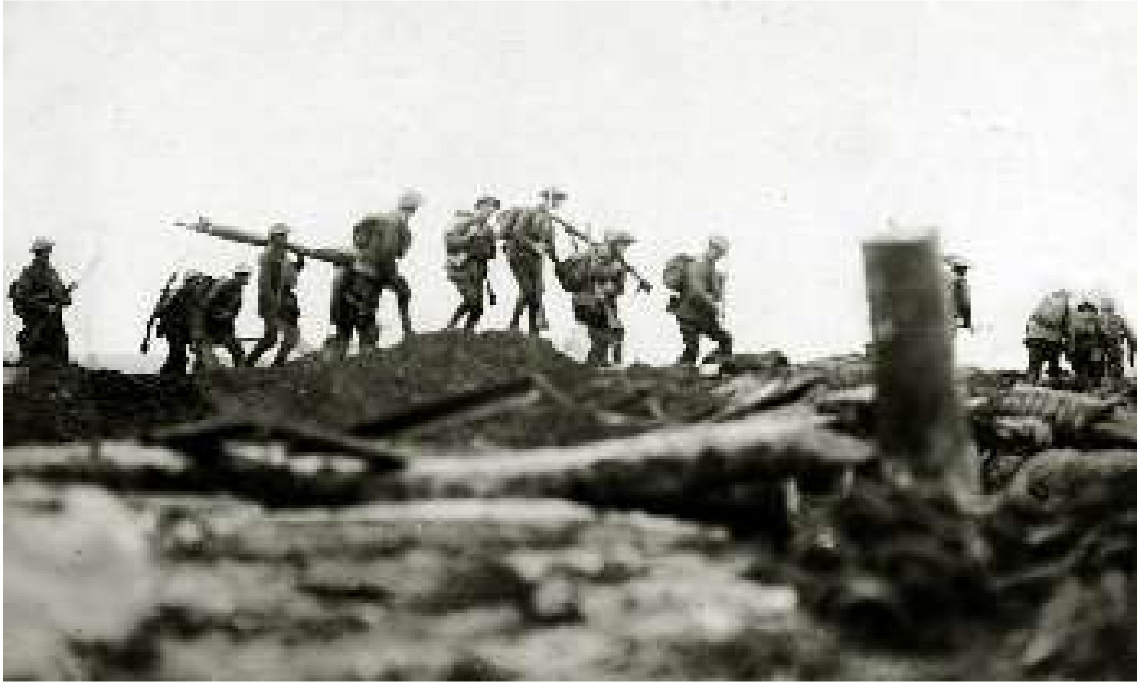

The Pioneers Project

This report is about our research that looked at how people with learning disabilities were involved in the First World War.

Contents

Introduction

There were two central aims of this research project. Begun during a period when the efforts of all of those who contributed, in whatever way, to the war effort of England and the Allies during World War One (WWI) were being remembered and celebrated, the researchers wanted to explore whether and how people with learning disabilities during WWI also contributed. We wanted to document this so that people with learning disabilities could be included as part of those being remembered. The second, and equally as important aim of this project, was to have people considered to have learning disabilities today, research and record this themselves. The project documents the fact that people with learning disabilities have always played a part in shaping the society in which we all live, whether that be through fighting in wars alongside their comrades, or by building and extending our knowledge of what happened in history. In this sense the project is a dual commemoration, of the skills, abilities and inputs of people with learning disabilities in history and in the here and now.

Before the development of long-stay residential facilities specifically for people with learning disabilities from 1870 onwards, in the specific area researched, Oxfordshire, this group would have been included in the two asylums for people with mental health issues in Oxford, Littlemore for 'Pauper lunatics' and Warneford for 'Fee paying lunatics', opened in 1826. The Warneford took in anyone who wasn't a pauper, with the bulk of those attending in the years after its opening being tradesmen, farmers and servants. Due to the lack of accuracy in defining what was a mental health problem and what was a learning disability it is likely that lunatic asylums, such as Littlemore, catered for both. Littlemore was the first provision for pauper lunatics in the county, opening in 1846. It was originally under the jurisdiction of the magistrates of the Oxfordshire Quarter Sessions and later of the County Council. During WWI it was transformed into a military hospital, the Ashurst War Hospital between May 1918 and August 1920. Littlemore was often overcrowded so there were agreements that Oxfordshire patients should be cared for in Bethnal Green, Buckinghamshire, Dorset, Worcestershire and Kent. This means potentially at least, people with learning disabilities from Oxfordshire could find themselves in different parts of the country far from home and family, a situation that, sadly, persists to this day.

People with a diagnosis, 'idiot', 'imbecile' and 'feeble-minded', terms which took shape during the latter half of the 19th century, also begin appearing in the records of Oxford's two workhouses, especially following 1913 as explained below. The Cowley Road workhouse details are contained within the annual Oxford Board of Guardians Reports, and post 1913 keep specific records of imbeciles and idiots. During WWI the workhouse became part of the 3rd Southern General Hospital used for treating injured military servicemen. Its name was changed to the Cowley Road Hospital in 1920. When the old Poor Law ended in 1929 the administration of the two workhouses, Cowley Road and London Road, was transferred from the Board of Guardians to the City's Public Assistance Committee.

After 1913, local authorities were required to find out how many people with mental deficiency there were in each parish, and to categorise people into specific groups – idiots, imbeciles, feeble minded – according to the levels of their perceived intelligence. This increasingly came to be measured by Intelligence Quotient, or IQ, tests. A range of IQ tests were developed from 1904 onwards, after two French medics, Alfred Binet (1857-1911) and Theodore Simon (1873-1961) developed early versions of them for the French authorities. The tests have a long, and highly contentious, history, with some regarding the idea of capturing something as complex as human intelligence in a simple test as complete nonsense. Nevertheless, the tests formed the basis upon which people were categorised and, potentially, incarcerated in learning disability hospitals around the UK from then on.

1913 is a date of specific significance since that year marks the passing of the Mental Deficiency Act, following recommendations made by the Royal Commission on the Care and Control of the Feeble-Minded, what was known as the Radnor Report of 1908. The Mental Deficiency Act was passed with only three MPs voting against it. One of them was Josiah Wedgwood, a huge opponent of the bill who said of it, "It is a spirit of the Horrible Eugenic Society which is setting out to breed up the working class as though they were cattle." The new act repealed the Idiots Act 1886. It established the Board of Control for Lunacy and Mental Deficiency to oversee the implementation of provisions for the 'care and management' of four categories of people which the act defined as follows:

a) Idiots. Those so deeply defective as to be unable to guard themselves against common physical dangers.

b) Imbeciles. Whose defectiveness does not amount to idiocy, but is so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so.

c) Feeble-minded persons. Whose weakness does not amount to imbecility, yet who require care, supervision, or control, for their protection or for the protection of others, or, in the case of children, are incapable of receiving benefit from the instruction in ordinary schools.

d) Moral Imbeciles. Displaying mental weakness coupled with strong vicious or criminal propensities, and on whom punishment has little or no deterrent effect.

At the height of operation of the Mental Deficiency Act, 65,000 people were placed in "colonies" or in other institutional settings. The act remained in effect until it was repealed by the Mental Health Act as late as 1959.

It is important to set out the terms of this act, and the categories it defined, as we explore the history of WWI. Clearly, if the definitions given above were adhered to strictly, then people with learning disabilities could have no place in the battle fields, nor in war industry either. They establish a context of identities for people with 'mental deficiency' as people incapable of learning, looking after themselves or taking on responsibility. But, as this research project has conclusively shown, people with learning disabilities did contribute to the war effort, in a wide variety of ways. This fact asks searching questions of the adequacy of the categories developed by the 1913 Act, categories which shaped the lives of hundreds of thousands of people with learning disabilities for the next half century at least, of the nature of the tests which claimed to be diagnosing people in each category, and of the underlying belief systems and supposed knowledge of the medical and political leaders who developed and used these categories then – and, in slightly amended form, still do today.

Methodologies

This was an inclusive research project, in which groups of people with learning disabilities linked with My Life My Choice (MLMC) in various ways played a range of research and research management roles as the project progressed.

We based our research approach on the work of Jan Walmsley and Kelly Johnson, in particular but not exclusively in their book 'Inclusive Research with People with Learning Disabilities'. In that, they talk about, amongst a great many other things, the three categories of roles that people with learning disabilities can play in any research project.

The first is in terms of acting as an advisory or reference group. Typically, in this role a lead researcher will draw on the experiences and expertise in their field of people with learning disabilities who will comment on and criticise what the researcher wants to do or has done. This has a number of benefits, especially with regard to practical issues. As Jan and Kelly say lead researchers benefit from advice 'on understandings, on issues they encounter as people with learning disabilities…and on putting things in ways that the respondents are likely to understand'. One of the key limitations of this category of roles for people with learning disabilities is that any control over the research process is limited and secondary – people can comment on ideas and research directions once they've been initially developed, without necessarily being able to drive them in the first place.

A second category of roles is for people with learning disabilities to act as co-researchers. This role implies an equal partnership, where a lead researcher might work with people with learning disabilities in order to pool expertise. Usually, this involves the researcher bringing his or her knowledge and research skills and people with learning disabilities bringing their unique perspective. This method has been widely used over the years in gathering the autobiographies and life stories of people with learning disabilities. This gives people with learning disabilities a greater opportunity to exert and maintain some degree of control over the research process, agreeing, beforehand, on research avenues and driving the directions the research will take through their responses to questions during interviews and the like.

Finally, Jan and Kelly talk about going beyond co-researching, with people with learning disabilities actually taking charge of the process itself. These types of research projects, with people with learning disabilities fully in charge, are quite rare, although there have been important occasions when people with learning disabilities taking charge of their own lives and futures has significantly shaped events. In the UK during the 1980s it was as a result of people with learning disabilities taking charge of their annual national conference, and asking the usual non-disabled facilitators to leave the conference hall, that Britain's People First movement really began. Though it is not fully taking charge, there may exist in a great many research projects opportunities for people with learning disabilities involved in them to take charge of at least parts of the project.

We applied these general ideas and theories to how we approached this research project and found that we used a combination of all three. A wide range of members of MLMC have been involved through the five years of the project, both as frontline researchers and as 'back-room' advisors. The initial research directions were shared with advisory committees, all of the practical elements of the research was co-researched and, at times, how we developed our findings into further research, and where we took the research next was decided on by the team of people with learning disabilities taking the lead themselves.

In terms of the details of how we actually gathered the data we're now reporting on, we used a range of research methods including interviews, field trips in the UK and abroad and archival research. Each of these elements was set up with an introductory meeting to discuss our next steps, with research groups free to contribute, criticise and guide in various ways. This stage was followed by the research activity itself and finally a further group meeting to reflect on what we'd learnt, the mistakes we'd made and how to rectify them and discussion of future activities. These stages did not necessarily always involve all of the research group together but all of the team worked hard throughout both the first and second phase of the research to make sure experiences and learning was shared as widely as possible.

We faced major problems in finding appropriate data. The first is that with the war beginning in 1914, one year after the passing into law of the 1913 Mental Deficiency Act, knowledge of a specific set of disabilities to do with intelligence was very sparse. The term 'mental deficiency' itself is likely to have been known to only a small number of army medics. It is unlikely that any of the army personnel responsible for recruiting, training, assigning and otherwise managing soldiers will have been familiar even with the term, let alone the set of symptoms perceived to indicate intellectual problems. The tests for mental deficiency were themselves disputed. There was no consistent test for intelligence levels in the British army recruiting system. As Steven Gelb shows, in the US, where a contested system was used in an experimental way, the results were disastrous, suggesting an average mental age of US soldiers of just 13. Fully a quarter of US soldiers were shown to have a mental age as low as 11 using these tests.

Given all of this uncertainty at the time that records were developing, as researchers we faced a quite Herculean task of finding suggestions, pointers towards and hints that a particular record was describing a soldier we would today recognise as having a learning disability.

Along with this, it is also the case, that given the constant shortages of soldiers due to the horrendously high levels of death, medical personnel and commanding officers were loath to accept any diagnosis which would result in a soldier being sent from the field of battle. There were a number of examples where soldiers were returned again and again to the front if it could be argued that they were physically able, despite having what were clearly terrible and recurrent breakdowns. Our research contributes to a known field of knowledge in this regard.

The variety of records, their number, the huge number of places in which they were archived also presented us with huge practical problems so that, at times, it did feel a little like looking for a needle in a haystack (that was wondering around the country!) That the research team persevered and produced a project of value is great testimony to their dedication, persistence and skill.

Other common problems we faced, as the MLMC research team recognised, included:

- Census and other information is blocked for 100 years so that much of the information we have been looking for is only slowly dripping into the public view. For example, the 1921 census hasn't been published yet. As more of these historical documents become available they might help us develop the information we have found and build up the personal details and family links of some of the soldiers already discovered.

- There are on-going problems filling out fuller stories from the few pieces of information we do find because things like photos and personal possessions weren't either available or weren't highly valued. Most of the photographs of patients and soldiers we have found didn't include people's names, while possessions of patients were discarded. The MLMC team rightly point out that this makes it hard to remember or get to know the people we discover.

- Poor preservation of historical artifacts makes things very difficult. In learning disability studies this is a particularly well recognised phenomenon with, sometimes, whole buildings and institutional records being destroyed. It is also the case that in many cases authorities are loathe to share historical records of learning disability institutions or of the people who lived in them.

Findings One

The first phase of this research project began in 2016. Before we moved on to the central theme of the project it was important to set our research in two broader contexts – that of the idea and knowledge base of a history of learning disability; and that of the history of WWI itself. We did this in a day's long session at Ruskin University, where the lead researcher Dr Lee Humber was at that time based.

It is important to include this in the findings section of this report since the teaching methods used in this session might be described as immersive. The room in which this general session took place was completely taken over by WWI and history-learning materials, with posters, books, leaflets a PPT session, a question and answer session and so on. This approach was based on Lee's belief that learning is profoundly shaped by environments, a belief fundamentally informed by the extensive work of the great learning disability academics like Jack Tizard, Peter Mittler and others. It is argued here that this session proved to be an ideal platform from which to launch and then sustain a research project that has subsequently lasted for four years, drawing in tens of researchers in various capacities to the two core teams.

The second element of this first phase of the project was to visit, become familiar with and develop confidence in dealing with historical archives. Again, context was everything in this case facilitated by two key elements – the hugely impressive nature of the two archives themselves (The Oxfordshire History Archive in Cowley, and the Soldiers of Oxford Museum in Woodstock); and the hugely supportive response and guidance from the archive staff. This is a major finding of the whole project, in fact. The response from staff in all of the archives and facilities we visited was at all times to approach this as an important research project and to deal with the research teams in professional, accommodating but serious ways. At no time did the teams report feeling patronised or talked down to in any way, supporting their belief in themselves and the value of the project.

The trip to the battlefields in France and Belgium was, perhaps, the crowning glory of this first phase. It was inspired after Lee read the publication, The Truce Times, which documents the sculpting of a statue to commemorate the famous football match between English and German troops which took place on the first Christmas of the war, December 2014. Artist Andy Edwards sculpted the monument with his team at Castle Fine Arts near Liverpool in the closing months of 2014. It was first sited on the grounds of St Luke's church in Liverpool, which had been bombed out during WWII, before being moved around various sites in the city, finishing off outside the Stoke City football ground, Andy's home team. The town outside of which the 1914 football match took place is Messines, in France, and the statue arrived there early in 2015 where it was very warmly welcomed. Andy says 'it was like the people there had been waiting for our monument all their lives'.

The research team visited in early 2017 and it is not possible to capture the profound effect this incredibly moving trip had on them. Suffice to say, those that went experienced the history of WWI at deeper levels than any number of classroom-based sessions possibly could. By the time of the trip we firmly believed, as a research team, that people with learning disabilities had fought in the war and that it was a matter of persisting in order to find the evidence so that the lists of the dead, the destruction and mayhem the French and Belgium commemorations express included the history of people with learning disabilities. The research team that went out was made up of young men, all of whom were of an age that would have been conscripted or gone out. So, there was a personal identification with the soldiers who might have fought and died a hundred years ago felt by the research team.

From our various researches, compiling lists and comparing records across the archives we'd examined and visits we'd undertaken, by the end of this first phase of the project we had a short list of names of people with learning disabilities who, we speculated, were likely to have joined up. It was left to the second phase of the project, with another research team drawn from My Life My Choice, to actually find proof that people with learning disabilities had been involved.

Findings Two

Building on leads we had established in the first phase of this project, early on in the second phase we found the evidence we'd been looking for. These we got from two sources. The first was from a field trip to Lancaster where we visited the Royal Albert Hospital, one of the oldest long-stay institutions for people with learning disabilities in the UK. For many years, a Roll of Honour was displayed in the entrance hall to the main building listing sixteen former residents who went to war. This has now been moved to the Kings Own Royal Regiment museum in Lancaster itself. The names of the sixteen are included in the presentation and online exhibition the MLMC research team are putting together as this is written. The research team are now in the process of attempting to fill in some of the missing details for this list of names, searching back using MyHeritage and other methods. It's a painstaking and detailed task. One person we'd already found was Joseph Stables.

Joseph arrived at the Royal Albert at the age of 7 in 1900, being directly transferred from the imbecile ward of the Bootle Workhouse in Liverpool. At the age of 14 he was placed in the tailoring workshop and stayed there until he was discharged at the age of 22 on August 9, 1915. On 28th September he joined the Kings Own Lancaster Regiment, 7th Battalion. He served in France, fighting at the Battle of Somme. In 1916 he was shot in the head at the Battle of Ancre and died from his wounds. Fifteen other ex-Royal Albert residents fought in the war, all of the others returned home.

Epilepsy was one of a collection of conditions that was considered to indicate someone with a learning disability. Records of soldiers behaving in non-normal ways because of epilepsy include the following: Private J Halpin, ex Royal Irish Regiment, 3rd Echelon, serving in the 146 Labour Company, Labour Corp in March 1919. He was released from arrest and sent to D Block, Royal Victoria Hospital, Netley, near Southampton, for 'further treatment'. Through earlier investigations we found that soldiers suffering from injuries related to mental wellbeing were sent to Netley Hospital in Southampton and specifically to 'D Block'. Halpin had been arrested after shooting dead one German prisoner and injuring three more following reporting sick on the morning of February 10th with pains in his head.

The second source of names we found was through records held at the National Archives in Kew Gardens, London. Through looking first at records from various field hospitals – medical centres in France and Belgium – we found a number of D Block records in the Kew Archives and from these found a number of references to soldiers with learning disabled-related diagnosis. Some examples are as follows:

Arthur Pew, 19th Kings Royal Rifles Corps, described as having come into the army from an asylum where he 'was considered to be a mental deficient'.

Charles Adams, 25, 9th Rifle Brigade, described as 'This patient is obviously feeble-minded'.

Robert Douglas, 19, Durham Light Infantry, 'Imbecility. He is dull and listless'.

John Shaw, 22, Royal Warwick Regiment, 'Unintelligent. Dull in understanding'.

Robert Shackleton, 20, Royal North Lancs. 'Dull, confused, incoherent, rambling'.

Samuel Moore, 22, 'Stupid looking'.

There are around 30 other examples of similarly diagnosed individuals. As this short excerpt from the fuller list shows and as we discussed in the Methodolgies section, the terms and language used to describe soldiers presenting with a range of intellectual conditions is itself wide-ranging and inconsistent. Whilst terms like ‘imbecility’ and ‘feeble-minded’ suggest more accuracy, terms like ‘dull’ and ‘stupid-looking’ are less so but still suggestive. Follow up studies to see if more details can be found will be important.

Arthur Pew’s records are particularly interesting. Arthur was a Lance Corporal – he had a rank. He commanded other soldiers and had a certain amount of responsibility. Also, he's in the rifle corps. This means he was front line in a specialist – and skilled – corps. Clearly, his history – and his previous diagnosis as a 'mental defective' – is known. So, he's signed up, been good enough to get himself into the rifle corps, a skilled and specialist division, where he's been given responsibility over other soldiers. If you look again at the categories of the 1913 Mental Deficiency Act, Arthur’s wartime record would seem impossible. This tells us a great deal about the inadequacy and misleading nature of the label 'mental defective'. It asks huge questions of the medical approach and knowledge being used to squeeze human beings into severely limiting medical categories.

A further, more general finding came as a result of the trip to the Royal Albert Hospital, which we approached from a number of perspectives. We were guided around the building by a former staff member there, Steve. He found the experience frightening and very sad. Lee had read extensively about institutions and their practices, and had seen the outside and knew of the Royal Albert but this was his first trip around the inside. He found the experience profoundly enlightening, and depressing. For the member of the research team, Ruby, who had been relatively unaware of learning disability history before the project, it was like a whole new and very sad world. After visiting the Royal Albert Hospital Ruby said she felt like her eyes had been opened to how people with learning disabilities had been treated. She said that it was really sad and that she was very happy that most people with learning disabilities today aren't treated like that. It was clear that each person’s perspective contextualised and generated a different range of meanings to and from the experience, linked together by the overwhelming sadness of the place and its history of lost lives.

Importantly, Ruby also pointed out that the history of learning disability institutions, and the poor conditions and abuse that so very often occurred there over the 120 years or so of their existence, shows there's more to be done today. Ruby described how people are still held in hospitals, like Winterbourne View and St Andrews, and are still abused. Indeed, the modern trend is for people with learning disabilities to be held in bigger institutions, run by private companies, in a move away from the smaller living accommodation approach that grew up during the 1980s and 1990s.

Conclusion and Discussion

Fixed identities

What the research suggests is that, like everyone else in society, identities for people with learning disabilities are not fixed but are governed by the social contexts people find themselves in. In the learning disability institutions or the workhouse, places where individuals of all types are often in their lowest and most vulnerable states, people were considered to be ‘mentally deficient’. At the front during WWI, the same person could be a lance corporal in a rifle regiment, considered capable of taking command of other soldiers.

From the beginning of this project we were conscious that we were challenging the received wisdom associated with people with learning disabilities, in the process attempting to re-insert them in a phase of history they had been written out of, namely WWI. It has been recognised, quite rightly and still not to a sufficient degree, that women played an essential role in both military and industrial capacities during war. Also, it is acknowledged, again on the fringes of research but significantly, that Chinese and Indian soldiers played important combat and support roles. To this point, the contribution in military capacities of people with learning disabilities during war had not been acknowledged at all. Still, their role as part of the munitions and other non-military workforce has not been unearthed, a key missing part of our research so far which it remains important to address. Our research does, however, conclusively show that during WWI numbers of people with learning disabilities signed up and fought at the front.

It is also clear, given that many of the institutions in which people with learning disabilities were housed until wartime were re-purposed as military hospitals, that former residents will have been moved out. As far as our research illustrates these individuals do not show up back in the workhouse. Neither have we come across records of people with learning disabilities dying on the streets so, the historical suggestion seems to be that people coped beyond the walls of the institutions. This begs questions of the purpose and raison d’etre of large, residential institutions. Jack Tizard’s work in the years immediately after WWII, along with the more readily available records of people with learning disabilities in the general workforce during this later period, both ask a very similar question – why were these individuals in residential institutions in the first place?

The project also presents another challenge, building on the pioneering work of the many talented and determined researchers and activists who during the 1980s tore down the walls of social exclusion, to the idea that people with learning disabilities can’t learn, can’t discover, can’t shape their own knowledge journeys. The leading roles played by the members of the two research teams at the core of this four-year project repeatedly show this to be nonsense, in the process expressing the wisdom and insight these research teams collectively possess.

Future research

A topic of particular interest to members of the MLMC research team was with regard to learning disability hospital buildings. They were interested in finding how many were still standing and asked what should happen to them, should they be preserved and remembered for what they were, or should they be re-purposed? How many of these old buildings had already been knocked down and in what circumstances. For example, the two oldest institutions in the London and Home Counties area were Leavesden Hospital in Hertfordshire and St Lawrence's Hospital in Caterham, Surrey. Both were built in the 1870s, commissioned by the Metropolitan Asylums Board to cater specifically for people with learning disabilities, at that point in history first appearing in medical diagnosis as a specific group of people. While some Leavesden buildings remain, St Lawrence's hospital has been raised to the ground, leaving no physical record of the tens of thousands of people who passed through its doors. The group wondered, is that right? Shouldn't some commemoration of the building – and its residents – exist?

Wallingford Farm Training Colony. This had 83 residents in 1918 and took in 'the unemployables most of whom were not only educationally backward but some subnormal, maladjusted or epileptic'. Where did these individuals go during the war? Did they stay at the colony, go to war or, in the context of labour shortages on the home front, did they find work with local employers in industry and agriculture?

Special constables. The Special Constables Act of 1831, and then of 1914 'permitted the recruitment of additional support for the depleted Police Force for the duration of the war'. By 1917 'Their numbers in the city are now 166 and under revised arrangements 18 of them patrol every evening from 7.00 to 10.pm'. Did people with learning disabilities join?

Women with learning disabilities

Women police patrols. 'The movement was started in October last by the National Union of Women Workers with the sanction and under the direction of the Home Office.' First woman Police Constable was appointed to the City of Oxford in 1917.

Home for Feeble Minded Girls, 19 New Inn Hall Street. As the 1916-1917 Kelly's Directory shows during the latter stages of the war a specific home for 'feeble minded' young girls was opened. Records of this institution, if they could be found, would be of great use in developing a narrative of women with learning disabilities during this period.

Oxford Munitions Board. The car manufacturer, Morris', began production in 1913. In 1915 the company changed its name to 'WRM Ltd' and moved to the Cowley Road Factory, the site of the current Mini Plant over a century later. From 1915 the company produced hand grenades then shells and became the Trench Warfare Factory post 1916. Alongside this industry, across Oxford a variety of munitions and war clothing manufacturers sprang up, all of whom needed labour. It is widely known that both munitions and the clothing trade employed large numbers of women workers during WWI. These potential research areas, and other specific areas could be added to these, open up the much wider possibilities of exploring the specific history of women with learning disabilities during this period. Ruby from the second phase of the MLMC research team is particularly interested in exploring this topic area in more depth.

Other local employers who would have been in desperate need of labour during the war include such large-scale employment sectors as the Oxford Great Western Railway and the Swindon Rail Works and munition factories. We also know that 1303 men were registered as being in domestic service during war. Did people previously thought of as being unemployable because of a learning disability find work in these areas during war?

Sources and Archives

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4. County Medical Officer of Health for Oxford
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24. Charity Organisation Society, Oxford

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