demanded that war pensions should be increased commensurately with the cost of living “so that every totally disabled man could have claimed the increase as a right, and not as a favour.”²⁴⁴ Both portray the idea that disabled soldiers had earned a special citizenry and deserved such amendments as a right rather than having to ask for them.

One of the key features of the War Pensions Act was that it compensated wounded soldiers for their disability regardless of their economic situation and any loss of income.²⁴⁵ This meant that a clerk who had lost a leg and could still work received the same amount as an unskilled labourer who had lost his leg and was unable to return to his pre-war occupation. During the early 1920s, the RSA felt that war pensions should

²⁴³ *QM*, Vol. 2, no. 20, December 1919, p. 49; *QM*, Vol. 4, no. 1, May 1921, p. 33.

²⁴⁴ *QM*, Vol. 4, no. 8, December 1921, p. 35; *QM*, Vol. 3, no. 33, January 1921, p. 63.

²⁴⁵ *EP*, Vol. XC, Issue 35, 10 August 1915, p. 3.

compensate disabled soldiers not just for physical disability, but also for economic disability: "It is absurd to classify men under the one heading of "disabled", and to pension them as though their disabilities and loss in earning capacity were each and all the same."²⁴⁶

In response to RSA pressure, the government ordered a commission in 1922 to inquire about existing pension legislation and scales.²⁴⁷ However, the Report of the War Pension Commission in 1923 did not suggest a raise in the basic pension. Instead, it set up a War Pensions Appeal Board, provided clothing allowances of £8 and £6 per annum for upper and lower leg amputees, increased the attendant's allowance from £1 to £3, increased the pension for certain arm and leg amputees and replaced the supplementary pension with the economic pension.²⁴⁸ The economic pension was enabled in the belief that those soldiers disabled physically during war, should also receive recognition for the economic impacts of disability on their income and financial security.

1923 Economic Pension

The Report of the War Pensions Commission in 1922 recommended that the economic pension for total disablement should be 30 shillings (£1 10s) per week as a maximum, increased or decreased in accordance with variation in the cost of living and that personal earnings were to be taken

²⁴⁶ *QM*, Vol. 2, no. 20, December 1919, p. 50.

²⁴⁷ *AJHR*, 1924, H-18, p. 1.

²⁴⁸ *Ibid*, p. 2.

into account so that the total amount of the pensions and personal earnings did not exceed £3 10s per week.²⁴⁹ By 1924, of the 14,515 veterans receiving a disability pension, 1162 were supplemented by the economic pension.²⁵⁰ This number increased to 1613 soldiers in 1930, 2727 in 1935 and by 1939 3828 men were receiving the economic pension.²⁵¹

The economic pension was income and asset tested: the veteran's income, property and extent of disability were taken into account and based on the War Pensions Board's judgement of the applicant's ability to retain suitable employment.²⁵² Because it aimed to aid soldiers suffering from financial hardship, rather than just compensation for injury, the economic pension also brought with it the undeniable taint of charitable welfare. As previously mentioned, the idea of charity was something that many soldiers did their best to disassociate themselves from, as it went against the masculine ideals of independence and self-reliance as well as the heroic status of the New Zealand digger. To receive charitable welfare or this form of pension hinted that these men were unable to properly perform their masculine duty of breadwinning and supporting themselves and their dependants. Moreover, due to the emphasis on the individual soldier's duty to repatriate himself, as shown in the previous chapter, a returned disabled

²⁴⁹ *AJHR*, 1923, H-28, p. 7.

²⁵⁰ Carbery, pp. 549-550; Disabled Servicemen's Rehabilitation League Archive, 'Early History'.

²⁵¹ *AJHR*, 1930, H-18, pp. 3, 5; *AJHR*, 1935, H-18, pp. 2-3; *AJHR*, 1939, H-18, pp. 1-3.

²⁵² *RSAR*, Vol. 1, no. 1, August 1924, p. 20; *RSA Review*, Vol. 8, no. 1, August 1931, p. 4.

soldier needing to rely on the economic pension also represented a personal failure in being unable to overcome his physical handicap.

The economic pension was thus reduced and affected by the income of the disabled pensioner. As the Welfare Officer of the Papatoetoe RSA, Robert Vincent Closey felt that the economic pension was “terrible” as it meant that if “you could only earn 30 bob a week and you needed 40 bob to live,” you would only “get 10 bob”.²⁵³ Thus, a disabled soldier could earn 40 shillings a week by working for 30 shillings and getting 10 from the Pensions Department, or he could receive the full 40 shillings from the department by remaining unemployed. This was believed to encourage idleness, as many men feared obtaining work – even of a temporary nature lest their income was reduced or cancelled (as any income over £1 per week was deducted from their pension). Although the ex-serviceman could apply for a reinstatement, a period of waiting was involved, often causing economic hardship in the interim.²⁵⁴ These conditions inherent in the economic pension “encouraged men to live in idleness” and posed a problem not “of accounting, but a human problem”.²⁵⁵ McClure has argued that the pension provided “a poor incentive to recovery” and there was a fear within the state

²⁵³ Robert Vincent Closey, WWIOHA, OHC-002591.

²⁵⁴ *NZ Truth*, Issue 1250, 14 November 1929, p. 6.

²⁵⁵ *EP*, Vol. CVIII, Issue 129, 21 October 1930, p. 4; *EP*, Vol. CX, Issue 96, 27 November 1929, p. 12.

that these men would become permanent dependants upon such financial assistance.²⁵⁶

Tension thus existed between the RSA and government as to role of the economic pension as a temporary or permanent measure. The RSA stressed that the economic pension was only used when the government had failed to find these soldiers dignified work. The government provided the pension to those disabled soldiers they believed to be permanently unemployable. Yet, to the RSA, the economic pension was a temporary form of financial assistance until the government was able to obtain suitable employment for the soldier.²⁵⁷

Furthermore, the RSA believed that if the government did not set up advisory committees to find soldiers employment (in a similar vein to the Repatriation Board's activities discussed in the following chapter), then the economic pension "would be reduced almost to the level of a 'dole'... the attitude of the pensioner would degenerate until he looked upon the Economic Pension as a right rather than as temporary assistance until suitable employment was obtained."²⁵⁸ Although the disability pension was a right, the RSA feared the economic pension could cause a degeneration of character into a sense of entitlement for the pension as not just a temporary support, but a permanent crutch.

²⁵⁶ McClure, p. 36.

²⁵⁷ *RSAR*, Vol. 2, no. 1, September 1925, p. 23; *RSA Review*, Vol. 6, no. 1, August 1929, p. 9.

²⁵⁸ *RSAR*, Vol. 2, no. 1, September 1925, p. 23.

Because of its associations with charity, the relief of economic disability was regarded as less important than compensation for physical disability. Whereas the disability pension was regarded by state and society alike as incontrovertible, the introduction of the economic pension in August 1923 provoked wider debate regarding the danger of pensions. From the introduction of the old-age pension in 1898, opponents of state pensions stressed the unsavoury qualities of dependence and argued that pensions would “discourage thrift and encourage carelessness”.²⁵⁹ Despite the majority of the New Zealand population who supported the idea of financial assistance for wounded ex-servicemen, there were also a number of concerned persons who saw the pension as both uneconomic and detrimental to the character of such men by promoting idleness and, by extension, moral and physical degeneracy. In an article in the *NZ Truth*, for example, the secretary for Oamaru’s RSA argued that

The present system of economic pensions is undoubtedly, in the main, an uneconomic system. After allowing for those who are by reason of their War disability economically unemployable, there remains a large number of men who are being paid practically a premium to lead a life of enforced idleness.²⁶⁰

The economic pension straddled the fine line between notions of compensation and charity due to its purpose as means-tested income maintenance rather than amends for incapacitation in the state’s service.

²⁵⁹ McClure, p. 16.

²⁶⁰ *NZ Truth*, Issue 1250, 14 November 1929, p. 6.

Elements of New Zealand society feared the economic pension might cause disabled veterans to fall into the trap of believing in their own sense of entitlement to special treatment from the government and from the wider civilian society rather than remaining a valuable asset to the country and to their families. Additionally, it was feared that being without work would endanger the veteran personally. Unemployment was espoused as being particularly bad for the mental, moral and physical health of the disabled soldier: "Economic pensions are to a certain extent and in many cases unsatisfactory, in that occupation, generally necessary to mental and physical health, is absent".²⁶¹ As Tennant has noted, in the interwar period worklessness was just as undesirable as any physical illness: "A man out of work, for whatever reason, might begin to enjoy his condition – the moral danger of pauperdom was more serious than any physical contagion."²⁶²

By the late 1920s it seemed that these predictions regarding the dangers of pensions had come true. J. Barton, who established the Soldiers' Civil Re-establishment League (SCRL), in 1934 stated that the biggest problem in re-establishing the disabled soldier was the "human problem".²⁶³ The most difficult men to re-establish were those "who had relied for years entirely upon their pensions and had, unfortunately, become shiftless and

²⁶¹ *EP*, Vol. CVIII, Issue 137, 6 December 1929, p. 12.

²⁶² Tennant, *Paupers and Providers*, p. 168.

²⁶³ *EP*, Vol. CXVII, Issue 48, 26 February 1934, p. 11.

casual, some of them even hopeless.”²⁶⁴ Veterans, both disabled and otherwise, who had relied mostly upon their pensions for the past decade had given up the search for employment were breaking down in health and becoming increasingly despondent. Such men had apparently multiplied to the point where the RSA and the state were becoming increasingly worried about not only the men themselves, but the effect of their reliance upon strained governmental finances.

Barton Commission, 1929

In 1929, due to repeated complaints from the RSA regarding the state of New Zealand’s disabled soldiers, the government set up a Royal Commission with J. S. Barton as Chairman. Its purpose was “to inquire into and report upon the position of physically and economically incapacitated soldiers.”²⁶⁵ Although the Barton Commission generally considered employment concerns which will be discussed in the next chapter, it raised concern and debate over, once again, the economic pension. As expected, many men were reported to be unwilling to work for fear that their pensions would be reduced.²⁶⁶ The disincentive to work and reliance on pensions further reduced the soldier’s chances of employment and their future ability to work. In a report of the Canterbury SCRL in 1934, W. E. Leadley, a prominent member of the RSA, expressed that: “From medical evidence

²⁶⁴ Ibid.

²⁶⁵ ‘War Pensions Disabled Soldiers’ Civil Re-establishment League’, Archives NZ, Agency SS, Series/Accession 7, Box/Item 8, Record 11/5/3.

²⁶⁶ RSAR, Vol. 6, no. 1, August 1929, p. 11.

supplied and personal knowledge of many of these men, it is evident that prolonged idleness and increasing age are both taking serious toll of their remaining adaptability."²⁶⁷ Furthermore, these men were suffering from low self-confidence, their major anxieties in life being the retention of their economic and war pensions. Only a few cases endeavoured to find employment since accepting the economic pension. Leadley again credited the economic pension with the general degeneracy of burnt out veterans:

Living a comparatively sheltered existence as the result of continuous payment of pensions adequate for their daily needs, has caused a degeneration of character, ability, and initiative... It is my considered opinion, born out by experience with these men over a period of years, that the flat rate of Economic pension paid to the eligible disabled soldier and his dependants, irrespective of his degree of disability over 50 per cent, is detrimental to the interests of re-establishment, and to the pensioners themselves.²⁶⁸

In 1930 12,653 disabled veterans were receiving pensions of which 1613 were economic pensioners.²⁶⁹ Despite low number of men on the economic pension, by the 1930s, it seemed as though concerns over the dangers of pensions, especially the economic pension, had manifested themselves amongst the disabled veterans.

However, the burnt out soldier problem unfortunately coincided with the onset of the Great Depression. Due to stunted economic expansion in the 1920s, by 1930 levels of unemployment and "underemployment" were

²⁶⁷ 'War Pensions Disabled Soldiers' Civil Re-establishment League', Archives NZ, Agency SS, Series/Accession 7, Box/Item 8, Record 11/5/3.

²⁶⁸ Ibid.

²⁶⁹ *AJHR*, 1930, H-18, pp. 3, 5.

reaching crisis stage.²⁷⁰ Suddenly, these disabled veterans had to compete with other needy groups who were often needier than the disabled soldiers, as well as large numbers of fit, young men out of employment. The problems of burnt out and disabled soldiers paled in comparison with the problem of the great numbers of unemployed who had “formed a large new group demanding government assistance.”²⁷¹

Echoing their sentiments in 1915, members of Parliament stressed their obligation to help burnt out soldiers. However, despite feeling “morally bound” to do “full justice” to these soldiers by giving them “special privileges”, finances were tight.²⁷² Due to the severe economic downturn, economic pensioners just like civilians, faced reductions in their pensions in the 1930s in an effort to cut state expenditure. Unlike the war disability pension, the economic pension did not hold an incontrovertible status. The interim report of the National Expenditure Commission which was presented to Parliament in 1932 recommended the reduction of pensions to alleviate spending on the “ever-growing burden” of pensions (which amounted to over £3,000,000 per annum) as well as to match the falling cost of living.²⁷³

²⁷⁰ McClure, p. 49.

²⁷¹ Ibid.

²⁷² *NZPD*, 226 (1930), p. 903 (R. Semple); *NZPD*, 226 (1930), p. 905 (W. H. Field); *NZPD*, 226 (1930), p. 893 (W. D. Lysnar).

²⁷³ *EP*, Vol. CXIII, Issue 60, 11 March 1932, p. 6.

The Commission judged that war pensions for disability were “a class apart” from old-age, widows and miners’ pensions and “despite the need for the greatest possible economy, we are unable to recommend that any general reduction be made in pensions to disabled discharged soldiers”.²⁷⁴ These sentiments were echoed by the RSA’s Dominion Executive who passed the following resolution:

That this Committee, believing that the man who was physically disabled in the war has already made a sacrifice for his country which cannot adequately be compensated in money, and which far exceeds the sacrifice made by any other citizen of the Dominion, protests strongly against any proposal to reduce pensions payable to him or his dependants, by reason of his physical disability.²⁷⁵

Thus, the RSA declared sacrifices of health and wholeness during war service accorded the disabled soldier a special citizenship over and above the average civilian and was perceived to exempt them from any general reduction in pension rates.

However, the National Expenditure Commission did recommend the reduction of the economic pension. This also affected the pension payable to the wife and children of a soldier as well as a 10 per cent reduction of the war disability pension for dependants of disabled soldiers. The report recognised that abolishing the economic pension in one year would cause a great deal of hardship, and instead recommended that that it be reduced by 50 percent during 1932 to 1933 and then wholly discontinued the following

²⁷⁴ Ibid.

²⁷⁵ *RSAR*, Vol. 8, no. 4, May 1932, p. 6.

year.²⁷⁶ In April 1932 the economic pension was reduced from 30s weekly to 27s and then again to 21s weekly.²⁷⁷

Many letters to the editor in the *Evening Post* objected to such reductions. By the 1930s many men were married with children and therefore reliant on the economic pension and those granted to their dependants. Thus, despite being regarded as “a class apart”, it meant the disabled soldier would still “suffer” a reduction of 20 per cent.²⁷⁸ In a letter to the editor, “Honour-Bound” commented: “It was predicted by cynics during the war that history would repeat itself. The soldiers would be heroes in the period of fighting, and for a little while after – and then the matter of pensions would be regarded as a nuisance, and the ‘returned soldier’ would be a tiresome burden.”²⁷⁹ “Honour-Bound” predicted that if the economic pensions were hacked away, such predictions would come true. With the reduction of pensions for economic pensioners it seemed that war memory was fading and with it the elevated status of returned disabled soldiers.

During the depression, patriotic societies received numerous applications from soldiers, both disabled and otherwise, who, through no fault of their own, were “financially embarrassed”.²⁸⁰ However, patriotic funds were also drying up. In 1932 the president of the War Relief

²⁷⁶ *EP*, Vol. CXIII, Issue 60, 11 March 1932, p. 6.

²⁷⁷ *EP*, Vol. CXIII, Issue 84, 9 April 1932, p. 11.

²⁷⁸ *EP*, Vol. CXIII, Issue 64, 16 March 1932, p. 8.

²⁷⁹ *EP*, Vol. CXIII, Issue 89, 15 April 1932, p. 7.

²⁸⁰ *EP*, Vol. CXIII, Issue 41, 18 February 1932, p. 13.

Association of Wellington reported that due to the economic conditions “the claims on funds had been greater than would have been normally expected... In addition to that need resources had become less.”²⁸¹ By 1934 the War Funds Council, which replenished the funds of some war relief associations, reported that the demand for assistance had increased to the point where the funds were due to dry up in three to ten years time.²⁸² The Council had allocated 75 per cent of funds to disabled soldiers and 25 per cent to fit soldiers and whilst the disabled soldiers fund still had some left, the fit soldier fund had been almost entirely exhausted. This shows that at this point many disabled soldiers may have been better off than their “fit” counterparts due to their pensions.²⁸³

Burnt Out Soldiers

By 1935 the number of pensions had increased to 13,861 with 2727 disabled soldiers on economic pensions.²⁸⁴ Despite the increase in pensioners, the economic climate had recovered enough for the government to introduce the War Veterans’ Allowance. The Allowance was more liberal than previous legislation by providing for those who had been “actively engaged against the enemy”, rather than those who had received wounds directly as a result of their service, and whom the War Pensions Boards

²⁸¹ Ibid.

²⁸² *EP*, Vol. CXVIII, Issue 76, 27 September 1934, p. 14.

²⁸³ Ibid.

²⁸⁴ *AJHR*, 1935, H-18, pp. 2-3.

considered to be permanently unfit for work.²⁸⁵ Although the previous estimates calculated that 5000 veterans were burnt out, only 2000 approximately ever received this pension, showing that the majority of veterans experiencing ill health were largely covered by the existing pension scheme.²⁸⁶ However, the public and the government perceived that these men constituted a major problem. The War Veteran's Allowance showed that the government saw burnt out soldiers as a real and important issue which needed legislation to manage.

However the Allowance, like the economic pension, restricted the amount a veteran could earn outside of his pension and was seen to discourage work.²⁸⁷ Veterans received £1 per week and were only allowed to earn up to 10s per week.²⁸⁸ If their earnings or income exceeded £26 per year, their allowance of £53 per annum was decreased by £1 for every complete £1 of extra income.²⁸⁹ It was, therefore, like the economic pension - perceived as encouraging idleness and dependence on pensions. By providing for unemployable soldiers it also represented a failure on behalf of the government, New Zealand and the veteran himself. The War Veterans' Allowance was an admission that despite the best medical technology and

²⁸⁵ *EP*, Volume CXX, Issue 99, 23 October 1935, p. 17; Uttley, p. 36.

²⁸⁶ *AJHR*, 1939, H-18, p. 1.

²⁸⁷ *EP*, Vol. CXXIII, Issue 153, 30 June 1937, p. 10.

²⁸⁸ *Evening Post*, Vol. CXXIV, Issue 3, July 1937, p. 8.

²⁸⁹ *Ibid.*

opportunities for vocational advancement, a number of men would never complete a successful repatriation.

By liberalising criteria to include veterans whose incapacitation was not directly due to war service, this legislation inevitably carried with it notions of charity rather than justice and compensation. The War Veterans' Allowance subsequently opened the floor for other chronically sick civilians to receive welfare a year later under the 1936 Pensions Amendment Act. As Margaret McClure has argued "Moments of social change and periods of stress within the social security system highlighted rivalries and differences as some citizens claimed that their needs or rights were greater than others."²⁹⁰ Thus, with the stresses of the depression and the opening up of pension legislation to those soldiers with ailments that may or may not have been as the result of war service, it raised the question of what other groups were entitled to receive income maintenance.

In 1936, under the new Labour government, the War Pensions Amendment Act and the Pensions Amendment Act proposed to increase both civilian and war pensions. The economic pension for disabled soldiers was increased from 22s 7d per week to 25s per week.²⁹¹ Alongside war pensions, the Pensions Amendment Act widened the scope of civil-pensioners legislation by easing age, property and residential qualifications

²⁹⁰ McClure, p. 5.

²⁹¹ *RSAR*, Vol. 8, no. 2, November 1936, p. 3.

of applicants.²⁹² Old-age and widows pensions were increased and for the first time, the government made provision for the payment of invalid pensions, payable to persons of good character who were permanently incapacitated for work.²⁹³ Whereas in the 1920s the disabled soldier was one group of a privileged few to receive financial assistance from the government, by the late 1930s the state was extending this privileged status to include more and more needy civilian groups.

Two years later, disabled soldiers further lost their privileged status as the Labour government introduced the Social Security Bill in 1938. The Bill, which broadened welfare benefits to include more civilian groups sought to establish:

An Act to provide for the payment of superannuation benefits and of other benefits designed to safeguard the people of New Zealand from disabilities arising from age, sickness, widowhood, orphanhood, unemployment, or other exceptional conditions; to provide a system whereby medical and hospital treatment will be made available to persons requiring such treatment.²⁹⁴

War pensioners were included under the Act, and once again the deservedness of disabled soldiers was emphasised. It was recommended by the Report of the National Health and Superannuation Committee that the economic pension should be increased as “the very best assistance possible

²⁹² *AJHR*, 1937, H-18, p. 4; *EP*, Vol. CXXII, Issue, 147, 18 December 1936, p. 9.

²⁹³ *AJHR*, 1937, H-18, p. 5.

²⁹⁴ *EP*, Vol. CXXVI, Issue 38, 13 August 1938, p. 10.

should be given to the men who sacrificed their health during the Great War.”²⁹⁵

Disabled soldiers were not the only pensioners receiving the rhetoric of deservedness and public support for their welfare, however. Invalidity pensioners also received sympathy from the Committee who stated that “The class covered by this benefit, which incidentally includes the blind, is one deserving of the utmost sympathy and assistance from the community”.²⁹⁶ Not only were these payments to civilian invalids justified, they were also perceived as publicly endorsed. In 1937, when questioning the anomalies in invalidity pension legislation, MP W. A. Bodkin stated that “No social service was more justified than that dealing with the aged and infirm, and he did not think that any taxpayer would object to money being expended on their behalf.”²⁹⁷ The proposed benefits of Social Security it was argued by the Chairman of the National Health and Superannuation Committee, Rev. A. H. Nordmeyer, represented the “embodiment of the public conscience as to the community’s responsibilities for those who have been deprived of the means of fending for themselves.”²⁹⁸ Therefore, by 1938 after years of strained economy, the right to welfare was now not just a reward and justice for those who had fought for their country – but to every citizen regardless of their contribution to society.

²⁹⁵ *AJHR*, 1938, I-6, p. 15.

²⁹⁶ *Ibid*, p. 12.

²⁹⁷ *EP*, Vol. CXXIV, Issue 117, 13 November 1937, p. 10.

²⁹⁸ *EP*, Vol. CXXVI, Issue 19, 22 July 1938, p. 10.

With Labour's Social Security Act under way, the RSA was still concerned about their privileged position. In 1939 15,793 veterans were receiving pensions, 3828 of whom were receiving the economic pension and an additional 2204 receiving the War Veterans' Allowance.²⁹⁹ The RSA continued to argue that veterans were still facing problems and still needed specialised legislation which was separate from the general population:

Nevertheless, after twenty years' experience in handling war veterans, the committee is definitely of the opinion that these men should be treated as a separate problem, under special legislation, and not grouped with any general scheme affecting national health and superannuation.³⁰⁰

The *Evening Post*, too, wondered if the returned soldier's compensation was going "to be swallowed up in the general fund" of Social Security.³⁰¹ It complained that under the Social Security Act the disabled veteran would receive less compensation than previously which was regarded as "a poor return for going through the best years of his life without limbs or eyes, or hopelessly crippled in some other way."³⁰² The article went on to state that this

was simply a case of the returned soldier being reduced in ration so that those not injured in war could be given more. Returned soldiers in general had never been satisfied that their disabled comrades had been fully compensated, and instead of the position being improved the ration had been altered to the detriment of the disabled man³⁰³

²⁹⁹ *AJHR*, 1939, H-18, pp. 1-3.

³⁰⁰ *EP*, Vol. CXXVI, Issue 23, 27 July 1938, p. 10.

³⁰¹ *EP*, Vol. CXXVII, Issue 117, 20 May 1939, p. 10.

³⁰² *Ibid.*

³⁰³ *Ibid.*

By subsuming the compensation of disabled soldiers into the general welfare benefits of the Social Security Act, it was perceived that disabled soldiers' needs would be sacrificed for the benefit of others. Whereas in the 1920s welfare assistance had to be earned by service to "King and country", by the late 1930s it was regarded as every citizen's right to receive welfare benefits.

Conclusion

Whilst the deservedness of soldiers to receive pensions for physical disability was regarded as irrefutable, compensating disabled returned soldiers for economic disability raised a number of concerns within New Zealand society. Through discouraging men to work, the economic pension evoked connotations of charitable aid and it was feared that it would cause the moral and physical degeneration of soldiers who relied on it. In 1929 the Barton Commission confirmed these fears. Yet the government was unable to enact legislation to aid burnt out soldiers. Due to the economic conditions, the previous sentiments regarding their deservedness to assistance over others were forgotten as the general unemployed population took precedence. Finally, by the late 1930s, the Labour Government's Social Security Act granted welfare assistance and the rhetoric of justice and debt to all New Zealanders, regardless of their contribution to society.

The disabled soldier occupied a difficult position on his return to New Zealand. On the one hand he was the heroic soldier and potential breadwinner, but on the other hand he was disabled and reduced to relying

on the government and society for his livelihood. Therefore, the government was placed in a difficult position of granting pensions liberal enough to befit a soldier and a wage-earner, yet without encouraging dependency. In order to remove pensions from the taint of charity, commentators expressed the deservedness of the soldier to receive pensions above and beyond that of the civilian population.

And yet, it was recognised that pensions were the only an in-between step of repatriation legislation. The War Pension compensated for the percentage of disability medical practitioners were unable to cure and the economic pension carried disabled men until they could find suitable employment. Therefore, despite demanding their inherent right and deservedness to receive high pension rates, pensions were still regarded as an incomplete form of repatriation. Despite the high aspirations of the pensions legislation crafted during the war it was recognised that a “pension was not always the solution, except in cases of complete disablement”.³⁰⁴

What the disabled soldier really needed, according to the New Zealand government and the RSA was work. In parliamentary discussions regarding the War Pensions Amendment Bill in July, 1934, it was stated that “The country has to face the obligation. These men are being kept to-day by charity. We believe they should be kept out of the public purse.”³⁰⁵ In order

³⁰⁴ *NZPD*, 226 (1930), p. 888 (J. G. Coates); *EP*, Vol. CX, Issue 96, 21 October 1930, p. 4.

³⁰⁵ *NZPD*, 238 (1934), p. 830 (John Lee).

to keep these struggling men “out of the public purse” and away from the taint of charity, work, not welfare, was the primary repatriation objective. The New Zealand government’s response to the unemployment problem among disabled ex-servicemen will be discussed further within the next chapter.

Chapter Three: Disabled servicemen and employment

The crux of the whole problem is the question of the future employment of these soldiers whose disabilities are such that they will be unable to follow their former vocations. The majority of these officers and men... will become either, -

- (a) Contented citizens, wage-earners and a source of wealth to the State, or
- (b) Discontented and unhappy individuals with a grievance against Government; unemployed and unemployable, and ther [sic] destined to become a burden to the State...

The question as to which the above categories disabled soldiers will become depends upon:

1st. The facilities afforded to the soldier by the State, to take up a new vocation which affords scope for ambition, facilities for advancement, and is suited to his mental and physical capacity.

2nd. The man's own individual effort.³⁰⁶

In his 1918 paper "Training and Disposal of Disabled Soldiers" Brigadier-General Richardson outlined employment as the crucial element between a successful or unsuccessful repatriation for disabled soldiers. If the government did not afford opportunities for training and employment, disabled soldiers were liable to degenerate into dependency and despondency. However, the responsibility not only lay with the government. Richardson, and other repatriation authorities stressed the responsibility of the disabled soldier to repatriate himself.

³⁰⁶ 'Repatriation and training of disabled soldiers, 1918', Archives NZ, Agency WA, Series 1, 1 Box 3/27, Record 12/2.

As early as 1915 the New Zealand government began to contemplate the fate of the growing number of soldiers returning to New Zealand with wounds and illnesses that would preclude a return to their former occupations. Additionally, many disabled men had enlisted before their entry into the workforce or partway through apprenticeships and therefore had no particular experience in the labour environment or any particular skills and experience to help them in their civilian careers.³⁰⁷ The exclusion of thousands of disabled ex-servicemen from the workforce potentially threatened the economy of the state, the community and the family of the disabled soldier. As a writer to *Quick March* stated: "The plain truth is that unless the right policy is adopted for making the best possible use of the brawn and brain of returned soldiers, the State will suffer sorely."³⁰⁸

The restoration of disabled ex-soldiers to the workforce, therefore, was the ultimate goal of repatriation. The New Zealand government instituted a range of initiatives in order to help these soldiers successfully make the transition into civilian life by establishing them in suitable and "useful" careers. The Discharged Soldiers' Information Department (DSID) and its successor the Repatriation Department, worked to aid discharged soldiers in finding work by providing information, consulting with potential employers as well as organising free vocational and occupational training at

³⁰⁷ *AJHR*, 1919, H. 30, p. 4.

³⁰⁸ *QM*, Vol. 1, no. 10, February 1919, p. 25.

technical schools, colleges, universities and hospitals throughout the Dominion. Due to declining numbers of disabled soldiers needing employment assistance, the Repatriation Department closed in 1922. However, in 1928 concern from returned soldier organisations prompted an inquiry into the situation of disabled ex-soldiers which found that approximately 5,000 soldiers were still struggling to find and maintain suitable employment. In 1930 the Soldiers' Civil Re-establishment League (SCRL) was created in order to continue the work of the Repatriation Department helping struggling disabled soldiers to find work.

Within these state initiatives to restore disabled veterans in civil employment, it is evident that New Zealand society held grave concerns regarding the masculine identity of incapacitated ex-soldiers. This chapter examines the "facilities afforded to the soldier by the State, to take up a new vocation" in order to elucidate the perceived impact of disability upon the soldiers' masculine identity. I argue that state and society separated the disabled soldier from other unemployed due to his assumed previous status as a breadwinner and his demonstration of citizenship through enlistment. Accordingly, special opportunities for employment and training were provided for the disabled soldier. There was, however, an emphasis on the duty of the disabled veteran to continue his service to his country by maintaining his masculine independence and by not becoming a burden on the state like other dependants such as invalids, old-age pensioners and

widows. However, the extent of injury and the depressed economic climate during the late 1920s and early 1930s meant that employers were less willing and less able to hire disabled men. Thus the ideals of masculine identity as a soldier and as a citizen became harder to reach. Furthermore, as with pensions, veterans lost their special rights to preferential employment as unemployment became a serious problem for younger and fitter generations.

Men seriously wounded during their active service in the Great War and unable to work posed a real problem to the New Zealand economy. In a time which viewed a man's body as "his capital in life" physical disability threatened and impaired his main source of income.³⁰⁹ In the sample taken from the 1920 register of disabled servicemen where men's pre-war occupation was recorded, the most popular occupations listed were farmers and labourers, with groups of clerks, farm hands, bushmen, carpenters, farm labourers, drivers, miners and blacksmiths also listed.³¹⁰ Excepting clerks, all were physical roles where a moderate war disability would make it extremely difficult, if not impossible to return. Likewise, the sample of 102 men taken from the Heights and Weights Database contained a diverse range of occupations. Labouring and farming were once again the most popular occupations with 18 and nine men respectively. There were also

³⁰⁹ *QM*, Vol. 5, no. 3, July 1922, p. 40.

³¹⁰ Of the 691 men included in the sample the most popular occupations were 113 farmers, 102 labourers, 46 clerks, 20 farm hands, 16 bushmen, carpenters and farm labourers each, 14 drivers, 12 miners and 10 blacksmiths. *List of the Names of all ex-members of the New Zealand Expeditionary Force, suffering permanent disability from 20 per cent. to 100 per cent.*, Wellington: New Zealand Times, 1920.

seven men engaged as clerks, six planters and four carpenters. Amongst the other occupations, men held positions such as miners, bushmen, commercial travellers, grocers, shop assistants and many others. Additionally, Erin Keenan's 2008 Honours thesis on the Maori Contingent during the Great War found that prior to enlistment men involved in farm-based work or labouring and building constituted almost 83 per cent of the Pioneer Battalion.³¹¹ As member of Parliament J. A. Hanan, stated in 1915: "The lot of the wage-earner when totally incapacitated is a serious one. All he has is his labour, and when that means of livelihood is taken away from him his plight is certainly a pitiable one."³¹² If injured, these men also would have faced difficulty in returning to their previous occupations.

But it was not only the disabled soldier's plight which was pitiable. Because these men previously made up essential labour in the workforce, repatriation commentators expressed concern regarding the impact of the withdrawal of these men from paid employment. An early estimate in *Quick March* estimated that "New Zealand has lost during the war in killed alone some 16,000 men. The net loss of labour due to incapacitation and sickness may conservatively be assessed at a further 15,000. The fact that this loss has taken place among the most able-bodied and productive sections of the

³¹¹ Erin Keenan, 'A Maori Battalion: The Pioneer Battalion, Leisure and Identity, 1914-1919', BA (Hons), Victoria University of Wellington, 2007, p. 13.

³¹² *NZPD*, 172 (1915), p. 264 (J. A. Hanan).

community would make a net loss of 30,000.”³¹³ In a period which regarded unemployment as a “social disease”, and as Australian historian Marina Larsson has argued was “preoccupied with industrial efficiency” the loss of these thousands of previously able-bodied men from the workforce was regarded as doubly devastating.³¹⁴

A number of repatriation texts emerged towards the end of the Great War regarding the best way to repatriate disabled soldiers. Within the information offered, training men for new vocations and finding them suitable employment was the ultimate goal and marked the final stage in a soldier’s transition into civilian life. In order to do so, repatriation authorities were encouraged to put disabled soldiers into vocational training as soon as possible whilst they were still receiving medical treatment: “As soon as the disabled man is able to undertake any sort of employment, he is put at actual work in the curative workshop”.³¹⁵

Vocational training was extolled as having many benefits to wounded soldiers. Not only was it used to strengthen the health of wounded servicemen, it also occupied their time and, therefore improved their spirits by giving them hope for the future: “The value of the curative workshop, not only as a means of physical re-development, but as an aid in helping the crippled man maintain a reasonably cheerful outlook on his own present and

³¹³ *QM*, Vol. 2, no. 14, June 1919, p. 57.

³¹⁴ *QM*, Vol. 4, no. 2, June 1921, p. 36; Larsson, *Shattered Anzacs*, p. 102.

³¹⁵ Gregory, p. 5.

future, has been demonstrated by European experience".³¹⁶ As has already been discussed during the first chapter of this thesis, improving the soldiers' attitude was extolled as one of the most important factors in a successful medical repatriation, and a successful medical repatriation vastly improved the soldiers' odds of finding employment. Curative work and vocational training therefore lessened the chances that the disabled soldier would be a burden on New Zealand and his community.

In order to encourage soldiers into vocational training, curative work and, subsequently, employment, repatriation literature emphasised the need to appeal the soldier's sense of masculine duty. Disabled soldiers were told they could take one of two attitudes:

One is that he has done his duty by his country, been seriously crippled in its performance, and therefore, it is incumbent upon the Government to support him for the rest of his days – it would be an outrage to expect a disabled hero to go out again to toil for his daily bread! As no pension is adequate to live on, this means at least partial dependence, either upon relatives or the community. The second attitude is that he must continue to do his full duty to his country, as befitting a soldier and a man; that he will make an earnest effort to fit himself for a position of independence and self-support. He must be influenced to make for himself this latter decision, and in the great majority of cases he can be brought to do so.³¹⁷

Thus, the disabled soldier could develop a sense of entitlement to assistance and remain dependent on his country, his community and his family, or he

³¹⁶ Ibid.

³¹⁷ Ibid, p. 15.

could demonstrate independence and duty befitting his masculine status as both a soldier and a civilian.

Not only was this their duty as returned soldiers to the state and to New Zealand society, it was also their duty as men for whom the role of the “breadwinner” and wage earner was their prime function to continue to assist in New Zealand’s welfare. During the interwar period, the idealised masculinity prescribed men the role of breadwinner and wage-earner.³¹⁸ Thus, repatriation literature advised authorities to “train them to earn a living wage, which, together with their pension, will enable them to bring up and support a family.”³¹⁹

As historian Joanna Bourke has argued, curative work and vocational training was not only about productivity, but also about manliness and “shrugging off what was regarded as the feminizing tendencies of disability.”³²⁰ Disabled soldiers were told that society expected them “to play a man’s part in life” and “become again a man among men” rather than being “helpless and condemned to pauperised idleness”.³²¹ Although not explicit, the juxtaposition of idleness and dependence with manly independence, self-reliance and breadwinning implied that disabled soldiers were in some way feminised by disability.

³¹⁸ Meyer, pp. 106, 114; Nolan, p. 167; Segal, p. 93. Claire Toynbee, *Her Work and His: Family, Kin and Community in New Zealand 1900-1930*, Wellington, Victoria University Press, 1995, p. 10.

³¹⁹ Dr. F. Ferrien, ‘Re-education of the Blind’, Jean Camus et al, *Physical and Occupational Re-education of the Maimed*, W. F. Castle (trans.), London, 1918, p. 40.

³²⁰ Bourke, *Dismembering the Male*, p. 74.

³²¹ Gregory, p. 11.

Repatriation literature further appealed to the disabled man's masculine soldier status by identifying work as a continuance of his duties on the battlefield. Although suffering from wounds "enough to make even a stout spirit sigh for rest perpetual" New Zealand disabled soldiers learning new occupations were described by the Repatriation Department as standing

to their work here, unconquerable at the desk or bench, as they were in the field or trench. Injuries of the war have brought an end to the work in which some men were skilled, but they have cheerfully turned their minds and hands to new occupations, and they have forged ahead at a pace which has pleasantly surprised themselves and their friends.³²²

As shown in this statement, repatriation literature appealed to the masculine soldierly identity by continuing to use martial language in vocational training and occupational repatriation.

Vocational and educational training was thus the first and most vital step in re-establishing these men into the fabric of New Zealand economic life. As previously discussed in the first chapter on medical treatment, curative and vocational work was used in the training of soldier patients during their treatment and recovery. Although the main purpose was curative, the engagement of patients in various activities such as carpentry, joinery, boot-repairing and darning also sought to provide soldiers with "good encouragement and facilities to prepare well for new occupations in

³²² Fanning, p. 56.

civilian life.”³²³ These trades were encouraged for disabled soldiers as they were not only regarded as suitable and adaptable for most impairments, they were also “useful” occupations that were not already “overcrowded” with an established workforce and would contribute to New Zealand’s economy and productivity.³²⁴

Vocational training – England and France

Whilst still receiving treatment or convalescing, wounded men were encouraged, as soon as they were able, to take advantage of the courses and vocational training freely offered by the Defence Department at New Zealand’s major General Hospitals in England. Three to six month courses in clerical training and book-keeping were encouraged for men who had a reasonable level of education and had lost the use of their legs or partial use of their arms as it provided a reasonable salary without unduly stressing the physical capacity of the wounded soldier. However, trades were the most popular form of vocational training taken advantage of by wounded soldiers. Classes in mechanics, woodwork, boot-making and electrical work proved the most popular courses, and wounded soldiers were also offered training in various branches of farming including poultry, market gardening and orchard work. These branches were deemed more suitable to the physical capacity of partially disabled soldiers than the highly demanding

³²³ Ibid, p. 9.

³²⁴ *Returned Soldiers’ Handbook*, 1919, p. 39; *QM*, Vol. 2, no. 14, June 1919, p. 57.

nature of sheep and dairy farming.³²⁵ By the end of April 1918, the Oatlands Park branch of Walton-on-Thames hospital was training 210 men in clerical services, motor engineering, wool-classing, boot-making, woodwork and poultry farming as well as apprenticing 43 men out to various firms in the United Kingdom.³²⁶

A number of British firms offered the New Zealand Defence Force and its wounded soldiers the chance to learn various trades at their places of business. Wounded soldiers who faced long courses of treatment but who were well enough to learn trades and possessed the aptitude were offered such apprenticeships. These were on a strictly limited basis and only if the disabled serviceman conformed to the firm's regulations regarding discipline.³²⁷ Near Oatlands Park several firms and small businesses took on small numbers of men and provided monthly reports on their progress in learning the trade.³²⁸ In thanking the British firms offering limbless soldiers training within their businesses, Brigadier-General Richardson commented that their assistance was not only aiding the men individually, but also "helping New Zealand".³²⁹

As with the medical treatment and pensions offered to disabled soldiers, the attitude of the men was perceived as an indispensable part in

³²⁵ 'Repatriation and training of Disabled Soldiers, 1918', Archives NZ, Agency WA, Series 1, 1 Box 3/27, Record 12/2

³²⁶ Ibid.

³²⁷ Ibid.

³²⁸ Ibid.

³²⁹ Ibid.

their successful return to employment. In correspondence regarding the vocational training of incapacitated servicemen in England, the eagerness of the soldier to learn and his corresponding excellent progress were repeatedly stressed. Throughout the vocational class reports in 1918, disabled soldier-students were reported to be “all willing workers, intelligent and eager.”³³⁰ This keenness was thought to “ensure success” and predictions were made that these disabled men would soon “make good” by becoming “very useful men” in their chosen industry.³³¹ Captain H. Richards, the Officer-in-Charge of training disabled soldiers at Oatlands Park attributed these good results to the individual will of the disabled soldiers: “All branches of the scheme of re-education continue to show gratifying results – results obtained by the perseverance of the men themselves and their desire to overcome their disabilities.”³³² The “gratifying results” justified governmental expenditure by assuring that state finances and input were not being wasted.

As well as the emphasis on the disabled soldiers’ willingness to learn and overcome their disability, vocational training reports also documented the gratitude of these men for state-sponsored training opportunities. In February 1918 Richards reported on the grateful attitudes of disabled men receiving vocational training: “The men realise and fully appreciate the efforts put forward by the New Zealand Government to ensure for them a

³³⁰ Ibid.

³³¹ Ibid.

³³² Ibid.

future interest in life, and eagerly grasp the opportunities afforded them of fitting themselves to undertake some responsible post in life.”³³³ Therefore, not only were the men eager to learn, they were grateful for the opportunities given to them and thereby were deserving of special vocational assistance.

Vocational training, however important it was regarded by state officials, did meet with opposition from wounded soldiers. Richardson noted that a number of disabled soldiers were unwilling to take up the vocational training and employment offered to them. This was largely due, he argued to the “‘psychological mindset’ of the wounded soldier – particularly limbless cases – which differed from that of the able-bodied man, and to the fear of a corresponding reduction to their pension as they increased in earning power.”³³⁴ Similarly WWIOHA interviewee, Robert Vincent Closey, mentioned that most men did not worry about educational courses offered to keep troops entertained because they were “brooding” about getting back.³³⁵ Even as early as 1917, disabled men were concerned about their return home and the amount of pension to be received, to the perceived detriment of their vocational training.

In order to combat the resistance to vocational training, the Brigadier-General emphasised the need to impress upon such wounded soldiers that

³³³ Ibid.

³³⁴ Ibid.

³³⁵ Robert Vincent Closey, WWIOHA, OHC-002591.

their success in life and the amount of support received from state and society relied on their willingness to help themselves. Military Authorities needed “to use their influence while the men are in hospital, and endeavor [sic] to get them to realise that there is still a chance in life for them if they will only endeavor to help themselves, and that Government and private sympathy and help will correspond to the extent of their self-help.”³³⁶ In this vein, the state was only be able to do so much for the wounded soldier, as the individual will determined the success of state and societal rehabilitation schemes and also insured the level of public sympathy.

The Discharged Soldiers’ Information Department

Australian repatriation authorities, Stephen Garton has commented, used the “language of combat” to challenge the returned soldier’s masculinity.³³⁷ Similarly, New Zealand men wounded or taken sick during active service were encouraged as much as possible by the government, society and other returned soldiers to continue their duty to the nation as they had on the battlefield by continuing to work on their demobilisation. By working, *Quick March* argued, soldiers were continuing to aid their country as much as they had done in battle: “Work! It affects us all... we, as Returned Soldiers, who have tried to help our country by fighting for it, can expect to

³³⁶ ‘Repatriation and training of Disabled Soldiers, 1918’, Archives NZ, Agency WA, Series 1, 1 Box 3/27, Record 12/2

³³⁷ Garton, ‘Return home: War, Masculinity and Repatriation’, p. 196.

continue to do so by working for it.”³³⁸ In 1916 an article in the *Grey River Argus* entitled “Men with Grit”, reported on wounded returned soldiers working at a recruitment office who were continuing their masculine journey as wage-earners whilst signing up other men to do their duty. Despite their wounds, these men were toiling just as hard as they did on the battlefield: “They have had their hard knocks on the field of battle, but, instead of taking holidays and tours, have tackled the recruiting work.”³³⁹

Inherent in the appeal to the soldier’s martial masculinity was the fear of dependency and its impact upon the Dominion’s economy. An article in the *Evening Post* during the war illustrated fears regarding the post-war economy, and the disabled soldier’s role in helping to mend it:

Economists have made it perfectly plain that, when the war is ended, there will be a stern struggle before the human race – the struggle to make good the deficiency in the wealth of nations caused by the wastage of war... The work of every man and every woman must be availed of, and to this end the services of men partially disabled in the present struggle must also be enlisted, that they may help to replenish the world’s wealth while themselves earning money which will supplement their pensions.³⁴⁰

After the war, *Quick March* also extolled work as the only way in which New Zealand and the world would recover after such a devastating war. It was the soldier’s duty to fight for his country during war, and work for it in the aftermath:

³³⁸ *QM*, Vol. 1, no. 11, March 1919, p. 21.

³³⁹ *Grey River Argus*, 28 March 1916, p. 6.

³⁴⁰ *EP*, Vol. XC, Issue 45, 21 August 1915, p. 9.

Work is the only cure for all the trouble into which the world has been plunged by war. The few who consider that, by being soldiers, they have earned the right to live on the rest of the community, should reflect that when the disaster of war happens to a country it is the business of men to fight, and, when war is over, for those who survive to come back and work for their families.³⁴¹

Both these examples illustrate the anxieties around masculinity in the post-war period. Although men had proved their worth on the battlefield, it still remained for them to prove themselves in peace-time New Zealand.

Vocational and educational courses were continued in New Zealand under the DSID alongside employment assistance. The Department was established in 1915 with a view to assisting discharged soldiers to find suitable employment on their return to New Zealand. The DSID felt that the “reabsorption” of soldiers in the industrial life of the community would speed the recovery from losses incurred by the Great War and from the partial arrest of development caused by the withdrawal of large numbers from the usual workforce.³⁴² This was essential to the “honour and interests of the whole body of the citizens”.³⁴³ With branches in the larger centres of New Zealand, by 1918 the Department had a total of 17,651 men on the register, of which 13,051 had been “disposed of (i.e., employment found, returned to old employment, rejoined forces, failed to reply to repeated communications, left New Zealand, etc.),” 3,001 were “under action (i.e., men in course of being personally interviewed, men who have stated that

³⁴¹ *QM*, Vol. 2, no. 19, November 1919, p. 49.

³⁴² *AJHR*, 1916, H. 30, p. 1.

³⁴³ *Ibid.*

they are not yet ready for work, etc.)", 334 on the "employment wanted register" and 3,375 "not ready for action (i.e., men who have not yet been discharged, including upwards of 3000 men who returned to new Zealand during last month."³⁴⁴ The Department found that a number of men did not need any assistance as they had jobs, farms and businesses to go back to or had their own private means of securing employment.³⁴⁵

In order to get such men into employment special allowances were paid to disabled men who were unfit for their previous occupations or those likely to benefit by vocational and educational training to cover their board and lodging whilst they received free tuition in new trades at technical schools.³⁴⁶ At such schools, disabled soldiers could learn building-construction, carpentry and joinery, plumbing, painting, decorating and signwriting, engineering, motor-mechanics, wool-classing, shorthand and typewriting and commercial courses among others.³⁴⁷ Disabled soldiers could also learn a trade within the trade itself, subject to safeguards regarding the suitability of the occupation to the soldier's mental and physical capacity, the suitability of the training establishment and, of course, the continued good behaviour of the soldier.³⁴⁸ But in 1919 *Quick March* complained that these classes were too long, held at inconvenient hours and

³⁴⁴ *QM*, Vol. 1, no. 2, May 1918, p. 27.

³⁴⁵ *AJHR*, 1917, H. 30, p. 2.

³⁴⁶ *QM*, Vol. 1, no. 2, May 1918, p. 27; *AJHR*, 1916, H. 30, p. 4.

³⁴⁷ *QM*, Vol. 1, no. 2, May 1918, p. 27.

³⁴⁸ *Ibid.*

crowded with youths and girls as well as being hampered by the reluctance of soldiers to attend such classes. Instead, special classes independent of the technical schools were instituted and proved much more successful.³⁴⁹ As with medical treatment, vocational training, it was perceived, was more successful when soldiers were separated from the civilian population.

However, in 1919, 53 subjects were being taught throughout the country; the most popular of which were motor engineering, leather work, basket work, wool-classing, book-keeping, carpentry, embroidery, economics, splint-making, bee-keeping, commercial subjects, boot repairing, poultry-farming and locomotive and tractor driving.³⁵⁰ Such subjects were touted as not only helpful in improving the disabled soldier's "chances of making headway in civil occupations", but also in giving training to special muscles and gradually getting men "accustomed to the resumption of bodily effort."³⁵¹ As mentioned in the first chapter, vocational training not only prepared men for the civilian world, but also was regarded as a tool for strengthening the disabled soldiers' physical fitness.

The Department recognised that success in finding ex-soldiers suitable employment could only be gained by co-operation with the business community as well as the New Zealand society at large.³⁵² In the outset of its work, the Department made appeals to the Local Authorities, Patriotic

³⁴⁹ *QM*, Vol. 2, no. 17, September 1919, p. 79.

³⁵⁰ *Ibid.*

³⁵¹ *Ibid.*

³⁵² *AJHR*, 1916, H. 30, pp. 3, 5.

Societies and Farmers' Unions, among others, asking for their influence and assistance in securing employment preference for returned soldiers: "I look to the merchants, the bankers, the farmers, the traders, the manufacturers, and to large employers like the Public Service Commissioner and the General Manager of Railways to come forward with offers of assistance later on. They have already assisted generously and willingly, but later on the DSID will be compelled to make earnest appeals to them for further help."³⁵³ The government also instructed the Departments controlling employment in various branches of the public service to give preference wherever possible to returned soldiers.³⁵⁴

The employment of soldiers, disabled and otherwise, was seen as a greater priority than that of other groups, such as women and foreigners. These groups were accused of occupying roles that were suitable for disabled soldiers and were entreated to give up their jobs for incapacitated ex-servicemen. A contributor to *Quick March* expressed concern with the number of women occupying suitable positions, stating: "A bigger difficulty, however is, I think, the problem of the woman worker... I do not think that at the present time, while the government is employing so many women clerks, there should be a single clerical worker who is a returned soldier out of

³⁵³ Discharged Soldiers' Information Department, *After the war: reabsorbing the soldier into civilian life: statement by the Attorney General*, Wellington, 1917, p. 10; *AJHR*, 1917, H. 30, p. 3.

³⁵⁴ *AJHR*, 1917, H. 30, p. 3.

work.”³⁵⁵ So too were immigrants seen as a threat to the employment opportunities for ex-servicemen. *Quick March* asked readers to patronise ex-servicemen over foreigners: “One of the considerations mitigating very harshly against the finding of employment for ex-Service men is the return to this country of foreigners. They are pushing their way into industry and the hotels... If people would insist on being served by their own nationality instead of by foreigners it would help enormously.”³⁵⁶ In the RSA’s view the problem of the unemployed returned disabled soldiers precluded the rights of other groups to the same employment opportunities.

The RSA hoped the government would set the example of giving preference in the workforce to disabled ex-soldiers with the proviso that the returned soldier should have suitable qualifications for the position.³⁵⁷ In July, 1919, after several entreaties from relief organisations asking for employment for two wounded ex-servicemen, the Defence Department enquired into the possibility replacing any employees within the various branches of the department with partially disabled soldiers. Memos were sent out to all the district branches and sectors, requiring the details of their civil or military employees, the nature of their employment, and how many could possibly be replaced by partially disabled ex-servicemen.³⁵⁸ Despite

³⁵⁵ *QM*, Vol. 1, no. 11, March 1919, p. 21.

³⁵⁶ *QM*, Vol. 5, no. 7, November 1922, p. 27.

³⁵⁷ *QM*, Vol. 2, no. 16, August 1919, p. 48.

³⁵⁸ ‘Employment – Returned Disabled Soldiers in Defence Dept’, Archives NZ, Agency: AD, Series: 1, Box: 821, Record: 26/562.

the fact that the war had ended under a year prior, the response to the enquiry showed very little opportunity, and some reluctance against employing disabled soldiers within the Department.

Of the 700 employees reported to be hired in a civilian capacity within the Defence Department, only 38 positions were offered with the possibility of being replaced by partially disabled soldiers. The positions tendered were mainly clerks and typists of both temporary and permanent natures. Along with these small numbers, many of the positions offered had provisos attached which emphasised that only partially disabled soldiers skilled in the area would be eligible, or else be able to undergo at least three to six months training. Many of the employees' details had comments alongside defending the employee in terms of their unrivalled competence and knowledge in the area and were obviously reluctant to let go of any such employees. Women occupied many of the positions made available to disabled soldiers, but in spite of criticism from magazines such as *Quick March*, women filled a considerable portion of jobs not offered to partially incapacitated servicemen.

Similarly, the military sections of the Defence Department also responded with only a few positions which could be filled by returned disabled soldiers. Of 1702 positions, only 146 were deemed to be suitable for replacement. The positions offered, unlike in the civilian sectors, were mostly of a temporary nature. Many were clerk's positions, driving and transport,

orderlies as well as other general duties, but there were also a few specialised roles as masseurs and accountants. Similarly to the civilian staff, most positions reported had riders attached which declared the need for training or “suitable” men with a high degree of physical fitness.

The RSA reported in 1919 that they had received few complaints regarding the State or civil employment of returned soldiers.³⁵⁹ However, in both the civilian and military sectors of the Defence Department only 17 positions were reported to be already filled with returned disabled servicemen of the Great War and Anglo-Boer War. The fact that only 84 positions out of 2400 were deemed appropriate for disabled soldiers, and that most required prior experience or further training, shows the difficulties faced by many partially disabled ex-servicemen in trying to find employment - especially those who were unskilled or only suitable for light work. It can only therefore be assumed that in the profit-driven environment of the private sector which was not legally or morally bound to employ disabled soldiers, that these men faced a particularly hard battle to find employment.

Finding employment that was suitable to the soldier’s physical disability caused difficulty for employment authorities. In many cases disabled soldiers chose to take up light and unskilled jobs in a temporary capacity rather than go through training. It was important then, to make sure

³⁵⁹ *QM*, Vol. 2, no. 16, August 1919, p. 48.

that the training and the position found for the soldier was suitable to his physical incapacity so that he did not get discouraged and seek work in transitory positions: "In all amputation cases it is important to find an occupation which is not too arduous, either mentally or physically, as if the man finds his work irksome or disagreeable, he is liable to give it up in favour of something easier, even though he loses money and training thereby."³⁶⁰

The DSID was also concerned about soldiers due to arrive back in New Zealand in the last demobilisations and also those men entering the workforce a little later due to ongoing medical treatment. By the time of their return in late 1919, the workforce was already inundated with soldiers seeking employment: "The first drafts to return may become absorbed in the normal life of the Dominion without the helping hand of the State, but it is certain that when the last contingents set foot in New Zealand the problem of placing them satisfactorily will become serious."³⁶¹

Repatriation Department

Because of concern regarding the potential inundation of the job market by the last demobilisations, the Repatriation Department was established as the "natural evolution" of the DSID.³⁶² Once again, the special

³⁶⁰ Dr. Bourrillon, 'Professional Re-Education of Men who have undergone Amputation', Jean Camus et al, *Physical and Occupational Re-education of the Maimed*, W. F. Castle (trans.), London, 1918, p. 26.

³⁶¹ DSID, *After the war*, p. 10.

³⁶² Fanning, p. 15.

nature of the disabled soldier problem was stressed in 1918 when the RSA requested the government create a Department of State specifically catering to the repatriation of soldiers.³⁶³ The Association suggested that the Repatriation Department could look after disabled and wounded soldiers, provide them with training and financial assistance which would leave the Defence Department free to concern itself solely with the war effort.³⁶⁴

The Repatriation Act passed in December 1918 established the Repatriation Department which was administered by a Board of four Ministers of the Crown appointed by the Governor-General with district and local boards and committees in order to decentralise the Department's work.³⁶⁵ District boards were set up in Auckland, Wellington, Canterbury and Otago, each with between 10 and 14 members, and local committees were established in 53 towns throughout New Zealand.³⁶⁶ Members consisted of the RSA, and the National Efficiency Board, as well as labour, industrial, commercial and patriotic bodies in order that they make up a "representative personnel of useful men."³⁶⁷ Chief in the Department's aims was "to help every discharged soldier requiring assistance to secure for

³⁶³ *QM*, Vol. 1, no. 2, May 1918, p. 23.

³⁶⁴ *Ibid.*

³⁶⁵ *QM*, Vol. 1, no. 9, January 1919, p. 3; *AJHR*, 1919, H. 30, p. 1.

³⁶⁶ *QM*, Vol. 1, no. 12, April 1919, p. 49; Fanning, p. 15.

³⁶⁷ *Ibid.*

himself a position in the community at least as good as that relinquished by him when he joined the colours.”³⁶⁸

Rather than give soldiers charity the aim of the Repatriation Department was to “Help men to help themselves.”³⁶⁹ The Repatriation Department offered three forms of assistance to discharged soldiers: employment, educational and vocational training, and financial assistance for purchasing or establishing businesses, obtaining furniture, tools of trade and equipment.³⁷⁰ The government funded grants of £300 for men needing help re-establishing themselves in society. A soldier was required to apply to his District Repatriation Officer or the secretary of a local committee from which it would be decided by the board or local committee if the appellant’s purpose of assistance was likely to be achieved. Attention was paid to the character, fitness and previous experience of the applicant. Soldiers were then required to pay the loan back at 5 per cent interest with the ability to renew the loan if required.³⁷¹ Additionally, soldiers could also be granted up to £50 by way of loan (without interest) for the purchasing of furniture or the purchasing of tools and professional instruments necessary to his profession, and, in special cases, for incapacitated soldiers to move out of New Zealand if such a change was deemed necessary and desirable.³⁷²

³⁶⁸ *AJHR*, 1919, H. 30, p. 1.

³⁶⁹ Fanning, 12.

³⁷⁰ *AJHR*, 1919, H. 30, p. 2.

³⁷¹ *QM*, Vol. 1, no. 12, April 1919, p. 51.

³⁷² *Ibid*, p. 53; Fanning, p. 19.

The Department linked with technical schools, university colleges, state and private offices and workshops and with state and private farms aiming to give “encouragement and assistance in accordance with the suitability of a man for a particular occupation and the prospect of profitable work in that occupation”. Once again, the economic effect on the community and family of the disabled soldier were also emphasised: “In equipping a man for civilian life the Department strives for value to the community as well as to the individual. The basis of the policy... is the kind of occupation that will be least likely to be burdensome to the public.”³⁷³

Additionally, the Repatriation Department, boards and committees stressed the importance of employing disabled returned soldiers to the general public. The Department kept in contact with various employers throughout New Zealand, sending reminders to such employers that if a position was available that returned soldiers were available.³⁷⁴ In Auckland the Repatriation Board issued an “Honour Certificate” to those employers who had done their “duty” and employed returned soldiers.³⁷⁵

Training was also offered by the Repatriation Department for work on the land. Farming was considered one of the best forms of occupation for disabled men as “in most cases offers the disabled man the best

³⁷³ Ibid, p. 12.

³⁷⁴ Ibid, p. 17.

³⁷⁵ Ibid.

opportunities".³⁷⁶ It was believed that farming would always offer "a good prospect of profit for intelligent steady enterprise" as it was one of New Zealand's primary industries.³⁷⁷ It appealed to the masculine independence of the returned soldier as they could choose the kind of farming that was "suitable for his physique and temperament" as well as the number of hours. Furthermore, because of the hard work involved and the isolation from urban centres, it was as morally healthy to the disabled soldier's mind set as it was to his physicality. New Zealand historian Michael Roche has illustrated the concerns regarding the disabled soldier in an urban environment: "A particular concern was that the discharged soldier would languish in town, avoiding hard work and responsibility and become a 'shirker'".³⁷⁸ With rural work, however, he would be working outside in the "clean open air" away from the polluted air (both physically and morally) of the city and exercising in a way useful to both his health, and to New Zealand as a whole.³⁷⁹ Therefore, putting men on the land, Ashley Gould has argued, rewarded soldiers for their service, provided a "better" rural existence and improved "the economic and moral well-being of the country."³⁸⁰

³⁷⁶ Camus, p. 12.

³⁷⁷ Fanning, p. 37.

³⁷⁸ Michael Roche, 'Empire, Duty and Land: Soldier Settlement in New Zealand 1915-1924', Lindsay J. Proudfoot and Michael Roche (eds.), *(Dis)placing Empire: renegotiating British Colonial Geographies*, Aldershot, England; Burlington, VT, Ashgate Pub., 2005, p. 146.

³⁷⁹ Fanning, pp. 37-8.

³⁸⁰ Ashley Gould, 'Soldier Settlement in New Zealand after World War I: A Reappraisal', p. 116.

For these reasons the New Zealand government felt it was able to offer soldiers land, financial assistance, instruction and supervision more readily than for other occupations:

The employers cannot make work, and the State cannot compel them to find employment. But in the case of the soldier who has a predilection for country life the position is different, for the ability of the State to help the man is not so limited. It can find land; it can give the man reasonable financial assistance; it can give him instruction, and it can exercise supervision over his actions until he is fairly launched upon his new career.³⁸¹

Disabled ex-soldiers had the option of receiving training from the government in farming and agriculture for a period of around four to six months depending on the soldier's previous experience and the kind of farming. State Experimental Farms were used for training men who wanted instruction in farming. At Ruakara, near Hamilton for example, partially disabled men could learn beekeeping, fruit growing, horticulture, and poultry-raising. In a meeting of limbless men held at the RSA in 1919, the opinion was expressed that these areas of lighter farming were suitable for disabled soldiers as they "would not require any severe strain".³⁸² Other such facilities existed in Weraroa, Tauherenikau, Avonhead and a seed-raising farm in Westcott, as well as at private farms with the benefit of subsidised wages.³⁸³

³⁸¹ *AJHR*, 1916, H. 30, p. 4.

³⁸² *QM*, Vol. 2, no. 14, June 1919, p. 42.

³⁸³ Fanning, pp. 38-9.

By October 1919, the Repatriation Department had arranged training for 2,664 men to equip them for suitable professions or trades such as woodwork, leather work, metal work, clothing, commercial training, farming, and professional training among others.³⁸⁴ After completing four or five months of practical training, the Department then assisted the ex-soldier to find employment with a private firm at subsidised wages until he became a fully qualified worker.³⁸⁵ Other ex-soldiers went directly into positions with private firms without the need for any preliminary classes. Their wages were also subsidised by the department to the amount of £3 per week (or £3 5s if married), regardless of pension.³⁸⁶

The results achieved by this “practical training policy” it was argued had not only helped the disabled soldier’s job prospects, but by doing so had also improved the soldier’s mental state. Employment was perceived to bring “brightness of outlook to many a man whose prospects had seemed gloomy and cheerless in the time of disablement by wounds or sickness.”³⁸⁷ These soldiers were brightened from the sadness of losing a limb or other disability and fearing himself to be a “burden on the community” to once again being “beneficial to the country”.³⁸⁸ Not only did the soldier’s attitude affect the outcome of his occupational repatriation, it also was seen to benefit

³⁸⁴ Ibid, p. 21.

³⁸⁵ Ibid, pp. 22, 25.

³⁸⁶ Ibid, p. 25.

³⁸⁷ Ibid, p. 21.

³⁸⁸ Ibid.

his mental health by ensuring his continued masculine identity as a useful citizen.

Like the DSID, the Department found that only small numbers of soldiers required their assistance. In mid-1919, with over 50,000 soldiers returned to New Zealand, it was estimated at only 25 per cent of all discharged soldiers had sought help, of whom only 438 were on the "Employment Wanted Register".³⁸⁹ This small number was put down to a combination of co-operative employers and soldiers who were "continuing to show that spirit of self-reliance which characterized their efforts during the war".³⁹⁰ Because of the self-reliance and spirit of returned soldiers the Repatriation Department took an optimistic view of the life of the Department, confidently anticipating that as most incapacitated men were to a great extent repatriated or involved in retraining programmes and that fit men would be easily absorbed into the workforce, that the process of repatriation would soon be completed.³⁹¹ These sentiments turned out to be correct and in 1922 the Department was closed. From February 1919 to June 1922 it had assisted 21,153 men with business and furniture loans to the amount of £1,839,543, as well as providing grants for training and sustenance (for partially disabled men and apprentices), transportation, and

³⁸⁹ *AJHR*, 1919, H. 30, p. 2.

³⁹⁰ *Ibid.*

³⁹¹ *Ibid.*, p. 9.

unemployment sustenance for 11,858 men to the amount of £401,455.³⁹² By June 1922 the Repatriation Department had placed 27,658 men in employment, altogether assisting 60,669 men and spending £2,240,998 in the process.³⁹³

The Soldiers' Civil Re-establishment League

By 1928, only six years after the closure of the Repatriation Department, the RSA expressed concern over the growing number of soldiers whose employability had deteriorated through “drift” and lack of incentive rather than a problem with the rehabilitation of disabled servicemen.³⁹⁴ As mentioned in the previous chapters, the results of the 1929 Ex-Soldiers Rehabilitation Commission reported that around 5000 soldiers, mostly between the ages of 38 and 45 years, were living along the “bread-and-butter line”.³⁹⁵ Owing to their war service which had deprived them of a number of years of training and regular work, as well as to latent medical conditions caused or aggravated by war service, these men were suffering from a loss of adaptability due to age, loss of economic and industrial value, and impaired health.³⁹⁶ As a result of the commission the government passed the Disabled Soldiers Civil Re-establishment (DSCR) Act in 1930 whereby local advisory committees representing organisations of employers, workers,

³⁹² Disabled Servicemen's Rehabilitation League Archive, 'Early History'.

³⁹³ Ibid.

³⁹⁴ Ibid.

³⁹⁵ Ibid.; *AJHR*, 1930, H-39 p. 5.

³⁹⁶ Disabled Servicemen's Rehabilitation League Archive, 'Early History'; *AJHR*, 1930, H-39 pp. 4-5.

the RSA and war funds societies were set up in Auckland, Wellington, Christchurch and Dunedin to enact the major recommendations that ex-soldiers should be put into trades, placed on the land and in other occupations.³⁹⁷ Yet, while the DSCR Act was able to prepare men for work and supplement their wages, it did not have the power to establish or control employment schemes, nor did it have a central authority to control and coordinate its activities.³⁹⁸

In the 1920s the New Zealand government had contributed extensive resources and funds in order to re-train and provide disabled soldiers with employment opportunities. However, by the early 1930s despite ongoing sentiments that returned soldiers had a “right to better treatment than the ordinary citizen of this country” the international economic depression forced the majority of governmental expenditure to be focused on a new group of deserving recipients: the unemployed.³⁹⁹ In 1930 the government introduced the Unemployment Act in response to the increasing unemployment rate.⁴⁰⁰ Under the Act, the government established an Unemployment Board to co-ordinate public work schemes to deal with the increasing unemployment rate.⁴⁰¹ Unemployment had increased

³⁹⁷ ‘War Pensions Disabled Soldiers’ Civil Re-establishment League,’ Archives NZ, Agency SS, Series/Accession 7, Box/Item 8, Record 11/5/3.

³⁹⁸ Ibid.

³⁹⁹ *NZPD*, 226 (1930), p. 902 (J. Linklater).

⁴⁰⁰ Tennant, p. 109.

⁴⁰¹ McClure, p. 49.

dramatically, from 4,718 cases in 1928/29 to 28,773 in 1931/32.⁴⁰² With the collapse of export prices in October 1932 by 1933 80,000 people were unemployed.⁴⁰³ New Zealand historian Erik Olssen has calculated the unemployment rate calculated to have been around 12 per cent between 1929 and 1934 in New Zealand. Although low compared to other countries, Olssen argued it was still “shattering” and caused “an overwhelming demand for monetary and fiscal policies which would prevent its recurrence.”⁴⁰⁴ The depressed economic climate put disabled soldiers in competition with other needy groups.⁴⁰⁵ However, in comparison to the large numbers of young, fit unemployed men who had families to feed without the aid of a pension, the disabled soldier took a backseat.

The disabled soldier problem paled by comparison to the burden of the unemployed. The struggles of disabled men to find employment were subsumed into the greater issue of finding employment for every unemployed man in New Zealand society during the early 1930s. Because of their pensions, some disabled soldiers were better off than their fit counterparts and were, therefore, less of a priority: “a [war] pensioner is generally much better off today than an unemployed fit soldier.”⁴⁰⁶ In 1934

⁴⁰² Tennant, *Paupers and Providers*, p. 183.

⁴⁰³ Erik Olssen, ‘Depression and War (1931-49)’, Keith Sinclair (ed.), *The Oxford Illustrated History of New Zealand*, 2ed, Auckland, Oxford University Press, 1996, p. 211.

⁴⁰⁴ John MacRae and Keith Sinclair, ‘Unemployment in New Zealand during the Depression of the Late 1920s and Early 1930s’, *Australian Economic History Review*, Vol. XV, no. 1, March 1975, p. 44.

⁴⁰⁵ Bourke, *Dismembering the Male*, p. 72.

⁴⁰⁶ *EP*, Vol. CXVIII, issue 76, 27 September 1934, p. 14.

W. E. Leadley, a prominent member of the Canterbury RSA shuddered “to imagine what would have been the fate of hundreds of our disabled comrades during this economic depression, if the RSA had not succeeded in getting our present pensions legislation placed on the Statute Book of N.Z.”⁴⁰⁷

Even in public debates regarding the problem of unemployed disabled soldiers, the issue was subsumed into the wider unemployment problem. In his response to the Report of the Ex-soldiers’ Rehabilitation Commission in 1930, MP D. G. Sullivan argued that finding employment was not a disabled soldier issue, but a national one:

finding of employment for the five thousand returned soldiers – in so far as employment is a solution of their difficulty – is the same problem which confronts the country generally in connection with our whole economic system... The problem is the national economic problem of developing the industries of the country so as to provide employment, not only for the returned soldiers, but for all who require employment.⁴⁰⁸

Another MP, H. E. Holland, also reduced the special status of the soldier by incorporating their struggles into a smaller aspect of a much larger, more troublesome issue. Holland argued that the psychological effect of unemployment and the fear of unemployment was applicable “to every member of the human race under similar circumstances, and it colours the whole of our human psychology.”⁴⁰⁹ By the 1930s struggling disabled

⁴⁰⁷ *RSAR*, Vol. 8, no. 3, February 1932, p. 3.

⁴⁰⁸ *NZPD*, 226 (1930), p. 899 (D. G. Sullivan).

⁴⁰⁹ *NZPD*, 226 (1930), p. 897 (H. E. Holland).

soldiers only made up a small portion of a much larger, more important unemployment problem.

As only part of a wider problem, veterans out of work in the early 1930s received employment assistance along with civilians under the Unemployment Act rather than receiving special treatment as they had in the 1920s. In 1931 the *RSA Review* published a report of the NZEF Canteen and Regimental Funds which had in 1927 at the start of the “unfortunate phase of the Dominion’s economic welfare” been asked to make grants for relieving unemployed returned soldiers.⁴¹⁰ However, the Canteen Board decided it would be impossible to do so as the unemployment situation was rapidly deteriorating and that “the returned soldiers form part of the general community of unemployed on whose behalf the Unemployment Boards have been set up by legislation with funds provided by general taxation”.⁴¹¹ In this vein, returned soldiers were lumped together with the general population and furthermore if the Canteen Board attempted any schemes for the “special benefit” of returned soldiers there was a chance that they might later be excluded from the “benefit of schemes operated by the Unemployment Boards on the grounds that they were being specially

⁴¹⁰ *RSAR*, Vol. 8, no. 1, August 1931, p. 10.

⁴¹¹ *Ibid.*

provided for.”⁴¹² Thus, the special provisions available to soldiers could now be detrimental to their employment chances.

In February 1932, Leadley reported in the *RSA Review* that an estimated 8,000 ex-servicemen were unemployed.⁴¹³ Most were receiving relief under the Unemployment Board alongside civilians and the majority of the remainder were in receipt of war pensions. Generally, the Unemployment Board dealt with the problem of fit men as relief work often consisted of physical labour. In RSA-sponsored relief work, the opportunities involved hard work such as sand grass planting, clearing, fencing and felling or felling and splitting timber for firewood which may have been too strenuous for a disabled ex-soldier.⁴¹⁴ Therefore, of the 350 economic pensioners Leadley had interviewed, he found that whilst they were not dissatisfied with their pension, they were “discontented because they have nothing to do.”⁴¹⁵ Imposed idleness further demoralised the soldier, as a *Quick March* article had stated back in 1919: “There was nothing more disintegrating nor more demoralising to a soldier than having too much idle time on his hands.”⁴¹⁶ As in the early 1920s, Leadley recommended vocational training and light farming for such disabled soldiers but warned that during economic crises governmental initiatives

⁴¹² Ibid, p. 11.

⁴¹³ *RSAR*, Vol. 8, no. 3, February 1932, p. 3.

⁴¹⁴ *RSAR*, Vol. 9, no. 1, August 1932, p. 29; *RSAR*, Vol. 8, no. 4, May 1932, p. 27.

⁴¹⁵ *RSAR*, Vol. 8, no. 3, February 1932, p. 3.

⁴¹⁶ *QM*, Vol. 1, no. 9, January 1919, p. 5.

moved even slower than normal: “government Departments move slowly, especially in these days when ECONOMY is the watchword of every Department.”⁴¹⁷ Despite pre-war promises, disabled veterans were no longer the government’s priority.

Due to the economic conditions, the government could not spare the finance to operate the provisions of the 1930 DSCR Act, even though it professed sympathy with the Act’s objectives and admitted that the problem of disabled soldiers was a State responsibility.⁴¹⁸ The Act’s aims were to find employment, establish and carry on vocational training schemes and to supplement earnings for disabled soldiers. Instead, an application was made to the NZEF Canteen and Regimental Trust Funds Board for financial assistance, which subsequently made £2000 available for the provisions of the Act. In 1933 the SCRL became incorporated and aimed to find suitable employment for incapacitated ex-servicemen, establish and carry on vocational training schemes and to supplement earnings for disabled soldiers.⁴¹⁹ These aims were designed to make the veterans happier and more comfortable, but also saving the government in the payment of economic pensions through meaningful employment.

⁴¹⁷ *RSAR*, Vol. 8, no. 3, February 1932, p. 4.

⁴¹⁸ ‘War Pensions Disabled Soldiers’ Civil Re-establishment League’, Archives NZ, Agency SS, Series/Accession 7, Box/Item 8, Record 11/5/3; Disabled Servicemen’s Rehabilitation League Archive, ‘Early History’.

⁴¹⁹ *EP*, Vol. CXIX, issue 122, 25 May 1935, p. 27.

The SCRL recognised from its inception that the job of rehabilitating disabled (and non-disabled) ex-servicemen was going to prove difficult. By the early 1930s, the ex-servicemen population was reaching ages of 45 to 55 years, with many suffering from premature aging and similar burnt out conditions. By the 1930s, more disabled soldiers were married and had children to support. As A. Gordon, a member of the SCRL stated, it seemed as though state and society had waited too long: "In some cases it is quite evident that the re-establishment of these men is being attempted fifteen years too late, and under most unfavourable circumstances."⁴²⁰

Along with the physically burnt out veterans, the SCRL was also concerned with the mental conditions of many soldiers. As was feared in the immediate post-war period, the failure of many disabled ex-servicemen to keep up in the work force had aroused feelings of hopelessness and despondency among their ranks and they lacked the self-confidence to assert themselves in profit driven competitive environments.⁴²¹ Instead of cheerfully doing their duty by New Zealand as male citizens should, they were stuck in idleness, apathy and dependence.

However, a discernable work ethic was still needed for an ex-soldier to receive help from the SCRL. In the 1938 annual report, H. D. Burdekin, of the League's Dominion Executive Committee, cited a case in which a man

⁴²⁰ 'War Pensions Disabled Soldiers' Civil Re-establishment League', Archives NZ, Agency SS, Series/Accession 7, Box/Item 8, Record 11/5/3.

⁴²¹ *EP*, Vol. CXIX, issue 121, 24 May 1935, p. 8.

had refused to accept work and demanded that “the league should make it plain that it had no sympathy with men of that class.”⁴²² The SCRL identified the most difficult class of disabled soldier as those who had “relied for years entirely upon their pensions and had, unfortunately, become shiftless and casual, some of them even hopeless.”⁴²³ Men who “genuinely desire work”, however, deserved “and should be rendered every assistance which can be afforded them.”⁴²⁴ Men who were eager to help themselves were the easiest to deal with, and the League hoped that by dealing successfully with this top class of disabled soldier, the other more difficult classes might show a tendency to imitate them.⁴²⁵

These assertions regarding the responsibility of the soldier to want to work, cast blame upon the character of those who were unable to. When referring to soldier farmers having to walk off the land in 1930 Member of Parliament W. D. Lysnar claimed that the men still working on the land were able to do so because they had tried harder: “Those men on the land can be regarded as ‘triers.’ They are not ‘duds,’ or men who should not have gone on the land at all. The very fact that they have remained on the land shows that they are ‘triers’”.⁴²⁶ What Lysnar implied, however, was that men who

⁴²² *EP*, Vol. CXXVI, issue 22, 26 July 1938, p. 12.

⁴²³ *EP*, Vol. CXVII, issue 48, 26 February 1934, p. 11.

⁴²⁴ ‘War Pensions Disabled Soldiers’ Civil Re-establishment League’, Archives NZ, Agency SS, Series/Accession 7, Box/Item 8, Record 11/5/3.

⁴²⁵ *EP*, Vol. CXVII, issue 48, 26 February 1934, p. 11.

⁴²⁶ *NZPD*, 226 (1930), p. 894 (W. D. Lysnar).

were unable to continue working were duds; they lacked the manly independence expected of returned soldiers.

Many of the League's aims continued on from the Repatriation Department's responsibilities, with one important addition: the establishment of factories and workshops for disabled soldier goods. Due to the economic situation and continued ill-health it was admitted that many disabled men were simply unable to be absorbed into private employment.⁴²⁷ The 1934 report on the commencement and progress under the DSCR Act stated that "it is quite obvious that a disabled man on his own merits and output, cannot be profitably employed in any commercial Factory where profit is the only consideration, and this is only one of the lessons those connected with the work have had forcibly brought home to them."⁴²⁸ Disabled soldier factories and shops were established in Dunedin, Invercargill, Christchurch, Wellington, Gisborne and Auckland.⁴²⁹

The need for sheltered workshops stemmed from both the inability of the government to help disabled soldiers and the fading war memory of potential employers. The depressed economic climate of the interwar period meant that many employers, while sympathetic to helping disabled ex-servicemen were unwilling to hire men who were in any way inefficient or a potential liability. In 1919, concern was raised regarding disabled soldiers in

⁴²⁷ *RSAR*, Vol. 9, no. 4, May 1933, p. 4.

⁴²⁸ 'War Pensions Disabled Soldiers' Civil Re-establishment League', Archives NZ, Agency SS, Series/Accession 7, Box/Item 8, Record 11/5/3.

⁴²⁹ *Ibid.*

the workforce and whether their increased tendency to workplace accidents would deter employers from hiring them. The acting Minister of Labour and the DSID agreed that “employers in New Zealand are not likely to refrain from engaging discharged soldiers on account of any increased liability to accident that might be incurred through injuries received at the War.”⁴³⁰ Yet, as early as 1921, *NZ Truth* was reporting that employers were “suffering from shortness of memory” as subsidised workers were being sacked.⁴³¹ Despite their patriotic feelings during the war, “Now, apparently, they are forgetting the ‘diggers,’ when the financial shoe begins to pinch, and the first to be dismissed is the disabled ‘digger’.”⁴³²

The economic conditions of the 1930s only exacerbated feelings of diminishing war memory. Not only was the government unable to financially assist repatriation, public sympathy towards the disabled soldier was further decreasing: “The evidence satisfies us that the sympathetic interest of the community in the returned soldier is tending to wane, and until it is again stimulated and organized cannot be relied upon by him as tending to offset his economic and industrial shortcomings.”⁴³³ But not only had sympathy waned, they were reported as unwanted members of society. MP, F. Langstone stated that men who enlisted for war at a young age,

⁴³⁰ ‘Insurance – (Workers) Disabled Soldiers & Sailors: Increased charges incurred for compensation in respect of disabled men returning to Civil Employment’, Archives NZ, Agency AD, Series 1, Box/Item 863*, Record 33/43.

⁴³¹ *NZ Truth*, Issue 806, 23 April, 1921, p. 1.

⁴³² *Ibid.*

⁴³³ *NZPD*, 226 (1930), p. 892 (F. Waite).

before they had established themselves in civilian life had, by 1930, degenerated into “derelicts”: “The employers do not want them – nobody wants them; they are virtually human derelicts.”⁴³⁴

In Dunedin, when the local committee began to interview, tabulate and record registrations of unemployed pensioners in the district in 1931, 1,000 circulars asking for assistance were sent to employers in the region also, asking for assistance. The response was disappointing as less than 1 per cent of the employers responded, and those that did merely expressed regret at being unable to help.⁴³⁵ Additionally, many of the employers were unwilling to displace any of their current workers to make room for a disabled soldier and expressed that if and when the economic conditions picked up they felt morally bound to re-instate their former employees before any disabled soldier.⁴³⁶ Disabled men had little chance of competing in such a tight labour market in which even fit, young, skilled men were having difficulty securing permanent employment.⁴³⁷

Moreover, the reputation of disabled soldiers was harming employment opportunities for fit soldiers. In 1937 the Auckland RSA reported that many returned soldiers were experiencing difficulty in finding employment due to employers regarding soldiers as synonymous with

⁴³⁴ *NZPD*, 226 (1930), p. 905 (F. Langstone).

⁴³⁵ ‘War Pensions Disabled Soldiers’ Civil Re-establishment League’, Archives NZ, Agency SS, Series/Accession 7, Box/Item 8, Record 11/5/3.

⁴³⁶ *Ibid.*

⁴³⁷ *RSAR*, Vol. 6, no. 2, November 1929, p. 23; *NZPD*, 226 (1930), p. 892 (F. Waite); *EP*, Vol. CXXIII, issue 152, 29 June 1937, p. 8.

wounds and illness: "Many employers have a prejudice against returned soldiers, because they assume that simply on account of their having seen war service they must automatically have become deficient in working capacity and efficiency through wounds and illness."⁴³⁸ In this respect, disability was seen to have infected the general soldier population and reduced their chances of employment due to the inefficiency associated with wounds and illness.

The unwillingness of employers to take on partially disabled men, even on a subsidised basis, was also influenced by the potential discord it could create in their work places. Current employees were reported in some cases to be hostile to physically disabled veterans hired in firms under the under-rate workers' system controlled by the SCRL. In one case reported to the League, a substantially disabled ex-soldier hired in one firm had to be removed from the position after he was accosted and insulted on the street by the factory's employees.⁴³⁹ During such a depressed economic situation and as war memory faded notions of duty and indebtedness to the ex-servicemen of the Great War seemed to resentment of special treatment.

According to J. R. Kirk, Chairman and Treasurer of the SCRL, the public believed that disabled soldiers were already being taken care of sufficiently well by organisations such as the RSA, War Relief Associations

⁴³⁸ *RSAR*, Vol. 14, no. 2, November 1937, p. 31.

⁴³⁹ 'War Pensions Disabled Soldiers' Civil Re-establishment League', Archives NZ, Agency SS, Series/Accession 7, Box/Item 8, Record 11/5/3

and the National War Funds Council. Therefore, they felt they did not have a responsibility towards helping disabled soldiers.⁴⁴⁰ Gordon proposed an extensive propaganda or advertising programme to encourage citizens to fulfil their obligations to wounded ex-servicemen.⁴⁴¹ Both Kirk and Gordon warned that the SCRL would achieve no appreciable results or arrive at any satisfactory solutions to the problems facing the disabled ex-servicemen population without raising public awareness and support.

Conclusion

By 1938 the SCRL reported that difficulties still confronted the authorities in finding suitable employment for disabled returned soldiers: “numbers of disabled men were now reaching an age when they were definitely unfit for any class of work”.⁴⁴² In some cases, because the soldier faced ever-decreasing employment opportunities, attention shifted to the sons of disabled soldiers who had been “economically disabled” as a result of their father’s disability and the depressed economic climate in the early 1930s.⁴⁴³ Yet, in the face of all these difficulties, the SCRL still felt that employment was the best form of rehabilitating the disabled ex-servicemen. In 1939 the Dominion Headquarters Chairman of the SCRL, J. I. Goldsmith iterated the value of work to the disabled soldier and his mental outlook, as well as the wider benefit for the community:

⁴⁴⁰ Ibid.

⁴⁴¹ Ibid.

⁴⁴² *EP*, Vol. CXXVI, issue 22, 26 July 1938, p. 12.

⁴⁴³ *EP*, Vol. CXXIII, issue 119, 21 May 1937, p. 9.

The work with which we have been entrusted, that of assisting to re-establish disabled ex-soldiers in the civic life of the community, is a most important work, as it benefits not only the disabled soldiers and their dependants, but is of considerable value to the state... It has been our experience that disabled men are much happier and more contented if they have some useful occupation which they can undertake, to occupy their spare time, and when such occupation is made available to them, they usually take it up enthusiastically, because they feel that they have once again found a useful niche in the community.⁴⁴⁴

Only employment would lift the spirits of disabled soldiers and make them feel useful to themselves, their families and to the state, yet it seemed that for a number of disabled soldiers this never eventuated.

The fear of dependency and its potential economic impact on New Zealand motivated the government's response to disability. Larsson has argued that "By framing disability as a problem of employment, it became something that could be successfully solved."⁴⁴⁵ However, the reality of finding disabled soldiers employment proved much more difficult in the face of complex wounds and reluctant men. To encourage disabled soldiers to complete vocational training repatriation authorities appealed to the veterans' masculine identities as both soldiers and as breadwinners: it was their duty as citizens and as men to do their bit whether on the battle field or in the workforce as their families, their communities and their own mental and moral health depended on it.

⁴⁴⁴ *EP*, Vol. CXXVII, issue 143, 20 June 1939, p. 10.

⁴⁴⁵ Larsson, 'Restoring the Spirit', p. 5.

While disabled soldiers received exclusive state-sponsored employment assistance during the 1920s, by the 1930s, the economic depression caused disabled soldiers to be relegated below that of the fit unemployed population. Despite the continued efforts of the SCRL and the RSA, the combination of fading war memory and economic depression made employers less willing and less able to take on disabled workers. Because of earlier appeals to disabled soldiers' masculinity and the importance of their attitude to repatriation, repatriation authorities, inadvertently or otherwise, had implicated the soldiers themselves in their failure to repatriate. Rhetoric of individual will and responsibility implied that the soldiers who had to walk off the land were not "triers", and that disabled men who could not find work did not possess the right attitude. Thus, those soldiers who were still dependent on state assistance by the 1930s were implicated alongside the government and society in the perceived failure of repatriation during the interwar period.

Conclusion

This thesis has explored the government's response to disabled Great War veterans in the post-war period. Medical treatment was the first contact wounded soldiers had with repatriation authorities. Beginning in English hospitals, medical treatment was one of the main factors that influenced a successful return to civilian life. Medical authorities implemented vocational therapy alongside medical treatment to aid the soldier to civilian transition and to improve the soldier's mental outlook. From a man's convalescence onwards the focus was on returning him to masculine citizenship. Once soldiers had been repaired, the specialised medical facilities and technology were then made available for use on civilians. In the 1930s, when disabled soldiers were perceived to be breaking down in health, medical authorities had difficulty in distinguishing war-related incapacitation with the normal process of ageing and the results of economic hardship.

Pensions were granted by the government to compensate soldiers for the percentage of disability medical treatment was unable to cure. The rudimentary pension scheme in New Zealand had to be radically altered to cope with the effects of the war. Owing to their returned soldier status, war pensions were regarded as compensation not charity as charity carried connotations of dependency unbefitting hegemonic ideals of masculinity. The pragmatic financial concerns of the government plus cultural anxieties

about dependency meant that pensions were seen as a barometer of wellbeing of breadwinner masculinity among New Zealand's finest cohort of men. As with medical treatment, war measures eventually came to benefit civilians, and in the 1930s crisis, the pension schemes established to deal with veterans provided the apparatus and cultural framework for short-term relief for working men. Finally, in the late 1930s the Labour government introduced welfare for all citizens which further diminished the "class apart" status of veterans.

Work was the ultimate goal of repatriation. The well established notion of work as a cure meant that employment was seen as restoring wounded veterans to usefulness and manliness. Vocational training, educational courses, grants for businesses, and morally imposed preferential treatment for employment were all offered to the disabled soldier to settle him as a wage earner. This resulted in pressures on other groups, such as women and youths, as well as instigating debates concerning preferential treatment throughout the 1920s. The economic crisis of the 1930s combined with ageing created a crisis for the government, however. In the end, the government had to abandon hopes of employing the disabled and focus instead on the welfare of the fit unemployed.

This thesis has demonstrated that repatriation was by no means a simple task. From 1915 onwards, large numbers of soldiers returned to New Zealand suffering from multiple and dynamic wounds which posed a threat

to the economic stability of the Dominion as well as the masculine identity of the soldier. Therefore, the government's repatriation initiatives in the post-war period had to balance both cultural and financial concerns. Within these concerns, this thesis has identified three major themes: the perception of the soldier's entitlement to preferential treatment; the fear of dependency; and the emphasis on the individual soldier's repatriation responsibility. "The Living Death" has argued that by the 1930s, these three themes combined with the depressed economy and fading war memory contributed to the perception that both the government and disabled soldiers had failed to complete a successful repatriation.

In the immediate post-war era, the disabled soldier was the epitome of masculinity. His sacrifice of health and wholeness on the battlefield entitled the disabled soldier to special medical treatment, generous pensions and extensive employment assistance. Soldiers undergoing medical treatment had separate facilities from civilian patients with specialised medical practitioners and the latest medical technology. Soldier pensioners were granted more generous pension provisions than civilians which included compensation for economic disability as well as physical disability. Soldiers received employment assistance from specialised government departments and granted preferential treatment with employers. Furthermore, these benefits were not viewed as charity but as earned income. They were deemed appropriate for both a returned soldier and a

future breadwinner. Soldiers, it was argued, deserved these benefits as a right, not as charity, owing to their services to the country. In the immediate post-war period, disabled soldiers had earned a citizenship that no other New Zealand group, apart from deceased disabled soldiers, were entitled to.

However, the government's repatriation initiatives were also coloured by the fear of dependency. Alongside exultations of soldierly deservedness, the economic burden of thousands of incapacitated men fuelled repatriation schemes. Medical treatment aimed to restore disabled men to the highest possible level of health thereby reducing their level of dependence on state benefits. By utilising vocational treatment alongside surgical procedures, men were restored to physical and mental health while simultaneously preparing and training them for their future breadwinner and wage-earner status. War pensions were designed to make up the difference between disability and ability and initiated at the lowest level possible which forced men to seek paid work. Lastly, employment, the ultimate goal of repatriation, then restored men to independence from government welfare. All of these measures - medical treatment, employment and even pensions themselves - were designed to keep soldiers off pensions, or if that could not be managed, on the lowest pension level possible.

To balance the paradox between the perception of deservedness and the fear of dependency, the government and repatriation authorities appealed to the disabled soldier's masculine identity. They emphasised the disabled

soldier's duty to work for his country in peace time as he had fought for his country during war. The soldier's attitude was regarded by medical authorities as the most important tool in overcoming disability. The message was clear: the government would provide the opportunities for the soldier to return to civil society by providing medical treatment and employment opportunities, but the soldier had to possess the right attitude towards medical treatment in order to overcome wounds. He had to possess the desire to work rather than rely on his pension and use his pension as a temporary measure rather than a permanent crutch.

However, by the end of the 1920s it seemed that the government's fears regarding disability had come true. In 1924, *NZ Truth* reported on the case of a "shattered soldier" who was described as being "facially, physically, and morally destroyed" by the "reality of war."⁴⁴⁶ The man, who was charged with having stolen a suitcase and a pair of trousers to the value of £2, was said to have made "a pitiable picture" as "Before the war he was obviously tall, muscular, handsome, and in every way a creditable specimen of New Zealand's manhood. Now, he is emaciated and nervous, his face frightfully and permanently disfigured." The "battle-smashed warrior" had apparently been undergoing medical treatment for nearly ten years to reconstruct his facial injuries but was still described as "hideous, a fact of which the man himself is obviously aware." It was reported that the

⁴⁴⁶ *NZ Truth*, Issue 989, 8 November 1924, p. 5.

Magistrate (Wyvern Wilson) said that “the accused was a man with disabilities which enlisted one’s sympathy and, while he would be given another chance and have probation granted him, he was to understand that he would not be allowed to trade on sympathy.”

Whilst the details in *NZ Truth* may have been sensationalised, due to the tabloid nature of the paper, the article contains many of the themes discussed within this thesis: disability, masculinity and citizenship. The man’s disability had robbed him of his masculinity, by turning him into a disfigured, “pitiable” and cringing figure, as opposed to his stature and fitness before the war. He had resorted to crime, and thus lost further claim to full male citizenship to New Zealand along with his moral degeneracy. Although the magistrate had regarded the case with sympathy, the soldier was warned that even his status as a returned disabled soldier would not excuse him from any future criminal activities.

Examples of the “battle-smashed warrior” were seen to increase in number during the 1920s and were perceived as a major problem by the 1930s. For many men in the post-war period the nature of war injuries meant that disability was unconquerable. Despite the efforts of the New Zealand government, for some disabled soldiers pensions remained a permanent fixture and permanent employment an elusive ideal. Their wounds and illnesses precluded them from suitable and permanent employment due to the complexities of war disablement and the need for ongoing medical

treatment. Unemployment was then seen to further detract not only from the soldiers' physical health but also their mental and moral capacity. The economic depression and perceived fading war memory only exacerbated the perceived sufferings of disabled ex-soldiers. Employers were less willing and less able to hire disabled soldiers for economic reasons. Furthermore, the government was unable to prioritise the needs of the disabled soldier when thousands of fit young men were also struggling to find employment. The election of Labour into government in 1935 state assistance became a right for all citizens, not a privilege for a select few.

The inability for some soldiers to successfully repatriate was not only seen as a state failure, however. By appealing to the masculinity and special citizenship of the disabled soldier during the war's immediate aftermath, the government and repatriation authorities had emphasized the individual's responsibility to repatriate himself. Thus, by the 1930s any failure in repatriation was blamed on one of three things: first, the RSA blamed the government for not providing as generous repatriation assistance as it had recommended; secondly, on society for failing to remember the special citizenship of disabled soldiers; and thirdly, the disabled soldiers themselves, for not possessing the right attitude and will power to overcome their disability and find work. Therefore, the burnt out soldier was unable to meet the expectations state and society had not only of the returned soldier, but also of men in general.

APPENDIX

War Pensions (for disability) and Civilian Pensions average per annum
1920 – 1939.⁴⁴⁷

| | 1920 | 1925 | 1930 | 1935 | 1939 |
|--------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| | £ s d | £ s d | £ s d | £ s d | £ s d |
| War | 59 (perm) 53 (temp) | 58 (perm) 59 (temp) | 51 (perm) 74 (temp) | 54 (perm) 70 (temp) | 61 (perm) 73 (temp) |
| War – dependants* | 58 0 0 | 81 0 0 | 92 0 0 | 72 0 0 | 84 0 0 |
| Old-Age | 23 12 0 | 38 11 0 | 41 17 0 | 39 8 11 | 55 19 6 |
| Widows | 54 0 0 | 78 3 0 | 73 18 0 | 65 7 2 | 95 12 4 |
| Military/Maori War | 36 0 0 | 49 0 0 | 49 0 0 | 49 0 0 | 58 10 0 |
| Miners | 56 15 0 | 62 10 0 | 68 10 0 | 77 5 7 | 80 18 5 |
| Blind | - | 39 7 0 | 48 2 0 | 46 14 8 | - |
| Invalids | - | - | - | - | 63 12 6 |
| War Veterans | - | - | - | - | 72 (approx) |

⁴⁴⁷ *AJHR*, 1920, 1925, 1930, 1935, 1939, H-18. * For disability only.

Bibliography

Primary Sources

Unpublished

Army Department. Wellington Office, Archives New Zealand.

Employment – Returned Disabled Soldiers in Defence Dept.
Agency: AD, Series: 1, Box: 821, Record: 26/562.

Educational Training & Employment Disabled Soldiers in France.
Agency AD, Series 1, Box/Item 1, Record MD64/10.

Insurance – (Workers) Disabled Soldiers & Sailors: Increased charges incurred for compensation in respect of disabled men returning to Civil Employment. Agency AD, Series 1, Box/Item 863*, Record 33/43.

Memorial Workshops: Establishment of Lord Roberts Memorial Workshops for Disabled Soldiers in N.Z.
Agency AD, Series: 1 Box: 754 Record: 15/20.

Disabled Servicemen's Rehabilitation League Archive, Alexander Turnbull Library.

Early History.
MS-Group-0114, 91-005-2/21.

New Zealand Defence Force Personnel Files. Wellington Office, Archives New Zealand.

Pensions Department. Wellington Office, Archives New Zealand Pensions.

Department Annual Reports 1916, 1917 and 1918.
Agency SS, Accession W1844, Box/Item 1, Record A64.

Act Amendment – War Pensions 1919.
Agency SS, Accession W1844, Box 1, Record A72.

War Pensions Annual Report 1917 – 1918.
Agency SS, Accession W1844, Box/Item 13, Record W153.

War Pensions – Medical Treatment Annual Report 1922-1959.
Agency SS, Series 7, Accession W2765, Box/Item 64, Record 11/3/6.

War Pensions – Medical Board Reports and Defence Files 1915 – 1936.
Agency SS, Accession W1844, Box 11, Record W35.

War Pensions Disabled Soldiers' Civil Re-establishment League.
Agency SS, Series/Accession 7, Box/Item 8, Record 11/5/3.

Roberts, Evan, Kris Inwood and Les Oxley. Victoria University of Wellington, 2010.

'Heights and Weights Database: 1NZEF Personnel'.

War Archives. Wellington Office, Archives New Zealand.

N.Z.M.C. – Reinforcement Medical Officers and Care of Disabled Soldiers. Agency WA, Series 1, 1 Box 3/3, Record XFA37/2065.

Repatriation and training of Disabled Soldiers, 1918.
Agency WA, Series 1, 1 Box 3/27, Record 12/2.

Published

Appendices to the Journal of the House of Representatives. 1915 – 1939.

H-18. 1915 – 1939. Annual Report of the Pensions Department.

H-28. 1923. Report of the War Pensions Commission.

H-30. 1916 – 1918. Annual Report of the Discharged Soldiers' Information. Department.

H-30. 1919 – 1922. Annual Report of the Repatriation Department.

H-39. 1930. Report of the Ex-Soldiers Rehabilitation Commission.

Bourrillon, Dr. 'Professional Re-Education of Men Who Have Undergone Amputation.' Jean Camus et al. *Physical and Occupational Re-education of the Maimed*. W. F. Castle (trans.). London, 1918, pp. 19-27.

Camus, Jean. 'Physical and Occupational Re-education'. Jean Camus et al. *Physical and Occupational Re-education of the Maimed*. W. F. Castle (trans.). London, 1918, pp. 1-18.

Carbery, A. D., *The New Zealand Medical Service in the Great War 1914 – 1918*. Auckland, 1924.

Discharged Soldiers' Information Department. *After the war: reabsorbing the soldier into civilian life: statement by the Attorney General*. Wellington, 1917.

Fanning, L. S. (ed.). *Winning Through: From War to Peace: New Zealand*. Wellington, 1919.

Ferrien, Dr. F. 'Re-education of the Blind.' Jean Camus et al. *Physical and Occupational Re-education of the Maimed*. W. F. Castle (trans.). London, 1918, pp 37-43.

Gregory, Thomas. *Restoring Crippled Soldiers to a Useful Life*. Auckland, 1918.

Joint committee of the British Red Cross Society and Order of St. John in Auckland. *Report of the delegation appointed to visit Rotorua for the purpose of inquiry as to complaints with regard to the conditions at Rotorua affecting disabled returned soldiers and generally to inquire as to existing conditions at Rotorua*, 1918. Auckland, 1918.

New Zealand Expeditionary Force. *Instructions for soldiers returned on demobilization: compiled from the Returned Soldiers' handbook*. 1st Demobilization Edition. Wellington, 1918.

New Zealand Official Year-Book. 1936.

New Zealand Parliamentary Debates. 1915 – 1939.

New Zealand Pensions Department. *Pensions in New Zealand: war, old-age, widows, military miners*, 1918. Wellington, 1919.

New Zealand Social Security Department. *An explanation of the monetary benefits payable under Part II of the Social Security Act, 1938, and of war pensions and allowances in respect of the Great War, 1914-18, and the present war, together with a short history of the Social Security Department and its antecedent departments*. Wellington, 1941.

Nyns, Dr. Adrien. 'Occupational Re-education after Various Injuries.' Jean Camus et al. *Physical and Occupational Re-education of the Maimed*. W. F. Castle (trans.). London, 1918, pp. 28-36.

Returned Soldiers' Handbook containing instructions dealing with returned soldiers from the New Zealand Expeditionary Forces (provisional); Special General Order no. 369/1915. Wellington, 1915

Returned Soldiers' Handbook containing instructions dealing with returned soldiers from the New Zealand Expeditionary Forces; New Zealand Defence Forces Special General Order no. 394/1916. Wellington, 1916

Returned Soldiers' Handbook containing instructions dealing with returned soldiers from the New Zealand Expeditionary Forces (provisional); corrected to 21st July, 1916. Wellington, 1916.

Returned Soldiers' Handbook containing instructions for returned soldiers of the New Zealand Expeditionary Forces: First demobilization edition (Revised to 30th Novr., 1918) New Zealand Defence Forces Special Order, no. 540/18. London, 1919.

Voss, W. J. *The Light of the Mind*, London, 1935.

Official Registers

List of the Names of all ex-members of the New Zealand Expeditionary Force, suffering permanent disability from 20 per cent. to 100 per cent., Wellington: New Zealand Times, 1920.

Journals

Kai Tiaki. 1915 – 1939.

Quick March. 1918 – 1922.

RSA Review. 1924 – 1939.

Newspapers

Ashburton Guardian. Canterbury, 1915 – 1921.

Evening Post. Wellington, 1915 – 1939.

Grey River Argus. West Coast, 1915 – 1920.

NZ Truth. New Zealand, 1915 – 1930.

Ohinemaru Gazette. Waikato, 1915 – 1921.

Poverty Bay Herald. Gisborne, 1915 – 1920.

Oral History

Frederick William Avery, interview by Jane Tolerton and Nicholas Boyack, 23 November 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/02.

James Thomas Bisman, interview by Jane Tolerton and Nicholas Boyack, 8 August 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/10.

Martin Alfred Brooke, interview by Jane Tolerton and Nicholas Boyack, 18 October 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/14.

Robert Vincent Closey, interview by Jane Tolerton and Nicholas Boyack, 13 June 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/17.

Wilfred Davies, interview by Jane Tolerton and Nicholas Boyack, 4 December 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/21.

Joseph Dwyer, interview by Jane Tolerton and Nicholas Boyack, 5 October 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/24.

Francis Jude Fougeré, interview by Jane Tolerton and Nicholas Boyack, 8 November 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/27.

Ben Sherwood Gainfort, interview by Jane Tolerton and Nicholas Boyack, 1 November 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/28.

Colin MacFarlane Gordon, interview by Jane Tolerton and Nicholas Boyack, 21 September 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/31.

Leslie Frederick Harris, interview by Jane Tolerton and Nicholas Boyack, 7 August 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/34.

Stanley Frederick Herbert, interview by Jane Tolerton and Nicholas Boyack, 20 July 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/40.

Frank Leslie Hunt, interview by Jane Tolerton and Nicholas Boyack, 1 May 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/39.

Harvey Johns, interview by Jane Tolerton and Nicholas Boyack, 22 June 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/45.

Charlie Lawrence, interview by Jane Tolerton and Nicholas Boyack, 9 October 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/47.

Jacob Randrup Moller, interview by Jane Tolerton and Nicholas Boyack, 6 November 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/57.

Victor John Nicholson, interview by Jane Tolerton and Nicholas Boyack, 20 July 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/63.

Leslie Maurice Stewart Sargent, interview by Jane Tolerton and Nicholas Boyack, 8 November 1989, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/70.

Sidney George Stanfield, interview by Jane Tolerton and Nicholas Boyack, 19 May 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/74.

Frederick Thornborough Tate, interview by Jane Tolerton and Nicholas Boyack, 15 May 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/76.

William Walter White, interview by Jane Tolerton and Nicholas Boyack, 5 December 1988, for the World War I Oral History Archive, held in the Oral History Centre, Alexander Turnbull Library OHInt-0006/80.

Secondary Sources

Books

Bamji, Andrew. 'Facial Surgery: The Patient's Experience.' Hugh Cecil and Peter H. Liddle (eds.). *Facing Armageddon: The First World War Experienced*. London: Cooper, 1996, pp. 490-501.

Baynton, Douglas C. 'Disability and the Justification of Inequality in American History.' Paul K. Longmore and Lauri Umansky (eds.). *The New Disability History: American Perspectives*. New York; London: New York University Press, 2001, pp. 33-57.

Blackmore, Kate. 'Aspects of the Australian Repatriation Process: War, Health and Responsibility for Illness.' Judith Smart and Tony Wood (eds.). *An Anzac Muster: War and Society in Australia and New Zealand 1914-18 and 1939-45*. Clayton, Vic.: Department of History, Monash University, 1992, pp. 100-113.

Blaxter, Mildred. *The Meaning of Disability*. London: Heinemann, 1976.
Bourke, Joanna. *Dismembering the Male: Men's bodies, Britain, and the Great War*. Chicago: University of Chicago Press, 1996.

Callister, Sandy. *The Face of War: New Zealand's Great War Photography*. Auckland: Auckland University Press, 2008.

Clarke, Stephen, 'Return, Repatriation, Remembrance and the Returned Soldier's Association 1916 – 22.' John Crawford and Ian McGibbon (eds.). *New Zealand's Great War; New Zealand, the Allies and the First World War*. Auckland: Exisle Publishing, 2007, pp. 157-180.

Cohen, Deborah. *The War Come Home: Disabled veterans in Britain and Germany, 1914 – 1939*. Berkley, Los Angeles; London: University of California Press, 2001.

Crawford, John and Ian McGibbon. *New Zealand's Great War: New Zealand, the Allies and the First World War*. Auckland: Exisle Publishing, 2007.

Crotty, Martin. *Making the Australian Male: Middle Class Masculinity 1870-1920*. Carlton, Vic.: Melbourne University Press, 2001.

Damousi, Joy. *The Labour of Loss: Mourning, Memory and Wartime Bereavement in Australia*. Cambridge, UK; New York, NY: Cambridge University Press, 1999.

Damousi, Joy, and Marilyn Lake. 'Introduction: Warfare, History and Gender'. Joy Damousi and Marilyn Lake (eds.). *Gender and War: Australians at War in the Twentieth Century*. Cambridge, U.K.; Melbourne: Cambridge University Press, 1995, pp. 1-20.

Dawson, Graham. *Soldier Heroes: British Adventure, Empire and the Imagining of Masculinities*. London; New York: Routledge, 1994.

Fairburn, Miles. 'The Farmers Take Over (1912-30)'. Keith Sinclair (ed.). *The Oxford Illustrated History of New Zealand*, 2ed. Auckland: Oxford University Press, 1996.

Garton, Stephen. 'Return home: War, Masculinity and Repatriation.' Joy Damousi and Marilyn Lake (eds.). *Gender and War: Australians at War in the Twentieth Century*. Cambridge, U.K.; Melbourne: Cambridge University Press, 1995, pp. 191-204.

Garton, Stephen. *The Cost of War: Australians Return*. Melbourne; Auckland: Oxford University Press, 1996.

Gerber, David A. 'Introduction'. David A. Gerber (ed.). *Disabled Veterans in History*. Michigan: Michigan University Press, 2000, pp. 1-51.

Gerber, David A. 'Blind and Enlightened: The Contested Origins of the Egalitarian Politics of the Blinded Veterans Association.' Paul K. Longmore and Lauri Umansky (eds.). *The New Disability History: American Perspectives*, New York; London, New York University Press, 2001, pp. 328-329.

Gould, Ashley. 'Soldier Settlement in New Zealand after World War I: A Reappraisal.' Judith Smart and Tony Wood (eds.). *An Anzac Muster: War and Society in Australia and New Zealand 1914-18 and 1939-45*. Clayton, Vic.: Department of History, Monash University, 1992, pp. 114-129.

Gould, Ashley. 'Preparation for a Rural Future: Agricultural Training of New Zealand's First World War Soldiers.' John Crawford and Ian McGibbon

(eds.). *New Zealand's Great War; New Zealand, the Allies and the First World War*. Auckland: Exisle Publishing, 2007, pp. 378-393.

Hibberd, Dominic and John Onions (eds.). *Poetry of the Great War: An Anthology*. Basingstoke: Macmillan, 1986.

Hickel, K. Walter. 'Medicine, Bureaucracy, and Social Welfare: The Politics of Disability Compensation for American Veterans of World War I.' Paul K. Longmore and Lauri Umansky (eds.). *The New Disability History: American Perspectives*. New York; London: New York University Press, 2001, pp. 236-267.

King, Terry. 'Telling the Sheep from the Goats: 'Dinkum diggers' and Others, World War I.' Judith Smart and Tony Woods (eds.). *An Anzac Muster: War and Society in Australia and New Zealand 1914-18 and 1939-45*. Clayton, Vic.: Department of History, Monash University, 1992, pp. 86-99.

Larsson, Marina. *Shattered Anzacs: Living with the Scars of War*. Sydney: University of New South Wales Press, 2009.

Leadley, W. E. *How They Fared: an Illustrated Review of the Training and Re-establishment of Disabled Ex-servicemen by the Disabled Servicemen's Re-establishment League (Inc.), New Zealand after World War II*. Wellington: Govt Printer, 1949.

Longmore, Paul K. and Lauri Umansky. 'Disability History: From the Margins to the Mainstream.' Paul K. Longmore and Lauri Umansky (eds.). *The New Disability History: American Perspectives*. New York; London: New York University Press, 2001, pp. 1-29.

Marinelli, Robert P. and Arthur E. Dell Orto (eds.). *The Psychological and Social Impact of Physical Disability*, 2ed. New York: Springer Pub. Co., 1984.

McClure, Margaret. *A Civilised Community: A History of Social Security in New Zealand 1898 – 1998*. Auckland: Auckland University Press in association with the Historical Branch, Department of Internal Affairs, 1998.

McGibbon, Ian (ed.). *The Oxford Companion to Military History*. Auckland; Melbourne; Oxford: Oxford University Press, 2000.

Meyer, Jessica. *Men of War: Masculinity and the First World War in Britain*. Basingstoke; New York: Palgrave Macmillan, 2009.

Morton, Desmond and Glenn Wright. *Winning the Second Battle: Canadian veterans and the return to civil life 1915-1930*. Toronto: University of Toronto Press, 1987.

Neiberg, Michael S. *Warfare in World History*. London; New York: Routledge, 2001.

Nolan, Melanie. *Breadwinning: New Zealand Women and the State*. Christchurch: Canterbury University Press, 2000.

Oliver, W. H. 'The Origins and Growth of the Welfare State.' A. D. Trlin (ed.). *Social Welfare and New Zealand Society*. Wellington: Methuen, 1977, pp. 1 - 28.

Olssen, Erik. 'Depression and War (1931-49).' Keith Sinclair (ed.). *The Oxford Illustrated History of New Zealand*, 2ed. Auckland: Oxford University Press, 1996, pp. 211-235.

Phillips, Jock. *A Man's Country? The Image of the Pakeha Male, a History* Rev. ed. Auckland: Penguin Books, 1996.

Pratt, George K. *Soldier to Civilian: Problems of Readjustment*. New York; London: Whittlesey House, McGraw-Hill Book Company, inc., 1944.

Pugsley, Christopher. *The ANZAC Experience: New Zealand, Australia and Empire in the First World War*. Auckland: Reed Publishing, 2004.

Rice, Geoffrey W. *Black November: the 1918 influenza pandemic in New Zealand*, 2ed. Christchurch: Canterbury University Press, 2005.

Roche, Michael. 'Empire, Duty and Land: Soldier Settlement in New Zealand 1915-1924.' Lindsay J. Proudfoot and Michael Roche (eds.). *(Dis)placing Empire: renegotiating British Colonial Geographies*. Aldershot, England; Burlington, VT: Ashgate Pub., 2005, pp. 135-153.

Roper, Michael. *The Secret Battle: Emotional Survival in the Great War*. Manchester; New York: Manchester University Press, 2009.

Reznick, Jeffrey S. *Healing the Nation: Soldiers and the Culture of Caregiving in Britain during the Great War*. Manchester; New York: Manchester University Press, 2004.

Scotch, Richard K. 'American Disability Policy in the Twentieth Century.' Paul K. Longmore and Lauri Umansky (eds.). *The New Disability History: American Perspectives*, New York; London, New York University Press, 2001, pp. 375-395.

Segal, Lynne. *Slow Motion: Changing Masculinities, Changing Men*, 3ed. Basingstoke: Palgrave Macmillan, 2007.

Shontz, Franklin C. Marinelli, Robert P. and Arthur E. Dell Orto (eds.). *The Psychological and Social Impact of Physical Disability*, 2ed. New York: Springer Pub. Co., 1984, pp. 120- 126.

Simpson, Tony. *The Sugarbag Years*. Wellington: Alister Taylor Publishing Ltd, 1974.

Skilton, Hazel, *Work For Your Life: The Story of the Beginning and Early Years of Occupational Therapy in New Zealand*, Hamilton: Hudlo Printers, 1981.

Statistics New Zealand, *A History of Survival in New Zealand: Cohort Life Tables, 1876 – 2004*, Rev. ed. Wellington, 2006. URL: <http://www.stats.govt.nz/publications/populationstatistics/history-of-nz-survival.aspx>. Accessed 19 January, 2010.

Statistics New Zealand, *Life Expectancy (ex) by Age, Sex and Birth Cohorts: 1876 – 1935*. URL: http://www.stats.govt.nz/methods_and_services/access-data/tables/cohort-life-tables.aspx. Accessed 19 January, 2010.

Stout, T. D. M. *War Surgery and Medicine*. Wellington, 1954.

Tennant, Margaret. *Paupers and Providers: Charitable Aid in New Zealand*. Wellington: Allen & Unwin New Zealand Ltd and Historical Branch, Dept. of Internal Affairs, 1989.

Tennant, Margaret. *The Fabric of Welfare: Voluntary Organisations, Government and Welfare in New Zealand, 1840 – 2005*. Wellington: Bridget Williams Books, 2007.

Thomson, Alastair. *ANZAC Memories: Living with the Legend*. Melbourne: Oxford University Press, 1994.

Thomson, Rosmarie Garland. 'Seeing the Disabled: Visual Rhetorics of Disability in Popular Photography.' Paul K. Longmore and Lauri Umansky

(eds.). *The New Disability History: American Perspectives*. New York; London: New York University Press, 2001, pp. 335-374.

Toynbee, Claire. *Her Work and His: Family, Kin and Community in New Zealand 1900-1930*. Wellington: Victoria University Press, 1995.

Van Bergen, Leo. *Before My Helpless Sight: Suffering, Dying and Military Medicine on the Western Front 1914-1918*. Liz Waters (trans.). Farnham, Surrey, England; Burlington, VT: Ashgate Pub., 2009.

Williams-Searle, John. 'Cold Charity: Manhood, Brotherhood, and the Transformation of Disability, 1870 – 1900.' Paul K. Longmore and Lauri Umansky (eds.). *The New Disability History: American Perspectives*, New York; London, New York University Press, 2001, pp. 157-186.

Journals

Anderson, Julie and Ana Carden-Coyne. 'Enabling the Past: New Perspectives in the History of Disability.' *European Review of History*, Vol. 14, no. 4, December 2007, pp. 447-457.

Bornat, Joanna. 'A Second Take: Revisiting Interviews with a Different Purpose.' *Oral History*, Vol. 31, no. 1, 2003, pp. 47-53.

Bourke, Joanna. 'Masculinity, Men's Bodies and the Great War.' *History Today*, Vol. 46, no. 2, February 1996, pp. 8-11.

Bourke, Joanna. 'The Battle of the Limbs: Amputation, Artificial Limbs and the Great War in Australia.' *Australian Historical Studies*, Vol. 29, no. 110, April 1998, pp. 49-67.

Callister, Sandy. 'Broken Gargoyles': The Photographic Representation of Severely Wounded New Zealand Soldiers.' *Social History of Medicine*, Vol. 20, no. 1, 2007, pp. 111-130.

Carden-Coyne, Ana. 'Ungrateful Bodies: Rehabilitation, Resistance and Disabled American Veterans of the First World War.' *European Review of History*, Vol. 14, no. 4, December 2007, pp. 543-565.

Cooper, Nicola and Martin Hurcombe. 'Editorial: The Figure of the Soldier.' *Journal of War and Culture Studies*, Vol. 2, no. 2, 2009, pp. 103-104.

Deslandes, Paul R. 'The Male Body, Beauty and Aesthetics in Modern British Culture.' *History Compass*, Vol. 8, no. 10, 2010, pp. 1191-1208.

Francis, Martin. 'The Domestication of the Male? Recent Research on Nineteenth- and Twentieth-Century British Masculinity.' *The Historical Journal*, Vol. 45, no. 3, September 2002, pp. 637-652.

Gagen, Wendy Jane. 'Remastering the Body, renegotiating Gender: Physical Disability and Masculinity during the First World War, the Case of J. B. Middlebrook.' *European Review of History*, Vol. 14, no. 4, December 2007, pp. 525-541.

Garton, Stephen. 'War and Masculinity in Twentieth Century Australia.' *Journal of Australian Studies*, no. 56, 1998, pp. 86-95.

Gerber, David A. 'Heroes and Misfits: The Troubled Social Reintegration of Disabled Veterans in "The Best Years of Our Lives."' *American Quarterly*, Vol. 46, no. 4, December 1994, pp. 545-574.

Gould, Ashley. 'From Taiaha to Ko: Repatriation and Land Settlement for Maori Soldiers in New Zealand after the First World War.' *War and Society*, Vol. 28, no. 2, October 2009, pp. 49-83.

Inwood, Kris, Les Oxley, and Evan Roberts. 'Physical Stature in Nineteenth-Century New Zealand: A Preliminary Interpretation.' *Australian Economic History Review*, Vol. 5, no. 3, November 2010, pp. 262-283.

Keneley, Monica. 'Land of Hope: Soldier Settlement in the Western District of Victoria 1918-1930.' *Electronic Journal of Australian and New Zealand History*, 2004, URL: <http://www.jcu.edu.au/aff/history/articles/keneley2.htm>. Accessed 14 September 2007.

Koven, Seth. 'Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain.' *American Historical Review*, Vol. 99, Issue 4, October 1994, pp. 1167-1202.

Kowalsky, Meaghan. 'This Honourable Obligation': The King's National Roll Scheme for Disabled Ex-Servicemen 1915-1944.' *European Review of History*, Vol. 14, no. 4, December 2007, pp. 567-584.

Larsson, Marina. 'Restoring the Spirit: The Rehabilitation of Disabled Soldiers in Australia after the Great War.' *Health and History*, Vol. 6, no. 2, 2004, pp. 45-59.

Levine-Clark, Marjorie. 'The Politics of Preference: Masculinity, Marital Status and Unemployment Relief in Post-First World War Britain.' *Cultural and Social History*, Vol. 7, no. 2, June 2010, pp. 233-252.

MacRae, John and Keith Sinclair. 'Unemployment in New Zealand during the Depression of the Late 1920s and Early 1930s.' *Australian Economic History Review*, Vol. XV, no. 1, March 1975, pp. 35-44.

Molloy, Maureen. 'Citizenship, Property and Bodies: Discourses on Gender and the Inter-War Labour Government in New Zealand.' *Gender and History*, Vol. 4, no. 3, 1992, pp. 293-304.

Morecroft, N. E. J. "No Nation Ever Sent Forth Braver Troops to Battle': Images of the Soldier in Nineteenth-Century British Literature and Culture.' *When the Soldiers Return: November 2007 Conference Proceedings*, p. 88-96. Informit, URL: <http://www.search.informit.com.au/browsePublication;isbn=9781864999273;res=IELHSS>. Accessed 11 March 2010.

Murphy, Kate. 'The "Most Dependable Element of Any Country's Manhood": Masculinity and Rurality in the Great War and its Aftermath.' *History Australia*, Vol. 5, no. 3, December 2008, pp. 72.1-72.20.

Neale, Kerry. "Without the Faces of Men': the Return of Facially Disfigured Veterans from the Great War.' Martin Crotty (ed.), *When Soldiers Return: November 2007 Conference Proceedings*, 2007, pp. 114-120. Informit, URL: www.search.informit.com.au/browsePublication;isbn=9781864999273;res=IELHSS. Accessed 11 March 2010.

Nye, Robert A. 'Review Essay: Western Masculinities in War and Peace.' *American Historical Review*, Vol. 112, no. 2, April 2007, pp. 417-38.

Pope, Clayne L. and Larry T. Wimmer. 'Aging in the Early 20th Century.' *The American Economic Review*, Vol. 88, no. 2, May 1998, pp. 217-221.

Robson, L. L. 'The Origin and Character of the First A.I.F., 1914-1918: Some Statistical Evidence.' *Historical Studies, Australia and New Zealand*, Vol. 15, no. 61, 1973, pp. 737-747.

Saunders, Kay. 'Specimens of Superb Manhood': The Lifesaver as National Icon.' *Journal of Australian Studies*, no. 56, March 1998, pp. 96-106.

Uttley, Stephen. 'The Development of War Pensions Policy.' *British Review of New Zealand Studies*, no. 7, 1994, pp. 33-48.

Theses

Boston, Peter. 'The Bacillus of Work: masculinity and the rehabilitation of disabled soldiers in Dunedin 1919-1939.' BA (Hons) Thesis, University of Otago, 1997.

Keenan, Erin. 'A Maori Battalion: The Pioneer Battalion, Leisure and Identity, 1914-1919.' BA (Hons) Thesis, Victoria University of Wellington, 2007.

Melling, J. O. 'The N.Z. Returned Soldiers' Association, 1916-1923.' MA Thesis, Victoria University College, 1952.

Neal, Sarah. "Well-intentioned but Ill-fated': the New Zealand Government's Repatriation Scheme for World War One Returned Soldiers, 1915-1930.' BA (Hons) Thesis, University of Otago, 2001.

Parsons, Gwen A., "The Many Derelicts of the War'? Great War Veterans and Repatriation in Dunedin and Ashburton, 1918 to 1928.' PhD. Thesis, University of Otago, 2008.

Robertson, Marie Ann. 'They Were Never the Same After the War: The Mental Health of Returned World War I Soldiers and the Effect on Family and Community.' BA (Hons) Thesis, University of Otago, 2003.

Worthy, Scott Richard. 'Communities of Remembrance: The Memory of the Great War in New Zealand 1915-1939.' MA Thesis, University of Auckland, 2001.