

**Disabled Revolutionary War Veterans and
the Construction of Disability in the Early
United States, c. 1776–1840**

Daniel Blackie

Academic Dissertation

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ABSTRACT

In this thesis, I address the following broad research question: what did it mean to be a disabled Revolutionary War veteran in the early United States during the period from 1776 to roughly 1840? I approach this question from two angles: a state-centred one and an experiential one. In both cases, my theoretical framework comes from disability studies. This means that I view disability as a sociocultural phenomenon rather than a medical condition.

The state-centred approach of the study explores the meaning of disability and disabled veterans to the early American state through an examination of the major military pension laws of the period. Based on my analysis of this legislation, particularly the invalid pension acts of 1793 and 1806, I argue that the early United States represents a key period in the development of the modern disability category.

The experiential approach, in contrast, shifts the focus of attention away from the state towards the lived experiences of disabled veterans. In doing so, it seeks to address the issue of whether or not the disabilities of disabled veterans had any significant material impact on their everyday lives. It does this through a comparison of the situation of 153 disabled veterans with that of an equivalent number of nondisabled veterans. The former group received invalid pensions while the latter did not.

In comparing the material conditions of disabled and nondisabled veterans, I draw on a wide range of primary sources from military records to memoirs and letters. The most important sources in this regard, however, are the pension application papers submitted by veterans in the early nineteenth century. These provide us with a unique insight into the everyday lives of veterans. Looking at the issue of experience through the window of the pension files reveals that there was not much difference in the broad contours of disabled and nondisabled veteran life. This finding has implications for the theorisation of disability that are highlighted and discussed in my thesis.

The main themes explored in the study are: the wartime experiences of injured American soldiers, the military pension establishment of the early United States and the legal construction of disability, and the post-war working and family lives of disabled veterans.

Keywords: disability, early America, veterans, military pensions, disabled people, Revolutionary War, United States, disability theory.

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Daniel Blackie

Helsinki, June 2010

~ Introduction ~

In the summer of 1820, Ebenezer Brown, an American veteran of the Revolutionary War, stood before a judge in open court. Brown had travelled from his home in Newton, Massachusetts to the nearby town of Concord, where the court was being held, to submit details of his personal circumstances. Given under oath, this information was written down by clerks and appears in the official records of the court as follows:

SCHEDULE,

containing his whole estate and income, his necessary
clothing and bedding excepted, to wit,

One bureau.....	6. ~
Three old tables.....	4.
Eleven old chairs.....	4.
Two old chests of drawers.....	4.
One looking glass.....	3.
Iron ware.....	2.50
Twelve knives & forks.....	1.50
One pair of handirons.....	1.25
shovel & tongs.....	1.50
Crockery ware.....	4.00
Tea tray & spoons 4 in number.....	4 ~
Two spinning wheels	2.
One hoe 30 1 rake 25.....	0.55
Two candlesticks & one lamp.....	0.50
	38.80 ~

He has no demands against any person, keeps house has a wife and two children one a son who is a cripple and a daughter[.] is sixty three years of age is and has been unable to labor by reason of a severe wound in the shoulder received in the service at the taking of Burgoyne [in 1777]~ He served during the Revolutionary war in the Continental service and by reason of the wound aforesaid and his utter inability to labor he had a pension settled upon him by the United States of eight dollars a month which he relinquished to obtain the pension he now receives ~ Few men served longer in the Revolutionary army suffered more in that service or remain in more destitute circumstances...¹

This statement was part of Brown's efforts to ensure he continued to receive the military pension awarded him by the United States Government two years earlier. Brown, along with over 25,000 other veterans of America's War of Independence (1775–1783), had applied for a pension under the terms of the landmark Revolutionary War Pension Act of 18 March 1818.² This granted pensions for life to impoverished veterans of the American Continental Army and Navy who had served for a minimum of nine months or until the war's end.³ When they had approved the law, legislators had assumed that no more

¹ Ebenezer Brown's military pension file. US National Archives Microfilm Publication M804, *Revolutionary War Pension and Bounty-Land Warrant Application Files*, Records of the Department of Veterans Affairs, Record Group 15, file number W8382. Subsequent references to pension files found on microfilm M804 are cited PF followed by the file number.

² A military conflict between Britain and her thirteen mainland North American colonies, the Revolutionary War (1775–1783) is also commonly referred to as the American War of Independence. As the conflict's alternative appellation makes clear, the main outcome of the war was the independence of the United States. For a military history of the war, see: John E. Ferling, *Almost a Miracle: The American Victory in the War of Independence*. New York: Oxford University Press, 2007.

The figure for the number of pension applicants comes from John P. Resch, *Suffering Soldiers: Revolutionary War Veterans, Moral Sentiment, and Political Culture in the Early Republic*. Amherst: University of Massachusetts Press, 1999, 142. Resch's book also gives a good account of the passage of the Revolutionary War Pension Act of March 1818 (93–118).

³ 'An act to provide for certain persons engaged in the land and naval service of the United States, in the Revolutionary War', 18 March 1818. United States, *The public statutes at large*

than two thousand veterans would apply for a pension.⁴ Believing the cost to the nation would be fairly small, Congress had not thought it necessary to subject applicants to a formal means test. Instead, would-be pensioners were simply required to state under oath that they were in ‘reduced circumstances in life’ and stood ‘in need of assistance from...[their] country for support’. No further proof of poverty was demanded.⁵ Congressmen soon came to regret this decision, however, when they realised just how many veterans were still alive and prepared to apply for a pension under the terms of the law.

Shocked by the tens of thousands of old soldiers who came forward to claim pensions and suspecting fraud, lawmakers amended the Pension Act on 1 May 1820. As a result of the new law, men who had received pensions under the act of 1818 were required to submit schedules of their property along with details of their families and working lives so that pension officials could determine just how poor claimants really were. Until a pensioner had done so, his pension was to be suspended. Furthermore, if the evidence eventually produced was not sufficient to convince the Pension Office of an applicant’s ‘indigent circumstances’, his pension was to be stopped permanently.⁶ It was to comply with these new regulations that Ebenezer Brown went to Concord in the summer of 1820 to make the declaration quoted earlier. Fortunately for Brown, his efforts paid off and his reapplication for a pension was approved.

As a result of the amended Pension Act of 1820, around 20,000 veterans submitted declarations similar in content to Ebenezer Brown’s.⁷ These documents, held in the US National Archives, constitute a rich historical source. As Brown’s declaration illustrates, the pension papers produced as a result of the 1820 act provide historians with valuable insights into the military, family, and economic lives of Revolutionary War veterans. To a large extent, it is my analysis of the information contained in these documents that lies at the heart of this study.

of the United States of America. Boston: Charles C. Little and James Brown, 1845–46, vol. 3, 410–411.

⁴ John P. Resch, ‘Federal Welfare for Revolutionary War Veterans’, *Social Service Review* 56 (1982), 172.

⁵ 1818 Act, *Statutes at large*, vol. 3, 410.

⁶ ‘An Act in addition to an act, entitled “An act to provide for certain persons engaged in the land and naval service of the United States, in the revolutionary war...”’, 1 May 1820, *Statutes at large*, vol. 3, 569–570; Resch, *Suffering Soldiers*, 119–145.

⁷ Resch, *Suffering Soldiers*, 203.

Research Questions and Objectives

I am certainly not the first scholar to systematically mine the pension files of Revolutionary War veterans to advance my historical interpretations. Historians have long realised the value of Revolutionary War pension records.⁸ Several have even published studies based in large part on extensive research into the pension papers submitted by veterans in the 1820s.⁹ The historiographical contribution my study makes lies, then, not so much in the source material, nor, for that matter, the methodological approach I employ in developing my arguments, but more in the questions I ask of that material.¹⁰ Those questions relate to the almost completely neglected topic of disability in the early United States and the experiences of disabled Revolutionary War veterans in particular. The broad question I seek to address in this study can be succinctly stated as follows: what did it mean to be a disabled Revolutionary War veteran in the United States during the period from 1776 to roughly 1840? The answers I offer to that question illuminate aspects of the construction and consequences of disability in early American society.

I have explored the question of what it meant to be a disabled veteran in the early United States from two perspectives. The first of these perspectives examines the meaning of disability to the American state by focusing on the pension provisions made by Congress for injured soldiers of the Revolutionary War. The second perspective considers the meaning of disability as a lived experience by looking at the everyday lives of disabled veterans.

⁸ Constance B. Schulz, 'Revolutionary War Pension Applications: A Neglected Source For Social and Family History', *Prologue*, 15 (1983), 103–114. As Schulz's article makes clear, Revolutionary War pension files do not only contain documentation generated as a result of the Pension Acts of 1818 and 1820; they also contain papers filed in response to other pension laws enacted in the nineteenth century. For an example of one of the earliest studies to make extensive use of the pension files, see John R. Sellers, 'The Common Soldier in the American Revolution' in S. J. Underdal (ed.), *Military History of the American Revolution: Proceedings of the 6th Military History Symposium, United States Airforce Academy, 10–11 October 1974*. Washington D.C.: Office of Airforce History, 1976, 151–161.

⁹ Resch, 'Federal Welfare', 171–195; Resch, *Suffering Soldiers*; Emily J. Teipe, *America's First Veterans and the Revolutionary War Pensions*. Lewiston, NY: Edwin Mellen Press, 2002, and Paula A. Scott, *Growing Old in the Early Republic: Spiritual, Social, and Economic Issues, 1790–1830*. New York: Garland Publishing, 1997.

¹⁰ Methodologically speaking, the work of John Resch, cited earlier, has been particularly influential on my approach in this study. As subsequent footnotes will testify, I have found Resch's statistical analysis of applications filed in response to the Pension Act of 1820 a useful model in developing my own quantitative techniques. Resch's statistical findings are summarised in his article, 'Federal Welfare'.

The first, state-centred, approach is used to address the question of how national policymakers defined and identified disability when they granted invalid pensions to disabled veterans. This approach helps to contextualise the experiences of veterans by revealing the process through which they became invalid pensioners. In doing so, it also sheds light on the discursive and legal construction of disability in the early United States. The experiential perspective, in contrast, is used to probe the question of whether or not disability had a significant impact on the social position of invalid pensioners. Indeed, it is this perspective that constitutes the main thrust of my study. In the pages that follow, I have tried to write an account of disability that foregrounds the lived experience of disabled veterans. My aim in doing so is to present a picture of disability that establishes disabled veterans as real people rather than the faceless objects of federal policy.

In the next section I outline the sources and methods I have used to achieve this goal.

Sources and Methods

When Ebenezer Brown made his pension declaration in a Concord courtroom in the summer of 1820, it was not the first time he had appeared before a judge regarding the issue of military pensions. His initial application for a pension under the Revolutionary War Pension Act of 1818 was also given under oath before a Massachusetts judge.¹¹ Yet, even that application did not represent the beginning of Brown's dealings with the US Pension Office. Brown had a much longer experience of the national military pension system than most applicants under the acts of 1818 and 1820 did. As is clear from the excerpt from his pension file quoted earlier, Brown had also received an invalid pension prior to 1818 for the 'severe wound' he had received 'at the taking of Burgoyne' in 1777.¹²

¹¹ Brown's original application for a service pension, dated 31 March 1818, can also be found in his pension file held in the National Archives. Ebenezer Brown, PF, W8382.

¹² Brown's mention of the 'taking of Burgoyne' is a reference to the famous American victory at the Battle of Saratoga, New York in 1777. This 'battle' actually consisted of two separate engagements fought on different days. The First Battle of Saratoga occurred on 19 September while the Second Battle took place eighteen days later on 7 October. British forces during the two battles had been commanded by General John Burgoyne. Other documents found in

Congress had established the invalid pension programme for injured Revolutionary soldiers in 1776, while the war was still being fought, in an effort to encourage enlistments in the American army. This programme continued into the post-war period, and many wounded veterans, including Brown, were able to successfully apply for invalid pensions after the conflict had ended.¹³

Revolutionary War veterans like Brown, who benefitted from the invalid pension scheme and also made declarations according to the terms of the 1820 Pension Act, constitute the major focus of my study. The reason I have targeted these disabled veterans is that their cases are generally the best documented of all invalid pensioners.

Applicants for an invalid pension had to demonstrate that they were injured during the war and that their injuries stopped them labouring for a living. The application papers produced as a result of this requirement include useful details about a claimant's military service and the nature and cause of his injuries. Clearly, these papers are of great potential interest to a study such as mine. Unfortunately, most of these documents were destroyed by fire in the early nineteenth century when the federal buildings housing them were set ablaze, first, accidentally, in 1800, and then deliberately in 1814, when British troops set fire to parts of Washington, D.C. during the War of 1812.¹⁴

It is partly because of the paucity of pre-1814 invalid pension papers that I have chosen to concentrate on invalid pensioners who made applications under the Pension Act of 1820. As Ebenezer Brown's declaration quoted earlier indicates, many of the disabled veterans who applied for pensions under this law provided pension officials with fresh accounts of their injuries. Because of this, much of the information lost in the fires of 1800 and 1814 is actually duplicated in the subsequent pension applications disabled veterans submitted in the 1820s.

Brown's pension file indicate that he was wounded in the first of these two engagements. Ebenezer Brown, PF, W8382. For an account of the Battle(s) of Saratoga, see: Mark M. Boatner, *Encyclopedia of the American Revolution*. Third edition. Mechanicsburg, Pa.: Stackpole Books, 1994, 970–978.

¹³ William H. Glasson, *History of Military Pension Legislation in the United States*. New York: Columbia University Press, 1900, 14–33. I discuss US invalid pension legislation for Revolutionary War veterans in greater detail in Chapter Three.

¹⁴ Murtie June Clark, *Index to US Invalid Pension Records, 1801–1815*. Baltimore: Genealogical Publishing Co., 1991, xiii–xiv.

The other main reason why I have chosen to target the files of pensioners who applied under the Pension Act of 1820 lies in the fact that these files are simply very useful for answering the questions I seek to address in this study. The declarations disabled veterans made in response to the act of 1820 tell us much more about their lives than the papers they had to submit for their invalid pensions. Invalid pension applications, for instance, did not have to include details about an applicant's household, occupation, estate, or income, while pension applications under the 1820 act did. Clearly, these details lend themselves well to a study of the quotidian experiences of veterans. In the pages that follow, I build on this information to outline the main contours of the everyday lives of ex-servicemen. In doing so, I argue that the 'disabilities' of disabled veterans were perhaps not as significant to the daily existence of those men as we might first assume.

The conclusions I advance regarding the lived experience of disabled veterans rest, in large part, on an examination of the pension files of 153 former invalid pensioners who submitted applications under the act of 1820. These veterans are properly referred to as *former* invalid pensioners because the vast majority of them had surrendered their invalid pensions before 1820. This was a consequence of a legal proviso stating that invalids had to give up their disability benefits before they could take up pensions under the acts of 1818 and 1820. It is this requirement that Ebenezer Brown was referring to when he drew the court's attention to his 'relinquished' pension in his testimony of 1820.

Invalid pensioners like Brown who gave up their invalid pensions for the benefits of the 1818 and 1820 acts had a financial incentive do so. The pension rates offered under the new scheme, at \$20 a month for officers and \$8 for all other ranks, were often more generous than the sums they received as invalids.¹⁵

¹⁵ 1818 Act, *Statutes at large*, vol. 3, 410. The monthly rate of a full invalid pension for privates and non-commissioned officers at this time was also \$8, while higher rates were paid to officers depending on rank. Not all invalid pensioners received the top rates prescribed by the law, however. This is because the invalid pension scheme operated on the principle of proportionate rates, whereby invalids were pensioned at a rate commensurate to their level of disability. The sum for a full pension served as the reference point for determining the rates to be paid to pensioners considered less than fully disabled. Veterans who had served as privates and were assessed as 50% disabled, for instance, received an invalid pension of \$4 a month. In many cases, then, the pension sums invalid pensioners received were less than the rates offered under the terms of the 1818 and 1820 acts. 'An Act to increase the pensions of invalids...', 24 April 1816, *Statutes at large*, vol. 3, 296–297.

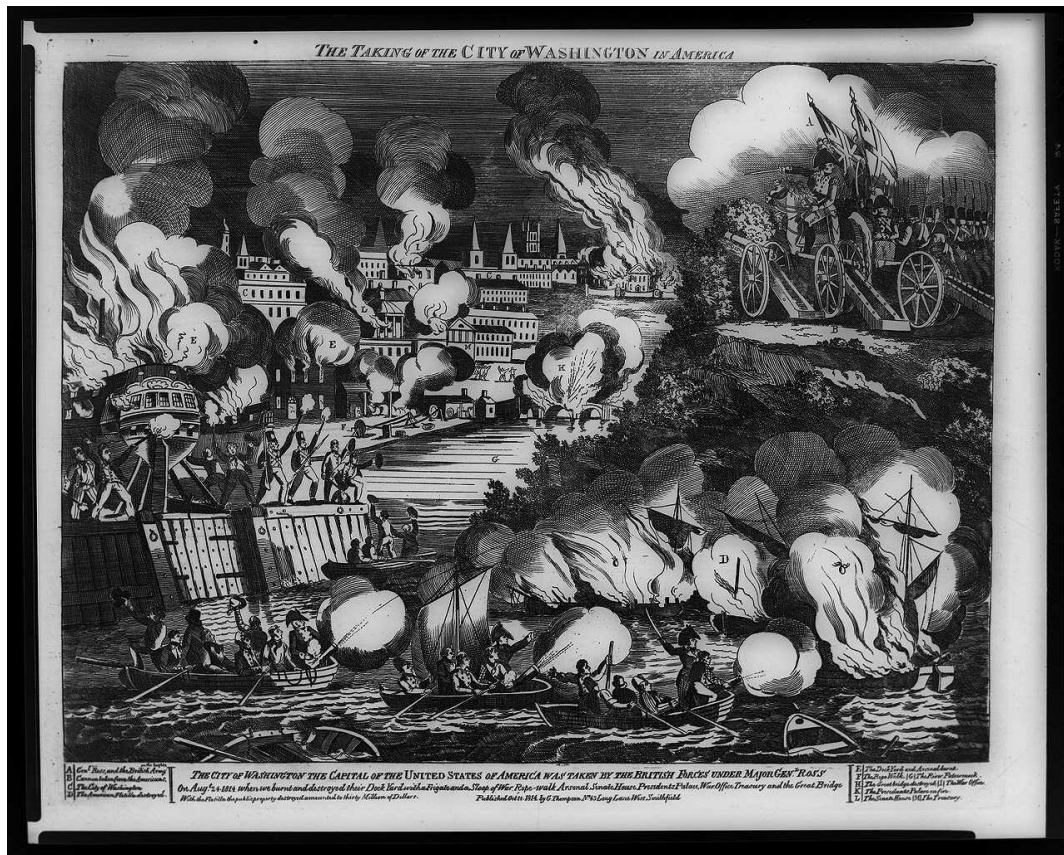


Figure 1. ‘The Taking of the City of Washington in America’. Print of a wood engraving published (probably in London) by G. Thompson, 14 October 1814.¹⁶ It was due to the fires started by the British during the invasion of the US capital that many invalid pension papers were destroyed.

I selected the 153 disabled veterans examined by comparing the names of invalid pensioners found in the *Index to US Invalid Pension Records, 1801–1815* with those appearing on two national pension lists compiled in 1820 and 1835.¹⁷ The lists of 1820 and 1835 give the names of all Revolutionary veterans pensioned under the laws of 1818 and 1820. By checking the names in the *Index* against those on the pension lists it was possible to identify most of the invalid pensioners who went on to submit pension declarations under the act of 1820. I then examined the pension files of these veterans individually to determine their suitability for systematic study. A few files were discarded as

¹⁶ Library of Congress Prints and Photographs Division Washington, D.C. 20540 USA, digital ID: cph 3a05680, <http://hdl.loc.gov/loc.pnp/cph.3a05680> (image downloaded, 18 June 2009).

¹⁷ Clark, *Index to US Invalid Pension Records*; United States, Secretary of War, *The Pension List of 1820*. Baltimore: Genealogical Publishing Co., 1991; *Pension Roll of 1835*.

unsuitable because they were either illegible or lacked a significant part of the evidence required under the law. The files that were left after this process constitute the 153 on which I focus in this study.

I have endeavoured to systematically analyse information from the pension files of all invalid pensioners who submitted applications under the act of 1820. Despite my efforts, however, it is important to recognise that the 153 files on which I concentrate do not represent the total population of invalid pensioners. This fact is partly, of course, a reflection of my decision to exclude illegible or incomplete files from my analysis. It may also be a consequence, though, of a possible limitation in my method and the sources I have consulted.

Due to the difficulties involved in meeting all the requirements of the invalid pension programme, many disabled veterans were not pensioned for their wartime injuries until long after the conflict had ended. In Ebenezer Brown's case, for instance, he did not receive an invalid pension from the federal government until 1811, almost three decades after the formal conclusion of the war.¹⁸ It seems quite possible, then, that some disabled veterans may only have been pensioned as invalids after 1815. Obviously, if such cases exist they are not included in the *Index to US Invalid Pension Records*. Furthermore, it is impossible to discount the possibility that the names of some invalid pensioners simply do not appear in the *Index* because of clerical error or the destruction of key records in the fires of 1800 and 1814.

When using the pension files of former invalid pensioners to interpret and understand the lives of disabled veterans it is also important to bear in mind the eligibility criteria laid out in the 1820 Pension Act. Throughout this study, I employ the term *service* pension to distinguish the pensions granted under the Pension Act of 1818 and its amendment of 1820 from *invalid* pensions. According to William Glasson, the difference between the two types of pension is that invalid pensions are granted for injuries received while performing military service, while *service* pensions are granted for military service alone, regardless of injury.¹⁹ To a large extent, Glasson's definition of service pensions applies to those awarded under the acts of 1818 and 1820. It is because of this general applicability that I have chosen to refer to the benefits offered under the acts of 1818 and 1820 as service pensions.

¹⁸ United States, Secretary of War, *The Pension Roll of 1835*. Baltimore: Genealogical Publishing Co., 1968. Reprinted, 1992, vol. 1, 496.

¹⁹ Glasson, *History of Military Pension Legislation*, 10.

Despite my choice of terminology, however, it is important to recognise that the pensions veterans received under the acts 1818 and 1820 were not pure service pensions in Glasson's sense of the term. Entitlement to a pension did not rest on the length and type of a veteran's service alone, but on his economic circumstances as well. Successful pension applicants, therefore, not only had to prove that they had served in the Continental Army or Navy for a minimum of nine months, or until the war's end, but that they were also *poor*. As historian John Resch has pointed out, the pension programme established by the act of 1818 and modified in 1820 is perhaps better understood, then, as a hybrid scheme that combined the eligibility features of a service pension scheme with those of a welfare programme.²⁰

As mentioned previously, one of my main goals in this study is to explore what effect disability had on the lives of disabled veterans. In concentrating on disabled veterans who submitted pension applications under the act of 1820, however, there is a risk of wrongly associating disability with conditions of disabled veteran life that are better explained by other factors. Chief among these other factors is poverty.

Applicants under the 1820 act were more likely to be drawn from the poorest sections of American society. This fact stems from two reasons. First, and rather obviously, the 1820 act's poverty requirement and means test discouraged affluent veterans from applying. Second, and somewhat less obviously, the law's stipulation that only veterans of the Continental Army and Navy were entitled to a pension also meant poor veterans were more likely to apply than better-off ones, irrespective of the poverty criterion.

During the Revolutionary War, America's armed forces comprised of two major military organisations: the Continental Army and the Militia. The two were quite distinct. The Continental Army was a regular army modelled on the great European armies of the eighteenth century. The Militia, in contrast, was an irregular force composed of ordinary male citizens who usually had little formal military training. Organised on a town-by-town basis, Militia units, unlike the Continental Army, generally fought in, or close to, the locales in which they were raised. Militiamen, moreover, tended to serve for only a few

²⁰ Resch, 'Federal Welfare', 172.

weeks or months at a time while Continental soldiers usually served for periods of several years or more.²¹

Throughout the war, both the Continental Army and the Militia made vital contributions to the American war effort. Yet, as historians have long recognised, the hardships of war fell heaviest on the Continental Army. Often poorly clothed and fed, and performing military duty for much longer periods and further away from their homes than militiamen, Continental soldiers unquestionably constituted the ‘hard core’ of America’s armed forces. Life in the Continental Army was so arduous that it was usually only the poorest and most marginalised of Americans that could be enticed to join it. By restricting pensions to veterans of the Continental Army, then, the service requirements of the 1820 act made it more likely that applicants would be quite poor. Just as Continental recruits were more likely to be drawn from the poorest sections of American society, so too, therefore, were Continental veterans.²²

A significant majority of the disabled veterans I examine in this study were certainly considered poor by pension officials. Only a quarter of the veterans awarded pensions under the act of 1818 were struck off the service pension list after submitting new applications under the 1820 act.²³ These unsuccessful applicants were instead reinstated as invalids according to the conditions of the law.²⁴ Like Ebenezer Brown, however, the remaining three-quarters of disabled veterans were deemed impoverished enough to warrant the continuance of their service pensions. The poverty that these disabled Continental Army veterans clearly experienced, however, cannot automatically

²¹ Robert C. Pugh, ‘The Revolutionary Militia in the Southern Campaign, 1780–1781’, *William and Mary Quarterly*, 3rd ser. 14 (1957), 154–175; Boatner, *Encyclopedia of the American Revolution*, 262–264, 705–707; James Kirby Martin & Mark Edward Lender, *A Respectable Army: The Military Origins of the Republic*. Wheeling, Ill.: Harlan Davidson, 1982.

²² Martin & Lender, *A Respectable Army*; Sellers, ‘Common Soldier’; E. C. Papenfuss & G. A. Stiverson, ‘General Smallwood’s Recruits: The Peacetime Career of the Revolutionary War Private’, *William and Mary Quarterly* 30 (1973), 117–132; John Shy, *A People Numerous and Armed: Reflections on the Military Struggle for American Independence*. Revised edition. Ann Arbor: University of Michigan Press, 1990, 171–174; Resch, *Suffering Soldiers*, 48–50.

²³ Using information extracted from *The Pension Roll of 1835*, I was able to ascertain the outcomes of 117 disabled veterans’ applications under the 1820 act. Of these, 31 (26%) were unsuccessful and 86 (74%) were successful. The remaining 36 disabled veterans of the 153 I have targeted either had not applied for a service pension prior to the passage of the 1820 act, so could not be struck from the pension list, or had claim histories recorded on the 1835 Roll that were too ambiguous to interpret tenably.

²⁴ 1820 Act, *Statutes at large*, vol. 3, 570.

be blamed on their disabilities. It may simply have been a pre-war, and therefore pre-injury, feature of their lives that continued long into the post-war period.

I have attempted to overcome such interpretative difficulties by adopting a comparative approach to the pension files of disabled veterans. In other words, I have compared the situation of the 153 selected disabled veterans with an equivalent number of *nondisabled* veterans. By comparing these two groups of veterans, it is possible to filter out the general conditions of life for Continental Army veterans from those pertaining to disabled veterans specifically.

Unlike the disabled veterans I examine, the 153 nondisabled veterans I look at were selected *randomly* from the thousands who submitted schedules according to the terms of the 1820 act. The only criterion for their selection was that they must *never have received an invalid pension*. This point needs to be borne in mind when considering the interpretations I present in this study. By labelling pension applicants under the 1820 act who were never awarded invalid pensions ‘nondisabled veterans’, I do not wish to imply that these men were necessarily free of physical impairment altogether. As I show in this study, many nondisabled claimants also experienced bodily limitations similar to the ones for which disabled veterans received their invalid pensions. The important distinction between the two groups, then, is that the wartime injuries of disabled veterans were officially recognised as ‘disabilities’ by the federal government when it awarded invalid pensions to these men. Seen in this light, the ‘disabilities’ of disabled veterans were essentially a legislative creation of the American state. They were not a natural corollary of the wartime injuries of veterans or a consequence of innate corporeal qualities, but rather a product of an administrative categorisation by national policymakers.

To reiterate, then, as the point is an important one, I use the term ‘disabled veterans’ to refer to former invalid pensioners who submitted schedules under the act of 1820. ‘Nondisabled veterans’, in contrast, is reserved for veterans applying under the Pension Act of 1820 who were never awarded invalid pensions.²⁵ These definitions of disabled and nondisabled veterans are a

²⁵ In the footnotes that follow, references to the pension files of disabled veterans include ‘Dis’ in parentheses after the name of the veteran. (For example, subsequent references to the pension file of Ebenezer Brown cited previously appear as ‘Ebenezer Brown (Dis), PF, W8382.’) The pension files of nondisabled veterans are identified by ‘Non-dis’ in

reflection of the theoretical influences that have helped determine my approach in this study. I will outline those influences in the next section after concluding my discussion of my sources and methods.

The core of my comparative examination of disabled and nondisabled veterans is quantitative. This quantitative study was achieved by subjecting data extracted from the pension files and several published pension lists to a statistical analysis using a computer database.²⁶ The pension file material used in this analysis is mainly drawn from the declarations veterans submitted in the 1820s. I have also used, however, data derived from other documents found in the pension files of veterans. The pension files, after all, are not simply a record of veteran claims under the 1820 act. They also include papers sent to the Pension Office by, or on behalf, of veterans and their families in response to other pension laws.²⁷ Often, these documents reveal details about veterans' lives not mentioned in their applications of the 1820s. Where these details are quantifiable and systematically comparable I have also included them in my database.

Nearly all of the files examined for this study, for example, also include applications filed under the Pension Act of March 1818. These provide additional information regarding a veteran's wartime experiences and his 'reduced circumstances in life'. In some cases, the files of veterans contain pension applications made by their wives. These documents were submitted from the mid-1830s onwards after Congress had established a general pension scheme for the widows of Revolutionary War veterans in 1836. Widows' applications furnish us with insights into the marital and family lives of veterans that complement those found in the applications filed in the 1820s.²⁸

Key aspects of veteran life recorded in my database include, among other things, the nature of the injuries of ex-servicemen, the composition of

parentheses. These designations are my own and do not appear in the official file numbers used by the US National Archives. To locate a specific pension file on Microfilm Publication M804 all that is needed is the veteran's name and file number. File numbers usually start with a 'W' or an 'S'.

²⁶ The published pension lists I have consulted to construct my database are: Clark, *Index to US Invalid Pension Records*; *Pension List of 1820*; *Pension Roll of 1835*; Murtie June Clark (comp.), *The Pension Lists of 1792–1795 With Other Revolutionary War Pension Records*. Baltimore: Genealogical Publishing Co., 1991.

²⁷ For a good summary of these other laws, see Glasson, *History of Military Pension Legislation*, 25–52.

²⁸ Glasson, *History of Military Pension Legislation*, 49; Schulz, 'Revolutionary War Pension Applications'.

their families, the kind of work they performed, how wealthy they were, and what pension sums they received. The findings derived from this database are used to highlight and compare the broad contours of disabled and nondisabled veteran life. Doing so enables us to see whether or not there were any major differences between the two groups of veterans and suggests areas where disability may have had a profound effect on the lived experiences of disabled veterans.

My quantitative examination of the data recorded in my database reveals that the general traits exhibited by disabled and nondisabled veterans are remarkably similar. The only major difference is that disabled veterans received invalid pensions prior to 1820 while nondisabled veterans did not. At the time veterans made their declarations under the 1820 act, they were, on average, in their mid-sixties.²⁹ They were also overwhelmingly white and, as suggested previously, quite poor.³⁰ Well over half of both groups had estates valued at less than \$50, though it is interesting to note that disabled veterans, whose estates, on average, were worth around \$190, were slightly better off than nondisabled veterans, who had average estates valued at around \$111.³¹ The discrepancy between the assessed wealth levels of disabled and nondisabled veterans may be attributable to the fact that disabled veterans benefitted from invalid payments while nondisabled veterans did not.³²

The striking similarities between the two groups of veterans are not only confined to issues of sex, race, age, and wealth, however. They also extend to other factors that may plausibly be used to explain some of the main features of veterans' lives. The geographic origin and place of residence of veterans, for instance, was also quite similar. At the time of their enlistment in the American

²⁹ The mean average age of disabled and nondisabled veterans at the time they submitted their applications was 65 and 66 respectively.

³⁰ Evidence from the pension files indicates that only four disabled veterans (2.6%) and two nondisabled (1.3%) veterans were black. It should be noted, however, that these figures may under-represent the true number of black veterans, as the pension files rarely record the racial backgrounds of applicants explicitly. I have assumed that veterans were white unless their files categorically state otherwise. These six cases were the only ones examined where it is clear that the veterans in question were not white.

³¹ 58% of disabled and 67% of nondisabled veterans listed estates valued at less than \$50 in their applications under the 1820 act. The relative poverty of veterans is suggested if we compare these findings to wealth figures for New York at around the same time. According to Resch, in 1819 the state 'reported a per capita average of \$204 in real and personal property'. Resch, *Suffering Soldiers*, 179.

³² I explore the impact of invalid pensions on the lives of disabled veterans in more detail in Chapter Four.

army, a significant majority of both disabled and nondisabled veterans were inhabitants of the New England region.³³ While these majorities were less by the 1820s, most veterans, whether former invalid pensioners or not, were still living in New England.³⁴ Indeed, the regional profile of the two groups, whether at the time of enlistment or application under the 1820 act, was almost the same. Most veterans were living in New England and those that were not were distributed throughout other regions in fairly similar numbers.

As for the military factors that may have had an influence on the post-war experiences of veterans, the rank that veterans achieved while in the army would seem to be a key issue. Again, however, there is no significant difference between disabled and nondisabled veterans in this area. Almost all the veterans who applied for a pension under the act of 1820, irrespective of disability, were pensioned as either privates or non-commissioned officers. Few achieved officer status.³⁵

In terms of the age, racial, sexual, economic, geographic, and military profile of the two groups, then, the general characteristics of disabled and nondisabled veterans were virtually the same. Given this, it seems reasonable to assume, as I do in this study, that the areas where differences appear between the two groups indicate areas of life where *pensionable* disability may have had a crucial impact on the daily lives of disabled veterans. I realise that such an approach is not without its difficulties, however.

As feminist scholars have shown, issues of gender, race, class, age, and disability all intersect with one another to produce a complex matrix of experience. This ‘intersectionality’ makes it very difficult, perhaps even impossible, to unravel the specific effects of particular social categories on people’s lives.³⁶ As I demonstrate, the experiences of disabled veterans can

³³ 69% of disabled veterans and 76% of nondisabled veterans appear, from their pension files, to have been resident in the New England region at the time they first joined the American army.

³⁴ The figures for the proportion of disabled and nondisabled veterans living in New England at the time of their applications under the 1820 act are 56% and 57% respectively.

³⁵ 133 disabled veterans (87%) and 147 nondisabled veterans (96%) had left the Continental army as either privates or NCOs. The remaining number of veterans for both groups were discharged as officers. None of these officers were higher than the rank of captain.

³⁶ Kimberlé Williams Crenshaw, ‘Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color’, *Stanford Law Review* 43 (1991), 1241–1299; Carol Thomas, *Female Forms: Experiencing and Understanding Disability*. Buckingham & Philadelphia: Open University Press, 1999; Leslie McCall, ‘The Complexity of Intersectionality’, *Signs: Journal of Women in Culture and Society* 30 (2005), 1771–1800;

never be fully explained by reference to disability *alone*. The influence of other categories of difference must also be considered. Questions of age and gender are particularly significant in this respect and are explored in the pages that follow. Although disability is obviously my main concern, then, I have tried to develop a portrait of disabled veterans that recognises the challenge posed by intersectionality. As an intersectional analysis, however, I realise that my study is, at best, only a starting point. It is my hope, and indeed belief, that other scholars will build on my work to advance more multifaceted analyses of disabled people's experiences in the early United States.

In connection with this point, a note on gender is in order. As Carol Thomas has correctly observed, 'disability is always gendered'.³⁷ In this study, I endeavour to explore this issue whenever my sources permit. I am aware, however, that, given my focus on veterans, I concentrate almost exclusively on the experiences of disabled men. This obviously limits my ability to tease out the implications of the intersection of disability and gender to disabled veterans' lives. A comparative analysis that looks at the experiences of disabled men and disabled women in the early United States would undoubtedly shed more light on this topic. The reason I have chosen not to pursue such a line of inquiry is purely practical.

To my knowledge, there is no single source that includes the same kind of information on disabled women as the pension files contain for disabled men in early America. Such information may exist, but the fact that it cannot be found in one place means it is difficult to collate a data set for disabled women roughly equivalent to the one I use for disabled veterans. This clearly hampers any effort to conduct a systematic comparative analysis and is the reason why my study leaves aside the experiences of disabled women.

Despite my decision, I accept that we need to know more about disabled women in early America. Until we do, the gendered dimension of disability in this period will remain elusive. I want to stress, then, that, while I touch upon the theme of disability and gender in this study, I do not claim to offer a comprehensive treatment of the topic. By raising questions about the gendered nature of disability that it cannot answer, however, I hope my study acts as a spur to further research in this area. I would be especially pleased in this

Alice Ludvig, 'Differences Between Women: Intersecting Voices in a Female Narrative', *European Journal of Women's Studies* 13 (2006), 245–258.

³⁷ Thomas, *Female Forms*, 28.

respect if it encourages historians to look at disabled women's experiences in the early United States.

As mentioned earlier, I have adopted both a state-centred and an experiential approach to disability. My comparative and quantitative examination of the pension files and payment histories of veterans relates to the second of these approaches. I realise, however, that the statistics I deploy cannot, on their own, adequately represent the richness and diversity of the experiences of disabled veterans. Used alone, they also risk depersonalising the experiences of veterans, thereby robbing my interpretation of the human face I seek to establish. In order to avoid this possibility, I also draw heavily on qualitative data to 'flesh out' my statistical findings. This material has enabled me to afford the 'voices' of veterans a prominent place within my narrative, adding texture and depth to my portrait of disabled veteran life. Put another way, while the statistical dimension of my study works to highlight the common, or general, features of disabled veteran life, the qualitative dimension seeks to highlight the specific.

The qualitative data to which I refer come not only from the pension files, but are drawn from a number of other primary sources. These sources include, for example, the letters, diaries, and memoirs of veterans, as well as military and town records. To add further perspective to my account, and round off the experiential dimension of my study, I have also consulted local history and genealogical materials.

The state-centred dimension of my study, in contrast, differs from the experiential not only in terms of focus, but also in terms of the sources and methods used. In focusing on the state, I make little use of the pension files and no use of other sources illuminating the quotidian experiences of disabled veterans, as experience is not my chief concern here. Instead, I rely on two main primary sources: the texts of the various US pension laws and resolutions passed between 1776 and 1818 and the congressional record concerning the passage of those laws. By subjecting these documents to a textual analysis I reveal the definition of disability used by lawmakers and illuminate the state of disability as a policy category during this period.

Having outlined my sources, methods, and objectives, I now turn to a discussion of the theoretical influences that inform my study. I also summarise

what I consider to be some of the main features of disability history today in order to show where my project fits within the relevant scholarship and the contribution it makes to it.

Disability History and the Theorisation of Disability

While this study addresses themes and topics of relevance to many fields of historical inquiry, particularly, for example, military, medical, legal, labour, and family history, it is, first and foremost, a work of disability history. Although I highlight the implications my findings have for other fields of research, my prime concern is with interrogating the meaning and nature of disability in the past.

Disability history emerged as a recognisable and coherent field of research in the 1990s. Prior to that time, disability was almost completely ignored by historians. The relatively few studies to look at disability from an historical perspective that did exist were often written by authors with backgrounds in medicine, social work, or education who had little or no training in history. Not surprisingly, given the professional background of their authors, these accounts tended to portray disability as a predominantly medical condition in need of treatment or professional intervention. Disabled people in these studies generally appear to us, then, as the inert objects of expert attention.³⁸

Disability history stands in sharp contrast to these earlier historical studies of disability in two key respects. First, it is overwhelmingly written by trained historians and, second, it is characterised by a rejection of an overly medical approach to disability. In large part, the field has been inspired by the successes of disability rights campaigners. The emergence and growth of disability history in the United States, for instance, only occurred on a significant scale after the passage of the landmark Americans with Disabilities

³⁸ Elizabeth Bredberg, 'Writing Disability History: Problems, Perspectives and Sources', *Disability and Society* 14 (1999), 190–191; Susan Burch and Ian Sutherland, 'Who's Not Yet Here? American Disability History', *Radical History Review* 94 (2006), 128; Paul K. Longmore and Lauri Umansky, 'Introduction: Disability History from the Margins to the Mainstream' in Longmore and Umansky (eds.), *The New Disability History: American Perspectives*. New York & London: New York University Press, 2001, 8.

Act (ADA) in 1990.³⁹ To a large extent, then, disability history, particularly in the United States, is best understood as a scholarly response to the disability rights movement. Indeed, many disability historians, including myself, openly identify with the goals of the movement.

Disability history certainly has a strong political impetus. Like other sub-fields of history that have been influenced by powerful political and social movements, such as women's history and black history, however, disability history is also firmly rooted in the academy. Historians may have been moved to investigate disability because of the success of the disability rights movement, but they have looked towards the social sciences and humanities for methodological and theoretical inspiration for their work. Two particularly influential areas of research in this respect have been social history and the interdisciplinary field of disability studies.⁴⁰

Social history has been influential because it has provided disability historians with useful examples of how to conduct research into the histories of traditionally overlooked and marginalised social groups. Encouraged by the achievements of social history since the 1970s, many disability historians have employed similar sources and methods in their work to those used by social historians. The methodological approach I adopt in most of this study, for instance, with its emphasis on quantitative and qualitative techniques, is clearly inspired by the work of eminent American social historians such as Robert Gross and John Demos.⁴¹

Disability studies, in contrast, has had a more theoretical influence on disability history. As an interdisciplinary field bridging the social sciences and the humanities, disability studies is characterised by methodological diversity. Its coherence stems not so much from an agreed upon method of investigating disability, but more from its rejection of what has come to be known as the

³⁹ The ADA is intended to protect disabled people from various forms of discrimination. For an outline of the law's major provisions, see Nancy Jones, *The Americans with Disabilities Act: Overview, Regulations and Interpretations*. New York: Novinka Books, 2003.

For evidence to support my assertion that disability history only really emerged as a significant and recognisable field of research in the United States from the 1990s onwards, see the notes to Burch & Sutherland's, 'Who's Not Yet Here?' Almost all of the works of scholarship Burch and Sutherland cite in their survey of American disability history were published after the passage of the ADA.

⁴⁰ Longmore & Umansky, 'Introduction', 1–29.

⁴¹ Robert A. Gross, *The Minutemen and Their World*. New York: Hill & Wang, 2001; John Demos, *A Little Commonwealth: Family Life in Plymouth Colony*. Second edition. New York: Oxford University Press, 2000.

‘medical model’ of disability.⁴² Despite the meaning its name conjures up, the medical model does not represent a unified theoretical framework. As disability scholar Tom Shakespeare has pointed out, no theorist has ever *explicitly* outlined or advocated a medical model of disability. Rather, the term ‘medical model’ is best regarded as a short hand label for the popular understanding of disability as it stands in Western culture today. That understanding essentialises disability by reducing it largely to a question of pathology. In doing so, disability is seen as a direct consequence of physical or mental dysfunction and is considered to reside in the bodies or minds of disabled people. Such an understanding, of course, individualises disability and promotes the idea that disabled people are biomedical deviants who stand in need of specialist care or treatment. This, in turn, provokes a societal response to disability that is best described as a mixture of fear, pity, and contempt that works to devalue the lives of disabled people. Furthermore, the medical model’s definition of disability as primarily a biomedical condition means that the social experiences of disabled people are often thought to be little more than a natural consequence of their physical or mental impairments.⁴³

In place of the medical model, disability studies advances a sociocultural approach to disability. This moves the focus of attention away from the physical or mental impairments of disabled people towards the environmental and attitudinal factors that give their different bodies and minds meaning. In other words, disability is socially and culturally produced. It is not a natural corollary of impairment. In adhering to a sociocultural approach to disability, then, disability studies effectively reconfigures disability as a primarily social phenomenon. In doing so, the field highlights the politically significant point

⁴² For a good introduction to disability studies, especially as the field is understood and practiced in the United States, see Simi Linton, *Claiming Disability: Knowledge and Identity*. New York: New York University Press, 1998.

⁴³ Tom Shakespeare, *Disability Rights and Wrongs*. London & New York: Routledge, 2006, 15–19. In addition to Shakespeare’s book, I have also found the following useful in developing my understanding of the medical model: Linton, *Claiming Disability*; Longmore & Umansky, ‘Introduction’; Paul K. Longmore, *Why I Burned My Book and Other Essays on Disability*. Philadelphia: Temple University Press, 2003; Tobin Siebers, *Disability Theory*. Ann Arbor: University of Michigan Press, 2008; John Gliedman & William Roth, *The Unexpected Minority: Handicapped Children in America*. New York & London: Harcourt Brace Jovanovich, 1980; David A. Gerber, ‘Introduction: Finding Disabled Veterans in History’ in David A. Gerber (ed.), *Disabled Veterans in History*. Ann Arbor: University of Michigan Press, 2000, 1–51; Richard K. Scotch, ‘Medical Model of Disability’ in Susan Burch (ed.), *Encyclopedia of American Disability History*, New York: Facts on File, 2009, 602–603.

that the marginalisation and discrimination frequently faced by disabled people in the West today is a consequence of the construction and attitudes of society, not their different bodies and minds.⁴⁴

Disability historians, drawing on disability studies, have adopted this sociocultural way of looking at disability.⁴⁵ Indeed, it is this approach that distinguishes disability history from the earlier historical studies of disability referred to previously. The advantage of a sociocultural approach lies in the fact that it challenges historians to see disability as the historically and culturally contingent phenomenon it is rather than a purely medical condition impervious to historical analysis. Disability history does more, however, than simply *apply* a sociocultural model to the study of disability in the past; it also provides empirical evidence to support the validity of the actual assumptions underlying that model. In other words, it reveals the socially and culturally constructed nature of disability by showing that the meaning of disability has changed over time.⁴⁶

When I assert, then, that this study is a work of disability history I mean that it examines disability from a social and cultural perspective. Following a disability studies approach, I eschew portraying disability in overly medical terms. In doing so, however, I do not wish to write out the impairments of disabled veterans from my account altogether. As noted disability historians Paul Longmore and Lauri Umansky point out, the best, and most complete, disability histories recognise the limitations, difficulties, and discomfort caused

⁴⁴ Linton, *Claiming Disability*; Siebers, *Disability Theory*; Longmore & Umansky, 'Introduction'; Longmore, *Why I Burned My Book*. For good examples of the sociocultural approach of disability studies, see: Rosemarie Garland Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. New York: Columbia University Press, 1997; Gliedman & Roth, *The Unexpected Minority*; Lennard J. Davis, *Enforcing Normalcy: Disability, Deafness and the Body*. London: Verso, 1995; Brendan Gleeson, *Geographies of Disability*. London & New York: Routledge, 1999.

⁴⁵ For a good sampling of the ways disability historians have approached the topic of disability from a sociocultural perspective, see the essays in Longmore & Umansky (eds.), *New Disability History*. Other examples can be found from the historical titles detailed in the footnotes for this chapter.

⁴⁶ Jessica Scheer & Nora Groce, 'Impairment as a Human Constant: Cross Cultural and Historical Perspectives on Variation', *Journal of Social Issues* 44 (1988), 23–37; Teresa Meade & David Serlin, 'Editors' Introduction', *Radical History Review* 94 (2006), 3; Paul K. Longmore & David Goldberger, 'The League of the Physically Handicapped and the Great Depression: A Case Study in the New Disability History' in Longmore, *Why I Burned My Book*, 55.

by the impairments of disabled people.⁴⁷ Anything less would be naïve, insulting, and clearly not the whole story.

Physical impairment did have an impact on the everyday lives of disabled veterans in the early United States. As the evidence and examples I cite in this study illustrate, the wartime injuries of invalid pensioners were often very painful and restrictive. I acknowledge and explore this aspect of their lives in the pages that follow. Given the experiential focus I adopt in this study, it is only right that I do so. Impairment clearly had a material impact on the lives of disabled veterans. Despite recognising this, however, my argument in this study is that the pensionable injuries of veterans, while significant, did not particularly define the everyday life experiences of these men. Those experiences, rather, were more a product of the social and cultural construction of early America than a natural consequence of veterans' injuries.

Writing in the late 1980s, while the field of disability history was still in an embryonic form, Paul Longmore urged future disability historians to challenge the popular stereotype of disabled people as passive. Over the last two decades, disability historians have responded to Longmore's challenge by writing histories of disability that foreground the historical agency of disabled people.⁴⁸ I have attempted to continue this tradition in my study. My decision to concentrate on the social, rather than the bodily, experiences of disabled veterans is a reflection of this objective.

A narrow focus on the corporeal experiences of disabled veterans works against the idea that these men were active agents in their own lives. This is because such an approach risks emphasising the bodily limitations of veterans over other significant, and non-corporeal, features of their lives, thereby reinforcing the idea that disabled people are little more than the recipients of care or assistance. By moving beyond the bodies of veterans, then, and taking into account the social contexts in which they lived, I have been able to move away from the image of disabled people as passive and dependent. The picture

⁴⁷ Longmore & Umansky, 'Introduction', 19–20.

⁴⁸ Paul K. Longmore, 'Uncovering the Hidden History of People with Disabilities', *Reviews in American History* 15 (1987), 364. For examples of disability histories that highlight the historical agency of disabled people, see: Kim E. Nielsen, *The Radical Lives of Helen Keller*. New York: New York University Press, 2004; Hannah Joyner "'This Unnatural and Fratricidal Strife": A Family's Negotiation of the Civil War, Deafness, and Independence' in Longmore & Umansky (eds.), *New Disability History*, 83–106; Susan Burch, *Signs of Resistance: American Deaf Cultural History, 1900 to World War II*. New York: New York University Press, 2002.

I paint of disabled veterans is one in which they appear to us as men who exercised a degree of control over their own and their families' lives. It highlights the fact that, while disabled veterans may have had care needs stemming from their injuries, they were rarely ever simply patients. Their lives, rather, were defined by the more active roles of workers, fathers, and husbands that they also assumed.

I now move on to a review of some of the major trends and topics in the field. The purpose of the review is to reveal where I see my study fitting within disability history so as to highlight the contribution my work makes to the field and to disability studies more generally.⁴⁹

Perhaps the most conspicuous feature of disability history as it currently stands is that it is very Western-centric. Not only do most disability historians live in the West, they also tend to focus on the histories of Western nations in their work.⁵⁰ Of all the countries studied by disability historians, the United States is perhaps the best covered.⁵¹ My study of disabled American war veterans does not, therefore, introduce a new geographical perspective to the historiography on disability. Instead, it should be regarded as a contribution to the already

⁴⁹ For useful overviews of disability history that have influenced my characterisation of the field, see Catherine J. Kudlick, 'Disability History: Why We Need Another "Other"', *American Historical Review* 108 (2003), 763–793; Julie Anderson & Ana Carden-Coyne, 'Enabling the Past: New Perspectives in the History of Disability', *European Review of History/Revue Européenne d'Histoire* 14 (2007), 447–457.

⁵⁰ Douglas C. Baynton, 'Disability in History', *Perspectives: The Newsmagazine of the American Historical Association* 44, No. 8 (2006), 5. For an indication of the dominance of Western perspectives in the field, see Kudlick, 'Disability History'. Most of the titles Kudlick discusses in her review essay concentrate on Western nations.

In acknowledging the obvious Western-centrism of the field, it is important to recognise, as Kudlick does, that some scholars are starting to counter this bias by exploring the disability histories of non-Western countries. For examples of this small but growing body of work, see Kudlick, 'Disability History', 790–793; Julie Livingston, 'Insights from an African History of Disability', *Radical History Review* 94 (2006), 111–126; Sara Scalenghe, 'The Deaf in Ottoman Syria, 16th–18th Centuries', *Arab Studies Journal* 12–13 (Fall 2004/Spring 2005), 10–25.

⁵¹ For a discussion of work in American disability history, see Burch & Sutherland, 'Who's Not Yet Here?', 127–147. Scholars of the Nordic countries have also shown a keen interest in disability history issues in their work, though this scholarship is rarely cited in the disability history literature published in English. For examples of this significant but internationally under-appreciated branch of disability history, see Eva Simonsen, 'Disability History in Scandinavia: Part of an International Research Field', *Scandinavian Journal of Disability Research* 3–4 (2005), 137–154; Minna Harjula, *Vaillinaisuudella Vaivatut. Vammaisuuden tulkinnat suomalaisessa huoltokeskustelussa 1800-luvun lopulta 1930-luvun lopulle*. Helsinki: Suomen Historiallinen Seura, 1996 [With a summary in English, 230–242].

well-established literature on Western disability history, particularly the disability history of the United States.

As well as being Western-centric, disability history is also rather presentist in its orientation. While some disability historians have looked at earlier periods, most tend to concentrate on topics related to the last one hundred and fifty years of Western history.⁵² It is in relation to this chronological bias of the field that my study makes one of its most significant contributions. As mentioned earlier, this study covers the period of US history from 1776 to roughly 1840. This period has been almost entirely overlooked not only by scholars of disability in America, but by disability historians more generally. Literature on disability in the early United States is scarce and is confined to a few chapters or articles in scholarly monographs, essay collections, or journals.⁵³ My thesis is pioneering, then, in the sense that it represents the first ever book-length disability history to focus on the early United States.⁵⁴ The findings I present, however, are of relevance not only to

⁵² For a collection of essays that is representative of the current chronological bias of the field, see Gerber (ed.), *Disabled Veterans*. Of the thirteen essays assembled in Gerber's volume, only three look at periods before 1850. These essays are: Martha Edwards, 'Philoctetes in Historical Context', 55–69; Geoffrey L. Hudson, 'Disabled Veterans and the State in Early Modern England', 117–144, and Isser Woloch, "'A Sacred Debt': Veterans and the State in Revolutionary and Napoleonic France', 145–162. For an example of a disability history of the medieval period, see Irina Metzler, *Disability in Medieval Europe: Thinking About Physical Impairment during the high Middle Ages, c. 1100–1400*. Abingdon: Routledge, 2006.

⁵³ Of the hundreds of historical and disability related articles, essays, and books I have surveyed in preparing this thesis, I have only come across three chapters and one article that look extensively at disability in the early United States. These are: 'Chapter 6: The Domestic Costs of War' in Ben Mutschler, 'The Province of Affliction: Illness in New England, 1690–1820', PhD dissertation, Columbia University (2000), 245–306; Michael L. Dorn, 'The Moral Topography of Intemperance' in Ruth Butler & Hester Parr (eds.), *Mind and Body Spaces: Geographies of Illness, Impairment and Disability*. London & New York: Routledge, 1999, 46–69; 'Chapter V: Disability in Early America' in Esco C. Obermann, *A History of Vocational Rehabilitation in America*. New York: Arno Press, 1980, 73–86; Penny L. Richards & George H. S. Singer, "'To Draw out the Effort of His Mind": Educating a Child with Mental Retardation in Early Nineteenth Century America', *Journal of Special Education* 31 (1998), 443–466.

For examples of the small body of scholarship that addresses the topic of disability in the late eighteenth and early nineteenth centuries in non-American contexts, see Lennard J. Davis, 'Dr. Johnson, Amelia, and the Discourse of Disability in the Eighteenth Century' in Helen Deutsch and Felicity Nussbaum (eds.), *"Defects": Engendering the Modern Body*. Ann Arbor: University of Michigan Press, 2000, 54–74; Iain Hutchison, *A History of Disability in Nineteenth-Century Scotland*. Lampeter: Edwin Mellen Press, 2007; Catherine J. Kudlick & Zina Weygand, *Reflections: The Life and Writings of a Young Blind Woman in Post-Revolutionary France*. New York: New York University Press, 2001; Woloch, "'A Sacred Debt'".

⁵⁴ At first glance, Harlan Lane's book, *A Deaf Artist in Early America: The Worlds of John Brewster Jr.* (Boston: Beacon Press, 2004), would seem to challenge my claim here. As its

the history of disability in America, but to the theorisation of disability more generally.

Many disability scholars advance what can perhaps best be termed a modernisation theory of disability. Central to this theorisation is the idea that the modern understanding and experience of disability is at least partly a consequence of capitalist economic development, particularly industrialisation. This idea is widely accepted in disability studies, though the force with which it is stated often differs from theorist to theorist. Some, like Brendan Gleeson, for example, adopt an explicitly historical materialist framework, which, quite obviously, favours economic explanations over all others.⁵⁵ Scholars like Rosemarie Garland Thomson and Lennard Davis, who take a more cultural view of disability, on the other hand, unsurprisingly tend to afford economic explanations a less prominent role in their investigations of disability. Nevertheless, despite their cultural approach to disability, theorists like Thomson and Davis do accept that capitalist industrialisation has played a key role in shaping disability in the modern period.⁵⁶ For the most part, disability

title makes clear, Lane's study is, for the most part, a biography of John Brewster, a New England artist who lived between 1766 and 1844. Lane's book, therefore, covers almost exactly the same period as my study does. It does not, however, in my opinion, constitute a work of *disability* history.

While a *Deaf Artist in Early America* undoubtedly offers disability historians useful insights into disability in the early United States, it does not set out to probe the meaning and nature of disability specifically. Indeed, as other scholars of disability have observed, Lane's scholarly reputation is partly based on his efforts to explicitly break the link between disability and Deafness frequently made by people outside the Deaf community. It seems reasonable to conclude, then, that Lane himself would prefer his book to be considered a work of *Deaf*, as opposed to disability, history. Kudlick, 'Disability History', 782 n. 67; Burch & Sutherland, 'Who's Not Yet Here?', 141–142. Lane's insistence on the difference between Deafness and disability is summarised in Harlan Lane, 'Constructions of Deafness', *Disability and Society* 10 (1995), 171–189.

My contention that Lane's biography of Brewster was not conceived as a work of disability history is further supported by an examination of the book's index and list of references. The index does not have an entry for 'disability' or 'disabled people' and the list of references hardly mentions the work of any of the leading scholars in disability history or studies.

⁵⁵ Gleeson, *Geographies of Disability* and Brendan Gleeson, 'Disability Studies: A Historical Materialist View', *Disability and Society* 12 (1997), 179–202; Colin Barnes & Geof Mercer, *Disability*. Cambridge: Polity, 2003, 23–25; Thomas, *Female Forms*, 125–135. For other historical materialist accounts of disability, see Vic Finkelstein, 'Disability and the Helper/Helped Relationship. An Historical View' in A. Brechin et al. (eds.), *Handicap in a Social World*. Sevenoaks: Hodder & Stoughton in association with the Open University Press, 1981, 65–78; Mike Oliver, 'Disability and Dependency: A Creation of Industrial Societies?' in Len Barton (ed.), *Disability and Dependency*. Lewes: The Falmer Press, 1989, 6–22.

⁵⁶ Davis, *Enforcing Normalcy*, 24, 49, 86–90, 130; Rosemarie Garland Thomson, 'Introduction: From Wonder to Error – A Genealogy of Freak Discourse in Modernity' in

historians also tend to adhere to this view. While some, like Anne Borsay, have criticised the historical materialist accounts of Gleeson and others for over-emphasising the impact of industrialisation to the lives of disabled people, few disability historians explicitly reject the disability and industrialisation thesis out right.⁵⁷

Put simply, in its strongest historical materialist form, the thesis maintains that, prior to the rise of industrial capitalism, people with physical and mental impairments were not especially marginalised or set apart from able-bodied people, either categorically or materially. Instead, they participated, to a large extent, in the ordinary rhythms and routines of life. Particularly important to materialist accounts of disability in this respect is the idea that preindustrial Western societies afforded people with impairments significant productive roles within the economy. With the emergence and consolidation of industrial capitalism, however, these productive roles were lost or downgraded and impaired people became increasingly marginalised, economically, socially, and discursively. To quote Gleeson:

The new industrial, political-economic order devalorised impaired labour power, a shift in social embodiment that was reinforced by emergent cultural-institutional constructions of normality and social dependency.⁵⁸

Here we can see that Gleeson recognises that there was a cultural dimension to the changes affecting the lives of impaired people. Despite this acknowledgement, however, it is clear that Gleeson asserts the primacy of

Rosemarie Garland Thomson (ed.), *Freakery: Cultural Spectacles of the Extraordinary Body*. New York & London: New York University Press, 1996, 11–12.

⁵⁷ Anne Borsay, 'History, Power and Identity' in Colin Barnes, Mike Oliver, & Len Barton (eds.), *Disability Studies Today*. Cambridge: Polity, 2002, 98–119 and Borsay, 'Returning Patients to the Community: Disability, Medicine and Economic Rationality before the Industrial Revolution', *Disability & Society* 13 (1998), 645–663. Examples of historical studies of disability that assert the significance of industrialisation include Livingston, 'African History of Disability'; Richard K. Scotch, 'American Disability Policy in the Twentieth Century' in Longmore & Umansky (eds.), *New Disability History*, 375–392, esp. 377, 389. The general acceptance of the industrialisation thesis by disability historians is also suggested by Penny L. Richards' entry for 'Industrialization' in Burch (ed.), *Encyclopedia of American Disability History*, 482–483.

⁵⁸ Gleeson, *Geographies of Disability*, 125.

material factors over cultural ones, maintaining that it is changes in the economic organisation of societies that influence their cultural constructions, not the other way round.⁵⁹ Ultimately, then, for Gleeson and other historical materialists, disability, defined primarily as a condition of social and economic marginalisation, or oppression, is essentially a product of industrial capitalism.⁶⁰

As other scholars have recognised, the problem with the industrialisation thesis, even in its weakest form, is that it is based on too little empirical evidence.⁶¹ The paucity of historical studies on disability for earlier periods means that it is simply impossible to come to a tenable conclusion regarding the nature of disability and of disabled people's experiences in the preindustrial era. Until we can, of course, it is difficult to gauge the influence of industrial economic development on disability.⁶²

Some contemporary anthropological research into disability in the developing world would seem to support the contention that industrial capitalism marginalises impaired people.⁶³ At the same time, however, the few historical studies to look at disability in the West prior to 1800 indicate that aspects of the modern understanding and experience of disability may have existed, to some extent, prior to industrialisation.⁶⁴ Perhaps, then, industrialisation was only really responsible for the intensification and solidification of the modern disability category, not its creation.

My study, because of its chronological focus, clearly speaks to this issue. In examining disability in the early United States, when the nation was still largely preindustrial in character, I present new evidence with which to test

⁵⁹ *Ibid.*, 25.

⁶⁰ Gleeson, *Geographies of Disability*; Thomas, *Female Forms*, 125–135; Finkelstein, 'Disability and the Helper/Helped Relationship'; Oliver, 'Disability and Dependency'.

⁶¹ Barnes & Mercer, *Disability*, 24.

⁶² It should be noted that Gleeson, a geographer by training, does indeed offer some empirical evidence to support his claims about disability in the preindustrial past. As he admits, though, this evidence is very limited. Although suggestive, it is not a sufficient basis on which to base a defence of the industrialisation thesis, let alone the historical materialist view of disability to which Gleeson subscribes. Gleeson, *Geographies of Disability*, 4, 74–75, 206–208.

⁶³ See, for example, Ida Nicolaisen, 'Persons and Nonpersons: Disability and Personhood among the Punan Bah of Central Borneo' in Benedicte Ingstad & Susan Reynolds Whyte (eds.), *Disability and Culture*. Berkeley: University of California Press, 1995, 38–55.

⁶⁴ Davis, 'Dr. Johnson, Amelia, and the Discourse of Disability'; Borsay, 'Returning Patients'.

some of the ideas about industrialisation commonly found in the literature on disability.⁶⁵

My emphasis on the *experiences* of disabled veterans also represents something of a departure from the dominant trends in disability history today. Much of the work in disability studies and history has concentrated on the cultural representation of disability.⁶⁶ There is certainly a need for disability research in this area. An appreciation of the ways in which cultures have represented and understood disability in the past is crucial if we are to properly contextualise the topic of experience.⁶⁷ Yet, as leading cultural theorist of disability, Rosemarie Garland Thomson, herself admits, ‘the actual experience of disability is more dynamic than representation usually suggests’.⁶⁸ Unless we look at the lived experience of disability it is difficult to know how precisely cultural representations affected the lives of disabled people. More importantly, it is also impossible to learn how the lived experiences of disabled people may have diverged from, and therefore contested, cultural representations and attitudes about disability. By focusing on the experiences of disabled veterans, then, my thesis offers a counter-balance to the study of cultural representations currently popular with many disability scholars.

In pointing out that representation is a well-explored topic within disability studies and history, I do not wish to imply that the topic of experience is yet to be addressed by disability historians. While arguably less numerous than studies dealing with cultural representations, some disability histories do investigate the experiences of disabled people. Many of these histories address the issue of experience by focusing on the life, or an episode in the life, of a disabled person. The subjects of these studies are often quite well-known, and

⁶⁵ Paul A. Gilje, ‘The Rise of Capitalism in the Early Republic’ in Gilje (ed.), *Wages of Independence: Capitalism in the Early Republic*. Madison: Madison House, 1997, 6.

⁶⁶ For examples of this work, see Susan Burch, ‘Disability History: Suggested Readings – An Annotated Bibliography’, *The Public Historian* 27 (2005), 63–74; Rachel Adams, *Sideshow U.S.A.: Freaks and the American Cultural Imagination*. Chicago: University of Chicago Press, 2001; Henri-Jacques Stiker, *A History of Disability*. Ann Arbor: University of Michigan, 1999; Anthony Enns & Christopher R. Smit (eds.), *Screening Disability: Essays on Cinema & Disability*. Lanham: University Press of America, 2001; Thomson, *Extraordinary Bodies*; David T. Mitchell & Sharon L. Snyder, *Narrative Prosthesis: Disability and the Dependencies of Discourse*. Ann Arbor: University of Michigan Press, 2000; Michael Hayes & Rhonda Black, ‘Troubling Signs: Disability, Hollywood Movies and the Construction of a Discourse of Pity’, *Disability Studies Quarterly* 23 (2003), 114–132.

⁶⁷ Helen Deutsch & Felicity Nussbaum, ‘Introduction’ in Deutsch & Nussbaum (eds.), *Defects: Engendering the Modern Body*. Ann Arbor: University of Michigan Press, 2000, 10; Thomson, *Extraordinary Bodies*, 15.

⁶⁸ Thomson, *Extraordinary Bodies*, 12

fairly prominent, historical characters such as Helen Keller, Randolph Bourne, or Alice James.⁶⁹ Sometimes the lives of lesser known disabled people are also examined.⁷⁰ Such case studies are undoubtedly valuable contributions to the historiography on disability. They illustrate in very immediate terms the ways in which disability has played out in the everyday lives of particular individuals at given historical moments. Despite the obvious use and value of such scholarship, however, it is important that disability history does not become too reliant on biographical case studies to interrogate the meaning of disability in the past. If we focus too much on the life stories of individuals, the field risks developing an overall narrative of disability that emphasises the particular at the expense of what Paul Longmore has called ‘a common base of experience’.⁷¹ While biographical studies certainly have a significant role to play in disability history, their important insights need to be balanced and contextualised by studies that look at the experiences of broad cohorts of disabled people.

Such historical studies do, in fact, exist. Many of these histories, however, tend to concentrate on specific impairment groups. The historical experiences of deaf, blind, or mentally ill people are particularly well represented in this respect.⁷² Because many of these disabled people have historically spent time in residential schools or asylums, impairment specific studies often emphasise institutional perspectives in their accounts of disability.⁷³ While this approach has many merits, it is important that

⁶⁹ Nielsen, *Radical Lives*; Paul K. Longmore & Paul Steven Miller, ‘“A Philosophy of Handicap”: The Origins of Randolph Bourne’s Radicalism’, *Radical History Review* 94 (2006), 59–83; Natalie A. Dykstra, ‘“Trying to Idle”: Work and Disability in the Diary of Alice James’ in Longmore & Umansky (eds.), *New Disability History*, 107–130.

⁷⁰ See, for example, Joyner, ‘This Unnatural and Fratricidal Strife’; Susan Burch & Hannah Joyner, *Unspeakable: The Story of Junius Wilson*. Chapel Hill: University of North Carolina, 2007.

⁷¹ Longmore, ‘Uncovering’, 363; Longmore & Umansky, ‘Introduction’, 12.

⁷² See, for example, Burch, *Signs of Resistance*; Hannah Joyner, *From Pity to Pride: Growing Up Deaf in the Old South*. Washington, D.C.: Gallaudet University Press, 2004; Gordon Phillips, *The Blind in British Society: Charity, State, and Community, c. 1780–1930*. Aldershot: Ashgate, 2004; Ernest Freeberg, ‘The Meanings of Blindness in Nineteenth-Century America’, *Proceedings of the American Philosophical Society* 110 (2002), 119–152; Pamela Dale and Joseph Melling (eds.), *Mental Illness and Learning Disability since 1850: Finding a Place for Mental Disorder in the United Kingdom*. London: Routledge, 2006; Steven Noll, *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900–1940*. Chapel Hill: University of North Carolina Press, 1995.

⁷³ See, for example, Joyner, ‘This Unnatural and Fratricidal Strife’; Freeberg, ‘Meanings of Blindness’; Noll, *Feeble-Minded in Our Midst*; Brad Byrom, ‘A Pupil and a Patient: Hospital-

impairment group and institutional histories are offset by other experiential approaches. As other historians have pointed out, most disabled people in the past have lived outside the walls of institutions.⁷⁴ If we are to ascertain, then, if there really was a ‘common base of experience’ for disabled people in the past, as Longmore claims, it is essential that we also examine disability from cross-impairment and non-institutional perspectives.⁷⁵ My study does just that. As I show in the pages that follow, disabled Revolutionary War veterans experienced a wide range of impairments and overwhelmingly lived in non-institutional settings.

Cross-impairment group experiential studies of disability are generally quite rare in the historiography.⁷⁶ The one area of research where this approach is fairly common, however, regards the history of disabled war veterans. This is clearly an area of great relevance to my study. It is also a subject to which my work makes a significant contribution. Hitherto, no full-length study of disabled Revolutionary War veterans has been written.⁷⁷ Mirroring the chronological bias of disability history more generally, most histories of disabled veterans concern veterans of nineteenth and twentieth century wars, particularly the two world wars.⁷⁸ A slowly growing number of historians are

Schools in Progressive America’ in Longmore & Umansky (eds.), *New Disability History*, 133–156.

⁷⁴ Nic Clarke, ‘Opening Closed Doors and Breaching High Walls: Some Approaches for Studying Intellectual Disability in Canadian History’, *Histoire Sociale/Social History* 39 (2006), 467–485; Longmore & Goldberger, ‘League of the Physically Handicapped’, 55.

⁷⁵ Longmore, ‘Uncovering’, 363; Longmore & Umansky, ‘Introduction’, 12.

⁷⁶ One of the few exceptions to this general characterisation is Longmore and Goldberger’s pioneering study ‘League of the Physically Handicapped’.

⁷⁷ The only historian that I am aware of who has looked at the topic of disabled Revolutionary War veterans at any length is Ben Mutschler. Mutschler devotes around half a chapter of his doctoral thesis to this issue. Mutschler, ‘The Province of Affliction’, 245–306.

Since writing this Introduction, I have also become aware of the work of Amy Renton, who is currently writing a doctoral thesis at the University of Cambridge. This thesis focuses, at least in part, on disabled veterans and explores the cultural representation of disability in Revolutionary America. Renton has informed me that she hopes to complete her project some time in 2011. I look forward to reading it.

⁷⁸ Gerber’s collection on disabled veterans is again representative of the field regarding this point. Of the volume’s ten essays dealing with topics covering the period from 1850 to the late twentieth century, half focus on veterans of the two world wars. Gerber (ed.), *Disabled Veterans*. For other examples of the historiography on disabled war veterans of the nineteenth and twentieth centuries, see Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914–39*. Berkeley: University of California Press, 2001; Patrick J. Kelly, *Creating a National Home: Building the Veterans’ Welfare State, 1860–1900*. Cambridge, Ma.: Harvard University Press, 1997; Kristy Muir, ‘“That Bastard’s Following Me!” Mentally Ill Australian Veterans Struggling to Maintain Control’ in David M. Turner, &

beginning, however, to look at the topic of disabled veterans from the vantage point of earlier, pre-nineteenth century, conflicts.⁷⁹ Such studies are vital if we are to fully appreciate the changing experiences of disabled ex-servicemen through the ages.

By emphasising the experiences of twentieth century veterans, the current historiography on disability skews our historical understanding of disabled veterans towards a period when rehabilitation services, hospitals, homes, and other special facilities for injured servicemen were quite common. As will become evident in the pages that follow, for veterans of earlier conflicts, like the Revolutionary War, such facilities and benefits were rarely significant features of their lives. Such services and institutions were not created on a large scale in the United States until the second half of the nineteenth century, following the carnage of the American Civil War (1861–65).⁸⁰ Apart from invalid pensions, disabled Revolutionary War veterans received no special disability benefits or services from the federal government. Their experiences, then, were far removed from those of twentieth century American veterans. Furthermore, unlike disabled veterans of later wars, who were often brought together in institutions or government funded disability programmes, Revolutionary War veterans do not appear to have developed a strong, self-conscious, group identity as disabled veterans. There was, for instance, no organisation or association for disabled veterans of the Revolutionary War like there was for subsequent generations of American servicemen.⁸¹ My study reminds us, then, that disabled veterans have not

Kevin Stagg (eds.), *Social Histories of Disability and Deformity*. Abingdon: Routledge, 2006, 161–174.

⁷⁹ See, for example, Edwards, ‘Philoctetes in Historical Context’; Hudson, ‘Disabled Veterans and the State in Early Modern England’; Isser Woloch, “‘A Sacred Debt’”.

⁸⁰ The history of domiciliary institutions for disabled veterans in the United States is illustrative of this point. Prior to the Civil War only two federally funded homes for disabled veterans existed: the United States Soldiers’ Home in Washington D.C., established in 1851, and the United States Naval Asylum in Philadelphia, which opened its doors in the early 1830s. Kelly, *Creating a National Home*, 12–14; ‘U.S. Naval Home’, <http://www.defenselink.mil/specials/heroes/navy.html> (accessed 31 July 2009). For a good account of the development and expansion of the national network of soldiers’ homes in the post-Civil War period, see Kelly, *Creating a National Home*.

⁸¹ Gerber, ‘Introduction’, 11–37. The only association for Revolutionary War veterans was the Society of the Cincinnati, founded in 1783. Membership of the Society was restricted to officers only, however, and had nothing to do with whether a veteran was disabled or not. No equivalent organisation existed for rank and file veterans. Minor Myers, *Liberty Without Anarchy: A History of the Society of the Cincinnati*. Charlottesville: University Press of

always constituted a distinct, self-identifying, social group within the United States. Neither have they always been singled out for treatment in specially created institutions. Such experiences, rather, are fairly recent historical phenomena.

Because disabled Revolutionary War veterans did not develop a strong sense of identity and were afforded very little special treatment by the government, I believe my findings tell us much about disability in the early United States in general. For the most part, disabled veterans during this period lived as other people with impairments and injuries did. Thus, while I recognise that my study represents a contribution to the fairly voluminous historiography on disabled veterans, I have not conceived of it as a study of disabled veterans only, but of disabled American men during this period more generally. I appreciate that the disabled veterans on whom I focus may have had *slightly* different post-war experiences to the non-military disabled population because of their *veteran* status, especially with regards to their relationship to the American state.⁸² The history of the early United States suggests, however, that any material differences resulting from this status were probably fairly insignificant.

It is well documented that, for most of the post-war period, veterans of the Continental Army were largely ignored by American society. Despite American victory in the conflict, rank and file veterans were not particularly revered or held in great esteem. As John Resch has shown, it was not until the War of 1812, when the United States witnessed an upsurge in nationalist sentiments, that ordinary veterans of the Continental Army began to be celebrated as heroes. Even then, however, this celebration was largely rhetorical. Apart from the creation of a new pension programme under the Revolutionary War Pension Act of 1818, this new found appreciation does not seem to have significantly affected the lives of veterans in a material way.⁸³ While disabled veterans derived some financial benefit from the pension system, the fact that no special infrastructure was created for them means that they essentially lived as other disabled American men of the period did.

Virginia, 1983; Caroline Cox, *A Proper Sense of Honor: Service and Sacrifice in George Washington's Army*. Chapel Hill: University of North Carolina Press, 2004, 241–242.

⁸² Gerber, 'Introduction', 11–24.

⁸³ Resch, *Suffering Soldiers*; Martin & Lender, *A Respectable Army*, 196–98; Cox, *A Proper Sense of Honor*, xiv, 237–244.

To summarise, then, the significance of my study for disability history lies in the fact that it examines disability in a largely unexplored period of US history. The fact that this period lies outside the current chronological focus of the field and is preindustrial in character has implications, as I have argued, for the theorisation of disability. My study also offers something of a counter-balance to the general orientation of the field by concentrating on the question of experience from a cross-impairment, non-institutional, and group perspective.

Outline of Chapters

My examination of the experiences of disabled veterans of the Revolutionary War can be broken down into two parts. The first part deals with the wartime experiences of these men while the second concentrates on their post-war lives. Sandwiched between these two parts is my investigation of the meaning of disability to the federal government.

Chapters One and Two constitute the wartime dimension of my study. In Chapter One, I look at the health risks of service in the American army and the ways in which American soldiers were injured during the conflict. I also examine the effects of their injuries, so as to provide the corporeal context to their lives as disabled veterans after the war.

In Chapter Two, I explore the type of treatment sick and wounded soldiers received during the war, and the channels of care through which it was delivered. The purpose of the chapter is to demonstrate how sick and wounded soldiers survived the war. I argue that the strategies injured soldiers employed illustrate the centrality of informal networks of care to their chances of survival. Furthermore, the successful use of these networks by American soldiers during the war indicates that early American society, despite the dislocations of war, was fairly well-suited to the task of accommodating, and responding to, the needs of sick and wounded troops. This accommodation continued and intensified in the post-war era and affected the experiences of disabled veterans.

Chapter Three, moves from an experiential perspective to the state-centred approach I outlined earlier and serves as a bridge, or interlude, between my discussions of the wartime and post-war experiences of disabled veterans. In this chapter, I examine the military pension system of the early United

States. Based on my analysis of pension legislation, I argue that the late eighteenth and early nineteenth century was an important period in the development of disability as a policy category.

Chapters Four and Five resume my exploration of the experiences of disabled veterans and shifts the focus of attention to the post-war world. In these two chapters I sketch the broad contours of the everyday lives of disabled veterans. This is the part of my thesis where I rely most heavily on my comparative examination of the pension files of disabled and nondisabled veterans. In Chapter Four, I investigate the working lives of veterans and show that there is good evidence to suggest that most disabled veterans were able to find productive roles within the early American economy. In Chapter Five, I look at the family lives of veterans and highlight the fact that disabled veterans were integral members of their families. In the conclusion to my study, I discuss the implications my findings have for scholarship in disability studies and history.

~ Chapter One ~

The Times that Tried Men's Bodies: The Health Risks of Revolutionary War Service

In 1830, Joseph Plumb Martin, an aging veteran of the Revolutionary War, published his memoirs of his time in General Washington's army. Infused with his own inimitable sense of humour, Martin's account is a testament to the arduous and physically demanding nature of life in the Continental Army.

The period of the revolution has repeatedly been styled "the times that tried men's souls." I often found that those times not only tried men's souls, but their bodies too; I know that they did mine, and that effectually.¹

Although clearly a playful reference to Thomas Paine's famous 'times that try men's souls' passage from *The American Crisis*, Martin's claim about the physical toll of Revolutionary War service on American soldiers is undoubtedly well-founded. As I show in this chapter, military service in the Revolutionary War really did try men's bodies. The wartime injuries sustained by disabled veterans are a stark reminder of this fact.

In this chapter, I draw on details found in the pension files of disabled veterans, along with information from other Revolutionary War records, to explore how invalid pensioners were injured during the war. I also examine the nature of those injuries, particularly the effects they had on the bodies of veterans. My purpose in doing so is to allow impairment an appropriate, though not dominant, place in my account of disabled veterans. As I mentioned in the Introduction, although disability historians reject the medical model's pathologisation of disability, the best disability histories do not ignore the

¹ Joseph Plumb Martin, *A Narrative of a Revolutionary Soldier: Some of the Adventures, Dangers and Sufferings of Joseph Plumb Martin*. New York: Signet Classic, 2001 [Orig. published 1830], 147.

corporeal effects of disabled people's medical conditions altogether. Rather, they recognise that impairment does have a material impact on the lives of disabled people. In doing so, such disability histories are better placed to offer narratives of disability that do justice to the topic of lived experience than studies that do not. It is with this in mind that I have chosen to concentrate on the wartime injuries of disabled veterans in this chapter.

The chapter is split into two parts. In the first part, I look at the causes of the wartime injuries for which veterans were pensioned after the war. In the second part, I briefly examine the effects of those injuries, so as to highlight the corporeal dimensions of disabled veterans' lives and further contextualise my examination of their post-war experiences presented in subsequent chapters.

Causes

The disabled veterans I examine in this study were injured in a variety of ways during the Revolutionary War. Table 1 below summarises the main causes of the injuries for which they received invalid pensions after the war.

Combat	87 %
Accidents	9 %
Disease ²	3 %
Frostbite	1 %

Table 1. Causes of pension qualifying injuries of invalid pensioners

As can be seen, the most common cause of the pensionable injuries of disabled veterans was combat. During the war, Continental Army commanders organised, trained, led, and equipped their troops according to the standards of eighteenth century European warfare. This way of waging war generally relied on the use of infantry, armed with muskets and bayonets, supported by cavalry

² This figure also includes two veterans who stated that their wartime injuries stemmed from the effects of disease *and* battle wounds.

and artillery. During major set-piece battles, the infantry units of the two opposing sides were arranged into linear formations two or three ranks deep. As the engagement progressed, these formations drew closer together until they were within about fifty yards (46 metres) of each other. When they were, the two lines exchanged volleys with the intention of decimating the ranks of the opposing side sufficiently enough to launch a bayonet charge. Such an attack was considered successful if it broke the enemy's line and forced it to retreat. Once the enemy was in disarray, cavalry were often dispatched to cut down fleeing troops with sabres. In eighteenth century terms, the side that held the battlefield and forced the other from it was deemed the victor.³

To be sure, not all combat during the war took place in the open on such a grand and strictly choreographed scale. The history of the conflict is replete with other types of military engagement varying in scale from major siege operations, like the one at Yorktown, Virginia, in 1781, to minor skirmishes involving relatively few combatants, such as the one Joseph Plumb Martin took part in the same year.⁴ While on a reconnaissance patrol somewhere in New York, Martin, along with thirteen other Continental soldiers, was attacked by a party of thirty to forty 'Cowboys' allied to the British. After an exchange of gunfire, Martin and his unit decided to make a run for it. Although small in scale, this incident was as potentially dangerous as any of the large set-piece battles fought during the war. While no one in his party was killed, the danger that he and his comrades faced in this action was certainly not lost on Martin, as he was wounded during the engagement and was lucky to escape with his life.⁵

Irrespective of the size of the action or the precise tactics employed, most combat situations during the Revolutionary War generally involved massed gunfire, bayonet attacks, mounted fighting, and, less frequently, artillery. The wartime wounds of disabled veterans are a testament to this fact. Many of the men who received invalid pensions after the war were pensioned for gunshot wounds to various parts of their bodies. Levi Chubbuck, for instance, was wounded in 1777 by a musket ball in his left knee at the Battle of

³ Lawrence E. Babits, *A Devil of a Whipping: The Battle of Cowpens*. Chapel Hill & London: University of North Carolina Press, 1998, 16–22; Boatner, *Encyclopedia of the American Revolution*, 64–65, 756–757.

⁴ For an overview of the Siege of Yorktown, see Boatner, *Encyclopedia of the American Revolution*, 1241–1250.

⁵ Martin, *Narrative of a Revolutionary Soldier*, 188–191.

Throg's Point, New York.⁶ While building a fortress in the vicinity of Boston, Joseph Rumrill was also wounded by a musket ball. According to testimony given by his widow after his death, this ball passed through Rumrill's head, near the back of his mouth, knocking out eleven of his teeth and 'cutting off quite a part of his tongue'.⁷

The weapon most likely responsible for the wounds of veterans like Rumrill and Chubbuck was probably the standard issue 'Brown Bess' musket used by most British troops during the war. This gun fired a lead ball that was about the size of a small marble and weighed around one ounce (28.3 grams).⁸ Upon impact, these balls would often lose their shape and flatten out, causing considerable tissue and bone damage to the victim and making removal of the ball difficult. The gunshot wound suffered by Michael Jackson in 1776 during a botched attack on British forces occupying Montresor's Island in New York is illustrative of this spreading effect. Jackson was wounded in the leg by 'an ounce ball' just below his right knee. This ball was extracted and kept as a family heirloom. According to Jackson's son, who was in possession of the projectile in the early nineteenth century, the ball was 'so bruised by the bones that it measured 1 ¾ inches [4.4 cm] in length and ¾ inch [1.9 cm] in width'. Needless to say, Jackson's bones fared even worse, as the ball appears to have badly shattered much of his lower leg, a wound from which he never fully recovered.⁹

It was not simply the firepower of British musketry that posed a threat to the bodies of American soldiers, however. As mentioned earlier, bayonet charges were an integral part of eighteenth century military tactics. During battle, muskets like the Brown Bess were usually fitted with bayonets that

⁶ Levi Chubbuck (Dis), PF, S45632; Clark (comp.), *The Pension Lists of 1792–1795*, 63; Boatner, *Encyclopedia of the American Revolution*, 1099–1100.

⁷ Joseph Rumrill (Dis), PF, W20041. For other examples of disabled veterans who received gunshot wounds during the war, see Joseph Sapp (Dis), PF, S41122; Daniel Nutting (Dis), PF, W15135; Amos Camp (Dis), PF, S45322; James Chappell (Dis), PF, S19935; Andrew Aiken (Dis), PF, S45497, and Andrew Griswold (Dis), PF, W17963.

⁸ The calibre of ball used by the Brown Bess was 0.75 inches (1.9 cm). For more detailed information on this weapon, see: John W. Wright, 'Some Notes on the Continental Army' *William and Mary Quarterly*, 2nd ser. 11 (1931), 88; Boatner, *Encyclopedia of the American Revolution*, 118

⁹ Ebenezer Jackson to Ebenezer Jackson Junior, 7 May 1823 in Frank Farnsworth Starr, *The Edward Jackson Family of Newton, Massachusetts*. Hartford: University Press, 1895, 50–54, quotation from 54.

Montresor's Island is now known as Randall's Island and is located in the East River, close to Manhattan. Boatner, *Encyclopedia of the American Revolution*, 730.

ranged in length from fourteen to seventeen inches (35–43 cm).¹⁰ Bayonet attacks could be especially frenzied, with many victims receiving multiple stab wounds, as the case of invalid pensioner Ambrose Lewis indicates. Lewis was seriously injured at the Battle of Camden in 1780 when he was bayoneted five times ‘through different parts of his body and limbs’.¹¹ Lewis was not alone in his misfortune. As participant accounts of the Revolution make clear, bayonet attacks were common throughout the war and were responsible for the deaths and injuries of many American servicemen.¹²

Bayonets were not the only bladed weapons used against American forces during the war. The pension records of disabled veterans like Jacob Acker and Naboth Lewis reveal that Revolutionary soldiers were also wounded by swords of various descriptions. In Acker’s case, he was hit on the head with a sabre during a clash with British dragoons in 1782. This left him with a severe five inch (12.7 cm) gash on his left temple.¹³ Lewis was also slashed across the head with a sword, though in his case, he referred to the offending weapon as a ‘broadsword’. In the same attack, Lewis also received multiple cuts to his shoulders, wrists, and hands.¹⁴

As Continental soldier Elisha Bostwick’s memoirs make clear, the British also used artillery to great and deadly effect in some engagements. At the Battle of White Plains, New York, in October 1776, a part of the American line in which Bostwick’s company was fighting came under fire from a British cannon. Bostwick’s account of the incident vividly illustrates the kind of carnage a single cannonball fired into a densely packed military formation could cause.

as we were on the declivity of the hill a cannon ball
cut down Lt. Youngs Platoon which was next to that

¹⁰ Boatner, *Encyclopedia of the American Revolution*, 118; Babits, *A Devil of a Whipping*, 15.

¹¹ Lewis was also wounded in the thigh by a musket ball during the engagement. Ambrose Lewis (Dis), PF, S36041; Ambrose Lewis, Invalid Pension Application, May 1787, Commonwealth of Virginia, ‘Revolutionary War Pension Records’, *Library of Virginia Digital Collection*, <http://lvimage.lib.va.us/cgi-bin/GetRev.pl?dir=0613/K0005&card=24>, 5–6 (accessed 23 Apr 2010).

¹² See, for example, Joseph Cutler (Dis), PF, S12643; Daniel Evans (Dis), PF, W17766; John C. Dann (ed.), *The Revolution Remembered: Eyewitness Accounts of the War for Independence*. Chicago & London: University of Chicago Press, 1980, 149–150, and Martin, *Narrative of a Revolutionary Soldier*, 154.

¹³ Jacob Acker (Dis), PF, W2046.

¹⁴ Naboth Lewis (Dis), PF, W27810.

of mine[;] the ball first took the head of Smith, a Stout heavy man & dash't it open, then it took off Chilsons arm which was amputated & he recovered it then took Taylor across the Bowels, it then Struck Sergt. Garret of our Company on the hip [and] took off the point of the hip bone....oh! what a Sight that was to See within a distance of Six rods those men with their legs & arms & guns & packs all in a heap[.]¹⁵

Several invalid pensioners were pensioned for wounds caused by cannonballs.¹⁶ Almost a year after the incident described by Bostwick, James Burgess was injured when a cannonball smashed into his hip at the Battle of Germantown.¹⁷ In 1779, William Cushing had 'the fleshy part' of his thigh shot off by a cannon ball at the Battle of Saratoga.¹⁸

Although combat was undoubtedly the most obvious risk to the lives and health of Revolutionary War soldiers, it was not the only one. As Table 1 shows, the injuries of disabled veterans were also sometimes caused by other factors. After battle, accidents were the next biggest cause of pensionable wartime injury. Sometimes these accidents involved weapons and caused the same kinds of wounds as combat, as invalid pensioner Oliver Rogers found out when he was accidentally shot in the hand while serving as a marine on board an American warship.¹⁹

Eighteenth century firearms were notoriously unstable and were easily discharged by accident. Eyewitness accounts of the Revolutionary War abound with examples of accidental shootings, such as the one recorded by Samuel

¹⁵ W. S. Powell (ed.), 'A Connecticut Soldier Under Washington: Elisha Bostwick's Memoirs of the First Years of the Revolution', *William and Mary Quarterly* 6 (1949), 101. For another eyewitness description of the effects of artillery fire, see James Thacher, *Military Journal of the American Revolution*. New York: New York Times & Arno Press, 1969, 113.

¹⁶ As well as cannonballs, eighteenth century artillery pieces also fired grape and case shot. This type of ammunition consisted of several small balls tightly packed together in a canvas bag (grapeshot) or tin canister (case shot). On firing, these containers would split open spreading their contents in a scattergun-like fashion. Because of its canister container, case shot is also sometimes referred to as canister shot. Babits, *A Devil of a Whipping*, 21; Boatner, *Encyclopedia of the American Revolution*, 181, 444. For an example of an invalid pensioner whose wounds were caused by grapeshot, see: Thomas Avery (Dis), PF, S5260.

¹⁷ James Burgess (Dis), PF, S44718.

¹⁸ William Cushing (Dis), PF, W1569. For another example of a disabled veteran hit in the leg by a cannonball, see Charles Huntoon (Dis), PF, W23354.

¹⁹ Oliver Rogers (Dis), PF, S36275.

Hawes during the American siege of Boston. According to Hawes' journal entry for 28 April 1775:

[Today] our regement paraded and went through the manual exesise[,] then we grounded our firelocks and every man set down by their arms and one abial Petty axedentely discharged his peace and shot two Balls through the Body of one asa cheany.²⁰

Despite the well documented and very real risks of being around muskets, however, most of the wartime accidents recorded in the pension files of invalid pensioners had nothing to do with firearms. Life in the American army was tough and physically demanding. Soldiers often found themselves in hazardous situations away from the battlefield as well as on it and accidents were common. Almost half of the disabled veterans who received pensions for accidents were hurt in falls of some description. David Alshouse, for example, was injured when he tumbled from the ramparts of West Point in 1780.²¹ Other soldiers were hurt when they fell off horses or wagons, as invalid pensioners Asa Hill, Benjamin Strother, and Daniel Dodd were.²² Modes of transport could be dangerous in other ways too. Job Snell, for instance, lost his forefinger and part of his hand while helping to row troops from Newport to New Haven in 1776.²³

As part of their non-combat duties, American soldiers were also required to perform other essential ancillary tasks such as chopping wood or building fortifications and shelters. These tasks were often very strenuous and could injure the bodies of soldiers in ways not dissimilar to combat. There are several

²⁰ Richard Brigham Johnson (ed.), 'The Journal of Samuel Hawes', *New England Historical and Genealogical Register* 130 (1976), 213–214. For further examples of accidental shootings similar to the one recorded by Hawes, see James McMichael, 'Diary of Lieutenant James McMichael, of the Pennsylvania Line, 1776–1778', *Pennsylvania Magazine of History and Biography* XVI (1892), 131; Howard H. Peckham & Lloyd A. Brown (eds.), *Revolutionary War Journals of Henry Dearborn, 1775–1783*. Freeport, NY: Books for Libraries Press, 1969, 174–175.

²¹ David Alshouse (Dis), PF, S39928.

²² Asa Hill (Dis), PF, S44198; Benjamin Strother (Dis), PF, S7635; Daniel Dodd (Dis), PF, S43505.

²³ Job Snell (Dis), PF, S42356; Clark (comp.), *The Pension Lists of 1792–1795*, 22.

cases, for example, of veterans apparently being awarded pensions for wounds sustained while engaged in wood chopping or construction work.²⁴

Disease was another significant cause of the wartime injuries of disabled veterans. 3% of invalid pensioners were pensioned for impairments resulting from diseases contracted while in the army. This may seem like a small figure given the widely acknowledged impact of disease on Washington's forces. Of all the health risks facing American soldiers, disease was probably the most prevalent – a fact that is illustrated by the patient figures for military hospitals like the one at Sunbury, Pennsylvania. Between August and September 1779, 74% of the hospital's patients were suffering from the effects of disease, whereas only 26% had been admitted because of wounds.²⁵

In terms of numbers, disease was also more deadly than combat. Historians have estimated that of all the American soldiers who died in the war, 90% were killed by disease.²⁶ To some extent, this fact helps explain why the disease related injury figure for invalid pensioners presented in Table 1 is so small compared to the figure for combat wounds. Generally speaking, soldiers who contracted diseases during the war either made a full recovery or died. Disease was not so much a cause of impairment, but more a cause of death or immunity to future infection. Yet, the fact that only a small proportion of invalid pensioners were pensioned for the effects of disease is not simply explained by the different consequences of disease vis-à-vis wounds. As I show in Chapter Three, another reason why there were more veterans pensioned for wounds than disease was because invalid pension legislation tended to favour wounds as a cause of disability over all other causes.

Irrespective of the relative significance of disease as a cause of pensionable injury, the figures outlined in Table 1 clearly indicate that the impairments of disabled veterans were sometimes a consequence of contagion. During the war, American troops suffered from a whole host of maladies, the three biggest killers of which were typhus, dysentery, and smallpox.²⁷ Of all the

²⁴ See, for example, Robert Smith (Dis), PF, W19382; Tilly Mead (Dis), PF, S33400; Isaac Buell (Dis), PF, S10395; Clark (comp.), *The Pension Lists of 1792–1795*, 73, 74.

²⁵ John W. Jordan, 'Continental Hospital Returns, 1777–1780', *Pennsylvania Magazine of History and Biography* 23 (1899), 211.

²⁶ Mary C. Gillet, *The Army Medical Department, 1775–1818*. Washington: Government Printing Office, 1981, 3.

²⁷ Richard L. Blanco, 'Military Medicine in Northern New York, 1776–1777', *New York History* 63 (1982), 43–44. Other significant diseases affecting American troops included yellow fever, malaria, typhoid, and various venereal diseases. Gillet, *Army Medical*

diseases to which soldiers were exposed, only smallpox appears to have been a cause of pensionable injury.²⁸ Disabled veteran, Joel Fox, for example, received an invalid pension after the war partly because he had lost the sight in his right eye as a result of smallpox.²⁹ Indeed, of all the impairments blamed on smallpox by invalid pensioners, blindness was by far the most common.³⁰ In some cases, the smallpox that caused the blindness of veterans was not always contracted naturally. The loss of sight experienced by invalid pensioners Anthony Starbird and William Taggart, for instance, was a consequence of complications arising from inoculations to prevent the disease.³¹

As the high incidence of diseases like smallpox indicates, conditions in the Continental Army were generally quite bad. In addition to unsanitary disease breeding camps, the supply problems that plagued the military during the war meant that American servicemen were also frequently faced with a lack of essential provisions.³² Sometimes Revolutionary commanders could not even feed their troops adequately and soldiers were obliged to live on significantly reduced rations.³³ At other times, the food situation was so bad that starving soldiers were forced to eat dogs or, in really extreme circumstances, the wicks of candles.³⁴ Such nutritional hardships surely

Department, 4; Martin, *Narrative of a Revolutionary Soldier*, 219; Kagel, Steven E. (ed.), *The Diary of Josiah Atkins*. New York: NY Times & Arno Press, 1975, 55–56.

²⁸ All of the disabled veterans who received pensions because of disease were pensioned for the effects of smallpox.

²⁹ Joel Fox (Dis), PF, W4673; Clark (comp.), *The Pension Lists of 1792–1795*, 11.

³⁰ Three-quarters of the disabled veterans who received pensions for the effects of smallpox were pensioned because of a loss of sight in at least one eye.

³¹ Anthony Starbird (Dis), PF, S37462; Clark (comp.), *The Pension Lists of 1792–1795*, 5, 17; William Taggart (Dis), PF, S19809. Very occasionally smallpox inoculations could cause complications that affected other parts of the body. See, for example, Moses Cass (Dis), PF, W22733; Clark (comp.), *The Pension Lists of 1792–1795*, 5. In Cass's case, his inoculation appears to have affected the use of his right arm and hand. For an overview of the smallpox problem in Revolutionary America and the inoculation process, see Elizabeth A. Fenn, *Pox Americana: The Great Smallpox Epidemic of 1775–82*. New York: Hill & Wang, 2001.

³² Boatner, *Encyclopedia of the American Revolution*, 1079–1084.

³³ See, for example, Henry Dearborn's journal entry for 30th August 1779, where Dearborn notes that 'the army by a request of Gen^l. Sullivans agree'd to live on half a pound of beef & half a pound of flower p^r day' – a ration that amounted to around half that set by Congress at the start of the war. Peckham & Brown (eds.), *Journals of Henry Dearborn*, 179–180. For details of American ration allowances during the war, see Boatner, *Encyclopedia of the American Revolution*, 843–844.

³⁴ Peckham & Brown (eds.), *Journals of Henry Dearborn*, 53; Dann (ed.), *The Revolution Remembered*, 17; R. C. Bray & P. E. Bushnell (eds.), *Diary of a Common Soldier in the American Revolution, 1775–1783: An Annotated Edition of the Military Journal of Jeremiah Greenman*. Dekalb: Northern Illinois University Press, 1978, 18.

undermined the health of Washington's men and weakened them in a way that made recovery from wounds or disease more difficult.

It is, of course, very hard to make a definite link between the severity of the long term injuries of disabled veterans and the malnourishment they experienced during the war. In some cases, however, a tenable link between the supply problems of the army and the impairments of former soldiers can be made. As Table 1 illustrates, one disabled veteran, a man named Prince Vaughan, was injured in the war by frostbite – an injury that was unlikely to have occurred had the soldier been adequately clothed.³⁵

To sum up, then, the causes of the wartime injuries of the invalid pensioners I examine in this study were combat, accidents, disease, and frostbite. In the next section, I look at the effects that these injuries had on the bodies and physical abilities of disabled veterans.

Effects

Arm	30 %
Leg and/or Hip	35 %
Torso	8 %
Head	4 %
Sight	3 %
Other	2 %
Multiple	19 %

Table 2. Parts of the bodies of invalid pensioners affected by wartime injury.³⁶

³⁵ Prince Vaughan (Dis), PF, S42603. For another example of an invalid pensioner who was badly frostbitten during the war, see: Kenneth R. Bowling et al. (eds.), *Documentary History of the First Federal Congress of the United States of America, March 4, 1789–March 3, 1791, Vol. 7 – Petition Histories: Revolutionary War-Related Claims*. Baltimore: Johns Hopkins University Press, 1998, 374.

³⁶ Sum of percentages is 101 due to rounding.

As Table 2 shows, invalid pensioners were injured in various parts of their bodies. Viewed as a whole, then, the disabled veterans I focus on in this study clearly constitute a cross-impairment group. Consequently, as mentioned in the Introduction, my findings regarding disabled veterans speak to Paul Longmore's idea that disabled people share a 'common base of experience' that transcends any impairment specific experiences they might have. Put another way: the cross-impairment perspective of my study has enabled me to advance an interpretation that emphasises the general features of disabled veteran life over more specific features associated with particular impairments.

While I seek to emphasise the general characteristics of disabled veteran life across all impairment types in the pages that follow, I do not wish to imply that there was no variation in the corporeal consequences of wartime injury. As Table 2 suggests, there quite clearly was. The practical effects of a loss of sight, for instance, were undoubtedly different to those associated with a wound to the arm. Such differences are undeniable. I will examine the specific effects of different impairments shortly. Before I do, however, a brief discussion of pain is in order.

Of all the bodily consequences of wartime injury, pain was the only one that seems to have cut across all impairment types. This is hardly surprising if we consider that a vast majority of invalid pensioners were pensioned for the effects of combat wounds (Table 1). The pain these men felt was often at its most intense in the hours and days following their wounding after the effects of shock had worn off. As an old man in the mid-nineteenth century, Zachariah Greene could still recall with vivid clarity his suffering as a wounded soldier many years earlier. Greene had been shot in the left shoulder during the Battle of White Marsh in December 1777. After having his wound dressed, he was moved to a horse shed for the night until better accommodation could be found for him. Here is his account of the time he spent there:

It was a long and painful night! My garments were saturated with blood; and the severe fatigue of battle, the loss of blood, with the chill of the cold night air,

subjected me to distressing cramps in my breast and limbs.³⁷

This was clearly an agonising experience for Greene and one he never forgot. The excruciating pain he felt that night, moreover, appears to have continued virtually unabated for many weeks, and possibly months, after he was shot. While his bleeding seems to have stopped fairly quickly, Greene's shoulder remained severely bruised and shattered for quite some time – a situation that in his own words proved 'very painful'.³⁸ Greene's situation did improve, but only slowly. According to another source relating to his life, although his wound began to heal after several weeks, 'it was over *ten* months before it got well'.³⁹ Presumably, by that time the pain of Greene's wound was much less debilitating than it had been in the weeks immediately following his shooting.

Many disabled veterans also experienced longer term pain as a result of their combat injuries. Ambrose Lewis, for instance, who, as previously mentioned, was stabbed five times with a bayonet at the Battle of Camden in 1780, was still complaining of pain because of his wounds seven years later.⁴⁰ Similarly, in 1815, almost forty years after he was shot in the shoulder at the Battle of Saratoga, Ebenezer Brown also reported that his wound continued to cause him great pain. Brown's wound was so painful, in fact, that it deprived him 'of much nightly rest'.⁴¹ Evidence found in the pension files of veterans suggests that many other invalid pensioners suffered from pain as a result of their war wounds well into the nineteenth century too.⁴²

³⁷ Zachariah Greene, 'Record of My Life and of the Greene Family' in Charles J. Werner (comp.), *Genealogies of Long Island Families*. New York: Charles J. Werner, 1919, 129. Greene gave a similar account of the night he spent in the horse shed in a letter to President Franklin Pierce, dated 29 March 1855. This letter can be found in Greene's pension file. Zachariah Green/e (Dis), PF, S28747.

³⁸ Zachariah Green/e (Dis), PF, S28747.

³⁹ John Ordronaux, *Eulogy on the Life and Character of Rev. Zachariah Greene, A Patriot of the Revolution, and Late Senior Pastor of the First Presbyterian Church, Setauket, N. Y.* New York: Baker & Godwin, 1859, 23. Emphasis original.

⁴⁰ Ambrose Lewis, Invalid Pension Application, May 1787, *Library of Virginia Digital Collection*.

⁴¹ Ebenezer Brown to Standing Committee of the Massachusetts Society of the Cincinnati, 1 January 1815, Massachusetts Society of the Cincinnati Records, Massachusetts Historical Society, on deposit from the Massachusetts Society of the Cincinnati (hereafter cited as MSC).

⁴² See, for example, Clement Sewall (Dis), PF, S20192; Joseph Richardson (Dis), PF, S20168; Amos Pearson (Dis), PF, S30025.

While pain due to wartime injury was probably something all disabled veterans shared in common to some extent, the physical restrictions, or impairments, caused by their injuries could be very different. This is hardly surprising considering the wide range of injuries suffered by invalid pensioners during the war. As I suggested earlier, the practical effects of disabled veterans' impairments can be fairly easily deduced from the information presented in Table 2. As we might expect, wounds to the limbs, which affected around two-thirds of the invalid pensioners I have studied, frequently left veterans with limited mobility. Wounded in the right knee by a cannonball in 1775, Charles Huntoon was still walking with a limp nearly forty years later.⁴³ Other veterans who were wounded in their legs had to use sticks or crutches to get around after the war.⁴⁴ Invalid pensioners with injuries to their arms or shoulders were also affected in similarly obvious ways. Moses S. George, for example, was shot in the right elbow at the Battle of Hubbardton in July 1777. According to papers found in his pension file, the musket ball that smashed into his arm 'fractured' his bones and rendered the limb 'crooked and stiff'.⁴⁵ The pension files of many other disabled veterans also indicate that they had difficulties moving or using their upper limbs because of wounds to their arms or shoulders.⁴⁶ In the case of amputee veterans, of course, the impact of their war wounds was even more obvious and they lost the use of their injured limbs altogether.⁴⁷

Although wounds to the arms or legs were the most common cause of pensionable injury, as Table 2 shows, a significant proportion of invalid pensioners were pensioned for injuries to other parts of their bodies. Like wounds to the limbs, the effects of these injuries are also quite easy to guess. Men like Josiah Chute, for instance, who had been wounded in the chest, often suffered with respiratory problems.⁴⁸ Recall also the example of Joseph Rumrill, the soldier shot in the mouth I referred to earlier. Given the fact that Rumrill lost eleven of his teeth and part of his tongue, it is hardly surprising to

⁴³ Charles Huntoon (Dis), PF, W23354.

⁴⁴ See, for example, Andrew Griswold (Dis), PF, W17963; Ambrose Lewis (Dis), PF, S36041; Jeremiah Everett (Dis), PF, W21081, and William Cushing (Dis), PF, W1569.

⁴⁵ Moses S. George (Dis), PF, S39569; Clark (comp.), *The Pension Lists of 1792–1795*, 82.

⁴⁶ For examples, see Josiah Chute (Dis), PF, W24842; Joseph Richardson (Dis), PF, S20168; Zachariah Green/e (Dis), PF, S28747.

⁴⁷ For amputee veterans, see: Leonard Cooper (Dis), PF, W6712; Joseph Cox (Dis), PF, S34239; William Deaver (Dis), PF, S12754, and Josiah Strong (Dis), PF, S42428.

⁴⁸ Josiah Chute (Dis), PF, W24842. For another invalid pensioner who had difficulties breathing as a result of his injuries, see Ambrose Lewis, Invalid Pension Application, May 1787, *Library of Virginia Digital Collection*.

learn that his injury ‘always prevented his speaking plainly’ and affected his ability to eat.⁴⁹

In general, then, the injuries of disabled veterans affected the functioning of a wide range of body parts. These impairments restricted the abilities of veterans to perform certain everyday tasks, such as walking, lifting, or, in Rumrill’s case, simply eating. The precise effects of disabled veterans’ injuries, of course, varied from veteran to veteran and depended, in large part, on what part(s) of their bodies had been hurt during the war. Despite this diversity, however, it seems clear that all disabled veterans would have encountered some kind of practical difficulties in their daily lives as a result of their pensionable injuries. Even when adopting a sociocultural view of disability, as I do, these difficulties cannot be denied and nor should they. Unless we recognise their bodily limitations, we can never hope to fully understand the quotidian experiences of disabled veterans.

Conclusion

The disabled veterans I focus on in this study were injured in a variety of ways during the Revolutionary War. By far the most common cause of injury was combat. Some veterans, however, were not hurt in battle, but sustained their injuries while engaged in more mundane duties as a result of accidents or disease. The injuries suffered by invalid pensioners, moreover, seem to have affected virtually every part of the human body from the head to the toes.

Despite the diversity in the causes and effects of the wartime injuries of disabled veterans, the evidence I have presented in this chapter suggests that a typical invalid pensioner was someone who had been wounded in a limb or limbs. Consequently, most of the disabled veterans I examine tended to experience limited mobility of some kind. This profile ought to be kept in mind when considering the account of disabled veterans I develop in the pages that follow. Doing so helps us to identify the types of everyday activities disabled veterans may have had difficulty performing. This, in turn, allows us to appreciate the ways in which the materiality of different bodies interacted with

⁴⁹ Joseph Rumrill (Dis), PF, W20041.

the social and cultural construction of early America to shape the lives of disabled veterans.

Knowing how American soldiers were injured during the war and the effects that these injuries could have on their bodies is clearly of relevance to a history of disabled veterans like mine. It does not, however, tell us how soldiers became disabled veterans. As I have already intimated, from a disability studies perspective, there are theoretical reasons to make such an assertion. If we reconfigure disability as a primarily social, as opposed to medical, experience, as disability studies scholars urge, it is obvious that disability can never be adequately explained solely in terms of biomedical dysfunction. This, as I have already stated, is also my view. There is, however, a much more simple, and theory free, reason to make this assertion too.

In the final analysis, an injured soldier could not become a disabled *veteran* until he had been discharged from the army. This, of course, required him to survive his injuries, which was no small feat. Statistically speaking, American soldiers had a better chance of dying in the Revolutionary War than being wounded and surviving. Consider the casualty figures conservatively estimated by historian Howard Peckham. According to Peckham's estimates, 12.5% of General Washington's forces were killed during the Revolution while only around 4% were wounded.⁵⁰ Seen in this light, then, the disabled veterans that lie at the heart of my study were quite exceptional in that they were wounded and survived.

In the next chapter, I address the question of how these men managed to survive when so many of their comrades-in-arms, who were presumably injured in similar ways, perished. In doing so, the focus of attention shifts from the nature of the wounds of veterans to the treatment and care of those wounds.

⁵⁰ Howard H. Peckham (ed.), *The Toll of Independence: Engagements and Battle Casualties of the American Revolution*. Chicago: University of Chicago, 1974, 130–134.

~ Chapter Two ~

Surviving the Revolution: The Care of Sick and Wounded American Soldiers during the War of Independence

On the 4 October 1777 American forces were defeated at the Battle of Germantown just outside Philadelphia. Writing to Congress the following day to report details of the battle, General Washington described the engagement as ‘rather unfortunate than injurious’.¹ To some extent, Washington was correct in his initial assessment of the battle. In terms of the final outcome of the war, the defeat at Germantown was certainly not a decisive blow to the American cause. Yet, to the bodies of many of the men involved in the fighting, the consequences of the battle were, contrary to Washington’s claim, very injurious indeed.² Of the 11,000 American soldiers used in the operation, over 500 were wounded.³ Somewhere in this faceless statistical mass of crumpled, bleeding and broken bodies were future invalid pensioners, Andrew Griswold and Clement Sewall.⁴ The stories of what happened to Griswold and Sewall after

¹ Washington to the President of Congress, October 5, 1777. John C. Fitzpatrick (ed.), *The Writings of George Washington*, vol. 9. Online edition, <http://etext.virginia.edu/toc/modeng/public/WasFi09.html> (accessed 18 Feb 2009).

² Washington revised his opinion of the human cost of the battle two days later, after he had obtained a better picture of his losses, admitting that American casualties appear ‘to be more considerable, than I first apprehended’. Washington to the President of Congress, October 7, 1777, *ibid.* (accessed 18 Feb 2009).

³ The full American casualty figures for the battle were: 152 killed, 521 wounded, and over 400 captured. Boatner, *Encyclopedia of the American Revolution*, 426–430. The number of wounded represents a total of nearly 5% of all Americans engaged in the attack – a figure that is in line with Howard Peckham’s estimates for the entire war cited in the previous chapter.

⁴ As the following table shows, of all the actions in which the disabled veterans examined in this study were wounded, the Battle of Germantown was the second most injurious.

Name & year of battle	% of all disabled veterans examined
Bunker Hill, 1775	10
Germantown, 1777	8
Monmouth, 1778	6
1 st Battle of Saratoga, 1777	5
2 nd Battle of Saratoga, 1777	4

they were injured at Germantown illuminate the structures, mechanisms, persons, and strategies used by sick and wounded Americans to improve their chances of survival.

Griswold and Sewall were typical of the majority of invalid pensioners I examine in this study in that they were pensioned for combat injuries to their limbs. Both men received serious gunshot wounds to their legs, Griswold below the knee and Sewall just above the ankle.⁵ Given the obvious mobility limiting nature of these injuries, it seems likely that both Griswold and Sewall would have had difficulties getting away from the battlefield on their own. How exactly the two men managed to avoid the same fate as the more than 400 Americans captured by the British during the battle remains uncertain. According to military historian Erna Risch, the American army had ‘no regular system for collecting soldiers wounded in battle’ during the Revolution.⁶ Neither Griswold’s nor Sewall’s pension file mention how they got off the battlefield safely, though there is good evidence from other sources to suggest that they were probably helped off by other soldiers.⁷ Once away from the immediate danger of the fighting, Griswold and Sewall were most likely transferred to wagons or horses, as other non-walking wounded soldiers at Germantown were.⁸

Whatever the precise details of their respective evacuations from the battlefield, both men eventually ended up in the military hospital at nearby Reading, Pennsylvania.⁹ There, they were both attended to by surgeons. The medical attention that Sewall received, however, was particularly unwelcome as ‘a Surgeon wish’d to amputate his leg’, which Sewall ‘would not consent

⁵ Unless noted, the information and quotations relating to Griswold and Sewall presented in the remainder of this section are drawn from the two men’s pension files. Andrew Griswold (Dis), PF, W17963; Clement Sewall (Dis), PF, S20192.

⁶ Erna Risch, *Supplying Washington’s Army*. Washington, D.C.: Center of Military History, United States Army, 1981, 379.

⁷ An eyewitness at Germantown noted, for instance, that one of the reasons the Americans had such difficulty in maintaining an ordered advance during the battle was that ‘great numbers’ of soldiers ‘left their corps to help off the wounded’. Journal of Colonel Timothy Pickering, October 1777 in Henry Steele Commager & Richard B. Morris (eds.), *The Spirit of ’Seventy-Six: The Story of the American Revolution as Told by Participants*. New York: Harper & Row, 1975, 627.

⁸ Thomas Paine to Benjamin Franklin, 16 May 1778 in Moncure Daniel Conway (ed.), *The Writings of Thomas Paine*. New York: G. P. Putnam’s Sons, 1894, vol. 1, 387.

⁹ Frances Manwaring Caulkins, *History of Norwich, Connecticut: From its Possession by the Indians, to the Year 1866*. Chester, CT.: The Pequot Press, 1976, 424.

to'. Griswold, in contrast, was apparently more acquiescent, as his pension file records that he patiently submitted to a painful surgical procedure whereby shattered pieces of bone were extracted from his leg every day for a period of eleven months. When this process was complete, Griswold set off for his home in Connecticut, arriving there twenty-two days later, 'a mere skeleton'.

Possibly because of his surgeon's penchant for amputation, Sewall was also keen to get away from the hospital. According to a witness statement in his pension file, Sewall left Reading for his father's house in Maryland 'as soon as he could travel'. Like the emaciated Griswold, however, Sewall's journey was a hard one, made 'with great pain (in a deep snow) without money and little clothing'. Despite these hardships, Sewall made it home safely 'with the assistance of friends and benevolent persons' he met on the way.

Griswold and Sewall's stories highlight several aspects of the experiences of sick and wounded soldiers during the war that I explore in this chapter. First, the channels of care and assistance available to wounded soldiers during the war, though diverse, were essentially of two types: the formal and the informal. The formal system of care consisted of the medical facilities and services provided by the army, like the hospital and surgical staff encountered by Griswold and Sewall at Reading. Informal channels of care, in contrast, were largely independent of the formal military medical system and relied primarily on a soldier's own resources, including his relationships with other people. In Sewall's case, this informal assistance is represented by the 'friends and benevolent persons' who helped him on his journey back to Maryland.

The second major point suggested by the examples of Griswold and Sewall is that sick and wounded soldiers generally favoured informal channels of care over more formal ones. Whenever possible, injured soldiers like Griswold and Sewall did their utmost to get out of the military system of care and back to their families or friends.

In this chapter I examine the types of care received by sick and wounded Revolutionary War soldiers so as to illuminate more fully the two channels of care sketched out above. I argue that, rather than relying exclusively on one or

the other of these care systems, most injured soldiers probably drew on both to greater or lesser extents.¹⁰

I begin my exploration with a brief discussion of the kind of medical care Americans could reasonably expect to receive during the Revolutionary period.

Eighteenth Century Medical Practice

‘I can effect greater cures by words than by medicine’ was the damning verdict Dr. Lewis Beebe confided to his journal after visiting sick soldiers during the disastrous American invasion of Canada in 1776.¹¹ While most of the soldiers Beebe saw were suffering from the effects of smallpox, his comment reveals the limits of eighteenth century medicine more generally. To a large extent, medical practice during the era of the American Revolution was still based on a humoral theory of the body developed by ancient writers like Claudius Galen, a second century physician. According to this theory, the human body consisted of four essential humours, or bodily fluids: blood, black bile, yellow bile, and phlegm. In a healthy body, these four humours were thought to exist in balanced proportions to each other. Poor health, in contrast, was seen as a sign of humoral imbalance. Physicians, therefore, worked on the assumption that an unhealthy body could only be restored to health through the re-establishment of humoral equilibrium. In theory, this balance could be achieved by increasing or decreasing the level of one or more of a patient’s bodily humours. In practice, however, eighteenth century doctors generally preferred to adopt treatments that forced the body to expel fluids rather than replenish them.¹²

¹⁰ Since developing the arguments I present in this chapter in an earlier draft, I have become aware of Caroline Cox’s study of the Continental Army. Cox devotes a whole chapter of her book to a discussion of the medical care of sick and wounded troops, which, in places, appears to echo some of the points I make here. Cox does not, however, explicitly formulate her analysis using the same formal/informal dichotomy I employ in this chapter. Neither does she frame her study as a question of disability history. Cox, *A Proper Sense of Honor*, xvii–xviii, 119–162.

¹¹ Lewis Beebe, Journal entry for June 26, 1776 in Commager & Morris (eds.), *The Spirit of ‘Seventy-Six*, 821.

¹² Eric T. Carlson, ‘Benjamin Rush on Revolutionary War Hygiene’, *Bulletin of the New York Academy of Medicine* 55 (1979), 619; Laurel Thatcher Ulrich, *A Midwife’s Tale: The Life of Martha Ballard, Based on Her Diary, 1785–1812*. New York: Vintage Books, 1990, 55; J. B. Blake, ‘Disease and Medical Practice in Colonial America’, *International Record of Medicine* 171 (1958), 357; Richard L. Blanco, ‘Military Medicine’, 40–41; Mary E. Fissell, ‘Medicine

The expulsion of bodily fluids as urine, faeces, sweat, or vomit was often produced by pharmaceutical means. Eighteenth century sources, including those penned by participants in the Revolutionary War, abound with references to diuretic, cathartic, diaphoretic, and emetic treatments.¹³ These sources also reveal the faith placed in phlebotomy, or bloodletting, and the extreme lengths to which medical practitioners were prepared to go in adhering to their belief in humoral medicine. During the Revolutionary War, bleeding was used to treat a wide range of conditions, including injuries where blood had already been lost. In March 1781, surgeon James Thacher, noted the medical profession's penchant for bleeding, when fellow surgeon, William Eustis of Massachusetts, attended a soldier named Hunt who had 'received a dangerous wound through his shoulder and lungs'. On seeing the man, Eustis

dilated the wound in the breast...[and] recommended repeated and liberal blood letting, observing that, in order to cure a wound through the lungs, you must bleed your patient to *death*.¹⁴

Apparently, Eustis's recommendation was followed. Amazingly, Hunt survived the whole ordeal and eventually recovered. Despite what, from a twenty-first century perspective, was a drastic and dangerous method of treatment, Thacher concurred with Eustis's belief in the efficacy of phlebotomy in this case, noting approvingly in his journal that Hunt's recovery could 'be ascribed principally to the free use of the lancet and such abstemious living as to reduce him to the greatest extremity'.¹⁵

In most cases, humoral treatments probably did more harm than good, especially when we consider that those treatments were frequently taken to

before and after the Revolution' in Jack P. Greene & J. R. Pole (eds.), *The Blackwell Encyclopedia of the American Revolution*. Oxford: Blackwell, 1994, 597.

¹³ J. Worth Estes, 'Medical Skills in Colonial New England', *New England Historical and Genealogical Register* 134 (1980), 259–275 and 'Therapeutic Practice in Colonial New England' in Colonial Society of Massachusetts, *Medicine in Colonial Massachusetts, 1620–1820*. Boston: Colonial Society of Mass., 1980; Thacher, *Military Journal*, 255; Martin, *Narrative of a Revolutionary Soldier*, 164–165; D. B. Davis, 'Medicine in the Canadian Campaign of the Revolutionary War: The Journal of Doctor Samuel Fisk Merrick', *Bulletin of the History of Medicine* 44 (1970), 464.

¹⁴ Thacher, *Military Journal*, 255. Emphasis original.

¹⁵ *Ibid.*

extreme limits by doctors such as Eustis and Thacher. For patients already dangerously ill, medically induced expulsions of bodily fluids would have weakened them and undermined their health further still.



Figure 2. Replica of an eighteenth century lancet. Such instruments were commonly used to bleed sick and wounded soldiers during the Revolutionary War according to the principles of humoral medicine.¹⁶

As the experiences of Griswold and Sewall at Reading indicate, eighteenth century doctors also performed certain surgical procedures on their patients, such as the extraction of shattered bones or the amputation of limbs.¹⁷ In the absence of modern anaesthetics, antiseptics, and painkillers, surgery of any kind at this time was extremely dangerous, not to mention painful. The risk of deadly infection was so high that doctors usually only attempted operations as a last resort in the most serious cases. Given the risks involved, it is easy to understand why Clement Sewall would not allow his surgeon to amputate his leg.

Sewall's experience at Reading is also indicative of the state of surgery at this time in another way. Even the most audacious and confident of surgeons rarely attempted major surgery on the trunk of the body. The attendant risks were simply too great. Instead, surgeons were more likely to concentrate on

¹⁶ Photograph by Daniel Blackie.

¹⁷ Another surgical procedure used during the war was the removal of musket balls. For more on the techniques used by Revolutionary War surgeons in this regard, see Allen C. Wooden, 'The Wounds and Weapons of the Revolutionary War from 1775–1783', *Delaware Medical Journal* 33 (1972), 61.

injuries to the limbs, as there was at least some chance that patients might survive an operation to those parts of their bodies. This may help explain why the surgeon at Reading was so eager to amputate Sewall's wounded leg. Judging by the pension files of disabled veterans, Sewall's surgeon was certainly not the only one keen on amputation during the Revolutionary War. Many of the men who went on to claim invalid pensions after the war lost an arm or a leg to the surgeon's saw. That such veterans even survived the war is quite exceptional. According to one estimate, the mortality rates associated with amputations of the leg at mid-thigh during the Revolutionary period could sometimes be as high as 65%.¹⁸

The effectiveness of eighteenth century medicine, then, was quite limited. From the perspective of today's medical knowledge, it is clear that most of the treatments used by doctors during the Revolutionary period were at best useless and at worst harmful. Apart from the setting of bones and the cleaning and dressing of wounds, there was little army doctors could do to cure most of the ills or injuries of Revolutionary War soldiers.

As army doctors were the ultimate embodiment of the formal system of medical care established during the war, we might assume that injured soldiers were better off avoiding them and the medical facilities they staffed. Much of the evidence I present in this chapter suggests that this is indeed a fair assumption. Despite this, however, it would be wrong to conclude that the informal channels of care that soldiers drew on during the war necessarily offered more effective *curative* medicine than military doctors and hospitals did. They did not. Ultimately, the medical knowledge available to ordinary early Americans was the same as that available to doctors of the time. Most early Americans relied on humoral medicine and rudimentary surgical techniques to some extent when attempting to manage ill health or injury. The place of treatment would not have particularly affected the type of medical treatment sick and wounded soldiers received. As the diaries and personal correspondence of early Americans make abundantly clear, bloodletting and the use of emetic preparations, for instance, were commonplace in civilian and

¹⁸ Gillet, *The Army Medical Department*, 14–18; Courtney R. Hall, 'The Rise of Professional Surgery in the United States, 1800–1865', *Bulletin of the History of Medicine* 26 (1952), 231–262. For examples of amputee invalid pensioners, see Leonard Cooper (Dis), PF, W6712; Joseph Cox (Dis), PF, S34239; William Deaver (Dis), PF, S12754, and Josiah Strong (Dis), PF, S42428.

domestic settings too and were never solely the province of formally trained doctors.¹⁹

It is in the realm of *palliative* care where the informal system may have been better than the formal one. As I show in the next section, the services and provisions provided by the army's Medical Department were often woefully inadequate. Frequently, the American army could not even guarantee sick and wounded soldiers such basic amenities as food, shelter, and the regular attendance of care staff. These elements of care were generally more readily available from informal sources of assistance such as family, friends, or other sympathetic persons. It is not hard to imagine, then, why men like Griswold and Sewall chose to leave army hospitals during the war and access these informal channels of care as soon as they could. It was not just materially, however, that the informal system was preferable to the formal. As I show in the remainder of this chapter, many of the caregivers integral to the informal system were the family and friends of soldiers. Because of this, informal channels of care were able to provide sick and wounded soldiers with a level of emotional comfort and support generally unavailable through the official military system of care.

Having given an indication of some of the main medical treatments available to Revolutionary War soldiers and a brief overview of my argument in this chapter, I now turn to a consideration of the two channels through which medical care, and indeed care more generally, could flow to the sick and wounded during the conflict. I start my discussion with an examination of the formal system. Before I do, however, a brief note regarding my use of terminology in what follows is in order.

While I generally use the term 'formal' to distinguish the system of care officially provided by the army from unofficial, or 'informal', sources of assistance, I also occasionally employ the term 'institutional' as a near synonym for the official military structure of care. In doing so, I do not mean to imply that the informal system was totally devoid of an institutional basis. As I have already suggested, the families of soldiers were often integral to the informal networks of care that sustained sick and wounded men during the war. The family, of course, is also an institution of sorts. By using 'institutional' to

¹⁹ Ulrich, *A Midwife's Tale*.

refer to the official system of care, then, I am not denying that families were institutions in their own right. Rather, I use the term to highlight the publicly funded basis of the formal system of care.

The Formal System of Care

The official provider of healthcare for sick and wounded American soldiers was the army's Medical Department. Created in July 1775, over three months after the start of the war, this frequently proved inadequate in meeting the medical needs of Washington's troops. To a large extent, this was a reflection of the state of institutional medicine in general. The society from which the Continental Army sprang was, medically speaking, unprepared for a prolonged conflict with the world's leading economic and military power. The only purpose built hospital in the colonies at the time was in Philadelphia, and this was a long way from the fighting in New England and Canada at the start of the conflict.²⁰ Prior to the war, most sick or injured Americans never went to a hospital. Instead, they usually received treatment in their own homes, or in the homes of neighbours or local medical practitioners.²¹ Healthcare in early America was simply more of a domestic concern than an institutional one.

This absence of a formalised civilian medical infrastructure meant that the army's medical administrators had no readymade structure that they could commandeer for military use. Moreover, they were also confronted by a serious shortage of medical manpower. It has been estimated that, at the start of the war, there were only 3,500 physicians in the thirteen colonies, and only 400 of these possessed formal medical degrees. Depending on the population estimate we use, this equates to a ratio of one doctor per six to eight hundred Americans.²²

²⁰ A hospital had also opened in New York in 1775. This facility was not, however, operational during the war as it was destroyed by fire nearly two months before the outbreak of hostilities and did not reopen until 1791. Gerald N. Grob, 'Hospitals' in Paul Finkelman (ed.), *Encyclopedia of the New American Nation*, Detroit: Charles Scribner's Sons, 2005; 'NEW-YORK HOSPITAL', *The New York Times*, July 25, 1871, 8.

²¹ Fissell, 'Medicine' in Greene & Pole (eds.), *Encyclopedia of the American Revolution*, 596; John C. Burnham, 'Medicine' in Finkelman (ed.), *Encyclopedia of the New American Nation*.

²² William F. Norwood, 'Medicine in the Era of the American Revolution', *International Record of Medicine* 171 (1958), 395. Ratio estimates from Eric H. Christianson, 'The Medical Practitioners of Massachusetts, 1630–1800' in Colonial Society of Massachusetts, *Medicine in Colonial Massachusetts*, 55.

Despite the lack of medical buildings and trained staff, however, the Medical Department was fairly successful in creating hospital facilities in a relatively short space of time. There were two main types of hospital established and used by the Continental Army in the war: ‘field’ hospitals and ‘general’ hospitals. Field hospitals moved with the army and were intended to receive sick and wounded soldiers immediately (or as soon as possible) after they received their injuries or fell ill. Essentially, these were supposed to be places of first aid, where soldiers had their conditions stabilised. General hospitals, in contrast, were of a more permanent nature and were located further away from the main body of the army than field hospitals. In principle, general hospitals were meant to provide soldiers with longer term care so that they could recover as best they could according to the expectations of the time.²³

Due to the absence of purpose built hospitals in the colonies, the army’s medical staff appropriated what suitable civilian buildings they could find and turned them to medical uses. Taverns, churches, village meetinghouses, courthouses, private lodgings, and confiscated Tory property were all pressed into service for this purpose during the war, serving both as field and general hospitals.²⁴ Sometimes entire villages were called upon to provide lodging and care for sick and wounded soldiers. Religious communities with pacifist inclinations such as the Quakers and Moravians were particularly liable to be called upon in this respect.²⁵

Like Andrew Griswold and Clement Sewall, many other disabled veterans also appear to have spent some time in army hospitals during the war.²⁶ Admittance to a military hospital was not necessarily a fortuitous

²³ Harry M. Ward, *The American Revolution: Nationhood Achieved, 1763–1788*. New York: St Martin’s Press, 1995, 237

²⁴ *Ibid.*; Martin, *Narrative of a Revolutionary Soldier*, 114; J. W. Jackson, (ed.), *Margaret Morris: Her Journal with Biographical Sketch and Notes*. Philadelphia: George McManus Co., 1949, 60; Thacher, *Military Journal*, 112–113, 133; Daniel Shute, ‘The Journal of Daniel Shute, Surgeon in the Revolution, 1781–1782’, *New England Genealogical Register* 84 (1930), 387; Richard L. Blanco, ‘Continental Army Hospitals and American Society, 1775–1781’ in Maarten Ultee, (ed.), *Adapting to Conditions: War and Society in the Eighteenth Century*. University, AL: University of Alabama Press, 1986, 155.

²⁵ John W. Jordon, ‘Bethlehem During the Revolution’, *Pennsylvania Magazine of History and Biography* XIII (1884), 71–89 and ‘The Military Hospitals at Bethlehem and Lititz During the Revolution’, *Pennsylvania Magazine of History and Biography* XX (1896), 137–157.

²⁶ For examples, see James Chappell (Dis), PF, S19935; Joseph Sapp (Dis), PF, S41122; Elisha Ward (Dis), PF, S41291.

occurrence for soldiers, however. Eyewitness accounts of Revolutionary War hospitals paint a bleak picture of hospital facilities. American doctor Lewis Beebe, for instance, was appalled at the conditions he found at one hospital during the Canadian campaign, describing it as a ‘dirty, stinking place’.²⁷ Moreover, the supply problems that plagued the American army during the war also extended to the Medical Department and there are many reports of hospitals being in ‘want of Stores and Medicines’.²⁸ Sometimes hospitals were so poorly stocked that they even lacked sufficient bedding for sick and wounded soldiers and patients were forced to sleep on the floor without blankets to cover them.²⁹

On at least one occasion, hospital staff attempted to make up the shortfall in essential supplies by sanctioning begging. Soon after assuming the directorship of the Medical Department in January 1781, Dr. John Cochran observed in a letter to Thomas Bond, then purveyor of military hospitals, that, while on an inspection of the general hospital at Albany in the same year, he noticed that, due to a lack of ‘stores’, especially ‘Bread or Beef’, the doctor there ‘was obliged to permit such of the patients, as could walk into town, to beg provisions among the inhabitants’.³⁰ In this instance, an official of the Medical Department acknowledged the inadequacies of the Army’s medical structure and essentially told the soldiers in his care to look after themselves.

If the Medical Department’s supply problems were a cause for concern, the sights that greeted sick or wounded soldiers admitted to hospital were not always very comforting either. After visiting the American hospital at Ticonderoga in 1776, General Anthony Wayne was so horrified by what he had seen there that he labelled the building a ‘house of carnage’.³¹ Other hospitals at different places and different times in the war would have warranted this title

²⁷ Lewis Beebe, Journal entry for June 7, 1776 in Commager & Morris (eds.), *The Spirit of 'Seventy-Six*, 820.

²⁸ Dr Richard Pindell to Otho H. Williams, 26 May 1755, Richard Pindell, ‘A Militant Surgeon of the Revolution. Some Letters of Richard Pindell, M.D’, *Maryland Historical Magazine* 18 (1923), 310; Steven E. Kagel (ed.), *The Diary of Josiah Atkins*. New York: NY Times & Arno Press, 1975, 51.

²⁹ Anthony Wayne to Horatio Gates, 1 December 1776 in Commager & Morris (eds.), *The Spirit of 'Seventy-Six*, 828. Disabled veteran, Zachariah Greene, also recalled being without a blanket to cover him during the night after he was wounded, see Greene, ‘Record of My Life’, 126; Zachariah Green/e (Dis), PF, S28747.

³⁰ Cochran to Thomas Bond, 25 March 1781, quoted in Walter L. C. Biddle, ‘Doctor John Cochran’, *Pennsylvania Magazine of History and Biography* 3 (1879), 245–246.

³¹ Wayne to Pennsylvania Committee of Safety, 4 December 1776, quoted in Risch, *Supplying Washington’s Army*, 374.

too. As William Hutchinson recalled nearly sixty years later, admission to a military hospital could be a very traumatic experience for injured soldiers. Hutchinson had served as a Pennsylvanian militiaman during the war. Like Griswold and Sewall, Hutchinson had also been wounded at the Battle of Germantown in October 1777 and was sent to a nearby American hospital soon afterwards. As his application for a military pension made in 1836 makes clear, the scenes he saw there were just too shocking to forget, even after over half a century since witnessing them:

After the Battle of Germantown, the declarant [Hutchinson] had occasion to enter the apartment called the hospital, in which the wounded were dressing and where the necessary surgical operations were performing and there beheld a most horrid sight. The floor was covered with blood; amputated arms and legs lay in different places in appalling array, the mournful memorials of an unfortunate and final battle...³²

While Hutchinson's application does not mention the specific location of this hospital, it is quite possible that he was referring to the same facility that Griswold and Sewall found themselves in after the Battle of Germantown. Irrespective of whether or not this was indeed the case, Hutchinson's description gives us a vivid indication of the kind of conditions awaiting many wounded soldiers. As Hutchinson's testimony suggests, surgery was not always performed in private during the war, but often took place in front of other patients awaiting similar operations. For soldiers like Sewall, who had to contemplate the prospect of an amputation, the sights that greeted them in American hospitals could hardly have been very reassuring. Moreover, for those who, unlike Sewall, actually consented to undergo surgery, the fear and anxiety they must have felt after witnessing operations performed on fellow patients probably did not put them in the best frame of mind to face life-threatening surgery.

³² Dann (ed.), *The Revolution Remembered*, 150–151.

The grisly sights that confronted many of the soldiers admitted to hospitals during the war were not the only disturbing aspects of hospital life that they had to contend with. The accounts left by wartime patients and medical staff often paint a picture of military hospitals in which the overall atmosphere appears to have been one of general unpleasantness. In addition to the unsettling spectacle of public operations, patients also had to put up with the noise of hospitals. This could be very depressing to say the least. Due to the lack of private rooms, patients were often forced to lie in close proximity to one another in communal wards. As a result, soldiers often had to listen to the moans of the dying and distressed who shared a room with them.

Sometimes the sounds of suffering reverberating around American hospitals were accompanied by other disturbing noises. Patient drunkenness appears to have been quite rife throughout the war. There are numerous reports of the drunk and disorderly conduct of sick and wounded soldiers. On some occasions, patients were so unruly that medical staff had to call in guards to enforce hospital discipline.³³ The reasons why patients chose to drink will probably never be known for certain. Perhaps drunkenness was a strategy to cope with the post-traumatic stress of battle or the gory scenes sick and wounded men encountered in hospital. Alternatively, patients may have turned to alcohol simply to dull the pain of their wounds or counter the boredom of confinement. Whatever the reasons for drinking, the prevalence of drunkenness among patients suggests that life inside military hospitals was often quite tough. Some sick and wounded soldiers were so desperate for alcohol, in fact, that they were prepared to go to extreme lengths to get hold of it. On at least one occasion, for instance, hospital patients at Princeton swapped their clothes in exchange for liquor.³⁴

Despite the best efforts of the Medical Department and its success at establishing medical facilities where none had existed previously, it was clearly

³³ Howard L. Applegate, 'The Medical Administrators of the American Revolutionary Army', *Military Affairs* 25 (1961), 2; Benjamin Rush to John Adams, 1 October 1777 in Commager & Morris (eds.), *The Spirit of 'Seventy-Six*, 831–832; Linda K. Kerber, *Women of the Republic: Intellect and Ideology in Revolutionary America*. Chapel Hill: University of North Carolina Press, 1980, n. 42, 59.

³⁴ Risch, *Supplying Washington's Army*, 399. In speculating about the reasons for patient drunkenness, I have been particularly influenced by the work of James Marten. In his study of alcohol abuse among disabled residents of the National Home for US Civil War veterans, Marten has put forward similar explanations to the ones I offer concerning Revolutionary War soldiers. James Marten, 'Nomads in Blue: Disabled Veterans and Alcohol at the National Home' in Gerber (ed.), *Disabled Veterans*, 275–294.

unable to provide a sufficient level of care and comfort for all of the army's sick and wounded. Even in hospitals, the ultimate embodiment of formal military medical care, patients were often 'left to take care of themselves'.³⁵ In one way, soldiers who were taken to hospital were actually quite 'lucky' in that they at least had a roof over their heads. Some sick and wounded men did not even get this. In October 1776, for instance, Colonel William Smallwood of the Maryland battalion complained that his sick troops had 'been exposed to lie on the cold ground...without their tents for several nights'. In Smallwood's opinion such circumstances indicated that the Medical Department fell so far short in its duty of care that it was guilty of 'inhuman neglect'.³⁶ Such awful conditions were found at other times and places during the war. While inspecting a camp in New England, General John Lacey of Pennsylvania found 'some men in and some out of Tents sick on the bare ground – infected with Fluxes, Fevers, Small Pox and over run with legions of Lice....and Maggots which seemed to vie with each other' in their efforts to crawl over the unfortunate soldiers.³⁷

The Informal System of Care

From a twenty-first century perspective, the inadequate institutional provisions for sick and wounded Revolutionary soldiers seem quite shocking. Accounts of the war by participants like Lewis Beebe and John Lacey reveal that Americans of the time were also frequently horrified by the condition of sick and wounded troops. Yet, the horror expressed by Beebe, Lacey, and other eyewitnesses ought to be contextualised properly. The sight of injured soldiers lying on the ground, exposed to the elements with few nurses to attend them was indeed a cause for concern to eighteenth century eyes. But the lack of hospital facilities and doctors common throughout the war was perhaps not as shocking to early Americans as we might first assume.

³⁵ Lewis Beebe, Journal entry for June 7, 1776 in Commager & Morris (eds.), *The Spirit of 'Seventy-Six*, 820.

³⁶ William Smallwood to the Maryland Council of Safety, October 1776 in Commager & Morris (eds.), *The Spirit of 'Seventy-Six*, 826–827.

³⁷ John E. Ferling, *A Wilderness of Miseries: War and Warriors in Early America*. Westport, Conn.: Greenwood, 1980, 97. For further examples of a lack of shelter for sick and wounded soldiers, see Davis, 'Journal of Doctor Samuel Fisk Merrick', 466, 468–471; Dann (ed.), *The Revolution Remembered*, 103; Cox, *A Proper Sense of Honor*, 147.

As mentioned earlier, hospitals hardly existed in America at the outbreak of the war. Healthcare was more of a domestic affair than a formal institutional concern. Sick and injured Americans were rarely taken to special medical facilities, but were generally treated in their own homes or those of their families, friends, or neighbours. Moreover, while doctors were a well-established class of medical practitioners by this time, they did not yet dominate the healthcare system in the same way that they have done so in later centuries. Instead, doctors had to compete with folk healers and other laypersons for the right to treat early Americans.

Doctors and hospitals, then, were simply not key features of the system of care that Revolutionary troops had become accustomed to in their civilian lives. Given this, there is no reason to assume that sick and wounded soldiers would have intuitively turned first to hospitals and military medical personnel for care. Commenting primarily on the non-medical aspects of camp life with the American army, historian Holy Mayer has argued that soldiers and others attached to the military tried to follow civilian practices whenever they could.³⁸ The evidence I present in the remainder of this chapter suggests that soldiers may have displayed a similar propensity to replicate facets of their civilian lives in medical matters too. As I demonstrate, in moments of illness or incapacity, American troops were certainly very often willing and able to call into play informal networks of care comparable in some ways to the ones they were familiar with before the war. This is not to deny that the inadequacy of the medical facilities provided by the army essentially forced desperate soldiers to turn to the informal system for care. My point is that, given the informal nature of civilian care in early America, soldiers' reliance on unofficial sources of assistance may not have seemed as noteworthy to them as it is to us. Ultimately, it was institutional care at the hands of doctors that was foreign to American troops, not care in domestic settings dispensed by laypersons.

In making this point, I do not wish to downplay the distress that the Medical Department's failings caused the sick and wounded. Although most ill and injured Americans in the eighteenth century would not necessarily have expected to be treated by doctors within the confines of a hospital, they would certainly have expected someone to attend to their medical and care needs. They would also have expected, as a bare minimum, adequate food, clothing,

³⁸ Holy A. Mayer, *Belonging to the Army: Camp Followers and Community During the American Revolution*. Columbia: University of South Carolina Press, 1999, 47.

shelter, and bedding during their period of incapacity. That the army was frequently unable to provide even these basic elements of care was undoubtedly a cause of concern and suffering for many sick and wounded soldiers, as the accounts of appalled observers like Dr Beebe and others make clear.

Due to the many failings of the Medical Department, ill and injured American soldiers had little choice but to try and make up the shortfalls in the care they received from the military authorities. In many cases, it appears that they were quite successful in this respect. As I have already mentioned in connection with the examples of Andrew Griswold and Clement Sewall following the Battle of Germantown, the first people to assist the wounded were often their fellow soldiers. This is hardly surprising if we consider that other soldiers were usually closest, physically speaking, to the wounded at the time they sustained their injuries. Although it is unclear exactly how Griswold and Sewall got off the battlefield at Germantown, it is well documented that other wounded Americans were helped off by their comrades.³⁹ Joseph Plumb Martin's memoirs of the war also make clear the importance and regularity of soldier-to-soldier care throughout the conflict. Martin mentions several occasions where he received care from his fellow soldiers when he was feeling ill. Yet, his relationship to the informal networks of care that sustained sick and wounded soldiers during the war was not simply that of recipient. Martin's memoirs also note many instances where he acted as caregiver and helper to his comrades. The care that flowed within these informal networks to and from soldiers like Martin was quite varied and ranged from transporting or carrying a wounded comrade to safety to nursing the sick and wounded or providing them with food, water, or clothing. In some instances, soldiers even performed minor medical procedures.⁴⁰

In his social history of illness in early America, historian Ben Mutschler has downplayed the importance of friendship between Revolutionary War soldiers as a motive for caregiving. Comparing the channels of care that served soldiers in their civilian lives with those available to them in the army, Mutschler has concluded that military life did not afford soldiers the

³⁹ See note 7 in this chapter. For examples of soldiers carrying wounded comrades out of harm's way during and immediately after other battles and skirmishes during the war, see Cox, *A Proper Sense of Honor*, 145.

⁴⁰ Martin, *Narrative of a Revolutionary Soldier*, 32–36, 48–49, 174, 221–222. For other examples of soldier-to-soldier care, see Bray & Bushnell (eds.), *Diary of a Common Soldier*, 216; Kagel (ed.), *The Diary of Josiah Atkins*, 41–42.

opportunity to establish the same kinds of reciprocal relationships necessary to recreate the ‘social safety net’ of civilian life. Mutschler is correct in this assertion. The informal system of care used by civilians was different to the one sick and wounded soldiers drew on in wartime. However, while the two systems were undoubtedly different in the sense that the relationships underpinning them were of different durations (long-term in the civilian world compared to relatively short-term in the army), historical sources do not bear out fully Mutschler’s related contention that recipients of informal care in the army were under a greater pressure to quickly compensate their carers. In many cases of soldier-to-soldier care recorded in contemporary accounts of the Revolutionary War, the question of payment for care or assistance simply does not arise.⁴¹

The problem with Mutschler’s conceptualisation of early American networks of care is that it rests on an assumption that carers were essentially motivated by self-interest. In other words, care was only given in the expectation that the carer would get something in return, either in the short-term or the long-term. Mutschler’s examination of the wartime experiences of sick and wounded Revolutionary War soldiers does not seem to entertain the possibility that soldiers could help one another out of a spirit of camaraderie or simple altruism. Yet, in many cases, they did. As the following quote from Joseph Plumb Martin illustrates, we should not underestimate the bonds of friendship and loyalty forged out of the shared hardships and dangers of war. In his memoirs, Martin described his feelings on leaving the army, writing that

We [soldiers] had lived together as a family of brothers for several years...had shared with each other the hardships, dangers and sufferings incident to a soldier’s life, had sympathized with each other in trouble and sickness, had assisted in bearing each other’s burdens.... In short, the soldiery, each in his particular circle of acquaintance, were as strict a bond

⁴¹ Mutschler, ‘The Province of Affliction’, 256–257. Of all the examples of soldier-to-soldier care listed in note 40, only the one drawn from Josiah Atkins’ diary makes any suggestion that payment for care received from fellow soldiers may have been an issue. Even in that example, however, the carer was not paid.

of brotherhood as Masons, and, I believe, as faithful to each other.⁴²

Clearly, soldiers like Martin did develop strong ties with other men while in the army and these ties nurtured a network of care that could be called upon in times of need. These networks were just as likely to be animated by feelings of sympathy and the bonds of brotherhood as they were self-interest. Towards the end of the war, for instance, Martin and one of his sergeants ‘obtained permission to go down to Philadelphia...to carry some little clothing to one of our men in the hospital there, who was wounded at the siege of Yorktown, and had his leg amputated above the knee’. In his memoirs of the war, Martin indicated that he was moved to help this soldier more by sympathy and pity than the prospect of compensation when he described the wounded man as a ‘Poor fellow!’⁴³

Soldier-to-soldier help was undoubtedly important in improving a soldier’s chance of survival in the event of injury or illness. Yet, the type of care soldiers were able to give one another was generally quite limited. While there are some examples of soldiers performing longer term hospital duties, generally speaking, the care and help fellow soldiers could practicably give wounded comrades was usually confined to individual acts of kindness or generosity.⁴⁴ After all, soldiers were in the army to fight, not act as nurses. Consequently, sick and wounded American troops were often forced to look beyond both the formal and informal systems of care available to them *within* the military if they wanted to maximise their chances of survival.

The obvious place to look for extra care and assistance was from society at large. While American soldiers were frequently taken a long way from the informal networks of care of their home communities, they could still draw on a civilian system of care. As Holy Mayer has documented, civilians provided the army with important services throughout the Revolutionary War.⁴⁵ Sometimes this was in an official capacity, as staff attached to and employed

⁴² Martin, *Narrative of a Revolutionary Soldier*, 241.

⁴³ *Ibid.*, 221–222.

⁴⁴ In many instances, soldier-to-soldier care essentially amounted to first aid in that it was relatively short in duration and given to stricken comrades very soon after they were wounded or taken sick.

For examples of soldiers performing hospital duties, see: Mayer, *Belonging to the Army*, 206, 219–220.

⁴⁵ Mayer, *Belonging to the Army*.

by the army, while at other times it was as private citizens acting on a voluntarily basis. Those volunteering their services did so for a variety of reasons ranging from self-interest to patriotism. There were times when American civilians apparently helped sick and wounded soldiers out of nothing more than a sense of charity and compassion. Joseph Plumb Martin, for instance, fondly recalled a ‘pitying angel’ of a widow who anonymously sent him and his fellow sufferers a ‘delicious’ posset when he was ill with yellow fever in a Philadelphia hospital.⁴⁶ In many cases, it appears that charity was vital in making up the deficiencies of the Medical Department. In a letter to John Adams in October 1777, Benjamin Rush, a senior doctor in the Continental Army and prominent revolutionary, wrote that ‘There are several hundred wounded soldiers [in the hospital at Reading]...who would have perished had they not been supported by the voluntary and benevolent contributions of some pious whigs.’⁴⁷

Soldiers could not always rely on the goodwill of civilians, however. Contemporary accounts of the war are as full of examples of civilian indifference or outright hostility to sick and wounded troops as they are of instances of acts of kindness. Some civilians were so callous, for instance, that they would not even lend a seriously ill soldier ‘a cup to drink from’.⁴⁸ Such reactions were often a consequence of an antipathy to the cause of American independence, as many Americans remained loyal to Britain and actively opposed the Revolution.⁴⁹ At other times, the civilian population’s reluctance to help sick soldiers seems to have been more a matter of fear than political allegiance. There are documented instances, for example, of whole communities refusing to shelter sick troops for fear the ill men might infect local inhabitants.⁵⁰

⁴⁶ According to Martin, this posset consisted of the following ingredients: ‘wine, water, sugar and cracker’. Martin, *Narrative of a Revolutionary Soldier*, 221.

⁴⁷ Benjamin Rush to John Adams, October 21, 1777 in Commager & Morris (eds.), *The Spirit of ’Seventy-Six*, 832. As well as suggesting the importance of charity to the survival of some sick and wounded troops, Rush’s comments here also provide further evidence of a lack of official provision for hospital patients. The fact that Rush’s letter was referring to the situation at Reading hospital less than three weeks after the Battle of Germantown may also help explain why Andrew Griswold and Clement Sewall were so keen to get away from that place.

⁴⁸ Martin, *Narrative of a Revolutionary Soldier*, 174

⁴⁹ Francis D. Cogliano, *Revolutionary America, 1763–1815: A Political History*. London & New York: Routledge, 2000, 86–88; Robert M. Calhoon, ‘Loyalism and Neutrality’ in Greene & Pole (eds.), *Blackwell Encyclopedia*, 247–259.

⁵⁰ Risch, *Supplying Washington’s Army*, 376.

Irrespective of whether or not civilians were supportive of independence or fearful of infection, there were still good economic reasons why they might not want to assist a sick or wounded soldier. For ordinary Americans struggling to support their own families in a time of war, the thought of helping a complete stranger and using up precious resources was probably not a very attractive one. In the absence of persons enmeshed in webs of reciprocity or moved by feelings of altruism, especially family and friends, soldiers seeking to draw on non-institutional channels of assistance would have to compensate carers for their services. There were, then, in essence, two dimensions to the informal system of care that soldiers could draw on in moments of sickness or injury: the network of care that rested on an individual soldier's ties of reciprocity or affection with others, particularly relatives and comrades in the army; and the channels through which care could flow from complete strangers. It is with regards to the second of these two dimensions that Mutschler's conceptualisation of a network of care, as a system of care lubricated by compensation, has some merit. As the examples of the 'pitying angel', 'pious whigs', and 'benevolent persons' referred to above illustrate, however, even complete strangers could sometimes offer assistance without the expectation of compensation.

Despite the undoubted willingness of some Americans to offer help for free, however, it is clear that many sick and wounded troops did have to pay for the care they received during the war. Militia private, Isaac Vincent, for example, petitioned Congress in the early 1790s stating that he had 'incurred a considerable expence in order to effect a cure' after he was seriously wounded in the head, back, and arm in 1782. This expense included 'the sum of twenty four pounds, eighteen shillings and six pence for dressings and attendance'.⁵¹ Similarly, while on Benedict Arnold's infamous march to Quebec in 1775, Richard Vining, along with several others, was so 'feeble' with 'a kind of camp distemper' that he and two other sick soldiers 'hired a Frenchman to carry us on at our own expense for thirteen miles'.⁵² In 1776, Samuel Larrabee was sick with disease too, though in this case his condition was smallpox and the place Boston. Obviously in need of care, his commander ordered him to lodge with a local widow who nursed him back to health. After he recovered, Larrabee sold

⁵¹ Bowling et al. (eds.), *Documentary History*, 373–374.

⁵² Dann (ed.), *The Revolution Remembered*, 17.

his watch to cover the cost of his treatment.⁵³ The examples of men like Larrabee, Vining, and Vincent clearly indicate the economic value of care in early America and the way in which a soldier's financial resources could affect his chances of survival in times of illness or injury.

In examining the informal channels of care available to sick and wounded men, we should not assume that these channels were always separated from the networks of care in which soldiers had been enmeshed prior to the war. There is good evidence to suggest that, in some situations, the care networks of a soldier's home community extended to the battlefield. Consider, for example, the case of invalid pensioner Benjamin Farnum, who was wounded in the leg at the Battle of Bunker Hill in 1775. During the battle, Farnum commanded a company of militiamen from his hometown of Andover, Massachusetts. Consequently, many of the men who fought alongside and under Farnum were his neighbours and friends from before the war. The benefit that Farnum derived from his pre-war relationships with these soldiers is as obvious as it is dramatic. According to Farnum family tradition recorded in the late nineteenth century by a local historian, Captain Farnum was saved by another resident of Andover, Private John Barker, when

Barker, seeing his captain and friend...lying wounded in the path of the retreat, took him upon his shoulders, and steadying him by putting his gun across under his knees, bade him hold fast, and started off on the run[.]⁵⁴

Barker's act of courage was not the only display of community based assistance Farnum experienced on the day of the battle, however. His hometown also provided him with a more intimate source of care.

As Andover is situated fairly close to Boston, where the action at Bunker Hill took place, news of Farnum's wounding quickly reached his family. Obviously anxious, his relatives were able to take 'measures to have

⁵³ *Ibid.*, 11.

⁵⁴ Sarah Loring Bailey, *Historical Sketches of Andover*. Boston: Houghton, Mifflin & Co., 1880, 323; Benjamin Farnum (Dis), PF, S5375. For another example of a soldier moved to help a sick comrade out of feelings of neighbourliness formed in the civilian world, see Martin, *Narrative of a Revolutionary Soldier*, 35–36.

him brought home' on the same day as the battle. As Farnum's wound clearly limited his mobility, the injured soldier was conveyed to his home on a 'sort of litter...placed on poles, and fastened to two chairs,' which was 'drawn by horses harnessed tandem'.⁵⁵

Military service certainly took soldiers away from their home communities and disrupted the channels of care on which they had drawn in times of illness or incapacity as civilians. Yet, as the case of Benjamin Farnum suggests, sometimes those home communities were still close enough for wounded soldiers to tap into their familiar networks of care. This was particularly true for soldiers hurt during the first few years of the war, when much of the fighting occurred around the city of Boston. According to one estimate, almost one out of every four soldiers who fought for American independence was an inhabitant of Massachusetts.⁵⁶ This estimate is borne out by the findings for disabled veterans I examine in this study.⁵⁷ Consequently, many of the men injured in the various actions constituting the Siege of Boston (1775–76) were actually injured in the same state in which they lived. A significant proportion of invalid pensioners were definitely injured while performing duty in locations quite close to their homes. Nearly one in five (18%) of the disabled veterans I have examined were pensioned for injuries sustained while they were serving in their home states. Furthermore, while this figure could also be interpreted as an indication that an overwhelming majority (82%) of disabled veterans were hurt a long way from their usual civilian networks of care, there is evidence indicating that a large number of these men were still quite close to home when they were injured. Almost half (46%) of the invalid pensioners injured outside their home states were actually serving in a neighbouring state at the time they sustained their injuries. Thus, my statistical findings suggest that many of the sick and wounded soldiers who went on to draw invalid pensions after the war sustained their injuries in locations not that

⁵⁵ Bailey, *Historical Sketches*, 326–327. John Maynard is another example of an invalid pensioner who received family assistance very soon after he was wounded at Bunker Hill. Unable to walk because of his wound, Maynard was apparently 'carried to Cambridge by his brother'. 'John Maynard', *The Massachusetts Society of the Cincinnati Profiles*, online database hosted by the New England Historic Genealogical Society at www.newenglandancestors.org/database_search/msc.asp (accessed 25 February 2009). Whether or not Maynard's brother was also a participant in the battle is unclear from this source. John Maynard (Dis), PF, S33048.

⁵⁶ Boatner, *Encyclopedia of the American Revolution*, 264.

⁵⁷ 25% of disabled veterans either resided in Massachusetts at the time of their enlistment or served in a Massachusetts regiment.

far removed from their home communities. The war, then, was perhaps not as disruptive to the informal channels of care supporting soldiers in their civilian lives as we might first assume.

Despite this caveat, however, it is undeniable that the war put a significant strain on those channels of care. As the war progressed, the theatre of operations moved from the north towards the south, pulling American soldiers, who were drawn overwhelmingly from the New England region, further and further away from their home communities.⁵⁸ This obviously affected the care networks of soldiers in quite radical ways. Yet, even men a long way from home could still sometimes call on sources of help familiar to them in the civilian world. As well as fighting alongside neighbours, many men also had relatives serving in the army that they could turn to in times of need.⁵⁹ For those that did not, familial aid could still reach them in other ways. Consider, for example, the case of Private William Moore, a wounded soldier from Virginia who had his leg amputated in 1780 after the Battle of King's Mountain in South Carolina. On hearing the news of her husband's injury, Moore's devoted wife rode all the way from their family home in Virginia to the vicinity of the battle to personally nurse the injured man back to health. Mrs Moore clearly went to great lengths to help her husband in his moment of need, riding a considerable distance alone through mountainous terrain to ensure he got sufficient care.⁶⁰ Yet, not all concerned women needed to go to quite the same efforts as Mrs Moore to assist their wounded husbands. In some cases, the wives of soldiers were much closer at hand, even if their husbands were posted a long way from home.

Like most eighteenth century armies, the American army attracted a fairly populous camp following. Camp followers were often the wives of soldiers and there is evidence indicating that these women frequently performed valuable nursing services for the army. In some cases, then, it is quite possible that wounded soldiers received care from their wives very soon

⁵⁸ Boatner, *Encyclopedia of the American Revolution*, 264.

⁵⁹ Cox, *A Proper Sense of Honor*, 145, 150.

⁶⁰ John Buchanan, *The Road to Guilford Courthouse: The American Revolution in the Carolinas*. New York: John Wiley & Sons, 1997, 236. According to Buchanan's account, as soon as Moore was able to travel his wife took him home.

Such dedication was not only shown by wives during the war. Parents or other relatives also sometimes left home to help stricken soldiers. For examples, see Cox, *A Proper Sense of Honor*, 149–150.

after they were hurt, despite the fact that they were far away from their homes.⁶¹

Most sick and wounded men, however, were probably not fortunate enough to have camp following wives who could quickly come to their assistance. Nor did they always have family members like Mrs Moore who could leave home at a moment's notice to go and help them when they fell ill or were wounded in far off places. There was, of course, another option open to soldiers who required care but did not have family close at hand. If the familial networks that they had used in times of illness or injury as civilians were unable to stretch to distant theatres of war, sick and wounded soldiers could always try to get back to their families. Indeed, this was often sanctioned and encouraged by Revolutionary commanders who granted special leave to soldiers so that they could return home.

Such leave, known in military parlance as a furlough, was common throughout the war and was primarily enjoyed by officers as a perquisite of their elevated standing in the army. Furloughs were usually granted to officers so that they could attend to family business.⁶² In cases of illness or injury, however, furloughs were also sometimes given to enlisted men so that they could seek treatment or recuperate in their own homes. Andrew Griswold and Clement Sewall's pension files do not say whether the two men were granted furloughs to go home after their time in Reading hospital, though there is a good possibility that they were. Certainly, other disabled veterans wounded at Germantown and sent to Reading were granted furloughs to recover their health, as too were many other future invalid pensioners wounded at different times and places during the war.⁶³

By allowing men to leave the army on the condition that they returned at a specified time, furloughs were one of the means by which Washington and

⁶¹ Mayer, *Belonging to the Army*, 17, 142, 221. For the recollections of one woman who followed her husband while he was in the army, see the testimony of Sarah Osborn in Dann (ed.), *The Revolution Remembered*, 240–250.

⁶² Mayer, *Belonging to the Army*, 56–57.

⁶³ The wartime experiences of Amos Lewis, for instance, were strikingly similar to those of Griswold and Sewall. Lewis was wounded in his right thigh at Germantown. Like Griswold and Sewall, he too was sent to Reading for treatment. According to the pension application he made in 1818, Lewis remained in Reading for around six months until he 'received a furlow' from his commanding officer allowing him to go home to recover his health. Amos Lewis (Dis), PF, S41767.

For examples of other disabled veterans granted furloughs, see Benjamin Brockway (Dis), PF, S36428; John Newman (Dis), PF, S25329; Isaac Webster (Dis), PF, W20122.

his staff were able, to some extent, to plug the gap between the health needs of American troops and the inadequate care provided by the army Medical Department. In effect, then, the granting of furloughs, especially to enlisted men, was also an acknowledgement by senior officers that the official, institutional channels through which medical care was supposed to be delivered were insufficient to treat all the soldiers in need of assistance.

In some situations, sick or wounded men were so desperate for assistance that they risked serious punishment by choosing to go home without permission.⁶⁴ Those caught doing so, such as Caleb Green, invariably faced a court martial for desertion. In Green's case, he and another companion were permitted 'to go to the hospital, to recover their health'. When the two men arrived there, however, 'they found no doctor, nor anybody to assist them'. Instead of returning to his company, as his officers expected, Green chose to take the initiative himself and went back to his family home, which was close by. Here he appears to have received care and recuperated sufficiently to rejoin the army within a few weeks, though this was not necessarily of his own accord. Realising that Green was back with his family rather than where he had been commanded to go, and no doubt suspecting desertion, his officers sent out troops to retrieve him on two occasions. On the first, the man entrusted with this task was informed by Green's 'neighbours that he was unable to go to camp' and returned without him. Only at the second time of asking did Green finally rejoin his unit. When he did, he was almost immediately 'confined for desertion' and put in front of a court martial two weeks later. Luckily for Green, those examining him viewed his case sympathetically. After hearing the testimony of several witnesses, who supported the defendant's claim of incapacity, the court found him not guilty and set him free.⁶⁵ In effect, this judgement served as a retroactive furlough. The officers judging Green appreciated the inadequacies of the Medical Department and accepted that sick and wounded men were sometimes forced by necessity to look outside of the military for assistance.

Green's case may be indicative of a wider tendency that historians have failed to explore. According to one estimate, one in five soldiers in the

⁶⁴ For an account of the punishments meted out to American soldiers during the war, see Cox, *A Proper Sense of Honor*, 94–116.

⁶⁵ Court-Martial of Caleb Green, 25 Dec 1776 in Commager & Morris (eds.), *The Spirit of 'Seventy-Six*, 828–829.

Continental Army deserted during the War.⁶⁶ Most of these men were never caught. Rather than being simply a form of protest, as many social historians have asserted, it may be that some sick or wounded men left the ranks to ensure they received the medical attention their ailments necessitated. Whether or not Caleb Green would have returned to his unit at the end of his illness had the army failed to send someone to recover him, we will never know, but desertion was certainly an option. The question, of course, is a moot point, as Green did return to the army. Others in a similar state of poor health whom the army were unable to track down may, however, have decided, or been persuaded by concerned relatives, to remain with their families. The risk of severe punishment and the stigma attending desertion, especially after the war, means that few deserters have left an account of the reasons for their decision to leave the army. If suitable primary sources could be found, however, the idea of desertion as a strategy for obtaining essential care would be a topic worthy of further research.

Conclusion

Faced with an inadequate system of formal military healthcare, sick and wounded American soldiers frequently turned to informal sources of assistance during the Revolutionary War. These informal networks of care were based largely on a soldier's personal relations with others, including his family, friends, and comrades in the army, and his financial and material resources. Sometimes soldiers had to pay for care, especially when it was given by strangers. At other times, care was given freely by relatives, friends, or persons sympathetic to the plight of soldiers or the cause of independence. Irrespective of why care was provided, or what form it took, however, it seems clear that informal channels of assistance were vital in making up the many shortfalls in the institutional system of healthcare provided by the army.

The importance of informal networks of care during the war points, in some respects, to the post-war experiences of disabled veterans. Generally speaking, any care needs these men had after the war were met informally outside the walls of institutions like hospitals. In a sense, then, the post-war

⁶⁶ Charles Patrick Neimeyer, *America Goes to War*. New York: New York University Press, 1996, 138

situation of disabled veterans represents a continuation of their wartime care experiences. This is not to deny that hospitals and medical professionals played a role in the care of Revolutionary War soldiers during the conflict. As I have shown in this chapter, doctors and military hospitals were undoubtedly a significant component in the systems of care used by the sick and wounded during the war. The war, however, was an exceptional period in early American history. The social upheaval it occasioned plainly necessitated a formal, institutional, response to sickness and injury of some kind, yet the American military was not completely up to the task. The fact it was not reveals that, even in moments of profound crisis, when an institutional system of care seemed most appropriate, early America was either incapable or unwilling to provide such care on an adequate basis.

Even when soldiers received hospital care, it is clear that most of them would have preferred to receive treatment in more informal and private settings, particularly their own homes. As the examples of Andrew Griswold and Clement Sewall indicate, many sick and wounded troops were keen to get out of hospital and back to their families as soon as possible. This is quite understandable given the conditions in army hospitals and the greater level of comfort and support presumably available in their own homes. Despite the Medical Department's failings, however, the experiences of Griswold and Sewall also reveal that many sick and wounded soldiers had to draw on the formal system to some extent, irrespective of their preferences. Like Griswold and Sewall, many soldiers appear to have used the Medical Department's limited services and facilities, supplemented by informal sources of assistance, until their conditions had stabilised sufficiently to enable them to travel home to recuperate. Although they generally favoured informal over formal care, then, ill and injured troops were rarely able to opt out of the formal system altogether. Instead, they appear to have drawn on both systems for assistance to greater or lesser extents, bringing them together in a patchwork of care to improve their chances of survival as much as circumstances would allow.

Finally, although sick and wounded soldiers were often dependent on the help of others, we should not equate the fact that they required assistance with passivity. There is abundant evidence that, even in times of severe incapacity and illness, many soldiers were active agents in their own fates. Recall, for instance, Clement Sewall's refusal to undergo an amputation, despite the advice of his surgeon, or Caleb Green's decision to return home for

treatment and risk being punished as a deserter. In both cases, these men exercised a large measure of control over what kind of treatment they received. As I show in Chapters Four and Five, just as sick and wounded soldiers exhibited agency during the war, so too did disabled veterans in the years after it.⁶⁷

⁶⁷ For more on the agency of sick and wounded soldiers in determining the care they received during the war, see Cox, *A Proper Sense of Honor*, 153, 162.

~ Chapter Three ~

Revolutionary War Pensions and the Disability Category in the Early United States

Disability is a product of a complex interplay between a variety of social, economic, political, and cultural factors and ‘anomalous’ bodies and minds. It can never be fully understood in purely medical terms. Thus, while an investigation into the wartime experiences of disabled veterans gives us an indication of how American soldiers could be injured and survive, it does not explain how they became ‘disabled’. If we are to appreciate what early Americans, especially policymakers, meant when they referred to disability, we must look beyond the bodies and impairments of individual soldiers towards the broader context in which they existed. Part of that context was legal, and it is to this aspect of the construction of disability that I now turn.

In this chapter I interrogate the meaning and nature of disability in early America through an examination of the major military pension laws and resolutions of the United States passed between 1776 and 1818. While I pay special attention to invalid pension legislation for Revolutionary War veterans, I also consider briefly the Service Pension Act of March 1818. This law established the main principles on which the amended Pension Act of 1820 was based and closely followed. I argue that an analysis of the pension system suggests that the modern disability category was slowly beginning to take shape in the early United States. Because of this, the late eighteenth and early nineteenth centuries ought to be regarded as a key period in American disability history.

Invalid Pensions

Due to the poor record keeping of the American army, it is difficult to know with any certainty just how many American soldiers were injured during the Revolutionary War. Estimates made by historians of the number of non-fatal

American casualties in the conflict range from 8,500 to 25,000.¹ The true figure for the number of sick and wounded who survived the war will probably never be known. One thing is clear, though. Very few injured American servicemen ever received an invalid pension from the US government after the war. Judging by the national pension lists compiled by federal authorities between 1792 and 1816, the number of veterans in receipt of an invalid pension at any one time was around 1,500.²

Despite the undeniably small number of invalid pensioners in the early United States, there are three main reasons why a study of the national invalid pension programme of this period is worthwhile.

First, the creation of the programme represented a significant ideological concession on the part of Revolutionary leaders. During the struggle with Britain, American revolutionaries had drawn on the ideology of classical republicanism to justify their cause. According to this doctrine, government pensions endangered the liberty of republics by corrupting public virtue and ought to be avoided.³ Consequently, when policymakers granted pensions to disabled veterans they effectively undermined one of the central tenets of Revolutionary ideology. Although only awarded on a small scale, then, invalid pensions set an important precedent and paved the way for a more extensive

¹ Peckham (ed.), *The Toll of Independence*, 130–134; John Shy, *A People Numerous and Armed: Reflections on the Military struggle for American Independence*. Ann Arbor: University of Michigan Press, 1990, 249–250.

² By way of illustration, consider the following totals for invalid pensioners extracted from the pension lists of 1792, 1813, and 1816.

1792	1813	1816
1472	1766	1757

Note, however, that the figures for 1792 and 1813 also include a small number of non-Revolutionary War veterans who were injured in other conflicts, particularly the Indian wars of the 1790s. Numbers for 1792 and 1816 from: United States, *American State Papers: Claims*. Washington: Gales & Seaton, 1834, vol. 1, 57, 474. 1813 from: United States, Secretary of War, *Revolutionary Pensioners: A Transcript of the Pension List of the United States for 1813*. Baltimore: Genealogical Publishing Co., 1994–95, 47. The *total* number of Revolutionary war veterans who received invalid pensions from the US government was probably greater than 1500. William H. Glasson, the author of the definitive guide to US military pension legislation in the eighteenth and nineteenth centuries, has estimated that no more than 2,000–3,000 Revolutionary War veterans received pensions for wartime injury during the entire history of the invalid pension programme. Glasson, *History of Military Pension Legislation*, 51.

³ Bernard Bailyn, *The Ideological Origins of the American Revolution*. Cambridge, Ma.: Harvard University Press, 1971; Martin & Lender, *A Respectable Army*, 108–109; Resch, *Suffering Soldiers*.

erosion of republican principles in the future. As I show in this chapter, early America's experience with invalid pensions directly influenced the development and administration of the more comprehensive service pension scheme established in March 1818. Recognising this helps us to realise the key role disability played in the development of the early American state.

Second, a study of the invalid pension system enables us to see how policymakers and administrators defined and identified 'disability'. Focusing on the question of definition, of course, forces us to acknowledge the sociocultural dimension of disability as disability studies scholars urge. Yet, an analysis of the pension system serves a much broader purpose than this. An appreciation of what disability meant to pension legislators and overseers sheds light on the category of entitlement underpinning the invalid pension programme. As I argue in the following pages, while disability was undoubtedly significant to that programme, it did not constitute an independent category of entitlement. It is only when we know how Congress defined disability that we are able to recognise this. Once we do, moreover, it soon becomes clear that the policy category animating the pension system for disabled veterans was not really disability, but invalidity.

Third, and perhaps most importantly, an analysis of the invalid programme allows for a proper contextualisation of the lives of invalid pensioners. This is quite clearly of significance to a study such as mine and is the main reason why I have chosen to present such an analysis.

As mentioned previously, invalid pensions were the only special disability benefits provided by the national government for injured veterans of the Revolutionary War. Although some congressmen had proposed the creation of an institution similar to the famous Chelsea Hospital for military pensioners in England while the war still raged, the plan was never implemented.⁴ Revolutionary leaders simply expected injured soldiers unfit for military service to return to their homes and adjust to their new circumstances with little more than a small government pension, and their families, friends, and local communities to assist them. No nationally funded medical, domiciliary, or rehabilitative institutional structure was specially created to ease their re-entry

⁴ Bowling et al. (eds.), *Documentary history*, 333. For a brief history of the Chelsea Hospital, see: <http://www.chelsea-pensioners.co.uk/about/origins-and-history> (accessed 19 March 2009).

into civilian life. Such facilities would not be available to disabled veterans of American wars until long after most Revolutionary War veterans were dead.

American policymakers established the invalid pension programme of the United States by a resolution of Congress passed on 26 August 1776. Approved to encourage enlistments in the army while the war with Britain was still being fought, this resolution marked an important moment in the history of American military pension legislation. This is because it was the first time that Americans had sought to create a uniform pension system on a *national* basis. The resolution was similarly significant to the history of disability in America, as it also represented the first time politicians had endeavoured to formulate a coherent and systematic *disability* policy for the American nation.

Despite the novelty of its national scope, however, the pension resolution of 1776 was not a particularly radical break with the past. England and her North American colonies had a long tradition of awarding pensions to soldiers disabled in the line of duty. The invalid pension programme created by Congress during the Revolutionary War drew on this tradition and incorporated many of the features of English and colonial pension schemes.⁵

According to the resolution of August 1776, all soldiers engaged in the struggle for independence

who shall lose a limb in any engagement, or be so disabled in the service of the United States of America as to render him incapable afterwards of getting a livelihood, shall receive, during his life, or the continuance of such disability, ...one half of his monthly pay.⁶

This passage highlights most of the key features of the wartime pension programme. Men who lost a limb in battle automatically qualified for a pension while those injured in other, less precise, ways were granted the same allowance providing their injuries stopped them working for a living. This latter proviso goes to the heart of what early American policymakers meant

⁵ Glasson, *History of Military Pension Legislation*, 12–14; Hudson, ‘Disabled Veterans and the State in Early Modern England’.

⁶ Worthington C. Ford et al. (eds.), *Journals of the Continental Congress, 1774–1789*, Washington, D.C: US Government Printing Office, 1904–37, vol. 5, 702–705. Quotation from 702.

when they referred to ‘disability’. For them, disability was essentially an inability to labour because of physical or mental impairment. The resolution of 1776 recognised, however, that while some injuries might render a soldier unfit for military service, they did not necessarily preclude him from earning a living in the civilian world altogether. In cases where soldiers were not considered ‘totally disabled from getting a livelihood’, they were to receive a pension commensurate to their assessed level of disability.⁷

Congress passed further pension measures after the resolution of 1776, both during and after the war.⁸ These built on the 1776 scheme and retained its central features, particularly the definition of disability as an inability to labour and the implied idea of proportionate pension rates. Indeed, these two features remained in place throughout the entire history of the invalid programme for Revolutionary veterans. Despite the general continuity with the wartime programme, however, post-war resolutions did introduce a number of significant modifications to the pension system. Dropped, for example, was the 1776 resolution’s privileging of the loss of a limb in battle over all other injuries. After the early 1780s, national disability pension provisions for Revolutionary War veterans never again mentioned specific types of injuries such as the ‘loss of a limb’. Moreover, the principle of automatic qualification, where an impairment such as the loss of an arm or leg automatically qualified a soldier for a pension, was also abandoned.⁹

Another major change made to the pension programme after the war concerned the rates paid to invalid pensioners. While the rate paid to officers considered totally disabled remained at half-pay in the immediate post-war years, subsequent pension measures changed the full rate for disabled privates and non-commissioned officers from the 1776 level of half-pay to five dollars a

⁷ Ibid., 703–704.

⁸ Glasson, *History of Military Pension Legislation*, 17, 22–33

⁹ To illustrate this point, compare the passage from the resolution of 1776 quoted earlier with the equivalent provisos found in pension measures passed by Congress on 7 June 1785 and 23 March 1792. In 1785, Congress declared that disability pensions were meant for soldiers ‘who have been disabled in the service of the United States,...[and are] incapable of military duty, or of obtaining a livelihood by labour’. There was no mention of automatic qualification or any reference to specific types of injuries. Neither was there in the Invalid Pension Act of 1792, though this measure did draw a vague distinction between wounds and other causes of injury when it stated that a prospective invalid pensioner had to have been ‘disabled in the actual service of the United States...by wounds or other known cause’. Ford et al. (eds.), *Journals of the Continental Congress*, vol. 28, 435–436; ‘An Act to...regulate the Claims to Invalid Pensions’, 23 March 1792, *Statutes at large*, vol. 1, 244.

month. In 1816, Congress modified pension rates again, raising the maximum allowance for privates and NCOs from five to eight dollars a month.¹⁰ Even after this increase, the full rates paid to rank and file American soldiers can hardly be regarded as generous, especially if we consider that those rates were supposed to compensate disabled veterans for a *complete* inability to labour. Even agricultural labourers, who were some of the lowest paid workers in the early US, could expect to earn more than the full pensions offered by the government. Wage statistics for the Philadelphia region for the period 1802–30, for instance, indicate an average monthly wage of between nine and eleven dollars for farm work.¹¹

Prior to the creation of the federal government according to the terms of the US Constitution in 1789, Congress did not have the power to enforce its decisions. Instead, final responsibility for the implementation of its invalid pension plan had rested with the thirteen states. These were generally slow and ineffective at paying invalid pensioners. Consequently, by the time the first US Congress met under the new federal system in 1789, pension payments to disabled veterans were massively in arrears and many pension applications remained unprocessed. In an effort to overcome these problems, the national government, now with proper legislative powers, agreed to take over full responsibility for the administration of invalid pensions and the payment of arrears.¹² This marked a new phase in the development of the invalid pension programme.

Although Congress continued to maintain the central definitions and principles of the pre-federal era pension scheme, it changed the pension system in a notable way when it passed a new pension law in February 1793.¹³ Entitled *An Act to regulate the claims to Invalid Pensions*, this law was ostensibly passed to resolve a constitutional dispute between the judiciary and legislature

¹⁰ The Invalid Pension Act of 1816 that increased the pensions of privates and NCOs also raised the rates paid to the lowest class of officers (lieutenants and ensigns). 1816 Act, *Statutes at large*, vol. 3, 296–297; Glasson, *History of Military Pension Legislation*, 22–33.

¹¹ Donald R. Adams, 'Wage Rates in the Early National Period: Philadelphia, 1785–1830', *Journal of Economic History* 28 (1968), 409, 421.

¹² The transfer of responsibility for the payment of pensions from the states to the national government was established by an act of Congress in September 1789. The US government assumed responsibility for the payment of arrears in August 1790. Glasson, *History of Military Pension Legislation*, 25; *Statutes at large*, vol. 6, 5.

¹³ Mutschler, 'The Province of Affliction', 286–297.

that had arisen in the wake of a previous pension act, passed on 23 March 1792.¹⁴

As well as overcoming judicial objections to the pension programme, however, the new law also tightened the eligibility requirements for pensions. These new requirements signified an important and enduring shift in the legal construction of disability and had a profound impact on a majority of the disabled veterans examined in this study. Because of this, the Invalid Pension Act of 1793 demands our attention.

In a fine study of illness in New England during the eighteenth century, Mutschler has devoted nearly half a chapter to an analysis of the pension system for disabled Revolutionary War veterans. In his account, Mutschler places special emphasis on the Invalid Pension Act of 1793 and argues persuasively that the new law closed off the possibility of pensions for the effects of disease or illness. To support his point, Mutschler compares the controversial Invalid Pension Act of 1792 with the law of 1793, noting that the former granted pensions to soldiers ‘disabled...by wounds or other known cause’ while the latter stipulated that ‘a claimant must prove decisive disability to have been the effect of known wounds’. The phrase ‘wounds or other known cause’ used in the text of the 1792 act clearly draws a distinction between wounds and other causes of impairment, yet it still recognises that these latter, undefined, causes of disability could also qualify an applicant for a pension. By dropping the phrase ‘other known cause’ and insisting that pensions were for the disabling effects of ‘known wounds’ only, the Pension Act of 1793 excluded, therefore, disease and illness as legitimate, pensionable, causes of disability. Mutschler also points out that the law of 1793 further tightened the invalid pension programme by introducing the principle of ‘decisive disability’, which would be incorporated into subsequent pension measures. After 1793, this principle meant that applicants had to demonstrate that their war wounds were the direct and unequivocal cause of their inability to labour.¹⁵

The effect of the 1793 Invalid Pension Act, then, was to privilege wounds as the only legitimate cause of pensionable disability at the expense of

¹⁴ For details of the constitutional dispute surrounding the Invalid Pension Act of 1792, see: Glasson, *History of Military Pension Legislation*, 26–29 and United States, *American State Papers: Miscellaneous*. Washington: Gales & Seaton, 1834, vol. 1, 49–53.

¹⁵ Mutschler, ‘The Province of Affliction’, Ch. 6, especially 286–298; 1792 Act, *Statutes at large*, vol. 1, 243–245; ‘An Act to regulate the Claims to Invalid Pensions’, 28 February 1793, *Statutes at large*, vol. 1, 324–325.

all other causes. Knowing this helps explain the figures I presented in Chapter One (Table 1). Considering that around three-fifths (61%) of the disabled veterans I target in this study were only pensioned *after* the passage of the 1793 act, it is easy to see why my figures regarding the causes of invalid pensioners' injuries are the way they are. As I have already suggested, the relative insignificance of disease as a cause of pensionable impairment does not necessarily mean it was any less injurious to the bodies of veterans than combat. Rather, it is simply a reflection of the timing of veterans' pension applications and the eligibility criteria laid out in pension legislation after 1793. Indeed, this conclusion is given further weight when we bear in mind that *none* of the disabled veterans pensioned after 1793 received invalid pensions solely for the effects of disease.¹⁶

After 1793, then, the *cause* of disability became more important than its *effect* in determining a disabled veteran's eligibility for an invalid pension. As Mutschler has observed, this gave rise to a 'peculiar situation' where two veterans with seemingly identical impairments could see their pension claims dealt with in completely different ways. Mutschler cites as examples, for instance, the contrasting cases of blind veterans George Airs and Stephen Dunham. Airs, who lost his sight when a cannon exploded, got a pension, while Dunham, who was blinded by smallpox, did not.¹⁷

Mutschler's pioneering examination of the Invalid Pension Act of 1793 is undoubtedly a valuable contribution to the small but growing historiography on disability in pre-nineteenth century settings. He is right to point out that the 1793 act marked a significant development in the evolution of the invalid pension programme. The new law's removal of 'other known cause[s]' as a valid basis for pensionable disability certainly reduced the number of injured veterans eligible for a pension. Yet, in emphasising this aspect of the act, Mutschler does not seem to recognise another important consequence of the new law.

¹⁶ While none of the disabled veterans I examine in this study were pensioned for the effects of disease after 28 February 1793, it should be noted that there were a few exceptional cases after that time where veterans were allowed pensions for disabilities resulting from disease. Those veterans did not receive their pensions under the terms of the 1793 act or its successors, however, but were pensioned as a result of special acts of Congress. See, for example, the case of Captain Selah Benton in *American State Papers: Claims*, vol. 1, 414. That Benton actually received a pension is confirmed by his entry on the *Pension Roll of 1835*, vol. 2, 181.

¹⁷ Mutschler, 'The Province of Affliction', 294–295.

In the next section, I want to take Mutschler's argument further and argue that the consequences of the 1793 act were even more profound than he suggests. Not only did the new law reduce the number of potential pensioners by tightening the eligibility criteria for invalid pensions, it also medicalised the pension programme. This, I argue, suggests that the late eighteenth and early nineteenth century was a crucial period in the development of the modern disability category.

The Medicalisation of Invalid Pensions

According to medical sociologist Peter Conrad, *medicalisation* refers to a process through which

a problem is defined in medical terms, described using medical language, understood through the adoption of a medical framework or “treated” with a medical intervention.¹⁸

In short, medicalisation is the process through which medicine and the medical professions have come to exercise cultural authority over the bodies, minds, and behaviours of human beings. By defining human conditions considered problematic in some way in medical terms, medicalisation tends to individualise those ‘problems’ in much the same way as the medical model individualises the ‘problem’ of disability.¹⁹ Indeed, the medical model of disability is the product of medicalisation. Medicalisation, then, is clearly a topic that has great resonance for disability studies scholars.

Medical sociologists often point to the involvement of doctors in the definition, treatment, and assessment of medical disorders as evidence of medicalisation.²⁰ If we apply the same evaluation criterion to an examination of the Invalid Pension Act of 1793, a good case can be made that the new law medicalised the pension programme. This is because the act of 1793 gave

¹⁸ Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore: Johns Hopkins University Press, 2007, 5.

¹⁹ *Ibid.*, 8, 152–153.

²⁰ *Ibid.*, 155–156.

doctors a more prominent role in the examination of applicants than they had previously enjoyed.²¹

Before February 1793, the evaluation of applicants for invalid pensions was more social than medical. In other words, the medical opinion of doctors generally carried less weight than the opinion of laypersons when it came to the certification of disability.²² The law of 1792, which the 1793 Invalid Pension Act replaced, for instance, made no mention of a specific role for doctors whatsoever. Strange as it might seem from a twenty-first century perspective, applicants were not required to undergo a specialist medical examination. All a veteran had to do was submit a certificate from his commanding officer, or two other ‘credible witnesses’, ‘setting forth his disability, and that he was thus disabled while in the service of the United States’. Along with this certificate, moreover, a veteran also had to send the ‘affidavits of three reputable freeholders’ from his town or county of residence. These affidavits were supposed to describe the applicant’s ‘mode of life, employment, labour, or means of support’ during the last year.²³ Doctors could, of course, also be reputable freeholders, so could presumably give evidence in this capacity. The fact that the law did not assign them a special place in the pension programme indicates, however, that policymakers did not see doctors as essential to the validation of disability.

In making this point, I want to stress that doctors were *not* prohibited from participating in the certification of pension applicants altogether before 1793. Far from it. The 1792 act’s failure to explicitly assign doctors a clear place in the pension application process was actually something of an exception. Earlier invalid pension measures passed by Congress had, in fact, mentioned a role for doctors. The original pension resolution of 1776, for example, stipulated that a claimant must submit a certificate from the surgeon who ‘attended him’ during the war. This certificate was to give an outline of the applicant’s military service and detail ‘the nature of his wound, and in what action or engagement he received it’. Doctors were not, however, explicitly

²¹ Mutschler, it should be noted, does seem to hint at the fact that the 1793 act gave doctors a more important role within the pension system. He does not make this point explicit, however. Consequently, despite the significant contribution Mutschler makes to the history of disability, his analysis of the 1793 act does not really draw out the medicalising consequences of the law. Mutschler, ‘The Province of Affliction’, 292–93.

²² My understanding of the social examination of disability here comes from Deborah A. Stone, *The Disabled State*. London: Macmillan, 1985, 99–103, especially 100.

²³ 1792 Act, *Statutes at large*, vol. 1, 243–245.

requested to assess an applicant's level of disability as necessitated by the principle of proportionate pension rates. Neither were they considered the only people suitably qualified to comment on the injuries of veterans. Under the 1776 resolution, for instance, an applicant was also required to provide the pension authorities with another certificate detailing his wartime service and the nature of his injury issued by an officer from his regiment.²⁴ The fact that military commanders were asked to give the same kind of evidence as surgeons indicates the relative importance of medical practitioners to the certification of disability. Doctors may have been recognised as important witnesses, but it is clear that they did not occupy a position of special authority within the pension programme because of their medical expertise.²⁵

The Invalid Pension Act of February 1793 radically altered the status and role of medical practitioners within the pension scheme. Whereas earlier acts and resolutions had failed to enunciate the idea of a formal doctor-led medical examination, the new law boldly declared that every pension

claimant shall be examined...by two physicians or surgeons...who shall report in writing, their opinion, upon oath or affirmation, of the nature of the said disability, and in what degree, it prevents the claimant from obtaining his livelihood, by labor.²⁶

By insisting that applicants had to undergo a medical examination, the 1793 act clearly gave doctors a new role in the assessment of disability. After 1793, the law recognised doctors more as medical experts than previous pension

²⁴ Ford et al. (eds.), *Journals of the Continental Congress*, vol. 5, 704.

²⁵ Consider also the pension resolution passed by Congress on 7 June 1785. This was the first major national invalid pension measure of the post-war period and the basis of the programme eventually modified in 1792. According to the resolution, an applicant was required to submit a certificate 'setting forth his disability, and that he was thus disabled while in the service of the United States'. This certificate could be obtained from one of several sources: an applicant's former regimental surgeon or commanding officer, 'a physician or surgeon of a military hospital', or any other person capable of giving 'good and sufficient testimony'. Again, then, it is clear that policymakers did not privilege the testimony of doctors over that of military commanders or other respected laypersons when it came to the certification of disability. Ford et al. (eds.), *Journals of the Continental Congress*, vol. 28, 436.

²⁶ 'An Act to regulate the Claims to Invalid Pensions', 28 February 1793, *Statutes at large*, vol. 1, 325.

measures had. Now, doctors were specifically and unequivocally called upon to use their medical expertise to validate and evaluate the disabilities of veterans. Because of this change in status, the 1793 act could also be cited as evidence that the medical profession was gaining a degree of acceptance, respect, and authority in American society more generally. There is certainly historical work that suggests that American doctors in the late eighteenth and early nineteenth centuries were enjoying some success in their efforts to assert influence over medical matters at the expense of traditional folk-healers.²⁷

Yet, it would be a mistake to claim that the 1793 act indicates that the medical profession had achieved a position of unrivalled power over all things medical, including the validation and assessment of disability. As Paul Starr has pointed out, doctors may have attempted to establish their cultural and social authority in the early United States, but their efforts did not go unchallenged. Despite some successes, the American medical profession during this period still had to vie with other influential groups in American society for the right to preside over issues concerning the health and bodies of American citizens.²⁸ The Invalid Pension Act of 1793 reflects this situation.

While the act's introduction of a formal medical examination gave physicians and surgeons a more prominent role as medical experts within the pension programme, it did not give them absolute authority over the validation and assessment of disability. Non-medical witnesses continued to be an integral part of the disability validation process. Veterans who applied for invalid pensions after February 1793 still had to submit affidavits from 'three reputable freeholders', for instance. These witnesses were supposed to confirm the existence of an applicant's disability and his 'mode of life, employment, labour or means of support' in a similar manner to that stipulated in the law of 1792.²⁹

After 1793, further pension measures were enacted for the benefit of disabled Revolutionary War veterans. According to William Glasson, these measures reached their 'most comprehensive form' in the Invalid Pension Act of 10 April 1806.³⁰ Given this, it seems useful to compare the law of 1806 with the act of 1793. Doing so illustrates the general trajectory of the invalid pension

²⁷ See, for example, Paul Starr, *The Social Transformation of American Medicine*. New York: Basic Books, 1982, 30–59; Ulrich, *A Midwife's Tale*, 254–258.

²⁸ Starr, *Social Transformation of American Medicine*, 30–59.

²⁹ 1793 Act, *Statutes at large*, vol. 1, 325.

³⁰ Glasson, *History of Military Pension Legislation*, 31.

scheme and provides evidence of the course of medicalisation in the early nineteenth century.³¹

Generally speaking, the 1806 act was not radically different from the law of 1793. Apart from signs of a slight streamlining in the pension application process, the key features of the two laws were quite similar. Chief among these features was the hybrid social and medical examination of applicants.

Although fewer social witnesses and medical examiners were now required under the terms of the law, the testimony of both was still crucial to the application process. Instead of the ‘three reputable freeholders’ required in 1793, applicants under the 1806 act only had to submit evidence regarding their ‘mode of life and employment’ from ‘at least one credible witness’. Despite the reduction in the number of witnesses, then, this aspect of the 1806 act clearly represents a continuation of the social examination procedures outlined in the act of 1793.³²

The procedural continuity between the two laws also extended to the question of medical examinations. In some respects, developments in this area mirrored those regarding the social examination of applicants in that the number of examiners was also streamlined. By 1806, policymakers had cut the required number of examining physicians or surgeons from two to one.³³ This was not the only modification made to the medical examination system enshrined in pension legislation, however. To some extent, the 1806 act also undermined the principle of special medical examinations specifically for the purpose of assessing pension applicants. This is because such examinations, while important, were no longer an *absolute* requirement. If a doctor was already familiar with a claimant’s medical condition, he could base his opinion on his ‘own knowledge and acquaintance’ with the veteran. Only doctors

³¹ For a summary of the other major invalid pension laws passed between 1793 and 1806, see *ibid.*, 30–33.

³² ‘An Act to provide for persons who were disabled by known wounds...’, 10 April 1806. *Statutes at large*, vol. 2, 376–378. Quotes from 376.

³³ The 1806 act, it should be noted, was not responsible for the reduction in the required number of social witnesses and medical examiners. This streamlining of the pension application process was actually a consequence of an earlier pension law, enacted in 1803. For details, see ‘An Act to make provision for persons that have been disabled by known wounds...’, 3 March 1803, *Statutes at large*, vol. 2, 242–243.

without an adequate knowledge of an applicant's disabilities were required to carry out a special medical examination before submitting their affidavits.³⁴

Despite the minor modifications made to the regulations regarding the examination of veterans, it is clear that the expert medical opinion of doctors remained central to the pension system. In no way, then, can the changes made to pension legislation between 1793 and 1806 be seen as a serious challenge to the medicalisation of the invalid programme apparent in the 1790s. On the contrary, an analysis of the 1806 act indicates that the process of medicalisation may actually have been intensifying in the early 1800s.

A comparison of the responsibilities of medical examiners detailed in the Pension Acts of 1793 and 1806 certainly suggests the validity of such an interpretation. Seen alongside the act of 1806, the act of 1793 was quite vague regarding what was required of examining doctors. As the passage quoted earlier makes clear, all the law stated was that examiners must comment on the 'nature' and 'degree' of a claimant's disability. The 1806 act, in contrast, was more explicit concerning what legislators expected of medical examiners. While the law continued to require physicians and surgeons to note the 'nature' and 'degree' of an applicant's disability, now it also instructed them to 'particularly describe the wound or wounds from whence the disability appears to be derived'.³⁵ Never before had invalid pension legislation outlined the duties of doctors in this way. I argue that this fact is significant as it reflects a growing pathologisation of disability within the invalid pension programme in the early nineteenth century.

Evidence to support this argument is admittedly rather hard to find. Due to the pension paper fires of 1800 and 1814, the reports of medical examiners are generally missing from the pension files I have consulted.³⁶ Despite the general dearth of medical documentation, however, some files do include the testimony of doctors. These papers tend to relate to the applications invalids made for increases in their pensions in the 1820s and 1830s.

Unlike previous pension measures, the act of 1806 allowed increases to invalid pensioners whose disabilities got worse. To obtain an increase, pensioners had

³⁴ 1806 Act, *Statutes at large*, vol. 2, 376.

³⁵ *Ibid.*

³⁶ All of the disabled veterans I examine in this study were pensioned as invalids prior to 1814. It is not hard to see, then, why so few of their pension files contain the doctors' reports integral to the pension application process after 1793.

to undergo another medical examination to confirm the deterioration in their conditions. This examination was more akin to the one required under the law of 1793, however, than the one prescribed for first-time applicants in the 1806 law. All invalids seeking an increase *had* to submit to a bodily inspection carried out by two ‘reputable physicians or surgeons’, irrespective of whether or not these examiners were already familiar with the veteran’s bodily abilities. Again, doctors were supposed to comment on the nature and degree of claimants’ disabilities. Interestingly, unlike the regulations relating to the medical examination of first-time applicants, those governing applications for increases did not instruct doctors to ‘particularly describe’ the disabling wounds of pensioners.³⁷ Despite this, however, the doctors’ reports written in connection with the increase applications filed by invalid pensioners in the nineteenth century still provide good evidence of the pathologisation of disability in the early US. The case of Joseph Richardson is illustrative of this fact.

Richardson, a disabled veteran from Durham, New Hampshire, had been wounded twice during the Revolutionary War. First, in the arm in ‘a skirmish with Indians’ during the American retreat from Canada in 1776 and, later, in the shoulder at the Battle of Hubbardton in Vermont, the following year.³⁸ In consequence of his war wounds, Richardson received an invalid pension, which he continued to draw until 1818, when he relinquished it to take up a service pension according to the terms of the landmark Revolutionary War Pension Act. Richardson did not remain a service pensioner for long, however. In 1820, he lost his service pension after failing the Pension Office’s means test and was reinstated as an invalid. This development represented a significant reduction in the veteran’s income.

Before giving up his invalid pension in 1818, Richardson had been assessed as 50% disabled. Having served as a private during the war, he was therefore pensioned as an invalid at the rate of four dollars a month. The monthly rate for privates pensioned under the act of 1818, in contrast, was eight

³⁷ 1806 Act, *Statutes at large*, vol. 2, 376–377. It should also be noted that, unlike the rules concerning first-time applications, those pertaining to increases under the 1806 act did not require veterans to submit social evidence from a credible witness. The examination procedures for increases, then, were essentially medical in nature.

³⁸ Joseph Richardson (Dis), PF, S20168. For short accounts of the American retreat from Canada and the Battle of Hubbardton, see Boatner, *Encyclopedia of the American Revolution*, 177–179, 526–529.

dollars. Consequently, when Richardson transferred on to the service pension scheme, he effectively doubled his pension income. Conversely, when he lost his service pension and was restored to the list of invalids at his former rate, his pension income halved.³⁹

Disgruntled after becoming accustomed to the higher rates offered under the Pension Act of 1818, Richardson attempted to make up his reduced income by applying for an increase in his invalid pension. Submitted under the terms of the 1806 act in July 1823, Richardson's application was accompanied by the affidavits of two physicians, Frederick Cushing and James Pierrepont.⁴⁰ Cushing's statement is worth quoting at length as it indicates the sort of bodily inspections disabled veterans were subjected to. More significantly, it also suggests that the medicalisation of invalid pensions continued unabated well into the nineteenth century.

I Fredrick Cushing of lawful age do testify & say that
I have examined Jos. Richardson of Durham in the
County of Strafford and District of New Hampshire,
who is now a pensioner in consequence of wounds
received in the revolutionary war[.] These wounds are
of the left superior extremity, the one near the
insertion of the deltoid muscle, the other on the fore
arm, which have rendered the limb entirely useless
and in my opinion incapacitate him to get his living by
manual labour, and should entitle him to a full
pension. –

³⁹ *Pension Roll of 1835*, vol. 1, 677.

⁴⁰ Strictly speaking, Richardson actually submitted his application for an increase under a later invalid pension act, passed on 4 February 1822. This is because the 1806 act had officially expired on 10 April 1812. The provisions of the act were resurrected and continued, however, by subsequent statutes, one of which was the law of 4 February 1822 referred to. The other acts resurrecting the 1806 law were passed on 25 April 1812, 15 May 1820, and 24 May 1828. Clark, *Index to US Invalid Pension Records*, xxii; Robert Mayo & Ferdinand Moulton (comp.), *Army and Navy Pension Laws... 1776 to 1852*. Washington: Jno. T. Towers, 1852, 391.

I further say, that in consequence of the above named wounds I have attended the said Richardson since the first of December 1822

July 7th 1823

Fr Cushing MD ⁴¹

As the quote from Peter Conrad I cited earlier in this chapter highlights, the use of medical language to define and describe human conditions is another of the indicators medical sociologists look for when identifying and gauging medicalisation. Given this, Cushing's use of the term 'deltoid muscle' is especially interesting. Clearly a specialist anatomical label, it hints at the extent to which the invalid pension programme had become medicalised by the 1820s.⁴² Furthermore, taken in conjunction with the legal responsibility of doctors to 'particularly describe' the wounds of veterans, it also suggests that disability was becoming increasingly pathologised during this period. Cushing was certainly not the only examining doctor to resort to specialist medical language in carrying out his duties under the law. By employing anatomical terms such the 'Os Ischium', 'nates', 'humerus', 'scapula', and 'clavicle', the affidavits of other medical examiners given in the 1820s and 30s also echo Cushing's use of medical terminology.⁴³

A comparison of Cushing's statement with a certificate issued by surgeon John Hart in June 1785 gives a sense of the progress of medicalisation during the first fifty years of the invalid pension programme. Hart's certificate

⁴¹ Joseph Richardson (Dis), PF, S20168. The outcome of Richardson's application is difficult to determine for certain. While there is documentation in Richardson's pension file indicating that he was awarded an increase, this increase is not recorded in his entry on *The Pension Roll of 1835* (vol. 1, 677). Despite this, I am inclined to conclude that Richardson's application was indeed successful. This is because I have come across several cases during my research where it is clear that the 1835 Roll is not always an accurate reflection of the pension payment histories of certain veterans. Consequently, where there has been conflict between information on the Roll and the payment histories detailed in the pension files of veterans, I have generally favoured evidence from the latter.

⁴² For confirmation that 'deltoid' was considered a specialist anatomical term around this time, see Robert Hooper, *A New Medical Dictionary; Containing an Explanation of the Terms in Anatomy, Physiology... And the Various Branches of Natural Philosophy Connected With Medicine*. Philadelphia: M. Carey & Son, Benjamin Warner, and Edward Parker, 1817, 257.

⁴³ Quotes are taken from the doctors' statements found in Benjamin Farnum (Dis), PF, S5375; Josiah Chute (Dis), W24842; Zachariah Green/e (Dis), PF, S28747. All of the quoted anatomical terms also appear and are defined in Hooper's *New Medical Dictionary* of 1817, see 207, 380, 420, 525, 582, 722.

was part of Ebenezer Brown's application for an invalid pension. It was submitted, along with a similar certificate from one of Brown's former commanding officers, according to the rules governing the pension scheme in the 1780s. As this was the period when pensions were still administered by the thirteen states, Brown addressed his application to his home state's legislature, the General Court of Massachusetts. Ultimately rejected, not, apparently, because of insufficient proof or doubts over the veteran's disability, but because of a technicality, Brown's application was never forwarded to the national pension authorities, but was, instead, filed with the records of the General Court.⁴⁴ It is because of this that Hart's certificate survived the fires of 1800 and 1814. Brown's misfortune, then, is our good luck, as Hart's certificate offers us a valuable insight into the earliest workings of the invalid pension programme. Here is the certificate reproduced in full:

This may Certify that M^r Ebenezer Brown, received a
wound in his shoulder on the nineteenth of September
1777 at which time he was a serjant [sic] in Col. John
Baileys Regiment

John Hart Surgeon &
The Reg^t above mentioned ⁴⁵

⁴⁴ I have been unable to ascertain the exact reason why the General Court rejected Brown's application. There is good reason to believe, however, that the application was rejected because of complications regarding Brown's rank as an officer.

Although a sergeant at the time of his wounding in 1777, Brown had been promoted to lieutenant by the war's end. Under the agreement for disbanding the Continental Army, officers were paid five years' full pay in lieu of the half pay for life they had been promised during the conflict. As a lieutenant, Brown also received this commutation of half pay. This was to cause him a long-running and serious problem in his efforts to get on the national invalid pension list.

According to the rules governing the post-war pension programme, officers, like Brown, who had received the commutation of half pay were not entitled to an invalid pension until they had repaid the commutation sum to the government. As other documents found in the Records of the General Court indicate, Brown had great difficulty in meeting this requirement. It appears from the available evidence, then, that Brown's application of 1785 was not rejected because of a problem with the documentation he submitted, but because of the issue of commutation of half pay. It was this issue that, as I have mentioned in the Introduction, stopped Brown being put on the invalid pension list until 1811. Ebenezer Brown (Dis), PF, W8382; Senate Unpassed Legislation (1806), Box 92, item 3480. Records of the General Court, Massachusetts State Archives (hereafter cited as RGC); Glasson, *History of Military Pension Legislation*, 17–23.

⁴⁵ House Unpassed Legislation (1785), Box 30, item 1771, RGC.

Viewed alongside Cushing's statement, Hart's certificate is highly suggestive of the way in which the role of doctors and the examination of pension applicants changed between the 1780s and 1820s. In contrast to Cushing's report, Hart's certificate is rather vague regarding the nature of Brown's disability and does not describe the veteran's wound. Hart also appears to have felt no need to highlight a connection between Brown's wartime injury and the veteran's difficulties labouring for a living. Consequently, Hart's certificate can hardly be seen to pathologise disability.

In thinking about the development of the invalid pension programme in the early United States, I have found the work of political scientist Deborah Stone particularly useful. In her book, *The Disabled State*, Stone argues that the development of disability policy in the West has been closely linked to the rise of a 'clinical concept' of disability. According to this concept, disability is first and foremost a medical condition that can be identified and measured using objective medical criteria. It is the claim that disability can be assessed objectively by medical experts that has especially appealed to policymakers historically.

Stone claims that, with the rise of modern clinical medicine in the second half of the nineteenth century, legislators began to see medical science as a useful method for validating disability. Worried that the prospect of disability benefits might encourage malingerers, policymakers increasingly put their faith in medicine to weed out welfare cheats. Believing that doctors, through their medical training, could dispassionately detect deception and prevent fraudulent claims, the architects of modern disability policies created examination procedures that privileged clinical judgements above all others. As a result of these developments, doctors began to emerge as important 'gatekeepers' within disability programmes. While never superseded entirely, social, or non-medical, assessments of disability, common in earlier periods, had become much less important to the validation of disability by the late twentieth century.⁴⁶

When I refer to the 'modern disability category', I have in mind Stone's analysis. Consequently, I consider the category to be one characterised by a largely medical understanding of disability. Viewed in this light, the findings I

⁴⁶ Stone, *Disabled State*, 90–117.

have presented in this chapter offer new insights into the origins of the modern disability category and clearly compliment Stone's work. Put simply, the medicalisation of invalid pensions after 1793 suggests that the roots of the clinical concept described by Stone may lie in the late eighteenth and early nineteenth centuries.⁴⁷ In making this point, I am not arguing that the clinical concept had emerged in full, only that aspects of a medical understanding of disability are apparent in the pension programme around this time. To claim otherwise would be misleading, particularly if we consider that *clinical* medicine was still in its infancy in the early United States. If the period 1793–1830 did not give birth to the clinical concept underpinning later US disability policies, though, it certainly seems to have heralded its impending arrival.

The gradual emergence of a medical model of disability was not unique to the United States during this period. Judging from the work of Lennard Davis, developments in America mirrored those occurring in other Western nations at roughly the same time. In an essay looking at disability discourse in eighteenth century Britain, Davis has persuasively argued that the late eighteenth century marked a transitional stage in the development of the modern disability category. During this 'liminal period', earlier 'formulations of disability' lingered on alongside signs of newer, more medicalised, conceptualisations, often in tension with one another.⁴⁸ The history of the invalid pension programme suggests that the early United States was a similarly liminal period in the development of the disability category in America. While medical examinations and the pathologisation of disability pointed to the clinical concept at the heart of future disability policies, the social examination features of the programme represented older, non-medical, ways of addressing disability.

⁴⁷ The rationale driving the medicalisation of invalid pensions in the early United States was certainly very similar to the one that propelled the clinical concept to the centre of later US disability programmes. According to Stone, American legislators in the twentieth century built their disability policies around a clinical concept of disability because they wanted to restrict access to disability benefits. Judging from the text of the Invalid Pension Act of 1793, this was also the reason why early American policymakers introduced medical examinations to the pension system in the 1790s. According to the preamble to the 1793 act, the law was passed because the previous Invalid Act of 1792 was 'found by experience [to be] inadequate to prevent the admission of improper claims'. Seen in this light, it seems early American legislators hoped medical examinations would function as a 'restrictive mechanism' in much the same way as the clinical concept of disability did in the twentieth century. Quotes from: 1793 Act, *Statutes at large*, vol. 1, 324 and Stone, *Disabled State*, 118.

⁴⁸ Davis, 'Dr. Johnson, Amelia, and the Discourse of Disability'. Quotes from 56.

Disability Versus Invalidity

Despite the medicalisation of invalid pensions, doctors did not become the absolute gatekeepers of federal disability benefits. Indeed, as Stone's analysis reveals, even in later periods, when medical science had consolidated its cultural authority, doctors never wielded such power.⁴⁹ In the final analysis, the eventual outcome of pension applications was down to the law and the bureaucrats who oversaw the pension system.

Doctors could, of course, have a significant impact on an applicant's chances of success. If they refuted a claimant's account of disability, the veteran's pension application would almost certainly fail. The support of medical examiners did not guarantee a successful pension outcome, however. As Mutschler has shown, there are numerous examples of pension applications being rejected despite the recommendations of examining doctors. Following the act of 1793, many medical examiners continued to support the applications of veterans suffering from the effects of 'other known cause[s]', despite the fact that these causes were no longer legally pensionable. That such applications were generally unsuccessful reinforces the idea that it was not the opinion of doctors that determined the success or failure of a pension application, but the law.⁵⁰ Recognising this fact also raises an important question about the category of entitlement at the heart of the invalid pension system.

If disability, even when certified by doctors, did not guarantee veterans an invalid pension, can it really be considered to have operated as an independent category of entitlement? My view is that it cannot.

The work of Stone is again useful when thinking about this issue. In Stone's opinion, 'disability functions as a privileged category' within modern welfare programmes. By this, she means that classification as 'disabled' entitles disabled people to special state benefits unavailable to other citizens.⁵¹ This was not the case for the invalid pension programme.

⁴⁹ Stone, *Disabled State*.

⁵⁰ Mutschler, 'The Province of Affliction', 295–296.

⁵¹ Although Stone recognises that disability can also be a position of social marginalisation, she does not seem to appreciate the role the disability category plays in that marginalisation. As Paul Longmore and David Goldberger have observed, classification as 'disabled' may confer certain 'privileges' on a citizen, but it also separates disabled people from the rest of the population and thereby provides a basis for their marginalisation. In pursuing Stone's disability as privilege formulation, then, I want to be clear that I do not see the state and the

Although disability was obviously central to invalid pensions, it did not really constitute a privileged administrative category. As I noted earlier, pension legislation defined ‘disability’ as an inability to labour for a living. In principle, then, providing pension officials accepted that a veteran’s injuries limited his capacity for work he was, to all intents and purposes, considered ‘disabled’. As Mutschler’s study makes clear, however, not all applicants with certified disabilities were granted invalid pensions. The fact that they were not indicates that it was not disability that entitled veterans to the ‘privilege’ of a pension, but something more complicated. Given this, it is perhaps more appropriate to refer to the category of entitlement animating invalid pensions as the ‘invalid category’ rather than the ‘disability category’. Doing so not only communicates the complexity of the invalid pension system better, it is also more in keeping with the terminology of the time.

In his landmark dictionary of American English, Noah Webster defined an invalid as a ‘person who is weak and infirm[,]... sickly or indisposed’.⁵² To some extent, then, ‘invalid’ appears to have been quite a general term in early America. Judging from Webster’s definition, the term could be applied to almost anybody suffering from the incapacitating effects of ill health. Webster, however, also provided an alternative definition of invalid. This second definition clearly indicates that ‘invalid’ also carried a specifically military connotation for early Americans.

A person who is infirm, wounded, maimed, or otherwise disabled for active service; a soldier or seaman worn out in service.⁵³

During the Revolutionary War, American commanders had referred to sick and wounded soldiers who were unfit for active duty as ‘invalids’. This was in keeping with eighteenth century British and French military usage of the term.⁵⁴ Men classed as invalids were exempted from the most arduous military tasks, including combat, but were expected to perform light duties if they were

disability category in such a positive light as she does. Stone, *Disabled State*, 4, 26–28; Longmore & Goldberger, ‘League of the Physically Handicapped’, 76.

⁵² Noah Webster, *An American Dictionary of the English Language: A Facsimile of Noah Webster’s Original 1828 Edition*. New York & London: Johnson Reprint Corporation, 1970.

⁵³ *Ibid.*

⁵⁴ Mutschler, ‘The Province of Affliction’, 287; Stone, *Disabled State*, 58.

capable of doing so. Disabled veteran, John Newman, for instance, reported that he acted as a recruiting sergeant during the war after being wounded.⁵⁵ Other invalids performed vital camp and garrison duties such as cooking or guarding military stores.⁵⁶ Soldiers whose injuries rendered them unfit for active service for longer spells were organised into an Invalid Corps and set to similar tasks.⁵⁷

By excusing invalids from the most dangerous and demanding aspects of military service, the American army was, in effect, affording such soldiers special treatment. In a sense, then, invalidity functioned as a ‘privileged’ administrative category within the army in much the same way as Stone sees disability operating in modern welfare states. That it was considered a category of entitlement, along with its martial connotations, helps explain why early American legislators appropriated the term ‘invalid’ for use within the military pension programme.⁵⁸ Their use of the term was a judicious one.

Injured veterans were not awarded pensions simply because they were incapacitated from earning a living. Rather, they were pensioned because their disabilities were a consequence of legally recognised *causes* directly attributable to their *military service*. Appreciating this forces us to recognise that there were actually three main eligibility criteria underpinning the invalid pension system. These criteria were: work-related incapacity, military service, and a legitimate cause of disability. Given the way early Americans understood invalidity, it is easy to see why policymakers chose to name the benefits paid to disabled veterans ‘invalid’ rather than ‘disability’ pensions. While both

⁵⁵ John Newman (Dis), PF, S25329.

⁵⁶ Martin, *Narrative of a Revolutionary Soldier*, 62, 78, 204–205, 235.

⁵⁷ For an account of the American Invalid Corps during the war, see Robert F. Haggard, ‘The Nicola Affair: Lewis Nicola, George Washington, and American Military Discontent During the Revolutionary War’, *Proceedings of the American Philosophical Society* 146 (2002), 148–56.

⁵⁸ As the titles and texts of the major disability related pension acts passed in the late eighteenth and early nineteenth centuries indicate, early American policymakers generally referred to the pensions awarded to disabled veterans as ‘invalid pensions’ and the ex-soldiers who received them as ‘invalid pensioners’. For examples, see the titles of the pension acts referred to in the footnotes for this chapter.

Of the five major laws I have cited, passed in 1792, 1793, 1803, 1806, and 1816, only two (the acts of 1803 and 1806) do not use the term ‘invalid’ in their titles. These two laws do, however, refer to invalids within the body of their texts.

For further evidence of the popularity of the term in connection with pensions for Revolutionary War veterans, see the frequent use of ‘invalid’ in the numerous pension lists compiled by the pension authorities during this period. For example, Clark (comp.), *The Pension Lists of 1792–1795; Pension Roll of 1835*.

disability and invalidity were associated with bodily incapacity in the early United States, only invalidity hinted at the wider eligibility principles central to the pension system for disabled veterans. It is for this reason why we should label the category of entitlement at the heart of the invalid programme the *invalid category* rather than the disability category. Doing so, moreover, has the added advantage of reminding us that the modern disability category outlined by Stone had not yet emerged fully.

Despite signs of a nascent ‘clinical concept’ within the invalid programme, disability does not appear to have functioned as a wholly independent policy category in the early United States. Further support for this assertion can be found if we switch our attention away from invalid pensions and towards the service pension scheme established in 1818.

Disability and the Service Pension Scheme

Flush with a budget surplus of twelve million dollars and buoyed by a rise in nationalism following the War of 1812, American legislators passed the Revolutionary War Pension Act on 18 March 1818. This created the first comprehensive service pension scheme in US history and extended pension benefits to tens of thousands of veterans. For historian John Resch, the passage of the act marked a significant transformation in the political culture of the early republic. Although Resch does not seem to recognise the important precedent set by invalid pensions, I am in broad agreement with his interpretation. The law’s radical expansion of the federal pension system sounded the final death-knell in the founding generation’s ideological aversion to pensions. By restricting pensions to veterans of the Continental Army or Navy, the law also reflected a fundamental change in the public memory of the Revolution. Now, Continental troops were celebrated as heroes where previously they had been viewed with indifference or disdain.⁵⁹

The Pension Act of 1818 was clearly a significant piece of legislation for all the reasons Resch states. Despite the valuable insights he offers, however, Resch has not looked at the act from a disability perspective. In this section, then, I want to take Resch’s analysis further by adopting a disability

⁵⁹ John P. Resch, ‘Politics and Public Culture: The Revolutionary War Pension Act of 1818’, *Journal of the Early Republic* 8 (1988), 139–158 and *Suffering Soldiers*.

approach to the Pension Act. An examination of the law and the congressional record surrounding its passage sheds light on the state of the disability category in the early United States. Although there are signs it was beginning to take shape as a recognisable social and policy category around this time, it seems disability was still subsumed within a broader discourse of poverty. This limited its capacity to function as an independent category of entitlement.

Two of the key politicians who championed service pensions for Continental veterans had themselves been wounded during the Revolutionary War. These men were President James Monroe, who had been shot in the shoulder at Trenton in 1776, and New Jersey congressman Joseph Bloomfield, who had been wounded during the Battle of Brandywine the following year. Monroe proposed the creation of a service pension scheme in a speech to Congress on 2 December 1817, while Bloomfield chaired the House committee responsible for the initial bill that eventually led to the Pension Act.⁶⁰

Disability related themes are not only found in the biographies of influential pension policymakers, however. The provisions of the bill Bloomfield reported to the House on 12 December 1817 reveal that disability was at the forefront of legislators' minds when they considered the question of service pensions. According to the proposals contained in the bill, Revolutionary veterans should be entitled to a pension if they were either

reduced to indigence; or, by age, sickness, or other cause rendered incapable to procure subsistence by manual labor.⁶¹

The bill's emphasis on work-related incapacity as a basis for pensions clearly echoes the key eligibility criterion informing the invalid programme. In fact, the phraseology of the bill on this point is almost exactly the same as that found in the 1806 Invalid Pension Act. Under the terms of the 1806 act, pensions were allowed to any veteran who 'in consequence of known wounds' had

⁶⁰ Resch, *Suffering Soldiers*, 93–118; Harry Ammon, *James Monroe: The Quest for National Identity*. Charlottesville: University of Virginia Press, 1990, 13–14.

⁶¹ H.R.8, 'A Bill to provide for certain surviving officers and soldiers of the revolutionary army', *House Bills and Resolutions*, 15th Congress, 1st Sess. (1817–18). Available online at: <http://memory.loc.gov/cgi-bin/ampage?collId=llhb&fileName=047/llhb047.db&recNum=65> (accessed 20 March 2009).

‘become and continued disabled in such manner as to *render him unable to procure a subsistence by manual labour*’.⁶²

Bloomfield and his fellow committee members were obviously familiar with the details of invalid pension legislation and seem to have referred to these when considering their recommendations for service pensions. The behaviour of Bloomfield and his colleagues is quite understandable. Seeking inspiration and insight, the congressmen charged with putting President Monroe’s proposals into practice naturally looked back towards earlier pension measures. As the only nationwide military pension plan then in existence was the scheme for invalids, it is easy to see how disability issues influenced legislators’ thinking about service pensions.⁶³

Bloomfield’s bill was not simply a rehash of earlier invalid pension legislation, however. As the passage from the bill quoted earlier illustrates, Bloomfield’s committee also recommended that Congress grant pensions to indigent veterans. In effect, Bloomfield’s committee was suggesting that service pensions ought to be based on parallel eligibility criteria. Veterans should be entitled to pensions either on the basis of impoverishment *or* disability (defined as an inability to labour for a living). Seen from a disability angle, this feature of the bill is especially interesting. While the bill’s drafters appear to have associated disability with poverty, it seems that they also saw disability as a valid reason for a pension in its own right. A veteran did not necessarily have to be poor *and* disabled. He could simply be incapacitated from manual labour and still qualify for a pension, irrespective of how wealthy he was. Bloomfield and his colleagues seem, then, to have viewed disability as a category of entitlement on a par with, and linked to, poverty, but distinct from it.

During Congress’s consideration of the pension question, Bloomfield’s bill was significantly altered. The precise details of those changes need not concern us here, as they have been well covered by John Resch. Generally speaking, the act of 1818 was much less liberal in scope than the bill initially reported by Bloomfield in December 1817. The most important change to note, from a disability perspective, concerns the incapacity feature of the bill. By the

⁶² 1806 Act, *Statutes at large*, vol. 2, 376. My emphasis.

⁶³ The influence of invalid pensions on the service pension programme can also be seen in the administration of pensions. After the passage of the 1818 act, service pensions were administered using the same bureaucratic framework as the one used for processing invalid pension claims. Resch, *Suffering Soldiers*, 122–124.

end of the legislative process, the bill that finally passed into law made no mention of bodily incapacity as a basis for pensions. The indigence and disability passage had been replaced with the stipulation that pensions were only for veterans ‘in reduced circumstances in life’ who stood ‘in need of assistance from... [their] country for support’.⁶⁴ Although the phrase ‘reduced circumstances’ is potentially a catchall one, it is clear that the final wording of the 1818 Pension Act did not highlight ill health and impairment as a basis for pensions in the same way Bloomfield’s bill did. ‘Reduced circumstances’ might appear a rather vague concept at first glance, moreover, but it seems quite clear that policymakers had in mind poverty when they adopted the term. As Resch’s study shows, they certainly clarified the phrase in this way subsequently.⁶⁵

By the time the Pension Act of 1818 made it on to the statute books, then, Congress had ostensibly given up on the idea that disability on its own should qualify veterans for service pensions. This is not to say that disability ceased being significant to congressional thinking about the pension issue. An examination of the terms of the 1818 act reveals that disability issues continued to affect service pensions long after Bloomfield’s bill had been amended.

According to the law, veterans who had left the Continental service as privates or non-commissioned officers were to receive pensions of eight dollars a month. This was exactly the same rate as the one awarded to totally disabled privates and NCOs under the invalid pension scheme.⁶⁶ As Resch has perceptively pointed out, this feature of the service pension programme

⁶⁴ Resch, *Suffering Soldiers*, 93–118; 1818 Act, *Statutes at large*, vol. 3, 410–411. Apart from the removal of incapacity as an explicit basis for pensions, the other major change made to Bloomfield’s bill concerns the service requirement for pensions. Under the proposals made by Bloomfield in December 1817, any American veteran of the Revolutionary War who was poor or unable to labour for a living would have been eligible for a pension. At the end of the legislative process, however, pensions were restricted to veterans of the Continental Army or Navy who had served until the war’s end, or for a minimum of nine months. Militia veterans, irrespective of their length of service, in contrast, were ineligible for service pensions under the terms of the 1818 act.

⁶⁵ Resch, *Suffering Soldiers*. That Congress primarily had in mind poverty when it employed the phrase ‘reduced circumstances’ is further supported by the amendment legislators made to the 1818 Pension Act in 1820. As I have already noted, the act of 1820 introduced a means test to the pension programme. This required all applicants and current pensioners to submit a schedule of their estates. After reviewing the schedules of pensioners, the Secretary of War was empowered under the law to strike from the pension list any person who ‘shall not, in his opinion, be in such *indigent* circumstances as to be unable to support himself without the assistance of his country’. (My emphasis). 1820 Act, *Statutes at large*, vol. 3, 570.

⁶⁶ 1816 Act and 1818 Act, *Statutes at large*, vol. 3, 296, 410.

suggests that ‘Congress equated poverty with disability’.⁶⁷ The fact that the 1818 act prohibited invalid pensioners from taking up service pensions until they had ‘relinquished’ their invalidity benefits gives further weight to this interpretation.⁶⁸ In the eyes of the law, disability and poverty gave veterans the *same* entitlement to the assistance of their country. This suggests that legislators saw disability as little more than a constituent element of poverty.

While disability was intimately connected with impoverishment in the minds of policymakers, there are signs that it was beginning to break free from the general discourse of poverty in the early United States. The proposals outlined in Bloomfield’s bill, for instance, seem to make a distinction between ‘indigence’ and disability to some extent. Moreover, even though the Bloomfield bill’s incapacity requirement was eventually dropped by Congress, this feature of the bill continued to appeal to the officials charged with administering service pensions. Overwhelmed by the unexpected number of applications under the law, the Pension Office attempted to tighten the pension programme by instructing examining judges to ‘certify that each applicant was either a pauper or unable “by manual labor, to support himself without the assistance of his country”’.⁶⁹ Although the courts refused to comply with these instructions, the efforts of the Pension Office on this occasion do suggest that policy administrators saw disability as a special category within a broader category of the poor.

Some early Americans went even further and openly argued that disability ought to be seen as a separate category of entitlement independent of poverty. Consider, for example, the speech made by Senator Robert Goldsborough of Maryland on 12 February 1818, during the Senate’s consideration of the Pension Bill. Goldsborough was opposed to the idea that invalid pensioners should be required to give up their invalid pensions before moving on to the service pension scheme. He wanted invalids to be allowed to hold both types of pensions.

⁶⁷ Resch, *Suffering Soldiers*, 102, 105–106.

⁶⁸ 1818 Act, *Statutes at large*, vol. 3, 410. It was not until February 1833 that legislators passed a law allowing veterans to hold both an invalid and a service pension concurrently. By that time, however, indigence was no longer one of the criteria determining eligibility for a service pension. After 1832, all that mattered was the length of a veteran’s service. ‘An Act to amend an act, entitled “An act supplementary to the act for the relief of certain surviving officers and soldiers of the revolution”’, 19 February 1833, *Statutes at large*, vol. 4, 612; Glasson, *History of Military Pension Legislation*, 44.

⁶⁹ Resch, *Suffering Soldiers*, 127–128.

In advancing his argument, Goldsborough claimed that an invalid pension was meant to ‘compensate’ an injured veteran ‘for the loss of his limbs’, ‘his privations, and consequent sufferings’. By forcing invalids to relinquish their invalid pensions, the senator contended, the bill ‘underrate[d] the services of those whose mutilated frames are the evidence of those services’. Goldsborough continued:

The pension you give is a pittance considered in itself; but when compared with the enjoyment and utility of the limb whose loss it is to supply, it is poor indeed. What wealth that you could give from your Treasury, would purchase an arm, a leg, or an eye? And when you are about to confer the reward on valor, will you first tear from the maimed hero the balm that you have given him to staunch his wound?⁷⁰

The idea behind Goldsborough’s rhetoric here seems quite clear. Disability, or at least physical impairment, ought to entitle veterans to pensions irrespective of any other considerations. In a sense, then, Goldsborough appears to have seen disability as a category of entitlement unrelated to poverty. Ultimately, of course, Goldsborough’s plea to Congress came to nothing. Invalids were barred from holding service and invalid pensions concurrently under the 1818 act. Nevertheless, seen alongside the eligibility proposals outlined in Bloomfield’s House bill and the unsuccessful efforts of pension officials to use disability criteria as a way of tightening the service pension scheme, Goldsborough’s stance adds further weight to my contention that disability was slowly starting to emerge from the shadow of poverty in the early United States. This interpretation certainly chimes well with Stone’s account of the rise of the disability category.

In charting the early history of the disability category, Stone pays special attention to England and argues that disability emerged there as a coherent policy category in the last two-thirds of the nineteenth century. As an administrative category, disability grew out of the discourse on poverty as policymakers sought to create a mechanism for determining who should qualify

⁷⁰ United States, *Annals of Congress*. Washington D.C.: Gales & Seaton, 1834–56, vol. 31, 198.

for poor relief. Particularly important for Stone is the passage of the English Poor Law Amendment Act of 1834. It was only after the reform of the Poor Law, Stone maintains, that a disparate collection of people regarded as mentally or physically incapable of work gradually began to be brought together under the rubric of ‘the disabled’. Prior to that time, people with work-related incapacities had simply fallen under the broader social and policy category of ‘pauper’ or ‘the poor’.⁷¹

Similar developments appear to have occurred in the United States at around the same time. American policymakers, like their English counterparts, also began to reform their welfare policies in the nineteenth century. These reforms originated in the 1820s and 1830s and took roughly the same course as the ones implemented in England.⁷² Given this, the 1818 act can be seen as something of a precursor to these later developments. The intermingling of disability and poverty apparent in the substance, consideration, and administration of the service pension act indicates that disability was not yet a fully independent category of entitlement.

At the same time, however, the discussion and implementation of service pensions also offers evidence that some Americans were slowly starting to draw a subtle distinction between poverty and disability. It can be argued, then, that, in its earliest phases, the disability category in the United States appears to have developed in a similar fashion, and according to a comparable time-frame, to the one sketched by Stone for England.

Conclusion

Judging from my examination of the national pension system for Revolutionary War veterans, the early United States should be regarded as a formative period in the development of the modern disability category. The medicalisation of invalid pensions after 1793, in particular, indicates that a nascent clinical concept of disability was slowly taking shape at this time.

This does not mean that such a concept had emerged in full in the early United States, only that the process that would later propel the medical model

⁷¹ Stone, *Disabled State*, 29–55.

⁷² David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. Boston: Little, Brown & Co., 1990.

to dominance within American policy contexts was well underway in the early 1800s. Older social ways of examining disability remained important to the invalid pension scheme after 1793. This, along with the continued association of disability and poverty apparent in the consideration and implementation of service pensions, reminds us that the modern disability category, though not far off, was not yet fully operational in the early nineteenth century.

~ Chapter Four ~

Working Life

The invalid pension programme of the early United States rested on a definition of disability as an inability to labour. By incorporating the principle of proportionate rates into pension legislation, however, American policymakers acknowledged that not all physical impairments were totally incapacitating. As full pensions were only given to totally disabled veterans, the invalid pension scheme promoted the idea that invalid pensioners, while entitled to some compensation for their wartime injuries, should still work to the best of their abilities. The architects of the pension programme recognised, then, that many disabled veterans were able to work to some extent despite their disabilities.

In contrast to early American legislators, historians have generally dismissed the productive capacities of disabled Americans. There is almost no mention of disabled people as workers in the otherwise rich and voluminous literature on American labour history. Admittedly, this situation is beginning to change. With the rise of disability history, some historians have started to look at the experiences of disabled Americans in the workplace. None of these pioneering studies, however, examine the theme of disability and work in the early United States. Rather, they concentrate on later periods of US history, particularly the late nineteenth and early twentieth centuries.¹

In this chapter, I offer a comparative examination of the working lives of disabled and nondisabled Revolutionary War veterans, so as to see what, if any, impact disability had on veterans' ability to participate in economic production. In doing so, I seek to complement the small body of work that addresses the issue of disabled people as workers in the United States by extending the chronological focus of disability labour history further back in time.

¹ See, for example, Halle Gayle Lewis, "‘Cripples are not the dependents one is led to think’: Work and Disability in Industrializing Cleveland, 1861–1916", PhD dissertation, State University of New York at Binghamton (2004); Sarah F. Rose, 'No Right to be Idle: the Invention of Disability, 1850–1930', PhD dissertation, University of Illinois at Chicago (2008). Both Lewis and Rose also note the general dearth of disability perspectives in American labour history.

Highlighting the fact that many disabled veterans worked for a living further undermines the popular stereotype of disabled people as unproductive and dependent.

My objective in this chapter is broader than simply challenging stereotypes, however. By using the example of disabled veterans to explore the issue of disability and work in the early United States, I also provide empirical evidence about the economic position of disabled people in preindustrial Western societies. This clearly has implications for the theorisation of disability, particularly the disability and industrialisation thesis I outlined in the Introduction. I discuss these implications in my conclusion to this chapter.

My investigation begins with a consideration of the idea, central to the invalid pension programme, that the wartime injuries of disabled veterans affected their capacity for work.

Injury and Incapacity

According to the regulations governing applications under the amended Service Pension Act of 1820, an applicant was supposed to give details of 'his occupation' and 'his ability to pursue it'.² An analysis of the information veterans gave in response to this requirement reveals that only 44% of disabled veterans were working in the 1820s. The equivalent figure for nondisabled veterans was 52%. At first glance, then, it seems that American policymakers were right to connect the wartime injuries of invalid pensioners to an inability to labour.

As American policymakers had recognised when they instituted the principle of proportionate pension rates, however, there were more subtle shades on the ability-inability spectrum than simply able or unable. While impairment may not have precluded productive labour altogether, invalid pension legislation did assume that the wartime injuries of veterans probably made working more difficult. This assumption is also borne out by evidence found in the pension files of veterans. Of the disabled veterans who admitted that they could work at the time of their applications, an overwhelming

² Quotes taken from the printed application instruction sheet found in George Vaughan (Dis), PF, S25466.

majority (86%) reported that they experienced some difficulty in doing so. For nondisabled veterans, this figure was somewhat lower (73%). Again, then, it seems that there was a slight correlation between the pensionable disabilities of veterans and their working abilities in the 1820s. The fact that only 6% of disabled veterans, compared to 14% of nondisabled veterans, did not report *any* difficulty in working further supports this conclusion.

Given the nature of the early American economy, it is not surprising that Americans with impairments sometimes experienced difficulties in working. Despite the stirrings of industrial development, particularly in the north, economic production in the early United States continued to be organised along preindustrial lines, much as it had in colonial times. America during this period was still predominantly a rural society with most people making their living from the land. The relative importance of farming to the US economy is indicated by the labour force statistics for the early nineteenth century. According to one estimate, around three-quarters of the American labour force worked in agriculture in 1800.³ In an era predating wide scale mechanisation, farm work was physically demanding.

The work record of agricultural labourer, John Rock of Pennsylvania, is indicative of the kind of tasks most American men would have expected to perform throughout a typical year. During the period from March 1792 to February 1793, Rock worked at all of the following activities: haying, beating flax, cutting wood, ploughing, harrowing, spreading manure, weeding, reaping, binding wheat, erecting fences, loading dirt, slaughtering livestock, threshing grain, and tending masonry.⁴ All of these tasks clearly required quite a lot of bodily exertion and strength.

³ Robert A. Margo, 'The Labor Force in the Nineteenth Century' in Stanley L. Engerman & Robert E. Gallman (eds.), *The Cambridge Economic History of the United States, Volume II: The Long Nineteenth Century*. Cambridge: Cambridge University Press, 2000, 213.

⁴ 'Table 6: Work Record of John Rock and His Wife, 1792–1793', Paul G. E. Clemens & Lucy Simler, 'Rural labor and the Farm Household in Chester County, Pennsylvania, 1750–1820' in Stephen Innes (ed.), *Work and Labor in Early America*. Chapel Hill: University of North Carolina Press, 1988, 132–133. Early American commentators considered haying in particular to be 'the hardest part of the labor required to be performed on a farm'. For a description of the physically demanding process of haymaking, see: Jack Larkin, *The Reshaping Of Everyday Life, 1790–1840*. New York: HarperPerennial, 1989, 19–20. For the arduous nature of linen production, of which beating flax was only a part of the process, see: Laurel Thatcher Ulrich, *The Age of Hometown: Objects and Stories in the Creation of an American Myth*. New York: Vintage Books, 2001, 282–284.

As I mentioned in Chapter One, a typical disabled veteran was one whose injuries affected one or more of his limbs. Given this, it seems fair to assume that many disabled veterans would have encountered some difficulties in performing at least some of the common rural tasks carried out by Americans in the early United States. My analysis of the pension applications veterans made in the 1820s supports this assumption.

As Table 3 below illustrates, veterans who were pensioned for injuries to their arms or legs were more likely to describe themselves as incapable of work than capable. In fact, judging from the findings presented in Table 3, with the notable exception of wounds to the torso and hips, this was also the case for veterans with other kinds of pensionable injuries. Generally speaking, then, it seems that nearly all of the wartime wounds sustained by disabled veterans increased the likelihood of them experiencing work-related incapacity as old men in the 1820s.

	Not Working %	Working %
Arm	54.5	45.5
Torso	37.5	62.5
Head	60	40
Hip	33.3	66.7
Leg	58.6	41.4
Neck	100	0
Sight	66.7	33.3
Multiple	52.6	47.4

Table 3. Ability to work reported by disabled veterans in their applications under the 1820 Pension Act according to injury type.

Work in the early United States was not only physically demanding, it was also highly gendered. Women's work generally took place in the home or the farmyard adjoining it and was primarily concerned with the immediate needs of

the family. Women cooked, cleaned, and took care of the sick and young. They also engaged in important productive activities such as cheese making, spinning, and sewing. Men, in contrast, worked at agricultural or manufacturing tasks in the fields or in workshops. Generally speaking, although women's work at this time was undoubtedly arduous, men tended to work at jobs that required greater bodily strength than those performed by women. According to early American cultural standards, then, men were not only expected to work, they were also expected to work at the most physically demanding jobs.⁵

As Deborah Stone has pointed out, modern Western states' definitions of disability are often 'tied to underlying cultural notions about work'.⁶ This observation also applies to the early United States. As we have seen, work-related incapacity lay at the heart of the definition of disability animating the invalid pension programme. Given the prevailing economic and cultural conditions of the time, that definition rested on the idea that work, especially men's work, entailed hard physical exertion of some kind. This assumption is apparent in the wording of invalid pension legislation. The important Invalid Pension Act of 1793, for instance, declared that applicants for a pension were supposed to be incapable of obtaining a livelihood by 'labor'.⁷ Subsequent acts similarly linked disability to an inability to *labour*.⁸

The first of the seven definitions Noah Webster gave for the noun 'labor' in his dictionary of 1828 gives an indication of what early American legislators meant when they used the term:

⁵ Larkin, *Reshaping of Everyday Life*, 17; Ulrich, *A Midwife's Tale*, 76–80; Bruce Laurie, *Artisans into Workers: Labor in Nineteenth-Century America*. New York: Noon Day Press, 1989, 18. It should be noted, however, that, despite the cultural expectations of the time regarding men and women's work, the gendered division of labour in the early United States was not always strictly enforced. In emergencies or other exceptional circumstances it was not uncommon for women to engage in men's work for short periods of time. Jeanne Boydston, *Home and Work: Household, Wages, and the Ideology of Labor in the Early Republic*. New York: Oxford University Press, 1994, 95; Howard S. Russell, *A Long Deep Furrow: Three Centuries of Farming in New England*. Hanover, NH: University Press of New England, 1976, 314–315.

⁶ Stone, *Disabled State*, 22.

⁷ 1793 Act, *Statutes at large*, vol. 1, 325.

⁸ See, for example, the text of the 1806 act. This stated that invalid pensions were intended for veterans who were 'unable to procure a subsistence by manual labour'. 1806 Act, *Statutes at large*, vol. 2, 376.

Exertion of muscular strength, or bodily exertion
 which occasions weariness; particularly, the exertion
 of limbs in occupations by which subsistence is
 obtained, as in agriculture and manufactures...
 Toilsome work; pains; travail; any bodily exertion
 which is attended with fatigue...⁹

It seems that disability had a very precise meaning in the minds of pension policymakers. Disability did not mean an inability to do any kind of work; it meant an inability to perform the strenuous physical tasks associated with production in early America's rural economy. According to the cultural standards of the time, moreover, these were exactly the kind of tasks that men were expected to perform. Given this, along with the fact that only *veterans* were eligible for invalid pensions, it seems quite obvious that the definition of disability underpinning the invalid scheme was a highly gendered one.

Wartime injury, as I have already intimated, does appear to have had some impact on the ability of disabled veterans to take up productive roles in the early American economy. Indeed, many of the non-working disabled veterans who applied for service pensions in the 1820s made such a case themselves. Recall, for instance, the declaration made by Ebenezer Brown in the summer of 1820 that I quoted at the start of the Introduction. According to Brown's testimony, he was 'unable to labor by reason of a severe wound in the shoulder' received at the Battle of Saratoga in 1777.¹⁰ Likewise, when disabled veteran William Deaver of Mason County, Kentucky, appeared in court to submit his pension declaration on 28 November 1820, the sixty-four year old wanted those examining his case to know that he had 'received a shot in the left leg' at the Battle of Camden which necessitated its amputation shortly afterwards. In Deaver's opinion it was this injury that disabled him from pursuing his stated occupation as a farmer.¹¹ Tilly Mead was similarly explicit in tracing the difficulties he had in working for a living in the 1820s to his time in the Continental Army. According to the deposition he submitted under the 1820

⁹ Webster, *An American Dictionary of the English Language*.

¹⁰ Ebenezer Brown (Dis), PF, W8382.

¹¹ William Deaver (Dis), PF, S12754.

act, Mead was ‘wholly unable to pursue’ his trade as a cabinet maker ‘by reason of a wound rec.^d in the War of the Revolution’.¹²

It is hardly surprising that former invalid pensioners like Brown, Deaver, and Mead, chose to highlight their disabilities in their pension applications of the 1820s. After all, the regulations concerning applications under the 1820 act required applicants to comment on their working abilities. That the regulations did so, despite the fact service pensions were formally granted on the basis of poverty, not disability, further supports my contention regarding the interconnectedness of disability and poverty in the minds of early American policymakers.

The enthusiasm of former invalid pensioners to stress their disabilities in their service pension applications is also partly explained by their experience of the invalid pension system. Just as legislators like Joseph Bloomfield looked back towards the invalid pension scheme for inspiration in approaching the issue of service pensions, so too did ordinary disabled veterans.

A survey of applications submitted under the 1820 act reveals several instances where disabled veterans employed a proportional formulation of disability similar to the one enshrined in invalid pension legislation. In July 1820, for example, Henry Danforth, who had been shot in the shoulder during the war, stated that he was ‘not of sufficient ability to do more than half a mans labour’. This was exactly the same level of disability that doctors had assessed Danforth as having when he applied for an invalid pension in the mid-1790s.¹³ A month later, former invalid pensioner William Leech also revealed his familiarity with the invalid programme’s proportional formulation of disability when he stated that ‘I am by occupation a day laborer & able to perform about one quarter of the labor of a man’.¹⁴

Danforth’s and Leech’s readiness to adopt a proportional formulation of disability in their applications of 1820 clearly indicates the influence of the invalid programme. Their use of the ideal of ‘a man’ as a means of quantifying their incapacity for labour, however, also suggests the influence of early

¹² Tilly Mead (Dis), PF, S33400. For other examples of disabled veterans who pointed to their wartime injuries as a cause of their work-related incapacity in their service pension applications of the 1820s, see Jedediah Brown (Dis), PF, S36432; Charles Huntoon (Dis), PF, W23354.

¹³ Henry Danforth (Dis), PF, W22889; Murtie June Clark (comp.), *The Pension Lists of 1792–1795*, 64.

¹⁴ William Leech (Dis), PF, S37616.

American notions of masculinity on their lives. When they admitted that they were unable to perform all the labour expected of a man, Danforth and Leech were, in effect, admitting that they could not fully fulfil the role of a man as defined by the cultural standards of the time. In a sense, then, Danforth and Leech were essentially recognising that their disabilities had the potential to undermine their identities as men, at least in the eyes of their contemporaries.¹⁵ Whether or not they themselves felt that disability emasculated them in some way, however, remains unclear from the sources I have consulted. The pension files, in particular, rarely provide explicit details regarding the psychological consequences of disability to the lives of veterans. Other sources need to be employed if we are to address this topic adequately. I hope future research will turn up such material and analyse it in a way that allows us to tackle this subject directly. At present, though, any observations regarding the supposed psychological challenge of disability to disabled veterans' sense of themselves as men must remain tentative.

What were the restrictive effects of disabled veterans' injuries? As I argued in Chapter One, these are fairly easy to deduce once we know what part(s) of an ex-serviceman's body had been hurt during the war. Wounds to the arms and legs could obviously lead to limited mobility, especially in the event of amputation, while chest wounds could cause respiratory problems, for instance. The wartime injuries of disabled veterans could also restrict their ability to perform certain everyday activities in less visible ways.

Often it was the continuing pain of their old war wounds that made working difficult for disabled veterans. Amos Pearson, for example, while making an application for a service pension in March 1818, claimed that performing 'manual labour...has at all times been difficult from the pain occasioned by his wound'. This assertion was supported by the testimony of a medical expert nearly three years later, when Pearson applied for an increase in his invalid pension. According to the physician employed in this capacity, the wound 'continually made [Pearson's right arm] to suffer pain by whatever

¹⁵ For more on early American understandings of manhood, see: Anne S. Lombard, *Making Manhood: Growing up Male in Colonial New England*. Cambridge, Ma.: Harvard University Press, 2003; Thomas A. Foster, *Sex and the Eighteenth-Century Man: Massachusetts and the History of Sexuality in America*. Boston: Beacon Press, 2006.

labor he may attempt to execute'.¹⁶ Similarly, disabled veteran Ambrose Lewis claimed he experienced 'violent pain on any brisk exertion' as a result of his war wounds.¹⁷ Clearly, the debilitating effects of pain could pose a serious challenge to disabled veterans seeking to make a living in early America's physically demanding world of work.

Disabled Veterans as Workers

In acknowledging that the wartime injuries of disabled veterans often presented them with difficulties in labouring for a living, we should not overstate the effects of the pension qualifying impairments of veterans. While the work participation figures for disabled and nondisabled veterans support the contention that the disabilities of former invalid pensioners lessened their capacity for work in the 1820s, they also highlight the fact that almost as many nondisabled veterans (48%) were unable to work at that time as disabled veterans (56%) were. This suggests that other factors than pensionable disability were equally, if not more, important in determining whether or not a veteran was working. Chief among these factors was age.

At the time veterans applied for a pension under the act of 1820, they were, on average, in their mid-sixties. As Paula Scott has argued, early Americans generally considered sixty to mark the start of old age.¹⁸ Given this, the veterans who submitted pension applications in the 1820s were elderly according to the standards of the time. Consequently, they were susceptible to all the bodily infirmities associated with old age. This was as true, of course, for nondisabled veterans as it was for disabled veterans. Indeed, in many cases, the effects of old age limited the physical capacities of veterans in similar ways to the effects of wartime injury. Sixty year old Truman Mead, for example, never received an invalid pension. By 1820, however, he was apparently as incapacitated as veterans assessed as totally disabled under the invalid pension scheme. According to the pension declaration he made in August 1820, Mead was 'totally unable to labour or even walk without assistance'. As the reason

¹⁶ Amos Pearson (Dis), PF, S30025.

¹⁷ Ambrose Lewis, Invalid Pension Application, May 1787, *Library of Virginia Digital Collection*.

¹⁸ Scott, *Growing Old*, 8–12.

Mead gave for his severe incapacity was a ‘paralitick stroke’, it is reasonable to conclude that his disability, defined the way early American policymakers understood the term as an inability to labour, was a consequence of his advanced age.¹⁹ Evidence found in the pension files of many other nondisabled veterans attest to the ‘disabling’ effects of aging too.²⁰ Nearly three-quarters of the nondisabled veterans who admitted that they were working in the 1820s, for instance, claimed that they experienced physical difficulties doing so.

Given the deleterious effects of old age, we should not assume that the corporeal problems disabled veterans encountered when attempting to perform labour as old men were solely a consequence of their wartime injuries. In many cases, they were not. Consider, by way of example, the case of Clement Sewall, who, as mentioned in Chapter Two, was shot in the leg at the Battle of Germantown. In a petition to Congress written in the late 1820s, Sewall claimed that:

the consequences of his wound becoming more & more aggravated, with the decline of years, the pain and decrepitude of a diseased limb, & a severe attack of a Paralytic disease added to the infirmities of age & a broken constitution, have rendered him almost helpless and requiring the services of others.²¹

Sewall’s war-related impairment is certainly a significant element in his tale of affliction, but he does not give it greater weight than the other factors affecting his health. In his account, his continually worsening wound has to vie with the general ‘infirmities of age’, common to all elderly people, and a ‘Paralytic disease’, apparently unconnected to his wartime service. Sewall’s situation was not uncommon among disabled veterans. Many other former invalid pensioners

¹⁹ Truman Mead (Non-dis), PF, S42968. For confirmation of the increased incidence of strokes in old age, see Patrick R. Hof & Charles V. Mobbs, *Functional Neurobiology of Aging*. San Diego: Academic Press, 2001, 33.

²⁰ See, for example, Edmund Farnsworth (Non-dis), PF, W10969; Daniel Mears (Non-dis), PF, S33096; Michael Welsh (Non-dis), PF, S41318.

²¹ Clement Sewall (Dis), PF, S20192.

also highlighted the adverse effects of age on their capacity for labour in their pension applications of the 1820s.²²

The impact of age on the working abilities of disabled veterans is further indicated by the findings presented in Table 4.

Age	Percentage of age cohort <i>not</i> working
54–60	19
61–65	53
66–70	55
71–75	92
76–80	92
81–85	100
86–90	50

Table 4. Work-related incapacity reported by disabled veterans in the 1820s by age.

Generally speaking, the older a disabled veteran was at the time he submitted his pension declaration, the more likely he was to claim he was incapable of work. This assertion is further supported when we consider the age difference between disabled veterans who could work compared to those who claimed they could not. On average, working disabled veterans were five years younger than non-workers at the time they submitted their applications under the 1820 act.²³

As Sewall's example suggests, aging could have a twofold effect on the working abilities of disabled veterans. First, old age reduced all ex-servicemen's capacity for labour, irrespective of wartime injury. This was simply part of growing old. Second, aging could intersect with the effects of a

²² For an example, see Daniel Evans (Dis), PF, W17766. Evans had been awarded an invalid pension for a wound to his leg. By June 1820, when he submitted his application under the 1820 act, the sixty-two year old Evans was also partially blind and 'almost totally deaf'.

²³ The mean average age of working disabled veterans at the time they submitted their applications under the 1820 act was 64. The average age of those who reported that they could not work was 69.

veteran's war wounds directly. Sixty-six year old Jedediah Brown also expressed the dual effect of the aging process when he declared the following in August 1820:

my health [is] so impaired by age, & the wounds I
receiv^d in the Revolutionary War...grown more
painfull by increase of years... [that I am] rendered...
incapable to support myself.²⁴

That the condition of the wartime injuries of disabled veterans like Jedediah Brown and Clement Sewall could deteriorate as they got older is further suggested by the fact that 14% of invalid pensioners successfully applied for an increase in their pensions due to worsening disability.²⁵

There is good evidence, then, that the working abilities of *all* veterans lessened as they got older. Given this, it would seem reasonable to assume that a significant proportion of the 56% of disabled veterans (and, for that matter, the 48% of nondisabled veterans) unable to work in the 1820s were, in fact, able to work at earlier points in their lives. There is certainly other evidence than the statistics referred to above that indicate that this was indeed the case for many veterans. The example of Amos Spafford is illustrative of this fact.

When Spafford of Hillsborough County, New Hampshire submitted his pension declaration in July 1820 he was only fifty-four years old. This made him over ten years younger than the average disabled veteran. In fact, Spafford was the youngest of all the disabled veterans I examine in this study. Despite being assessed as two-thirds disabled by pension assessors at the time of the award of his invalid pension, Spafford declared in his application of 1820 that 'I have in general good health' and that he was able to work to some extent at his occupation as a farmer.²⁶

While Spafford was quite exceptional in terms of his age among his fellow disabled veterans, the fact that he was still working in 1820 hints at the influence of age on the bodies of former invalid pensioners. If other disabled

²⁴ Jedediah Brown (Dis), PF, S36432.

²⁵ This figure only relates to disabled veterans who were awarded an increase *prior* to their transfer on to the service pension scheme. Some of the veterans who were struck from the service pension list as a result of the 1820 act also went on to receive increases once their former invalid pensions had been restored to them.

²⁶ Amos Spafford (Dis), PF, W22292.

veterans had been as young as Spafford at the time they submitted their declarations under the 1820 act, it seems likely that the labour force participation figures for disabled veterans would have been higher than the ones I cited earlier. The pension files of veterans clearly indicate that some former invalid pensioners who claimed to be incapacitated for work in the 1820s had in fact worked to some extent as younger men after the war. William Burke certainly appears to have done so.

According to a witness statement in support of Burke's initial application for a service pension in 1818, the veteran had been 'robust on his discharge from the army & [had] maintained himself by his labor'. The witness went on, however, stating that 'of late' Burke had 'become debilitated & his understanding much impaired'. By the time Burke came forward to make his declaration under the terms of the 1820 Pension Act, the disabled veteran swore that he was totally incapable of working for a living.²⁷ How far Burke's withdrawal from the world of work was a consequence of his wartime injury is impossible to tell from the sources available. That he 'maintained himself by his labor' prior to 1818 despite his pensionable impairment, however, seems incontrovertible.

In addressing the topic of disability and work, it is also important to remember that work-related incapacity is not always a static condition. Disabled veterans at all points of their lifecycle could, and frequently did, move in and out of varying states of ability. The application that the then fifty-nine year old Hezekiah Sawtell made in New Hampshire on the 4 July 1820 is indicative of the fluid nature of ability. In his testimony, Sawtell stated that, 'I am able to do some labour but have infirmities that attend me which at times are very troublesome & I labour with difficulty'.²⁸ Sawtell's infirmities appear to have been a constant presence in his life, at least as an older man, but they were only 'troublesome' 'at times'. Rather than being confined to a permanent state of incapacity, then, Sawtell seems to have flitted in and out of this condition.

Another point that needs to be borne in mind when considering my conclusions regarding the working lives of disabled veterans concerns the methodological limitations of my study. By focusing on invalid pensioners who gave up their

²⁷ William Burke (Dis), PF, S7802.

²⁸ Hezekiah Sawtell (Dis), PF, W24907.

disability benefits to take up service pensions, my account tends to emphasise the experiences of veterans whom the authorities considered less than fully disabled. This is because the pension rate for a *totally* disabled veteran who had served as a private was exactly the same as the rate for a veteran of the same rank under the act of 1818. Consequently, there was little obvious financial incentive for totally disabled veterans to relinquish their invalid pensions and move on to the service pension scheme.²⁹ My quantitative examination of the pension files of disabled veterans bears out this fact.

Only 4% of the disabled veterans who made declarations under the Pension Act of 1820 were receiving full invalid pensions at the time they applied for a service pension. The average level of assessed disability of disabled veterans at the time they transferred on to the service pension scheme was around three-fifths (60%). In other words, an average disabled veteran was considered capable of performing two-fifths (40%) of the labour expected of a nondisabled man. In general, then, an overwhelming majority of the disabled veterans I examine in this study were considered by pension assessors as being at least partially able to obtain ‘a livelihood by labour’.

At first glance, moreover, the disability assessments made by pension officials seem to have been based on fairly sound reasoning. An examination of the pension files reveals that there was some correlation between the assessed level of disability and disabled veterans’ capacity for work in the 1820s. My findings on this point are presented in Table 5 below.

Level of Disability	Not Working %	Working %
Over 50%	60	33
50% or less	40	67

Table 5. Disabled veterans’ level of assessed disability and their ability to work in the 1820s.

²⁹ For more on this issue, see footnote 15 in the Introduction.

In general, the higher a veteran's assessed level of disability, the less likely he was to describe himself as capable of work in his declaration under the act of 1820.³⁰ As my findings show, however, this trend did not always hold.

Of the few disabled veterans who were classified as totally disabled before transferring on to the service pension programme, five submitted applications under the 1820 act that indicate whether or not they were working at the time. Interestingly, despite their 100% disability ratings, two of these men appear to have been working to some extent in the 1820s. These two veterans were Joseph Sapp and William Leech.

Sapp's application is admittedly the more ambiguous of the two regarding the question of work. Sapp had been wounded in the neck and arm during the war. According to the declaration he made in 1820, the former invalid pensioner had 'no trade' and was 'not able to do much work'. It seems clear here that Sapp wanted to highlight the fact that he found working difficult.³¹ Nevertheless, his choice of the word 'much' as opposed to 'any' in connection with his ability to work is certainly suggestive. It implies that, although Sapp may not have been able to work a lot, he was at least able to do something. Moreover, given this implication, it seems that Sapp was indeed working to some extent at the time of his application. I make this point in order to reveal something of the method I have used in determining whether or not veterans were working at the time of their applications under the 1820 act.

William Leech's case seems a little more straightforward regarding the issue of my classification of his working abilities. As I have already noted, Leech was one of the disabled veterans who adopted a proportional formulation of disability in his application under the 1820 act. To recap, Leech stated that 'I am by occupation a day laborer & able to perform about one quarter of the labor of a man'.³² Given this, it seems fair to conclude that Leech was working as a labourer at the time of his statement. His assessment of his working abilities is particularly interesting, though, as it suggests that he was in some disagreement with the judgement reached by medical examiners under the invalid pension scheme. The Pension Office had considered him totally

³⁰ This assertion is given further weight if we consider the average assessed levels of disability of working and non-working disabled veterans. With an average rating of 52% disability, working disabled veterans were considered slightly less disabled by pension officials than non-working veterans, who had an average disability rating of 60%.

³¹ Joseph Sapp (Dis), PF, S41122.

³² William Leech (Dis), PF, S37616.

disabled for the purpose of his invalid pension, yet Leech was quite happy to declare that he could do one-fourth of the labour expected of a man in 1820.

The examples of Sapp and, especially, Leech reveal the arbitrary nature of the disability classification. While medical examiners and pension officials were convinced that neither Sapp nor Leech could labour for a living, there is fairly good evidence that both men could work to some extent. That they could shows that their classification as totally disabled had no objective basis. Their 'disabilities', then, were clearly not a natural consequence of their physical impairments, but rather a creation of the law and the people who examined their cases.

If former totally disabled invalid pensioners like Sapp and Leech were actually more capable of work than disability assessors had assumed, there is also good reason to believe that the working capacities of other disabled veterans were greater than their assessments under the invalid programme suggests. Recall, for instance, the example of the relatively young Amos Spafford I referred to earlier. Spafford's assertion that he had good health and was working as a farmer in July 1820 implies that he was probably less incapacitated than his two-thirds disability rating indicates.

Judging from the pension files of disabled veterans, then, a fairly compelling case can be made that the Pension Office's disability ratings are not a good guide to the true working abilities of former invalid pensioners in the 1820s. Many veterans were much more capable of work than their official ratings suggest. Appreciating this fact helps to underscore the point that the disability category has no objective basis, but is fundamentally a sociocultural construct.

The evidence I have presented thus far indicates that disabled veterans took up productive roles in the economy despite their wartime injuries. Those injuries were not irrelevant to their working lives, but could be restrictive, inconvenient and painful. That disabled veterans worked in fairly similar numbers to nondisabled veterans and were probably more capable of labour than disability assessors imagined demonstrates more than the arbitrariness of disability classification, however. It also suggests two further points. First, although wartime injury often limited a veteran's capacity for work, disabled veterans were able to find ways to reduce the restrictive consequences of their impairments. Second, the structure of the early American economy was such

that it could accommodate people with impairments in a productive capacity. Both of these reasons for the relatively high labour force participation of disabled veterans are evident when we look at the occupations at which ex-servicemen worked.

Disability and the Occupational Choices of Veterans

Acknowledging that disabled veterans worked is an important counterweight to the historical amnesia regarding disabled people in general, particularly in respect to their contribution to the economy. It is not, however, the same thing as saying that the working experiences of disabled and nondisabled veterans were, broadly speaking, the same. Before we can reach any kind of conclusion regarding this issue, we need to know what disabled and nondisabled veterans worked at. Fortunately, the declarations veterans made in the 1820s allow us to answer this question.

According to the regulations governing applications under the 1820 act, applicants were supposed to mention what their occupations were. My analysis of this occupational information is summarised in Table 6.

	Disabled Veterans %	Nondisabled Veterans %
Farmers	49	34
Skilled	27	35
Labourers	18	28
Unskilled	2	2
Other	4	2
TOTAL	100	101*

* due to rounding

Table 6. Occupations stated by veterans in their pension depositions under the 1820 act.

As the table illustrates, disabled and nondisabled veterans worked across the occupational spectrum of the early United States. Furthermore, disabled veterans worked at all the same kinds of jobs as nondisabled veterans. As one would expect, given the predominantly rural nature of the early American economy, most of the occupations listed by veterans were linked to agricultural production. Well over half of both disabled and nondisabled veterans worked as either farmers or agricultural labourers. A significant number of veterans followed artisanal trades, working as coopers, carpenters, blacksmiths, or in other similarly skilled occupations.³³ In rarer instances, some veterans made their livings from unskilled jobs such as barbering or shoe shining or in other occupations that tended to require very little physical exertion at all like teaching or preaching.³⁴

While disabled veterans could be found in all the occupations that nondisabled veterans were, there was a fairly significant difference in the distribution of the two groups throughout the occupational spectrum. As Table 6 illustrates, nondisabled veterans were more evenly spread out over the farming, labouring, and skilled occupational categories than disabled veterans were. Disabled veterans, in contrast, were much more likely to describe themselves as farmers. Explaining this difference in occupational distribution is challenging.

As I mentioned in the Introduction, except for the pension qualifying disabilities of former invalid pensioners, the general characteristics of disabled and nondisabled veterans were almost identical. Given this, it would seem fair to hypothesise that disabled veterans moved into farming in an attempt to mitigate the effects of their pensionable disabilities. Before such a position can be tenably advanced, however, it is necessary to take into account the possible influence of the invalid pensions of disabled veterans in their choice of occupation. After all, apart from the pension qualifying impairments of disabled veterans, the only other major distinction between the two groups was the fact that one received invalid pensions while the other did not.

³³ For the purpose of tabulation, I have categorised artisanal trades such as these that required a level of skill as ‘skilled’ occupations.

³⁴ The occupations constituting my ‘unskilled’ occupation category are: shoe shining, barbering, well-digging, and market trader.

In the main, teachers and preachers form the heart of my ‘other’ occupational category, though this category also includes three veterans (one disabled and two nondisabled veterans) who described themselves as mariners or fishermen. While most of the jobs represented by this category were not particularly physically demanding, then, a few were.

On average, disabled veterans received invalid pensions for twenty-two years before transferring on to the service pension programme. Nondisabled veterans, in contrast, did not receive any kind of pension until after the passage of the Service Pension Act in 1818. It would seem reasonable to assume, therefore, that the greater likelihood of disabled veterans being farmers in the 1820s might have had something to do with the fact that they received more in pension payments than nondisabled veterans. Farming, quite obviously, required a veteran to have access to land. The receipt of a pension may have helped disabled veterans purchase or rent farms at a time when their nondisabled peers were without one.

Disabled veterans received, on average, nearly \$900 in invalid pension payments before moving on to the service pension scheme. This was a sum nondisabled veterans did not have the benefit of if they wanted to set up in farming. It is rather surprising, then, to find that there does not appear to be any clear correlation between the total amount of invalid pension payments received by disabled veterans and their greater propensity towards farming (Tables 7 and 8).

Total payments received (\$)	Skilled %	Farmer %	Labourer %	Unskilled %	Other %
Under 400	35	45	20	0	0
400–999.99	21.6	51.4	13.5	2.7	10.8
1000–1999.99	45.8	37.5	12.5	0	4.2
2000 or more	50	0	50	0	0

Table 7. Total sum of invalid pension received by disabled veterans before they transferred on to the service pension scheme by occupational category.

Contrary to expectations, it seems that, in general, the greater the total sum of invalid pension payments a disabled veteran received, the less likely he was to describe himself as a farmer in the 1820s. Thus, the invalid pensions that disabled veterans received do not appear to have encouraged them to move into

farming to any great extent, despite the fact that those pensions represented a significant amount of capital that may have made the purchase of land easier.

Occupational Category	\$
Skilled	1090
Labourers	870
Other	796
Farmers	721
Unskilled	594

Table 8. Mean average invalid pension sum (\$) received before transferring on to the service pension scheme by occupational category (in descending order).

If invalid pensions do not explain why disabled veterans appear to have shown a greater propensity for farming than nondisabled veterans, what does? As mentioned earlier, in most respects, except for the pension qualifying injuries of former invalid pensioners, there were no major differences between the general profile of disabled and nondisabled veterans. It would seem, therefore, that all other variables being apparently equal, the main reason why disabled veterans were more likely to be farmers in the 1820s than nondisabled veterans was that farming presented them with the best working opportunities given the physical limitations they faced as a result of their war wounds.

The notion that disabled veterans moved into farming so as to mitigate the effects of their pensionable disabilities is given further weight if we look at the reports former invalid pensioners gave about their capacity for work in different occupations in the 1820s. This information is summarised in Table 9 on the next page.

Of the three main occupational categories into which veterans fell (farming, labouring, and skilled labour), disabled veterans identifying themselves as farmers were more likely to claim they could work than veterans

who were labourers or skilled tradesmen. Given this, farming may have offered disabled veterans better opportunities for engaging in productive tasks than other occupations. To use Brendan Gleeson's term, farming presented disabled veterans with a high level of 'somatic flexibility'.³⁵ In other words, the rhythms, demands, and routines of farm work were varied and flexible enough to enable disabled veterans to take up significant roles in agricultural production.

	Not Working	Working
Farmers	45.5	54.5
Labourers	55	45
Skilled	67.7	32.3
Unskilled	0	100
Other	40	60

Table 9. Reported working abilities of disabled veterans at the time of their applications under the 1820 act by occupational category. (Figures as percentages).

Farming during this period was also a group activity.³⁶ Because of this, disabled veterans who worked as farmers had greater freedom to choose how and with whom they worked than men who followed skilled occupations or were required to meet the arbitrary demands of an employer. This meant that disabled veterans had a better chance of creating a pattern of work that allowed them to minimise the labour-restricting effects of their impairments and work to the best of their abilities. I will return to the topic of somatic flexibility in the next section. I mention it here only to highlight why farming may have been a better occupation for disabled veterans seeking to minimise the restrictive effects of pensionable disability to their working lives.

³⁵ Gleeson, *Geographies of Disability*, 87.

³⁶ David B. Danbom, *Born in the Country: A History of Rural America*. Second edition. Baltimore: Johns Hopkins University Press, 2006, 87.

Hitherto, I have mainly relied on information gleaned from the pension files of veterans to advance the idea that pensionable disability may have affected the career choices of disabled veterans. It should be noted, however, that this source cannot provide us with a definitive answer regarding the question of occupational choice. While highly suggestive, the pension files rarely record explicitly the reasons why disabled veterans, or, for that matter, nondisabled veterans, chose to pursue the occupations they listed in their declarations of the 1820s. Furthermore, the pension files are not a good guide to the kind of jobs that veterans worked at prior to their enlistment in the American army. As most of the veterans who applied for service pensions would have been in their early twenties at the start of the Revolutionary War, it is very likely that a significant proportion of them would have developed some kind of occupational identity before the war. The difficulty, then, is gauging how far the pensionable disabilities of veterans affected the trajectory of the careers they had most likely established prior to joining the army.

In some cases, there is information indicating the pre-war occupations of veterans. Occasionally this information is found in the pension files. More often, though, it is usually found in local history sources or other, non-pension connected, military records. By consulting these sources, I have been able to ascertain the pre-war occupations for some disabled veterans. The example of these men suggests that the effects of pensionable disability on the working lives of disabled veterans were quite mixed. For some veterans, like Charles Thrasher, wartime injury did not necessitate a change in occupation after the war. Thrasher, who had been wounded in the stomach by a musket ball, seems to have enlisted in the army while a labourer and continued to pursue that occupation, despite his injury, following his discharge from the army.³⁷ Evidence relating to other veterans, on the other hand, suggests that some invalid pensioners may have decided to change their occupations because of their war wounds. At the time of his enlistment, James Dole was a farmer. Injured in the hip during the war, Dole seems to have given up farming as his main pursuit in life after he left the military. Rather than live off the land, Dole chose to go into partnership with a fellow ex-officer and set up business as a storekeeper in Ridgefield, Connecticut. Unfortunately, the sources I have

³⁷ Charles Thrasher (Dis), PF, S33789; Secretary of the Commonwealth, *Massachusetts Soldiers and Sailors in the War of the Revolution*. Boston: Wright and Potter Printing Co., 1896, vol. 15, 701.

consulted do not give the reason for Dole's post-war change of career. It does not seem unreasonable, though, to speculate that one explanation for his move into storekeeping was that he believed it gave him a better prospect of making a living than farming given his 'disability'. After all, running a store was probably less physically demanding overall than agricultural work.³⁸

Whether or not Elijah Royce changed career after his wound so as to continue to earn a livelihood somehow is not clear either. What is evident, however, is that he was forced to give up his job as a skilled tradesman because of a wartime injury to his arm. In Royce's own words, recorded in July 1820:

my occupation is that of a house carpenter joiner but
have not been able by reason of wounds to work at my
trade since the close of the revolutionary war.³⁹

In Royce's case, the impairment he acquired as a result of his military service was catastrophic to his career. Likewise, Job Snell was 'unable to pursue' his occupation as a shoemaker because 'of the loss of my fore finger and a part of my hand' in a rowing accident during the war.⁴⁰

While it is admittedly difficult to come to a judgement regarding why disabled veterans like Dole moved into new occupations after the war, the testimonies of former invalid pensioners such as Snell and Royce clearly demonstrate that wartime injury could, in some cases, force veterans to give up their pre-war jobs. The sources I have examined regarding Snell and Royce's lives are silent on the question of how they made their livings after the war. Neither man was apparently working at the time they gave their pension declarations in 1820. Whether or not they adapted to their impairments and took up new jobs or withdrew from the world of work altogether on leaving the army is hard to say. The evidence I have presented in this chapter suggests, however, that most disabled veterans probably did not stop working completely after they were wounded, even though their injuries sometimes made the performance of certain tasks more difficult, or, in some cases, impossible. This leaves open two possibilities regarding the occupational decisions of disabled

³⁸ Sherman W. Adams & Henry R. Stiles, *The History of Wethersfield, Connecticut*. Camden, Maine: Picton Press, 1995, vol. 1, 515; George L. Rockwell, *The History of Ridgefield Connecticut*. Mamaroneck, New York: Harbor Hill Books, 1989, 154, 160.

³⁹ Elijah Royce (Dis), PF, S36263.

⁴⁰ Job Snell (Dis), PF, S42356.

veterans. First, while disabled veterans like Charles Thrasher may have found working more difficult after their injuries, these men still continued to pursue their pre-war occupations to some extent in the post-war period. Second, invalid pensioners who definitely had to give up their occupations because of their pensionable disabilities, like Snell and Royce, went into jobs where their impairments were less restrictive. Regarding the second of these two possibilities, the pension declaration that John Newman, a disabled veteran from Hampshire County, Virginia, made in June 1820 is instructive. Newman told those examining him that

The occupation... he has followed since the
revolutionary War has been that of school keeping as
he was not capable of manual labour...⁴¹

Unfortunately, Newman's pension file does not reveal what kind of injury he received during the war. Judging from his pension payment history, however, it seems that pension assessors considered him to be quite seriously disabled, as they rated his level of disability at three-fifths.⁴² Considering this, Newman's declaration implies that his pensionable wartime injury was one of the main reasons why he chose to become a teacher.

A significant majority (60%) of the disabled veterans who pursued 'other' occupations (Tables 6 and 9) described themselves as teachers in the 1820s. Moreover, two-thirds of these men were still teaching at the time they made their declarations under the 1820 act. Indeed, of all the occupations given by the disabled veterans constituting my 'other' occupational category only that of mariner can be considered physically taxing. After teacher and mariner, the only other disabled veteran job in the 'other' category was that of clergyman. In general, then, the disabled veterans who pursued 'other' occupations tended to work in jobs that required very little physical exertion, but some degree of formal education. It would seem, therefore, that disabled veterans who were fairly well educated used their education to mitigate the restrictive consequences of their disabilities by taking up vocations that did not entail any labour.

⁴¹ John Newman (Dis), PF, S25329.

⁴² *Pension Roll of 1835*, vol. 3, 648.

Beyond Adaptation: Society and Economy in the Early United States

While one of the objectives of disability history is to highlight the historical agency of disabled people, we should not over-emphasise the adaptability of disabled people in the past. By focusing too much on individual adaptation, we risk overlooking the significance of social context to the experience of disability. Disabled Revolutionary War veterans undoubtedly made choices regarding their working lives. To a large extent, however, those choices were shaped by the make-up and attitudes of early American society. The fact that many disabled veterans were able to take up productive roles within the early American economy should not be interpreted as evidence that these men heroically ‘overcame’ their disabilities. Rather, the high labour force participation rates of disabled veterans should be seen as a testament to the fact that the construction and ideology of the early United States was such that it enabled, encouraged, and, to a large extent, *forced* disabled people to take up a full and active role in the everyday economic life of the new nation.⁴³

While undeniably hard and physically demanding, working life in the early United States was fairly flexible. The demands and structure of early America’s preindustrial and largely rural economic system meant that many of the occupations at which Americans worked afforded them quite a lot freedom to choose their own work routines and rhythms.⁴⁴ This is what Brendan Gleeson means when he writes of the ‘somatic flexibility’ of preindustrial societies. Men and women in the early United States worked to task not to the clock.⁴⁵ In most cases, therefore, early Americans could decide when they worked and for how long. This was clearly of advantage to disabled veterans who may have encountered difficulties in performing productive labour, as it presented them with an opportunity to create a working schedule that minimised the effects of their corporeal limitations.

⁴³ That disabled Americans were effectively forced to work if they could is suggested by the rates offered to pensioners under the invalid programme. As I mentioned in the previous chapter, the rate of a full invalid pension was much less than what a labourer could expect to earn. Seen in this light, it seems clear that the invalid pension programme was not intended to encourage disabled veterans to opt out of working. On the contrary, the relatively meagre rates paid to pensioners would probably have encouraged them to work in an effort to achieve a reasonable standard of living.

⁴⁴ Ulrich, *Age of Homespun*, 322; Penny L. Richards, ‘Industrialization’ in Burch (ed.), *Encyclopedia of American Disability History*, 482–483.

⁴⁵ Larkin, *Reshaping of Everyday Life*, 21, 42.

Another important feature of the early American economy was that the separation of the workplace and home, characteristic of industrial economies, had not yet occurred. Instead, the two spheres of life were virtually indistinguishable from one another. The main locus of production during this period was not the factory but the household. Consequently, when early Americans worked they usually did so in close proximity to the people with whom they resided. As historian John Demos has observed, the family in early America was, above all else, ‘a community of work’.⁴⁶ Family labour was central to the productive endeavours of early Americans. Men and women during this period rarely worked entirely alone, but cooperated with other family members to ensure they produced enough for their subsistence.⁴⁷ Because of this interdependence, most disabled veterans probably had members of their households close at hand to assist them in completing tasks that may have proved difficult given their impairments.

As I discuss in the following chapter, very few disabled veterans lived alone, even in the 1820s when their households were usually contracting. At the time veterans submitted their pension declarations under the terms of the 1820 act, former invalid pensioners were living in households that contained, on average, three to four persons, many of whom were usually the old soldiers’ children or relatives. At earlier points in their lives, these households were undoubtedly larger. Most disabled veterans, then, had people living with them throughout the post-war period to whom they could turn for help in performing labour.

Given the highly gendered division of labour in the early United States, male household members, especially sons, were particularly important in this respect. Early American children began work at an early age, performing light tasks for the household in which they resided as young as seven years old. As they got older, the productive duties of children increased. By their late teens, most American boys were usually contributing the full labour expected of a grown man.⁴⁸ The presence of children, particularly male children, in a

⁴⁶ John Demos, *Past, Present, and Personal: The Family and the Life Course in American History*. New York: Oxford University Press, 1986, 28.

⁴⁷ For the importance of household labour to the economy of the early United States, see: Daniel Vickers, *Farmers & Fishermen: Two Centuries of Work in Essex County, Massachusetts, 1630–1850*. Chapel Hill: The University of North Carolina Press, 1994, 298–299.

⁴⁸ Vickers, *Farmers & Fishermen*, 221; Larkin, *Reshaping of Everyday Life*, 32–33.

disabled veteran's household, then, meant that there were other persons close at hand to do the tasks associated with men's work that a veteran may have found difficult to perform due to physical impairment.

Children generally owed labour to their fathers until they were eighteen.⁴⁹ Consequently, the more children a man had, the bigger the pool of labour he could draw on. As men got older, especially after their late forties, they generally transferred responsibility for the heaviest kinds of labour to their adult sons. The ability to do so, however, was always dependent on whether or not the men in question had adult sons living with them to take over the tasks they abdicated. To a large extent, then, the ability of a veteran to participate in economic production was probably dependent on the size and age structure of his family. Those who had large families containing a large number of fully productive children had greater flexibility in determining what they themselves worked at and when. As head of the household, with legal control over all its property and authority over its members, disabled veterans would have been able to direct the labour of those living with them in a way that would have helped them alleviate the limitations presented by their impairments.⁵⁰

The importance of family labour to economic production in the early United States meant that the sight of fathers and sons working together was a common one. That they would do so was often taken for granted. Consequently, when veterans gave details of their families in their pension applications of the 1820s, they did not highlight the valuable labour their children contributed to their households. Instead, they seem to have assumed that the officials who reviewed their papers would automatically consider that children worked for the benefit of the household. It was only in instances where a veteran could not depend on the labour of a co-resident child that mention of the child's contribution, or rather lack of it, was usually made. When former invalid pensioner, William Taggart of Hillsborough, New Hampshire, made his declaration for a service pension in July 1820, for example, he mentioned that his twenty three year old son was 'unable to contribute either to[w]ards his own or my support' because of poor health.⁵¹

⁴⁹ Joan M. Jensen, *Loosening the Bonds: Mid-Atlantic Farm Women, 1750–1850*. New Haven: Yale University Press, 1986, 18.

⁵⁰ Vickers, *Farmers & Fishermen*.

⁵¹ William Taggart (Dis), PF, S19809.

Many sons, particularly teenage ones, were virtually compelled to work for their fathers by law or custom. Some sons, though, were undoubtedly motivated to help their parents out of feelings of affection or, perhaps more selfishly, by a desire to maintain or augment the estate that they would one day inherit. Fathers could not always assume that their adult children would help them freely, however. Disabled veteran, Daniel Nutting, for one, drew pension officials' attention to the fact that he had to pay his son to work for him.⁵²

The early American family may have been a 'community of work', but, so too, was the community at large. As historians have long recognised, despite the cultural ideal of the independent yeoman farmer that circulated in the early United States, early Americans were interdependent on one another.⁵³ This interdependence characterised relations between households as well as those within them.⁵⁴ Early Americans operated an exchange economy in which, as the term implies, individuals and households regularly exchanged work, services, and equipment in mutually beneficial and reciprocal ways. Given this system of exchange, it was not uncommon to find neighbours performing labour and providing services for one another. The pension files of veterans do not detail these exchanges specifically. The fact that such exchanges were a regular and ubiquitous feature of economic life in the early American republic, however, may help to explain why people, like disabled veterans, who experienced difficulties in working because of physical impairment were able to take up productive roles in the economy. If their families were unable to offer practical assistance, disabled veterans were also enmeshed in wider webs of reciprocity and interdependence that they could draw upon for help in accomplishing difficult productive tasks. In other words, if disabled veterans needed help in their working lives they could also look beyond their households and turn to their neighbours for assistance.

⁵² Daniel Nutting (Dis), PF, W15135. Other disabled American men also sometimes had to pay their sons to work for them during times of incapacity. For an example from 1795, see: Stephanie Grauman Wolf, *Urban Village: Population, Community, and Family Structure in Germantown, Pennsylvania, 1683–1800*. Princeton: Princeton University Press, 1976, 318.

⁵³ Bettye Hobbs Pruitt, 'Self-Sufficiency and the Agricultural Economy of Eighteenth-Century Massachusetts', *William and Mary Quarterly* 41 (1984), 333–364; Robert A. Gross, 'Agriculture and Society in Thoreau's Concord', *Journal of American History* 69 (1982), 42–61.

⁵⁴ Christopher Clark, *The Roots of Rural Capitalism: Western Massachusetts, 1780–1860*. Ithaca, Cornell University Press, 1992, 21–38.

Admittedly the pension files of disabled veterans do not provide evidence to illustrate the ways in which invalid pensioners drew on neighbourhood networks of exchange and reciprocity to ensure that they and their households were productive enough to maintain a subsistence. The pension files, used in conjunction with other sources do, however, suggest that many disabled veterans formed important working relationships with persons from outside their households. In his pension declaration of July 1820, sixty-nine year old disabled veteran William Cushing of Pembroke, Massachusetts stated that he was a 'shipwright by profession' but that he was no longer working at his trade or any other kind of occupation.⁵⁵ That Cushing was a shipwright who had apparently been able to work after the war is confirmed by other sources. Interestingly, however, these sources indicate that Cushing did not build ships alone, but did so in partnership with other shipbuilders.⁵⁶ If Cushing's wartime injuries did impact on his ability to work as a shipwright in any way, therefore, he had a business partner he could turn to for assistance. Similarly, recall the example of James Dole, the veteran who opened a store in Ridgefield, Connecticut. Dole did not go into business alone, but had a partner, former Revolutionary War officer, Joshua King. Presumably, in the day-to-day running of the business, Dole could have relied on King to assist him in completing any tasks essential to the smooth running of their store.⁵⁷

To summarise, then, disabled veterans did not work in isolation from other early Americans. The existence of co-workers and business partners presented disabled veterans with a useful source of assistance should they need any help in achieving their productive endeavours. Given the exchange economy and the importance of households as units of production within that economy, disabled veterans clearly had recourse to other people who could help them in their working lives. Work was a community affair in which early Americans, whether of the same family or not, were bound together in pursuit of mutually beneficial productive goals. There were many Americans, therefore, with a vested interest in ensuring that disabled veterans were able to make some kind of economic contribution. Families, neighbours, and business partners were all

⁵⁵ William Cushing (Dis), PF, W1569.

⁵⁶ L. Vernon Briggs, *History of Shipbuilding on North River, Plymouth County, Massachusetts, with Genealogies of the Shipbuilders and Accounts of the Industries Upon its Tributaries, 1640–1872*. Boston: Coburn Brothers, 1889, 127, 158, 175.

⁵⁷ Rockwell, *History of Ridgefield*, 154, 160.

potential sources of assistance in helping disabled veterans participate in economic production according to the normal working rhythms and routines of the early United States.

Conclusion

Disabled veterans were not particularly excluded from the early American world of work. In making this point, I do not mean to downplay the effects of physical impairment or romanticise the past. The evidence I have presented reveals that, in many cases, the pensionable injuries, or ‘disabilities’, of invalid pensioners were very restrictive and limited their capacity to labour. Despite this, however, the fact that disabled veterans worked in fairly similar numbers, and at similar jobs, to nondisabled veterans suggests that disability did not force them to withdraw from work. This finding obviously has ramifications for the disability and industrialisation thesis, particularly the version advanced by historical materialists like Brendan Gleeson, that I outlined in the Introduction. By way of conclusion, I shall briefly discuss the historical materialist position as it relates to the topic of work so as to highlight the implications my findings have for the industrialisation thesis.

Gleeson and other historical materialists emphasise employment as a yardstick with which to gauge the social and economic position of disabled people in particular societies. In their view, unemployment is an indicator of marginalisation. Consequently, they cite the high unemployment rates for disabled people in the West today as evidence that disabled people are marginalised. Adhering to a strong version of the disability and industrialisation thesis, however, they also argue that this situation is a consequence of industrial capitalism and is therefore a fairly recent one. This idea rests, of course, on a belief that people with impairments were more fully employed in economic production in preindustrial settings than they are today. The problem with this view, as I have already noted, is that it is currently based on too little empirical evidence, particularly of an historical nature.⁵⁸

⁵⁸ Gleeson, *Geographies of Disability*, 132–134; Barnes & Mercer, *Disability*, 23–25.

While historical materialists are on safe ground when they highlight the problems disabled people face in finding work in the West today, they are less convincing when they write about disabled people and work in the past. As the United States epitomises the Western economic system in many ways, the example of America is a good one for illustrating the empirical difficulties the industrialisation and disability thesis currently faces.

Recent labour force figures for the United States indicate that disabled men who consider themselves ready, willing, and able to work are more than twice as likely to be unemployed than nondisabled men.⁵⁹ It seems, then, that the historical materialist claim regarding the marginalisation of disabled people in modern Western economies is based on good evidence. The same cannot be said of the claim regarding the economic position of people with impairments in the preindustrial era. There is little in the way of data relating to the topic of disability and work in the period before the Industrial Revolution. There are, for example, no disability labour figures for the early United States equivalent to those available for twenty-first century America. Given this, it is very difficult to know whether historical materialist assumptions about disability and work in the past are tenable, at least in the case of the United States. Were Americans with impairments more integrated into the economy of preindustrial America than they are today? The findings I have presented in this chapter suggest that they were.

The similar labour force participation figures for disabled and nondisabled veterans implies that disability did not have a radical effect on the ability of disabled veterans to find productive roles in the early American economy. There are good reasons to believe that the situation of disabled veterans is fairly representative of the situation of disabled men generally at this time. It would seem, then, that my findings give empirical weight to the view of materialist theorists regarding the position of disabled people in preindustrial Western economies. Whether or not their argument regarding the impact of industrialisation on disabled people's participation in the economy is a valid one, however, needs further research.

⁵⁹ 'Table 2. Labor Force Status – Work Disability Status of Civilians 16 to 74 Years Old, by Educational Attainment and Sex: 2008'. US Census Bureau, *Disability Data from the Current Population Survey*. Available at <http://www.census.gov/hhes/www/disability/cps/cps208.xls> (accessed 19 October 2009).

Furthermore, although my findings indicate that disabled veterans were highly integrated into the early American economy, it would be wrong to cite them as proof that physical impairment was completely *irrelevant* to the working lives of these men. The evidence I have presented in this chapter suggests that many disabled veterans attempted to mitigate the effects of their disabilities by taking up occupations where their impairments had the least impact. Farming appears to have been particularly significant in this respect. That is not to say, however, that farming was the only, or even the best, occupation to pursue for those seeking to minimise the restrictive consequences of their impairments. As I have argued, the structure and nature of the early American economy, along with the social character of work during this time, was such that disabled people were able to find productive roles in a whole range of occupations.

Ultimately, then, the example of disabled veterans in the early United States reminds us that the economic exclusion of disabled people today is fundamentally a product of the social and cultural construction of Western societies. It is not a natural consequence of impairment.

~ Chapter Five ~

Family Life

In the previous chapter, I pointed to the importance of family to the working lives of disabled veterans. In this chapter, I develop the theme of family and disability further by examining the family lives of veterans. I highlight the centrality of disabled veterans to the households in which they lived. Disabled veterans, I suggest, were often just as likely to be caregivers within their families as they were the recipients of care.

The topic of disability and the family is a relatively unexplored one in disability history. The few disability historians that have examined the topic in any great depth have generally tended to concentrate on quite exceptional or extreme cases, such as the experiences of disabled members of elite families or the murder of severely impaired children by their parents.¹ Such studies are undoubtedly valuable contributions to disability history and should be encouraged, but their insights should not dominate our historical understanding of disability and the family. Instead, they ought to be viewed alongside more representative accounts. Most disabled people in the past, after all, have not enjoyed the privileges of wealth or high social standing and relatively few have been killed because of their disabilities.² The findings I present in this chapter remind us of this fact. As I demonstrate, the family lives of disabled veterans

¹ Joyner, 'This Unnatural and Fratricidal Strife'; Janice A. Brockley, 'Martyred Mothers and Merciful Fathers: Exploring Disability and Motherhood in the Lives of Jerome Greenfield and Raymond Repouille' in Longmore & Umansky (eds.), *New Disability History*, 293–312.

² In stating that relatively few disabled people have been killed in the past because of their disabilities I do not wish to downplay the oppression and hostility experienced by many disabled people during the darkest periods of disability history (for example, the Holocaust in twentieth century Europe when tens of thousands of disabled people were executed by Nazi Germany). My point is, rather, that, if we consider the entire span of history and the many millions of disabled people who have lived in the past, the numbers of disabled people who have been murdered, while certainly not negligible or worthy of historical scholarship, is really quite small. Acknowledging this helps counter the disabled person as victim stereotype that disability history seeks to overcome in its efforts to stress the historical agency of disabled people.

were actually quite ordinary – ordinary that is in the sense of not being particularly different from those of nondisabled veterans.

When historians, particularly those specialising in the modern period, have looked for the experiences of disabled people, they have generally preferred to locate those experiences within institutions such as care homes, schools, or hospitals.³ As a result of this institutional bias, disabled people are more likely to appear to us in the historiography as patients or pupils, rather than parents, spouses, or siblings. By focusing on the family lives of disabled veterans in this chapter, therefore, I offer a counterweight to the institutional perspectives common in disability history.

Unlike disability historians, historians of the family and ‘care in the community’ have been exploring themes of disability and the family in their work for many years now. By emphasising the family’s role as a ‘locus of care’, the work of these historians draws attention to the importance of non-institutional settings in meeting the care needs of disabled people.⁴ Disability historians can learn a lot from this scholarship. Similarly, however, historians of the family and ‘care in the community’ stand to gain new insights into their area of expertise by engaging more fully with some of the concerns of disability history. As noted previously, one of those concerns is a desire to highlight the historical agency of disabled people. At present, the historiography on the family and care tends to work against this goal by implying that disabled people have only ever been the recipients of care. The evidence I present in this chapter suggests that the role played by disabled people within the networks of care in which they were enmeshed was more complicated than this. Many disabled Revolutionary War veterans, at least, appear to have been significant care providers in their own right.

My examination of the family lives of disabled veterans that follows has three main purposes. First, it gives empirical weight to the assertion that, for the most part, disabled people in the past have experienced fairly ordinary family lives despite the practical limitations caused by their impairments. As I

³ For examples of historical studies that take an institutional perspective on the topic of disabled people’s experiences, see Marten, ‘Nomads in Blue’; Freeberg, ‘Meanings of Blindness’; Burch & Joyner, *Unspeakeable*.

⁴ For examples of this work, see Peter Bartlett & David Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community, 1750–2000*. London: Athlone Press, 1999; Peregrine Horden & Richard Smith (eds.), *The Locus of Care: Families, Communities, Institutions and the Provision of Welfare Since Antiquity*. London: Routledge, 1998.

show, the early American family was well-suited to the accommodation of disabled people. The presence of disabled veterans did not require any significant structural adjustment on the part of their families. This was because ill health and impairment were so common in the early United States that the early American family developed the capacity to accommodate disability organically. That capacity was further reinforced and indeed necessitated by the fact that there were very few institutions in early America designed specifically for disabled people and that families were under a legal obligation to support and house their sick, infirm, and incapacitated members.⁵ Early American families rarely had the opportunity to transfer the responsibility for the accommodation of their disabled family members to outside agencies.

Second, by focusing on a period of history when institutions for disabled people hardly existed, my analysis in this chapter gives impetus to the effort to relocate historical analyses away from the institution towards the community. Third, I also provide suggestive evidence that the portrait of historical networks of care presented by historians of the family and ‘care in the community’ stands in need of some modification. There is no reason to assume that disabled people are only ever the beneficiaries of care within systems of care.

In advancing the interpretations presented in this chapter, I again draw heavily on the pension files of ex-servicemen. According to the application instructions issued by pension officials, any veteran applying under the act of 1820 had to ‘mention...the number and names of his family residing with him, their ages and their capacity to contribute to their support’.⁶ The answers veterans gave in response to this requirement lie at the heart of this chapter. Before those answers can be analysed, however, it is necessary to know what early Americans meant when they wrote or spoke about their families.

The Concept of Family in the Early United States

Nowadays, the conceptual difference Americans draw between ‘family’ and ‘household’ seems quite clear. Family is generally used to refer to a group of people related by blood or marriage while household is used to designate a

⁵ Daniel Blackie, ‘Disability’ in Finkelman (ed.), *Encyclopedia of the New American Nation*; Scott, *Growing Old*, 129.

⁶ Quote taken from the printed instruction sheet found in George Vaughan (Dis), PF, S25466.

group of people who reside together in the same dwelling. There is, of course, a degree of overlap between the two groups in practice, as family members often live together in the same abode, but the terms family and household still remain conceptually distinct. Historically, however, that distinction has been less clear. In his *American Dictionary of the English Language*, published just eight years after the passage of the 1820 Pension Act, Noah Webster indicated the blurred nature of the early American understanding of *family* and *household* when he defined the two terms as follows:

FAM'ILY, n. [L. familia.] 1. The collective body of persons who live in one house and under one head or manager; a household, including parents, children and servants, and as the case may be, lodgers or boarders.

HOUSEHOLD, n. hous'hold. Those who dwell under the same roof and compose a family; those who belong to a family.⁷

Webster's understanding of the two words as near synonyms was reflected in the family details that veterans such as Elijah Estes gave to pension officials in the 1820s. Estes, a seventy year old disabled veteran from Spotsylvania County, Virginia, submitted his pension application in August 1820. In it, he declared that

[M]y family consists of myself my wife aged 70 years
One free person named William Ham aged 10 years &
a whiteman named Robert Thompson aged 20
years[.]⁸

Estes's testimony indicates that, like Webster, the aging veteran believed family was based as much on co-residence as on the ties of marriage and

⁷ Webster, *An American Dictionary of the English Language*.

⁸ Elijah Estes (Dis), PF S39499.

kinship.⁹ Neither the young Ham nor the older Thompson appear to have been relatives of Estes. Despite this, the old veteran clearly saw no incongruity in classifying both as members of his ‘family’ along with his wife.

When veterans gave details of their families in their pension applications of the 1820s, then, they were usually referring to all the people with whom they lived, not just those to whom they were related by blood or marriage. Given this, my approach to the topic of family life in this chapter is similar to the one John Resch takes in his study of Revolutionary veterans. Like Resch, I assume that the ‘families’ listed by pension applicants in the 1820s are a good reflection of the size and structure of their households at the time they submitted their declarations.¹⁰ When I write of the families of veterans, then, I primarily have in mind a social unit based on co-residence rather than kinship. My position regarding this issue is not meant to imply, however, that kinship

⁹ For more on the conceptual blurring of family and household in the early US, see: Larkin, *Reshaping of Everyday Life*, 9–10; John R. Gillis, ‘Home’ in Finkelman (ed.), *Encyclopedia of the New American Nation*.

¹⁰ Resch, ‘Federal Welfare’ and *Suffering Soldiers*. Resch’s approach is not without its problems. In preparing this chapter, I have also compared the family data extracted from the pension files with the entries for veterans on the US federal census of 1820 (*1820 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2009). As almost 90% of the veterans I examine in this study submitted their applications by the end of 1820, the census of 1820 would seem like a good source for assessing just how far the family information contained in the pension files is a fair reflection of the composition of veteran households in the 1820s. It is a source and line of inquiry, however, that Resch apparently chose not to pursue.

Resch’s choice is understandable. The process of cross-checking family data with the census is laborious and time consuming. An analysis of census data also complicates any discussion of the domestic circumstances of veterans. My comparison of the two sources reveals that the families outlined in the pension files do not always match with the household information recorded in the census entries for veterans. In fact, only around a third of the veteran households identified on the census matched exactly with the family information found in the pension files. Of those that did not, the census households of veterans were generally larger than the families reported in the pension declarations of the 1820s. At first glance, then, this might suggest that there were people living with veterans at the time of their applications that they did not declare to the pension authorities. Despite this, I have still chosen to follow Resch and assume that the pension file families of veterans reflect the composition of their households at the time they applied under the 1820 act. My reason for this decision stems from the timing of the census.

Officially, the census was supposed to be a survey of the nation’s population as it stood on 7 August 1820. Hardly any veterans submitted their pension applications on that date, however. Consequently, in instances where there is a difference between the family information contained in a veteran’s pension file and his entry on the census of 1820, that difference can also be plausibly explained by real changes in family composition. Indeed, as I show in this chapter, there is certainly plenty of evidence indicating that the size and structure of veteran households could change very rapidly. There is, then, no reason to automatically assume that the pension files are necessarily a less accurate reflection of household composition than the census.

was irrelevant to the early American definition of family. It was not. The fact that an applicant under the 1820 act was supposed to give details of the ‘family *residing with him*’ clearly indicates that family was an institution based on kinship as much as co-residence and that family ties could extend well beyond the home.¹¹ I address the topic of family in this chapter from the perspective of the household, not because ties of kinship outside the home were irrelevant to early Americans, but because I am primarily interested in exploring the *everyday* experiences of disabled veterans. In other words, by choosing to focus on the co-residential dimension of family life, I am able to concentrate on the relationships veterans’ had with the people they interacted with the most on a daily basis.

Marriage

If disabled veterans wanted to fulfil the cultural expectations that defined the lives of men in the early United States, it was essential that they established and headed up families of their own. Until they had done so, their status as socially recognised men of maturity and independence remained in doubt.¹² Key to success in the enterprise of family formation, of course, was finding a wife with whom to have children.

Although Americans were beginning to see marriage as an increasingly romantic concern by the late eighteenth century, the decision to marry was still something of an economic consideration, much as it had been in earlier periods. Marriage represented the pooling of a couple’s productive and reproductive resources in an effort to lay the foundations of an economically viable household.¹³ In choosing a spouse, it was in the interests of both prospective

¹¹ Quote taken from the printed instruction sheet found in George Vaughan (Dis), PF, S25466. My emphasis.

¹² Lombard, *Making Manhood*; Foster, *Sex and the Eighteenth-Century Man*; Stephanie G. Wolf, *As Various as their Land: The Everyday Lives of Eighteenth-Century Americans*. New York: HarperPerennial, 1994, 19; E. Anthony Rotundo, *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era*. New York: Basic Books, 1993, 10–11; Daniel Scott Smith, ‘Female Householding in Late Eighteenth-Century America and the Problem of Poverty’ *Journal of Social History* 28 (1994), 83. As Smith points out, the vast majority of early American households were headed by men. In 1790, for instance, less than a one-thirteenth of households were headed up by women.

¹³ For more on marriage in early America, see: Ulrich, *A Midwife’s Tale*, 138–147; Lombard, *Making Manhood*, 98–119; Foster, *Sex and the Eighteenth-Century Man*, 3–22; Shawn

partners, then, to assess the productive capacities of each other. Given this, we might assume that the impairments of disabled veterans would have disadvantaged them to some extent on the marriage market. Congress, after all, was prepared to consider the wartime injuries of disabled veterans as a serious hindrance to their ability to earn a livelihood. Perhaps potential wives shared the same presumptions. If prospective spouses did indeed hold such views, however, the evidence found in the pension files of Revolutionary War veterans suggests that those views were not strong, or widespread, enough to prevent most disabled veterans from finding a wife. Moreover, it also appears that disabled veterans were no more disadvantaged in the marriage market, statistically speaking at least, than nondisabled veterans.

The pension files of both disabled and nondisabled veterans indicate that around 80% of both groups were married at least once during their lives.¹⁴ More significantly from a disability history perspective, those files that indicate a date of marriage suggest that nearly all disabled veterans were married *after* they sustained the injuries for which they received their invalid pensions.¹⁵ Furthermore, and equally significantly, a little over three-quarters (77%) of disabled veterans for whom the pension files reveal a date of marriage, were married *before* they received their disability pensions. While the impairments of disabled veterans were clearly not a barrier to marriage, then, neither were they an attraction to potential wives because of their pensionable qualities.¹⁶

Johansen, 'Marriage' in Finkelman (ed.), *Encyclopedia of the New American Nation*; Anya Jabour, *Marriage in the Early Republic: Elizabeth and William Wirt and the Companionate Ideal*. Baltimore: Johns Hopkins University Press, 1998.

¹⁴ I derived this figure from an examination of *all* the material contained in the pension files of the 306 targeted veterans and noting any instances where a veteran's wife was mentioned. The exact percentages for the two groups were: 80% (disabled veterans) and 82% (nondisabled veterans).

¹⁵ Of the disabled veteran pension files that reveal a date of marriage, 95% indicate that the veterans in question married after they were injured in the war. Dates of marriage are generally found among the papers submitted by the widows of veterans.

There are no equivalent statistics for nondisabled veterans due to the obvious reason that most nondisabled veterans were not injured in the war. An analysis of the files of nondisabled veterans that indicate a date of marriage, however, suggest that around three-quarters were married after the war. The marriage patterns of disabled and nondisabled veterans were quite similar then. A majority of both groups were married after the conclusion of their wartime service.

¹⁶ It is interesting to compare my findings on this point with those of Robert I. Goler and Michael G. Rhode regarding veterans of the American Civil War. According to Goler and Rhode, pensions generally seem to have had a quite positive impact on the ability of disabled Civil War veterans to attract spouses. Robert I. Goler & Michael G. Rhode, 'From Individual

Thus, disability appears to have had practically no measurable impact, either negatively or positively, on the ability of disabled veterans to find a spouse.¹⁷ Those wives were, on average, between five and six years younger than their husbands – a statistic that broadly conforms with the marriage patterns for the general population during this period.¹⁸

It is clear, then, that, in having wives, most, if not all, disabled veterans fulfilled the fundamental requirement for establishing families of their own.

Trauma to National Policy: Tracking the Uses of Civil War Veteran Medical Records' in Gerber (ed.), *Disabled Veterans*, 178.

¹⁷ No matter what criteria are used to compare the two groups, it seems that the marriage rates and patterns of disabled and nondisabled veterans were virtually identical. Even the timing of marriage was the same.

Using the dates of marriage found in the pension files and the age veterans gave at the time they applied under the 1820 act, I have calculated the following average ages at marriage:

	Disabled Veterans	Nondisabled Veterans
Mean	34.8	35.4
Median	29	29

In some cases the high age at marriage for individual veterans suggests that the date of marriage on file probably refers to a second or third wife. Consequently, the figures presented in this table are definitely inflated. However, the instances where the calculated age at marriage suggests that it relates to a second or third marriage (those cases where the age at marriage was over 30) are almost identical in number for both disabled and nondisabled veterans (46% and 43% respectively). The similar age distribution of the two samples regarding this issue suggests, then, that the timing of marriage was virtually the same for disabled and nondisabled veterans, irrespective of whether or not the date of marriage on file refers to a first or subsequent marriage.

It is also interesting to note that the assessed level of disability of veterans appears to have had little impact on the marriage patterns of invalid pensioners. The evidence of marriage indicates that 74% of veterans assessed as less than 50% disabled were married at some point in their lives. The corresponding figure for veterans with disability levels of more than 50% is 80%.

¹⁸ My findings on this point differ slightly from those of John Resch, who has calculated that the wives of veterans were, on average, eight years younger than their husbands. Resch, 'Federal Welfare', 174.

While veterans and their wives followed the general demographic pattern of the time in that wives were younger than their husbands, it seems that the average age difference between veterans and their wives, at 5–6 years, may have been slightly greater than that found in the American population at large, where the average age difference between husbands and wives at first marriage was around three years. That the age difference for all veterans, irrespective of disability, is the same, however, indicates that this divergence away from the general demographic trends of the time has nothing to do with disability, but was a general condition of veteran life that affected all veterans. For marriage figures for the general population, see M. R. Haines, 'Long-Term Marriage Patterns in the United States from Colonial Times to the Present', *The History of the Family* 1 (1996), 21; David H. Fischer, *Growing Old in America*. New York: Oxford University Press, 1977, 22.

But what of the families these men and women went on to create together? In the next section, I address this question by examining how veterans described their families to pension officials in the 1820s.

The Families of Veterans in the 1820s

Disabled veterans and their wives were quite successful at establishing enduring families together. The families in which disabled veterans lived at the time of their depositions contained, on average, three to four persons and were generally nuclear in structure, consisting of a veteran, his wife, and his child(ren).¹⁹ Quite typical in terms of family size and structure, then, were disabled veterans like Levi Farnsworth and Hezekiah Sawtell. Farnsworth, a sixty-two year old resident of Shirley, Massachusetts, stated that the family residing with him in June 1820 consisted of his fifty-nine year old wife, Abigail, and his teenage daughter, Lovina. In July 1820, Sawtell's family, in comparison to Farnsworth's family of three, totalled four: the fifty-nine year old veteran himself, his forty-eight year old wife, and his two children, Josiah, aged eighteen, and Monica, fifteen.²⁰

Averages, of course, hide the real diversity of populations. In pointing out that the families of Farnsworth and Sawtell were quite typical, statistically speaking, of the families in which disabled veterans lived in the 1820s, it is important to recognise that not all disabled veterans lived in such circumstances. In fact, only a little over a third (37%) of disabled veterans lived in families of three to four people at the time they submitted their pension papers. The families of other disabled veterans, in contrast, ranged from simple conjugal arrangements, consisting solely of a veteran and his wife, to much larger and more complex families, containing non-nuclear family members. Of the latter type, the family that fifty-eight year old Humphrey Hunt outlined in his pension deposition of July 1820 is a good, if somewhat exceptional, example. Totalling thirteen persons, Hunt's family, which resided in Scipio, New York, was the second largest of all the disabled veteran families I have

¹⁹ For the purpose of comparison, it is worth noting that the average number of persons per household for the general population at this time was around five. Resch, *Suffering Soldiers*, 225.

²⁰ Levi Farnsworth (Dis), PF, S34823; Hezekiah Sawtell (Dis), PF, W24907.

examined. In addition to his wife and nine children, Hunt also revealed a non-nuclear component to his everyday family life when he listed two grandchildren as part of his 'family'.²¹ The size of Hunt's family undoubtedly set him apart from most other disabled veterans, but the non-nuclear component of his family was a feature of his life that he shared in common with other disabled veterans.²²

While the early American concept of family was broad enough to allow Americans to include non-kin in their definitions of their families, it seems that, for the most part, the families described by veterans in the 1820s did in fact rest on kinship. Even the households of men like Hunt that included non-nuclear family members were still usually based on ties of kinship, with grandchildren or other relatives making up the bulk of residents of those households.

In a study of disability in sixteenth century Norwich, England, historian Margaret Pelling has raised the possibility that the presumed special care needs associated with impairment may have necessitated some kind of structural adjustment in the make-up of households containing disabled people.²³ Pelling's hypothesis would appear to have little applicability to the situation of disabled Revolutionary War veterans. A comparison of the family data submitted by veterans in the 1820s reveals that there was no measurable difference between the families of disabled veterans and nondisabled veterans, at least, that is, in terms of size and type. Nondisabled veterans lived in families of similar size, type, and diversity to those in which disabled veterans lived. Some lived alone with their wives, while many more lived in quite modest sized nuclear families. A smaller, though not insignificant proportion, lived in fairly large families containing seven or more people. No matter what perspective we adopt in examining the topic of family size and type, then, it seems that the distribution of the kinds of families nondisabled veterans lived in was, to all intents and purposes, identical to that relating to nondisabled veterans.

²¹ Humphrey Hunt (Dis), PF, W23375. For an example of a simple conjugal household, see Amasa Grover (Dis), PF, S38751.

²² 20% of the disabled veterans who gave detailed information regarding the composition of their families indicated that their households contained non-nuclear family members. The equivalent figure for nondisabled veterans is 15%.

²³ Margaret Pelling, 'Old Age, Poverty and Disability in Early Modern Norwich: Work, Remarriage and Other Expedients' in Margaret Pelling, *The Common Lot: Sicknes, Medical Occupations and the Urban Poor in Early Modern England*. London: Longman, 1998, 134–154.

To recap, then, two main points about the family lives of disabled veterans emerge from an examination of the pension files. First, disabled veterans seem to have had no major problems in establishing and maintaining families of their own. In a broad sense, disabled veterans were quite successful at fulfilling one of early America's key cultural expectations of adult men. Second, the households that disabled veterans went on to create with their wives were not any different in their outward appearance to those of nondisabled veterans.

Headship

Men in the early United States did not, however, derive much social standing from merely living in a family, but from being the recognised head of one. Heading up a household was a sign of maturity and independence that set men apart from children and other dependents. It was also a position of power. As a head of household, for example, an American man controlled not only the labour of his children but also all the resources of his household more generally.²⁴ It was, therefore, a position of great status and one to which nearly all early American men, including disabled veterans, aspired.

The family information contained in the application papers submitted under the Pension Act of 1820, suggests that a significant majority of disabled veterans did achieve the status of head of household and were living as such in the 1820s.²⁵ This finding is also confirmed by the census of 1820. Almost three-fifths (56%) of the disabled veterans I target in this study appear on the census as the heads of families. This is a clear indication that the position of head claimed by most veterans in their pension affidavits was not hyperbole, but a status recognised by census enumerators and presumably early American society more generally. Far from being relegated to some subordinate role

²⁴ For more on the position of head of household in early America, see the literature cited in note 12 of this chapter.

²⁵ 116 out of 153 (76%) disabled veteran files suggest that the veteran in question was the recognised head of the household in which he lived at the time of his application under the act of 1820.

within their families, then, disabled veterans occupied, symbolically at least, a central place within them.²⁶

Not all disabled veterans headed up the households in which they lived, however. A small minority (around 7%) were almost definitely living under the headship of somebody else around the time of their applications under the 1820 act.²⁷ Sometimes this somebody else was a relative, often a son or a son-in-law, as was the case for sixty-five year old James Dole. When Dole gave his pension testimony in June 1820, he revealed that he was a resident in the house of his 'poor' son who had a large family of his own. On other occasions, some disabled veterans appear to have lived as paying lodgers in an unrelated person's home or were supported at taxpayers' expense either in a poor house or the home of a neighbour.²⁸

²⁶ I have added the qualifier 'symbolically' here so as to draw out the point that the status of head was something imposed on veterans from the outside by officials such as census enumerators. While disabled veterans may have been the acknowledged heads of their households to the world outside their families, this is not the same thing as saying that they were not marginal in some way within their households.

²⁷ 10 out of 153 (6.6%) disabled veterans described domestic circumstances that either explicitly or implicitly indicate that the veteran in question was not the head of the household in which he lived. In some cases, I have supplemented information from veteran applications under the act of 1820 with evidence from the pension papers veterans submitted under the earlier Pension Act of 1818: hence the qualifier 'around the time of their applications under the 1820 Act'.

The discrepancy between the headship figure (76%) and the non-headship figure (6.6%) is explained by the fact that 17% of the files examined contain household information that was too sketchy to make an assessment regarding whether or not the veteran was the head of his household. It is possible, then, perhaps even probable, that the real non-headship figure for disabled veterans was higher than 6.6%. Despite this, my point that a majority of disabled veterans were the heads of their households in the 1820s remains valid.

²⁸ See, for example, Enoch Stocker (Dis), PF, S33744. In his pension reapplication of June 1820, Stocker, of South Reading, Massachusetts, referred to the fact that he was 'now indebted to Capt Thomas Emerson for board'. Stocker does not appear on the 1820 census for South Reading, but Emerson does. Given Stocker's testimony of June 1820 it seems probable, then, that the reason for the absence of Stocker's name from the 1820 census is that he was living as a lodger in Emerson's home.

See also the case of Seth Boardman (Dis), PF, S36419, who admitted in August 1820 that the service pension he received under the 1818 act enabled him to move out of the poorhouse in which he had previously lived into the household of a 'private family', suggesting that he was paying some sort of board to that family.

For veterans who were supported by their towns in circumstances where they do not appear to have been recognised heads, see: David Alshouse (Dis), PF, S39928; Isaac McKenney (Dis), PF, S37234, and George Parker (Dis), PF, S33425. All of these men admitted that they received assistance from local or state authorities. The following quotes from the three veterans' applications under the 1820 act certainly suggest that they were not the recognised heads of the places they resided in: '[I] am some time in the poor house' (Alshouse); 'I have no habitation but what is provided for me as a pauper' (McKenney), and '[my wife and I] have for 7 or 8 years past been supported as State paupers' (Parker).

It is important to examine all the varieties of living arrangements under which disabled people have lived in the past. Given this, it is appropriate for disability historians to recognise that some, even if a very small minority, of disabled Revolutionary War veterans were *not* the heads of the households in which they resided. In doing so, however, it is equally important to avoid implying that the lack of headship experienced by *some* disabled veterans was necessarily a consequence of their ‘disabilities’. Statistically speaking, this was not the case. A comparison of the headship figures for nondisabled veterans with those for disabled veterans reveals that the proportion of disabled veterans heading up the households in which they lived was the same as for nondisabled veterans. Around three-quarters of both groups were still the heads of their households in the 1820s.²⁹ Moreover, only a little under 8% of nondisabled veteran files examined indicate that veterans were almost certainly not the head of a household in the 1820s – a nearly identical proportion to the corresponding figure for disabled veterans.³⁰ Whichever way we look at the topic of headship, it seems that disabled veterans were no less likely to be able to attain and retain headship of households than nondisabled veterans were.

Other factors, then, than the pensionable disabilities of ex-servicemen were probably more significant in determining whether or not a veteran was a household head in the 1820s. Of these other factors, wives appear to have been particularly significant.

A majority of the disabled and nondisabled veterans who were not heads in the 1820s made no mention of a spouse in their applications.³¹ Presumably, given the marriage rates I outlined earlier, many of these veterans had had wives at some point previously, but those wives had predeceased them. This was certainly the case for seventy-two year old disabled veteran Job Priest of West Stockbridge, Massachusetts. Appearing in court in June 1820 to make his

²⁹ 114 out of 153 (75%) nondisabled veteran files suggest that the veteran in question was the recognised head of the household in which he lived at the time of his application under the act of 1820. The corresponding percentage for disabled veterans was 76%. Cf. note 25 of this chapter. That the headship figure for nondisabled veterans derived from an examination of the census was also 57% further supports the conclusion that disabled veterans were no less likely to be heads than nondisabled veterans.

³⁰ 12 out of 153 (7.8%) nondisabled veteran files suggest that the veterans in question were probably not heads of households at the time they submitted their papers under the 1820 act. Cf. note 27 of this chapter.

³¹ 80% of the disabled veterans classified as non-heads did not mention living with a wife at the time of their applications under the act of 1820. The corresponding figure for nondisabled veterans is 58%.

pension declaration, Priest outlined a particularly dire situation when he stated that

my family is reduced and broken up my wife being
dead & my youngest child about thirty two years of
age & far removed from me – I have no family or
home[.]³²

Priest's statement implies that, although he was homeless, and therefore clearly not the head of any household in 1820, he may have held the status of head at some point prior to that time. Indeed, this possibility is confirmed by an entry for Priest on the federal census of 1790, where he is listed as the head of a family of seven.³³ The fact that Priest chose to mention the death of his wife in connection with his present circumstances suggests that the old veteran considered the loss of his spouse one of the main reasons for his inability to maintain an independent household. Such a conclusion, based as it is on rather scant evidence, is, of course, largely conjecture. Material relating to the experiences of other disabled veterans, however, gives further weight to this hypothesis.

The example of Ebenezer Brown, of Newton, Massachusetts is again useful in this regard. Brown's life prior to his application under the Pension Act of 1820 is quite well documented due, in large part, to his applications for charitable assistance from the Society of the Cincinnati, early America's only association for Revolutionary War veterans. The application letter Brown sent to the Massachusetts chapter of the Society in January 1815 indicates the

³² Job Priest (Dis), PF, S33517.

³³ 1790 US Census for Stockbridge, Berkshire County, Massachusetts. *1790 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2000. Priest's residence in Stockbridge in 1790 is confirmed by his petition to the Massachusetts General Court, dated 1 June 1790, RGC. Priest's family at the time of the 1790 census consisted of two free white males aged sixteen and over, three free white males under sixteen, and two free white females.

Further details of Priest's homelessness are provided by a witness statement, accompanying his initial application for a service pension under the Pension Act of 1818. According to this statement, which is dated 28 December 1818, at the time, Priest had 'no permanent home & part of the time resides with his friends and acquaintances'. Job Priest (Dis), PF, S33517. Apart for the 1790 entry mentioned, I have been unable to find any other references to Job Priest in the federal censuses taken between 1790 and 1820. (A Job Priest does show up on the 1820 census for Rodman, Jefferson County, NY. The household detailed, however, does not include any white males of Priest's age). This suggests that Priest's household disintegrated sometime between 1790 and 1818.

impact the death of a spouse could have on a disabled veteran's efforts to maintain an independent household.

Catherine Brown, Ebenezer's wife, had died in Newton a little over a year before the letter was written. During their more than twenty-five years of married life together, Catherine and Ebenezer had two children who survived to adulthood, Frederick and Elizabeth. At the time Brown applied to the Society of the Cincinnati for aid in 1815 neither his son nor his daughter were living with the fifty-eight year old veteran. Whether or not the death of their mother precipitated the decision of Brown's children to leave home is difficult to tell from the available sources. They were almost certainly living with the veteran at the time of the federal census in 1810 and other letters sent by Brown to the Society between that time and the death of his wife in December 1813 imply that at least one of his two children were residing with him around the time Catherine died.³⁴ Whatever the precise composition of Brown's household at the moment of his wife's death, it is clear from his application letter of January 1815 that his household quickly disintegrated after her decease.

By the time the aging disabled veteran put pen to paper in the winter of 1815, not only was his wife dead, but his children had definitely 'gon[e] from him', his daughter having apparently left quite recently, judging by the fact that Brown writes that he 'was under the disagreeable necessity [sic] of pawning his bed to furnish...[her] with means to enable her to preform [sic] her journey'. Brown's situation was so bad that he claimed he was on the verge of quitting his home in Newton in search of better prospects in 'the Country'.³⁵ Little more than a year after his wife's death, then, Ebenezer Brown's household, which less than five years earlier had numbered four, had essentially collapsed and the status he had previously derived from it as its recognised head was quickly dissipating. It was the death of Catherine Brown more than anything else that

³⁴ 1810 US Census for Newton, Middlesex County, Massachusetts. *1810 United States Federal Census* [database on-line]. Provo, UT, USA: The Generations Network, Inc., 2009. Catherine Brown's Gravestone, East Parish burying ground, Newton, Massachusetts (see Figure 3). Ebenezer Brown to Standing Committee of the Massachusetts Society of the Cincinnati, 3 February 1812, 16 November 1813, & 1 January 1815, MSC; Francis Jackson, *A History of the Early Settlement of Newton, County of Middlesex, Massachusetts, From 1639 to 1800. With a Genealogical Register of its Inhabitants Prior to 1800*. Boston: Stacy & Richardson, 1854 [Facsimile Reprint Edition. Bowie, Md.: Heritage Books, 1987], 246; 'Ebenezer Brown', *Massachusetts Society of the Cincinnati Profiles*, online database, www.newenglandancestors.org/database_search/msc.asp (accessed 15 June 2010).

³⁵ Ebenezer Brown to the Standing Committee of the Massachusetts Society of the Cincinnati, 1 January 1815, MSC.

seems to have been the event that finally shattered the fragile threads holding the Brown family together. Without her, Ebenezer Brown was unable to maintain a viable household.



Figure 3. The graves of disabled veteran Ebenezer Brown and his wife Catherine Brown, East Parish burying ground, Newton, Massachusetts.³⁶

Zachariah Greene is another good example of the effect the death of a wife could have on a veteran's ability to hold on to his status as a household head. Greene, a veteran from the town of Brookhaven in New York who had been assessed as three-fifths (60%) disabled by pension assessors, was so successful at maintaining his status as the recognised head of his household that he managed to do so until he was nearly ninety years old. The key to that success, however, appears to have been Greene's wife, Abigail, who was five years his

³⁶ Photograph taken by Daniel Blackie, 12 April 2004.

junior. Greene's eulogist, John Ordronaux, recognised the centrality of Abigail to the old soldier's efforts to preserve an independent household when he noted the effect Abigail's decease had on Greene's life. According to Ordronaux, the death of Abigail in 1849 'compelled' the then eighty-nine year old veteran to 'break up housekeeping' and move in with his widowed daughter in nearby Hempstead.³⁷ This move essentially signalled the end of Greene's long held position as head of a family, a significant transformation in status that is confirmed by the federal census of 1850 for Hempstead, which lists Greene as a subordinate member of a household of six headed up by his daughter, Mary H. Thompson.³⁸

Of all the veterans examined for this study, Zachariah Greene was undoubtedly one of the most remarkable in terms of longevity, living to be almost one hundred years old.³⁹ He was not alone, however, in retaining the headship of his household well into old age. Despite the seeming break-up of his family following the death of his wife outlined earlier, for example, Ebenezer Brown subsequently remarried and went on to regain his status as head of household – a status he retained well into his eighties. That Brown was able to resume headship is again testament to the importance of the spouses of veterans in helping to create and maintain independent households.

An examination of a smaller sample of disabled veterans appearing on the 1820 census and traced backwards and forwards in time across the censuses of 1790–1840 reveals that around a quarter of disabled veterans were still heading up households as late as the 1830s. By the 1840 census, that figure may have shrunk, but at around 20% it was still quite significant.⁴⁰ All the

³⁷ Zachariah Green/e (Dis), PF, S28747; *Pension Roll of 1835*, vol. 2, 520; Ordronaux, *Eulogy on the Life and Character of Rev. Zachariah Greene*, 29.

³⁸ 1850 US Census for Hempstead, Queens County, New York. *1850 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2009. For an indication of how Greene's household circumstances changed, see his entry on the 1840 US Census for Brookhaven, Suffolk County, New York, where he is listed as the head of his family. *1840 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2009.

³⁹ Greene died on 21 June 1858, aged ninety-eight years, five months, and ten days. Ordronaux, *Eulogy on the Life and Character of Rev. Zachariah Greene*. For another rare example of a disabled veteran who lived to be almost a hundred, see John Elliott (Dis), PF, S19962.

⁴⁰ I have tracked a smaller sample of 23 disabled veterans who appear as heads on the 1820 census across the US censuses of 1790–1840. Of these men, I have been able to find six (26%) listed as the heads of their families on the census of 1830 (Daniel Evans of Pownal, Vermont; Joshua Hawkins of Spartanburg, South Carolina; Tilly Mead of Barre, Massachusetts; Joseph Handy of Chenango, New York; Joseph Rumrill of Cambridge, Mass.,

evidence suggests, then, that the ‘disabilities’ of disabled veterans were not a barrier to prolonged headship.

The deaths of Catherine Brown and Abigail Greene also illustrate the fluctuating nature of families vividly suggested by the experience of Job Priest referred to earlier. Death, not just of wives but of any household members, could change the composition of a veteran’s household relatively suddenly. Households also contracted when the adult children of veterans left home to make their own way in the world. Yet, at the same time, households could also expand, a fact illustrated by the graph I present in the next section (Figure 4). New children could be born, others could return, or, more commonly, non-nuclear relatives or people unrelated to an old soldier, such as hired labourers, could move in. The potential for change was, in sum, very great indeed.

Disabled veterans themselves were, in fact, quite open about the innate fluidity of their families. When sixty-one year old Uriah Goodwin of Bedford, Massachusetts submitted his pension declaration in June 1820, for instance, he stated that

his family consists of himself & wife & two children
under the age of twenty one years who make his house
their house but are *living out the principal part of the*
*time.*⁴¹

The implication of Goodwin’s testimony is clear: while his children generally lived away from him, on occasions they returned home for short periods of time, thereby temporarily boosting the size of his household. Goodwin’s claim about the fluctuating character of his household is borne out by his entry on the 1820 census. When enumerators visited his home some time after his pension deposition, Goodwin was apparently living alone. Presumably, his two children were off on one of their periods of absence, but what happened to his wife in the meantime is unclear. According to the town records of Bedford, she did not

and Ebenezer Brown of Newton, Mass.) and four (17%) on the census of 1840 (Mead, Rumrill, and Brown at the same places as 1830, and Zachariah Greene in Brookhaven, New York). The dwindling number of disabled veterans classified as heads by census enumerators in 1830 and 1840 cannot, of course, be cited as evidence that the men found on the 1820 census but missing from subsequent censuses relinquished their headship. Rather, it is more a reflection of the fact that most veterans of the Revolutionary War alive in 1820 had died by the 1830s.

⁴¹ Uriah Goodwin (Dis), PF, W2098. My emphasis.

die until February 1828. Despite the mystery of Goodwin's wife's whereabouts at the time of the 1820 census, however, it is plain from the evidence that the size of the veteran's household could vary quite considerably over a relatively short space of time.⁴²

Families and Households as Dynamic Institutions: the View Before (and Beyond) the 1820s

Despite the clues found in the 1820 pension applications that hint at the dynamic nature of families, it is important to recognise that the picture that emerges from those papers is still quite a static one – a frozen moment in time that merely reflects the situation of veterans at the moment they made their declarations. Furthermore, we must also remember that veterans making applications under the act of 1820 were, on average, in their mid-sixties when they did so. Consequently, not only does a study of the pension papers of the 1820s fail to capture adequately the expansion and contraction of families over time, it also focuses our attention on veteran households that were generally in a state of decline. Thus, while an examination of the family details forwarded to the Pension Office in the 1820s is a good starting point for developing the theme of this chapter, taken alone it is not a sufficient basis on which to build a nuanced account of the family lives of disabled veterans. Such an account requires us to consult other sources. It is to these sources that I now turn.

I have already made use of the decennial federal censuses to draw out certain features of the family lives of specific individual veterans. As the following graph (Figure 4) shows, however, a more systematic and chronologically wide-ranging analysis of census material reveals at just what stage in the life-course of their households disabled veterans were when they gave details of their families to pension officials in the 1820s.

⁴² 1820 US Census for Bedford, Middlesex County, Massachusetts. Charles William Jenks (comp.), 'Some Records of Bedford, Mass.' *New England Historical and Genealogical Register* 62 (1908), 75.

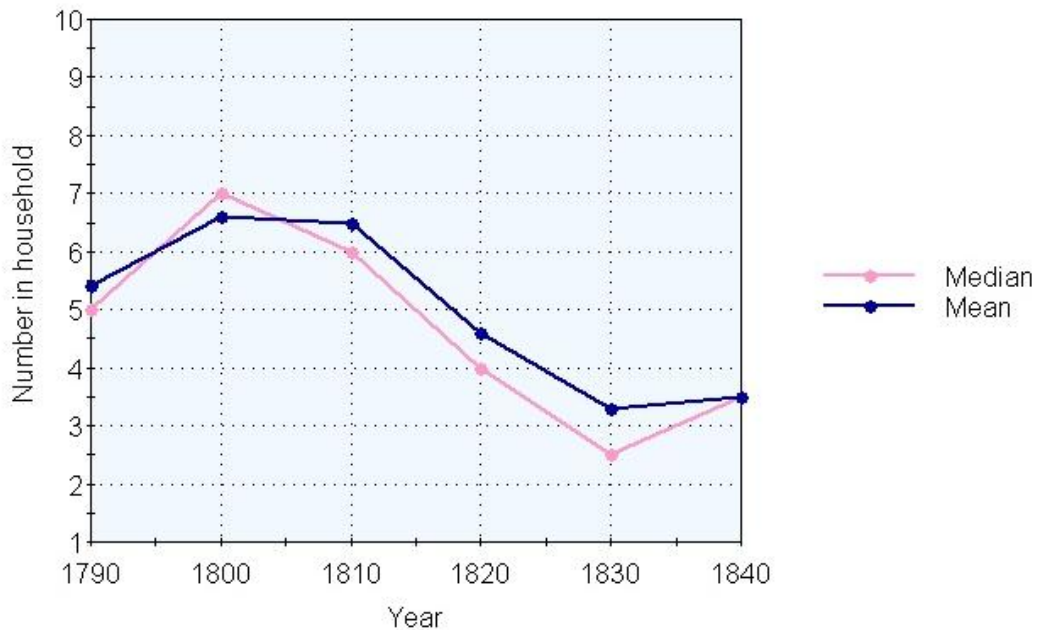


Figure 4. Average size of disabled veteran households in census years.⁴³

In terms of household size at least, the highpoint of the family lives of disabled veterans seems to have occurred around 1800–10. After that point, the households of veterans generally underwent a period of prolonged and rather severe contraction. By the time veterans submitted their applications according to the terms of the 1820 Pension Act, then, their households were much smaller than they had been ten, twenty, or even thirty years earlier. It is clear, therefore, that conclusions about the family lives of disabled veterans based solely on an examination of sources generated in the 1820s risk missing the true vitality of those lives.

While the vast majority of disabled veterans undoubtedly headed up households of their own for most of the post-war period, the marriage patterns I referred to earlier indicate that, for a short period of time after they left the army, many disabled veterans probably lived under the headship of another man. In many cases, that other man was a veteran's own father.

⁴³ I have derived the average household sizes represented on this graph from the smaller sample of disabled veterans used to generate the findings I have referred to in note 40 in this chapter.

Immediately after their discharge from the Continental Army, many disabled veterans appear to have travelled to the homes of their parents. In a sense, this decision can be interpreted as a continuation of the survival strategies employed by injured soldiers while they were still in the army. As I showed in Chapter Two, the families of soldiers were often important sources of care for sick and wounded men during the war. Whenever possible, injured soldiers made the utmost effort to return to their homes for treatment. As most of the veterans I examine in this study were unmarried before they enlisted, these homes were generally those of their mothers and fathers. Once there, many disabled veterans seem to have remained with their parents until they had recuperated sufficiently from their wartime injuries to participate in civilian life again.⁴⁴ Only then did they go on to find wives and form independent households of their own.

The Family as a Locus of Care

Thus far, I have argued that the structure and composition of disabled and nondisabled veteran households were essentially the same. In making this point, I do not wish to imply that disability was completely unproblematic for the families of former invalid pensioners. For many families, disability could prove very challenging. The pension files suggest that the care needs of disabled veterans could, on occasions, have quite serious consequences for their families. Consider, for example, the case of James Trowbridge, a disabled veteran from Lebanon, New Hampshire. In May 1820, Trowbridge, then aged seventy-three, submitted his pension application according to the terms of the law of 1820, declaring that he had been ‘laid up’ for most of the post-war period because of his war wounds. Trowbridge appears to have been cared for primarily by his wife during the time he was incapacitated. This care role was an arduous one for Mrs Trowbridge, even though she was almost twenty years younger than her husband. According to the veteran’s 1820 pension application, his wife had ‘ruined her health in taking care of me’.⁴⁵

⁴⁴ For examples of two disabled veterans who returned home to their parents, see the cases of Andrew Griswold and Clement Sewall I referred to in Chapter Two.

⁴⁵ James Trowbridge (Dis), PF, S43205. Trowbridge had been certified as two-thirds disabled by the Pension Office.

Similarly, William Burke, a sixty-three year old disabled veteran from Winchester, Virginia, stressed the importance of his wife to his well-being when he stated, in his application under the 1820 Pension Act, that ‘all her time is employed in taking care of me’. Evidently, then, caring for Burke was a full-time job. Presumably, the strain on Burke’s fifty-three year old wife must have been quite considerable, as she herself was described as ‘able to do but very little work’.⁴⁶

Clearly, caring for disabled family members in the early US could, at times, be hard and physically challenging work. The examples of Trowbridge, Burke, and their wives also illustrate that caregiving was a highly gendered affair. According to the cultural expectations of the time, domestic care was primarily the province of women.⁴⁷ Wives were not the only women, though, that disabled veterans could turn to should their war injuries necessitate special care or assistance. Daughters were also often important carers. The twenty-four year old daughter of disabled veteran William De Witt, referred to as Rebecca in his pension application of 1820, was obviously of vital importance to any care needs he had, as she did ‘the principal part of the housework and the taking care of the family’.⁴⁸

Judging by the pension papers submitted in the 1820s, nearly all disabled veterans had access to the socially prescribed carers of choice – women, that is. Over 95% of disabled veterans had at least one adult female residing in their families at the time they submitted their applications under the 1820 act.⁴⁹ Furthermore, the sex composition of the families of disabled veterans appears to have been fairly balanced. The average ratio of males to females was 1:1.2, indicating that there was, on average, slightly more females

⁴⁶ William Burke (Dis), PF, S37802. Unfortunately, Burke’s pension file does not indicate the nature of his wartime injury. It does, however, reveal that he was considered two-thirds disabled by the Pension Office and that, by his own admission, he was ‘utterly incapable of any kind of labour’ by the time he submitted his application in 1820. Burke also declared that he was ‘subject to fits’.

⁴⁷ For the importance of women as domestic carers in the early United States, see, Jensen, *Loosening the Bonds*, 29; Boydston, *Home and Work*, 126.

⁴⁸ William De Witt (Dis), PF, S43476. Another example of the importance of daughters as caregivers in the households of disabled veterans can be found in the 1821 pension application of Samuel Mears (Dis), PF, S33095. In this case, however, Mears’ twenty-six year old daughter, Abigail, was primarily responsible for the care of her ill mother, not the disabled veteran.

⁴⁹ I have been able to discern the age composition of 106 disabled veteran households. Of these, 101 (95.3%) contained at least one adult female. For the purpose of analysis, I have defined adults as anyone over the age of 16.

than males in the families of disabled veterans. Women were not only considered the primary carers for sick and infirm family members, however, they were also responsible for the care of the very young. A better indicator of the pool of carers available within the families of disabled veterans, as defined by early America's highly gendered cultural expectations, therefore, is the ratio of female adults to everybody else in their families (i.e. all males and all female children). For disabled veteran households this ratio was 1:1.5. The family data found in the pension files suggests, then, that there were sufficient numbers of socially recognised (female) carers in the families examined to meet most of the care requirements of disabled veterans and their households.

Despite the seemingly balanced sex and age composition of disabled veteran households, however, it would be wrong to assume that this balance was in some way a reflection of the special disability related needs of veterans. While women were a significant presence in the vast majority of disabled veterans' households and could be called upon to provide assistance quickly and regularly, there does not seem to have been any marked relationship between disability and the number of women residing with a veteran. When we compare the sex and age composition of disabled veteran families in the 1820s with those of nondisabled veterans, the two groups are again virtually identical in their characteristics in this respect. Around 97% of nondisabled veterans reported at least one adult female in their families when they made their pension declarations in the 1820s. The male to female ratio, at 1:1.08, was also strikingly similar, as was the more telling adult female to all males and female children ratio, which was 1:1.7.

Thus, in terms of sex and age composition, the families of disabled and nondisabled veterans were the same. Disabled veteran families contained no more women in them than the families of nondisabled veterans. Disabled veterans did not meet their special disability related needs, if indeed they actually had any, by retaining women in their households for longer, or in greater numbers than their nondisabled peers. A fairly balanced sex and age composition was simply a regular feature of *all* veteran families in the 1820s. It seems, then, that the early American family was quite capable of incorporating disabled members into its fabric without any need for radical modifications.

The seeming ease with which the early American family was able to absorb disabled veterans was partly due to its make-up and the make-up of US society more broadly, but it was the ubiquity of ill health and impairment that

influenced the family to develop this capacity organically. While it would be naïve to ignore the restrictive and sometimes painful consequences of the physical impairments of disabled veterans, we should not concentrate exclusively on the bodies of veterans when seeking to understand the reasons why their disabilities seem to have had no impact on the outward appearance of their families. Instead, we should consider the pensionable impairments of disabled veterans within the context of the general *healthscape* of the early United States. That context is also illustrated by the details found in the pension files of veterans.

The pension files contain a wealth of information relating to the health of the new nation. A survey of this information quickly reveals that physical impairment was not simply the preserve of disabled veterans, but early Americans more generally. Indeed, it is important to remember that even within the veteran community, it was not just those ex-soldiers that the US government had labelled ‘disabled’ or ‘invalid’ that experienced physical impairment as old men in the 1820s. As I have pointed out in the previous chapter, many ‘non-disabled’ veterans were also limited in their bodily abilities. None of the following veterans applying under the 1820 act, for example, ever received a military pension for disability, yet they were all suffering from impairments by the 1820s. Abijah Lewis was physically restricted by rheumatism and ‘a rupture in my body’.⁵⁰ Jesse Sabin described himself as ‘lame’ while his namesake, Jesse Robertson, was ‘crippled’.⁵¹

The health information included in the pension applications of veterans also relates to the health of many non-veterans. According to the instructions issued by the Pension Office in the 1820s, veterans were required not only to give the names and ages of the family residing with them, but the ‘capacity’ of those family members ‘to contribute to their [own] support’.⁵² Because of this requirement, the pension applications submitted in the 1820s provide a good portrait of the health of the families of veterans.

54% of the disabled veterans who submitted applications under the terms of the 1820 Pension Act reported ill health or incapacity for other members of their families. Many of these people happened to be the veterans’

⁵⁰ Abijah Lewis (Non-dis), PF, S37161.

⁵¹ Jesse Sabin (Non-dis), PF, S33369; Jesse Robertson (Non-dis), PF, S39049.

⁵² Printed instruction sheet found in George Vaughan (Dis), PF, S25466.

wives.⁵³ This is hardly surprising if we consider that the spouses of *all* the veterans studied were, on average, in their early sixties when their husbands made their applications under the 1820 act. These women were old by the standards of the time and were as susceptible to the same kinds of age related ailments their elderly husbands were. Hannah Burgess, the seventy-three year old wife of disabled veteran James Burgess, for example, was unable ‘to do any kind of work’ in 1820 and was referred to as ‘a cripple’ by her husband when he made his pension declaration. Whatever the precise nature of Hannah Burgess’s ‘crippling’ impairment was it appears her medical condition was a long-term feature of her life as she had been afflicted with it for fifteen years prior to the submission of her husband’s application.⁵⁴ While the duration of seventy year old Francis Dodd’s medical condition is unknowable from the information contained in her husband’s pension file, it appears to have been similarly debilitating to Hannah Burgess’s impairment. In his pension declaration of June 1820, her husband, disabled veteran Daniel Dodd, described her as a ‘sickly’ woman who laboured ‘under a stroke of the palsey in the left side, so that she is lame in the hand in particular, and not able to do anything to support herself’.⁵⁵

Impairment, ill health, and incapacity were not, of course, confined solely to the aged; they could also be experienced by younger Americans. Disabled veteran Amos Camp’s thirty-four year old son, for instance, was described as ‘insane’ by his father when the old veteran represented his case to the Pension Office in June 1820.⁵⁶ Furthermore, in Camp’s case, everyone in his family appears to have been affected with quite serious health problems to some degree. In addition to his apparently mentally ill son, and himself, who had been assessed as two-thirds disabled by the Pension Office, Camp also listed his fifty-nine year old wife in his pension application, whom he described as ‘much out of health’.⁵⁷

The ubiquity of ill health, impairment, and incapacity in the families of disabled veterans like Amos Camp challenges the assumption often made by (or at least implied in the work of) historians of the family and welfare

⁵³ Paula Scot also notes the poor health of wives in her examination of a sample of the pension files of Connecticut veterans. Scott, *Growing Old*, 128.

⁵⁴ James Burgess (Dis), PF, S44718.

⁵⁵ Daniel Dodd (Dis), PF, S43505.

⁵⁶ Amos Camp (Dis), PF, S45322.

⁵⁷ Amos Camp (Dis), PF, S45322.

provision that care only flowed to, and not from, disabled people. In Camp's case, the fact that *everybody* in his family had quite serious health problems clearly raises the question of who really cared for whom. While the disabled veteran may have indeed received disability related care from his family, it is equally possible, knowing the health of his household, that Camp provided care for his 'insane' son and infirm wife more than vice versa. There is certainly no reason to assume that, just because Camp had been officially classified as 'disabled', he was in any worse a position to offer assistance to his family than they were to him.

The pension applications of other disabled veterans echo the domestic circumstances outlined in Amos Camp's deposition and give further weight to the idea that, despite their disabilities, some disabled veterans were just as, if not more, likely to be caregivers within their households than the people with whom they lived. Like Camp, many other former invalid pensioners who applied under the act of 1820 also gave details of households in which nobody appears to have been free from the restrictive and care necessitating consequences of ill health or impairment.

Consider, as a further example, the case of Seth Delano. Prior to his service pension, Delano, of Somerset County, Maine, had been on the invalid pension list of the United States for a wound to his head received in 1779. In his pension application, which like Camp's was also submitted in June 1820, Delano described a family of three beset with ill health and incapacity: the disabled veteran himself, his sixty-seven year old wife, Rebecca, and his thirty year old daughter, also named Rebecca. Both women appear to have been even more incapacitated than Delano. The younger Rebecca was 'blind and able to do nothing towards her support', while her mother was 'so feeble as to be confined to her bed' most of the time.⁵⁸ Again, as with the example of Amos Camp, it is quite possible that, given the health of his family, Seth Delano was not so much a recipient of family care dispensed by women, but was instead the main care provider for his wife and daughter.

Such a situation would not have been seen as particularly transgressive, despite the gender ideology of the time. Although early American cultural expectations meant that domestic care was generally administered by women, it was quite common for men to assume the role of primary carer within their

⁵⁸ Seth Delano (Dis), PF, S15802.

households, especially in times of family sickness or injury.⁵⁹ If disabled veterans like Delano and Camp really did take on significant care roles, as I am suggesting, they would only have been acting like other early American men did. Moreover, the fact that men in general were willing and able to break through the powerful gender constraints of the time concerning care work should surely convince us to take the idea of disabled men as carers seriously. If nondisabled men were prepared to take on women's roles to care for loved ones, why should we assume that physical impairment would stop disabled veterans doing the same for their families?

While Delano and Camp's pension applications suggest that the two veterans were probably important caregivers within their households, they do not tell us what kind of care tasks the two men performed. Evidence from the pension files of other applicants indicates, however, that disabled veterans were often responsible for meeting the most intimate care needs of ill or infirm family members. Take, for example, Jonas Hobart, a seventy-five year old veteran from St. Albans, Vermont, who had been wounded in the face and neck during the war and was considered 50% disabled by pension officials. When Hobart submitted his pension declaration in 1820 he made mention of his seventy-six year old wife. Apparently Mrs Hobart was quite incapacitated, as according to her husband's testimony, she had 'lost the use of her hand so that she cannot dress or undress herself.' As the elderly couple were apparently living alone in 1820, the everyday task of dressing and undressing Hobart's wife presumably fell to the disabled veteran himself.⁶⁰

Despite the evidence found in the pension files, my argument that disabled veterans gave as well as received care within their households must remain a tentative one at this juncture. The sources I have cited are more suggestive than definitive regarding the place of disabled veterans within the household system of care. It is also possible that the care needs of family members may have been met by people from outside the household. This would certainly have been a real possibility given the welfare system of the

⁵⁹ Lombard, *Making Manhood*, 24–27; Shawn Johansen, *Family Men: Middle-Class Fatherhood in Early Industrializing America*. New York: Routledge, 2001, 73.

⁶⁰ Jonas Hobart (Dis), PF, S35416. See also: Naboth Lewis (Dis), PF, W27810. In his pension declaration of May 1820, Lewis stated that he had no children and that his fifty-eight year old wife was 'entirely helpless, and for the term of fifteen years past has been unable to dress or undress herself'. Judging by Lewis's pension file, at least, the veteran and his wife were living alone in 1820. Again, therefore, this would seem to leave open the possibility that Lewis was the primary provider of his 'helpless' spouse's care needs.

time. In the early nineteenth century, people or families in need of public assistance were rarely provided for within the walls of institutions.⁶¹ Instead, they usually received ‘relief’ while resident in their own homes. Perhaps, then, the Hobart, Delano, and Camp families obtained nursing and care services from public agencies.

While it is important to recognise this interpretative difficulty, however, we must also remember that the benefits of the 1820 act were only intended for *indigent* veterans. Consequently, veterans applying under this law were generally keen to mention any external aid, including healthcare, their families received so as to bolster their claims of impoverishment.⁶² That the 1820 pension applications of Hobart, Delano, Camp, and many other disabled veterans are silent on the matter of outside assistance suggests, then, that most, if not all, of the care needs of these men’s families were met from *within* their households. Thus, the real strength of these documents lies not so much in the fact that they categorically demonstrate that disabled veterans were carers, but that they allow us to sketch the specific household healthscapes in which these men lived. By enabling us to move beyond the care needs of disabled veterans and take into account the needs of their families, an examination of the pension files forces us to question popular assumptions about disability and dependency.

Conclusion

Even as old men in the 1820s, when it was plain that their households were generally undergoing a process of contraction, most disabled veterans lived in families of which they were the recognised heads. Moreover, when we compare the families of disabled and nondisabled veterans there appears to have been no real measurable difference between the two groups. To a large extent, therefore, the family lives of disabled veterans can be described as quite

⁶¹ Michael B. Katz, *In the Shadow of the Poor House*. New York: Basic Books, 1986; Raymond A. Mohl, *Poverty in New York, 1783–1825*. New York: Oxford University Press, 1971.

⁶² For examples of the small number of disabled veterans who stressed their reliance on external aid in their pension applications of the 1820s, see: Robert Bancroft (Dis), PF, W21637 and George Parker (Dis), PF, S33425.

ordinary – ordinary that is in relation to the veteran community and probably to the American population more generally.

The evidence I have presented also indicates that the early American family was used to accommodating disabled people. That is not to say that this was always done with ease. As the examples of James Trowbridge and William Burke illustrate, sometimes the care needs of disabled veterans could put their households under a great deal of strain. Nevertheless, in acknowledging that the disabilities of veterans could pose difficulties for their households, we should not assume that disabled veterans were only ever the recipients of care. There is plenty of suggestive evidence indicating that disabled veterans were probably important caregivers in their own right. While more research is undoubtedly needed on this point, the analysis I have developed in this chapter suggests that popular stereotypes that frame disabled people in terms of passivity, particularly in relation to their supposed care needs, are not necessarily supported by the historical record.

Furthermore, in explaining the apparent ease with which disabled veterans were accommodated within their families, we must also recognise that their impairments were not particularly extraordinary. As I have shown, when we look at the health of entire families, both of disabled and nondisabled veterans, it is clear that impairment, illness, and incapacity were fairly constant features of life in the early United States. Given this ubiquity, families developed the capacity to cater for the needs of disabled people organically. In making this point, however, I do not want to romanticise the past. It should not be forgotten, after all, that early American families had little choice other than to take care of and house their sick, infirm, and incapacitated members, as they were under a legal obligation to do so. Coupled with the fact that there were no institutions or public agencies specifically designed for disabled Americans during this period, it is hardly surprising to find disabled veterans living in their own homes, usually among relatives.

~ Conclusion ~

When I began this project many years ago, I assumed that the experiences of disabled Revolutionary War veterans *must* have been different from the experiences of nondisabled veterans. I had no empirical basis for this assumption as I had yet to conduct any archival research into the lives of veterans. My position was an intuitive one. I simply took it for granted that the physical impairments of disabled veterans would naturally affect their social experiences in quite radical ways.

When my research revealed that this was not really the case, I began to worry that my methodology was flawed. Perhaps I had overlooked something. How could the general experiences of disabled and nondisabled veterans be so remarkably similar otherwise? I checked and re-checked my sources and analysis and re-thought my methodology, but still I could not understand why my findings diverged so widely from my expectations. It was only after familiarising myself with the work of disability studies scholars that I began to see where my 'mistake' lay. There was nothing terribly wrong with my sources or methods. The problem was my uncritical acceptance of the medical model of disability.

As I pointed out in the Introduction, the medical model tends to reduce the social experiences of disabled people to a question of pathology. This, in turn, promotes the related idea that different pathologies necessarily lead to different social experiences. According to Tom Shakespeare, 'people are socialised into thinking about disability in a medical model way'.¹ The problems I encountered in the initial phases of this study are a testament to the validity of Shakespeare's observation. Even when my findings challenged me to question my assumptions about disabled veterans, I found it very hard to do so. I had been so well socialised into thinking in a medical model way that I

¹ Tom Shakespeare, 'Disability, Identity, and Difference' in Colin Barnes & Geof Mercer (eds.), *Exploring the Divide: Illness and Disability*. Leeds: The Disability Press, 1996, 104.

preferred to doubt my research skills rather than reconfigure my approach to disability. It is only now, after years of research and reading on disability, that I realise this. I make this confession to highlight just how dominant the medical model is and to show how this way of thinking can seriously undermine our efforts to write disability history. If we really want to understand what it meant to be a disabled person in the past, it is vital that we de-essentialise our definition of disability.

My main preoccupation in this study has been to explore what it meant to be a disabled veteran in the early United States. I have approached this question from two perspectives: a state-centred one and an experiential one. From an experiential standpoint, it is clear that there is no simple answer to this question. In a sense, being a disabled veteran meant virtually the same thing as being a nondisabled veteran. On a material level, there was almost no difference between the two groups. Like nondisabled veterans, disabled veterans married, had children, headed up households, worked, and generally lived as other ordinary Americans of the time did.

In making this point, I do not want to imply that all veterans had the same experiences. They did not. Although the broad contours of disabled and nondisabled veteran life were strikingly similar, there was still quite a lot of diversity in both groups. Consider, for example, the topic of family life, which I addressed in the preceding chapter. While most disabled and nondisabled veterans lived in families, those families could have very different characteristics. In the 1820s, some ex-servicemen lived in fairly small households. Others lived in much larger families. If we focus on disabled veterans specifically, moreover, it seems that, although many of them were indeed the recipients of family care, a significant number of these men were also important *caregivers* within their households.

The diversity apparent in the family lives and experiences of disabled veterans can also be seen in the working lives of these men. The findings I presented in Chapter Four clearly indicate that disabled veterans were able to find productive roles within the early American economy. Although the wartime injuries of invalid pensioners sometimes made working more difficult, disability rarely forced these men to withdraw from work entirely. Disabled veterans worked at a wide range of occupations. In some cases, these jobs were different to the ones they had pursued before the war, while in others disabled

veterans continued to follow the occupations they had practiced before joining the army. Irrespective of the effect of disability on the occupational choices of ex-servicemen, it is clear that the working experiences of disabled veterans could be quite varied. We must also remember that not all invalid pensioners experienced the same kinds of bodily restrictions. As I pointed out in Chapter One, disabled veterans were injured in various parts of their bodies during the war. These different injuries could affect the working abilities and routines of these men in very different ways.

My findings demonstrate, then, that there was no one disabled veteran experience in the early United States, but many. Because of this it is very difficult, if not impossible, to offer a concise answer to the research question I posed at the start of my study, at least from an experiential perspective. One way out of this problem is to reformulate the question. Rather than ask what did it mean to be a disabled Revolutionary War veteran, it might be better to ask what it did *not* mean. If we do, a more straightforward, though no less significant, answer regarding the meaning of disability can be offered. The experiences of disabled veterans may have been quite varied, but they were rarely marked by isolation, dependence, or pronounced marginalisation.

This is not to say that the injuries of disabled veterans were completely irrelevant to their lives. They were not. As I have pointed out, the war wounds of invalid pensioners were often very painful and debilitating. My account of disabled veterans would be incomplete if it failed to acknowledge this aspect of their lives. Nevertheless, when we compare the broad outlines of these men's lives with those of their nondisabled veteran peers, it is clear that their 'disabilities' did not really have a definitional quality in their everyday lives. While their injuries may have been painful and restrictive, they did not particularly set disabled veterans off, materially speaking, from nondisabled veterans.

The disabilities of disabled veterans did, however, have a definitional quality in the eyes of the federal government. When we approach the topic of disabled veterans from the perspective of the early American state, it is clear that disability had a very precise meaning to national policymakers. An analysis of the invalid pension programme reveals that American legislators defined disability as an inability to labour. To be a disabled veteran, then, meant that the authorities considered an ex-serviceman incapacitated for work, either partially or fully.

While disability was crucial to the invalid pension system, the disabilities of disabled veterans did not guarantee that they would receive invalid pensions. As I showed in Chapter Three, classification as an ‘invalid’ was not simply a matter of establishing whether a veteran was disabled or not. It also depended on a pension applicant proving that his incapacitating injury was a consequence of a valid, officially recognised, cause. After 1793, the only disabilities worthy of invalid pensions, in the eyes of the law, were those caused by wounds. This privileging of wounds over all other causes of disability gave rise to a situation where veterans with seemingly identical impairments could see their invalid pension applications dealt with in very different ways, depending on the causes of their disabilities. This fact demonstrates that the invalid category underpinning the invalid pension programme was a highly arbitrary one. It also highlights that disability did not operate as an independent category of entitlement within the programme.

Despite this, however, there are signs that the modern disability category was beginning to take shape in the early United States. Invalid pensions, for instance, appear to have become increasingly medicalised during this period, suggesting that the clinical concept of disability animating later disability programmes was not far off. An examination of the service pension scheme, moreover, indicates that policymakers were starting to draw a subtle distinction between poverty and disability. Because of these changes the late eighteenth and early nineteenth centuries ought to be regarded as a key period in American disability history.

The findings I have presented in this study have implications for disability scholarship, particularly the theorisation of disability. There are two points I want to stress regarding this issue. The first continues my comments regarding the problem of the medical model. The second concerns the relevance of my research to the disability and industrialisation thesis I outlined and discussed in the Introduction and Chapter Four.

As regards the medical model, the evidence I have presented illustrates just how deeply flawed a way of looking at disability it is. By configuring disability as a primarily pathological condition, the medical model essentialises disability and makes it seem like a natural category of difference. The example of Revolutionary War veterans shows, however, that disability is not a self-evident category, but a constructed one foisted on different bodies by external

forces. Given the striking similarities between disabled and nondisabled veterans, it is obvious that a biomedical understanding of disability alone cannot explain the social experiences of disabled veterans. Those experiences, like those of disabled people in other eras, were not a natural consequence of impairment, but a consequence of the make-up and attitudes of the society in which disabled Revolutionary veterans lived.

If we are to understand the historical experiences of disabled people, then, it is imperative that we look beyond their 'anomalous' bodies and towards the sociocultural contexts in which they have existed. A major strength of the disability and industrialisation thesis is that it urges us to do just that. By focusing on the socioeconomic dimension of disability, the industrialisation thesis downplays the role of physical impairment as a determinant of social experience. Despite this strength, however, the thesis is not without its problems.

As I have noted, the disability and industrialisation thesis is currently empirically very weak. While there is good contemporary and historical evidence indicating that disabled people tend to occupy marginal positions in the industrial and post-industrial West, there is little evidence to support the idea that the modern experience and meaning of disability is a product of industrial capitalism. We simply know far too little about the situation of disabled people in the *preindustrial* West to come to a tenable judgement regarding the impact of industrialisation on their lives.

By focusing on the experiences of disabled veterans in the early United States, my study provides us with some evidence to test the validity of the industrialisation thesis. As I stated in the Introduction, there is good reason to believe that the condition of disabled Revolutionary War veterans is fairly representative of the condition of disabled early Americans more generally, particularly men. Consequently, at first glance, my findings could be seen to support the idea that the social marginalisation of people with impairments is quite a recent phenomenon.

Judging from my examination of their working and family lives, disabled veterans appear to have been fairly well integrated into early American society. They were certainly not segregated like many disabled Americans of later generations were. When they needed care, as they sometimes did, disabled veterans were not institutionalised, but were usually cared for within their own homes. It seems, then, that disabled people in the

early United States were not as marginalised, materially speaking, as disabled Americans of later periods were. This conclusion holds open the possibility that perhaps industrial capitalism is to blame for the marginalisation of disabled people after all.

In recognising this possibility, I am not claiming that my findings validate the disability and industrialisation thesis. They do not. Until we have more longitudinal studies of disability that chart the experiences of disabled people before, during, and after the advent of industrial capitalism, the thesis should remain a tentative one. Indeed, while my findings relating to the lived experiences of disabled veterans could be cited in support of the industrialisation thesis, my observations regarding the meaning of disability to the early American state could be seen to challenge it.

If the main features of the modern disability category were already apparent in the early United States, as my examination of the pension system suggests, perhaps we need to rethink the industrialisation thesis. After all, the United States during this period can hardly be considered an industrial nation. It may be, then, that rather than the root cause of modern disability, industrial capitalism merely materialised changes that were already underway in the preindustrial period. While my study does not prove or refute such a hypothesis, it does suggest that it is one worth testing. To do so, of course, we must learn more about disability before the Industrial Revolution. If my work stimulates further research in this area, I will be happy with the scholarly contribution I have made.

~ Bibliography ~

PRIMARY SOURCES

I. Unpublished

Massachusetts Historical Society, Boston

Massachusetts Society of the Cincinnati Records, on deposit from the Massachusetts Society of the Cincinnati (MSC).

Massachusetts State Archives, Boston

Records of the General Court (RGC).

US National Archives, Washington, D.C.

Revolutionary War Pension and Bounty-Land Warrant Application Files, Records of the Department of Veterans Affairs, Record Group 15. Reproduced on National Archives Microfilm Publication M804 (PF).

II. Published

Biddle, C. 'Selections from the Correspondence of Colonel Biddle'. *Pennsylvania Magazine of History and Biography* XLII (1918), 310–343.

Bowling, Kenneth R., diGiacomantonio, William Charles, & Bickford, Charlene Bangs, eds. *Documentary history of the First Federal Congress of the United States of America, March 4, 1789–March 3, 1791, Vol. 7 – Petition*

Histories: Revolutionary War-Related Claims. Baltimore: Johns Hopkins University Press, 1998.

Boyle, Joseph Lee, ed. *Writings from the Valley Forge Encampment of the Continental Army, December 19, 1777 – June 19, 1778*. Bowie, Ma.: Heritage Books, 2000–2003, 4 vols.

Bray, R. C. & Bushnell, P. E., eds. *Diary of a Common Soldier in the American Revolution, 1775–1783: An Annotated Edition of the Military Journal of Jeremiah Greenman*. Dekalb: Northern Illinois University Press, 1978.

Clark, Murtie June, comp. *The Pension Lists of 1792–1795 With Other Revolutionary War Pension Records*. Baltimore: Genealogical Publishing Co., 1991.

Commager, Henry Steele & Morris, Richard B., eds. *The Spirit of 'Seventy-Six: The story of the American Revolution as told by participants*. New York: Harper & Row, 1975.

Commonwealth of Virginia, 'Revolutionary War Pension Records'. *Library of Virginia Digital Collection*,

http://lva1.hosted.exlibrisgroup.com/F/?func=file&file_name=find-b-clas62&local_base=CLAS62 (accessed 23 April 2010).

Conway, Moncure Daniel, ed. *The Writings of Thomas Paine*. New York: G. P. Putnam's Sons, 1894, vol. 1.

Dann, John C., ed. *The Revolution Remembered: Eyewitness Accounts of the War for Independence*. Chicago & London: University of Chicago Press, 1980.

Davis, D. B. 'Medicine in the Canadian Campaign of the Revolutionary War: The Journal of Doctor Samuel Fisk Merrick'. *Bulletin of the History of Medicine* 44 (1970), 461–473.

Fitzpatrick, John C., ed. *The Writings of George Washington From the Original Manuscript Sources, 1745–1799. Electronic Edition*. 39 vols. Available at

<http://etext.virginia.edu/washington/fitzpatrick/index.html> (accessed 13 June 2008).

Ford, Worthington C. et al., eds. *Journals of the Continental Congress, 1774–1789*, Washington, D.C.: US Government Printing Office, 1904–1937.

Hooper, Robert. *A New Medical Dictionary; Containing an Explanation of the Terms in Anatomy, Physiology... And the Various Branches of Natural Philosophy Connected With Medicine*. Philadelphia: M. Carey & Son, Benjamin Warner, and Edward Parker, 1817.

Jackson, J. W., ed. *Margaret Morris: Her Journal with Biographical Sketch and Notes*. Philadelphia: George McManus Co., 1949.

Jenks, Charles William, comp. 'Some Records of Bedford, Mass.' *New England Historical and Genealogical Register* 62 (1908), 69–78.

Jones, J. *Plain Concise Practical Remarks on the Treatment of Wounds and Fractures*. New York: John Holt, 1775.

Johnson, R. B., ed. 'The Journal of Samuel Hawes'. *New England Historical and Genealogical Register* 130 (1976), 208–215.

Jordan, John W. 'Continental Hospital Returns, 1777–1780'. *Pennsylvania Magazine of History and Biography* 23 (1899), 35–50, 210–223.

Kagel, Steven E., ed. *The Diary of Josiah Atkins*. New York: New York Times & Arno Press, 1975.

Lender, Mark E. & Martin, James K., eds. *Citizen Soldier: The Revolutionary Journal of Joseph Bloomfield*. Newark: New Jersey Historical Society, 1980.

Lesser, Charles H. *The Sinews of Independence: Monthly Strength Reports of the Continental Army*. Chicago: University of Chicago Press, 1976.

Lobdell, J. C., ed. 'The Revolutionary War Journal of Sergeant Thomas McCarty'. *Proceedings of the New Jersey Historical Society* 82 (1964), 29–46.

Martin, Joseph Plumb. *A Narrative of a Revolutionary Soldier: Some of the Adventures, Dangers and Sufferings of Joseph Plumb Martin*. New York: Signet Classic, 2001.

Massachusetts Society of the Cincinnati. *Minutes of all Meetings of the Society up to and Including the Meeting of October 1, 1825*. Boston: Privately Printed, 1964.

Matthews, I. 'Diary of a Journey From Massachusetts to the Ohio Country, 1798, With a Matthews Family Record'. *New England Historical and Genealogical Register* 86 (1932), 32–46.

Mayo, Robert & Moulton, Ferdinand, comp. *Army and Navy Pension Laws... 1776 to 1852*. Washington: Jno. T. Towers, 1852.

McMichael, James. 'Diary of Lieutenant James McMichael, of the Pennsylvania Line, 1776–1778'. *Pennsylvania Magazine of History and Biography* XVI (1892), 129–159.

Ordronaux, John. *Eulogy on the Life and Character of Rev. Zachariah Greene, A Patriot of the Revolution, and Late Senior Pastor of the First Presbyterian Church, Setauket, N. Y.* New York: Baker & Godwin, 1859.

Peckham, Howard H. & Brown, Lloyd A., eds. *Revolutionary War Journals of Henry Dearborn, 1775–1783*. Freeport, NY: Books for Libraries Press, 1969.

Pindell, R. 'A Militant Surgeon of the Revolution. Some Letters of Richard Pindell, M.D.' *Maryland Historical Magazine* 18 (1923), 309–323.

Powell, W. S., ed. 'A Connecticut Soldier Under Washington: Elisha Bostwick's Memoirs of the First Years of the Revolution'. *William and Mary Quarterly* 6 (1949), 94–107.

Rau, L., ed. 'Sergeant John Smith's Diary of 1776'. *Mississippi Valley Historical Review* 20 (1932–1934), 247–270.

Rothman, David. J., ed. *The Almshouse Experience: Collected Reports*. New York: Arno Press & New York Times, 1971.

—., ed. *The Jacksonians on the Poor: Collected Pamphlets*. New York: Arno Press & New York Times, 1971.

Shriver, P. R. *A Tour to New Connecticut in 1811*. Cleveland, Ohio: Western Reserve Historical Society, 1985.

Shute, Daniel. 'The Journal of Daniel Shute, Surgeon in the Revolution, 1781–1782'. *New England Historical and Genealogical Register* 84 (1930), 383–389.

Society of the Cincinnati. *The Institution and Proceedings of the Society of the Cincinnati*. Boston, 1812.

Stoudt, J. *Ordeal at Valley Forge: A Day to Day Chronicle from December 17, 1777 to June 18 1778, Compiled from the Sources*. Philadelphia: University of Pennsylvania, 1963.

Thacher James. *Military Journal of the American Revolution*. New York: New York Times & Arno Press, 1969.

The New York Times, July 25, 1871.

United States, *A Census of Pensioners: For Revolutionary or Military Services*. Baltimore: Genealogical Publishing Co., 1996.

—. *American State Papers: Claims*. Washington: Gales & Seaton, 1834, vol. 1.

—. *American State Papers: Miscellaneous*. Washington: Gales & Seaton, 1834, vol. 1.

—. *Petitions, Memorials and Other Documents Submitted for the Consideration of Congress, March 4 1789 to December 14 1795*. Washington D.C.: GPO, 1986.

—. *Annals of Congress*. Washington D.C.: Gales & Seaton, 1834–1856, 42 vols. Available at <http://lcweb2.loc.gov/ammem/amlaw/lwac.html> (accessed 22 May 2009).

—. *The public statutes at large of the United States of America*. Boston: Charles C. Little & James Brown, 1845–1846, 7 vols.

—. *1790 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2000.

—. *1800 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2009.

—. *1810 United States Federal Census* [database on-line]. Provo, UT, USA: The Generations Network, Inc., 2009.

—. *1820 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2009.

—. *1830 United States Federal Census* [database on-line]. Provo, UT, USA: The Generations Network, Inc., 2009.

—. *1840 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2009.

—. *1850 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2009.

United States, Secretary of War, *The Pension Roll of 1835*. Baltimore: Genealogical Publishing Co., 1968. Reprinted, 1992, 4 vols.

—. *Revolutionary Pensioners: A Transcript of the Pension List of the United States for 1813*. Baltimore: Genealogical Publishing Co., 1994–1995.

—. *The Pension List of 1820*. Baltimore: Genealogical Publishing Co., 1991.

United States Census Bureau, *Disability Data from the Current Population Survey*. Available at <http://www.census.gov/hhes/www/disability/disabcps.html> (accessed 19 October 2009).

Vail, R. W. G., ed. *The Revolutionary Diary of Lieut. Obadiah Gore, Jr.* New York: New York Public Library, 1929.

Webster, Noah. *An American Dictionary of the English Language: A Facsimile of Noah Webster's Original 1828 Edition*. New York & London: Johnson Reprint Corporation, 1970.

SECONDARY SOURCES

Abberley, Paul. 'The Significance of Work for the Citizenship of Disabled People'. Paper presented at University College Dublin, 15 Apr 1999. Available at <http://www.leeds.ac.uk/disability-studies/archiveuk/Abberley/sigofwork.pdf> (accessed 8 October 2009).

Abel, Emily K. "'Man, Woman, and Chore Boy": Transformations in the Antagonistic Demands of Work and Care on Women in the Nineteenth and Twentieth Centuries'. *The Milbank Quarterly* 73 (1995), 171–211.

Abramovitz, M. *Regulating the Lives of Women: Social Welfare Policy from Colonial Times to the Present*. Boston: South End Press, 1988.

Adams, Donald R. 'Wage Rates in the Early National Period: Philadelphia, 1785–1830'. *Journal of Economic History* 28 (1968), 404–426.

Adams, Rachel. *Sideshow U.S.A.: Freaks and the American Cultural Imagination*. Chicago: University of Chicago Press, 2001.

Adams, Sherman W. & Stiles, Henry R. *The History of Wethersfield, Connecticut*. Camden, Maine: Picton Press, 1995, vol. 1.

Albrecht, Gary, Seelman, Katherine & Bury, Michael, eds. *Handbook of Disability Studies*. Thousand Oaks, Ca.: Sage, 2001.

Ammon, Harry. *James Monroe: The Quest for National Identity*. Charlottesville: University of Virginia Press, 1990.

Anderson, Julie & Carden-Coyne, Ana. 'Enabling the Past: New Perspectives in the History of Disability'. *European Review of History/Revue Europeenne d'Histoire* 14 (2007), 447–457.

Applegate, H. L. 'The Medical Administrators of the American Revolutionary Army'. *Military Affairs* 25 (1961), 1–10.

Ashburn, P. M. 'American Army Hospitals of the Revolution and the War of 1812'. *Bulletin of the Johns Hopkins Hospital* 46 (1930), 47–69.

Babits, Lawrence E. *A Devil of a Whipping: The Battle of Cowpens*. Chapel Hill & London: University of North Carolina Press, 1998.

Bailey, Sarah Loring. *Historical Sketches of Andover*. Boston: Houghton, Mifflin & Co., 1880.

Bailyn, Bernard. *The Ideological Origins of the American Revolution*. Cambridge, Ma.: Harvard University Press, 1971.

Barnes, Colin, Oliver, Mike, & Barton, Len, eds. *Disability Studies Today*. Cambridge: Polity, 2002.

Barnes, Colin & Mercer, Geof, eds. *Exploring the Divide: Illness and Disability*. Leeds: The Disability Press, 1996.

—. *Disability*. Cambridge: Polity, 2003.

Bartlett, Peter & Wright, David, eds. *Outside the Walls of the Asylum: The History of Care in the Community, 1750–2000*. London: Athlone Press, 1999.

Barton, Len, ed. *Disability and Society: Emerging Issues and Insights*. Harlow: Longman, 1996.

—. ed. *Disability and Dependency*. Lewes: The Falmer Press, 1989.

Baynton, Douglas C. 'Disability: A Useful Category of Historical Analysis'. *Disability Studies Quarterly* 17 (1997), 81–87.

—. 'Disability in History'. *Perspectives: The Newsmagazine of the American Historical Association* 44, No. 8 (2006), 5–7.

Berkowitz, M. & Berkowitz, E. D. 'Widening the Field: Economics and History in the Study of Disability'. *American Behavioral Scientist* 28 (1985), 405–417.

Biddle, Walter L. C. 'Doctor John Cochran'. *Pennsylvania Magazine of History and Biography* 3 (1879), 241–249.

Blake, J. B. 'Disease and Medical Practice in Colonial America'. *International Record of Medicine* 171 (1958), 350–363.

Blanco, Richard L. 'Military Medicine in Northern New York, 1776–1777'. *New York History* 63 (1982), 39–58.

Boatner, Mark M. *Encyclopedia of the American Revolution*. Third edition. Mechanicsburg, Pa.: Stackpole Books, 1994.

Borsay, Anne. 'Returning Patients to the Community: Disability, Medicine and Economic Rationality before the Industrial Revolution'. *Disability and Society* 13 (1998), 645–663.

—. ‘History, Power and Identity’. In Barnes, Oliver, & Barton, eds., *Disability Studies Today*, 98–119.

—. *Disability and Social Policy in Britain Since 1750*. Basingstoke: Palgrave Macmillan, 2005.

Bowe, Frank. *Handicapping America: Barriers to Disabled People*. New York: Harper & Row, 1978.

Boydston, Jeanne. *Home and Work: Household, Wages, and the Ideology of Labor in the Early Republic*. New York: Oxford University Press, 1994.

Brechin, A., Liddiard, P., & Swain, J., eds. *Handicap in A Social World*. Sevenoaks: Hodder & Stoughton and Open University Press, 1981.

Bredberg, Elizabeth. ‘Writing Disability History: Problems, Perspectives and Sources’. *Disability and Society* 14 (1999), 189–201.

Briggs, L. Vernon. *History of Shipbuilding on North River, Plymouth County, Massachusetts, with Genealogies of the Shipbuilders and Accounts of the Industries Upon its Tributaries, 1640–1872*. Boston: Coburn Brothers, 1889.

Brockley, Janice A. ‘Martyred Mothers and Merciful Fathers: Exploring Disability and Motherhood in the Lives of Jerome Greenfield and Raymond Repouille’. In Longmore & Umansky, eds. *The New Disability History*, 293–312.

Buchanan, John. *The Road to Guilford Courthouse: The American Revolution in the Carolinas*. New York: John Wiley & Sons, 1997.

Buel, Joy Day & Buel, Richard, Jr. *The Way of Duty: A Woman and Her Family in Revolutionary America*. New York: W.W. Norton & Co., 1985.

Burch, Susan. ‘Disability History: Suggested Readings – An Annotated Bibliography’. *The Public Historian* 27 (2005), 63–74.

—. *Signs of Resistance: American Deaf Cultural History, 1900 to World War II*. New York: New York University Press, 2002.

—. ed. *Encyclopedia of American Disability History*, New York: Facts on File, 2009.

Burch, Susan & Joyner, Hannah. *Unspeakable: The Story of Junius Wilson*. Chapel Hill: University of North Carolina, 2007.

Burch, Susan & Sutherland, Ian. 'Who's Not Yet Here? American Disability History'. *Radical History Review* 94 (2006), 127–147.

Bury, M. B. 'The Sociology of Chronic Illness: A Review of Research and Prospects'. *Sociology of Health and Illness* 13 (1991), 451–468.

Butler, Ruth & Parr, Hester, eds. *Mind and Body Spaces: Geographies of Illness, Impairment and Disability*. London & New York: Routledge, 1999.

Byrom, Brad. 'A Pupil and a Patient: Hospital-Schools in Progressive America'. In Longmore & Umansky, eds. *The New Disability History*, 133–156.

Carlson, Eric T. 'Benjamin Rush on Revolutionary War Hygiene'. *Bulletin of the New York Academy of Medicine* 55 (1979), 614–635.

Carnes, Mark C. & Griffen, Clyde, eds. *Meanings for Manhood: Constructions of Masculinity in Victorian America*. Chicago: University of Chicago Press, 1990.

Cassedy, J. H. *Medicine in America: A Short History*. Baltimore & London: Johns Hopkins University Press, 1991.

Caulkins, Frances Manwaring. *History of Norwich, Connecticut: From its Possession by the Indians, to the Year 1866*. Chester, CT.: The Pequot Press, 1976

Chacko, D. & Kulesa, A. 'Israel Potter: Genesis of a Legend'. *William and Mary Quarterly* 41 (1984), 365–389.

Charmaz, K. "'Discovering" Chronic Illness: Using Grounded Theory'. *Social Science and Medicine* 30 (1990), 1161–1172.

Chipley, L. "'Enlightened Charity": William Bentley on Poor Relief in the Early Republic, 1783–1819'. *Essex Institute Historical Collections* 128 (1992), 162–179.

Christie, Nancy. 'Strangers in the Family: Work, Gender, and the Origins of Old Age Homes'. *Journal of Family History* 32 (2007), 371–391.

Clark, A. & Hirst, M. 'Disability in Adulthood: Ten-Year Follow-up of Young People with Disabilities'. *Disability, Handicap & Society* 4 (1989), 271–283.

Clark, Christopher. 'Household Economy, Market Exchange and the Rise of Capitalism in the Connecticut Valley, 1800–1860'. *Journal of Social History* 13 (1979), 169–189.

—. *The Roots of Rural Capitalism: Western Massachusetts, 1780–1860*. Ithaca: Cornell University Press, 1992.

—. *Social Change in America: From the Revolution Through the Civil War*. Chicago: Ivan R. Dee, 2006.

Clark, Murtie June. *Index to US Invalid Pension Records, 1801–1815*. Baltimore: Genealogical Publishing Co., 1991.

Clarke, Nic. 'Opening Closed Doors and Breaching High Walls: Some Approaches for Studying Intellectual Disability in Canadian History'. *Histoire Sociale/Social History* 39 (2006), 467–485.

Cochrane, John. 'Medical Department of the Revolutionary Army'. *Pennsylvania Magazine of History and Biography* 12 (1884), 241–260.

Cogliano, Francis D. *Revolutionary America, 1763–1815: A Political History*. London & New York: Routledge, 2000.

Cohen, Deborah. *The War Come Home: Disabled Veterans in Britain and Germany, 1914–39*. Berkeley: University of California Press, 2001.

Colonial Society of Massachusetts. *Medicine in Colonial Massachusetts, 1620–1820*. Boston: Colonial Society of Mass., 1980.

Conrad, Peter. *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore: Johns Hopkins University Press, 2007.

Corker, M. ‘Differences, Conflations and Foundations: The Limits to “Accurate” Theoretical Representation of Disabled People’s Experience?’ *Disability and Society*, 14 (1999), 627–642.

Cott, N. F. ‘Eighteenth-Century Family and Social Life Revealed in Massachusetts Divorce Records’. *Journal of Social History* 10 (1976), 20–43.

Covey, Herbert C. *Social Perceptions of People with Disabilities in History*. Springfield, Ill.: Charles C. Thomas, 1998.

Cox, Caroline. *A Proper Sense of Honor: Service and Sacrifice in George Washington’s Army*. Chapel Hill: University of North Carolina Press, 2004.

Crackel, T. J. ‘Revolutionary War Pension Records and Patterns of American Mobility, 1780–1830’. *Prologue* 16 (1984), 155–167.

Crenshaw, Kimberlé Williams. ‘Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color’. *Stanford Law Review* 43 (1991), 1241–1299.

Dale, Pamela & Melling, Joseph, eds. *Mental Illness and Learning Disability since 1850: Finding a Place for Mental Disorder in the United Kingdom*. London & New York: Routledge, 2006.

Danbom, David B. *Born in the Country: A History of Rural America*. Second edition. Baltimore: Johns Hopkins University Press, 2006.

Davies, W. E. 'The Society of the Cincinnati in New England, 1783–1800'. *William and Mary Quarterly* 5 (1948), 3–25.

—. *Patriotism on Parade: The Story of Veterans' and Hereditary Organizations in America, 1783–1900*. Cambridge, Ma.: Harvard University Press, 1955.

Davis, Lennard J. *Enforcing Normalcy: Disability, Deafness and the Body*. London: Verso, 1995.

—. ed. *The Disability Studies Reader*. New York & London: Routledge, 1997.

—. 'Dr. Johnson, Amelia, and the Discourse of Disability in the Eighteenth Century'. In Deutsch & Nussbaum, eds. "*Defects*", 54–74.

—. *Bending over Backwards: Disability, Dismodernism & Other Difficult Positions*. New York: New York University Press, 2002.

Demos, John. *A Little Commonwealth: Family Life in Plymouth Colony*. Second edition. New York: Oxford University Press, 2000.

—. *Past, Present, and Personal: The Family and the Life Course in American History*. New York: Oxford University Press, 1986.

Deutsch, A. 'The Sick Poor in Colonial Times'. *American Historical Review* 46 (1941), 560–579.

Deutsch, Helen & Nussbaum, Felicity, eds. "*Defects*": *Engendering the Modern Body*. Ann Arbor: University of Michigan Press, 2000.

Diehl, James M. 'Victors or Victims? Disabled Veterans in the Third Reich'. *Journal of Modern History* 59 (1987), 705–736.

Dorn, Michael L. 'The Moral Topography of Intemperance'. In Butler & Parr, eds. *Mind and Body Spaces*, 46–69.

Duncan, L. C. *Medical Men in the American Revolution, 1775–1783*. Carlisle Barracks, Pa.: Medical Field Service School, 1931.

Dykstra, Natalie A. "'Trying to Idle": Work and Disability in the Diary of Alice James'. In Longmore & Umansky, eds. *The New Disability History*, 107–130.

Edwards, Martha. 'Philoctetes in Historical Context'. In Gerber, ed. *Disabled Veterans in History*, 55–69.

Engerman Stanley L. & Gallman Robert E., eds. *The Cambridge Economic History of the United States, Volume II: The Long Nineteenth Century*. Cambridge: Cambridge University Press, 2000.

Enns, Anthony & Smit, Christopher R., eds. *Screening Disability: Essays on Cinema & Disability*. Lanham: University Press of America, 2001.

Entelman, R. *Two Hundred Years of Military Medicine*. Fort Detrick, Md: U.S Army Medical Unit, 1975.

Estes, J. W. 'Medical Skills in Colonial New England'. *New England Historical and Genealogical Register* 134 (1980), 259–275.

Fenn, Elizabeth A. *Pox Americana: The Great Smallpox Epidemic of 1775–82*. New York: Hill & Wang, 2001.

Ferling, John E. *A Wilderness of Miseries: War and Warriors in Early America*. Westport, Conn.: Greenwood, 1980.

—. *Almost a Miracle: The American Victory in the War of Independence*. New York: Oxford University Press, 2007.

Finkelman, Paul, ed. *Encyclopedia of the New American Nation*, Detroit: Charles Scribner's Sons, 2005.

Finkelstein, Vic. 'Disability and the Helper/Helped Relationship. An Historical View'. In A. Brechin et al., eds. *Handicap in a Social World*, 65–78.

Fischer, David H. *Growing Old in America*. New York: Oxford University Press, 1977.

Foster, Thomas A. *Sex and the Eighteenth-Century Man: Massachusetts and the History of Sexuality in America*. Boston: Beacon Press, 2006.

Foucault, Michel. *Madness and Civilization*. London: Routledge, 1991.

Frank, G. 'Life History Model of Adaptation to Disability: The Case of a "Congenital Amputee"'. *Social Science and Medicine* 19 (1984), 639–645.

—. 'On Embodiment: A Case Study of Congenital Limb Deficiency in American Culture'. *Culture, Medicine and Psychiatry* 10 (1986), 189–219.

Freeberg, Ernest. 'The Meanings of Blindness in Nineteenth-Century America'. *Proceedings of the American Philosophical Society* 110 (2002), 119–152.

Freeman, L. & Bond, A. H. *America's First Woman Warrior: The Courage of Deborah Sampson*. New York: Paragon House, 1992.

Galvin, Rose. 'A Genealogy of the Disabled Identity in Relation to Work and Sexuality'. *Disability and Society* 21 (2006), 499–512.

Gerber, David A. 'Memory of Enlightenment: Accounting for Egalitarian Politics of the Blinded Veteran's Association'. *Disability Studies Quarterly* 18 (1998), 258–263.

—. 'Introduction: Finding Disabled Veterans in History'. In Gerber, ed. *Disabled Veterans in History*, 1–51.

—. ed. *Disabled Veterans in History*. Ann Arbor: University of Michigan Press, 2000.

—. 'Disabled Veterans, the State, and the Experience of Disability in Western Societies, 1914–1950'. *Journal of Social History* 36 (2003), 899–916.

Gibbs, Raymond W. *Embodiment and Cognitive Science*. New York: Cambridge University Press, 2006.

Gibson, James E. 'The Role of Disease in the 70,000 Casualties in the American Revolutionary Army'. *Transactions & Studies of the College of Physicians of Philadelphia* 17 (1949), 121–127.

Gilje, Paul A., ed. *Wages of Independence: Capitalism in the Early Republic*. Madison: Madison House, 1997.

Gillet, Mary C. *The Army Medical Department, 1775–1818*. Washington: Government Printing Office, 1981.

Gilman, C. M. B. 'Military Surgery in the American Revolution'. *Journal of the Medical Society of New Jersey* 57 (1960), 491–496.

Glasson, William H. *History of Military Pension Legislation in the United States*. New York: Columbia University Press, 1900.

—. *Federal Military Pensions in the United States*. New York: Oxford University Press, 1918.

Gleeson, Brendan J. 'Disability Studies: A Historical Materialist View'. *Disability and Society* 12 (1997), 179–202.

—. *Geographies of Disability*. London & New York: Routledge, 1999.

Gliedman, John & Roth, William. *The Unexpected Minority: Handicapped Children in America*. New York & London: Harcourt Brace Jovanovich, 1980.

Goler, Robert I. & Rhode, Michael G. 'From Individual Trauma to National Policy: Tracking the Uses of Civil War Veteran Medical Records'. In Gerber, ed. *Disabled Veterans in History*, 163–184.

Gordon, L. *Women, the State and Welfare*. Madison: University of Wisconsin, 1990.

Gordon, Michael, ed. *The American Family in Social-Historical Perspective*. Second edition. New York, St. Martin's Press, 1978.

Greene, Jack P. & Pole, J. R., eds. *The Blackwell Encyclopedia of the American Revolution*. Oxford: Blackwell, 1994.

Griffenhagen, George B. 'Drug Supplies in The American Revolution'. *Contributions from the Museum of History and Technology* 225 (1961), 110–133.

Groce, Nora E. *Everybody Here Spoke Sign Language: Hereditary Deafness in Martha's Vineyard*. Cambridge, Ma.: Harvard University Press, 1985.

Gross, Robert A. *The Minutemen and Their World*. New York: Hill & Wang, 2001.

—. 'Agriculture and Society in Thoreau's Concord'. *Journal of American History* 69 (1982), 42–61.

Haggard, Robert F. 'The Nicola Affair: Lewis Nicola, George Washington, and American Military Discontent During the Revolutionary War'. *Proceedings of the American Philosophical Society* 146 (2002), 139–169.

Haines, M. R. 'Long-Term Marriage Patterns in the United States from Colonial Times to the Present'. *The History of the Family* 1 (1996), 15–39.

Hall, Courtney R. 'The Rise of Professional Surgery in the United States, 1800–1865'. *Bulletin of the History of Medicine* 26 (1952), 231–262.

Hannon, J. U. 'Poverty in the Antebellum Northeast: The View from New York States' Poor Relief Rolls'. *Journal of Economic History* 44 (1984), 1007–1032.

—. 'The Generosity of Antebellum Poor Relief'. *Journal of Economic History* 44 (1984), 810–821.

Hareven, T. K. 'The History of the Family and the Complexity of Social Change'. *American Historical Review* 96 (1991), 95–124.

Harjula, Minna. *Vaillinaisuudella Vaivatut. Vammaisuuden tulkinnat suomalaisessa huoltokeskustelussa 1800-luvun lopulta 1930-luvun lopulle*. Helsinki: Suomen Historiallinen Seura, 1996 [With a summary in English, 230–242].

Hayes, Michael & Black, Rhonda. 'Troubling Signs: Disability, Hollywood Movies and the Construction of a Discourse of Pity'. *Disability Studies Quarterly* 23 (2003), 114–132.

Herndon, Ruth W. *Unwelcome Americans: Living on the Margin in Early New England*. Philadelphia: University of Pennsylvania Press, 2001.

Herschbach, L. 'Prosthetic Reconstructions: Making the Industry, Re-making the Body, Modelling the Nation'. *History Workshop Journal* 44 (1997), 23–57.

Higginbotham, Don. 'The Early American Way of War: Reconnaissance and Appraisal'. *William and Mary Quarterly* 44 (1987), 230–273.

—. *Daniel Morgan: Revolutionary Rifleman*. Chapel Hill: University of North Carolina Press, 1961.

Hirsch, Karen. 'Culture and Disability: The Role of Oral History'. *Oral History Review* 22 (1995), 1–27.

—. 'Oral History and Disability: Developing Sources and Tweaking Theory'. *Disability Studies Quarterly* 18 (1998), 251–253.

Hof, Patrick R. & Mobbs, Charles V. *Functional Neurobiology of Aging*. San Diego: Academic Press, 2001.

Horden, Peregrine & Smith, Richard, eds. *The Locus of Care: Families, Communities, Institutions and the Provision of Welfare Since Antiquity*. London: Routledge, 1998.

Hudson, Geoffrey L. 'Disabled Veterans and the State in Early Modern England'. In Gerber, ed. *Disabled Veterans in History*, 117–144.

Hume, E. E. 'Surgeon John Jones, US Army, Father of American Surgery and Author of America's First Medical Book'. *Bulletin of the History of Medicine* 13 (1943), 10–32.

Hutchison, Iain. *A History of Disability in Nineteenth-Century Scotland*. Lampeter: Edwin Mellen Press, 2007.

Ingstad, Benedicte & Whyte, Susan R., eds. *Disability and Culture*. Berkeley: University of California Press, 1995.

Innes, Stephen, ed. *Work and Labor in Early America*. Chapel Hill: University of North Carolina Press, 1988.

Jackson, Francis. *A History of the Early Settlement of Newton, County of Middlesex, Massachusetts, From 1639 to 1800. With a Genealogical Register of its Inhabitants Prior to 1800*. Boston: Stacy & Richardson, 1854 [Facsimile Reprint Edition. Bowie, Md.: Heritage Books, 1987].

Jensen, Joan M. *Loosening the Bonds: Mid-Atlantic Farm Women, 1750–1850*. New Haven: Yale University Press, 1986.

Jensen, L. *Patriots, Settlers and the Origins of American Social Policy*. Cambridge: Cambridge University Press, 2003.

Johansen, Shawn. *Family Men: Middle-Class Fatherhood in Early Industrializing America*. New York: Routledge, 2001.

Jones, D. L. *Village and Seaport: Migration and Society in Eighteenth-Century Massachusetts*. Hanover & London: University Press of New England, 1981.

Jones, Nancy L. *The Americans with Disabilities Act: Overview, Regulations and Interpretations*. New York: Novinka Books, 2003.

Jordon, John W. 'Bethlehem During the Revolution'. *Pennsylvania Magazine of History and Biography* XIII (1884), 71–89.

—. 'The Military Hospitals at Bethlehem and Lititz During the Revolution'. *Pennsylvania Magazine of History and Biography* XX (1896), 137–157.

Joyner, Hannah R. 'The "Silent South": Growing up Deaf in the Antebellum Southern States'. PhD dissertation, University of Pennsylvania (2000).

—. "'This Unnatural and Fratricidal Strife": A Family's Negotiation of the Civil War, Deafness, and Independence'. In Longmore & Umansky, eds. *The New Disability History*, 83–106.

—. *From Pity to Pride: Growing Up Deaf in the Old South*. Washington, D.C.: Gallaudet University Press, 2004.

Juster, Susan M. & Vinovskis, Maris A. 'Changing Perspectives on the American Family in the Past'. *American Review of Sociology* 13 (1987), 193–216.

Kaplan, S. 'Veteran Officers and Politics in Massachusetts, 1783–1787'. *William and Mary Quarterly* 9 (1952), 29–57.

Katz, Michael B. *In the Shadow of the Poor House*. New York: Basic Books, 1986.

Kelly, Patrick J. *Creating a National Home: Building the Veterans' Welfare State, 1860–1900*. Cambridge, Ma.: Harvard University Press, 1997.

Kerber, Linda K. *Women of the Republic: Intellect and Ideology in Revolutionary America*. Chapel Hill: University of North Carolina Press, 1980.

Klebaner, B. J. 'Poverty and its Relief in American Thought, 1815–61'. *Social Service Review* 38 (1964), 382–399.

Knouff, Gregory T. "'An Arduous Service": The Pennsylvania Backcountry Soldiers' Revolution'. *Pennsylvania History* 61 (1994), 45–74.

Kohn, R. H. 'The Social History of the American Soldier'. *American Historical Review* 86 (1981), 553–567.

Koven, S. 'Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain'. *American Historical Review* 99 (1994), 1167–1202.

Kudlick, Catherine J. 'Disability History: Why We Need Another "Other"'. *American Historical Review* 108 (2003), 763–793.

Kudlick, Catherine J. & Longmore, Paul. 'Disability and the Transformation of Historians' Public Sphere'. *Perspectives: The Newsmagazine of the American Historical Association* 44, No. 8 (2006), 8–12.

Kudlick, Catherine J. & Weygand, Zina. *Reflections: The Life and Writings of a Young Blind Woman in Post-Revolutionary France*. New York: New York University Press, 2001.

Kulikoff, A. 'Households and Markets: Toward a New Synthesis of American Agrarian History'. *William and Mary Quarterly* 50 (1993), 342–355.

Lane, Harlan. 'Constructions of Deafness'. *Disability and Society* 10 (1995), 171–189.

—. *A Deaf Artist in Early America: The Worlds of John Brewster Jr.* Boston: Beacon Press, 2004.

Langley, Harold D. *A History of Medicine in the Early U.S. Navy*. Baltimore: Johns Hopkins University Press, 1995.

Larkin, Jack. 'The View from New England: Notes on Everyday Life in Rural America to 1850'. *American Quarterly* 34 (1982), 244–261.

—. *The Reshaping Of Everyday Life, 1790–1840*. New York: HarperPerennial, 1989.

Laurie, Bruce. *Artisans into Workers: Labor in Nineteenth-Century America*. New York: Noon Day Press, 1989.

Leiby, J. *A History of Social Welfare and Social Work in the United States*. New York: Columbia University Press, 1978.

Lewis, Halle Gayle. "“Cripples are not the dependents one is led to think”: Work and Disability in Industrializing Cleveland, 1861–1916”. PhD dissertation, State University of New York at Binghamton (2004).

Liachowitz, Claire H. *Disability as a Social Construct: Legislative Roots*. Philadelphia: University of Pennsylvania Press, 1988.

Linton, Simi. *Claiming Disability: Knowledge and Identity*. New York: New York University Press, 1998.

Livingston, Julie. 'Insights from an African History of Disability'. *Radical History Review* 94 (2006), 111–126.

Lombard, Anne S. *Making Manhood: Growing up Male in Colonial New England*. Cambridge, Ma.: Harvard University Press, 2003.

Longmore, Paul K. & Goldberger, David. 'The League of the Physically Handicapped and the Great Depression: A Case Study in the New Disability History'. In Longmore, *Why I Burned My Book*, 53–101.

Longmore, Paul K. & Umansky, Lauri. 'Introduction: Disability History from the Margins to the Mainstream'. In Longmore and Umansky, eds. *The New Disability History*, 1–29.

—. eds. *The New Disability History: American Perspectives*. New York & London: New York University Press, 2001.

Longmore, Paul K. 'Uncovering the Hidden History of People with Disabilities'. *Reviews in American History* 15 (1987), 355–364.

—. *Why I Burned My Book and Other Essays on Disability*. Philadelphia: Temple University Press, 2003.

Longmore, Paul K. & Miller, Paul Steven. "'A Philosophy of Handicap": The Origins of Randolph Bourne's Radicalism'. *Radical History Review* 94 (2006), 59–83.

Ludvig, Alice. 'Differences Between Women: Intersecting Voices in a Female Narrative'. *European Journal of Women's Studies* 13 (2006), 245–258.

Maher, W. B. & Maher, B. 'The Ship of Fools: *Stultifera Navis or Ignis Fatuus*'. *American Psychologist* 37 (1982), 756–761.

Main, Gloria L. 'Rocking the Cradle: Downsizing the New England Family'. *Journal of Interdisciplinary History* XXXVII (2006), 35–58.

Marten, James. 'Nomads in Blue: Disabled Veterans and Alcohol at the National Home'. In Gerber, ed. *Disabled Veterans*, 275–294.

Martin, James K. & Lender, Mark E. *A Respectable Army: The Military Origins of the Republic*. Wheeling, Ill.: Harlan Davidson, 1982.

Mayer, Holy A. *Belonging to the Army: Camp Followers and Community During the American Revolution*. Columbia: University of South Carolina Press, 1999.

- McCall, Leslie. 'The Complexity of Intersectionality'. *Signs: Journal of Women in Culture and Society* 30 (2005), 1771–1800.
- McClelland, P. D. & Zeckhauser, R. J. *Demographic Dimensions of the New Republic: American Interregional Migration, Vital Statistics, and Manumissions, 1800–1860*. Cambridge: Cambridge University, 1982.
- Meade, Teresa & Serlin, David, eds. 'Disability and History'. Special Issue of *Radical History Review* 94 (2006).
- . 'Editors' Introduction'. *Radical History Review* 94 (2006), 1–8.
- Metzler, Irina. *Disability in Medieval Europe: Thinking About Physical Impairment during the high Middle Ages, c. 1100–1400*. Abingdon: Routledge, 2006.
- Middlekauf, R. 'Why Men Fought in the American Revolution'. *Huntington Library Quarterly* 43 (1980), 135–148.
- Mintz, Stephen & Susan Kellog, *Domestic Revolutions: A Social History of American Family Life*. New York: The Free Press, 1988.
- Mitchell, B. *The Price of Independence*. New York: Oxford University Press, 1974.
- Mitchell, David T. & Snyder, Sharon L. *Narrative Prosthesis: Disability and the Dependencies of Discourse*. Ann Arbor: University of Michigan Press, 2000.
- . eds. *The Body and Physical Difference: Discourses of Disability*. Ann Arbor: University of Michigan Press, 1997.
- Mohl, Raymond A. 'Three Centuries of American Public Welfare: 1600–1932'. *Current History* (1973), 6–7.

—. *Poverty in New York, 1783–1825*. New York: Oxford University Press, 1971.

Moon, John C. *Musick of the Fifes and Drums. Volume Two: Slow Marches*. Williamsburg: The Colonial Williamsburg Foundation, 1995.

Muir, Kristy. “‘That Bastard’s Following Me!’ Mentally Ill Australian Veterans Struggling to Maintain Control’. In Turner & Stagg, eds. *Social Histories of Disability and Deformity*, 161–174.

Mutschler, Ben. ‘The Province of Affliction: Illness in New England, 1690–1820’. PhD dissertation, Columbia University (2000).

Myers, Minor. *Liberty Without Anarchy: A History of the Society of the Cincinnati*. Charlottesville: University Press of Virginia, 1983.

Nash, G. ‘Poverty and Poor Relief in Pre-Revolutionary Philadelphia’. *William and Mary Quarterly* 33 (1976), 3–30.

Nast, H. & Pile, S., eds. *Places Through the Body*. New York: Routledge, 1998.

National Genealogical Society. *Index of Revolutionary War Pension Applications in the National Archives*. Washington, D.C.: National Genealogical Society, 1976.

Neimeyer, Charles Patrick. *America Goes to War*. New York: New York University Press, 1996.

Nicolaisen, Ida. ‘Persons and Nonpersons: Disability and Personhood among the Punan Bah of Central Borneo’. In Ingstad & Whyte, eds. *Disability and Culture*, 38–55.

Nielsen, Kim E. *The Radical Lives of Helen Keller*. New York: New York University Press, 2004.

Newman, Simon P. *Embodied History: The Lives of the Poor in Early Philadelphia*. Philadelphia: University of Pennsylvania Press, 2003.

Noll, Steven. *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900–1940*. Chapel Hill: University of North Carolina Press, 1995.

Norden, Martin F. *The Cinema of Isolation: A History of Physical Disability in the Movies*. New Brunswick: Rutgers University Press, 1994.

Norwood, William F. 'Medicine in the Era of the American Revolution'. *International Record of Medicine* 171 (1958), 391–407.

Numbers, R. L. 'The History of American Medicine'. *Reviews in American History* 10 (1982), 245–263.

Nylander, Jane C. *Our Own Snug Fireside: Images of the New England Home, 1760–1860*. New York: Alfred A. Knopf, 1993.

Obermann, Esco C. *A History of Vocational Rehabilitation in America*. New York: Arno Press, 1980.

Oliver, M. *The Politics of Disablement*. London: Macmillan, 1990.

—. 'Disability and Dependency: A Creation of Industrial Societies?' In Barton, ed. *Disability and Dependency*, 6–22.

Papenfuse, E. C. & Stiverson, G. A. 'General Smallwood's Recruits: The Peacetime Career of the Revolutionary War Private'. *William and Mary Quarterly* 33 (1973), 117–132.

Peckham, Howard H., ed. *The Toll of Independence: Engagements and Battle Casualties of the American Revolution*. Chicago: University of Chicago, 1974.

Pelling, Margaret. *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England*. London: Longman, 1998.

Peskin, L. 'A Restless Generation: Migration of Maryland Veterans in the Early Republic'. *Maryland Historical Magazine* 91 (1996), 311–327.

Phillips, Gordon. *The Blind in British Society: Charity, State, and Community, c. 1780–1930*. Aldershot: Ashgate, 2004.

Pole, J. R. *Foundations of American Independence, 1763–1815*. London: Fontana/Collins, 1973.

Porter, Roy, ed. *The Cambridge Illustrated History of Medicine*. Cambridge: Cambridge University Press, 1996.

—. 'The Patient's View: Doing Medical History from Below'. *Theory and Society* 14 (1985), 175–198.

—. *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*. London: Harper Collins, 1997.

Pruitt, Bettye Hobbs. 'Self-Sufficiency and the Agricultural Economy of Eighteenth-Century Massachusetts'. *William and Mary Quarterly* 41 (1984), 333–364.

Pugh, Robert C. 'The Revolutionary Militia in the Southern Campaign, 1780–1781'. *William and Mary Quarterly*, 3rd ser. 14 (1957), 154–175.

Raphael, Ray. *The American Revolution: A People's History*. London: Profile, 2001.

Ravitch, M. M. 'Surgery in 1776'. *Annals of Surgery* 186 (1977), 291–300.

Resch, John P. 'Federal Welfare for Revolutionary War Veterans'. *Social Service Review* 56 (1982), 171–195.

—. 'The Continentals of Peterborough, New Hampshire: Pension Records as a Source for Local History'. *Prologue* 16 (1984), 169–183.

—. ‘Politics and Public Culture: The Revolutionary War Pension Act of 1818’. *Journal of the Early Republic* 8 (1988), 139–158.

—. *Suffering Soldiers: Revolutionary War Veterans, Moral Sentiment, and Political Culture in the Early Republic*. Amherst: University of Massachusetts Press, 1999.

Risch, Erna. *Supplying Washington’s Army*. Washington, D.C.: Center of Military History, United States Army, 1981. Available online, <http://www.history.army.mil/books/RevWar/risch/risch-fm.htm>.

Richards, Penny L. & Singer, George, H. S. “‘To Draw out the Effort of His Mind’”: Educating a Child with Mental Retardation in Early Nineteenth Century America’. *Journal of Special Education* 31 (1998), 443–466.

Richards, Penny L. ‘Industrialization’. In Burch, ed. *Encyclopedia of American Disability History*, 482–483.

Riessman, C. K. ‘Strategic Uses of Narrative in the Presentation of Self and Illness: A Research Note’. *Social Science & Medicine* 30 (1990), 1195–1200.

Riley, J. C. ‘Sickness in an Early Modern Workplace’. *Continuity & Change* 2 (1987), 363–385.

Rockwell, George L. *The History of Ridgefield Connecticut*. Mamaroneck, New York: Harbor Hill Books, 1989.

Rose, Sarah F. ‘No Right to be Idle: the Invention of Disability, 1850–1930’. PhD dissertation, University of Illinois at Chicago (2008).

Rosenberg, C. E. ‘Disease in History: Frames and Framers’. *Milbank Quarterly* 67 (1989), 1–15.

Rothman, David J. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. Boston: Little, Brown & Co., 1990.

Rotundo, E. Anthony. *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era*. New York: Basic Books, 1993.

Royster, Charles. *A Revolutionary People at War*. New York: W. W. Norton, 1981.

Russell, Howard S. *A Long Deep Furrow: Three Centuries of Farming in New England*. Hanover, New Hampshire: University Press of New England, 1976.

Sainsbury, S. *Normal Life: A Study of War and Industrially Injured Pensioners*. Aldershot: Avebury, 1993.

Scalenghe, Sara. 'The Deaf in Ottoman Syria, 16th–18th Centuries'. *Arab Studies Journal* 12–13 (Fall 2004/Spring 2005), 10–25.

Scheer, Jessica & Groce, Nora. 'Impairment as a Human Constant: Cross Cultural and Historical Perspectives on Variation'. *Journal of Social Issues* 44 (1988), 23–37.

Schulz, Constance B. 'Daughters of Liberty: The History of Women in the Revolutionary War Pension Records'. *Prologue* 16 (1984), 139–153.

—. 'Revolutionary War Pension Applications: A neglected Source for Social and Family History'. *Prologue* 15 (1983), 103–114.

Scotch, Richard K. 'American Disability Policy in the Twentieth Century'. In Longmore & Umansky, eds. *New Disability History*, 375–392.

—. 'Medical Model of Disability'. In Burch, ed. *Encyclopedia of American Disability History*, 602–603.

Scott, Paula A. *Growing Old in the Early Republic: Spiritual, Social, and Economic Issues, 1790–1830*. New York & London: Garland Publishing, 1997.

Secretary of the Commonwealth. *Massachusetts Soldiers and Sailors in the War of the Revolution*. Boston: Wright and Potter Printing Co., 1896, 17 vols.

Selesky, Harold E. *War and Society in Colonial Connecticut*. New Haven: Yale, 1990.

Sellers, John R. 'The Common Soldier in the American Revolution'. In S. J. Underdal, ed. *Military History of the American Revolution*, 151–161.

Severo, R. & Milford, L. *The Wages of War: When America's Soldiers Came Home – From Valley Forge to Vietnam*. New York: Simon & Schuster, 1989.

Shakespeare, Tom, ed. *The Disability Reader: Social Science Perspectives*. London & New York: Cassell, 1998.

—. 'Rules of Engagement: Doing Disability Research'. *Disability and Society* 11 (1996), 115–120.

—. *Disability Rights and Wrongs*. London & New York: Routledge, 2006.

Shakespeare, T. & Watson, N. 'The Social Model of Disability: An Outdated Ideology?' *Research in Social Science and Disability* 2 (2002), 9–28.

Shy, J. *A People Numerous and Armed: Reflections on the Military Struggle for American Independence*. Ann Arbor: University of Michigan Press, 1990.

Siebers, Tobin. *Disability Theory*. Ann Arbor: University of Michigan Press, 2008.

Simonsen, Eva. 'Disability History in Scandinavia: Part of an International Research Field'. *Scandinavian Journal of Disability Research* 3–4 (2005), 137–154.

Skocpol, T. *Protecting Soldiers and Mothers: Political Origins of Social Policy in the United States*. Cambridge, Ma.: Harvard University Press, 1992.

Smith, B. G. 'Poverty and Economic Marginality in Eighteenth-Century America'. *Proceedings of the American Philosophical Society* 132 (1988), 85–118.

Smith, D. B. 'The Study of the Family in Early America: Trends, Problems and Prospects'. *William and Mary Quarterly* 39 (1982), 3–28.

Smith, Daniel Scott. 'Female Householding in Late Eighteenth-Century America and the Problem of Poverty'. *Journal of Social History* 28 (1994), 83–107.

Snyder, Sharon L. & Mitchell, David T. 'Re-engaging the Body: Disability Studies and the Resistance to Embodiment'. *Public Culture* 13 (2001), 367–389.

Starkey, A. 'Paoli to Stony Point: Military Ethics and Weaponry during the American Revolution'. *Journal of Military History* 58 (1994), 7–27.

Starr, Frank Farnsworth. *The Edward Jackson Family of Newton, Massachusetts*. Hartford: University Press, 1895.

Starr, Paul. *The Social Transformation of American Medicine*. New York: Basic Books, 1982.

Stiker, Henri-Jacques. *A History of Disability*. Ann Arbor: University of Michigan Press, 1999.

Stone, Deborah A. *The Disabled State*. London: Macmillan, 1985.

Teipe, Emily J. *America's First Veterans and the Revolutionary War Pensions*. Lewiston: Edwin Mellin Press, 2002.

Terzi, L. 'The Social Model of Disability: A Philosophical Critique'. *Journal of Applied Philosophy* 21 (2004), 141–157.

Thomas, Carol. *Female Forms: Experiencing and Understanding Disability*. Buckingham & Philadelphia: Open University Press, 1999.

Thomson, E. H. 'The Role of Physicians in the Humane Societies of the Eighteenth Century'. *Bulletin of the History of Medicine* 37 (1963), 43–51.

Thomson, Rosemarie Garland, ed. *Freakery: Cultural Spectacles of the Extraordinary Body*. New York & London: New York University Press, 1996.

—. 'Introduction: From Wonder to Error – A Genealogy of Freak Discourse in Modernity'. In Thomson, ed. *Freakery*, 1–19.

—. *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. New York: Columbia University Press, 1997.

Thorndale, W. & Dollarhide, W. *Map Guide to the U.S. Federal Censuses, 1790–1920*. Baltimore: Genealogical publishing Co., Inc, 1987.

Trattner, W. I. *From Poor Law to Welfare State: A History of Social Welfare in America*. Second edition. New York: The Free Press, 1979.

Tregaskis, C. 'Social Model Theory: the story so far ...' *Disability and Society* 17 (2002), 457–470.

Turner, David M. & Stagg, Kevin, eds. *Social Histories of Disability and Deformity*. Abingdon: Routledge, 2006.

Ulrich, Laurel Thatcher. *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785–1812*. New York: Vintage Books, 1990.

—. *The Age of Homespun: Objects and Stories in the Creation of an American Myth*. New York: Vintage Books, 2001.

Ultee, Maarten, ed. *Adapting to Conditions: War and Society in the Eighteenth Century*. University, AL: University of Alabama Press, 1986.

Underdal, S. J., ed. *Military History of the American Revolution: Proceedings of the 6th Military History Symposium, United States Airforce Academy, 10–11 October 1974*. Washington D.C.: Office of Airforce History, 1976.

Vickers, Daniel. *Farmers & Fishermen: Two Centuries of Work in Essex County, Massachusetts, 1630–1850*. Chapel Hill: The University of North Carolina Press, 1994.

Vinovskis, Maris A. 'Have Social Historians Lost the Civil War? Some Preliminary Demographic Speculations'. *Journal of American History* 76 (1989), 34–58.

Walton, J. K. 'Lunacy in the Industrial Revolution: A Study of Asylum Admissions in Lancashire, 1848–50'. *Journal of Social History* 13 (1979), 1–22.

Ward, Harry M. *The American Revolution: Nationhood Achieved, 1763–1788*. New York: St Martin's Press, 1995.

Weber, G. A. & Schmeckebier, L. F. *The Veterans' Administration: Its History, Activities and Organization*. Washington, D.C.: The Brookings Institution, 1934.

White, V. D. *Genealogical Abstracts of Revolutionary War Pension Files*. Waynesboro, Tenn.: The National Historical Publishing Co., 1990, 3 vols.

Wolf, Stephanie G. *As Various as their Land: The Everyday Lives of Eighteenth-Century Americans*. New York: HarperPerennial, 1994.

—. *Urban Village: Population, Community, and Family Structure in Germantown, Pennsylvania, 1683–1800*. Princeton: Princeton University Press, 1976.

Woloch, Isser. *The French Veteran from the Revolution to the Restoration*. Chapel Hill: University of North Carolina Press, 1979.

—. "'A Sacred Debt': Veterans and the State in Revolutionary and Napoleonic France'. In Gerber, ed. *Disabled Veterans in History*, 145–162.

Wooden, Allen C. 'The Wounds and Weapons of the Revolutionary War from 1775–1783'. *Delaware Medical Journal* 33 (1972), 59–65.

Wright, John W. 'Some Notes on the Continental Army'. *William and Mary Quarterly*, 2nd ser. 2 (1931), 81–105.

Young, Alfred F. 'George Robert Twelves Hewes (1742–1840): A Boston Shoemaker and the Memory of the American Revolution'. *William and Mary Quarterly* 38 (1981), 561–623.

—. *The Shoemaker and the Tea Party: Memory and the American Revolution*. Boston: Beacon Press, 1999.

—. *Masquerade: The Life and Times of Deborah Sampson, Continental Soldier*. New York: Alfred A. Knopf, 2004.

