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TWENTY YEARS OF PROGRESS. . . AN EDITORIAL

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At the end of World War II the Veterans Administration faced a chaotic situation in prosthetic and sensory aids. The problems of the amputees were particularly acute. Thousands of servicemen were being discharged rapidly, fitted and trained in military and naval amputation centers with serviceable but supposedly “temporary” artificial limbs. The amputees were referred for “permanent” limbs to the Veterans Administration outpatient clinics, which already were understaffed, crowded, and short of physical facilities.

The commercial artificial limb-makers of the country, only a few hundred in number, were hand-craftsmen, each proud of his skills and in many cases, of his individual invention of a specific knee, ankle, or other mechanical feature. Typically, the shop was a small one in a low-rent neighborhood. Its able-bodied men had gone off to service, and the older—and often physically handicapped—owner had been swamped during the war years with demands for new limbs from civilian amputees. For the first time, perhaps, since the Depression, these handicapped civilians were welcomed by employers as draft-free 4F's, so at least these amputees could afford badly needed repairs and replacements of their prostheses. Thus the new veteran with a purchase order for “one leg, artificial” arrived at a

limb shop which was already seemingly hopelessly overloaded and having very slow delivery of a hand-made custom product.

To add to the confusion, the Veterans Administration for years had purchased artificial limbs—as it and other government agencies conventionally and successfully purchased numerous other items—from a single low bidder in a given district who seemed to meet the specifications. The difficulties in specifying the intangible qualities of fitting, comfort, and interpersonal relationships were overlooked. As in other routine procurement contracts, the Government was willing to change sources each fiscal year as the lowest bidder happened to change. No single physician or supply officer or administrative official had overall responsibility or even a coordinating role in an essentially fragmented program. All concerned with prosthetics, even when dedicated to this unique field, were also concerned, usually *far* more crucially, with numerous other responsibilities.

This it is understandable, particularly in calmer retrospect, that VA officials issued “prescriptions” which were in essence purchase orders, that limb shops had long waiting lists and slow delivery times, but that individual amputee veterans, conditioned by assurances of the service amputation centers, somehow expected prompt replacement of their

“temporary” prosthesis with even better “permanent” devices. The importance of such factors as prescription to meet individual needs or of precise fitting and biomechanical alignment was only vaguely perceived by a minority; most emphasis was placed on special devices which commanded higher prices in the civilian market but tended to prevent VA's acceptance under the then-routine low-bid procedure. The newly discharged amputee, only recently assured that he was a hero and perhaps used as a speaker at War Bond rallies, was understandably furious when told *he* could not have a special, often highly touted, feature available to civilians because it was not the cheapest available device. The objective value of the feature, if any, was lost in the emotion engendered.

The situation was crystallized in a cartoon of Autumn, 1945, in which a wounded veteran in casts and traction frame is visited by old buddies, sporting the then-familiar “Ruptured Duck” discharged pin. He poignantly asks them, “Tell, fellows, what's it like outside? Am I still a wounded hero or just a drain on the taxpayer?” In November 1945, the answer was still overwhelmingly in favor of the hero concept.

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