

# The origins of sport for disabled people

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The disabled sports movement is considered to have started in 1948 when, under the aegis of Ludwig Guttmann, England hosted the first wheelchair games at Stoke Mandeville Hospital. In this review, we challenge the assumption that sport for disabled people started after the Second World War and contend that it was already practised in an organised fashion in France, Germany and the UK before and after the First World War.

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## Introduction

The popularity of competitive sport for disabled athletes was in evidence in London in 2012 when the Paralympics followed the Olympic Games in the same venue, with worldwide television coverage and with equal success. It has long been assumed that sport for disabled people started as a consequence of the large number of disabled veterans from the Second World War in both the USA and the UK, with the dual purpose of relieving boredom through recreation and providing an opportunity to enhance the patient's rehabilitation. The disabled sports movement is considered to have started in 1948 when, under the aegis of Ludwig Guttmann, England hosted the first wheelchair games at Stoke Mandeville Hospital. This was an informal competition in wheelchair archery pitching 16 male patients with spinal injuries against veterans from the nearby Star & Garter Home for Disabled Ex-Servicemen.

In this review, we challenge the assumption that sport for disabled people started after the Second World War and contend that it was already practised in an organised fashion in France, Germany and the UK before and after the First World War. We show how the disabled sports movement was born as a result of the marginalisation of disabled people by able-bodied people and how competitive sport gave the athletes a means to express their identity, establish their own independence and gain recognition.

## Review of the literature

Much of the literature on sport for disabled people covers the post-Second World War period.<sup>1–4</sup> Historians have described the genesis of the Paralympic movement and the ensuing transition from rehabilitation to sporting excellence together with the sociological aspects of sport for disabled people.<sup>5–8</sup>

There is little research into the origins of sport for disabled people, particularly on the international front prior to the Second World War. With the exception of Licht, Anderson, Silver, Popovic, Fortescue Fox, Lorenzen and, more recently, Heggie and Yogi Mayer, little has been written on the subject and textbooks by Holt and Mason on the history of sport make no reference to sport for disabled people.<sup>9–18</sup>

In his *Textbook of Sport for the Disabled*, Ludwig Guttmann provides a historical account in which he describes at length the therapeutic use of physical exercise through the ages. In contrast, his examples of early participation in competitive sport are anecdotal. While he acknowledges the use of sport for rehabilitation in Germany before and especially after the First World War for the treatment of deaf or blind people and those with amputated limbs, he asserts that participation waned and that organised competitive sport is a recent development which stems from the casualties resulting from the Second World War.<sup>19</sup>

## The origins of sport for disabled people

Before the welfare state, disabled people received little support and relied on their own efforts and charitable support to survive. Many formed their own organisations not only to represent their interests in society but to offer a forum for socialising. Much of the sport practised by disabled people stemmed from those organisations. Some emerged as early as 1834; in France, the Comité des sourds-muets (Deaf Mute Committee) was the vanguard of the international deaf mute movement which would establish the deaf games in 1924. Others were formed after the First World War to assist disabled ex-servicemen. In the UK, many of the organisations were charities not controlled by disabled people. St Dunstan's was opened in a villa in Regents Park in 1915 (now the residence of the American Ambassador) for the care of blind

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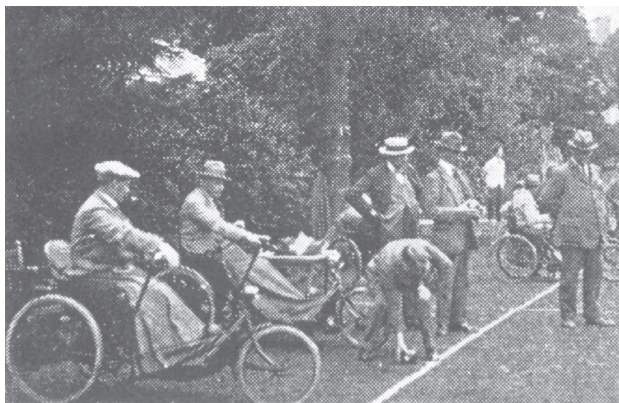
people, and the National Sports League for the Blind was formed in 1930. Those with amputated limbs were cared for at Queen Mary's Hospital in Roehampton, which from 1915 became the main limb fitting hospital in England. There is ample evidence of sport being practised by disabled people in the UK, Germany and France prior to the Second World War.

## United Kingdom

The first account of sport being practised by disabled people, particularly horse riding, is the classic work by Fuller, *Medicina Gymnastica [Medical Gymnastics]*, where he describes exercise as an adjunct to medical treatment.<sup>20</sup> One of the first records of disabled people participating in competitive sport was at Greenwich Hospital during the Napoleonic wars (1799–1815) when a team of one-armed patients played a team of one-legged patients at cricket.<sup>21</sup> Another described a sports festival at Newmarket Heath where two people, both with an amputated leg, were each provided with a wooden leg to compete in a walking race. In 1904, the Chalfont Colony for Epileptics in Buckinghamshire boasted a recreational hall built by the residents themselves and participation in outdoor sports is recorded in their in-house magazine.<sup>22</sup>

During the First World War, volleyball was introduced in the UK for persons with amputations, and non-competitive swimming was used as a means of rehabilitation.<sup>23</sup> During and after the First World War, various welfare institutions and societies were formed to represent specific groups of disabled people. The Disabled Drivers Motor club, founded in 1922, organised frequent rallies and competitive events, the British Society of One-Armed Golfers was founded in 1932, staging an international tournament between Scotland and England in 1934. St Dunstan's, a centre opened in 1915, catered exclusively for blind ex-servicemen, Queen Mary's at Roehampton provided treatment for soldiers with amputated limbs, the Star & Garter Home for Disabled Ex-Servicemen provided a permanent home for those disabled by war. From the outset they used competitive sport as part of the rehabilitation programme. Rowing was particularly popular and by May 1918 the residents at St Dunstan's had 48 boats on Regents Park Lake for training and competing. Other competitive activities included tug of war, running, athletics, shot put, skipping races, swimming races at the Marylebone baths, and rope climbing. Worcester College for the Blind, now named New College Worcester, was a public school for boys who were blind or partially sighted. Now celebrating its 150th year, the school had a highly rated rowing team and held a regatta competing against St Dunstan's. Unlike blind residents of St Dunstan's, Star & Garter residents suffered from a variety of disabilities. On 11 November 1920, they formed their own Star & Garter Sports Club and participated in tennis matches, bowls, croquet, cricket and various wheelchair races.<sup>10</sup> The first ever wheelchair sports day took place at the Star & Garter Home in Sandgate in 1923 with croquet competitions. While sport and physical exercise were part of programmes of rehabilitation, sometimes it was for purely recreational purposes.<sup>10</sup>

**Figure 1** Bowling competition at the Star and Garter Home taken from the *Star and Garter Annual Medical Report, 1923*. © The Royal Star and Garter Homes



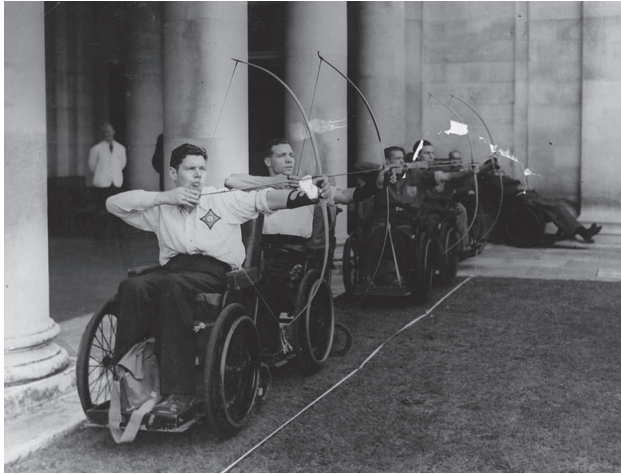
Sporting events for disabled ex-servicemen took place all over Britain but, according to Anderson, there is no evidence of particular instructions from the War Office ordering that such games be part of the regime for disabled ex-servicemen.<sup>10</sup> Rather this was a way for the disabled servicemen to demonstrate their ability, despite their injury, and allow them to aspire to normality. In 1925, a team from the Star & Garter played billiards with the local Belmont Working Men's Club, showing that they did on occasion compete against able-bodied men. Fundraising was important for financial support and recognition.

Before the Second World War there is no mention of disabled people playing sport in the *National Cripples Journal*. Anderson suggests that this could be because they were fearful of publicising the sporting achievements of their residents in case this contributed to a loss of the public's sympathy and therefore a loss in revenue.<sup>10</sup> St Dunstan's, the Star & Garter and Roehampton held regular competitions opened to the general public, thereby providing much needed funds towards the maintenance of their institutions and the purchase of sporting equipment and facilities.

## Germany

Before the First World War, Germany led the field in medical science and education and sports medicine. The practice of sport was part of the cultural ethos and it was the duty of each individual to be fit for the good of the fatherland to serve as soldiers. Large numbers of participants took part in these sport sessions, which were staged like a military procession with patriotism at its core. As a result German soldiers were much fitter than their counterparts in France and Britain.<sup>24</sup> Sports medicine as a scientific discipline was well established in Germany and Switzerland. The association of German sports doctors was founded in 1912, soon after the Dresdener Hygiene Ausstellung [Dresden Hygiene Exhibition] of 1911 where a sports laboratory, with a strong research emphasis on the physiology of exercise, had first been exhibited.<sup>25</sup> Breslau, where Guttmann had worked, had the first institute of sports medicine. Many German universities had a medical laboratory where they carried out physiological studies on the use of exercise.

**Figure 2** The first archery competition between the Royal Star and Garter Home and Stoke Mandeville Hospital organised by Ludwig Guttmann to coincide with the 1948 London Olympics. Reproduced by kind permission of the Wellcome Library, London

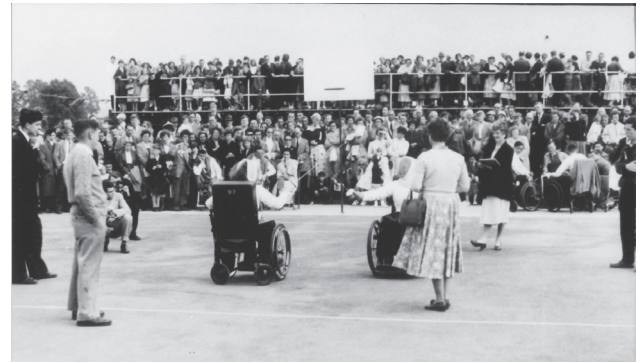


The sports club for the deaf started in Berlin in 1888 and there was growing interest in sport among disabled people. August Bier (1861–1949), a German surgeon, believed in the benefits of gymnastics and sport. He became the first head of the School for Physical Education in Berlin in 1920, the predecessor of the Academy of Exercise and Physical Education and Carl Diem was his deputy. Germany provided the catalyst for the establishment of the first federation of sports medicine. Students would be taught about the benefits of sports medicine, health and rehabilitation through sport and exercise. In 1928, Bier suggested that in order to understand how to use sport for therapeutic purposes, doctors should first practise the said sport in order to gain insight.<sup>26</sup> After the First World War, despite efforts by physicians and surgeons such as Bier, Mallwitz, Biesalsky, Kohlrusch, Diem, Schede and Wurtz to promote sport, interest waned.

With the advent of the Nazi party, doctors joined the senior ranks of the SS because this provided them with funding and facilities to further their work. Karl Gebhardt (1897–1948) had a distinguished career as professor of sports medicine and his main concern was to facilitate recovery after surgery using early physiotherapy and mobilisation. He instituted exercise immediately following surgery to return disabled people to an active working life. He set up rehabilitation camps at Hohenaschau in Bavaria especially for the young to benefit from fresh air, sunlight and outdoor exercise. Gebhardt followed his teacher Sauerbruch to Berlin. He became the first professor of sports medicine and was appointed in 1933 to the Academy for Exercise and Physical Education [Hochschule für Leibesübungen] following in the steps of August Bier and Sauerbruch.<sup>27</sup> In 1933 Gebhardt was appointed director of Hohenlychen Hospital, the first rehabilitation clinic in Germany generously funded by the Government.

A delegation from the British Legion visited Hohenlychen where they saw various forms of sport such as football, shot put and high jump to make soldiers with amputations as strong as able-bodied men. They describe ‘men hopping

**Figure 3** Fencing competition in the car park at Stoke Mandeville Hospital. Reproduced with permission of Springer Nature<sup>32</sup>



about on one leg playing football with men with one arm’.<sup>28</sup> The delegation was very impressed, describing ‘a first-rate place cram full of new ideas’.<sup>28</sup> When they later tried to apply this approach to the UK, British medical opinion advised against it. Hohenlychen became a sports sanatorium for the Reich and the central hospital for the sportsmen and women who participated in the 1936 Olympic Games.

In Germany, there was a hierarchical system in medicine believing that there should be one doctor in charge of the department (a professor) who would direct all aspects of patient management and research. It is interesting that two of the doctors, Conti and Gebhardt, held high ranks in the SS. Conti was the chief physician of the Reich and had been the doctor to the German Olympic team. Gebhardt followed in his footsteps and was chief surgeon to the SS. The Nazi attitude towards sports medicine and disabled people was extraordinary and ambivalent. They had sports clinics which were part of the university establishment. The individual had to be in a good physical condition for the good of the State and they sent the doctors for sports training. On the other hand, the Nazi party believed that disabled people should be eliminated and up to 250,000 were killed in Germany.<sup>29</sup> Its attitude towards the Olympics was bizarre. Hitler was initially opposed, saying it was a Jewish organisation and at the Berlin games of 1936 he refused to shake hands with Jessie Owens because he was black.

## France

In France, sport was becoming formally organised at the end of the 19th century and in the 1880s sport for deaf people started at the same time as the first sports clubs for hearing people.<sup>30</sup> The first deaf mute cycling club was formed in 1899 and the Deaf Mute Athletic Club of Paris in 1911. The objective of these clubs was integration into society but able-bodied sports organisations refused to compete with them because they thought they would have to adapt the rules and because they had concerns about safety. As a result of this marginalisation, the movement grew and by 1921 there were nine sports clubs for the deaf. By 1919, a national umbrella federation represented all clubs for the deaf in France. The Paris 1924 games for the deaf, or ‘Silent Games’ as they were then called, adopted all the characteristics of the Olympic movement including emblem,

flags, anthem, ceremony and oath and followed all the rules of able-bodied sporting organisations in an effort to obtain future accreditation.

## United States of America

McKenzie, a director of the department of physical education at the University of Pennsylvania, was highly influential and wrote a textbook on exercise in 1923. He argued that physical development of visually impaired boys was below that of normal boys of the same age, thus showing a greater need for physical training. He recommended compulsory sport in all institutions with specially adapted facilities to allow games and other forms of physical exercise to be practised with safety and abandon, such as a handrail along the running track or brick tracks to warn of approaching danger. He described games for deaf mutes, such as basketball, and physical activity for the 'mentally weak and feeble' [mentally disabled], arguing that it would both relieve boredom and convey physical benefits. Segregation precluded them from engaging in games with able-bodied children.<sup>24</sup> For adults with a disability, Deaver and Brown described the emotional and therapeutic benefits of recreation.

It is just as important to teach the crutch-worker social and sports activities best suited to his disability as it is to teach him to travel and care for his daily needs.<sup>31</sup>

Disabled patients were encouraged to play games such as basketball, quoits, table tennis and billiards but the emphasis was on testing their physical capacity to perform daily activities.<sup>32</sup>

Tabulated records of everyday movements to assess achievements and evaluate improvements following rehabilitation were meticulously kept, a technique which was subsequently adopted by the physiotherapists at Stoke Mandeville Hospital. In contrast to France, the UK and Germany, no evidence could be found of any competitive sport for disabled people in the USA prior to the end of the Second World War. Wheelchair basketball was the driving force in the establishment of disabled competitive sport in the USA. Wheelchair basketball took place in the Veterans Administration hospitals from 1945, organised by the Paralyzed Veterans of America themselves. The first National Wheelchair Basketball tournament was held in Galesburg, Illinois, in 1949 and comprised six competing teams with specialised sporting chairs and facilities. The competitions were organised by the patients not the doctors.

## Discussion

Competitive sport for disabled people took place in the early part of the 20th century in France, the UK and Germany but only occasionally did they compete with able-bodied people. There is some evidence, particularly in France, that the able-bodied were reluctant to compete with disabled athletes. Disabled athletes were forced to set up their own organisations to instigate sporting events as they were

discriminated against and ostracised. While participation in sport had a clear rehabilitation element, the competitive aspect led to wider participation and internationalisation of the disabled sports movement. Sports clubs were regulated by disabled athletes themselves in much the same way as any sporting body.

In 1917, Fortescue Fox described the use of exercise and games for servicemen with amputations. After the Second World War, servicemen who had suffered a spinal injury could see the benefits of strengthening their muscles so they could be more independent in the transfer to and from their wheelchairs.

From the beginning there seemed to be two thrusts to the use of exercise. Those who suffered physical loss could benefit from physiotherapy and exercise and, in order to make the exercise less boring, the use of games was introduced, and was medically directed. This meant that those who had suffered a lower limb amputation developed strength in their arms which helped them to better handle their crutches, and those suffering from paraplegia were better able to wheel their chairs using the power of their arms. Those who were visually impaired, deaf or had learning difficulties had no need to become physically strong so their participation in sport was to obtain recognition, to avoid boredom and socialise and this was engineered by the athletes themselves. This also gave them greater independence and helped them gain confidence.

Sport for disabled people evolved in different ways depending on each country's attitude to the benefits of sport and on the disability. In England, sport was regarded as a non-productive consumption of time and sporting facilities were paid for at public schools through alumni contributions and classrooms were dingy, contrasting strongly with the superbly kept sports fields. In Germany, exercise was considered a duty and sport was considered essential to keep the population fit and healthy and Germany was at the forefront of scientific development. It had physiology laboratories in which the body's response to exercise was investigated. The Nazis had an ambivalent attitude to sport and many of the doctors who were involved in sports medicine, either fortuitously or deliberately, were involved with the Nazi party. The Nazis could provide them with facilities, clinics and subordinates so they could develop their interest. In the USA, sport quickly became professionalised and paraplegic athletes insisted on having proper facilities and an appropriate remuneration.

Today we have an ambivalent attitude towards disabled people in society. While we admire the achievements of disabled athletes such as Tanni Grey Thompson and David Weir, many other disabled people are still seen as tragic victims. While we were quick to praise the achievements of people like Douglas Bader there were concerted attempts to conceal the fact that Franklin Roosevelt was disabled and he would not be seen in a wheelchair.

Representations of disability in society have been widely explored by Oliver and Davis, among others. Oliver has

suggested that measures of success would often be judged by how closely disabled people could equate to the norm, leading to pressure to 'walk again' rather than gain mobility in a wheelchair. This was experienced with much resentment by Finkelstein:

If, as happened to me following my spinal injury, the disability cannot be cured, normative assumptions are not abandoned. On the contrary, they are reformulated so that they not only dominate the treatment phase searching for a cure but also totally colour the helper's perception of the rest of that person's life. The rehabilitation aim becomes to assist the individual to be as 'normal as possible'. The result for me was endless soul destroying hours at Stoke Mandeville Hospital trying to approximate to able-bodied standards by 'walking' with callipers and crutches.<sup>7</sup>


Oliver argues that society and the environment should allow disabled people to be full members of society and that rehabilitation should support this. Davis describes how before the Second World War, the medical profession exerted control over disabled people by imposing various forms of therapy and defining them through their impairments such as being blind, deaf or amputees. He equates disabled people with other minority groups such as Jews, women and black people, who were often stigmatised and ostracised by the 'normal' majority.<sup>8</sup>

Not only did the medical profession seek to control the rehabilitation of disabled people, but the sporting movement as well. Guttman was opposed to anyone else joining his movement if they had not suffered a spinal injury. Jousse in Canada insisted that his patients should go moose hunting like able-bodied people. Heggie states that Guttman was not the first to use sport as a moral and psychological curative or a means of reintegration for marginalised groups but is significant for its overwhelmingly medical discourse and government funding.<sup>15</sup> The medical benefits were paramount and only later did the sports evolve into formal competitions culminating with the Wheelchair Games at Stoke Mandeville in the summer of 1948. The results of these pioneering competitions were not recorded which suggests again that the sporting achievements and the competitive results were not the main focus in the early days.<sup>4</sup>

While disabled ex-servicemen were actively encouraged to indulge in sport, civilians were not as widely supported before the 1940s. Deaf people, due to a lack of outward signs of their disability remained within their own special group and never joined in with the majority of disabled people. People suffering from paraplegia or tetraplegia, initially under the control of the medical profession, broke away and formed their own governing body and set their own rules and thus it became professionalised with appropriate standards.

## Conclusion

The evidence presented shows that in the first half of the 20th century, long before the Stoke Mandeville Wheelchair Games came into being, there was already an active competitive sports movement in France, Germany, and the UK for deaf people, blind people and people with amputations. This was driven by a desire from doctors to make their patients stronger, especially in Germany, and a determination on the part of disabled people to gain independence and recognition. The First World War further contributed to the growth of the movement because of the large number of disabled ex-servicemen in all countries involved in the conflict. In the face of rejection and marginalisation from able-bodied athletes and society as a whole, disabled sportsmen and women had to rely on the help of charitable institutions or were forced to form their own sporting organisations. The timescale for the development of sport for the disabled varied from country to country. Competitive sport for rehabilitation continued in Germany between the wars particularly under the Nazi regime, but there was no competitive sport in the USA until after the Second World War, with the advent of the Veteran's hospitals basketball teams.

It was the competitive element of sport, culminating with the Paralympics, which prompted the internationalisation and later the professionalisation of the disabled sports movement. This started in the USA and soon came to the UK, and many of the athletes became full-time sportsmen and sportswomen for whom winning or losing became paramount as funding depended on it. It is not the purpose of this paper to explore the evolution of the Paralympics because the literature is both plentiful and mired in controversy and politics. Ludwig Guttman had admirers and detractors. His admirers maintain that he was an innovator and that nothing existed before the creation of the Paraplegic games. Most probably he was an instigator, inspired prior to his coming to England by the use of sport for rehabilitation in Breslau, the first Institute of sports medicine in Germany, and later by the sporting competitions he witnessed at the Star & Garter homes where he was a consultant. His detractors condemn the way he and the medical profession exerted control over disabled people, their rehabilitation and their sports movement leading to division, law suits and break away organisations. Nevertheless, Heggie's assertion that disabled sportsmen started as 'battling soldiers' but became sportsmen and women in their own right by the 20th century is unequivocal.<sup>15</sup> 

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