‘I shall have to learn to live all over again’: Injury, Disability and Relationships in the lives of Second World War Servicemen

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This thesis is the result of the author's original research. It has been composed by the author and has not been previously submitted for examination which has led to the award of a degree.

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Abstract

In this thesis I will examine the experiences of servicemen who were injured and disabled by service in the armed forces during the Second World War. I follow the serviceman from the site of injury to hospitalisation, rehabilitation and finally to life after war service. In addition, I explore the relationships servicemen formed at each stage of their recovery and what these meant to men. Throughout this thesis I adopt a person-centred approach by focusing on the actual lived experiences of servicemen, the nurses who cared for them and the women who entered relationships with them. In doing so, I make use of a range of sources such as my own interviews, previously conducted oral histories, private papers, hospital magazines and pension records. The main themes of the thesis are gender, masculinity, disability, and relationships. Relationships presents itself as a dominant theme throughout this thesis and is its most original finding. Interactions and relationships played a role in men's experiences at every stage of their journey, from injury to hospital and surgery to rehabilitation and finally finding work as a disabled man. The importance of men's relationships appears in several different contexts, friendship with comrades, sex and intimacy, shame, and embarrassment from public reactions to them and the opportunities afforded to them in the workplace. Interactions and relationships ultimately shaped men's experience and memory of wartime disability. Those men who had strong support systems in the form of surgeons, comrades, romantic partners, family, and work had more positive experiences of wartime disability.

List of Abbreviations

Auxiliary Territorial Service (ATS)
British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)
British Limbless Ex-Servicemen's Association (BLESMA)
Imperial War Museum (IWM)
Imperial War Museum Sound Archive (IWM SA)
Royal Air Force (RAF)
Royal College of Nursing (RCNA)
The National Archives Kew (TNA)
Voluntary Aid Detachments (VAD)
Women's Auxiliary Air Force (WAAF)
Women's Royal Navy Service (WRNS)

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Introduction

> The attentive and perceptively wary attitude of the nursing staff puzzles me until I make the shattering discovery that, unknowingly, I had undergone drastic surgery and had been sawn in half. Nobody had warned me beforehand about the impending operation and nobody had told me about the result of it afterwards…face up to my disability and realise that I shall have to learn to live all over again.[1]

These are the words of Frederick Cottam, taken from the synopsis of his unpublished memoir written in 2001. Frederick was nineteen years old and serving with the Royal Warwickshire Regiment in Belgium in 1940 when he was badly wounded by mortar fire, which resulted in the amputation of both his legs above the knee.[2] The sudden and shocking discovery that he was disabled and would have to learn how to live with a disability was the reality shared by thousands of servicemen injured in the Second World War. Of the British Armed Forces 277,077 servicemen were injured during the conflict.[3] Statistics from the Ministry of Pensions showed that 501,436 Second World War veterans were in receipt of a disability pension related to war service by 1953.[4] Advancements in medicine and surgery such as the use of blood transfusions and antibiotics meant that servicemen were surviving injuries that they might have succumbed to during the First World War. For example, those who suffered amputations or became paralysed and who often would have died in hospitals overseas now survived long enough to receive proper treatment and rehabilitation back home in Britain.[5] Servicemen

[1] F. T. Cottam, Private Papers, Imperial War Museum Archive, Documents.18942, p. 1.
[2] *Ibid*, p. 94.
[3] Strength and Casualties of the Armed Forces and Auxiliary Services of the United Kingdom 1939–1945 (1946, Cmd. 6832), p. 7.
[4] Cited in E. Jones, I. Palmer & S. Wessely, 'War pensions (1900–1945): changing models of psychological understanding', *The British Journal of Psychiatry*, 180:4 (2002), p. 378.
[5] A. Hardy, *Health and Medicine in Britain since 1860,* (Britain: Palgrave, 2001), p. 104., J. Ellis, *The Sharp End: The Fighting Man In World War II,* (London: Aurum Press, 2009), p. 170., J. Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation',* (Manchester: Manchester University Press, 2011), p. 74.

required both physical and psychological rehabilitation to adapt to their altered bodily states and readjust to civilian life.[6] This thesis follows their experiences from the point of injury, to surgical treatments, then to rehabilitation and life in hospitals and at home, and finally to their return to work. The variety of sources I have consulted have led me to focus this thesis on two main groups of disabled servicemen - the facially disfigured and amputees. The key themes at the heart of this thesis are those of gender, masculinity, disability, and sexuality. It highlights the significance of the relationships that these men formed, with their carers, with each other, and with friends and family. By looking at the personal accounts of disabled servicemen and the people who surrounded them, this thesis sheds new light on the lived experience of wartime service, the implications of wounding and disability on everyday lives, and what it meant to be a man in Britain during the Second World War.

Disabled Veterans in History

Traditionally historians of war and disability have looked at the medical developments, surgical techniques, prosthetics, and rehabilitation used to treat disabled servicemen and State responses to military disability in wartime.[7] Many of the studies that focus on the treatment and rehabilitation of injured servicemen who became amputees explore the experiences of American or British servicemen of the First World War. These accounts have also focused on

[6] S. Michel, 'Danger on the Home Front: Motherhood, Sexuality, and Disabled Veterans in American Postwar Films', *Journal of the History of Sexuality*, 3:1 (1992), p. 109.

[7] J. Anderson, *War, Disability and Rehabilitation in Britain*, D. Tolhurst, *Pioneers in Plastic Surgery*., L. Mosley, *Faces from the Fire*, K. Ott, D. Serlin & S. Mihm (eds.), *Artificial Parts, Practical Lives: Modern Histories of Prosthetics* (New York: New York University Press, 2002).

the medical professionals who administered treatment to servicemen with amputations.[8] In her work on rehabilitation in First World War America, Beth Linker explores how and why amputees became the 'gold standard' example of rehabilitation. Linker argues that even though servicemen with amputations only made-up 5 percent of injured servicemen by the end of the First World War these men became exemplary role models for the rehabilitation of those with all types of war disabilities. Linker argues that this was because the amputee with the help of a prosthetic limb could appear 'cured'. Indeed, she demonstrates that images and success stories of amputee servicemen were used by anti-pension advocates to support and somewhat exaggerate the results of rehabilitation that were supposedly achievable by all disabled servicemen. In addition, Linker argues that prosthetic limbs enabled the State, caregivers and society to engage in the idea that the human cost of war could be forgotten and fixed by technology.[9] Histories of facial wounds have also often focused on the plastic surgery techniques developed in wartime. Most notably the skin grafting methods pioneered by Harold Gillies and Archibald McIndoe in Britain during the First and Second World Wars.[10] However, there has been less scholarly attention on the social and cultural aspects of treatment or the

[8] P. J. Dougherty & M. DeMaio, 'Major General Norman T. Kirk and Amputee Care During World War II', *Clinical Orthopaedics and Related Research*, 472:10 (2014): 3107-3113., A. Shaheen, *Great War Prostheses in American Literature and Culture*, (Oxford: Oxford University Press, 2020)., B. Linker, 'Gender, Physiotherapy, and Medicine in Early–Twentieth-Century America', *Journal of Women's History*, 17:3 (2005): 105-132., D. Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939*, (London: University of California Press, 2001)., A. Carden-Coyne, 'Painful bodies and brutal women: remedial massage, gender relations and cultural agency in military hospitals, 1914-18', Journal of War & Culture Studies, 1:2 (2008): 139-158., A. Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*, (USA: Oxford University Press, 2014).

[9] B. Linker, *War's Waste: Rehabilitation in World War I America*, (Chicago: University of Chicago Press, 2011), p. 1-8.

[10] D. Tolhurst, *Pioneers in Plastic Surgery*, (New York: Springer, 2015)., L. Mosley, *Faces from the Fire: The Biography of Sir Archibald McIndoe*, (London: Weidenfeld and Nicolson, 1962)., Goodwin, Y., 'Time is the Healer: McIndoe's Guinea Pigs Fifty Years On', *British Journal of Plastic Surgery*, 50:2 (1997), p. 98., A. H. McIndoe, 'Total Reconstruction', of the Burned Face: The Bradshaw Lecture 1958', *British Journal of Plastic Surgery*, 36:4 (1983), p. 414-415.

experience of rehabilitation for men who suffered facial injuries. In her study of McIndoe's work, Emily Mayhew includes the recollections of some servicemen who were members of the famous Guinea Pig Club at East Grinstead. The club was formed by servicemen who had suffered burns and been treated by McIndoe. However, her focus is on the ambitions and achievements of McIndoe himself and not the patients he treated.[11]

On the other hand, there is a new generation of historians who have used gender as a key theme to explore social and cultural representations of disabled servicemen and their personal experiences. While the personal accounts of amputees, war-blinded, paralysed and psychologically injured have been examined elsewhere, the voices of facially injured servicemen from the Second World War have been largely ignored.[12] Studies that focus on experiences and representations of facially disfigured servicemen have tended to centre on 1914-1918. According to Eilis Boyle, facially disfigured servicemen were excluded from the rhetoric of heroic masculinity associated with other war wounds. Instead, narratives of facial wounds were framed by despair which emasculated and ostracized the facially disfigured.[13] Suzannah Biernoff uses a range of images of facially disfigured servicemen to present a study of visual culture. By examining the absence of such images from First World War Britain and public discourse Biernoff highlights the visual anxiety and culture of aversion that surrounded disfigured First World War veterans. Thus, Biernoff argues that to be human is not only a

[11] E. R. Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, the Royal Air Force and the Guinea Pig Club*, (London: Greenhill Books, 2004).
[12] D. Gerber, (ed.), *Disabled Veterans in History*, (Michigan: University of Michigan Press, 2012)., J. Anderson, *War, Disability and Rehabilitation in Britain*., D. Serlin, 'Engineering Masculinity: Veterans and Prosthetics after World War Two', p. 47-74., B. Shephard, *A War of Nerves: Soldiers and Psychiatrists, 1914-1994*, (London: Pimlico, 2000).
[13] E. Boyle, "An uglier duckling than before': Reclaiming agency and visibility amongst facially-wounded ex-servicemen in Britain after the First World War', *Alter,* 13:4 (2019): 308-322.

biological entity but also cultural and aesthetic.[14] Marjorie Gehrhardt examines the experiences of facially disfigured servicemen in France, Germany, and Britain. Although disfigured servicemen's experiences in these countries were different Gehrhardt argues that two patterns emerged from public perceptions of these men. On the one hand they were isolated as unfortunate monstrous victims or heroes and on the other they were overly and explicitly normalised.[15] As such this thesis explores the extent to which these experiences were replicated among facially disfigured servicemen during the Second World War. Even though plastic surgery techniques were more refined, facial injuries were still psychologically damaging. Faces were reconstructed, yet men often felt a sense of loss and longing for their old appearances, which were inextricably linked to their sense of self.[16] Another area that has received considerable historic attention is the concept of beauty and the aesthetic results of reconstructive surgery.[17] Ana Carden-Coyne explores the First World War and argues that 'beauty and symmetry were the fundamental ideals of reconstructive surgery' and that surgeons based reconstructive surgery on classical masculine forms.[18] Whilst this may be true, Carden-Coyne places much emphasis on the outcome of such surgeries in terms of physical appearance. I highlight that many surgeons placed as much if not more importance on the level of function they could achieve for their patients over the aesthetic results of surgery. For example, basic activities such as blinking, eating, walking, and eventually working were deemed just as

[14] S. Biernoff, *Portraits of Violence: War and the Aesthetics of Disfigurement*, (Michigan: University of Michigan Press, 2017).
[15] M. Gehrhardt, *The Men with Broken Faces: 'Gueules Cassées' of the First World War*, (Bern: Peter Lang Ltd, 2015).
[16] S. Callister, 'Broken Gargoyles: The Photographic Representation of Severely Wounded New Zealand Soldiers', *Social History of Medicine,* 20:1 (2007), p. 123., F. Alberti, 'About the Face: Affective and Cultural History of Face Transplants', Recently funded (May 2019-April 2023) UK Research and Innovation Project.
[17] P. R. Deslandes, 'The Male Body, Beauty and Aesthetics in Modern British Culture', *History Compass*, 8:10 (2010): 1191-1208.
[18] A. Carden-Coyne, *Reconstructing the Body: Classicism, Modernism, and the First World War*, (Oxford: Oxford University Press, 2009), p. 96.

essential as a positive aesthetic outcome.[19] I argue that surgeons were not only concerned with how disabled servicemen could appear like an able-bodied man but also how much they could act like an able-bodied man.

David Serlin explores American society's fears of the emasculating effects of amputation on men and briefly touches on fears of the risk it posed to male heterosexuality.[20] Serlin argues that after the Second World War American society held onto 'normative models of masculinity' and feared returning soldiers who were amputees had lost their masculine body due to their disability. As a result, American propaganda began to depict amputees using prosthetics and engaging in 'normal' able-bodied masculine activities like smoking and dancing with attractive women. It aimed to convince the public and disabled veterans that they could readjust to civilian life. Serlin argues these efforts were more aimed at making the State and able-bodied public feel more comfortable about disabled veterans.[21] Some studies have compared the experiences and treatment of facially disfigured servicemen or servicemen with amputees from different countries like Britain, France and Germany but few compare the experiences of two groups of disabled servicemen with different injuries.[22] One exception is Julie Anderson who presents the most extensive body of work concerning the role of masculinity in the treatment and rehabilitation of disabled servicemen with different types of disabilities from both the First and Second World Wars. Anderson has provided studies on war amputees, the blind, paralysed and facially disfigured.[23] In her seminal *War, Disability and*

[19] D. R. Andrew, 'The Guinea Pig Club', *Aviation, Space, and Environmental Medicine*, 65:5 (1994): 428-433., J. Calder, *The Vanishing Willows: The Story of Erskine Hospital*, (Renfrewshire: Princess Louise Scottish Hospital, 1982).
[20] D. Serlin, 'Engineering Masculinity', p. 48, 56.
[21] D. Serlin, 'Engineering Masculinity', p. 47, 68.
[22] M. Gehrhardt, *The Men with Broken Faces*., D. Cohen, *The War Come Home*.
[23] J. Anderson, *War, Disability and Rehabilitation in Britain*., J. Anderson, ' 'Jumpy Stump': amputation and trauma in the first world war', *First World War Studies*, 6:1 (2015): 9-19., J.

Rehabilitation in Britain: 'Soul of a Nation', Anderson explores the attitudes towards disabled ex-servicemen and rehabilitation practices in Britain, highlighting the place of masculinity within these. To examine the role of masculinity within rehabilitation practices Anderson presents two case studies within her book, one of burned RAF aircrew treated by McIndoe at East Grinstead and one of paralysed servicemen treated by Ludwig Guttman at Stoke Mandeville. Wendy Gagen also examines rehabilitation and masculinity through the extensive record left behind by J. B. Middlebrook, a man who joined the King's Royal Rifle Corps in 1915 and was subsequently injured suffering the amputation of his left arm. Gagen argues that through the experience of injury and rehabilitation disabled servicemen from the First World War continued to define themselves within the ideals of hegemonic masculinity.[24] Others have shown how rehabilitation through physical exercise, sport and occupational therapy where important sites where servicemen could regain their masculinity.[25] Sexuality has also been the focus of some scholarly attention in this field. For example, through an exploration of film, literature and the League for Marrying Broken Heroes Joanna Bourke examines British anxieties concerning the heterosexuality and masculinity of disabled servicemen returning home from the First World War. Bourke argues that sexuality was a key ideology of heteronormative masculinity that disabled servicemen had to perform through marriage. In doing so, this would reinforce pre-war gender roles and see woman try to balance between the roles of nurturing maternal caregiver and feminine sexual partner.[26]

Anders, 'Stoics: Creating Identities at St Dunstan's 1914-1920', in S. McVeigh & N. Cooper (eds.), *Men After War*, (New York: Routledge, 2013).

[24] W. J. Gagen, 'Remastering the Body, Renegotiating Gender: Physical Disability and Masculinity during the First World War, the Case of JB Middlebrook', *European Review of History—Revue européenne d'Histoire,* 14:4 (2007), p. 526, 527, 529.

[25] J. Anderson, *War, Disability and Rehabilitation in Britain*., A. Carden-Coyne, *Reconstructing the Body*, p. 161-212., K. Ott, D. Serlin & S. Mihm (eds.), *Artificial Parts, Practical Lives*.

[26] J. Bourke, 'Love and limblessness: male heterosexuality, disability, and the Great War', *Journal of War & Culture Studies*, 9:1 (2016), p. 1-2, 8, 11-12.

Drawing on the examples of Gehrhardt, Gagen, Bourke and Anderson I will also examine the personal experiences of disabled servicemen. Whilst historians like Anderson and Serlin have highlighted the significance of masculinity in the treatment and rehabilitation of other groups of disabled veterans, this approach has not been adopted in studies of the facially disfigured.[27] I examine the experiences of servicemen treated at hospitals across the United Kingdom, focussing predominantly on those treated at East Grinstead Hospital, Rooksdown House and Roehampton Hospital. I choose to focus on these hospitals because the servicemen who were treated at them left behind the most detailed accounts of their experiences of injury, rehabilitation, and disability. Archival searches using the names of these hospitals also returned the most results for accessible sources such as private papers and oral histories. In addition, these hospitals were some of the most prominent of the time, offering advanced treatments in their specialist areas of facial and limb surgery and rehabilitation. The Queen Victoria Hospital East Grinstead was established as a Maxillofacial Surgery Unit in 1939. The majority of burned RAF personnel were treated at East Grinstead, run by Archibald McIndoe.[28] Other airmen, particularly those engaged in the Normandy Landings, and members of the Army were treated at Rooksdown House in Park Prewett Hospital, where a plastic surgery and jaw unit was established in 1940 and run by Harold Gillies.[29] McIndoe and Gillies were two of only four experienced plastic surgeons in the UK at the outbreak of the Second World War.[30] Gillies had achieved recognition as the founding father of plastic surgery for his work at the Queen Mary

[27] J. Anderson, *War, Disability and Rehabilitation in Britain*, D. Serlin, 'Engineering Masculinity: Veterans and Prosthetics after World War Two', in K. Ott, D. Serlin & S. Mihm (eds.), *Artificial Parts, Practical Lives: Modern Histories of Prosthetics* (New York: New York University Press, 2002), p. 47-74.
[28] J. Anderson, *War, Disability and Rehabilitation in Britain*, p. 84, 104-106, 109, 114.
[29] H. Gillies, 'Psyche and Surgery', *The Sunday Times*, Decemeber 8th 1957, British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS), BAPRAS/G/7., A. Bamji, 'Sir Harold Gillies: Surgical Pioneer', *Trauma*, 8:3 (2006), p. 151.
[30] *Ibid*, p. 150.

Hospital in Sidcup during the First World War.[31] McIndoe trained with his cousin Gillies from 1932-1939 and achieved equal acclaim for the new treatments he developed for burns whilst running East Grinstead.[32] Roehampton was established during the First World War as a military hospital to treat the war wounded and became renowned for its treatment and rehabilitation of amputees as well as making and fitting prosthetic limbs on site. Increasing demand for specialist limb injury treatment meant that by 1922 Roehampton began to accept civilian patients with limb injuries or congenital limb differences and continued to do so throughout and after the Second World War.[33] My approach builds on the comparative work of Anderson, Gehrhardt and Cohen by adopting a more patient centred approach through the use of a range of interviews and memoirs. I compare facially disfigured servicemen and amputee servicemen's personal experiences of injury, surgical treatment, and rehabilitation rather than focussing on the types of treatment, rehabilitation and government provisions they had access to. The choice to focus this thesis on the facially disfigured and amputees happened organically, during the early stages of research when I found that servicemen with these different injuries similarly expressed the importance of relationships to their experiences of recovery.

Building on to Anderson and Bourke's work on masculinity and sexuality, I provide a new perspective to the field of disability and rehabilitation history. I examine servicemen's personal experiences of disability, hospitalisation, and recovery through the lens of relationships, and the place of masculinity and sexuality within these relationships at different stages of recovery. In part of Chapter Two I illustrate the importance of friendships between

[31] N. Shastri-Hurst, 'Sir Harold Gillies CBE, FRCS: The Father of Modern Plastic Surgery', *Trauma,* 14:2 (2011), p. 182.
[32] N. Ashwood & M. Philpott, 'The life and career of a great surgeon: Sir Archibald McIndoe CBE, MD, MSc, FRCS, FRCSI (Hon), FACS (Hon) 1900-1960', *Trauma,* 13:3 (2011): 251-256.
[33] 'Queen Mary Hospital' History, https://www.stgeorges.nhs.uk/about/history/qmh/.

disabled servicemen, in helping them cope with their disabilities and regain their masculinity during the rehabilitation process. I also dedicate a chapter to examining the relationships men formed with women during rehabilitation. These relationships played an important role in helping men recover their self-esteem and how they felt about their sexuality and masculinity, immediately post injury and later in life. By demonstrating how relationships were inextricably linked to disabled servicemen's masculinity and sexuality my work is unique that of those before me. Like Anderson, Gagen and Carden-Coyne, I too explore these integral traditional aspects of rehabilitation, however I also examine unconventional methods of psychological rehabilitation, such as, a more liberal hospital environment that encouraged typically masculine behaviours and allowed patients to consume alcohol and go out when they wanted. I will assess how disabled servicemen responded to rehabilitation by examining the formation of hospital clubs, responses to hospital rules and camaraderie amongst patients. Crucially, I argue that the general process of rehabilitation and the environment of hospitals and hospital clubs that I analyse, created homosocial spaces which in turn encouraged the maintenance of hegemonic masculinity. Others have shown the association between masculinity and employment, economic independence through employment has been a key theme in the treatment of disabled servicemen of both the First World War and the Second World War.[34] I build on this work and highlight that social class as well as type of disability played a significant role in the disabled servicemen's experiences of finding and maintaining employment.

The Body, Disability and Masculinity

Much of the social and cultural discussions surrounding the body and ideas of the self,

[34] J. S. Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain During the Great War,* (Manchester: Manchester University Press, 2004), p. 11., D. Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939,* (London: University of California Press, 2001).

have stemmed from the work of Michel Foucault. Foucault argues that the body is the 'subject' and 'target' of institutions such as the Sate, formal education, medicine, prison and the military.[35] Indeed, there has been much discussion on the body and its behaviour and appearance in both biological and sociological terms.[36] Numerous studies of race, age, class, and gender have highlighted the importance of the body to an individual's creation of and sense of self.[37] Chris Shilling argues that the body is not only a biological entity but something shaped and moulded by society and culture. Each culture, he argues, has its own images and ideas of perfect masculinity and femininity.[38] Raewyn Connell's extensive work on masculinity engages with these ideas by focusing on the male body. Connell argues that the male body does not determine masculinity, so men do not behave the way they do simply because of testosterone and muscle. Connell states, 'Masculinities are neither programmed in our genes, nor fixed by social structure, prior to interaction. They come into existence as people act.'[39] Connell is not the first to argue that masculinity is influenced by culture, society, and social interaction.[40] However, she goes further and argues that masculinity is different within any 'given setting' be that a location, workplace, or ethnic group. Having said that, in most culture and societies there is a hegemonic type of masculinity that men aspire to even though it is not

[35] M. Foucault, Discipline and Punish: The Birth of the Prison (London: Penguin, 1977).
[36] B. S. Turner, *The Body and Society*, (Oxford: Blackwell, 1984)., E. Goffman, *Behaviour in Public Places: Notes on the Social Organization of Gatherings*, (New York: Free Press, 1963).
[37] S. Newman, *Embodied History: The Lives of the Poor in Early Philadelphia*, (Philadelphia: University of Pennsylvania Press, 2003)., P. Bourdieu, *Distinction: A Social Critique of the Judgment of Taste*, (London: Routledge, 1984)., J. Bullington, 'Body and self: A phenomenological study on the aging body and identity', in F. Rapport & P. Wainwright, (eds.), *The Self in Health and Illness*, (CRC Press: 2018) p. 85-98.
[38] C. Shilling, The Body and Social Theory (London: Sage, 3rd edn, 1993), p.10-12., C. McLean, 'Body projects and the regulation of normative masculinity', *Body and Society*, 11:1 (2005): 37–62.
[39] R. W. Connell, *The Men and the Boys*, (California: California Press, 2000), p. 12, 57., R. W. Connell, *Masculinities*, (California: The University of California Press, 1995).
[40] J. S. Goldstein, *War and Gender: How Gender Shapes War and Vice Versa*, (Cambridge: Cambridge university Press, 2001), p. 252., J. Butler, *Undoing Gender*, (London: Routledge, 2004), p. 2.

always an achievable reality for all men.[41] Scholars working in disability studies have highlighted the importance of this dominant ideal even in instances where bodies do not conform. For example, Mitchell Tepper points out that when disabled men arrive at rehabilitation they, 'carry all the baggage of society, culture and the media'. Men are expected by society to be strong, independent, providers and sexual performers. Tepper argues that failure to perform sexually and to perform established gender roles can result in an irreversible loss of manhood for some disabled men.[42] George Taleporos and Marita McCabe studied the impact of sexual esteem, body esteem, and sexual satisfaction on psychological well-being in people with physical disability. They found that sexual esteem was more closely associated with self-esteem in disabled men than women.[43] Yet, some scholars are beginning to challenge the pressure of society, which dictates masculine and sexual norms. Tom Shakespeare and Dikaios Sakellariou have done so by stressing the body's own agency in social behaviour and practices and argue that society has placed too much emphasis on penetrative sex as be all and end all of male sexuality.[44] In general disabled people can try to conform to society's gender standards or they can adapt and create their own standards.[45] Shakespeare has shown that there is a tendency for some disabled men to struggle to conform to society's masculine standards. They may engage in sports and heavy drinking and talk about their sexual capabilities to try and prove that by society's standards they are 'normal' despite their disability. However, some

[41] R. W. Connell, *The Men and the Boys*, p. 10-11.
[42] M. S. Tepper, 'Letting go of restrictive notions of manhood: Male sexuality, disability and chronic illness', *Sexuality and Disability* 17:1 (1999), p. 43-45.
[43] G. Taleporos & M. P. McCabe, 'The impact of sexual esteem, body esteem, and sexual satisfaction on psychological well-being in people with physical disability', *Sexuality and Disability*, 20:3 (2002), p. 182.
[44] T. Shakespeare, 'The sexual politics of disabled masculinity', *Sexuality and Disability*, 17:1 (1999)., T. Shakespeare, 'Disabled sexuality: Toward rights and recognition', *Sexuality and Disability*, 18:3 (2000)., D. Sakellariou, 'If not the disability, then what? Barriers to reclaiming sexuality following spinal cord injury', *Sexuality and Disability*, 24:2 (2006), p. 102.
[45] E. Goffman, *Stigma: Notes on the Management of Spoiled Identity*, (New Jersey: Penguin Books, 1990), p. 130-133.

disabled men are beginning to develop their own form of masculinity and sexuality which is not based on physical performance, appearance and socially determined patterns of behaviour but rather the idea that their masculinity and sexuality can be whatever they want it to be.[46]

Although more recent works encourage disabled people to challenge traditional gender and sexual stereotypes, disabled men are still judged by ableist ideas about the body and its appearance. Indeed, disability is still often viewed as emasculating for men. More recent disability studies have explored disabled peoples' experiences of intimate relationships and these experiences impacted their sense of self. Several disability scholars have demonstrated how both disabled men and woman are subject to societal attitudes that views them as inferior because their bodies do not conform to in appearance or function of 'normal' able bodies or adhere to the beauty standards perpetuated by the media.[47] Men are increasingly bombarded with images in the media of fit, tall, lean, and muscular bodies which are presented as the normal male body type. However, this bodily ideal is not attainable for all men and can be especially difficult for disabled individuals to achieve. Disabled men, like able-bodied men, are not always tall, lean and muscular and because they cannot always fulfil the gender role assigned to them society views them from a paternalistic perspective. For instance, no matter how much disabled men may embody traditional masculine qualities such as working, marrying and providing for a family, the State, medical professionals and the general public may view them not as whole men but somewhat childlike if they have any sort of dependency on others.[48] In their study on sexuality and individuals with limb absences Richard Batty, Laura

[46] T. Shakespeare, 'Disabled sexuality', p. 162-163.
[47] R. P. Shuttleworth, 'The search for sexual intimacy for men with cerebral palsy', *Sexuality and Disability*, 18:4 (2000), p. 265-266., C. Edwards & R. Imrie, 'Disability and bodies as bearers of value', *Sociology* 37:2 (2003), p. 246-251.
[48] D. Sakellariou, 'If not the disability, then what?', p. 104., L. Battye, 'The Chatterley Syndrome', in P. Hunt (eds.), *Stigma: The Experience of Disability*, (London: Geoffrey Chapman Limited, 1996) p. 5, 7-9.

McGrath and Paula Reavey found that to compensate for their disabled bodies some men performed masculinity by reconstructing their identity as bionic men and proudly displaying their metal prosthetics, choosing not to wear more realistic prosthetics.[49] Although these ideas about the male body are present in contemporary literature they are not new. Such assumptions about men's bodies have become especially important in the context of war. The huge number of returning soldiers from the First and Second World Wars with disabilities sparked a moral panic that masculinity and heterosexuality was at risk. As a result, American propaganda began to depict amputees using prosthetics and engaging in 'normal' able-bodied masculine activities like smoking and dancing with attractive women.[50] Proponents of eugenics emphasised the benefits of unions with men disabled by war in that their offspring would inherit their heroic soldier qualities. Organisations like the League for the Marrying of Broken Heroes were even established to try and match disabled veterans with suitable wives.[51] However, the idea that disabled men are not whole men is beginning to be challenged. For example, Fedirica Caso examines the Kickstarter campaign, titled *Always Loyal*. This photographic project displays US veteran amputees from the Iraq War (2003– 2011). They are posed in a sexually suggestive way; all participants appear muscular, fit and strong thus representing masculine sexual desirability. They appear fully recovered with no sign of mental or physical weakness thus appearing bodily whole again.[52] This thesis draws on these ideas to analyse links between the physicality of disablement and gender norms on the Second World War. It explores how men felt about their altered bodies and how they came to terms with their new physical limitations.

[49] R. Batty, L. McGrath, & P. Reavey, 'Embodying limb absence in the negotiation of sexual intimacy', *Sexualities,* 17:5-6 (2014), p. 698, 701-702.
[50] J. Anderson, 'Turned into Taxpayers: Paraplegia, Rehabilitation and Sport at Stoke Mandeville, 1944-56', *Journal of Contemporary History*, 38:3 (2003)., D. Serlin, 'Engineering Masculinity', p. 56.
[51] J. Bourke, 'Love and limblessness', p. 8, 11-12.
[52] F. Caso, 'Sexing the disabled veteran: the homoerotic aesthetics of militarism', *Critical Military Studies* (2016), p.1-2, 6.

In doing so, it challenges the notion that disability is automatically emasculating by analysing how disabled servicemen negotiated and re-established their masculinity through conventional and un-conventional forms of rehabilitation.

Disability and Sexuality

There is little literature that deals directly with disability history and engages with ideas of sexuality and relationships particularly that of the First and Second World War.[53] Much of the literature that does deal with disability and sexuality is of a contemporary nature, but sexuality continues to be a less-well explored aspect of the experience of disability. Perhaps this is because of the longstanding stigma associated with disability and sex. Indeed, disability and sexuality have consistently been negatively equated.[54] According to Harlan Hahn one of the main obstacles to studying sexuality and disability is the tendency of others to view disability from a purely clinical and biological standpoint rather than consider it from a social perspective.[55] It is true that much of the literature on disability focuses on physical functioning of the body rather than the disabled persons social functioning.[56] This is particularly evident in

[53] Exceptions are D. Serlin,, 'Crippling Masculinity: Queerness and disability in US military culture, 1800-1945', *GLQ: A Journal of Lesbian and Gay Studies* 9:1 (2003): 149-179., P. K. Longmore & L. Umansky, (eds.), *The New Disability History: American Perspectives*, (New York: New York University Press, 2001)., D. Gerber, 'Heroes and Misfits: the Troubled Social Reintegration of Disabled Veterans in the Best Years of Our Lives', in D. Gerber, (ed.), *Disabled Veterans in History*, (Michigan: University of Michigan Press, 2012)., S. M. Hartmann, 'Prescriptions for Penelope: Literature on women's obligations to returning World War II Veterans', *Women's Studies: An Interdisciplinary Journal* 5:3 (1978): 223-239.
[54] S. Rapala, & L. Manderson, 'Recovering in-validated adulthood, masculinity and sexuality', *Sexuality and Disability* 23:3 (2005), p. 179., T. Shakespeare, 'The sexual politics of disabled masculinity', p. 3., B. M. Boyle, 'Phantom pains: Disability, masculinity and the normal in Vietnam War representations', *Prose Studies* 27:1-2 (2005), p. 101., D. Serlin, 'Engineering Masculinity', p. 56.
[55] H. Hahn, 'The social component of sexuality and disability: Some problems and proposals', *Sexuality and Disability*, 4:4 (1981), p. 220.
[56] D. Sakellariou, 'If not the disability, then what?'., H. Hahn, 'The social component of sexuality'.

the area of sexuality, despite being a central aspect of all human beings; its role in disabled people's lives has received little scholarly attention.[57] One explanation for this is the division between public and private inequalities within the disability movement. Public inequalities such as discrimination in the workplace and education have been openly discussed because they are visible social inequalities and therefore deemed worthy of campaigning. The subject of sexuality and disability is rarely discussed in public. The public discourse that does exist on this subject tends to focus on sexual abuse, fertility issue and ideas of asexuality. Sexuality as a source of pleasure for disabled people has been deemed too private for public discussion and therefore remained somewhat clouded in secrecy.[58] As disabled activist and writer Anne Finger illustrates:

> Sexuality is often the source of our deepest oppression; it is also often the source of our deepest pain. It's easier for us to talk about—and formulate strategies for changing—discrimination in employment, education, and housing than to talk about our exclusion from sexuality and reproduction.[59]

In 2000, Marita McCabe, Robert Cummins and Amada Deeks conducted a study which investigated sexuality and quality of life among disabled people with congenital physical disabilities. The study found that the participants denied their sexuality due to responses from carers, family, and friends to provocative questions. With no open discussion about sex and sexuality amongst family and friends there was no chance for participants to discuss the accuracy of information they received from other sources like the media and formal sex education programs. This also meant that sexuality was not viewed as a normal aspect of an

[57] H. Hahn, 'The social component of sexuality', p. 220., M. P. McCabe, R. A. Cummins, & A. A. Deeks, 'Sexuality and quality of life among people with physical disability', *Sexuality and Disability*, 18:2 (2000), p. 115.
[58] T. Shakespeare, 'Disabled sexuality', p. 159-160., M. S. Tepper, 'Sexuality and disability: The missing discourse of pleasure', *Sexuality and Disability*, 18:4 (2000), p. 283.
[59] A. Finger, 'Forbidden fruit', *New Internationalist*, 233:9 (1992), p. 9.

individual's life.[60] These findings are not exclusive to this study. Scholars such as Mitchell Tepper have highlighted the lack of sources of sex education available to disabled people. Focusing on disabled men, Tepper makes a number of suggestions for ways health practitioners can help disabled men reclaim sexuality. These suggestions include dispelling societal myths about sexuality and manhood, improving men's communication skills and understanding of sexual pleasure and intimacy rather than focus on the physical performance of sex.[61] Sexual norms are constructed by society but this does not necessarily mean that individuals follow these norms. For example, gender does not dictate whom a person is attracted to, because someone is male does not mean they must be attracted to a female. So, disabled people are not automatically asexual because of their impairment.[62] Despite this, the published personal accounts of disabled peopled show that they face real difficulties overcoming the social taboo of having sexual relationships with disabled and non-disabled people.[63] Those who are looking for partners have to face rejection based on their disability, their own suspicions of genuine interest from potential partners and lack of information on how they can be sexually involved with a partner. These factors culminate in some feeling it would be easier and safer to remain celibate. Those who do find themselves in relationships face opposition from friends, family and strangers who deem the relationship inappropriate due to the perceived inability of either or both parties to perform traditional gender roles and sexual norms.[64] It is commonly reported

[60] M. P. McCabe, R. A. Cummins, & A. A. Deeks, 'Sexuality and quality of life', p. 120-122.
[61] T. Shakespeare, 'Disabled sexuality'., T. Shakespeare, K. Gillespie-Sell & D. Davies, *The sexual politics of disability: Untold desires*, (London: Cassell, 1996)., A. Finger, 'Forbidden fruit', 233:9 (1992): 8-10., M. S. Tepper, 'Letting go of restrictive notions of manhood', p. 45-49.
[62] J. Weeks, *Sexuality and its discontents: Meanings, myths, and modern sexualities*, (London: Routledge, 2002)., p. 13-12.
[63] B. F. Waxman, 'It's Time to Politicise Our Sexual Oppression', in B. Shaw (eds.), *The Ragged Edge: The Disability Experiences From the Pages of the First Fifteenth Years of the Disability Rag*, (USA: The Avocado Press, 1994), p. 82-88., E. L. Hooper, 'New Insights', B. Shaw (eds.), *The Ragged Edge*, p. 78-82.
[64] H. Hahn, 'The social component of sexuality', p. 224, 226-227. D. Sakellariou, 'If not the disability, then what?', p. 104.

by disabled people that they feel their other personal qualities are overshadowed by their disability. The visibility of the disability, depending on how severe it is, can lead non-disabled people to overlook the individual and make assumptions about their abilities. This process is known as the 'spread' phenomenon.[65] As well as this, disabled people may also experience 'fictional' acceptance during interactions where the non-disabled person will make no reference to the disability and appears to not see it. This leads the disabled person to try and 'break through' the false acceptance by directly addressing the issues of their disability. This process and the 'spread' phenomenon along with sexual and social norms further complicate interactions between disabled people and non-disabled people who are potential partners or friends.[66] Applying these ideas to the study of disabled servicemen enables us to gain insight into how disability affected their sexuality, intimate relationships and how others reacted to these relationships. In doing so, I also challenge the idea that servicemen who became disabled became automatically asexual.

Terminology

Disability history and disability studies are a growing area of scholarly research that have previously been ignored. Rebecca Mallett and Katherine Runswick-Cole demonstrate that disability is actually often present in our histories, but it has failed to be noticed or thoroughly considered by scholars.[67] When dealing with disability history and disabled people the

[65] B. A. Wright, 'Spread in adjustment to disability', *Bulletin Menninger Clinic*, 28:4 (1964), p. 198-208., P. Hunt., 'Introduction', in P. Hunt (eds.), *Stigma: The Experience of Disability*, p. x., E. Goffman, *Stigma*, p. 67.
[66] F. Davis, 'Deviance disavowal: The management of strained interaction by the visibly handicapped', *Social problems* 9:2 (1961), p. 126.
[67] R. Mallett & K. Runswick-Cole, *Approaching Disability: Critical Issues and Perspectives*, (United Kingdom: Taylor & Francis, 2014), p. 70-71, 85., B. J. Gleeson, 'Disability Studies: A historical materialist view', *Disability & Society*, 12:2 (1997), p. 179.

terminology we use is important.[68] The social model of disability distinguishes between physical impairment and disability. Physical impairment is personal and specific to the individual. Disability is structural and public and imposed by society to disable physically impaired individuals. The social model frequently uses the term 'disabled people'. The social model of disability argues that physically impaired individuals are an oppressed group, and that disability is used by able-bodied society to exclude them from fully participating in society. The social model advocates that civil rights and the identification and removal of social barriers to be the solution to problems faced by disabled people rather than charity or pity. Tom Shakespeare argues that the strength of the social model of disability are its simplicity in the fact that it is easily explained, understood and shows a clear agenda for social change. Furthermore, Shakespeare argues that the social model has psychologically improved the self-esteem of disabled people by helping them to create a positive collective identity. The social model places the problem of disability and blame not with the individual but with societal barriers and attitudes they face which in turn disable the individual. In sum the model argues it is not the disabled person who has to change but society.[69] However, that is not to say the social model is not without weaknesses. For example, the social model neglects that physical impairments for some disabled people simply cannot be ignored as they affect every aspect of their daily lives. Shakespeare argues that the social model so stringently rejects individual or medical models that it does so at risk of portraying physical impairment as a non-issue and excluding those who have degenerative conditions which cause chronic illness, pain or premature death.[70] In addition, Anne Borsay highlights that the social model does not take into

[68] K. Bohata et al., *Disability in Industrial Britain: A Cultural and Literary History of Impairment in the Coal Industry, 1880-1948,* (United Kingdom: Manchester University Press, 2020), p. 10.
[69] T. Shakespeare, 'The Social Model of Disability', in L. J. Davis (eds.), *The Disability Studies Reader,* (New York: Routledge, 2013), p. 215-217.
[70] T. Shakespeare, 'The Social Model of Disability', p. 215-217.,

account the structural factors such as social class, gender, age and ethnicity that interact with an individual's impairment.[71] The medical model of disability focuses on diagnosing, recording and categorising the number of people with different types of physical impairment. The medical model uses the term 'people with disabilities'. In addition, the medical model diminishes the complex problems faced by disabled people to those of medical prevention, cure, and rehabilitation. The medical model can also see medical professionals use phrases like 'invalid' and reinforce personal feelings of deficiency and failure and contributes to individuals lack of self- esteem and confidence which become a significant obstacle to disabled people participating in society.[72] The economic model of disability views disabled people in terms of their economic value and how much they can or cannot contribute to the economy through the paid work force. It bases an individual's ability to work on their physical capacities and there is no consideration of how jobs and workplaces can adapt to be more accessible, rather it focuses on how the individual should adapt. The economic model is not solely concerned with the individual but rather the function of the individual within a social context.[73] Disabled people are not a homogeneous group, their experiences are shaped by social class, gender, age, ethnicity, and impairment.[74] Therefore, in this thesis I take a balanced, mixed model approach that combines the social, medical, and economic models. I argue that disabled people can be labelled and defined by society while their experiences of disability are corporeal and both

[71] A. Borsay, 'History and Disability Studies: Evolving Perspectives' in C. Thomas, N. Watson, A. Roulstone, (eds.), *Routledge Handbook of Disability Studies* (London: Routledge, 2012), p. 330.
[72] T. Shakespeare, 'The Social Model of Disability', p. 216-217.
[73] L. Jongbloed, 'Disability Policy in Canada: An Overview', *Journal of Disability Policy Studies*, 13:4 (2003), p. 205., J. F. Smart, 'The power of models of disability', *Journal of Rehabilitation*, 75:2 (2009), p. 6., R. K. Scotch, & K. Schriner, 'Disability as human variation: Implications for policy', *The Annals of the American Academy of Political and Social Science*, 549:1 (1997), p. 154.
[74] K. Beauchamp-Pryor, 'A Dual Approach Towards Equality and Inclusion in UK Policy and Provision', in C. Thomas, N. Watson, A. Roulstone, (eds.), *Routledge Handbook of Disability Studies*, p. 178.

these factors can have an economic impact on their lives.[75] By using a mixed model approach I consider how factors such as social class, background and impairment influenced the experiences of disabled servicemen particularly their chances of finding work and maintaining a successful career. There is a growing body of literature on disability histories and disability studies which highlights the importance of including lived experiences in such studies to add to our understandings of disability and the medical, social, cultural and economic factors that influence disabled people's lives.[76] This approach has also been used to explore other areas of history such as the history of work and occupational health.[77] One prominent example is the work of Arthur McIvor which uses lived experiences through oral history to explore cultural influences on masculinity in narratives of work, occupational health and disease.[78] This thesis focuses on the lived experience of servicemen who suffered facial injuries, disfigurement, and amputations due to war service in the Second World War. I acknowledge that some disfigured servicemen and even servicemen with amputations did not consider themselves disabled or considered themselves disabled to varying extents.[79] However, based on how these men were treated by members of the public, provisions made for them by the State and their experiences of finding work I will refer to servicemen with the above injuries as disabled servicemen. I will

[75] T. Shakespeare, 'The Social Model of Disability', p. 218., J. F. Smart, 'The power of models of disability', *Journal of Rehabilitation*, 75:2 (2009)., R. K. Scotch, & K. Schriner, 'Disability as human variation: Implications for policy'.
[76] E. Bredberg, 'Writing disability history: Problems, perspectives and sources', *Disability & Society*, 14:2 (1999): 189-201., L. Löve, et al., 'The inclusion of the lived experience of disability in policymaking', *Laws* 6:4 (2017): 33-49., S. K. Toombs., 'The lived experience of disability', *Human studies*, 18:1 (1995): 9-23.
[77] K. Riach, Kathleen & W. Loretto, 'Identity work and the unemployed worker: Age, disability and the lived experience of the older unemployed', *Work, employment and society*, 23:1 (2009): 102-119.
[78] A. McIvor, *Minors Lung: A History of Dust Disease in British Coal Mining*, (London: Taylor & Francis, 2007)., A. McIvor, *Working Lives: Work in Britain since 1945*, (Basingstoke: Palgrave Macmillan, 2013), J. Pattinson, A. McIvor & L. Robb, *Men in Reserve: British Civilian Masculinity in the Second World War* (Manchester University Press, 2017).
[79] K. Bohata et al., *Disability in Industrial Britian: A Cultral and Literary History of Impairment in the Coal Industry, 1880-1948*, p. 11.

highlight where there are distinct differences between disabled servicemen's experiences and differentiate between disabilities. In addition, I use the term overcome or overcame their disability to reflect the rhetoric that was present in the British government and wider society during and immediately after the Second World War. Men had to be seen to overcome the disabilities in order to be viewed as successfully re-integrated into civilian life.[80] I understand that the contemporary use of the phrase 'overcome disability' reflects the ableist attitudes and expectations held by society towards disabled people and their abilities.[81]

Methods and Sources

Social historians of medicine have argued that patients' experiences are key to understanding medical events and ideas, yet they have often been neglected in the historiography.[82] This thesis adds to the literature on wartime disability and rehabilitation by using a patient focused approach. According to Roy Porter and others, conducting medical history 'from below' can be problematic. Historians must be careful not to simply gather a collection of individual stories that have no connection or consideration of their broader social and cultural meanings.[83] However, masculinity, gender and sexuality emerge as dominant themes in the sources I analyse, expressed by servicemen through discussions of independence,

[80] A. Carden-Coyne, *Reconstructing the Body: Classicism, Modernism, and the First World War*, (Oxford: Oxford University Press, 2009), p. 163.
[81] P. English, et al, ''Masters of your fate and the captains of your soul': media representations of the 2018 Invictus Games', *Sport in Society*, 24:7 (2021): 1217-1232., B. A. Biesecker, 'Remembering World War II: The rhetoric and politics of national commemoration at the turn of the 21st century', *Quarterly Journal of Speech*, 88:4 (2002): 393-409.
[82] R. Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 14:2 (1985): 175-198., F. Condrau, 'The Patient's View Meets the Clinical Gaze', *Social History of Medicine*, 20:3 (2007): 525-540., A. Bacopoulos-Viau & A. Fauvel, 'The Patient's Turn Roy Porter and Psychiatry's Tales, Thirty Years on', *Medical History*, 60:1 (2016): 1-18.
[83] R. Porter, 'The patient's view', F. Condrau, 'The patient's view meets the clinical gaze'., A. Bacopoulos-Viau & A. Fauvel, 'The Patient's Turn Roy Porter and Psychiatry's Tales, Thirty Years on', *Medical history*, 60:1 (2016): 1-18.

camaraderie, and male bonding, as well as relationships with women throughout their experiences, from injury to returning to work. In writing this thesis I have taken a bottom-up approach that focuses on the serviceman's experience of injury, hospitalisation, rehabilitation, and reintegration. In doing so, I use a range of sources left behind by disabled servicemen such as private papers from the Imperial War Museum (IWM) and existing interviews from the Imperial War Museum Sound Archive (IWM SA) and London Metropolitan Archive (LMA). In addition, I have also conducted my own oral histories, including interviews with two surviving Second World War veterans. These also include the Secretary of the Guinea Pig Club, a veteran whose late friend was a disabled veteran, and a widow whose late husband was facially disfigured during the war. I also draw on oral histories conducted by Liz Byrski, who interviewed women who worked as nurses at East Grinstead. Her work has proved to be the most extensive source of women's accounts of working at this hospital.[84] Working with these types of existing oral histories does, of course, present some methodological problems. The interviews I analyse were not the product of deliberate interrogation for this particular project. As such, it is difficult to know the background and aims of the interviewer and how this may have influenced the inter-subjective relationship between themselves and the interviewee. These factors can influence what the interviewee said or withheld, how they constructed their narrative and how they presented themselves within that narrative. To address these issues Ronald Grele suggests that the historian should gather as much information as they can about the creation of the interview.[85] The Imperial War Museum catalogue provides many useful details about the creation of the interviews, naming the interviewer and location of the interviews, many of which were conducted in the interviewee's homes. My research also reveals that there is much information to be found in these existing testimonies about disability,

[84] L. Byrski, *In Love and War: Nursing Heroes*, (Australia: Fremantle Press, 2015).
[85] R. Grele, 'On using oral history collections: An introduction', *The Journal of American History* 74:2 (1987), p. 571.

sexuality, and rehabilitation. The fact that I did not conduct the interviews means that the evidence has not been influenced by my own interests. Rather, these interviews highlight the significance of masculinity and sexuality to disabled servicemen's experiences simply by the fact that these themes appear so frequently.[86] Memory and reliability also pose methodological problems. These interviews were not created during the Second World War but long after and so they are the product of much reflection. Most of the oral histories are taken from elderly veterans who may suffer from memory loss or misremember events.[87] However, oral historian Alessandro Portelli argues that what we interpret as memory loss or misremembering facts can actually inform us on how the interviewee perceives the event and role they played in it.[88] So forgetting may not be memory loss or misremembering but the interviewee consciously deciding to withhold memories no longer applicable to their current identity.[89] In addition, if the interviewee is speaking as a survivor of trauma they may consciously or subconsciously remain silent as a coping mechanism.[90] Lynn Abrams makes an excellent point in this regard, arguing that whilst the memories recalled in oral histories may not always be 100 percent reliable, they have 'a truth value for the person remembering.'[91] When working with oral histories the historian has to unravel the complex relationships between popular discourse and actual lived experiences by assessing both factors in specific historical settings.[92] This task can be difficult because a number of different ideas influence individual's attitudes and beliefs.

[86] R. Grele, 'On using oral history collections: An introduction', p. 422.
[87] E. Newlands, *Civilians into Soldiers: War, the Body and British Army Recruits, 1939-45*, (Manchester: Manchester University Press, 2013), p. 16.
[88] A. Portelli, *The Death of Luigi Trastulli, and Other Stories* (New York: State University of New York Press, 1990), p. 15.
[89] P. Connerton, 'Seven types of forgetting,' *Memory Studies* 1:1 (2008), p. 63.
[90] D. Laub, 'Bearing Witness, or the Vicissitudes of Listening', in S. Felman & D. Laub (eds.), *Testimony: Crises of Witnessing in Literature, Psychoanalysis and History* (New York: Routledge, 1992), p. 58.
[91] L. Abrams, *Oral History Theory*, (London: Routledge, 2010), p. 79
[92] K. Canning, 'Feminist history after the linguistic turn: historicising discourse and experience', *Signs: Journal of Women in Culture and Society*, 19:2 (1994), p. 373–74.

Different social groups based on gender, class and ethnicity are influenced in different ways by broader cultural values and ideals. This enables individuals to select or reject the existing discursive understandings of themselves and their societies.[93] Taking these points into consideration, this research does not approach oral histories as eyewitness accounts of specific events of the war but rather uses them to analyse how military personnel have constructed their narratives of wartime service, particularly the ways in which servicemen have understood and expressed their experiences of injury and disability.[94] It considers how men were influenced by military culture steeped in ideas of masculine bravery, duty and comradeship, against the wider cultural discourses about gender, sexuality and nationhood. Indeed, Anne Borsay argues that oral history is an essential and valuable tool for disability history to represent the biographical experiences of disabled people whose voices have previously been missing from other records of history.[95]

In addition to oral testimonies, this thesis draws on hospital magazines, servicemen's published and unpublished memoirs and private papers written during and after the second World War. Members of the Armed Forces like those in the RAF have left behind a wealth of historical evidence in the form of memoirs.[96] Like oral histories, using memoirs also poses methodological issues surrounding memory and its reliability. However, Yuval Nora Harari argues that memoirs are a vital addition to military history where the writer has had time to

[93] P. Summerfield, *Reconstructing Women's Wartime Lives*, p. 12-15.
[94] R. Perks & A. Thomson, 'Critical developments: introduction', in R. Perks & A. Thomson (eds.), *The Oral History Reader*, (Florence: Taylor & Francis, 2015), p. 2.
[95] A. Borsay, 'History and Disability Studies: Evolving Perspectives' in C. Thomas, N. Watson, A. Roulstone, (eds.), *Routledge Handbook of Disability Studies*, p. 325.
[96] G. Page, *Tale of a Guinea Pig: The Exploits of a World II Fighter Pilot,* (Canterbury: Wingham Press, 1991)., W. Simpson, *I Burned My Fingers*, (London: Putnam, 1955)., R. Hillary, *The Last Enemy*, (London: Macmillan, 1950).

reflect on their experiences and understand them.[97] Through an exploration of bomber command memoirs written from the 1990s-2000s Frances Houghton has demonstrated how memoirs can be created and used by the author to challenge contemporary popular narratives of events like the Second World War and re-establish control over these narratives to tell the story of 'their war'.[98] John Tosh suggests that memoirs often present a logical series of events which provide a strong element of contemporary atmosphere both of which are essential for the reader to understand the events being recalled and context surrounding them. Tosh also argues that memoirs offer the invaluable insight of an 'insider'.[99] A significant number of secondary sources adopt a top-down approach focusing on medical provisions and procedures and those who administered them, including the experiences of casualties only in the form of statistics. Memoirs offer what these secondary sources do not- a detailed insight into the individual's experience of being an injured serviceman and a patient.[100] Taking these points into consideration, I analyse unpublished memoirs and published memoirs such as *Tale of a Guinea Pig: The Exploits of a World II Fighter Pilot* by Geoffrey Page, *I Burned My Fingers* by William Simpson and hospital magazines like the *Guinea Pig* and *Rooksdown Club Magazine,* in order to understand the attitudes and expectations of disabled servicemen. When analysing these sources I adopt a thematic approach, so within accounts of injury, rehabilitation, and relationships I look for the themes of masculinity, gender, and sexuality. I also contextualise servicemen's experiences in terms of their own contemporary understandings of them and then apply modern theories of masculinity and disability studies.

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[97] Y. N. Harari, 'Military Memoirs: A Historical Overview of the Genre from the Middle Ages to the Late Modern Era', *War in History*, 14:3 (2007): 289-309.
[98] F. Houghton, ''The 'missing chapter' Bomber Command Aircrew Memoirs in the 1990s and 2000s', in D. Ussishkin, L. Noakes & J. Pattinson, (eds.), *British Cultural Memory and the Second World War,* (London & New York: Bloomsbury, 2014), p. 155-156.
[99] J. Tosh, *The Pursuit of History: Aims, Methods and New Directions in the Study of Modern History* (New York: Pearson Education Limited, 2010), p. 93, 95.
[100] L. V. Bergen, *Before My Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918* (England: Ashgate Publishing, Ltd., 2009), p. 14-15, 41-42.

In addition, this thesis draws on pension award files stored at the National Archives, Kew (TNA). Four pension record categories were searched on the TNA online archive which returned nineteen results relevant to this research. Of those nineteen pension records only four records gave some small insight into the caring responsibilities of women whose husbands were disabled ex-servicemen. While by no means representative, the TNA records provide glimpses into the reality of caring for a disabled veteran, particularly for their wives. Jessica Meyer has also used pension files to gain insight into the experiences of a previously marginalised group. For example, Jessica Meyer analyses letters from First World War veterans who suffered from mental illness such as shell shock to the Ministry of Pensions to highlight the conflicting status of disabled servicemen in post-war society. By analysing pension letters and awards Meyer illustrates that veteran's suffering from shell shock were more politically, economically, and socially isolated than other disabled servicemen who had physical evidence of their war service and sacrifice they had made for their country. Shell shock was viewed as a curable illness and without physical markers of disability those who continued to suffer from it after the war and treatment were seen as lazy and relying on the State to provide for them despite continually striving to work and provide for their families.[101] Bourke and David Gerber have used films like *The Jolt* (1922) and *The Best Years of Our Lives* (1946) to explore society's anxieties over disabled servicemen returning home and the potential for them to disrupt society by not being able to sustain relationships that resulted in marriage and children.[102] Similarly, throughout this thesis I also make reference to documentary films created at the time to show the wider popular narratives concerning disabled servicemen and

[101] J. Meyer, *Men of War: Masculinity and the First World War in Britain,* (Great Britain: Palgrave Macmillan, 2009), p. 98-99, 104, 110-111.
[102] J . Bourke, 'Love and limblessness'., D. Gerber, 'Heroes and Misfits: the Troubled Social Reintegration of Disabled Veterans in the Best Years of Our Lives', in D. Gerber, (ed.), *Disabled Veterans in History*, (Michigan: University of Michigan Press, 2012).

how they were represented on film. The analysis of films and documentaries such as *Meet McGonegal* (1944) and *New Faces Come Back* (1946) are used to explore who much these did or did not accurately represent the experiences of disabled servicemen.[103]

Chapter Outline

This thesis is constructed around the sequence by which men experienced wounding, treatment, rehabilitation, and reintegration. Chapter One will start at the very beginning of the serviceman's journey of disability, exploring men's accounts of wounding and subsequent surgical treatment. I will look at how predominant ideas of masculinity shaped servicemen's emotional and behavioural responses to wounding and surgery. In Chapter One, I consider men's immediate reaction to wounding and surgical treatment while they were still on the frontline and away from home. I then follow the men from the battlefield to hospital back home in Britain and assess how they reacted and adapted to their changed bodies. In doing so, I show that the sites of wounding and surgical treatment presented opportunities for men to re-establish their masculinity by how they chose to respond to these events. Chapter Two examines the patient's experience of hospitalisation and rehabilitation, highlighting the importance of gender and sexuality in lived experiences of recovery. I discuss the different methods used to physically and psychologically rehabilitate servicemen and how men responded to these. Masculinity is a dominate theme in Chapter Two which regularly appears in men's personal accounts when they talk about camaraderie and male bonding. Indeed, relationships between men in the form of friendships made during rehabilitation or through hospital clubs are a

[103] *Meet McGonegal* (1944), Official Film War Department, Army Service Forces Signal Corps Production, https://www.youtube.com/watch?v=6RbDFEQPAZw., *New Faces Come Back* (1946), (Produced by The Royal Canadian Air Force (RCAF) Overseas Film Unit in conjunction with the National Film Board of Canada), https://www.youtube.com/watch?v=m-Hrrp0ktlY.

significant aspect of this chapter. I demonstrate how hospital clubs and these relationships during and long after rehabilitation enabled men to regain some independence, access support in an all-male environment and express masculine self-identity in ways they likely would have done pre-injury. Chapter Three is dedicated entirely to exploring the different types of relationships men had with women throughout hospitalisation and rehabilitation. These relationships came in the form of casual romantic encounters and long-term relationships resulting in marriage. Within this theme, I discuss instances of rejection and acceptance by women and how these impacted men's recovery. Chapter Three also examines the experiences of women who cared for and entered into relationships with disabled servicemen. Chapter Four grapples with ideas of success by examining the extent to which men subscribed to the ideals of hegemonic masculinity and tried to fulfil them. Chapter Four discusses State provisions available to disabled servicemen and analyses men's personal accounts of trying to find and maintain employment after their war service and subsequent disability and the role of class in these experiences. In doing so, this chapter considers different social and physical barriers that existed for men with different disabilities who tried to re-enter the workplace. By exploring these various contexts, this thesis highlights the feelings, expectations and attitudes of wounded servicemen and of those around them. It examines the aims and ambitions of medicine and the State and the wider social context in which disability was constructed. In doing so, it draws upon and extends a number of historiographies, including war and disability, gender and sexuality in the twentieth century, and the social and cultural history of modern conflict.

Chapter One: Injury

> I notice a lot of blood and some bits of flesh on my chest…All this can't have come from my arm…Millions of thoughts flash through my brain. My face is rather as though it has been out in a keen wind, I remember I had first felt this when my arm had been hit. I must have been hit somewhere in the face!!!! My goodness!!!! My mind was racing twenty to the dozen. I began to pray. To pray hard…I prayed again. Thought of home. Will I ever see England again? What happens now? What should I do? Am I dying? Will I die? Millions of thoughts rushed through my mind. Visions of Home flashed before me. My past life. Was I really dying? I had read that men lived their lives over again while they were dying. But I didn't want to die. I won't die I would live just to show them they were wrong.[1]

These were the thoughts of Thomas Graham, a driver and wireless operator with the 61st Regiment, Reconnaissance Corps in 1944. During the advance on Belgium in September Thomas was in a Bren Gun Carrier near the Albert Canal when the driver was shot dead. In an attempt to regain control of the vehicle he was shot in the arm and face, leaving him with life threatening facial wounds.[2] Graham's thoughts and feelings, particularly those of uncertainty and death, sum up many of those felt by other serviceman wounded in battle. The Second World War saw advances in technology make weaponry more destructive to the human body than ever. Every frontline serviceman in the Armed Forces faced the prospect of being injured or killed in battle during the Second World War, no matter what branch of the Armed Forces he belonged to. In total, the British Armed forces sustained 264,443 deaths and 277,077 casualties between 1939 and 1945. Of these, the Army suffered 239,575 casualties, the Royal Air Force (RAF) 22,839, and the Royal Navy 14,663.[3] While historians have examined surgical arrangements in the battlefield and in hospitals back home, less is known about the experiences

[1] T. Graham, Private Papers, Imperial War Museum Archive (IWM), Documents.25844, p. 9-10.
[2] T. Graham, Private Papers, IWM, Documents.25844, p. 5-9.
[3] Strength and Casualties of the Armed Forces and Auxiliary Services of the United Kingdom 1939–1945 (1946, Cmd. 6832), p. 8.

of men themselves who underwent surgical treatments.[4] Focusing on the accounts of men in all branches of the Armed Forces, I will consider the extent to which preconceived notions of masculinity shaped emotional and behavioural responses to wounding, treatment, and surgery. Scholarly work in this area has focused on fear and pain in accounts of injury. Notably, Joanna Bourke has shown that Allied servicemen of various ranks expressed no pain or fear in their accounts, even when they were confronted with death or traumatic injuries such as the loss of limbs. In one sense, the absence of fear or pain may be the result of military experience and the servicemen's habituation to fighting and resignation to injury and death.[5] Elaine Scarry has argued that the absence of expressions of fear and pain comes from an inability to actually put into words complex emotions and feelings.[6] In this chapter, I argue that responses to injury were closely entwined with a disrupted sense of masculine self-identity. At the same time, treatment and surgery became key sites for agency, where men came to terms with their injuries and disabilities and were able to reclaim masculine status.

Initial Experiences of Injury

As with experience of war, the experience of injury varied depending on whether a man was in the Army, the RAF, or the Navy and what role he played within that service.[7] The

[4] J. Ellis, *The Sharp End: The Fighting Man In World War II*, (London: Aurum Press, 2009)., U. Tröhler, 'Surgery: Modern', in W. F. Bynum & R. Porter (eds.), *Companion Encyclopaedia of the History of Medicine Vol* 2, (London: Routledge, 2000)., R. Cooter, M. Harrison & S. Sturdy (eds.), *Medicine and Modern Warfare*, (Amsterdam: Rodopi, 1991)., M. Harrison, *Medicine and victory: British Military Medicine in the Second World War*, (Oxford: Oxford University Press, 2004)., Exceptions are J. Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'*, (Manchester: Manchester University Press, 2011).

[5] J. Bourke, *Fear: A Cultural History*, (London: Virago Press 2006), p. 205-206, 216-217.

[6] E. Scarry, *The Body in Pain: The Making and Unmaking of the World*, (Oxford: Oxford University Press, 1985), p. 14-15.

[7] E. Newlands, *Civilians into Soldiers: War, the Body and British Army Recruits, 1939-45*, (Manchester: Manchester University Press, 2013), p.155, 158-161., J. Ellis, 'Casualites', in J. Ellis, *The Sharp End of It*., D. French, 'Discipline and Morale', in D. French, *Raising*

infantry soldier could expect to be wounded by mortars, grenades, aerial bombs, shells and mines. These weapons caused over 85 per cent of injuries. In addition, the multiple injuries; and the internal and external damage to the individual could be catastrophic, removing whole areas of tissue and muscle.[8] Those who served in Tank Regiments or the RAF, however, were at greater risk of burn injuries to their bodies, particularly the hands and face. Statistics from 1946 show that amongst British tank crewmembers about 50 per cent of injuries occurred inside the tank and 40 per cent outside the tank. The remaining 10 per cent of injuries occurred to crewmembers that were partially exposed from the tank.[9] The hot confined conditions of tanks meant tank crewmembers wore as little clothing as possible to cope with the heat, which resulted in extensive burns if the tank was hit by anti-tank fire. The severity of the burns sustained by RAF aircrew in the Second World War solicited their own medical term, 'Airmen's Burn'. The booklet *Plastic Surgery Within the Royal Air Force* (1948) was written by Wing Commander George Morley in charge of the Surgical Division and RAF Plastic Surgery Centre at RAF Hospital Halton. According to the booklet these injuries were caused by 'exposure of unprotected parts of the body to intense dry heat or to flame, as though the entire patient were thrust into a furnace for a few seconds then withdrawn'.[10] During the Battle of Britain RAF aircrew were admitted to hospitals all over England, some with up to one third of their body tissue burned away.[11] Men in the Navy were exposed to shells, mines and torpedoes, which extensively damaged and sank whole ships. Men who survived were often

Churchill's Army: The British army and the war against Germany, 1919-1945, (Oxford: Oxford University Press, 2000).

[8] J. Ellis, *The Sharp End of It*, p. 177-178.

[9] Cited in P. J. Dougherty, 'Armoured vehicle crew casualties', *Military Medicine*, 155:9 (1990), p. 417.

[10] G. H. Morley, *Plastic Surgery Within the Royal Air Force: A Survey of the Organisation of a Plastic Survey Centre Combined with a Burn Treatment Centre*, (Air Ministry: London, 1948), The National Archives (TNA), AIR 20/10269, p. 1.

[11] E. R. Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, the Royal Air Force and the Guinea Pig Club*, (London: Greenhill Books, 2004), p. 17, 86, 37, 44.

left with large flesh wounds, crushed and broken bones and extensive body burns.[12]

Two of the most feared injuries among men in all services were those to the genitals and the face. The genitals and the face were perhaps the two most important aspects of a serviceman's masculine identity. The genitals represented virility. The appearance of the face is socially significant and used by others to interpret emotions, intentions, intellect, cultural background and to draw conclusions about a person's character. Both had to be protected at all costs.[13] For the State too, the penis had a specific symbolic and monetary value. In the award of pensions, the loss of the penis or its function was equated with the loss of a limb. A man without a functioning penis was unable to have sex or father children and was therefore unable to fulfil these manly ideals.[14] Len Thorogood was eighteen years old when he joined the Army in October 1942 and was particularly concerned about these types of injuries. Whilst serving with the 8th (Ardwick) Manchester Regiment in Italy he was on an assignment to follow a jeep track toward Monti de Costello. Len and his platoon stopped to rest, 'I dug a niche for my drawn-up knees and with my kit stacked protectively around my head and my helmet over my face spent a reasonable night.'[15] Len and his platoon carried on up the mountain when a party of German soldiers attacked them. Len said, 'I heard a thin whistling and quickly curled myself around a stunted tree with my more valuable parts fairly well protected.'[16] Whilst serving in North Africa in 1944, Neville Wildgust was shot in the face, chest, abdomen and both legs. He

[12] C. E. J. Herrick, 'Casualty Care during the First World War: The Experience of the Royal Navy', *War in History*, 7:2 (2000), p. 155-157, 163, 168.
[13] E. Newlands, ''Man, lunatic or corpse': Fear, wounding and death in the British Army, 1939-1945', in L. Robb & J. Pattinson (eds.) *Men, Masculinities and Male Culture in the Second World War* (London: Palgrave, 2017), p. 50-51., F. C. Macgregor, *Transformation and Identity: The Face and Plastic Surgery,* (USA: Quadrangle/The New York Times Book Company, 1974), p. 26.
[14] J. Bourke, 'Love and limblessness: male heterosexuality, disability, and the Great War', *Journal of War & Culture Studies*, 9:1 (2016), p. 6-7.
[15] L. Thorogood, Private Papers, IWM, Documents.23141, p. 48.
[16] L. Thorogood, Private Papers, IWM, Documents.23141, p. 49.

was treated by Harold Gillies in Rooksdown House in 1944 and recalled one instance when he met a new patient.[17] When Neville asked the man what he was in for he replied, "The worst." Neville explained:

> He was commissioned- he'd fetched a wounded bloke back. And he went back again and he stood with his legs apart and a mortar bomb exploded and removed one and a half testicles and part of his penis. And eh he said 'I've come in to see if they can do anything for me'. He said 'when I was in Africa they did a grafting job and they advised me to heal it in the sun and of course the sun has made it even worse and eh so I've come to see what they can do here.' He said 'the trouble is I've lost all my hair on my body, going out with women, I might as well go out with a man', he said, 'I've got no sort of sexual feelings'…There was one case in Africa I heard where the same thing had happened and in fact it happened quite often…and I was always relieved that I –they [explosions] weren't many inches away from me- but eh it did go through my mind at the time when I was wounded, what's the next thing gonna happen or what's the next thing you're gonna hit?'[18]

It is clear the serviceman in Neville's account felt both physically and emotionally emasculated by the injury to his genitals. On a purely physical level, he had lost his libido. Psychologically, he no longer felt like a man because he could not have a relationship with a woman. Nevilles's recollection of this case prompted him to reflect on his own experience of wounding and how he worried that his own genitals might have been damaged and the relief he felt when he realised, they were not. Injuries to the genitals challenged the image of the fighting man, which has been consistently linked, to masculinity throughout the twentieth century. A man's ability to fight and perform his war service has always been bound to the physical quality of his body and associated with the very essence of his manhood.[19] With that being said, it is easy to see

[17] IWM SA, 23848, Neville Wildgust, reel 20.
[18] IWM SA, 23848, Neville Wildgust, reel 21.
[19] G. Dawson, *Soldier Heroes: British Adventure, Empire and the Imagining of Masculinities*, (London: Routledge, 1994). M. Francis, *The Flyer: British Culture and the Royal Air Force 1939-1945*, (Oxford: Oxford University Press, 2008)., J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War*, (London: Reaktion Books, 1996)., J. Meyer, *Men of War: Masculinity and the First World War in Britain*, (Great Britain: Palgrave Macmillan,

why servicemen were particularly worried about injuries to their genitals. Not only did injuries to the genitals take away a very physical aspect of a serviceman's masculinity but it also jeopardised future relationships which we can see directly from Neville's account above. Injuries to the genitals meant that a serviceman might be unable to engage in sexual intercourse or father children. This meant that he could not fulfil the fundamental components of domestic masculinity. Historically, to be a man was to be a husband and a father.[20]

Whilst all servicemen were at risk of facial injuries, those in the RAF had most reason to fear facial burns. Pilots sat directly behind the main or gravity fuel tank meaning if it was hit their faces were exposed to the full impact of an exploding tank.[21] Facial burns and injuries could cause devasting damage to the face so being shot down in a burning plane was a hugely frightening prospect.[22] Andrew Williams joined the RAF on his eighteenth birthday in 1940. He trained as a navigator and joined Bomber Command 4 Group, 104 Squadron at RAF Poklington in Yorkshire. When Andrew first arrived at the base, he was told that, 'we wouldn't complete a tour of duty, that no-one had, that we would either be killed or captured.'[23] Although this turned out not to be the case for him, Andrew described the fear among his crew:

> Everyone had a great fear of being caught in the German searchlights. Once the lights picked a plane out of the pitch black sky the ack-ack fire concentrated on that plane and it was almost certain to be shot down. I saw several planes explode in mid-air when they were caught in searchlights like this. I remember the frightening feeling of flying through ack-ack fire. You could feel the plane shuddering if shells exploded nearby.[24]

2009)., M. S. Tepper, 'Letting go of restrictive notions of manhood: Male sexuality, disability and chronic illness', *Sexuality and Disability* 17:1 (1999), p. 43-45.
[20] J. Bourke, *Dismembering the Male*, p. 162-164., J. Meyer, *Men of War*, p. 6-7.
[21] E. R. Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, the Royal Air Force and the Guinea Pig Club,* (London: Greenhill Books, 2004), p. 17, 86, 37, 44.
[22] M. Francis, *The Flyer*, p. 15, 25-30.
[23] A. Williams, *My Memories of World War II*, memoir provided by interviewee Ron Jamieson close friend to Andrew Williams, p. 2-4, 8-9.
[24] A. Williams, *My Memories of World War II*, p. 10.

Being shot down and injured did become a reality for Geoffrey Page, a fighter pilot hit by enemy fire during the Battle of Britain in 1940. In his memoir he recalled how he felt when he was trapped inside his burning aircraft:

> Fear became blind terror, then agonised horror as the bare skin of my hands gripping the throttle and control column shrivelled up like burnt parchment under the intensity of the blast furnace temperature. Screaming at the top of my voice, I threw my head back to keep it away from the searing flames. Instinctively the tortured right hand groped for the release pin securing the restraining Sutton harness. "Dear God, save me…save me, dear God" I cried imploringly. Then as suddenly as terror had overtaken me, it vanished with the knowledge that death was no longer to be feared.[25]

Geoffrey was clearly trying to protect his face by keeping it away from the fire. He graphically described what his injuries looked like comparing the skin on his hands to 'burnt parchment'. Geoffrey continued to describe his experience of injury, he almost drowned in his parachute after he was shot down and landed in the sea. Geoffrey said:

> Kicking madly, I came to the surface to find my arms entangled with the multiple shrouds holding me in an octopus-like grip. The battle with the metal disc still had to be won, or else the water-logged parachute would eventually drag me down to a watery grave. Spluttering with mouthfuls of salt water I struggled grimly with the vital release mechanism. Pieces of flesh flaked off and blood poured from the raw tissues…with a sob of relief I found that the disc had surrendered the battle.[26]

Geoffrey's description is vivid and graphic. He does not try to hide his struggle. He even stated that 'with a sob of relief' he managed to get free from his parachute. The use of the word 'sob' indicates that this was a highly traumatic experience for him.[27] Geoffrey does not attempt to

[25] G. Page, *Tale of a Guinea Pig: The Exploits of a World II Fighter Pilot*, (Canterbury: Wingham Press, 1991), p. 91.
[26] G. Page, *Shot Down in Flames: A World War II Fighter Pilots Remarkable Tale of Survival*, (London: Grub Street, 2011), p.91.
[27] G. Page, *Shot Down in Flames*, p.93.

hide the fact that he felt 'agonized horror' and 'terror'. While such emotions can be read as self-deprecation and the antithesis of stoic manliness, they also convey a picture of survival against the odds. Indeed, Geoffrey seems to frame his experiences in relation to the proximity of death. Once when he describes ejecting from the plane, and again when he freed himself from the parachute. Despite his significant injuries, Geoffrey made it out. In this respect, he presents an almost-heroic picture based on the ability to persevere.

This sort of contextualization surrounding injury is common in men's testimonies, not just in the moments of wounding itself, but in the events leading up to that point. Leslie Beck recalled in great detail the situation that led to his injury in Spring 1944. Leslie, a platoon leader in the Wiltshire Regiment in Anzio, recalled in his memoir:

> Easter Monday saw our platoon being transported by lorry to relieve a unit facing the enemy. Just as we were disembarking (I, the first) into the road which was cut into a hillside came a flash, the whistle and explosion of a shell just short and above the height of the vehicle, remembering the sight of "Teddy" smoking his pipe on that earlier occasion, I called for calm. A split-second later the flash explosion and screech of an incoming shell, then my glimpse of a wisp of smoke a yard away as I lay, legs shattered, listening to the cries of my injured and expiring comrades.[28]

Pain was not instant to Leslie but came after he realised that he may not survive. Again, the proximity to death was central to how he framed his experience.

> As I lay dazed, trying to move my legs, their bones feeling like cotton reels strung on a piece of string, I heard someone reciting the Lord's prayer and the Apostles Creed…Realising the recitation was being made by myself and that I seemed to be "letting go" my teeth jammed shut and pain commenced. I was not going to give in…and refused being taken away by jeep, preferring to wait for an ambulance. My erstwhile comrades left me at the roadside they to carry on the war without my assistance and I waited. After a while, short or long I know not, the ambulance arrived, its stretcher bearers carried me to the

[28] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 10.

> vehicle, one imparting to the other the information that "He won't last long". This caused me an inward smile for I knew I would prove him wrong, before lapsing into unconscious.[29]

At first, Leslie did not experience his injuries in relation to his own body and finds it easier to compare them to inanimate objects. When pain did appear, he worked hard to suppress any outward display of emotion by jamming his teeth shut. Unlike Geoffrey Page, Leslie does not describe horror or terror. Rather he presents a picture of fortitude and strength. Indeed, he does not take the quickest way out but waits for an ambulance. Nevertheless, his story is also ultimately about survival in the face of death. Despite the sound of prayer and the stretcher bearer's comment that he had little time left, Leslie did not succumb. Moreover, his statement about an 'inward smile' and proving the medic wrong conveys a sense of empowerment. Leslie did not accept his fate but appears in control of his own destiny. His account is not one of passive emasculation, but of resilience and defiance against the odds. Major Thomas Howes described his experience of injury in a similar way in his memoir. Thomas was serving in the 2nd Battalion Royal Fusiliers as a Company Commander when he was injured at Lake Trasimeno 1944. At the time he was watching two gunmen through his field glasses trying to see if they were British or German.

> I saw the gun fire. I knew it was a Spandau because I could see what appeared to be four or five puffs of smoke. Possibly it wasn't smoke I saw, but the bullet cases being ejected. The speed they came out showed it was a Spandau before even the sound reached me. At the instant of recognition I felt the whack in my chest. I had been kneeling in the ditch. The whack knocked me backwards flat into the ditch. Apart from the whack I did not feel any pain but I could not get my breath. I was gasping and choking. I realised I had watched myself being shot. I could move my arms and my head but not my legs or the rest of me. I opened my shirt. I could see a small hole in my chest just on the right side of my breast bone. I was only about a quarter of an inch across. It was black and turned in at the edges, just like a bullet hole you see on a target in practice. I couldn't see any blood on my chest, but could feel that my back was in a mess and bleeding heavily.

[29] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 10.

> I could feel blood running down my back. I could work out that a bullet had gone through my chest and out my back. There was still no pain, only the frightful shortage of breath. I began to feel drowsy and accepted the fact that I was dying. Just drifting away.[30]

Like Leslie, Thomas narrates his experience in a very methodical way. He described the realisation of German gunfire, followed by the size and position of the bullet hole in his chest.'.[31] Unlike Leslie, Thomas initially seems to have accepted the inevitability of death. Yet in doing so, he still presented an impression of masculine bravery linked to military qualities of rationality and remaining calm. As his account continues, however, Thomas, described finding the motivation to live. He stated:

> Then I found myself thinking, "You mustn't die, you have a wife and daughter at home." I tried to think what to do. I could remember that as a boy scout I had been taught first aid and that when a man has a chest wound you should turn him onto his injured side so that the uninjured side can function better. I still could not move my legs but I was able to wriggle in the ditch onto my right side. I am convinced that the Boy Scout training did the trick. Lying on the wound on my back probably helped to stop the bleeding. My head began to clear…I don't know how long I laid there, but it was still light when two fusiliers came up with a stretcher. They put me on it and carried me back.[32]

When Thomas remembered his role as husband, father and provider to his wife and daughter he found the motivation to live and remembered his Boy Scout first aid training.[33] For injured men like Leslie and Thomas, Elaine Scarry has argued that such detailed contextualisation of injury narratives help to convey the pain they felt, as they could not find the words to effectively describe the pain directly.[34] I argue that men like Leslie and Thomas retrospectively described their experience of injury in a way that appears detached from their own bodies in order to

[30] Major T. C. Howes MC, Private Papers, IWM, Documents.13169, p. 51.
[31] Major T. C. Howes MC, Private Papers, IWM, Documents.13169, p. 51.
[32] Major T. C. Howes MC, Private Papers, IWM, Documents.13169, p. 52.
[33] Major T. C. Howes MC, Private Papers, IWM, Documents.13169, p. 52.
[34] E. Scarry, *The Body in Pain,* p. 14-15.

preserve their masculinity at a time when they were at their most vulnerable. Indeed, this is bolstered by their references to the possibility of death and overcoming very difficult circumstances. The way these servicemen retrospectively recount their experiences of injury in their memoirs tells us how they perceived themselves and how they wanted to be perceived by others.[35] The methodological and rational nature of these accounts fit with narrative masculine stoic military suffering.[36]

These very detailed descriptions are in stark contrast to those of other servicemen, like RAF pilot Thomas Gleave, who was shot down in 1940, resulting in burns to his face, hands, and legs. He later remembered in an oral history interview for the Imperial War Museum:

> I received an incendiary in the starboard tank…my aircraft burst into flames…I tried to get out but was unable to move because of burns, the aircraft blew up and I was blown clear that's why I'm still here (laughs).[37]

Thomas described his experience of injury in a very matter of fact way and with humour. Humour has proved invaluable in the face of adversity, particularly in the context of war battles or in this case survival. Research in this area has shown that service personnel use funny anecdotes to maintain their resilience in difficult circumstances or in difficult recollections. This in turn reinforces masculine self-identity.[38] Thomas highlights the irony that he could not get out of the burning aircraft when it was going to explode, but it then blew him out when it

[35] A. Portelli, *The Death of Luigi Trastulli, and Other Stories* (New York: State University of New York Press, 1990), p. 15., P. Connerton, 'Seven types of forgetting,' *Memory Studies* 1:1 (2008), p. 63.
[36] J. Bourke, *Fear: A Cultural History*.
[37] IWM SA, 10084, Thomas Gleave, reel 2.
[38] M. J. Kehily, & A. Nayak, ''Lads and Laughter': Humour and the production of heterosexual hierarchies', *Gender and Education*, 9:1 (1997), p. 70-72., A. Robertshaw, ''Irrepressible chirpy cockney chappies'? Humour as an aid to survival', *Journal of European Studies*, 31:123 (2001), p. 280-281. K. E. Brown & E. Penttinen, 'A 'sucking chest wound' is nature's way of telling you to slow down….': Humour and Laughter in War Time, *Critical Studies on Security*, 1:1 (2013): 124-125.

did explode. Therefore, he lived to tell the tale. Indeed, humour is often used as a form of resistance. In the case of injured servicemen humour is deployed to retell stories of survival, which in itself is a symbol of resistance to death.[39] Andrew Williams was a navigator in Bomber Command. He recalled how each crew always sat together at their own table. He said, 'an empty table meant that the crew hadn't made it back. This was very common. People didn't make a big deal of it, they treated it matter of factly.'[40] Again we see the use of a rational or unemotional tone to appear masculine when describing what could be difficult events. Lieutenant Francis Howell served as an officer with the Somerset Light Infantry and was injured in 1944 in Normandy. He likewise described his experience.

> We were all sitting about; the chaps were sunbathing, and I was talking to the platoon sergeant. There was a whizz and a bang, and I was on the ground more than a little fuddled…Anyhow I had enough gumption to crawl under the nearest lorry, and sank into dream land…They had found my sergeant, who was unfortunately dead, and I had got the spare bits. I was topped and tailed. One piece of shrapnel had dented my skull and opened up a cut down as far as my left ear. Two more bits – one had broken my right ankle, and the other passed between the heel bone and the Achilles tendon, and come out the other side…Next thing I knew, I was lying on a mattress, on the grass in what turned out to be an American Field Hospital. I was in the queue waiting to go back to Blighty, not that I cared. There were some very nice American nurses – such a pity I was mostly unconscious![41]

Francis also described his injuries in a humorous way by saying that he was 'topped and tailed'. He expresses little emotion when he mentions that his sergeant was 'unfortunately dead'. This does not necessarily mean he felt none but perhaps it was easier for him to recount the event in this way, especially as outward displays of emotions could be considered unsoldierly and unmanly.[42] Again Francis uses humour when he describes his feeling about returning to Britain stating, 'not that I cared' because he was in the company of 'some very nice American nurses'.

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[39] M. J. Kehily, & A. Nayak, ''Lads and Laughter'', p. 79.
[40] A. Williams, *My Memories of World War II*, p. 11.
[41] Lieutenant F. Howell, Private Papers, IWM, Documents.18965, p. 12.
[42] E. Newlands, *Civilians into Soldiers*, p. 167.

His attraction to the opposite sex seems to have taken priority over his feelings towards his injuries or his recovery. At least, this is the perception he is trying to portray in his memoir. Indeed, the fact that he was unconscious is presented almost as an inconvenience, preventing him from making the most of the situation. Francis's seemingly cavalier attitude to his wounds therefore reinforced a sense of normative heterosexual masculinity at a time when it may have been threatened. It is interesting that even long after his actual experience of wounding that Francis maintained this viewpoint when he wrote his memoir in 1985.

Experiences of Surgical Treatment

The serviceman wounded in a forward combat zone during the Second World War fared much better than his predecessor of the First World War due to improved battlefield medicine, casualty evacuations, and surgical techniques. For example, during the First World War chest wounds had a 54 per cent mortality rate and amputations had a 70 per cent mortality rate. In contrast, chest wounds during the Second World War had a 5.7 per cent mortality rate and amputations had a 20 per cent mortality rate.[43] The type of surgical treatment men received largely depended on which types of wounds they had and whether they were at a general hospital overseas or a hospital in Britain. General hospitals overseas could provide the necessary surgery and medical care needed for patients to be fit enough to travel back to Britain and receive more specialist treatment. This was generally the case for amputees and those with facial wounds or burns. The nature of some limb injuries, particularly those caused by stepping on landmines meant that men either arrived in Britain for medical treatment with their limbs already amputated or that the damage to the limb was so severe it could not be saved.[44] Those who had amputations in the field sometimes needed re-amputation in order for their stumps to

[43] J. Ellis, *The Sharp End of It,* p. 169.
[44] E. Newlands, *Civilians into Soldiers,* p. 167-168., L. C. Beck, Private Papers, IWM, Documents. 19013., A. D. Carpenter, Private Papers, IWM, Documents.12266.

heal more neatly and better accommodate prosthetics. In cases where more skin tissue was needed to aid the fitting of prosthetic limbs, a procedure called traction was used to stretch the skin of the stumps and create an extra inch in length. This was a painful process made worse by phantom pains in the affected limb.[45] Frederick Cottam was serving in the ranks of the Royal Warwickshire Regiment in Belgium when he was severely wounded by mortar fire in 1940. Frederick was only nineteen years old when both his legs were amputated very high above the knee. His height decreased from 5ft 10 inches to 3ft 6 inches.[46] Cottam described the process of traction very clearly:

> My stumps were individually and completely wrapped in surgical adhesive tape. Cords were tied to the looped ends of the wrappings. The cords then ran over separated pulleys fixed to the lower horizontal rail at the bottom of the bed. Attached to each cord was a suspended heavy weight that strove to sit on the polished-wood floor. The object was to pull skin and flesh up the exposed ends of the femurs during a pliable healing process and so increase the length of the stumps before re-amputation.[47]

Once a limb was amputated, men still suffered a great deal of discomfort through phantom limb pains. This was an acute awareness of the limbs that have been amputated feeling like they are still attached to the body.[48] Cottam explained:

> The intense pains are always in the parts that are missing. Though at times my agonies were alleviated by morphine injections, they caused me to lose the will to live. I lost my appetite. Mentally, I began to shrink inside myself.[49]

Frederick's account shows how phantom pains had both a physical and mental impact on him, the use of the phrase 'shrink inside myself' suggests he became quiet and reserved. Indeed,

[45] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 97-98.
[46] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 94.
[47] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 97.
[48] J. Calder, *The Vanishing Willows: The Story of Erskine Hospital*, (Renfrewshire: Princess Louise Scottish Hospital, 1982), p. 22.
[49] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 96.

phantom limb pains alone could seriously hinder a serviceman's recovery.[50] The pains could prevent sleep, leading to exhaustion and lack of appetite, as well as the emotional impact on the individual's motivation to recover. Amputee's healing stumps had to be clean and well protected to prevent infection and bone sepsis.[51]

Similar to those with amputations, those with facial wounds and burns also needed the specialised surgical treatment and care. The booklet *Plastic Surgery Within the Royal Air Force* (1948) described these injuries as deep third degree burns to 'areas of tremendous functional importance'. These areas consisted of the face, neck and hands, which posed a serious threat of functional disability without proper treatment.[52] Before men with facial injuries could receive any reconstructive surgery they had to be kept alive and their strength built up. This was a challenge because patients with facial injuries often struggled to eat and therefore lost weight, making them weak. At the outbreak of the Second World War the standard treatment for burns was coagulation therapy using tannic acid. Although this process created a protective scab over the burn surface (see Figure 1.1), it also allowed infection to develop underneath and made the burn area even more inflexible. Eileen Willis was a student nurse at Rooksdown in 1945, when she treated patients with facial injuries. She said, 'They had junket [a meal of sweet and flavoured curds of milk] all the time, a lot of them their faces were badly burned, they could hardly open their mouths, could only get junket and fluids down it was awful.'[53]

[50] S. W. Wartan, W. Hamann, J. R. Wedley & I. McColl., 'Phantom Pain and Sensation Among British Veteran Amputees', *British Journal of Anaesthesia*, 78:6 (1997): 652-659.
[51] J. Calder, *The Vanishing Willows*, p. 4, 52.
[52] G. H. Morley, *Plastic Surgery Within the Royal Air Force*, p. 2.
[53] Interview with Eileen Willis, RCNA, T/147, p. 13.

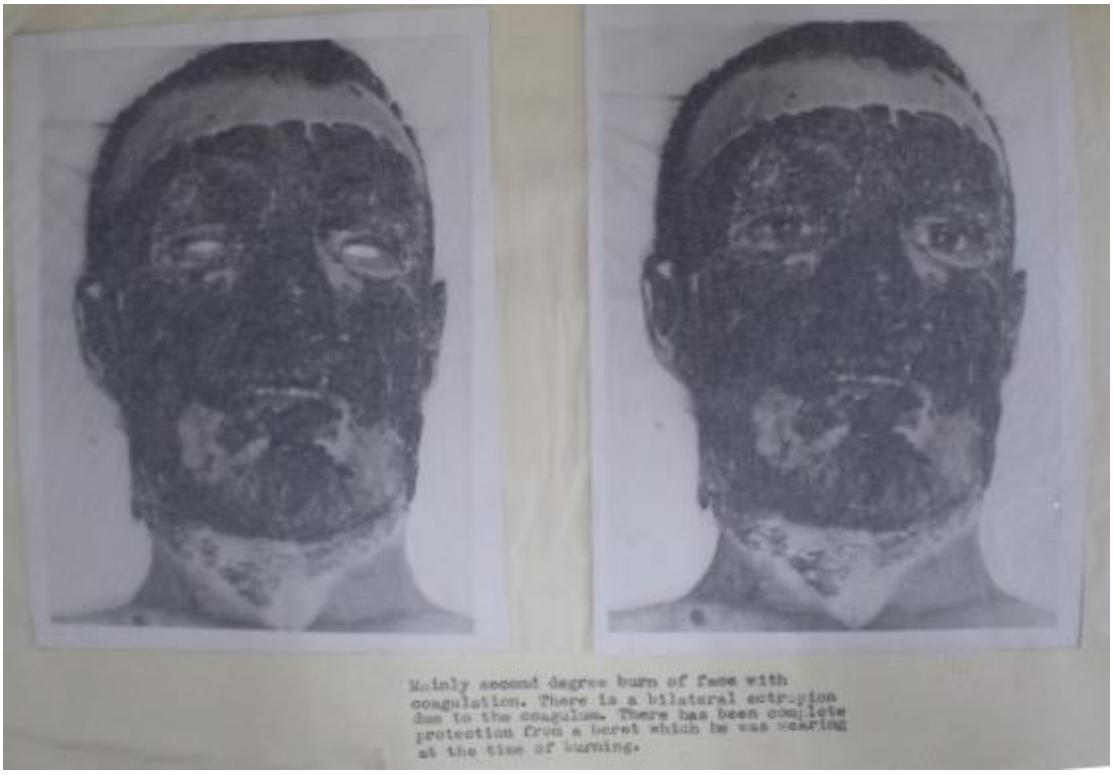

Figure 1.1: Example of tank burn treated with tannic acid cited in *Medical History of the war, RAF General Hospital* Wroughton (1944), TNA, AIR 20/10269.

Kenneth Norman Turner served with the B Squadron 12th Battalion Royal Tank Regiment when he was injured in Italy by mortar fire in 1943. Kenneth sustained shrapnel wounds to his back, left arm and leg as well as wounds to his face and a broken jaw. He wrote in a letter to his mother on May 11th,1943:

> I got knocked about pretty badly but am getting on ok now. The worst trouble has been a broken jaw and it is still wired up so since that date I have been unable to eat anything solid, my food consisting of Bovril and soup etc and consequently I have lost about 1 1/2 stone in weight and I am thinner than I have ever been in my life before.[54]

The discomfort caused by facial wounds is evident in Kenneth's account as well as the additional health implications they had such as losing weight. In addition to causing practical problems like inability eating, facial wounds and burns had to be kept meticulously clean for

[54] K. N. Turner, Private Papers, Documents.20395, IWM, no page number available.

the skin to heal and remain free of infection. This meant that dressings were changed almost, if not always, every day. Lieutenant Eric Alfred Brown was a tank operator in Egypt and Europe. In 1943, at twenty-two years old, he was hit by enemy fire in Normandy. Even though Eric was blown clear of the burning tank he still suffered extensive burns to his body and face and broke his left shin.[55] He described the pain of the cleaning process:

> Every alternate day my copious dressings on hands and face were changed. Fortunately my forehead and cheeks healed first and after a few weeks a face-mask was not needed, but the sheer pain of removing the dressings on my hands and fingers was to haunt me for a long time after the third-degree burns had eventually healed.[56]

The lengthy and painful procedure of having the dressings on his hands regularly changed appears to have had a long-term emotional impact on Eric when he said, 'haunt me for a long time'. Once men with facial injuries were strong enough and their skin healed enough, they could begin receiving reconstructive surgeries. Both Gillies and McIndoe emphasised the importance of preserving the function of the eyes, nose, mouth, and hands first before turning attention to cosmetic appearance. McIndoe noticed that the burned skin of airmen rescued from the sea healed better than those who crashed on land. Recognising the therapeutic qualities of salt water, McIndoe pioneered the use of saline baths and dressings, which helped with the arduous process of removing tannic acid from burns and ensured that the whole burn area was cleansed (see Figure 1.2).[57]

[55] Lieutenant E. A. Brown MC, Private Papers, IWM, Documents.19538, p. 33-34
[56] Lieutenant E. A. Brown MC, Private Papers, IWM, Documents.19538, p. 38.
[57] D. R. Andrew, 'The Guinea Pig Club', *Aviation, Space, and Environmental Medicine*, 65:5 (1994), p. 429.

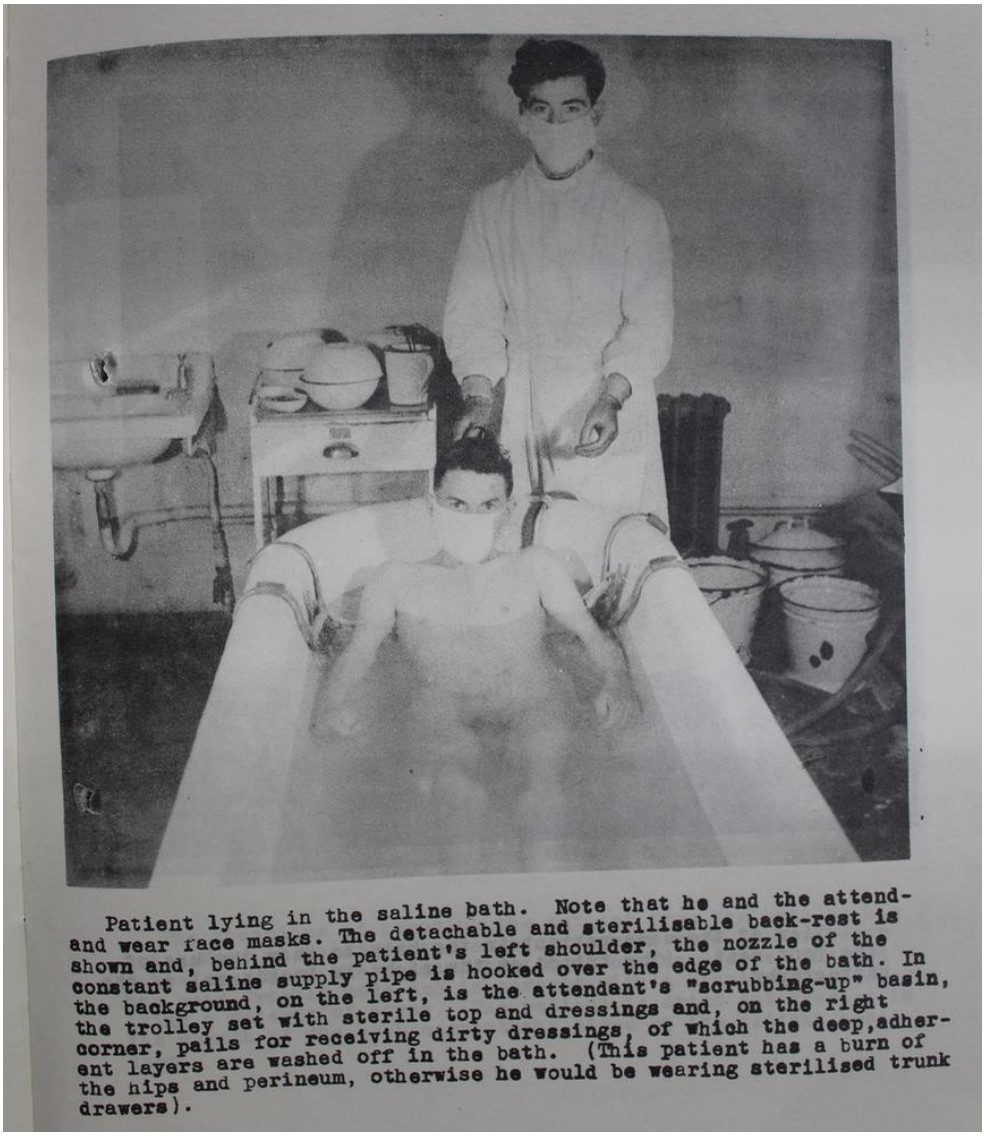

Figure 1.2: Example of Saline Bath from G. H. Morley, *Plastic Surgery Within the Royal Air Force: A Survey of the Organisation of a Plastic Survey Centre Combined with a Burn Treatment Centre*, (Air Ministry: London, 1948), p. 17.

To prepare the burned area for skin grafts burns were regularly cleaned, dead tissue removed and when appropriate and available antibiotics applied. As burns varied in severity, the reconstruction needs of every patient were different. McIndoe and Gillies treated every patient as a unique and individual case.[58] Both surgeons had honest and open discussions with their

[58] A. H. McIndoe, 'Total Reconstruction of the Burned Face: The Bradshaw Lecture 1958', *British Journal of Plastic Surgery*, 36:4 (1983), p. 411-413., A. Bamji, 'Sir Harold Gillies: Surgical Pioneer', *Trauma*, 8:3 (2006) p. 143.

patients about the reconstructive procedures they would need and the possible outcomes. McIndoe even encouraged patients to watch each other undergo surgical procedures. Ian Anderson was a navigator in the RAF in 1944 when his plane crashed in Essex. He went to East Grinstead to get his nose reconstructed. He later recalled observing his friend's reconstructive surgery for his eyelids:

> He would tell you exactly what the operation was going to entail…I saw a friend of mine having his eyelids done…It was quite remarkable he took the skin from the pit of his stomach, used the pubic hairs as eyelashes.[59]

It is possible that by watching the 'remarkable' work done by McIndoe during operations on their friends and having him explain their own operations in detail that patients felt more confident and less afraid as they endured numerous reconstructive surgeries. Most servicemen with facial injuries underwent numerous reconstructive operations, which often focused on one part of the face or body at a time. At East Grinstead, men could endure between 10-50 procedures.[60] In addition, the *Rooksdown Pie* magazine stated in 1947 that, 'Rooksdown faces change very slowly but change they do.'[61] The surgeries performed by Gillies and McIndoe were the first steps of rehabilitation and reintegration into society for disfigured servicemen. Both Gillies and McIndoe were pioneering in the techniques of skin grafting they created and used.[62] Perhaps the most famous skin grafting technique developed by the pair is the tube pedicle. Initially created by Gillies, McIndoe further developed the tube pedicle into the waltzing tube pedicle. A piece of skin is taken from a healthy graft site –preferably one covered by clothes to disguise scars- to form a tube and is attached to another healthy part of the body

[59] IWM SA, 10759, Ian Anderson, reel 3.
[60] Y. Goodwin, 'Time is the Healer: McIndoe's Guinea Pigs Fifty Years On', *British Journal of Plastic Surgery*, 50:2 (1997), p. 93.
[61] *Rooksdown Pie*, (Number 1 June, 1947), British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS), p. 4.
[62],Y. Goodwin, 'Time is the Healer', p. 98., A. H. McIndoe, 'Total Reconstruction of the Burned Face', p. 414-415.

to maintain the blood supply to the graft. The tube pedicle is then gradually moved towards the final grafting site.[63] One of the best examples of this type of skin graft comes from Jack Toper. In 1943, twenty-two-year-old Jack was a wireless operator for a Wellington Bomber. He became trapped in his burning aircraft when it crash-landed into a tree, after helping his crewmates to safety oxygen tanks inside the aircraft exploded in his face. Jack's nose was completely burned off, as well as his upper eyelids, upper lip, right cheek, bottom of his chin and top of his right ear. Jack is one of the most photographed patients at East Grinstead, with images displaying his recognisable tube pedicle developed to sculpt a new nose for him (see Figure 1.3). [64]

[63] *The Guinea Pig Club: Jack Toper's Story*, BBC Documentary, https://www.youtube.com/watch?v=wmlCyjvl_J0.
[64] L. Byrski, *In Love and War: Nursing Heroes*, (Australia: Fremantle Press, 2015), p. 40-41., *The Guinea Pig Club: Jack Toper's Story*, BBC Documentary.

Figure 1.3: Guinea Pig Jack Toper with tube pedicle, *The Guinea pig Club*, http://news.bbc.co.uk/1/hi/in_pictures/4276524.stm. (Accessed January 2017).

Years later Jack explained in a BBC documentary how it felt to have such an obvious skin graft on his face. He said:

> One moment you're walking around with two arms hanging down and the next moment you've got one hanging down with this sausage. It's a strange feeling and you do have fears, you don't want to damage it. The human being is a funny creature, the human being eventually assimilates to any situation. And after about a week with this sausage hanging down you just ignore it. My stomach isn't all that hairy, but um, it has some hairs on which means every two or three days, now, I have to shave my nose.[65]

Jack's tube pedicle was taken from his stomach and gradually moved towards his face to create a new nose, because the pedicle was taken from his stomach, he had to regularly shave his nose.

Through their efforts, McIndoe and Gillies sought to make men look as much as possible as they did before injury. This was not simply for medical purposes but to enhance men's confidence and self-esteem by making them feel more accepted by the outside world. Gillies stated that, 'Our pilots often came down with appalling burns; they had to return to fight again-their morale depended on the knowledge and confidence that much could be done for their seared bodies.'[66] McIndoe likewise remarked that the goal of surgery was to produce a face that 'should not leave in his mind an impression of repulsion and the patient himself should not be an object of pity or remark.'[67] Clinical photographs show the impressive results that were achieved and how patients fared over long periods of time. Below (see Figure 1.4) shows

[65] *The Guinea Pig Club: Jack Toper's Story*, BBC Documentary.
[66] H. Gillies, 'Psyche and Surgery', *The Sunday Times*, December 8th 1957, BAPRAS, BAPRAS/G/7.
[67] A. H. McIndoe, 'Total Reconstruction of the Burned Face', p. 419.

his appearance of Thomas Graham on arrival at Rooksdown House in 1944 and then his appearance five years later in 1949 after his reconstruction was complete.

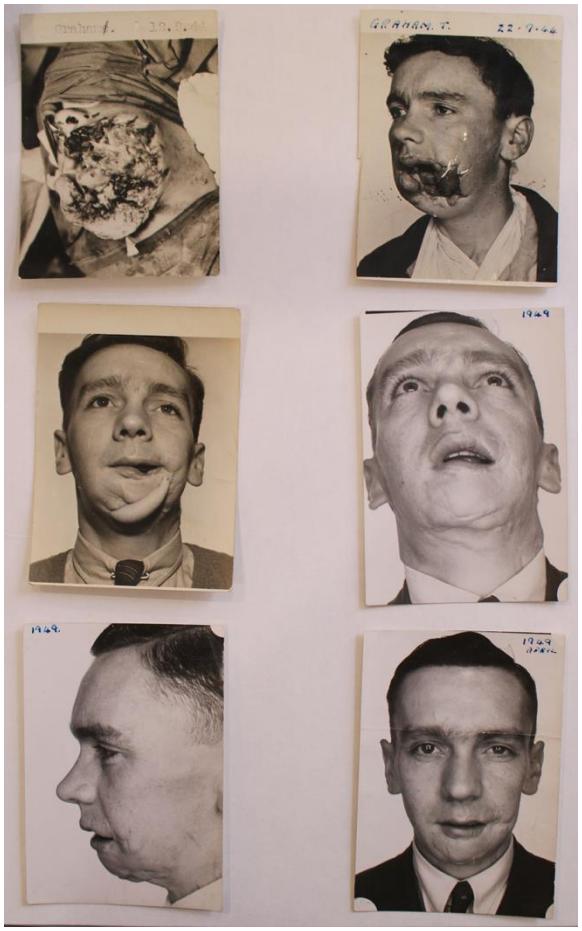

Figure 1.4: Progress of Graham's Reconstruction, Picture from T. Graham, Private Papers, IWM, Documents.25844.

When Harold Gillies was obtaining consent from Graham to include his clinical pictures in his book, he referred to his reconstruction as, 'Yours is a star case in the book.'[68]

Responses to Changed Bodies

[68] T. Graham, Private Papers, IWM, Documents.25844.

Even with the remarkable results achieved by plastic surgery and the fitting of artificial limbs, amputations and facial injuries could still be deeply psychologically damaging to the individuals who suffered from them. Despite differences between wounds, there are clear similarities in how servicemen' reacted to their changed bodies after surgery. Although now permanently disabled, some felt relieved that for them the war was over, while others were anxious over future prospects of independence, jobs and relationships. All of these responses were framed in relation to gendered ideals. Men who were more openly emotional in their responses to surgery appear to have considered this reaction as abnormal. For example, A. D. Carpenter served in the ranks of the Royal Artillery with the 53rd Field Regiment RA during the Italy campaign when he was injured on 27th July 1944. A. D. had to have part of his left leg amputated, he regained consciousness a week later in a casualty clearing station to find a Queen Alexandra nurse by his bedside. A. D. said:

> A Q.A. nursing sister came to the side of the bed and said, "Hello soldier, come back to us then? How do you feel?" She went on to say, "Do you know what happened to you?" And she went on to tell me. I can't remember all the details, but it ended, "Feel down the bed. You will find parts missing." This I did, and I started to cry. She cuddled me like a baby. The terrible thing to me is that that helped me to get over the shock, and I can't even remember what she looked like. Thank you, sister, wherever you are. Then when I was more "normal", she came back to the bed with a small Red Cross bag pulled together with a piece of string (I still have that bag).[69]

Despite an understandable outburst of emotion, it appears that A. D. felt ashamed as he compared himself to a baby and suggested that it was 'terrible' that he need to be comforted in that way. In this instance, he depicts the nurse as motherly, while presenting himself as weak and childlike. This is reaffirmed when he says the nurse came back when he was more 'normal', suggesting that with some time he was able to regain his composure.

[69] A. D. Carpenter, Private Papers, IWM, Documents.12266, p. 38-39.

Leslie Beck, on the other hand, felt indifferent when he found out that his shattered legs had been amputated in a casualty clearing station in Italy. Leslie had waited for his call up papers rather than volunteer as he did not have an adventurous nature and did not want to put himself in danger. This was partly due to seeing a First World War veteran who returned to his village with both legs amputated. Leslie served abroad from 1943-1944 as an infantryman and made his way from Algeria to Egypt and then the advance through Italy where he saw the most action as his platoon pushed back occupying German forces.[70] He described his reaction in his memoir:

> In a day or two I was strong enough to sit up enabling me to reach the clipboard containing my medical notes at the end of my bed. The import then of the knowledge that I was now legless did not sink in. In truth I didn't feel then, or ever, a horrendous realisation of my disability…I lay in bed comforted by the knowledge that I would not have to return to military duties.[71]

For men like Leslie, losing both legs was perhaps less frightening that the prospect of continued service. Indeed, it is well documented that some servicemen inflicted wounds on themselves to avoid military service or escape the hardships of the battle front.[72] Leslie seemed to accept his disability and appeared comforted by the fact that he could not return to military duties. John Stansfield of the Irish Guards responded to his surgery in a similar way. John was serving in France in August 1944 when he was ordered to continue the advance from a small village called Sourdeva. John crept forward through a cornfield only to find that his unit was in plain sight of the Germans who began to fire. John suffered severe wounds to his face, abdomen and hands. He was placed on the 'Dangerously Ill' list and his condition was described in a letter to his parents by the assistant Matron of the 30th British General Hospital. She said, 'His condition

[70] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 2-9.
[71] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 11.
[72] E. Newlands, *Civilians into Soldiers*, p. 188.

has been very grave ever since he came to us. He has had to have a big abdominal operation, and his left eye has been removed…He is a very wonderful patient and is fighting hard for life.'[73] Evidently then, John's injuries were life threatening. In his recollections of the event, however, John claimed, 'I do not remember having any pain, just slight discomfort with tight bandages. Mentally I was fine and very glad to be on my way out of the army.' John wrote in a dictated letter to his parents just eleven days after his injury and major surgery that, 'do not worry if you do not hear from me. I am sitting up, taking notice, eating well, sleeping well and making excellent progress.'[74] John appears very positive and focused on reassuring his parents of the progress that he is making in his recovery. In this letter John presented a very stoic version of himself, which may well have been true, but it is also possible that this was a sort of performance that John engaged in, in order not to worry his parents. Both Leslie and John draw comfort from the fact they would no longer need to serve in the military, emphasising that despite their new disabilities they were mentally unharmed. These reactions are perhaps only present because they were the immediate psychological responses to surgery and disability or the immediate attempts of men like Leslie and John to preserve their masculinity by presenting a certain version of themselves to others. Despite being disabled and having to leave the army, which would have challenged their masculine military identity, they did not openly express any mental or physical vulnerability. This explanation is plausible because such reactions contrast directly with those of other servicemen from the Army and RAF, some of whom were forced to wear hospital blues upon entering the rehabilitation stage of recovery and struggled mentally with the prospect of losing their identity as servicemen.[75] Similarly to Leslie and John,

[73] J. Stansfield, *Memoirs of a Reluctant Soldier*, memoir provided by Jois Stansfield daughter of John Stansfield, p. 2, 10-11, 14.
[74] J. Stansfield, *Memoirs of a Reluctant Soldier*, p. 15.
[75] J. Stansfield, *Memoirs of a Reluctant Soldier*, p. 20., Interview with Jim Marshall by Jasmine Wood 28/07/18., R. M. Davies, 'Relationships: Archibald McIndoe, his times, society, and hospital', *Annals of the Royal College of Surgeons of England*, 59:5 (1977), p. 363-364.

A. D. Carpenter was also relieved to no longer be part of the war. However, his account also reveals feelings of uncertainty towards his long-term future. While A. D. Was recovering in the 91st General Hospital in Naples he recalled how himself and other patients played practical jokes on the nurses. A. D. explained that he and the other patients did not care if they were punished as they realised, they would soon be invalided out of the army. He said:

> It was slowly beginning to register, we were on our way out of the army. A days pay could be stopped, but in our state we weren't going anywhere unless they took us. It was the one bright spot on the horizon, immediately followed by, where, how, why, and when we would all finish up, remembering the 14-18 boys singing on street corners. "A land fit for heroes" they said. As a lad I could remember some of it all. Would it be the same for us?[76]

A. D. is clearly worried that he would not be able to find work as a disabled man and end up begging or selling pamphlets on the streets like disabled ex-servicemen injured in the First World War. Unemployed ex-servicemen from the First World War sold pamphlets containing song verses like 'A copy of verses on the unemployed and the great distress in England', the verses detailed the poverty and hardships faced by the unemployed and their families and the caption underneath read, 'Please buy a copy from a Unemployed Ex-Serviceman'.[77] Bourke suggests that men left disabled by the First World War found themselves greeted as heroic warriors on their return from battle but within a few years this status was forgotten and society regarded them with the status of a disabled child or injured workman.[78] For other servicemen, the reality of their disability and subsequent reaction to it only occurred once they were evacuated back to Britain and still recovering from surgery.

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[76] A. D. Carpenter, Private Papers, IWM, Documents.12266, p. 41.
[77] 'A copy of verses on the unemployed and the great distress in England' (1922), Broadside Ballads Online, Bodleian Libraries, B 13(276), http://ballads.bodleian.ox.ac.uk/search/?query=B+13%28276%29.
[78] J. Bourke, *Dismembering the Male*, p.251.

Frederick Cottam, who also lost both legs, recalled how this was the case for him. Some days after his surgery Frederick said, 'The shock of this discovery did not prove too much for me…Sedation and physical weakness, had softened the blow that I was now legless.'[79] However, it was only when Frederick was evacuated back to Britain and recovering in an emergency military hospital at Ashurst Lyndhurst he realised the gravity of his situation. Frederick said:

> I spent many hours of the sultry days at Ashurst lying on my bed and gazing up at a white ceiling. Reflecting on a vague future I became despondent. Would I be physically dependent upon others for my care and attention? My fears were not groundless. Even if fitted with artificial limbs, total independence would be unattainable due to my high-up amputations…There was also the problem of work, which would be necessary to live properly. The war pension of even a severely disabled ex-private soldier was pitifully small and so had a built in incentive to add to it. Uncertainty breeds fear…This growing feeling of inadequacy began at Ashurst as my general health improved. I had few, if any assets with which to begin my new life. My disability might prohibit a return to factory work. To get, and hold, a new job in an office, if I was able to get about may entail having to enrol at evening classes to obtain relevant qualifications.[80]

Frederick began to feel inadequate as he thought he might struggle to live independently and finding work to provide for himself and any future family. As well as his disability, Frederick was only nineteen when injured and came from a working class family, with no higher education and all his previous work experience in factory work, additional factors that contributed to his feelings of inadequacy worries and about finding suitable employment.[81] Conscious of his working class background and lack of education, Frederick may have been more aware than other service on how this would impact his ability to find suitable employment

[79] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 94.
[80] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 101-102.
[81] F. T. Cottam, Private Papers, IWM, Documents.18942.

coupled with his disability. Fears over work and being able to support themselves were not uncommon amongst injured servicemen.[82]

Injured servicemen were also worried about future romantic or sexual prospects. Frederick expressed great relief when he examined his high double leg amputations. He said, 'I counted my blessings and felt relieved on finding that the family jewels had escaped indiscriminate injury and the drastic surgery.'[83] The fact that his genitals were uninjured helped Frederick maintain his sense of masculinity. At twenty-one years old, Leslie Beck was equally worried about the effects of his injuries on his sexual future. He said:

> Before the army I was only just beginning to feel the confidence to come to grips, metaphorically speaking, with the company of the opposite sex: with the loss of my legs came a feeling of inadequacy.[84]

As someone who already felt inexperienced with women, the loss of Leslie's legs only added to his lack of confidence and feelings of 'inadequacy'. Bill Foxley was in the RAF when his bomber aircraft crashed during training in 1944. He escaped uninjured but went back to help his two crewmates and was badly burned on the hands and face when trying to save them, unfortunately both men died. He said:

> I was trying to come to terms not just with my injuries but also with my failure which I felt had led to the death of the navigator. I was seriously depressed and suffering with flashbacks. I was suicidal. My face was horrible, I felt useless and I could see no life, no future. I couldn't believe that any woman would be able to look at my face and love me.[85]

Bill's account shows the challenges that men faced to their self-esteem. Bill felt like he had no future prospects of economic independence or relationships with women because of his severe

[82] J. Meyer, *Men of War*.
[83] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 95.
[84] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 11.
[85] L. Byrski, *In Love and War*, p. 174.

disfigurement. These feelings were compounded by the fact that he also felt like a failure for crashing his aircraft during training and felt responsible for the death of his navigator. His disfigurement challenged his sense of identity both as a bomber pilot and as a man.

Another challenge for the injured serviceman was a lost sense of physical identity, a problem that is unique to those who suffered facial wounds and burns resulting in permanent disfigurement. Whereas prosthetic limbs could disguise amputations, facial disfigurements were highly visible. For men returned to Britain, feelings of shame and embarrassment could be exacerbated by reactions of the public. Lieutenant Eric Alfred Brown who was only twenty-two when he suffered extensive burns to his whole body described his experience when being moved by train from the Queen Alexandra's Hospital at Cosham to the Newcastle General Hospital. Eric recalled:

> As the train was unloaded at 9am I remember the gasps of horror when passengers and passers-by saw my face masks and bandages but willing helpers conveyed us to one or other of the receiving hospitals.[86]

Eric was so affected by the reactions of the public to his facemasks and bandages that when he arrived at the Newcastle General Hospital, he asked for his bed to be moved. He recorded in his memoir:

> Upon arrival at a hastily prepared ward I found I was taken to a twin-bedded side ward facing a high bright window. In due course the Ward Sister came to take my details and I pleaded with her to turn my bed round 180°. This modest request provoked much agitation as it was against custom and practice; however after the Assistant Matron had been consulted, I was granted permission for a strictly limited period.[87]

It is unclear whether Eric was more worried about people on the outside looking in and seeing him or his ward mates and hospital staff. However, the fact he asked his bed to be turned away

[86] Lieutenant E. A. Brown MC, Private Papers, IWM, Documents.19538, p. 33-34, 37.
[87] Lieutenant E. A. Brown MC, Private Papers, IWM, Documents.19538, p. 37.

from the window suggests that the public reactions he suffered at the train station had a negative effect on him and made him self-conscious. As Sandy Callister notes of soldiers who suffered severe facial wounds during the First World War 'To lose one's face is, in part, to lose one's identity.'[88] Frances Cooke Macgregor was a pioneering social scientist who studied the psychological impact of facial disfigurement by interviewing the RAF aircrew injured during the Battle of Britain. Macgregor stated that 'facial disfigurement is one of man's gravest handicaps. Wearing his defect on his face he suffers from the highest visibility.' Through her studies Macgregor found that feelings of aversion and rejection were more often reported by those facially disfigured than by those who were amputees, blind or deaf.[89] Dr. John Marquis Converse a plastic surgeon treated many airmen during the Second World War when he was in Britain serving with the American Armed Forces. Dr. Converse stated that after injury his patients presented to the outside world an exterior of young heroes who 'were in full possession of their mental and physical strength' but upon more private conversations realised the men revealed the emotional trauma they endured because of the responses of others.[90] In 1963 Don Everitt compiled the recollections of Gillies for an article in the *Rooksdown Club Magazine* titled, 'The Man Who Worked Miracles'. In his recollections Gillies said:

> A favorite meal at Aldershot became our own special egg-flip, made with eggs, milk and sugar, (whipped unofficially) with brandy, which had a wonderfully cheering effect. The biggest problem for us was to stimulate a will to live in men grossly disfigured, condemned to lie for weeks smothered in bandages, unable to talk or taste, or sometimes even to sleep. A few undoubtedly willed themselves to death. One or two committed suicide. Others tried to shut themselves off from the world, and because of all these psychological reactions to the ghastly appearance of their injuries the nurses tried to keep mirrors from the men.[91]

[88] S. Callister, 'Broken Gargoyles: The Photographic Representation of Severely Wounded New Zealand Soldiers', *Social History of Medicine,* 20:1 (2007), p. 123.
[89] F. C. Macgregor, *Transformations and Identity*.
[90] J. M. Converse, 'Foreword', in F. C. Macgregor, *Transformations and Identity*, p. x.
[91] *Rooksdown Club Magazine* (1963) in T. Graham, Private Papers, IWM, Documents.25844, p. 10.

Permanent disfigurement was the reality for many facially wounded servicemen. Although faces were reconstructed, men often felt a sense of loss and longing for their old appearances, which were inextricably linked to their sense of self. However, in the major works on plastic surgery and the Guinea Pig Club there is little to no discussion of suicide amongst facially disfigured servicemen. In these works, the patients are described in brave and stoic terms, so perhaps any detailed discussion of suicide cases was omitted to preserve this masculine image of servicemen. In addition, in the military context of the First World War suicide was often linked with cowardice and malingering.[92] Gillies account above referred to the facial casualties of the First World War that he treated. It seems that patients were unaware that alcohol was used in their favourite meal and that that alcohol was used specifically for facial wound patients to cheer them and help them through the initial stages of treatment. Indeed, in Gillies famous book *The Principles and Art of Plastic Surgery* nurse Catherin Black explicitly stated that the egg flip was 'secretly spiked with brandy.'[93] The sheer visibility of facial injuries provoked a range of responses from the public, from revulsion and horror to sympathy and pity.[94] Dennis 'Eyes higher' Neale - his nickname because he had one eye higher than the other - provides an extremely detailed account of the reactions he experienced. Dennis was part of a secret squadron and was only twenty-three when he was injured during a night mission patrolling the English Channel. His face was completely crushed and cut by the aircraft propeller. In an interview with Liz Byrski he explained:

[92] S. Walker, ' 'Silent Deaths': British Soldier Suicides in the First World War' in H. Da Silva, P. Teodoro De Matos & J. M. Sardica (eds.), *War Hecatomb: International Effects on Public Health, Demography and Mentalities in the 20th Century,* (Lisbon: Peter Lang, 2019), p. 25-55.
[93] H. Gillies & R. D. Millard, *The Principles and Art of Plastic Surgery,* (Boston: Little Brown, 1957), p. 8-9.
[94] M. Francis, *The Flyer,* p. 132-133.

> It's not only how you feel about yourself, but it affects other people, it makes them feel uneasy. And there's how they behave to you…Some people think that having a damaged face means you're wrong in the head. People were really ignorant then and we copped that ignorance. They'd stare at us and nudge each other and whisper, as though we couldn't see or understand what they were doing. Its terrible to see that people are frightened of you...I don't think people knew what an affect that can have, when you feel them looking at you. It's worse than all the pain and the operations because you know you have to live the rest of your life with this face, no escape from that.[95]

Dennis explained that things got worse once he left East Grinstead where it was 'safe for us to go out'.[96] Ultimately, how Dennis saw himself was just as important as public reaction:

> It took some time for that to sink in because even when you know there are no more operations and you look in the mirror, you're still not seeing the man you were. There's someone else there, and he's nothing like as good looking as you. I kept wanting to get myself back, and hoping to see what I remembered instead of what was really in front of me…You get used to it or you don't and I know some of the fellows didn't. I've got used to it.[97]

For Dennis it seems that reconstruction could not change the sense of alienation that he felt from his pre-war self. As a formerly handsome RAF pilot, he literally could not equate his new face with the man he used to be. His identity had been profoundly challenged by his injuries. As he stated, 'you're still not seeing the man you were'.[98]

Conclusion

Exploring the experiences of men who suffered injury and permanent disablement or disfigurement, reveals the central place of gender identities in narratives of wounding and treatment. First of all, masculinity was key to how men framed their responses to wounding.[99]

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[95] L. Byrski, *In Love and War*, p. 95.
[96] L. Byrski, *In Love and War*, p. 95.
[97] L. Byrski, *In Love and War*, p. 94.
[98] L. Byrski, *In Love and War*, p. 94.
[99] J. Bourke, *Fear: A Cultural History*, p. 205-206, 216-217., E. Scarry, *The Body in Pain*, p. 14-15.

Some tried to maintain the appearance of stoic manliness, even in moments of extreme trauma and agony. Some used humour to hide what may have been their true feelings, while others openly expressed their terror. What links these experiences was a desire to survive and to overcome difficult odds. In this respect, all of these men constructed stories of masculine self-endurance. Once safe in hospital, servicemen continued to display a variety of reactions to their treatments. Some displayed feelings of failure and inadequacy as they contemplated their future prospects of employment and navigating relationships with a disability. Others worried about losing their sense of identity and adapting to their altered appearance. We see different versions of masculinity in the different ways that men chose to react to wounding and disability. However, what links these reactions was men's anxieties over their ability to fulfil domestic masculine ideals. Secondly, it is clear that men with different types of injuries shared in these experiences. The testimonies of servicemen with limb amputations, severe burns or facial disfigurement all expressed feelings and emotions linked to hegemonic masculinity, such as getting married, having children and becoming economically independent. Those with facial wounds presented the unique feeling of losing their sense of identity. Throughout these narratives we see men present a version of themselves that perhaps reflects how they wanted to be perceived at different stages of their wounding experiences. On the one hand, we see the construction of stories of masculine self-endurance and on the other we see the more vulnerable expression of worry over the loss of potential sexual and romantic relationships. For these men, next came the challenge of rehabilitation and building new relationships.

Chapter Two: Rehabilitation

> Rehabilitation may be defined as – restoration to a state of robust health after injury or illness. It thus connotes the restoration of free movement to stiffened limbs, of vigour to tired minds, of courage and confidence to quailing spirits: in short the physical mental and ethical toning-up of the whole individual being.[1]

In 1943 Lieutenant-Colonel Stanley Large, commanding officer of a Convalescent Depot defined the process of rehabilitation in the *Journal of the Royal Army Medical Corps.* He described it as the overall 'toning-up' of the injured individual through the restoration of health both physically and mentally. Not only does this quote reflect the contemporary goals of rehabilitation but it also illustrates the attitude of the State towards rehabilitation of the injured serviceman during the Second World War. The serviceman's body was more valuable than ever, as a resource to deploy new military strategies and technologies. The demands of manpower meant that rehabilitation was key to returning injured servicemen to active duty or for those who became permanently disabled allowing them to contribute to the war effort in some other way. Given the sacrifice made by injured and disabled servicemen, the public viewed their rehabilitation as the State's responsibility.[2] Surgical techniques, prosthetics and types of rehabilitation such as physiotherapy and occupational therapy have been the subject of much historical study.[3] However, the patient's experience of hospitalisation and rehabilitation is largely missing from the historiography.[4] Chapter Two aims to restore the

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[1] S. D. Large, 'Rehabilitation', *Journal of the Royal Army Medical Corps*, 80:4 (1943), p. 115.

[2] J. Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'*, (Manchester: Manchester University Press, 2011), p. 1-3, 176.

[3] J. Anderson, *War, Disability and Rehabilitation in Britain*, D. Tolhurst, *Pioneers in Plastic Surgery*, (New York: Springer, 2015)., L. Mosley, *Faces from the Fire: The Biography of Sir Archibald McIndoe*, (London: Weidenfeld and Nicolson, 1962), K. Ott, D. Serlin & S. Mihm (eds.), *Artificial Parts, Practical Lives: Modern Histories of Prosthetics* (New York: New York University Press, 2002).

[4] R. Porter, 'The patient's view: Doing Medical History from Below', *Theory and Society*, 14:2 (1985): 175-198., F. Condrau, 'The patient's view meets the clinical gaze', *Social*

voices of injured servicemen from the Second World War who were hospital patients and underwent rehabilitation for different physical injuries. Their testimonies reinforce the importance of gender and sexuality in the lived experiences of recovery and rehabilitation. I argue that masculinity emerges as a dominant theme in these sources, expressed through discussions of independence, camaraderie, and male bonding, as well as relationships with women. Julie Anderson has suggested that the individual experiences of the injured and disabled must be explored as much as possible in order to gain new perspectives on the history of disability.[5] I go further and consider complex relationships that exist between individuals and their disabilities. Claire Jones suggests, for example, that individuals with prosthetics may use them to function in areas where access barriers still exist, such as public transport, where the prosthesis will enable them to 'pass' as able-bodied. Others may reject the prosthetics original function –to make the wearer appear aesthetically normal- and use it as a proud marker of their body that is different to others.[6] This chapter explores injured servicemen's relationships with their prosthetics, reconstructed body parts, disfigurements, and disablement, focusing on how they affected their sense of identity. Here I examine the more conventional methods of physical rehabilitation such as physiotherapy, physical training, and the fitting of prosthetic limbs. I also look at the more traditional methods of psychological rehabilitation such as occupational therapy. Finally, I consider the more unconventional methods of psychological rehabilitation, such as, a more liberal hospital atmosphere that encouraged typically masculine behaviours including consuming alcohol and going out whenever patients

History of Medicine, 20:3 (2007): 525-540., A. Bacopoulos-Viau & A. Fauvel, 'The Patient's Turn Roy Porter and Psychiatry's Tales, Thirty Years on', *Medical History*, 60:1 (2016): 1-18.

[5] J. Anderson, 'Separating the Surgical and Commercial: Space, Prosthetics and the First World War', in C. L. Jones (eds.), *Rethinking modern Prostheses in Anglo-American Commodity Cultures, 1820-1939*, (Manchester: Manchester university Press: 2017), p. 174

[6] C. L. Jones, 'Introduction', in C. L. Jones (eds.), *Rethinking modern Prostheses in Anglo-American Commodity Cultures, 1820-1939*, p. 1-2.

wanted. Crucially, I will assess how men responded to rehabilitation by examining the formation of hospital clubs, responses to hospital rules, and camaraderie amongst patients. All of which highlight the importance of the homosocial environment. Homosociality is the non-sexual attraction felt by men towards other men. Sharon Bird argues that homosociality promotes clear distinctions between hegemonic masculinity –that which men are held accountable to by society- and non-hegemonic masculinity. Bird argues that homosocial interactions amongst heterosexual men promotes the maintenance of hegemonic masculinities by encouraging and supporting beliefs and behaviours associated with hegemonic ideals and suppressing or shunning those associated with non-hegemonic ideals.[7] I argue that the general process of rehabilitation and the settings of hospitals and hospital clubs created spaces where injured servicemen could engage in homosocial interactions, which in turn bolstered masculine status. Bird has identified emotional detachment, competitiveness, and sexual objectification of women as three behaviours within homosociality that are essential to understanding its contribution to hegemonic masculinity.[8] I will explore how aspects of these behaviours are present in injured servicemen's accounts of rehabilitation and how their performances of them contributed to gendered identities. Bird, Connell, and James Messerschmidt have shown it is important to recognise that each individual man may also contain internal conceptualisations of masculinity that do not adhere to the above behaviours or hegemonic masculinity.[9] Therefore, I will also consider the experiences of those who appeared not to conform to dominant ideals and how they expressed themselves in this environment. As such, I illustrate that rehabilitation aimed to rebuild men both physically and psychologically, according to defined norms of hegemonic masculinity. However, these ideals were not always met, as men

[7] S. R. Bird, 'Welcome to the Men's Club: Homosociality and the Maintenance of Hegemonic Masculinity', *Gender & society*, 10:2 (1996), p. 121.
[8] S. R. Bird, 'Welcome to the Men's Club', p. 125.
[9] S. R. Bird, 'Welcome to the Men's Club'., R. W. Connell, & J. W. Messerschmidt, 'Hegemonic Masculinity: Rethinking the Concept', *Gender & society*, 19:6 (2005): 829-859.

found alternative ways of dealing with their injuries and disabilities. Vitally, this chapter will also highlight the importance of relationships men formed with each other to help them navigate the challenges of rehabilitation. The question of how far these elements led to redefinitions of masculinity will be examined in this chapter.

Physical Rehabilitation

Frederick Cottam was only nineteen years old when both his legs were amputated above the knees after he was injured by mortar fire in Belgium in 1940, significantly reducing his height from five feet ten inches to three foot six inches.[10] Frederick, like other injured servicemen from the Second World War, recognised that to be physically and economically independent he would have to adjust to his disability. This process of adjustment began in hospital after surgery. Only once physically strong could the servicemen fully engage in the transformative process of rehabilitation. Physiotherapy and physical training (see Figure 2.1) were essential for servicemen who acquired burns and amputations. Those with amputations had to be physically strong and have healthy, healed, stumps before they could begin the process of learning to use prosthetic limbs. Servicemen with burn injuries who initially spent a length of time bed-bound by their burns had to rebuild the muscles in their burned arms and legs they had not used.

[10] F. T. Cottam, Private Papers, Imperial War Museum Archive (IWM), Documents.18942, p. 1, 94.

Figure 2.1: Patients at Roehampton Hospital who have lost limbs sit on benches and practice with a medicine ball in the gymnasium, (1944). Photograph taken by Ministry of Information Photo Division, Imperial War Museum Archive (IWM), Catalogue No.D18145.

In Figure 2.1 patients can be seen stretching their arms above their head and using a medicine ball to help improve their balance.[11] Whilst the patients look like they are having fun the physical activity is clearly very exerting as can be seen by the visible perspiration under the

[11] Patients at Roehampton Hospital who have lost limbs sit on benches and practice with a medicine ball in the gymnasium, (1944). Photograph taken by Ministry of Information Photo Division, IWM, Catalogue No.D18145.

man's arms in the front of the picture. Physiotherapy was mainly carried out by trained female practitioners whose hands were deemed more sensitive for the work which involved a variety of techniques such as manual remedial massage and the movement and manipulation of damaged limbs or stumps. The purpose of these techniques was to strengthen the limb where muscle wastage had taken place so it could become functional again and strong enough to support a prosthesis in the case of amputations.[12] Servicemen's burned arms, legs, and particularly hands were massaged to prevent contracture of scar tissue and encourage as far as possible the full use and free movement of the limb.[13] Female physiotherapists not only required strength but medical and scientific knowledge, all qualities that challenged the traditional idea that women were the weaker more nurturing sex.[14] They were not like nurses and occupational therapists who treated injured servicemen at their bedside. Physiotherapists often treated injured servicemen in gyms or led group exercises for them in bed. The appearance of their work more akin to a drill sergeant than a bedside nurturer. Female physiotherapists were also different to other female caregivers because their work regularly generated pain in their patients. Nurses, dieticians, and occupational therapists carried out more traditional female tasks of nurturing injured servicemen, by feeding and bathing their patients as well as administering their medical treatment.[15] In order to maintain an image of the utmost propriety and professionalism physiotherapists, to an extent, neglected their femininity and opted for plain hairstyles and uniforms to try and avoid being overly sexualised by their work

[12] A. Carden-Coyne, 'Painful bodies and brutal women: remedial massage, gender relations and cultural agency in military hospitals, 1914-18', Journal of War & Culture Studies, 1:2 (2008), p. 139-142., J. Anderson. "Jumpy Stump': Amputation and Trauma in the First World War', *First World War Studies*, 6:1, (2015), p. 13.
[13] S. Evans, 'Coming in the Front Door A History of Three Canadian Physiotherapists Through Two World Wars', *Canadian Military History*, 19:2 (2010), p. 61.
[14] B. Linker, 'Gender, Physiotherapy, and Medicine in Early–Twentieth-Century America', *Journal of Women's History*, 17:3 (2005), p. 105.
[15] B. Linker, 'Gender, Physiotherapy, and Medicine in Early–Twentieth-Century America', p. 116.

that involved the use of massage. Physiotherapists also maintained their respectable reputation as their work often, if not always inflicted pain on the patient. Massage required unavoidably intimate contact with the injured male body but the strong, stern, professional image maintained by physiotherapists enabled them to knead, rub, stroke, and mould the male body without suspicion or accusation of improper behaviour.[16] However, Ana Carden-Coyne and Suzanne Evans have demonstrated how First World War and Second World War amputees used humour and the sexualisation of female physiotherapists in the form of poems and cartoons as a way to preserve their masculinity by concealing their embarrassment at intimate contact with their damaged bodies, vulnerability, and reactions to pain.[17] Whilst these treatments were useful to the injured servicemen the regimen style of physiotherapy was not always well received by patients. A. D. Carpenter who lost part of his left leg when he was serving in Italy in 1944 recalled the regular sessions of physiotherapy at the 91st General Hospital in Naples. A. D. said:

> After a few days "rest" I began to feel better and was moved into the main ward. There were all sorts there. A young physiotherapist, Red Cross, would come in, "We will do all these exercises, follow me. Those in bed, arm exercises only." The more fit ones would have to do knee bends etc. I don't think she was long out of Blighty and so ripe for some joker. Someone had got a bit of material from somewhere, and, lying in bed, hidden by the cage would slowly tear the material as she demonstrated, knees full bend! Poor girl. She was trying to do her best to help us. It wasn't fair really…but you have to admit it, it did pass the time away.[18]

It is possible, as A. D.'s quote suggests, that these jokes were played on the female physiotherapist simply as means of passing time in hospital which was otherwise boring and uneventful. It is also possible that the lack of respect shown toward female physiotherapists and jokes played on them were a way for injured servicemen to assert their dominance and

[16] B. Linker, *War's Waste: Rehabilitation in World War I America*, (Chicago: University of Chicago Press, 2011) p. 69, 71, 76.
[17] A. Carden-Coyne, 'Painful bodies and brutal women', p. 154-155., S. Evans, 'Coming in the Front Door A History of Three Canadian Physiotherapists Through Two World Wars'.
[18] A. D. Carpenter, Private Papers, IWM, Documents.12266, p. 39-41.

cope with the reversed power dynamic. In his work on humour as resistance, William Dubberley notes that jokes played on others is not necessarily about disliking that person. Rather, he argues that playing a joke on someone is about testing their boundaries to assert dominance over them.[19] These behaviours were also displayed towards nurses in some hospitals and will be discussed more fully in Chapter Three. In the daily care routine of injured servicemen, those with severe burns relied heavily on nurses for help bathing in saline baths to changing dressings all over the body and amputees relied on nurses for bed baths and access to toilets or bedpans. Physiotherapy was yet another aspect of rehabilitation where the injured male body was regulated by a female. With the extremely intimate nature of care, this behaviour was one way for injured servicemen to express agency within a reversed gender environment.

For those with burned or missing limbs the process of learning to walk again required more hard work and endurance. For example, Lieutenant Eric Alfred Brown was a tank operator during the Second World War who served in Egypt and Europe. In 1943 when he was only twenty-two years old the enemy hit his M10 tank destroyer during an advance to Fontenay-le-Pesnel in Normandy. Even though Eric was blown clear of the burning tank by the blast he still suffered extensive burns to his whole body including his face and broke his left shin. Once his burns had healed enough and the cast was removed from his leg, he began to receive physiotherapy at the Newcastle General Hospital. Eric described the further difficulties of physiotherapy caused by burns.[20] He said:

> Thereafter as my hands and other wounds healed, a physiotherapist started to take an interest in my rehabilitation: I never expected that, once plasters were dispensed with, joints would be so reluctant to resume normal functions. My knee joints

[19] W. S. Dubberley, 'Humor as Resistance', *International Journal of Qualitative Studies in Education*, 1:2 (1988), p. 112.
[20] Lieutenant E. A. Brown MC, Private Papers, IWM, Documents.19538, p. 33-34.

> were especially rigid and hour after hour was spent in endeavouring to get them mobile. However, the day came when I could swing my legs over the bed and for the first time realised that my left leg had noticeably shrunk. My right leg had healed up and could be stood upon, so it was decided that I could be supplied with crutches but my ability to use them was exceedingly limited because my hands were so painful and could hardly take the strain. Once again perseverance and incentive paid off.[21]

As Eric suggests, the reality of learning to walk again could be a shock, particularly as he was young and still had both legs. He probably did not expect it to be so difficult, but his burns made it extremely painful and only through perseverance was he able to resume function. Men who had lost one or both their legs were fitted with provisional limbs as soon as the stump was fully healed. These were temporary prosthetic limbs designed to prepare the wearer for their personally designed prosthetic that they would wear for the rest of their life. Provisional limbs hardened the stump, developed the muscle, and improved movement. The manual, *Erskine Provisional Limbs: Some of their Forms and Uses* described the purpose of provisional limbs for injured servicemen as, 'generally fits him for his new mode of life.'[22] A common type of provisional limb was the pin leg (see Figure 2.2), split into two main parts, the bucket and the pin leg, the wearer could have a small mechanism fitted to allow the limb to bend at the knee or also have a foot fitted to enable the wearing of a shoe. The ability to wear a shoe improved the movement of walking as well as the aesthetic appearance of the limb, which could now be easily disguised with trousers.[23] The collection of works compiled in *Rethinking Modern Prostheses in Anglo-American Commodity Cultures, 1820-1939* suggested that users of

[21] Lieutenant E. A. Brown MC, Private Papers, IWM, Documents.19538, p. 41.
[22] *The Inter Allied Exhibition on the After-Care of Disabled Men* exhibition catalogue, 'Erskine Provisional Limbs: Some of their Forms and Uses', (1918), Glasgow University Archive, Erskine Collection (GUA), GB 248 UGC 225/8/7, p. 4.
[23] *The Inter Allied Exhibition on the After-Care of Disabled Men*, GUA, GB 248 UGC 225/8/7, p. 12-15.

prosthetics in this period used their prosthetics to appear aesthetically normal and able-bodied in society.[24]

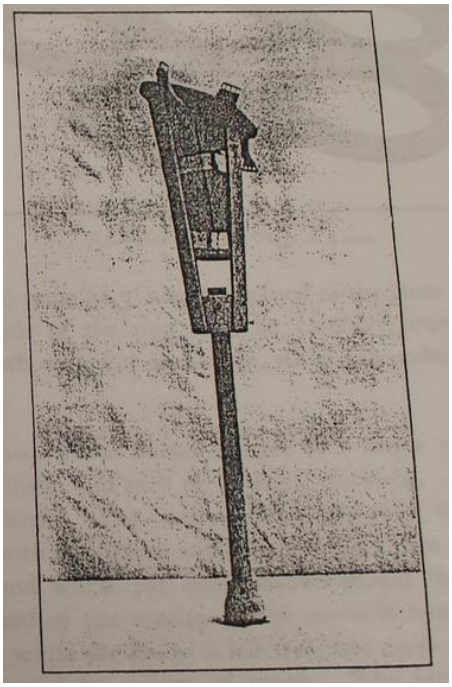

Figure 2.2: Erskine Provisional Limb Pin Leg, *The Inter Allied Exhibition on the After-Care of Disabled Men* exhibition catalogue, 'Erskine Provisional Limbs: Some of their Forms and Uses', (1918), GUA, GB 248 UGC 225/8/7.

Anderson argues that even though servicemen had become accustomed to a lack of privacy in military life, the fitting of prosthetic limbs and learning how to use them could be an intimate and embarrassing experience for amputees as these processes often took place with the patient in various states of undress in front of nurses, doctors, and limb fitters.[25] Frederick Cottam, whose height was significantly decreased by his amputations, was transferred to six different hospitals to better accommodate his needs as a rare double leg, thigh-high amputee, which removed almost all of both his legs. It was only once he arrived at the sixth hospital, the

[24] C. L. Jones, 'Introduction', p. 10.
[25] J. Anderson. "Jumpy Stump': Amputation and trauma', p. 12.

Ministry of Pensions Hospital Chapel Allerton in Leeds that he was fitted with prosthetics and began learning how to walk again. Prior to this, he either had to be pushed around in a 'Victorian bath chair' or push himself in a wheelchair when a self-propelled one was available.[26] On his first visit to the artificial limb hut just outside the hospital he was warned by the limb fitter – an amputee himself from the First World War – not to expect too much. It was the job of the limb maker and fitter to reassure the wearer that they could return to some aesthetic and functional normalcy whilst remaining realistic.[27] The limb fitter said:

> "We don't get many like you…but I feel sure we can do something for you…you have very short stumps so we must not expect too much too soon. It will take time and we will expect your full co-operation. With perseverance we should have you walking eventually on artificial legs."[28]

The news that he would "eventually" walk again was welcomed by Frederick who was unsure until this point whether he would be able to achieve this or not. He later remarked that, 'That was the most heartening news I ever had and was just about to ask: "When?"'. Once again, the limb fitter cautioned Frederick to be realistic in his expectations as to how long the process of learning to walk would take. For Frederick and other amputees, they first had to learn to walk on pylons – short wooden stumps – or other temporary prosthetics.[29] There was no standard amount of time for how long each man would take to learn how to use a prosthetic or function with burned limbs.[30] After being sore and tired from the first day of trying on his pylons Frederick returned to the limb fitters hut the next day. Frederick recalled in his memoir:

> He handed me two standard-issue walking sticks that had been cut down to half their original lengths. Unaided by the escorting two fitters, I made it to the mirror and took a hard look at myself. The image of an

[26] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 99-100.
[27] J. Anderson, 'Separating the Surgical and Commercial: Space, Prosthetics and the First World War', p. 160.
[28] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 140.
[29] F. T. Cottam, Private Papers, IWM, Documents.18942.
[30] *Diary of a Sergeant* (1945), Official film, War Department, Produced by the Army Pictorial Service, Signal Corps, https://www.youtube.com/watch?v=xp1E5smfSDI.

> oddly proportioned midget attempted to dwarf me in spirit. The short substantial figure, the disarranged telescoped clothing and the shortened sticks reminded me of a clown in a tented sawdust ring of a circus. Resolving to regard the wearing of pylons as just a phase in my rehabilitation and to make light of it, I straight faced asked the fitters: "Where are the buckets of water, the plank and the step ladders?"[31]

Historically the tall, upright posture of the male body has typified masculinity, especially in the military, reflecting the strict physical training that men went through and their capacity to operate heavy weaponry on the battlefield. By the twentieth century, the upright, rigid figure of the soldier standing to attention came to define the military body and symbolised the normal, healthy, masculine body.[32] The minimum height a man had to be to join the Army was five foot two inches, with the more elite regiments such as the Guards maintaining the highest requirements, so a man's height could reveal his military status.[33] Here it is clear that height mattered greatly to Frederick, who wanted to be tall and upright. The image that Frederick described as, 'an oddly proportioned midget' was not normal to him and therefore he rejected it. Frederick acknowledged that this experience was a knock to his confidence regarding his appearance and the only way to resolve this was for him to respond with humour by comparing himself to a clown when he asked, 'Where are the buckets of water, the plank and the step ladders?'.[34] Another important element of his resolve is his decision to 'regard the wearing of pylons as just a phase' in his rehabilitation further highlighting his stoic acceptance of his disability and determination to walk on full prosthetic legs. The ability to use full prosthetic legs would enable him to pass as able-bodied in society whereas his pylons did not.[35] Frederick recalled the experience of trying on and walking in full prosthetic legs for the first time.

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[31] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 144-145.
[32] S. L. Gilman, *Stand Up Straight!: A History of Posture,* (London: Reaktion Books, 2018), p. 66-68, 71, 78.
[33] Cite in E. Newlands, *Civilians into Soldiers: War, the Body and British Army Recruits, 1939-45,* (Manchester: Manchester University Press, 2013), p. 34.
[34] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 144-145.
[35] C. L. Jones, 'Introduction', p. 2.

> I felt strange and light headed at five feet eight inches and grateful I could now look directly at people. Supported along my way, I made it to the parallel bars. I walked stiffed-legged, as if on stilts, between the bars, up and down, up and down sweating buckets. It must have been easier learning to walk when an infant. Granite determination was needed as well as a stiff upper lip.[36]

Again, we see the importance of height to Frederick as he described how he felt 'grateful' that he 'could now look directly at people' perhaps making him equal with others in his own eyes. We can see how Frederick's experiences in the stages of learning to walk and use prosthetic legs changed how he perceived himself both physically and mentally. Physically Frederick was closer to his pre-injury height of five feet ten inches when wearing prosthetic legs. Mentally he no longer saw himself as the 'oddly proportioned midget' that he did when learning to use pylons, nor did he compare himself to a circus clown.[37] In using his prosthetic limbs Frederick was able to embody the ideal masculine appearance of being tall, upright and whole.[38] He also demonstrated his 'granite determination' in the gruelling process of learning to walk again, the fact he was 'sweating buckets' and imagined that it was easier to learn how to walk as an infant illustrates the difficulty and effort needed to learn how to use prosthetics. Frederick also implicitly described the process of learning to walk again as a masculine one, despite connotations of infancy Frederick highlighted the masculine qualities the process required like 'Granite determination' and a 'stiff upper lip.'[39] With the prospect of no longer relying solely on the use of pylons and a wheelchair, Frederick was able to rid himself of what Sander Gilman has coined postural icons or extremely visible social markers of disability.[40] The process of learning how to walk again and how to use prosthetics was a difficult reality that many

[36] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 148.
[37] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 144-145.
[38] A. Carden-Coyne, 'Gendering the Politics of War Wounds since 1914', in A. Carden-Coyne (ed.), *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives,* (UK: Palgrave Macmillan, 2012), p. 84-85., S. L. Gilman, *Stand Up Straight.*
[39] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 148.
[40] S. L. Gilman, *Stand Up Straight!: A History of Posture*, p. 312.

servicemen had to face, which some were unaware of at the initial stage of rehabilitation. Sam Gallop was eighteen years old when he joined the RAF in 1940 and trained as a fighter pilot. In 1944, his aircraft became damaged after it collided with another and upon landing it crashed and burst into flames. Sam was trapped inside the burning aircraft until he was pulled free. His accident resulted in the loss of his left ring finger, loss of his front teeth, a crushed face, a crush spinal fracture, and both legs amputated below the knee. Sam was treated at both East Grinstead and Roehampton Hospital.[41]

> When I first came to Roehampton, mm, there was a guy in the next bed to me from the First World War…when I was leaving with my limbs, and I said, feeling rather chirpy and looking at this chap who looked immensely old to me, I said, "I'm going home tomorrow." And he looked at me very sweetly and said, "laddie there's one thing you're going to learn you'll be coming back here for the rest of your life."…That was an absolutely vital lesson to me…Changed my whole attitude constructively…I think it made me sit up…I suppose you could say it upset me in a way, yes. I think, I think, I thought, "God, I'm really disabled", you know, "because I've got to keep coming back."[42]

As a young man who had just survived a horrific accident, Sam did not initially consider himself disabled despite the loss of both his legs. It seems that Sam was somewhat naive about the difficulties he would face learning to walk again, and it was only after this conversation that he saw himself as 'really disabled' as he realised he would have to keep attending hospital for physical rehabilitation. So, losing his legs did not make him feel disabled. It was only when he realised that he would need long-term hospital care that his awareness of his dependency on others made him feel disabled, not his injuries. When Sam got his first set of prosthetic legs, he faced further setbacks. He said:

[41] Sam Gallop Interview, 01/02/10, London Metropolitan Archive (LMA), B11/114, p. 1-3. These interviews are not catalogued and have temporary reference numbers that may change in the future.
[42] Sam Gallop Interview, (LMA), B11/114, p. 4.

> because of my burns on my left stump they fitted me with conventional limbs and I walked for about ten minutes and then I had a blister the size of a golf ball at the bottom of my left stump, and this came off, and I really was chagrined, I think I was really down about this. And Vic [limb fitter] was very good, he said "now look we've got to try these things, you come back in six weeks when you've got rid of the blister and we'll solve this problem."[43]

Even though Sam now saw himself as disabled, his anger at the significant blister that developed on his left stump after only ten minutes of using his new prosthetics suggests the acceptance of his disability did not make it any easier for him to cope with the frustration he felt learning to use his prosthetics. When Frederick's personalised prosthetics arrived from Roehampton, he tried them on for the first time. Frederick said:

> With the aid of two full-length walking sticks I walked, with a heady triumph, up and down the hut slowly. Though aware of my possible limitations, I was elated by the fact that I was now able to walk again. Psychologically, it was tremendously uplifting.[44]

Despite being aided by walking sticks and aware of his 'possible limitations' the ability to be able to walk again was a significant boost to Frederick's confidence. As disabled servicemen relied on prosthetics for mobility and the ability to work it is possible that this first experience of being able to walk on his prosthetics gave Frederick a glimpse of the independence he could achieve in his future.[45] The re-gaining of some of his independence made Frederick feel triumphant and as he said himself, 'Psychologically, it was tremendously uplifting.'[46]

As soon as injured servicemen in rehabilitation were physically able, they were encouraged to be independent and re-learn how to do everyday tasks such as bathing and going

[43] Sam Gallop Interview, (LMA), B11/114, p. 6-7.
[44] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 151.
[45] J. Anderson, 'Separating the Surgical and Commercial: Space, Prosthetics and the First World War', p. 170.
[46] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 151.

to the bathroom by themselves. It was important for men to realise that they could eventually live a 'normal' life by being able to manage their own intimate and personal care. Frederick explained, 'With the weaning off bed pans and now blanket baths a personal independence now looked to be attainable.'[47] Frederick linked his sense of masculinity to being able to manage his own intimate care and bodily functions. Hospitals like Erskine had specially adapted bathroom and shower rooms fitted with handrails for safe usage by amputees (see Figure 2.3). During the Second World War, not all hospitals were specially adapted for amputees. The main reason for hospitals lack of adaptations and facilities for amputees was because these hospitals were Emergency Military Hospitals, hastily established to treat war casualties.[48]

Figure 2.3: The bathroom at Erskine, The Princess Louise Scottish Hospital Erskine House Glasgow (1917), GUA, GB 248 UGC 225/8/5.

[47] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 112.
[48] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 112., L. Thorogood, Private Papers, IWM, Documents.23141, p. 51., R. Gasson, Private Papers, IWM, Documents.15173, p. 9.

However, the process of gaining independence in personal care was not an easy one particularly for those with burned hands whose fingers were fused in position or burned away. Noel Newman was an RAF doctor whose hands were burnt badly after a desert air crash. Newman's accident and injuries to his hands prevented him from achieving his dream of becoming an orthopaedic surgeon. Newman realised that after servicemen had spent some time in rehabilitation many of them reached a 'crisis point'. The crisis point manifested itself when after weeks of having everything done for them the men were told to do it themselves. It was at this point, that servicemen realised that they could not do simple things like button shirts. Newman said, 'Then find out you cannot do them, or they take patience and cause pain…The distress at this point is savage, and few are the Pigs whose pillows were not stained by tears of bitterness.' Newman believed some of the men were never able to overcome this point and they were the ones who relied on the camaraderie of other patients the most.[49] Rehabilitation documentaries such as *Diary of a Sergeant* (1945) and *Meet McGonegal* (1944) emphasise the function of prosthetics hooks over appearance and the disabled servicemen in them were able to lead a normal, productive life.[50] By the 1950s prosthetists aimed to make prosthetics that were comfortable for everyday wear and enabled the wearer to be as productive and efficient as possible in the workplace. This was achieved largely by the design of sleek, neat prosthetic hooks such as the Dreyfuss Hand.[51] However, sources such as *Diary of a Sergeant* (1945) and *Meet McGonegal* (1944) do not account for the men who found it difficult to use or could not

[49] E. Bishop, *The Guinea Pig Club*, (London: MacMillan and Company Limited, 1963), p. 53-54.
[50] *Diary of a Sergeant* (1945), Official film, War Department, Produced by the Army Pictorial Service, Signal Corps., *Meet McGonegal* (1944), Official Film War Department, Army Service Forces Signal Corps Production, https://www.youtube.com/watch?v=6RbDFEQPAZw.
[51] D. Serlin, 'Engineering Masculinity: Veterans and Prosthetics after World War Two', in K. Ott, D. Serlin & S. Mihm (eds.), *Artificial Parts, Practical Lives: Modern Histories of Prosthetics* (New York: New York University Press, 2002), p. 67-68.

use the hooks (see Figure 2.4), which required some of the arm, and its muscles to be left attached below the shoulder. For example, Douglas William Old served with the Dorsetshire Regiment in North Europe from 1939-1945 and was wounded by a shell whilst advancing through Reichswald, which resulted in the amputation of his whole right arm.[52] William explained the lack of function in his prosthetic arm:

> I had an artificial arm for some years, but I find that's a bug bear now, you know it's too much of a hassle, it gets in the way, especially when I'm driving so I'm better off without it… I got no arm at all you see, a lot of people said to me "Oh I know so and so's got an arm off and he can do this that and the other" but that's cause he's got his arm, I've got nothing there. [53]

William adapted by learning how to do most tasks such as tying his shoelaces and tie, and performing general household tasks like painting and decorating with one arm.[54] Rehabilitation documentaries like *Diary of a Sergeant* (1945) and *Meet McGonegal* (1944) also do not show the real struggles faced by injured servicemen trying to re-master simple functions such as walking and personal care with burned faces, limbs or prosthetics. However, as was made clear by the accounts of Frederick and Sam these struggles, which they ultimately overcame, were significant milestones in their rehabilitation.

[52] Imperial War Museum Sound Archive (IWM SA), 23146, Douglas William Old, reel 5.
[53] IWM SA, 23146, Douglas William Old, reel 5, 6.
[54] IWM SA, 23146, Douglas William Old, reel 5.

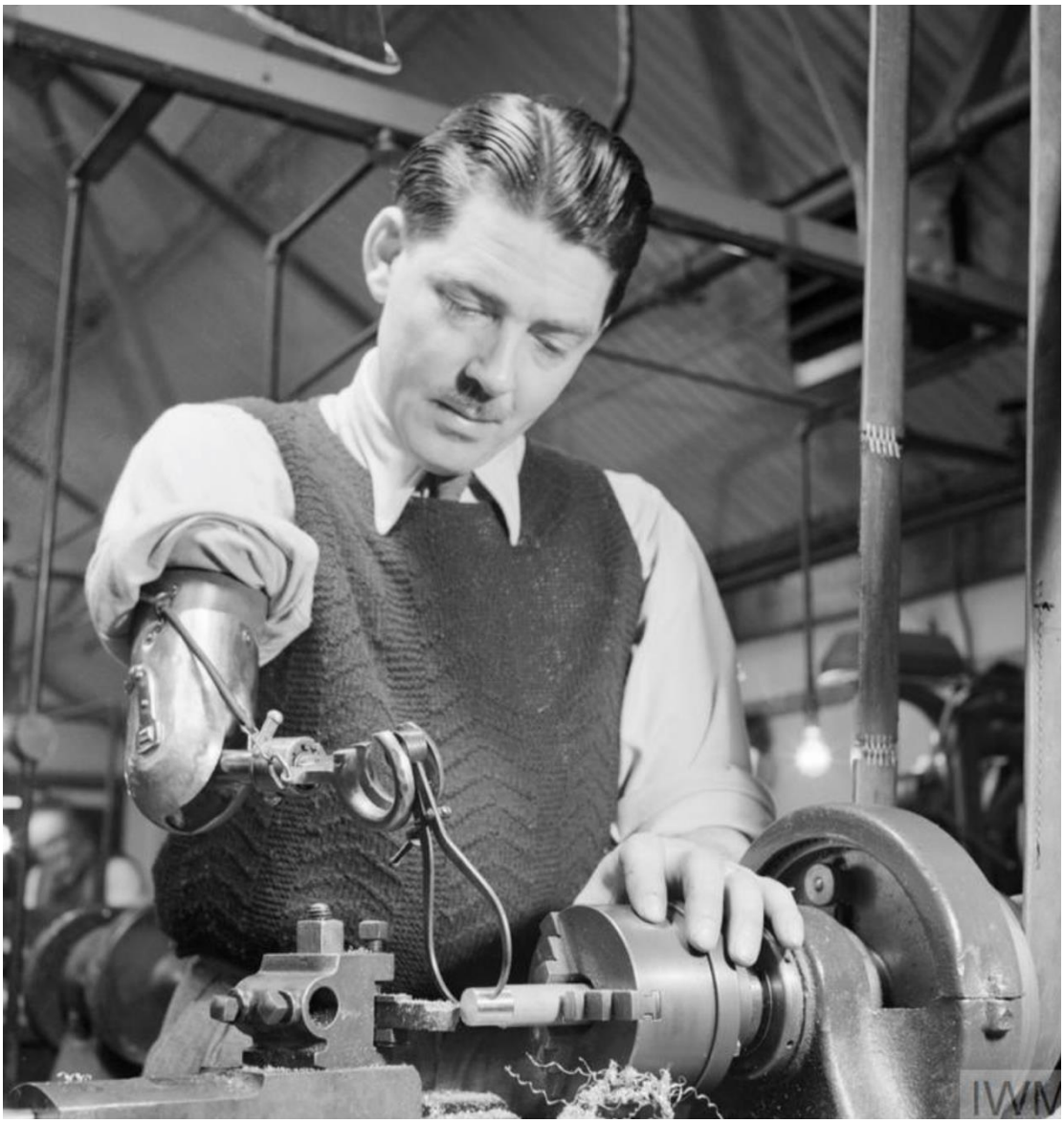

Figure 2.4: Mr T. G. Phillips operates a lathe at a factory somewhere in Britain. He is producing artificial limbs and uses his own artificial arm to work the lathe (1944). Photograph taken by Ministry of Information Photo Division, IWM, Catalogue No.D17829.

Psychological Rehabilitation: Occupational Therapy

After physical rehabilitation came psychological therapies to prepare men for re-entry into society. One of the main causes of anxiety for both the facially disfigured and amputees was the prospect of finding and maintaining work and the ability to provide for any existing or future families. During the Second World War, the percentage system used to calculate injured

servicemen's disability pension was little changed from that used during the First World War. Each body part and its injury had a numerical value, so the pension level was based on loss of function and lack of ability to work. For example, a serviceman who had lost two fingers was classed as 20 per cent disabled.[55] So a man whose pensioning level was assessed at 20 per cent was fully expected to and assumed capable of earning the other 80 per cent of his pre-war income. Even though servicemen who had lost both legs or suffered 'very severe facial disfigurement' received a 100 per cent pension there are several accounts of disabled servicemen which highlight that their pension awards were not sufficient to support a wife and children.[56] With this in mind, occupational therapy was an extremely important part of rehabilitation. Lieutenant Howell who was injured in 1944 whilst on active duty in Normandy had his skull dented by a piece of shrapnel, another piece had broken his right ankle, and another had passed through his left heel bone and Achilles' tendon. Whilst in hospital the staff told his father, "He'll probably not be able to earn his own living".[57] This suggests that despite the social expectation that men should work, that hospital staff were sensitive to the individual level of injury each serviceman had suffered and realistic about disabled servicemen's ability to work and provide for themselves and potential families. Dependent on a serviceman's type of injury and extent of his disability, occupational therapy aimed to retrain servicemen to become independent wage earners, allowing them to fulfil the traditional role of provider, even

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[55] *Ministry of Pensions. Royal warrant concerning retired pay, pensions and other grants for members of the military forces and of the nursing and auxiliary services thereof disabled, and for the widows, children, parents and other dependents of such members deceased, in consequence of service during the present war, 1943-44* (Cmd. 6489), p. 37.

[56] *Ministry of Pensions, 1943-44* (Cmd. 6489), p. 37., D. Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939,* (London: University of California Press, 2001), p. 15-18., R. M. Davies, 'Relationships: Archibald McIndoe, his times, society, and hospital', *Annals of the Royal College of Surgeons of England*, 59:5 (1977), p. 364-365., D. R. Andrew, 'The Guinea Pig Club', *Aviation, Space, and Environmental Medicine*, 65:5 (1994), p. 430., F. T. Cottam, Private Papers, IWM, Documents.18942.

[57] Lieutenant F. Howell, Private Papers, IWM, Documents.18965, p. 12-13.

if it was in a different way to what they had done before the war and injury. An emphasis on economic independence has been key in the treatment of disabled servicemen in the First World War and this ethos continued to be important for veterans of the Second World War.[58] In the early years of the conflict occupational therapy in the RAF was essential because of a serious shortage of fighter pilots, meaning that those who could, needed to be returned to active service as soon as possible.[59] While not all patients resumed a combat role, many RAF personnel were also eager to return to flying duties.[60] Geoffrey Page was shot down by Germans during the Battle of Britain in 1940 and sent to East Grinstead. He was determined to fly again despite serious burns to his hands and face. He explained in his memoir that 'the Germans became the focal point of my loathing and bitterness'. Initially bedridden, Geoffrey was often wheeled outside to enjoy the sun and watched squadrons of Spitfires pass overhead:

> How my heart yearned to be one of them, and not just a burnt cripple lying in a hospital bed…Then I made a bitter vow to myself that, for each operation I underwent, I would destroy one enemy aircraft when I returned to flying.[61]

Revenge was not Geoffrey's only motive. He recalled a conversation with a fellow pilot when he said 'I'm scared stiff at the idea, but I'm even more frightened of what people will say if I don't go back.'[62] Clearly, the public image of being a flyer and not being perceived as a coward was important to him.[63] As Martin Francis highlights, flyers identified themselves as a new

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[58] J. S. Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain During the Great War*, (Manchester: Manchester University Press, 2004), p. 11.
[59] S. Koven, 'Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain', *The American Historical Review*, 99:4 (1994), p. 1188-1189., L. Van Bergen, 'For Soldier and State: Dual Loyalty and World War One', *Medicine, Conflict and Survival*, 28:4 (2012), p. 324., J. A. Hopson, 'R.A.F. Medicine The First 50 Years', *British Medical Journal*, 1:4238 (1942), p. 49.
[60] Flight Lieutenant R. N. Houlding, 'Rehabilitation of Injured Air Crews', *British Medical Journal*, 2:4212 (1941), p. 433.
[61]G. Page, *Tale of a Guinea Pig: The Exploits of a World II Fighter Pilot,* (Canterbury: Wingham Press, 1991).
p. 130, 140.
[62] G. Page, *Tale of a Guinea Pig*, p. 141.
[63] S. O. Rose, *Which People's War?: National Identity and Citizenship in Wartime Britain*

class of warriors with their bravery and skill tested by their ability to fight using the most advanced weaponry at the time.[64] Being injured and incapacitated challenged this sense of identity. Geoffrey returned to flying in 1942 but was later shot down and fractured his back and broke his cheekbone. He returned to East Grinstead where he recovered, but never flew in combat again.[65]

As the war continued, invaliding from service and pensioning became a worry for servicemen as the State sought to prevent financial losses. According to Jessica Meyer, the expectation to work and the pressure to be breadwinners had a negative impact on the self-worth of many disabled soldiers.[66] Anderson argues that rehabilitation for those who were disabled was not considered fully complete by the State until that person was employed.[67] These pressures had a profound impact on the mindset of servicemen. A study conducted into the psychological condition of facially disfigured servicemen who had lost the vision of one eye revealed that finance was their main cause of anxiety. One serviceman was reported stating, 'I may not be able to support my wife after the fashion I would like to'. Another worried,

> Will I be able to give my children as good an education as I intended to, in my present state of physical fitness? Will I be able to make the money to look after them? The whole future of my family depends on my eyes.[68]

1939-1945, (Oxford: Oxford University Press, 2003), p. 155., P. Summerfield, *Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War*, (Manchester: Manchester University Press, 1998), p. 117.

[64] M. Francis, *The Flyer: British Culture and the Royal Air Force 1939-1945*, (Oxford: Oxford University Press, 2008), p. 15.

[65] G. Page, *Tale of a Guinea Pig*, p. 130, 144 , 193.

[66] J. Meyer, *Men of War: Masculinity and the First World War in Britain*, (Great Britain: Palgrave Macmillan, 2009), p. 97, 100-103.

[67] J. Anderson, *War, Disability and Rehabilitation in Britain*, p. 94-95.

[68] P. M., Duke-Elder & E. Wittkower, 'Psychological Reactions in Soldiers to Loss of Vision of One Eye', *British Medical Journal*, 1:4439 (1946), p. 156.

This account illustrates the pressure felt by injured servicemen to fulfil the concept of the male breadwinner family, which emerged in the mid-nineteenth century and peaked during the 1950s. Within this family structure, women were responsible for the management of the home and family budget, care of children, and the physical and emotional needs of their husbands. Men were expected to be good reliable workers and the sole providers for their wives and children. The gradual increase of social policies from 1906 onwards provided workers with some sort of financial protection against unemployment, sickness, disability, and retirement. However, these policies were increasingly attributed to the male breadwinner. The policies were more established after the Second World War and operated on the assumption that married women would not work, as male wages would be sufficient to support a wife and at least one child. The male breadwinner family became the focus of British social and economic life.[69] Sonya Rose argues that for men in British society, in particular, the working man, being able to identify as the male breadwinner is essential to preserving his masculine identity which is based on skill, independence, and the ability to organise the family's labour supply and income.[70] Occupational therapy was, therefore, essential to provide men with the vocational training and skills needed for employment. At the start of the Second World War injured servicemen learned to do cane work, leatherwork, bookbinding, weaving and carpentry. However, absenteeism from training programmes was common.[71] Russel Davies Consultant Anaesthetist at East Grinstead during the Second World War, explained:

> Trying to persuade a burnt airman of twenty-one with all the normal hot-blooded instincts of a young man to do embroidery, seat-rushing…produced quite shattering despair, disillusionment,

[69] C. Creighton, 'The rise and decline of the "male breadwinner family" in Britain', *Cambridge Journal of Economics*, 23:5 (1999), p. 519, 523., A. Janssens, 'The rise and decline of the male breadwinner family? An overview of the debate', *International Review of Social History*, 42:S5 (1997), p. 3, 7.
[70] S. O. Rose, ' "Gender at Work": Sex, Class and Industrial Capitalism', *History Workshop Journal*, Oxford University Press, 21:1 (1986), p. 124-126.
[71] A. H. McIndoe, 'Rehabilitation in a Maxillo Facial and Plastic Centre', *Post-Graduate Medical Journal*, 19:161 (1943), p. 165.

> indifference and profanity no matter how charming the occupational therapist. [72]

Facially wounded servicemen participated in this kind of rehabilitation, but they were reluctant to learn traditionally feminine skills. This was recognised by medical staff. As Davis asserted, although the patients at East Grinstead were injured, they were still young 'hot-blooded' men, who needed more masculine forms of rehabilitation. Archibald McIndoe sought alternative activities through industry. After discussions with aircraft instrument manufacturers, Reid and Sigrist –he set up a small factory on the hospital grounds.[73] The patients were paid an hourly wage and after a year production per man-hour was more than that of the parent factory.[74] By 1943 a scheme of interim employment with the Ministry of Aircraft Production allowed men to work in factories in their military uniform and alongside other workers. This was considered crucial for building facially disfigured men's self-esteem and giving them a sense of purpose.[75] An undated, contemporary book on the history of Erskine Hospital written during the Second World War, held in Glasgow University Archives went as far as to state that:

> A man may only rightly be termed as "disabled" in the commercial sense-when his disability precludes normal output. It is therefore in the interest of the men themselves and of the country that each man be trained in a trade in which his condition does not interfere with his productive capacity…these men, if properly trained, will not therefore depreciate the value of the labour market.[76]

With ideas like this from the hospitals that treated servicemen and the State's approach to pensions, it is unsurprising that the men themselves linked their masculinity and recovery to their economic productivity. Whilst the more traditional forms of occupational therapy like

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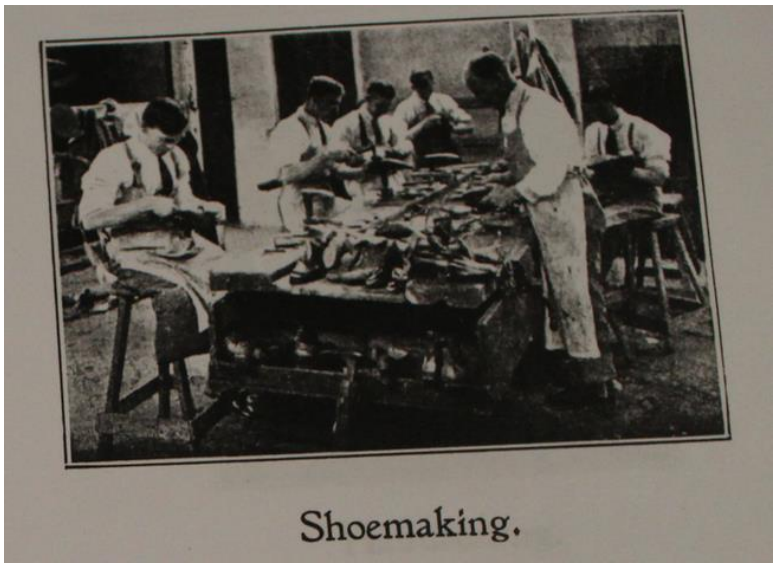
[72] R. M. Davies, 'Relationships: Archibald McIndoe', p. 359-367. Davies was a medical officer to the Guinea Pig Club from 1941-1991, later serving an emeritus role.
[73] R. M. Davies, 'Relationships: Archibald McIndoe', p. 362.
[74] R. M. Davies, 'Relationships: Archibald McIndoe, p. 362.
[75] Regular Correspondent, 'Foreign Letters: London', *Journal of the American Medical Association*, 124:3 (1943), p. 183.
[76] Contemporary book on the history of Erskine Hospital, (title page missing, undated), Papers relating to the history of Erskine House (1950-95), GUA, GB 248 UGC 225/8/9, p. 1-2.

basketry were not popular amongst the patients at East Grinstead, they seem to have been more successful at Erskine hospital. Like East Grinstead, Erskine employed a range of practical re-training activities for patients. Men were given commercial skills, which enabled them to be wages clerks, bookkeepers or go to college once discharged if they desired. They also participated in basketry, shoemaking, tailoring, hairdressing, beekeeping, upholstery, carpentry and even learned how to make artificial limbs.[77] The book contains a busy picture of each activity where patients can be seen actively engaged with the training (see Figure 2.5).[78]



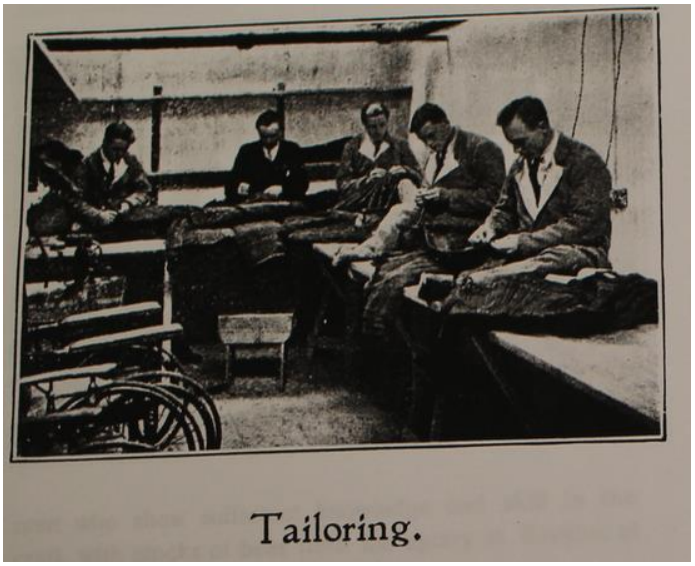


Figure 2.5: Injured servicemen engaged in trade training, Contemporary book on the history of Erskine Hospital, (title page missing, undated), GB 248 UGC 225/8/9.

It was important for the public to see such representations in the media of veterans with disabilities so these men could be accepted and be seen as useful members of society. These

[77] Contemporary book on the history of Erskine Hospital, GUA, GB 248 UGC 225/8/9, p. 2-9., J. Calder, *The Vanishing Willows: The Story of Erskine Hospital*, (Renfrewshire: Princess Louise Scottish Hospital, 1982).
p. 18.
[78] Contemporary book on the history of Erskine Hospital, GUA, GB 248 UGC 225/8/9, p. 2-9.

representations were even more important for servicemen with facial disfigurements, a category of casualties previously hidden away from public view. These men had to be viewed by the public to be accepted back into society by them.[79] This message and publicity was essential early on for hospitals like Erskine, which relied on donations to carry on the work it was doing. Erskine was not unique in relying on donations from the public, East Grinstead and Rooksdown House also relied on the generosity of the public to provide much-needed hospital equipment, leisure activities, hosting picnics and dinners and even opening their homes as a place for servicemen to convalesce.[80] In 1919, at a Science and Key Industries Exhibition, eight servicemen from Erskine Hospital with double leg amputations gave a demonstration of walking, running, dancing, climbing ladders, and going up and down stairs in prosthetic legs.[81] In addition, there are eight newspaper clippings from 1940-1950 which are appeals to the public for donations, all telling the story of badly injured servicemen who suffered amputations, head wounds or paralysis and was rehabilitated at Erskine. In all eight cases, the injured servicemen had been re-trained and gained a job earning their own living. In three cases the injured servicemen had got married and had a child after his disability and provided for his family, further emphasising the point that the disabled man may live and prosper normally like any other man.[82] For example, David Brown was serving in Arnhem in 1944 when he had his leg amputated after being hit by a shell. The news clipping stated:

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[79] E. Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, the Royal Air Force and the Guinea Pig Club*, (London: Greenhill Books, 2004), p. 18, 154-156.
[80] E. Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, the Royal Air Force and the Guinea Pig Club*, p. 198., S. R. Millar, Rooksdown House and the Rooksdown Club: A Study into the Rehabilitation of Facially Disfigured Servicemen and Civilians Following the Second World War, (Unpublished Doctoral Thesis, 2015), University of London p. 349.
[81] J. Calder, *The Vanishing Willows*, p. 19.
[82] Album of press cuttings of Erskine adverts focusing on veteran experience case studies (1940-1950), GUA, GB 248 UGC 225/8/12. All the names are false, clippings state, 'The name is fictitious but the facts are true.' For Guinea Pig Club Members injury detail see 'Guinea Pig Archive' at https://www.eastgrinsteadmuseum.org.uk/guinea-pig-club/guinea-pig-patient-archive/.

> To-day, David Brown and his wife -she was his nurse at Erskine- live happily with their small son at Paisley once more…David still enjoys a swim, drives his own hand controlled car…He works as a Police switchboard operator.[83]

With an amputated leg David's ability to be a Police switchboard operator was not affected and he was still able to carry out a useful job. However, had he lost his hands or been facially disfigured his outcome may not have been so optimistic. Another clipping mentions a man named Sandy Wood who had his legs badly damaged by a mortar bomb whilst serving in Italy in 1945. The clipping illustrates Sandy's retraining as a shoemaker, stating, 'He's married now and supporting his wife and self in the trade he learnt at Erskine.'[84] The fact that some of these newspaper clippings mention a man getting married is significant because it highlights female acceptance as an appropriate feminine response to disabled servicemen. This theme will be explored more in Chapter Three. Economic independence was also a key theme in the Guinea Pig Club Magazine, *The Guinea Pig.* The success of former patients was highlighted in a 1947 Christmas edition in a two-page spread titled 'Guinea Pigs on Parade'. For example, pilot 'Jock' McCallum who crashed during a training exercise and received burns to his face and arms was studying for a Bachelor of Science in Chemistry at Glasgow University. After engagement with the enemy during a night operation pilot Colin Ward crashed upon landing resulting in severe burns to his scalp but he managed to secure a job at his old insurance company. Other announcements highlighted men's virility and included the births of first-born children like the 'blond, blue-eyed little Miss aged 1', born to Sid Warren and his wife who was a nurse at East Grinstead. Wireless operator and air gunner Sid obtained burns to his hands and face after his aircraft was hit by German fire and crash-landed in a field.[85] The *Glasgow*

[83] Album of press cuttings (1940-1950), GUA, GB 248 UGC 225/8/12.
[84] Album of press cuttings (1940-1950), GUA, GB 248 UGC 225/8/12.
[85] *The Guinea Pig* (1947) Christmas Edition, p. 22-23, The National Archives (TNA), AIR 20/10269.

Herald (1945) printed an article about the work that Erskine Hospital had already done and its plans for expanding during the Second World War, it also illustrates some of the public's preconceived ideas about disabled men. The article states, 'the record of Erskine Hospital shows how illusory are the limitations which are popularly associated with institutional care of the disabled.'[86] This article suggests that the limitations of disabled servicemen are the pre-conceived ideas of society rather than the men themselves who proved themselves to be capable independent wage earners.

Economic independence was also a particularly present theme in representations of disabled servicemen in film. In the documentary drama, *New Faces Come Back,* produced by the Royal Canadian Air Force (RCAF) Overseas Film Unit, the main character Jim served in Britain as a flight engineer and was involved in a crash resulting in burns to his hands and face. Made for British and Canadian audiences to be played in cinemas before the main film, *New Faces Come Back* was produced to raise public awareness of the plight of disfigured servicemen and the role that society played in helping these men to reintegrate into civilian life.[87] Jim received reconstructive surgery and rehabilitation at East Grinstead. The documentary included real patients and nursing and surgical staff from the hospital as well as local people from the town and is narrated by a Welfare Officer. Again, we see the importance of female acceptance when Jim actively seeks out work after his confidence was boosted by a positive encounter with a local woman named Margaret at a garden party, the narrator stated:

> Jim had passed his first test with strangers he felt excited and confident and now at last he could begin to think about a useful future. On the way home he asked me if I could arrange some part time work for him at an aircraft factory, he was itching to get back to those motors again.

[86] Papers relating to the history of Erskine House (1950-95), GUA, GB 248 UGC 225/8/9.
[87] E. Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, the Royal Air Force and the Guinea Pig Club*, p. 188.

> Much of course he could not do but the hands were willing and it was arranged.[88]

So even though there was a lot of the work that Jim was not able to do at first, the confidence boost he received from Margaret was enough to motivate him to get back into work. *New Faces Come Back* showed the public that these men could overcome anxieties about their appearance in the workplace and finding work. *New Faces Come Back* shows that injured servicemen, specifically the facially disfigured, were capable of obtaining a job and sustaining themselves independently. Again, this echoed representation of amputees, who were often depicted using prosthetics and engaging in 'normal' masculine activities like smoking and dancing with women.[89]

Unconventional Methods

In both the First and Second World Wars, hospitals varied in efficiency, discipline and morale so patient experiences of care also varied greatly. All hospitals had some sort of rules. Military hospitals separated patients by rank, banned alcohol and regulated contact between patients, visitors, and volunteers.[90] The environment and approaches applied at Rooksdown House and East Grinstead were more unusual for the period. Here, careful consideration had to be given to the psychological and social rehabilitation of men who were left permanently disabled by their injuries, especially for those who were left facially disfigured. Recognising the impact of facial disfigurement on men's state of mind, even after surgery, Gillies and

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[88] *New Faces Come Back* (1946), (Produced by The Royal Canadian Air Force (RCAF) Overseas Film Unit in conjunction with the National Film Board of Canada), https://www.youtube.com/watch?v=m-Hrrp0ktlY

[89] D. Serlin, 'Engineering Masculinity', p. 48, 68., *The Best Years of Our Lives* (1946), Directed by William Wyler (Samuel Goldwyn Company).

[90] J. Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain during the Great War*, (Manchester: Manchester University Press, 2004), 6, 43., A. Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*, (USA: Oxford University Press, 2014), p. 194-195, 227.,

McIndoe promoted unique methods for patients at Rooksdown House and East Grinstead. McIndoe claimed that the 'best result' for full rehabilitation of the person was only achievable by the surgeon who 'interprets his duty to the patient in the widest sense.'[91] McIndoe felt strongly that surgeons should talk to their patients, share their worries about operations and life after hospitalisation and where possible help them to find work opportunities.[92] His role in this respect will be discussed in more detail in Chapter Four. Gillies optimistic attitude was well known amongst his patients. After the death of her husband, who was a patient at Rooksdown for three years, a Mrs Webb wrote to the hospital magazine in 1954[93]:

> I should like to thank Sir Harold Gillies for his kindness and wonderful skill…In his darkest moments my husband would talk of the confidence and inspiration he gained through Sir Harold; he always instilled the grand spirit of optimism and good cheer, thereby helping his patients over the stony roads of their lives, and giving them the courage to go on.[94]

William Macewen the founder of Erskine hospital also recognised the importance of the attitude of the medical staff treating injured servicemen. He said:

> The patient's health, which has suffered by the trying ordeal undergone, must be restored…To obtain the best results, sympathetic care and encouragement are required, besides advice and guidance.[95]

Staff were expected to treat injured servicemen sympathetically whilst also encouraging independence. The environment and atmosphere of British hospitals during the Second World War were varied and some were certainly out of the norm for the period. McIndoe had the walls at East Grinstead painted light grey, added bright curtains to the windows and made sure there were always fresh flowers in the wards. He ensured that concrete paths were put in place

[91] A. H. McIndoe, 'Rehabilitation', p. 162.
[92] A. H. McIndoe, 'Rehabilitation', p. 162.
[93] *Rooksdown Club Magazine*, (Number 2 December, 1947), British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), p. 1. The *Rooksdown Club Magazine* was first printed in 1946. 'For and by members of the Rooksdown Club'.
[94] *Rooksdown Club Magazine*, (Number 9 December, 1954) BAPRAS, p. 5.
[95] William Macewen address to Glasgow City Chambers Public Meeting 29th March 1916, cited in J. Calder, *The Vanishing Willows.*

to enable beds to be wheeled outdoors so that all patients could enjoy fresh air.[96] Members of the RAF had a reputation for being troublemakers who liked to drink heavily. With the uncertainty of war and the pressure of life in service, airmen often spent off duty periods having parties, getting drunk, and having sex.[97] To foster a similar atmosphere, rules were relaxed on Ward III at East Grinstead and some other RAF Hospitals.[98] Jim Marshall was a navigator in the RAF who received burns to his whole body except his face when the engine of his Lancaster bomber failed, and he crashed in a forest along the Adriatic Coast in 1945. Jim was the only survivor out of six crew and was sent to RAF Hospital Halton. In an oral history interview, Jim described the environment while he was there:

> after about eight or nine months at Halton which I must say I enjoyed…most of them once they got out of the bed, got up and wanted to visit, the town, go have a drink, we could do that…There was no 'Don't do this or don't do that.[99]

Jim's account shows that once men were able to get out of bed, they were able to go into town and drink, as there were no strict rules or curfews at the hospital, which were common at other hospitals. At Rooksdown, men were invited to parties, picnics, and dances in the local community, and had access to a nearby tennis court, football, and hockey pitch.[100] Jack Toper, photographed in Chapter One, also described how the people of East Grinstead became part of the rehabilitation process, as men were invited to local events and members of the public frequently visited the hospital:

> Archie turned the hospital and the town into a place where we were at home; people didn't stare, or point and they didn't turn away, but everywhere else it was hard to get used to what people said and did when they saw you.[101]

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[96] A. H. McIndoe, 'Rehabilitation', p. 163.
[97] M. Francis, *The Flyer*, p. 16., L. Byrski, *In Love and War*, p. 68.
[98] R. M. Davies, 'Relationships: Archibald McIndoe', p. 361.
[99] Interview with Jim Marshall by Jasmine Wood, 28/07/18.
[100] A. J. Evans, G. F. Bowen, Matron, E. M. Brown, Ward Sister, *Rooksdown House, Basingstoke, Hants: A Regional Centre for Plastic and Jaw Surgery*, (Reprinted from the *Nursing Times* the official journal of the Royal College of Surgeons: 1954), BAPRAS, p. 6.
[101] L. Byrski, *In Love and War: Nursing Heroes*, (Australia: Fremantle Press, 2015).

Fighter pilot Sam Gallop suffered extensive injuries including a crushed face, and both legs amputated below the knee.[102] In an interview, he discussed his thoughts on the attitudes of the public. He said:

> When I was here [Roehampton Hospital]. I had no problems with attitudes of the public. They were, I don't, I wasn't aware of anyone staring at you or in reverse, mm, overemphasizing the empathy…I did have, mm, tubes in my jaw and all my front teeth had gone and I had splints on. Mm, but I was in a ward with people who were much worse. And who weren't going to, mm, be very good looking even after the whole of the plastic surgery. So, mm, I think funnily enough if I had to walk around now without my front teeth in I would be very sensitive about it because I'm used to it. You know, I think I'd, I think I might sort of start putting, talking with my hand over my mouth. But at the time when you're busy getting fit and, and the staff are very sensible and straightforward. Mm, and, of course, in East Grinstead it was, they were, the people were told not to, taught not to stare, you know.[103]

Sam highlighted that he did not experience any negative attitudes or instances of the public staring at him when he was initially being treated for his injuries at Roehampton hospital and East Grinstead when his injuries would have appeared the worst. However, it is notable that now no longer in the safe environment of Roehampton or East Grinstead, Sam acknowledged that he would feel quite self-conscious about his appearance without his front teeth. Frederick Cottam like Jack also found that going into town outside of the hospital environment did not always go well, particularly for those in areas where the general public was not used to seeing the physically disabled. Servicemen encountered unpredictable reactions and unwanted pity. Frederick recalled one of his trips into town:

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p. 43.

[102] Sam Gallop Interview, 01/02/10, London Metropolitan Archive (LMA), B11/114, p. 1-3. These interviews are not catalogued and have temporary reference numbers that may change in the future.

[103] Sam Gallop Interview, 01/02/10, London Metropolitan Archive (LMA), B11/114, p. 33-34. These interviews are not catalogued and have temporary reference numbers that may change in the future.

> I disliked being detected in public as being obviously limbless, and over the years my feelings have not changed. I do not wish to flaunt my war wounds…In descending onto a road from its pavement curb, the blanket draped over my lap fell off. Jack who was pushing the wheelchair, knowing that I would stiffly resent being stared at by the understandably curious, rushed round and quickly retrieved the fallen blanket. A middle-aged lady on the opposite pavement, must have realised we were from the local hospital, had sufficient time to note my disability. Pausing, just for a moment, she dashed across the road to and thrust half a crown into my hand. I felt as a beggar and deeply resented her spontaneous and charitable action. Reacting violently I made to return the offending silver coin. And then I saw that she was crying. My anger immediately subsided. Had she suffered a bereavement in the war? Without a word to me she patted my enclosing hand and walked by, head erect with her eyes swimming in tears. Illogically, I would cheerfully and readily accept a packet of cigarettes or a book from a hospital visitor. Perhaps my principles are unknowingly flexible.[104]

Frederick did not want to be pitied and definitely did not want to be viewed as a charity case, especially by a middle-aged woman. This encounter appears to have undermined his sense of masculine identity as he was offended by being viewed as dependent and in need of charity. Frederick did not like being seen as disabled or abnormal in front of others which risked attracting unwanted attention. Frederick wanted to be treated as a normal, able-bodied, man not defined by his disability. This point is compounded by the experience of his first outing to the pub in his prosthetic legs. Frederick said:

> Though chafed and cramped in my restricting metal-work, I insisted on standing in the smoke filled bar rather than remaining isolated in my wheelchair…Fully erect I was no longer an attraction for the maudlin and garrulous who were inclined to stoop and shout down my lugholes when I sat in my wheelchair…Standing upright in public for the first time in nearly two years had boosted my confidence.'[105]

The work of Erving Goffman helps to explain Frederick's experience. Goffman argues that society categorises individuals based on their physical appearance and behavioural attributes

[104] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 117.
[105] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 153.

into what is perceived as normal and what is not. He coins these categories as social identities. He argues that we use these preconceived social identities to make assumptions about another person and treat them a certain way rather than base our behaviour towards them on their actual personality, identity, and capabilities. For example, a disabled person may have personal qualities overlooked on account of their disability.[106] When Frederick reflected on how his life was affected by his disability, he considered how others addressed him. He said:

> Strangely some people find it hard to address us [disabled people] directly. Often, we are referred to in the third person. I have been known, obliquely, as Mrs. Cottam's husband. A dentist, having inserted my new top clackers, held up the hand mirror and told me to grin into it so that I could view the results of his handiwork. Reticent to ask for my own cosmetic approval he turned to my wife and asked her opinion. If I am dragged to the doctor and checked over with a stethoscope, my wife will be asked: "How has he been keeping lately?" The sort of question a vet would ask a keeper.[107]

In these interactions, Frederick experienced a complete gender reversal. Only his wife was addressed as the dominant partner and only her opinion of his wellbeing was sought. Frederick compares these interactions to those questions a vet might ask a zookeeper, but they are also akin to those a mother might be asked of her child. The visibility of the disability, depending on how severe it is, can lead non-disabled people to overlook the individual and make assumptions about their abilities. This process is known as the 'spread' phenomenon and explains why others leaned down and shouted in Frederick's ears or only addressed his wife when he was in his wheelchair, perhaps assuming he also could not hear or understand properly.[108] As well as this, disabled people may also experience 'fictional' acceptance during interactions where the non-disabled person will make no reference to the disability and appears

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[106] E. Goffman, *Stigma: Notes on the Management of Spoiled Identity*, (New Jersey: Penguin Books, 1990), p. 1-41.
[107] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 197.
[108] B. A. Wright, 'Spread in adjustment to disability', *Bulletin Menninger Clinic*, 28:4 (1964), p. 198-208., P. Hunt. 'Introduction', in P. Hunt (eds.), *Stigma: The Experience of Disability*, (London: Geoffrey Chapman Limited, 1996), p. x.

to not see it. Another social anomaly experienced by Frederick whilst in his wheelchair was how he was approached by 'garrulous' or excessively talkative individuals who discussed only trivial matters with him. [109] With his prosthetic legs and his ability to stand erect, he was once again normal and masculine.[110] Frederick no longer felt isolated when socialising and was no longer susceptible to unwanted – even good-intentioned – attention from the public. It seems like being able to stand up in public gave Frederick a new-found freedom and independence which boosted his confidence.

At East Grinstead men were not separated by rank, nor did they have to wear 'hospital blues' – the uniform traditionally worn by servicemen in hospital. Instead, McIndoe ordered that standard Service uniforms be issued.[111] Changes like this helped maintain morale amongst patients. Patient Alan Morgan described the atmosphere at East Grinstead:

> It were [sic] amazing to me to see that the person in the next bed were an officer, and that everyone mucked in together...If the officer in the next bed were in better shape than you he'd bring you a cuppa. It took me a time to get used to that I can tell you.[112]

These changes also helped men maintain a sense of military identity. Discussing the topic of hospital blue uniforms, Jim Marshall noted that patients at Halton Hospital could wear their service uniforms or civilian clothes. He recalled seeing patients from nearby Stoke Mandeville Hospital one day he said, 'I was sitting in a café somewhere and in came Stoke Mandeville in the ragged blue, white shirt, red tie, terrible.' Jim continued to discuss what he thought about the hospital blue uniforms. He said, 'they had their own uniform, so why change that and throw on something that was ill fit and then make you look like a bit of a clown, you know?'.[113] The

[109] F. Davis, 'Deviance disavowal: The management of strained interaction by the visibly handicapped', *Social problems* 9:2 (1961), p. 126.
[110] S. L. Gilman, *Stand Up Straight!: A History of Posture*, p. 66-68, 71, 78
[111] R. M. Davies, 'Relationships: Archibald McIndoe', p. 363-364.
[112] L. Byrski, *In Love and War*, p. 70-71.
[113] Interview with Jim Marshall by Jasmine Wood, 28/07/18.

uniform of the RAF was instantly recognisable in ash blue and conjured connotations of heroism, especially when the wearer sported a pair of silvery-white wings showing he was an operational flyer.[114] Roger (pseudonym) who was an officer, described his relief when he discovered he was allowed to wear his uniform:

> It seemed like the last vestiges of self-esteem, because it was a way of thinking of myself that I tried to hang onto. To go out into the local town in my uniform made me feel worthwhile, that despite my hideous face and hands I was still part of the RAF.[115]

It is clear that Roger's sense of self-worth was linked to active service in the RAF and that the hospital's efforts to preserve this identity helped him to recover.[116] There were some more unusual aspects of the hospital environment at East Grinstead. The consumption of alcohol was common in Ward III, a purpose-built wing specifically for facially wounded servicemen. McIndoe ordered that a barrel of beer was always available for the men to drink whenever they wanted.[117] Heavy drinking was a common feature of military life in the Second World War often used by men to affirm a sense of masculinity and bonds of friendship.[118] One Guinea Pig named Hugh Edmond Parratt suggested that the consumption of alcohol amongst the members of Ward III played a restorative function in the rehabilitation of burned lips and hands. Hugh was an officer in the RAF who served with the Path Finder Force, in 1944 German fighters attacked his aircraft and he became trapped in the burning aircraft as it plummeted towards the ground. During the crash his foot became caught under a step inside the aircraft so that when it crash-landed, he was thrown forward breaking and ripping off his heel. Hugh also hit his head badly denting it, broke his back and 'smashed up' his leg. After spending time as a

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[114] M. Francis, *The Flyer*, p. 24.
[115] L. Byrski, *In Love and War*, p. 72.
[116] W. J. Gagen, 'Remastering the Body, Renegotiating Gender: Physical Disability and Masculinity during the First World War, the case of J. B. Middlebrooke', *European Review of History*, 14:4 (2007), p. 528.
[117] L. Byrski, *In Love and War*, p. 70-71.
[118] M. Francis, *The Flyer*, p. 35., E. Newlands, *Civilians into Soldiers: War, the Body and British Army Recruits, 1939-45*, (Manchester: Manchester University Press, 2013), p. 75-77.

Prisoner of War (POW) in Cologne and being nursed by German nuns he was repatriated and treated at East Grinstead in 1945 where he received skin grafts and orthopaedic surgery for his head and leg.[119] Hugh explained his theory:

> If you had a badly burned face and obviously your mouth wasn't particularly good you had your little rubber tube to drink with…You'd go down to the pub and you'd get your glass of beer and put your little rubber tube in and hold your lips together so you could drink your beer. But, by the time you had a few beers you weren't bothering to hold your lips together you were just picking your glass up with your hand and drinking it yourself. Alright it would be a bit of a mess but you weren't worried and this of course obviously started rehabilitating your arms and so on…If you went down to the pub and had a few drinks and started to get a bit merry well you'd start to forget about the rubber tube wouldn't you? Oh it doesn't matter if you spill a bit of beer, you brush it off you know you weren't in full dress or anything and this was half the rehabilitation process. I'm quite sure that some Guinea Pigs had their pretty sad moments to themselves but the attitude there was that, it was an exaggerated attitude if you like, was any excuse for a booze up.[120]

Hugh's account suggests that the consumption of alcohol lessened inhibitions and gave men the confidence to grasp their drinks with their burned hands without worrying about spilling. Francis 'Dixie' Dean recalled a party in the hospital:

> Lashings of grog and girls. However, towards the end, namely, midnight, "Dixie" was missing. The guards were called out to search all the girls' billets and beds. Alas they could not find me. They did in the end in an ATS (Auxiliary Territorial Service) sergeant's bed *alone* with a black eye and to this day, I do not remember how I got it – except I've got a photo of an ATS sergeant written on the back following, "Here's to the aircrew boy with the auburn hair, Who got a black eye, by taking a dare!"[121]

Again, such behaviours were similar to those found among able-bodied personnel in RAF bases. Francis argues that young RAF crew frequently played practical jokes and pranks on each other and members of local communities. They did so as a way of coping with the regime

[119] IWM SA, 16279, Hugh Edmond Parratt, reel 4.
[120] IWM SA, 16279, Hugh Edmond Parratt, reel 5.
[121] E. Bishop, *The Guinea Pig Club*, p. 57-59.

imposed by military service and as an expression of bonding among young male recruits. This was often a continuation of behaviours learned in public schools.[122] Even if men did not participate, they recognised the importance of male bonding and camaraderie. For example, Arthur (pseudonym) who was a member of the Guinea Pig Club and a homosexual recalled being terrified that his true sexuality might be exposed to the group:

> I was young, inexperienced and scared stiff, so I just kept my head down and tried to pretend to be the same as everyone else…Nobody showed it but we were all scared to death about the future…I think there were a lot of young men reaching out to each other…in an intimacy of suffering…Bonding. So all that flirting and getting off with the nurses was something to do with proving that, despite this very close brotherhood, they were normal chaps.[123]

Arthur recognised the significance of the macho environment and how his fellow servicemen, tried to prove their masculinity in this period of vulnerability. Arthur also flirted with the nurses to fit in with the expectations of the group but kept himself distant in order to mask his true sexuality.[124] Although Arthur did not participate as fully as others, he clearly understood their motivations. Pranks were also a common occurrence in Ward III. Heavily bandaged patients would swap beds to confuse nursing staff. Dennis Neale, for example, remembered being pulled across the ward by another patient who had attached their bike to his bed.[125] The noise of Ward III was also similar to that heard in RAF mess halls.[126] McIndoe made sure music was always available through the radio, gramophone, or even live performances. Patient Alan Morgan recalled:

> I had no idea where I was. It sounded like a nuthouse. I thought they were all a load of nutters. I just kept thinking - this is a bloody place and they're all bloody mad here.[127]

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[122] M. Francis, *The Flyer*, p. 34-35.
[123] Byrski, *In Love and War*, p. 143.
[124] Byrski, *In Love and War*, p. 142., E. Vickers, *Queen and Country: Same-sex Desire in the British Armed Forces, 1939–45*, (Manchester: Manchester University Press, 2015).
[125] L. Byrski, *In Love and War*, p. 93.
[126] M. Francis, *The Flyer*, p. 155-156.
[127] L. Byrski, *In Love and War*, p. 70.

The patient cartoon 'The Sty' from the Guinea Pig Club Magazine, *The Guinea Pig*, (see Figure 2.6) by Sergeant Henry Standen also depicted the loud, fun, and lively atmosphere on Ward III. Henry was twenty-nine years old when he received burns to his face in 1941.[128] In 'The Sty' patients are depicted drinking, smoking, and participating in mischievous behaviours such as swinging from the ceiling beams. The cartoon captures the 'exaggerated attitude' of the patients of Ward III described by Hugh.[129] This illustration portrays patients as still active and still capable of doing what able-bodied men could. Another interesting aspect of this illustration is that none of the patients have obvious facial disfigurements. We see one man with crutches and another with a heavily bandaged foot. One patient has a dressing around his head and another a plaster on his cheek. However, there are no serious injuries on show which is very much in keeping with the style and satirical nature of cartoons in other issues of the magazine. Cartoons throughout issues of *The Guinea Pig* are lighthearted and humorous often depicting Guinea Pig Club members engaging in mischievous pranks or parties.[130] This loud and lively environment, therefore, allowed men to behave and express themselves in ways that they might have done before injury. By making hospitalisation fun and replicating the military environment, McIndoe restored a sense of normalcy to men who were coming to terms with their injuries and life after service.

[128] 'The Sty' (1948) by Sergeant Henry Standen, https://www.eastgrinsteadmuseum.org.uk/patients/henry-standen/. (Accessed July 2017).
[129] IWM SA, 16279, Hugh Edmond Parratt, reel 5.
[130] *The Guinea Pig*, (Magazine issues 1945-1951) uncatalogued at East Grinsted Museum Archive.

Figure 2.6: 'The Sty' (1948) by Sergeant Henry Standen, https://www.eastgrinsteadmuseum.org.uk/guinea-pig-club/the-guinea-pig-club/.

Even in hospitals like Roehampton Hospital and the Chapel Allerton Military Hospital Leeds where rules and curfews were more regularly enforced and part of the normal running of the hospital, a boisterous and somewhat chaotic atmosphere still existed. Leslie Beck who became a double leg amputee after serving in Anzio, Italy in 1944 recalled the atmosphere of

Ward C at Roehampton hospital, which according to him offered the 'finest rehabilitation possible for the amputee.'[131] Leslie said:

> C ward in Roehampton was in no way similar to the usual hospital ward; one of it's occupants dubbed it, rather unkindly, as a "doss-house". Except for, perhaps, a couple of patients recovering from an operation, it was peopled by vigorous young men, minus a limb or two and there simply for the fitting of a poor substitute. It, the ward, might be likened to an active volcano waiting to blow it's top. The pressure contained therein would be relieved in ways similar to those exercised by their more fortunate contemporaries operating outside with, however, the restraint of necessary rules and regulations. The company of the opposite sex was, of course the most sought-after pass time, running a close second was visiting the local pub.[132]

Leslie's quote demonstrates that amputees just like the RAF Aircrew who were burned and facially disfigured were also young and 'vigorous' men in the prime of their lives. He suggests that disabled servicemen also relieved themselves and relaxed in the same way as any able-bodied men of the same, through going out, drinking, and pursuing women. Ward C at Roehampton had a 9.45 pm curfew but not all men abided by this rule. Leslie explained:

> Following "lights out" intermittent sounds, vague shapes and sightings would occur moving along the centre of the ward, muted cursing as a crutch became entangled with a table leg or similar obstacle. Then the suppressed anger of the night nurse remonstrating with a form swaying dangerously close to the beds of sleeping patients, the apology, slurred by the demon drink'.[133]

From Leslie's account it seems that although men were reproached for returning drunk to Ward C after the lights out curfew, this behaviour was tolerated. Roehampton Hospital also tried to enforce a rule preventing wheelchair users from going to the local pubs unaccompanied. However, men simply did not use the main hospital gate and as Leslie described:

> To overcome this difficulty, albeit that the "way" necessitated the user vacating the chair to manhandle it down a steep and muddy four feet

[131] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 12.
[132] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 12-13.
[133] L. C. Beck, Private Papers, IWM, Documents.19013, p. 13.

> slope to obtain his freedom: thus the old adage "Rules were made to be broken" became a truism.[134]

The men of Ward C were clearly ignoring rules imposed by the hospital administration. On another occasion, Leslie was part of a group that wanted to go out one evening but he was the only one with prosthetic legs. Leslie described how the group overcame the situation:

> Four or five incapacitated beings chartered a taxi to take them to a pub in, I think, Barnes, I being the only one with legs, tin ones of course. It was really a "shot in the dark" for we had to rely on someone there being able and willing to carry these legless amputees into the bar. I seem to remember a Canadian Soldier with an A. T. S. girlfriend fulfilling this kindness, he being our "minder" for the rest of the evening – consequently a good time was had by all.[135]

At the Chapel Allerton Military Hospital staff attempted to enforce rules more strictly, men were allowed out until 5 pm and needed a late pass to remain outside the hospital grounds for a further two hours. Late passes were rarely issued and if not back on time or if any rules were broken these passes were withdrawn as punishment. Despite all this, men still rebelled against the rules. Frederick Cottam recalled:

> Sometimes, very late at night, crutches would be thrown over our high wall…to land with a clatter in the quiet hospital grounds. A clambering, unsteady and merry-eyed leg amputee, who had become utterly bored with his confinement to hospital precincts after having pass withdrawn, would follow his props.[136]

No matter the rules or obstacles, servicemen with amputations challenged them, despite their disabilities. For them, their disability was never a reason not to engage in normative male behaviours like going to the pub. They simply adapted, thinking of new ways to participate in these behaviours.

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[134] L. C. Beck, Private Papers, IWM, Documents.19013, p. 13-14.
[135] L. C. Beck, Private Papers, IWM, Documents.19013, p. 14.
[136] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 125.

Hospital Clubs and Camaraderie

Hospital clubs constituted another important site of psychological rehabilitation at East Grinstead and Rooksdown House but for the injured servicemen who made up their memberships, they were spaces of bonding and support. The Rooksdown Club was established in 1946 for both service and civilian patients. With Gillies as president, the club became an acknowledged war charity with three main aims:

> (1) To help the patients and ex-patients of Rooksdown House to keep in touch with one and other; (2) to aid ex-patients who may be hindered in re-establishing themselves in life owing to injury or mutilation; (3) to educate the public to accept the injured and mutilated without comment or victimisation.[137]

The club helped to foster a sense of camaraderie and agency through mutual support.[138] The *Rooksdown Club Magazine* published stories of individual men's achievements after injury.[139] It also provided useful tips on how to cope with disfigurement in practical ways, such as the use of make-up.[140] D. Gay, a patient at Rooksdown House wrote an article titled, 'Can We Take It' in 1950:

> The first realisation is always a shock. Then we look around and can always find someone a lot worse than ourselves…
> We square up to the outside world with a show of bravado. Our first visits and jaunts outside are made easier because we go as a group and so nobody is picked out for special attention by those who stare.[141]

The constant use of the word 'we' in Gay's article provides a sense of empowerment through collective struggle and action. Together, men could reclaim their masculinity through a performance of 'bravado'. These attitudes were also prominent among able-bodied RAF flyers

[137] A. J. Evans, G. F. Bowen, Matron, E. M. Brown, Ward Sister, *Rooksdown House*, BAPRAS, p. 3-5.
[138] R. Hall, 'Being a Man, Being a Member: Masculinity and Community in Britain's Working Men's Clubs, 1945–1960', *Cultural and Social History*, 14:1 (2017), p. 75.
[139] *Rooksdown Club Magazine*, (Number 2 December, 1947) BAPRAS, p. 1.
[140] *Rooksdown Club Magazine*, (Number 5 December, 1950), BAPRAS, p. 20.
[141] *Rooksdown Club Magazine*, (Number 5 December, 1950), BAPRAS, p. 23.

who acted masculine and brave in front of others to hide their fears of danger and death.[142] The idea that there was always someone worse than themselves was also present in the Guinea Pig Club and the reality of this idea helped some members cope better with their own injuries and disabilities. For example, George Herman Bennions was an officer in RAF Fighter Command during the Battle of Britain when he was shot down in his hurricane. His aircraft was hit by a cannon shell, which exploded in the cockpit and blinded him in his left eye, severed the median nerve in his right arm and damaged his right leg. George does not mention any burn injuries, which is perhaps why he was treated at East Grinstead, but not on Ward III that was reserved for the most serious burns patients.[143] George was finding it hard to accept his injuries when he was asked to visit his friend who had enlisted with him and was now being treated on Ward III. George described the visit:

> As I opened the door on Ward III I saw what I can only describe now as the most horrifying thing that I have ever seen in my life and that was this chap who had been badly burnt. His hair was burnt off, his eyebrows were burnt off, his eyelids were burnt off, you could just see staring eyes, his nose was burnt there was just two holes in his face, his lips were badly burnt and then when I looked down his hands were burnt and I looked down at his feet and his feet were burnt. And eh I got through the door on the crutches with a bit of a struggle and this chap started propelling a wheelchair down the ward and halfway down he picked up the back of a chair with his teeth and that's when I noticed how badly his lips were burnt and then he brought this chair down the ward and threw it alongside me and said have a seat old boy. And I cried (audibly emotional here) and thought what have I to complain about and from then on everything fell into place.'[144]

Seeing that his friend was much more seriously injured gave George the resolve to recover from his injuries. The Guinea Pig Club at East Grinstead was also a source of morale, comradeship, and communal spirit.[145] Formed in 1941 as a drinking club, McIndoe was voted

[142] M. Francis, *The Flyer*, p. 120-121.
[143] IWM SA, 10296, George Herman Bennions, reel 4.
[144] IWM SA, 10296, George Herman Bennions, reel 5.
[145] D. R. Andrew, 'The Guinea Pig Club', p. 429.

president for life. There were three different categories of membership: patients, medical staff and friends and benefactors. Dennis Neale described how the club enabled men to look to the future and not dwell on their injuries:

> The Guinea Pig Club is a brotherhood. It always amazes me that we do not talk about what happened to us. Instead we make the most of what we have now and look to the future. On reflection, our bad luck was getting injured. Our good luck was going to East Grinstead and being treated by Archie: he was literally our lifesaver.[146]

Ex-schoolmaster and RAF physical training instructor Edward 'Blackie' Blacksell acted as a Welfare Officer.[147] The club gained the support of the RAF Benevolent Fund to assist members financially.[148] A friendly rivalry existed between the clubs at each hospital. Dr David Ralph Millard was an American plastic surgeon who trained under Gillies at Rooksdown during the Second World War. Dr Millard remembered an exchange between Gillies and a patient named John Haward who had received rhinoplasty surgery. When John returned from a holiday to Switzerland with a group of patients from other plastic surgery units in Britain Gillies asked how the trip had been. John replied, 'Fine times, Sir. Lots of East Grinstead noses out there, but ours, Sir, were bigger and better!'[149] The competitive atmosphere that existed between both clubs further fostered its members' ability to assert their masculinity and literally be the bigger man by having the 'bigger and better' nose. These clubs, therefore, provided homosocial spaces for men to engage in traditionally masculine activities and foster a sense of collective identity through their experience of injury.

Camaraderie was also important for the morale of servicemen at hospitals where there

[146] L. Marland, 'The Guinea Pig Club: Special Operations', Interview with Dennis Neale (2006), *http://www.theguardian.com/weekend/page/0,,1945108,00.html*. (Accessed January 2017).
[147] R. M. Davies, 'Relationships: Archibald McIndoe', p. 362.
[148] G. Page, *Tale of a Guinea Pig*, p. 135.
[149] D. R. Millard Jr, 'Plastic Peregrinations', *Plastic and Reconstructive Surgery*, 5:1 (1950), p. 53.

were no dedicated hospital clubs. At Roehampton, for instance, self-pity was not well tolerated due to its negative impact on morale.[150] Leslie Beck explained:

> C ward provided the finest rehabilitation possible for the amputee. Self pity was simply not countenanced by those therein. Any sign of this appearing was ridiculed unmercifully. Personal inability to perform a particular function because of a disability was treated with endemic laughter, we just, "got on with making the best of it".[151]

Whilst ridiculing anyone who showed signs of self-pity and laughing at each other when they could not perform a certain task seems harsh, engaging in this type of humour fostered a sense of inclusivity. Making fun of each other meant servicemen were part of the group and proved their masculinity to each other by being able to take a joke and stand up for themselves.[152] Indeed, the injured servicemen who occupied Ward C at Roehampton appeared to have had a reputation amongst other patients at the hospital. Ernest Darch was in the RAF when he became a POW in 1941 in the Far East where he was held captive by the Japanese for three and a half years. Ernest had to receive ongoing treatment after the war for health issues caused by his imprisonment. This is why he was admitted to Roehampton in 1951, which also specialised in the treatment of tropical diseases. In an interview, Ernest was asked if he ever met any of the injured servicemen who were amputees and how he felt about them being in a separate ward. He said:

> Not to talk to. I saw one or two around, sure. That was the big thing [amputations] at Roehampton…we were separated, completely separated…I think we, I would have felt sorry for them but I would have felt embarrassed talking to them because I, mine was minor, just a tropical parasite…They had severe

[150] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 123., N. Pain,'Brave Encounter', *Telegraph Magazine*, 29th December 1990, IWM, Catalogue No.LBY K. 91 / 205, p. 21., Interview with Frank Coyle by Jasmine Wood, 03/04/19., Interview with Jim Marshall by Jasmine Wood, 28/07/18.
[151] L. C. Beck, Private Papers, IWM, Documents.19013, p. 12.
[152] W. S. Dubberley, 'Humor as Resistance', p. 111., M. J. Kehily & A. Nayak (1997) ''Lads and Laughter': Humour and the production of heterosexual hierarchies', *Gender and Education*, 9:1, p. 72.

> injuries. Some were needing new legs, new arms, everything. I would have been embarrassed and almost, mm, I would have been embarrassed talking to them…What was I doing? Just, just Strongyloids for treatment for a parasite and these people were having new limbs, facial reconstruction, that sort of thing. One felt sorry for them, and, well you looked up to them I suppose it was.[153]

Ernest's reaction reflects the notion of a hierarchy that exists in disabilities obtained from war service. On the one hand, he felt sorry for the men whose suffering he perceived as far greater than his own. On the other hand, he looked up to them precisely for the same reason. He felt embarrassed by his own, seemingly trivial, illness and revered men whose very visible disabilities represented greater sacrifice to the nation.[154] Disabled civilians also looked up to their military counterparts. Originally established during the First World War as a military hospital to treat the war wounded, Roehampton became renowned for its treatment and rehabilitation of amputees. Increasing demand for specialist limb injury treatment meant that by 1922 Roehampton began to accept civilian patients with limb injuries or congenital limb differences and continued to do so throughout and after the Second World War.[155] Michael Elsoffer lost his leg at just fourteen months old in 1942 due to septicaemia. He became a frequent patient at Roehampton hospital as a child and teenager where he had many encounters with injured servicemen from the First and Second World War. When learning to re-use his leg after a thrombosis Michael recalled that, 'I was very aware that all the other bays were occupied by soldiers and, mm, their spirit and get up and go was marvellous, it really was.'[156] Showing

[153] Ernest Darch Interview, 18/05/09, (LMA), B11/114, p. 25-26.
[154] J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War*, (London: Reaktion Books, 1996), p. 60., F. Caso, 'Sexing the disabled veteran: the homoerotic aesthetics of militarism', *Critical Military Studies*, 3:3 (2016), p. 219-220., B. M. Boyle, 'Phantom pains: Disability, masculinity and the normal in Vietnam War representations', *Prose Studies* 27:1-2 (2005), p. 98.
[155] 'Queen Mary Hospital' History, https://www.stgeorges.nhs.uk/about/history/qmh/.
[156] Michael Elsoffer Interview, 08/12/09, (LMA), B11/114, p. 31.

the mutual support that could exist between civilian and serviceman, Michael recalled one specific encounter with another patient:

> One of the soldiers was, mm, was particularly forthright, in fact he had tears in his eyes and how life was going to be for him. And I said, "you must never consider your disability a disability, let other people say 'oh dear he's got an artificial leg' or 'he's only got one arm.'[157]

Another amputee worried that he would not get used to his prosthetic legs as it took him two hours to put them on and get comfortable.[158] Despite Michael not being in the armed forces his shared experience of amputation and learning to use a prosthesis meant injured servicemen felt comfortable enough to confide in him and share their emotions, worries and fears with him.

Male care was another way that servicemen could express their camaraderie towards each other. The term male care is used in this instance to refer to men caring for each other as officially appointed orderlies or as patients helping others more seriously injured than themselves. Frederick Cottam gives another example of the camaraderie amongst men when he described how another patient cared for him:

> Jack, a stocky ex-pugilist [boxer], undertook to bath me regularly. I was not allowed to use the bathroom alone. I might slip and injure myself since there was no special handrails fitted in the spartan bathrooms. I was grateful to Jack…"Get your little rubber duck, it's bath time?" Jack would announce, a smile softening his hammered, rugged features…He lifted me out of my wheelchair easily and smoothly lowered me into prepared baths…My revealed, brutally abrupted legs did not repel Jack. His battered face never registered distaste for his self-appointed task.[159]

[157] Michael Elsoffer Interview, (LMA), B11/114, p. 33-34.
[158] Michael Elsoffer Interview, (LMA), B11/114, p. 32.
[159] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 112-113.

Thanks to the kindness of Jack, who was well enough to help with the everyday upkeep of the ward, Frederick did not have to rely on the intimate care of female nurses. He could relate to Jack, a man like himself in many ways with a service background, which made the process of bathing less uncomfortable for him. The fact that Frederick stated that Jack did not react to the appearance of his amputated stumps suggests he was embarrassed and worried about what others including female nurses might think of them. Frederick may have been used to or expected others to be shocked by his wounds. Again, the use of humour is visible as a way to cope with a potentially awkward situation. In Frederick's account, not once did he describe Jack in a feminised way despite the very caring tendencies he is displaying by bathing him. In fact, Frederick described Jack as a 'rugged', tough, masculine ex-boxer who uses his masculine traits and strength to care for him. The effort Jack went to, to make the experience of bathing more comfortable for Frederick demonstrates the camaraderie amongst injured servicemen who did not necessarily belong to any particular club. Emily Mayhew demonstrates that during the First World War soldier casualties in Casualty Clearing Stations were often too embarrassed to let nurses undress them because of their dirty appearance, being infested with lice and having trench foot.[160] It is clear from injured servicemen's accounts of rehabilitation in this chapter that camaraderie and male care were means for them to feel less embarrassed by relying on the care of female nurses. Camaraderie and male care also helped injured servicemen to feel more independent during rehabilitation even though they depended on the care of other men. William Marshall Ridley was serving with the 9th Battalion Durham Light Infantry as a Non-Commissioned Officer (NCO) in Egypt when he was wounded by shrapnel in the chest and arm in 1942. Once returned to Britain he recovered in Winnock Hospital in Warrington for

[160] E. Mayhew, *Wounded: From Battlefield to Blighty, 1914-1918,* (Great Britain: The Bodley Head, 2013), p. 83.

twelve months and as his health improved, he began to take on orderly duties. William MR said:

> Well by this time I had been so long in, nearly twelve months in hospital and was nearly a medical orderly like you know. I used to help the nurses make the beds, you know and dish the bottles out and what have ye.[161]

The fact that William MR likened himself to a medical orderly suggests he felt pride in his work and being able to complete them despite his injuries. According to Meyer, during the First World War members of the Royal Army Medical Corps (RAMC) had an undefined role that encompassed many tasks from cleaning duties to helping care for patients by administering baths and changing dressings. Meyer argues that members of the RAMC in their different forms such as stretcher-bearers or orderlies took pride in their work and the individual expertise they developed. Despite working in an undefined role, which sometimes also included an unrecognised medical or military identity, members of the RAMC were able to overcome the gendered divisions of care and create an alternative form of masculinity.[162] During the Second World War, injured servicemen continued to overcome the gendered divisions of care by caring for fellow patients who were less able than them. For those patients like William MR who acted as unofficial orderlies, it was perhaps a way to feel useful again, not ill enough to be bed-ridden but not well enough to return to active service these men could take pride in performing useful work and helping others like they may have done during service. Meyer argues that aspects of the work carried out by RAMC orderlies such as working under the authority of women and carrying out domestic or caring work could also challenge their masculinity.[163] However, I argue that in the case of the injured servicemen discussed here the role of carer, although

[161] IWM SA, 16729, William Marshall Ridley, reel 20, 22.
[162] J. Meyers, *An Equal Burden: The Men of the Royal Army Medical Corps in the First World War,* (Oxford: Oxford University Press, 2019), p. 88-89, 124.
[163] J. Meyers, *An Equal Burden: The Men of the Royal Army Medical Corps in the First World War,* (Oxford: Oxford University Press, 2019), p. 89.

traditionally associated with women, could, in fact, enable them to express their military masculinity by exerting physical strength to care for other patients and strengthen the bonds of comradeship in doing so. William MR described how he and other injured patients cared for each other and helped each other attend occupational therapy. William MR said:

> There was a lot of blind lads there, some with one leg, some with one arm and what have you…what used to happen the able-bodied lads who maybe an arm of or leg off but they had their site, they'd gather the blind lads in and take the blind lads sort of thing. And the blind, the lads who didn't have arms the blind would help the lads who didn't have the arms and so it was everybody used to muck in and help each other you know.[164]

William MR and his fellow patients helped care for each other by compensating for what the other had lost. William MR's account suggests that the men did not make assumptions about what they could and could not do to care for each other. Indeed, William MR described men with amputated arms or legs as able-bodied and stated that men who were blind could also help those who had lost their arms. Percy Stubbs served as a sapper with the 260 Field Company Royal Engineers, 23rd Wessex Division from 1944-1945 when he was injured by a mine while building a bridge in Germany. Percy became blind and had his right leg amputated.[165] He later recovered at an RAF Hospital in Yatesbury in Wiltshire. Percy recalled the kind treatment he received from another patient:

> Of the patients there was a coloured man who seemed to make it his duty to watch over me, and if I ever wanted anything or made a movement to reach something on my locker, he was instantly by my side to see if he could help. This love and friendship of this man will forever endear me to my brothers of other races.[166]

Percy's account of being cared for by another man allowed him to express his emotions of how he felt about these acts of kindness in a fraternal way by using words like 'duty', 'love'

[164] IWM SA, 16729, William Marshall Ridley, reel 22.
[165] P. Stubbs, Private Papers, IWM, Documents.20376, p. 34.
[166] P. Stubbs, Private Papers, IWM, Documents.20376, p. 36.

'friendship' and 'brothers'.[167] This sort of emotional response was not new to war – or unique to the Second World War. By examining the post-Crimean War novel *The Young Step Mother* Holly Furneaux highlights the paternal and fraternal language used by soldiers to describe their emotions towards each other, particularly when one is cared for or nursed by the other.[168] In this context of male care injured servicemen were able to express feelings and emotions that may have been seen as feminine in other environments. Men also offered practical help to each other. William Turnbull Rochester served with the 11th Battalion Durham Light Infantry when he was injured on his return to headquarters from the Battle of Rauray in 1944. William TR received the impact of a shell blast and sustained significant shrapnel wounds to his arms, legs, chest, and back.[169] After initial treatment at a Regimental Aid Post (RAP), William TR was sent to a departure space to wait for a plane back to Britain, this is where he met a young man who had his foot amputated. William TR said:

> They brought a young lad next to me who had lost his foot and now he was fantastic. I couldn't do a damned thing, I couldn't move anything and everything I wanted he got for me. He was out his stretcher hopping about on one leg (laughs) getting me stuff. Did I smoke? Would I have a cigarette? I said no I didn't want anything, I didn't want anything at all, that all I wanted was to get in the plane and get home…I don't know who he was, I never got his name, but he looked after me, he was with me all the time till we landed at Swindon.[170]

Again, William TR described his care by the other injured servicemen as 'fantastic' and stated that 'he was with me all the time till we landed at Swindon' further emphasising the attentiveness of his fellow serviceman. [171] Camaraderie is also an important theme in the documentary drama *New Faces Come Back* about the rehabilitation challenges faced by

[167] P. Stubbs, Private Papers, IWM, Documents.20376, p. 36.
[168] H. Furneaux, *Military Men of Feeling: Emotion, Touch and masculinity in the Crimean War* (Oxford: Oxford University Press, 2016), p. 188-189.
[169] IWM SA, 14975, William Turnbull Rochester, reel 21, 22.
[170] IWM SA, 14975, William Turnbull Rochester, reel 21, 22.
[171] IWM SA, 14975, William Turnbull Rochester, reel 21, 22.

facially disfigured servicemen at East Grinstead. When Jim first enters the main hospital ward a man in a wire jaw brace salutes him whilst another puts a cigarette in his mouth and lights it for him. A group of men can be heard cheerfully singing in the background as the camera turns to show a group of them gathered around another patient's bed. One of the final scenes shows an annual Guinea Pig Club dinner where men are drinking, smoking, and talking together. Members are from many different places including Poland, Czechoslovakia, and France. The men are in uniform, again standing around a piano singing cheerfully. The narrator states, 'These men hailed from all corners of the world they meet and mix quite freely for there is a bond between them that is above all rank and nationality.'[172]

Reunions

Bonding and camaraderie were significant in the relationships between disabled servicemen even long after injury, hospitalisation, and rehabilitation they continued to be expressed by men through reunions. Commemorating and remembering war service was an important part of life for veterans especially for those involved in hospital clubs like the Rooksdown Club, the Guinea Pig Club or charities like British Limbless Ex-Servicemen's Association (BLESMA). A range of work is available on veteran clubs and associations for servicemen who served in conflicts throughout the twentieth and twenty-first centuries.[173] Martin Francis argues that even after the war and in the realms of domestic masculinity men craved masculine outlets like adventure stories and war films which were reminiscent of militarised masculinity and male

[172] *New Faces Come Back* (1946).
[173] N. Hunt & I. Robbins, 'World War II veterans, social support, and veterans' associations', *Aging & Mental Health,* 5:2 (2001): 175-182., P. G. Coleman, & A. Podolskij, 'Identity loss and recovery in the life stories of Soviet World War II veterans', *The Gerontologist,* 47:1 (2007): 52-60., J. McDermott, ''It's Like Therapy But More Fun' Armed Forces and Veterans' Breakfast Clubs: A Study of Their Emergence as Veterans' Self-Help Communities', *Sociological Research Online*, 26:3 (2021):433-450.

bonding.[174] Disabled ex-servicemen were no different. Kyoko Murakami highlights that there are few appropriate spaces where war veterans can recount and discuss memories of combat and the traumatic experiences of war.[175] For many servicemen, hospital club reunions and charity functions provided spaces where they could reminisce together, engage in traditionally masculine behaviour and male bonding like they did during their war service and hospitalisation. The Rooksdown Club organised its first annual reunion in 1946 and reunions occurred up until 1958. These reunions mainly took place within the grounds of Rooksdown House until the maxilla facial unit was moved to Roehampton in 1959. Men and their families were invited to a garden fete followed by an annual general meeting (AGM) and finally a dance in the evening. In addition, the Rooksdown club held a separate annual reunion dinner at various locations throughout England up until 2010. These reunions allowed veterans to catch-up, to discuss the progress of the club and the needs of its members.[176] The Guinea Pig Club had an annual reunion weekend every September from 1949-2007 at various hotels and pubs in East Grinstead. The reunion weekend consisted of a dinner dance, an AGM and a garden cocktail party attended by the Guinea Pigs, their partners, children, and friends.[177] A collection of short silent films show members of the Guinea Pig Club enjoying the reunion garden party in the 60s and 70s surrounded by their wives, children, friends, and hospital staff. The garden parties look very busy with many attendees enjoying drinks, the Guinea Pigs can be seen

[174] M. Francis, 'The domestication of the male? Recent research on nineteenth-and twentieth-century British masculinity', *The Historical Journal*, 45:3 (2002): 637-652.
[175] K. Murakami, 'Commemoration reconsidered: Second World War veterans' reunion as pilgrimage', *Memory* Studies, 7:3 (2014), p. 346.
[176] S. R. Millar, Rooksdown House and the Rooksdown Club: A Study into the Rehabilitation of Facially Disfigured Servicemen and Civilians Following the Second World War, (Unpublished Doctoral Thesis, 2015), University of London, p. 285-287, 293-296, 308.
[177] *The Guinea Pig*, (Magazine issue August 1949) uncatalogued at East Grinsted Museum Archive, p. 39.

sporting the club tie and chatting animatedly with each other.[178] *The Guinea Pig* magazine included an account of each annual reunion weekend detailing the events and attendees of the weekend. Members of the Guinea Pig Club remembered these events fondly, especially the sense of togetherness men felt when reunited with fellow patients and service members. RAF Hurricane pilot Patrick Wells was shot down in 1940 suffering burns to his face and legs. Born in Johannesburg but raised in the Midlands he returned to live in South Africa after the war.[179] The 1951 Christmas issue detailed how club member Patrick felt about his first reunion weekend experience: 'He was positively amazed at the wonderful feeling of comradeship, the warmth and friendliness, and feeling of accord with other Guinea Pigs all over the world.'[180] The magazine also highlighted how Geoffrey Page felt about the club when he gave a speech at the annual dinner in 1951. The magazine stated: 'Geoffrey Page was given a warm welcome as he stood up to speak. "The Guinea Pig Club is a family," he said. "Let's keep it like that – always." He then spoke of his memories of East Grinstead, Ward III and his various associates, rounding off with several anecdotes.'[181] During reunions, disabled war veterans could also access emotional support from comrades as they had done during hospitalisation and rehabilitation. The Guinea Pig Club and magazine enabled members to stay in touch with each other as well as get medical, financial, and career support. Reunions provided the opportunity for men to discuss any problems they were experiencing with their domestic relationships and seek advice for them. In 1950, the Christmas issue of *The Guinea Pig* included Archibald McIndoe's speech from the annual dinner attended by members of the club. He said:

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[178] Guinea Pig Club Reunions (1960-1962, 1969-1974, 1976-1978), Digital Screen Archive South East, University of Brighton, https://screenarchive.brighton.ac.uk/search/guinea%20pig%20club%20reunions/.
[179] Patients, Patrick Wells, East Grinstead Museum Online Archive, https://eastgrinsteadmuseum.org.uk/patients/patrick-wells/.
[180] *The Guinea Pig,* (Christmas issue 1951) uncatalogued at East Grinsted Museum Archive, p. 8.
[181] *The Guinea Pig,* (Christmas issue 1951) uncatalogued at East Grinsted Museum Archive, p. 8.

> The past five years have, however, brought to light many more complicated tangles in the field of human relations; the resultant of all the forces at work when you combine physical disability with marriage and with the struggle for survival in this anxious and uncertain world…It is somewhat disquieting to note, however, that domestic problems are on the increase…Tolerance and understanding between two people will do more in this field than third party interference, and I commend this course to those of you who stand in need of it.[182]

Several issues of *The Guinea Pig* describe the reunion weekends as events of drinking to excess especially when they describe the annual dinner. The magazine uses words like 'roaring' or 'rousing and roof-shaking cheers and howls' to describe the Guinea Pigs boisterous behaviour that went on until the early hours of the morning.[183] Men often describe the dinners as fun occasions when they drank, joked and reminisced together.[184] A. D. Carpenter lost his left leg while serving in Italy in 1944. He explained how being part of BLESMA and going on holiday to BLESMA homes made him feel part of a community. He said,

> What they don't realise is that there we have a different type of person. All the men have something in common; parts missing, and the women the years they've spent "doing" for us. It is to me a common bond between us all. We have made some wonderful friends from as far apart as Aberdeen and South Wales, and from different walks of life. Every time we set off for either Crieff or Blackpool we wonder who will be there. Each one is a reunion and the opportunity to meet new friends.[185]

It is possible that A. D. and his wife felt more comfortable or like they could be more themselves whilst on holiday at the BLESMA homes because they had much in common with the other holidaymakers. It seems that disabilities, be it facial disfigurement or amputations,

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[182] *The Guinea Pig*, (Christmas issue 1950) uncatalogued at East Grinsted Museum Archive, p. 5.
[183] *The Guinea Pig*, (Issue August 1949, Christmas issue 1950, Christmas issue 1951) uncatalogued at East Grinsted Museum Archive.
[184] S. R. Bird, 'Welcome to the men's club: Homosociality and the maintenance of hegemonic masculinity', *Gender & society*, 10:2 (1996): 120-132
[185] A. D. Carpenter, Private Papers, IWM, Documents.12266, p. 50.

were important to both individual and collective identities.[186] Members of the Guinea Pig Club, Rooksdown Club, and charities like BLESMA shared a common bond through their shared experience of injury. Reunions played a central role in allowing men to commemorate their war experiences and share feelings of support and camaraderie that lasted long after hospitalisation.

Conclusion

By examining personal accounts of rehabilitation, this chapter has added a unique patient-focused analysis to the understandings of disability and armed service in the Second World War. In doing so, it has shown the importance of relationships between men in the earliest stages of rehabilitation and their role in fostering the recovery. Despite the different injuries experienced by men, masculinity emerges as a dominant theme expressed through discussions of physical independence, camaraderie, and male bonding. As such, it is possible to make connections between individual experiences and link these experiences to broader social and cultural meanings.[187] The injured servicemen men of Ward C, like those in the Guinea Pig Club, for most outward appearances presented a version of themselves in rehabilitation that did not discuss their experience of injury or dwell on the fact that they were disabled. By ridiculing self-pity and using laughter to cope with their inability, the servicemen of Ward C like those in the Rooksdown Club and the Guinea Pig Club used displays of bravado to preserve their masculinity and support each other during challenging stages of rehabilitation. I have illustrated that rehabilitation aimed to rebuild men both physically and psychologically, according to defined norms of hegemonic masculinity. Even when servicemen could not immediately fulfil

[186] P. Verstraete, M. Salvante & J. Anderson, 'Commemorating the disabled soldier: 1914–1940', *First World War Studies*, 6:1 (2015), p. 6.
[187] R. Porter, 'The patient's view', F. Condrau, 'The patient's view meets the clinical gaze'., A. Bacopoulos-Viau & A. Fauvel, 'The Patient's Turn Roy Porter and Psychiatry's Tales, Thirty Years on'.

the behaviours of hegemonic masculinity such as physical independence, going out, drinking, and pursuing women they strived to achieve them, seeing their inability to perform these behaviours as temporary phases of rehabilitation. In this sense, I argue that servicemen's experience of disability during the rehabilitation process did not lead to redefinitions of their masculinity. Rather, I argue that for the disabled and disfigured servicemen discussed in this chapter their disability was never a reason not to engage in hegemonic masculine behaviours like going to the pub. They simply adapted the ways in which they achieved participation in these behaviours. Furthermore, even those men who did not participate as fully as others in these behaviours played an important role in consolidating the bonds of comradeship. Joanna Bourke argues that contrary to popular culture soldiers did not necessarily form strong bonds with each other and that war tested rather than strengthened their comradeship.[188] By exploring the comradeship present in hospital clubs and male care during rehabilitation I argue that men developed genuine, lasting friendships that supported their psychological rehabilitation. Indeed, in the case of male care, despite the role of carer being traditionally associated with women, injured servicemen expressed their military masculinity by exerting physical strength to care for other patients, as well as, forging bonds of friendships. Much like the training deport or base camp, the environment of the hospital, hospital clubs, and the process of rehabilitation created an intense homosocial space where men could engage in heterosexual, hegemonic masculine behaviours. In this respect, they were no different to their able-bodied counterparts. Understanding men's relationships is key to understanding their experiences of rehabilitation. Furthermore, by looking at hospital club reunions we can see that these relationships continued to play an important role in men's lives after injury, hospitalisation, and rehabilitation. From the servicemen's experiences of rehabilitation discussed in this chapter, it is clear that surrounded by men similar to themselves they did not face the same judgment and pre-

[188] J. Bourke, *Dismembering the Male*, p. 150-152, 170.

conceived ideas about their physical abilities within hospital and rehabilitation as they did from the general public outside of these environments. Ideas about disabled servicemen's abilities in terms of their work prospects after hospitalisation and rehabilitation will be discussed more in Chapter Four.

Chapter Three: Relationships and the Role of Nurses and Women

Women became increasingly involved in contributing to the war effort during the Second World War, more so than any previous conflict. Over 640,000 women joined the British Armed Forces during the Second World War, compared to over 100,000 who joined in the First World War.[1] They served in the Women's Auxiliary Air Force (WAAF), Auxiliary Territorial Service (ATS) and the Women's Royal Navy Service (WRNS). They also worked in factories, were members of the land army, the Women's Voluntary Service and were nurses both at home and abroad.[2] Several historians have examined the impact of women's wartime service on gender relations, particularly constructions of femininity.[3] This chapter takes a different approach by examining the importance of women to masculine self-identities among injured servicemen. Rebecca Plant argues that psychiatrists, doctors, and the general public recognised the role played by young women in the care of veterans. Nurses, sweethearts – or girlfriends in today's context- and wives represented both maternal caring instincts and feminine sexuality, which helped injured men to rediscover and restore a sense of masculine self-identity.[4] Indeed,

[1] The Women of the Second World War, (2015), https://www.gov.uk/government/news/the-women-of-the-second-world-war., A. Mason, *12 Things You Didn't Know About Women in the First World War,* (2018), https://www.iwm.org.uk/history/12-things-you-didnt-know-about-women-in-the-first-world-war.

[2] B. Escott, *The WAAF: A History of the Women's Auxiliary Air Force in the Second World War*, (USA: Bloomsbury, 2008)., B. Green, *Girls in Khaki: A History of the ATS in the Second World War,* (Gloucestershire: The History Press, 2012)., P. Summerfield, *Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War*, (Manchester: Manchester University Press, 1998).

[3] L. Noakes, *Women in the British Army: War and the Gentle Sex 1907-1948,* (Oxon: Routledge, 2006)., P. Summerfield, 'Conflict, Power and Gender in Women's Memories of the Second World War: a Mass-Observation Study', *Miranda Revue pluridisciplinaire du monde anglophone*, 1:2 (2010): 1-10., P. Summerfield, *Reconstructing Women's Wartime* Lives., S. O. Rose, 'Sex, Citizenship, and the Nation in World War II Britain', *The American Historical Review*, 103:4 (1998): 1147–1176.

[4] R. J. Plant, 'The Veteran, His Wife, and Their Mothers: Prescriptions for Psychological Rehabilitation after World War II,' in D. Oostdijk and M. Valenta (eds.), *Tales of the Great American Victory: World War II in Politics and Poetics* (Amsterdam: VU University Press, 2006), p. 2-3.

this was a key theme in some of the major films at the time such as *The Enchanted Cottage* (1945) and *The Best Years of Our Lives* (1946) which saw a beautiful leading woman use her love and devotion to save a disabled serviceman struggling to re-integrate into civilian life.[5] Both Mary Louise Roberts and Emma Newlands have illustrated the importance of love, sex and romance to able-bodied servicemen during the Second World War. They argue relationships with women were a source of physical satisfaction, a means of emotional comfort and a way that men asserted their virility.[6] I will show this was also true for the injured and disabled. Conventional assumptions surrounding disability and sexuality have often been negative.[7] Scholars argue that disabled people are often viewed as asexual, while only the able-bodied are associated with heterosexual normativity.[8] Much evidence suggests that individuals with disabilities have not been provided with sufficient advice regarding relationships, intimacy and sex.[9] As Chapter Two has shown, there is little evidence of disabled servicemen

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[5] *The Enchanted Cottage* (1945), Directed by John Cromwell (RKO Radio Pictures)., *The Best Years of Our Lives* (1946), Directed by William Wyler (Samuel Goldwyn Company).
[6] M. L. Roberts, 'The Price of Discretion: Prostitution, Venereal Disease, and the American Military in France, 1944–1946', *The American Historical Review* 115:4 (2010): 1002-1030., M. L. Roberts, *What Soldiers Do: Sex and the American GI in World War II France*, (University of Chicago Press, 2013)., E. Newlands, *Civilians into Soldiers: War, the Body and British Army Recruits, 1939-45*, (Manchester: Manchester University Press, 2013). p. 75-77.
[7] S. Rapala, & L. Manderson, 'Recovering in-validated adulthood, masculinity and sexuality', *Sexuality and Disability* 23:3 (2005), p. 179., T. Shakespeare, 'The sexual politics of disabled masculinity', *Sexuality and disability* ,17:1 (1999), p. 3., B. M. Boyle, 'Phantom pains: Disability, Masculinity and the Normal in Vietnam War representations', *Prose Studies* 27:1-2 (2005), p. 101., D. Serlin, 'Engineering Masculinity': Veterans and Prosthetics after World War Two', in K. Ott, D. Serlin and S. Mihm (eds.), *Artificial parts, Practical Lives: Modern Histories of Prosthetics* (New York: New York University Press, 2002), p. 56.
[8] T. Shakespeare, 'Disabled sexuality: Toward rights and recognition', *Sexuality and Disability*, 18:3 (2000), p. 159-160., M. S. Tepper, 'Sexuality and disability: The missing discourse of pleasure', *Sexuality and Disability*, 18:4 (2000), p. 283., R. McRuer, 'Disabling Sex: Notes For A Crip Theory of Sexuality', *GLQ: A Journal of Lesbian and Gay Studies*, 17:1 (2011), p. 107., R. McRuer, *Crip Theory: Cultural Signs of Queerness and Disability*, (New York: New York University Press, (2006).
[9] M. P. McCabe, R. A. Cummins, & A. A. Deeks, 'Sexuality and quality of life among people with physical disability', *Sexuality and Disability*, 18:2 (2000): 115-123., T. Shakespeare, 'Disabled sexuality: Toward rights and recognition', p.159-166., T. Shakespeare, K. Gillespie-Sell & D. Davies, *The sexual politics of disability: Untold desires*, (London:

being given any official advice on sex and relationships during rehabilitation, which was more focussed on helping men achieve economic independence. Looking beyond official sources, this chapter shows that flirtations and sexual relationships were condoned in some hospitals or encouraged in others, particularly those run by Harold Gillies and Archibald McIndoe. I also explore romantic liaisons between nurses and patients in hospitals where such relationships were against the rules. Therefore, I demonstrate that disability did not necessarily reduce sexual desires or libidos, rendering men asexual. Instead, I argue that casual and committed relationships between disabled servicemen, nurses and other women were a way for these men to regain a sense of heterosexual masculinity.

There are three main types of experience evident within servicemen's testimonies. First, some men depict instances of rejection from nurses and other women they interacted with. Second, servicemen talk about flirting and forming casual relationships with the nurses who looked after them. Finally, some servicemen talk about developing long-term relationships with women and the importance of these to their recovery and eventual rehabilitation. I also consider the long-term relationships between disabled servicemen and their wives in more depth. In doing so, I explore the emotional and physical care these women administered to their husbands after hospitalisation and as their husbands aged. The perspectives of the nurses and women who cared for men are equally important in helping us to understand the meanings behind their relationships. However, they are more difficult to access. In her work on the First World War, Jessica Meyer has highlighted the difficulties in finding the voices of women concerning the post-war impact of disabilities on relationships and families. She argues that

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Cassell, 1996)., A. Finger, 'Forbidden Fruit', *New Internationalist*, 233:9 (1992)., M. S. Tepper, 'Letting go of restrictive notions of manhood: Male sexuality, disability and chronic illness', *Sexuality and Disability* 17:1 (1999), p. 45-49.

the existing voices are largely those of male veterans, doctors, and politicians.[10] It has proved equally difficult to find accounts of women who cared for disabled servicemen as nurses and wives. Here, I analyse interviews and private papers from the Imperial War Museum (IWM) of injured servicemen, nurses, and women who looked after them. I also make use of interviews with women who nursed at East Grinstead conducted by Liz Byrski.[11] In addition, I draw on pension award files stored at The National Archives, Kew (TNA), which gave some small insight into the caring responsibilities of women whose husbands were disabled ex-servicemen. By analysing the accounts of women that exist along-side the testimonies of men, I argue that relationships between the sexes, whether short or long term were an essential element of rehabilitation that were central to gendered identities.[12]

Rejection

One of the most consistent types of hegemonic masculinity throughout history is that of the warrior-hero. During the Second World War, every physically able man was fully expected to fight.[13] Men in service uniforms became the epitome of masculine virility, symbolising ideals such as bravery and chivalry, which made them very attractive to women.[14] Usually from the middle and upper classes, men in the RAF were particularly appealing because of their long styled, unregimented hair and distinctive ash blue uniforms. Those with silver wings attached to their uniform, signifying the wearer was an operational pilot, were

[10] J. Meyer, "Not Septimus Now': wives of disabled veterans and cultural memory of the First World War in Britain', *Women's History Review* 13:1 (2004), p. 128.
[11] L. Byrski, *In Love and War: Nursing Heroes*, (Australia: Fremantle Press, 2015).
[12] S. R. Bird, 'Welcome to the Men's Club: Homosociality and the maintenance of hegemonic masculinity', *Gender & society*, 10:2 (1996): 120-132., J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War*, (London: Reaktion Books, 1996).
[13] G. Dawson, *Soldier Heroes: British Adventure and the Imagining of Masculinities*, (London: Routledge, 1994), p. 1-2.
[14] A. Woollacott, "Khaki Fever' and Its Control: Gender, Class, Age and Sexual Morality on the British Homefront in the First World War', *Journal of Contemporary History*, 29:2 (1994): 325-347.

even more desirable to women.[15] Injury and disablement challenged this masculine appeal which clearly impacted upon men's own sense of identity. McIndoe described the mentality of most RAF servicemen soon after injury:

> They believe that their former social status and facility of performance are at an end, that they are no longer marriageable, and must remain only as objects for well-meant but misguided pity.[16]

Both the disfigured and amputees expressed a dislike of pity from women and the public in general, perhaps because this pity made assumptions about what they could and could not do.[17] Writing an article for the *Telegraph Magazine* in 1990, broadcaster and writer Nesta Pain recalled her visit to East Grinstead during the Second World War, where she interviewed patients and staff. Pain suggested disfigured servicemen wanted to regain their independence as soon as possible, particularly through the task of dressing themselves. She said, 'They were certainly independent; fiercely, aggressively independent. The smallest offer of help would have been to invite a crashing snub.'[18] William Marshall Ridley was wounded by shrapnel in the chest and arm whilst he was serving in Egypt in 1942. He later described the desire to avoid pity and strive for independence. William said:

> I used to get annoyed because I didn't like people helping us because I knew that eventually I would have to do it me self and I was the same when, I never let anybody write me letters, even from the very beginning. I let them address me letters, but I never let them write me letters you know?[19]

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[15] M. Francis, *The Flyer: British Culture and the Royal Air Force 1939-1945*, (Oxford: Oxford University Press, 2008), p. 15, 25-30.
[16] A. H. McIndoe, 'Rehabilitation in a Maxillo Facial and Plastic Centre', *Post-Graduate Medical Journal*, 19:161 (1943), p. 163.
[17] N. Pain, 'Brave Encounter', *Telegraph Magazine*, 29th December 1990, Imperial War Museum (IWM), Catalogue No.LBY K. 91 / 205, p. 18, 22. L. C. Beck, Private Papers, IWM, Documents. 19013., F. T. Cottam, Private Papers, IWM, Documents.18942., K. Liddiard, *The Intimate Lives of Disabled People*, (Oxfordshire: Routledge, 2018), p. 4.
[18] N. Pain, 'Brave Encounter', *Telegraph Magazine*, 29th December 1990, IWM, Catalogue No.LBY K. 91 / 205, p. 21.
[19] Imperial War Museum Sound Archive (IWM SA), 16729, William Marshall Ridley, reel 20, 22.

As well as anxiety over self-sufficiency, servicemen also experienced anxiety over the fear of rejection by women. A participant in a 1946 study into the psychological condition of facially disfigured servicemen stated that, 'I am out of the picture and not wanted'.[20] Similarly, Dr. Converse, a plastic surgeon, recalled how one of his patients, a young disfigured RAF officer explained to him, 'When I take a girl out to dinner, all goes well until I kiss her-I can then feel her shudder.'[21] Edward 'Blackie' Blacksell who acted as a Welfare Officer to the members of the Guinea Pig Club described men's need for acceptance by women as well as the deleterious effects when such encounters ended in rejection. On her visit to East Grinstead during the war, Nesta Pain interviewed Blacksell during which he said:

> One man came to me a few weeks ago and said he badly needed a woman. He was well enough to travel, he could get himself to London so I said I'd see what I could lay on. There was a girl I knew who would play, and I arranged for him to meet her when he got to London. But the silly ass didn't do what I'd told him, wanted to be independent, I suppose. So he picked up a tart, on his own account, went with her to her place, and gave her the money she asked for. He tried to take hold of her and she pushed him away. "Do you think I'm going to let you touch me, looking like that?" she said. "Do you think I'm going to let you touch me with *those* hands?" You can imagine the effect it had on him. He got himself back here – somehow. I don't know how long it's going to be before he can get any sort of confidence again.[22]

It is unclear how often Welfare Officer Blacksell tried to facilitate sexual encounters. This may have been a one-off. It is also unclear how often sex workers were employed. It is well documented that many social events were arranged for patients at East Grinstead, including

[20] P. M., Duke-Elder & E. Wittkower, 'Psychological Reactions in Soldiers to Loss of Vision of One Eye', *British Medical Journal,* 1:4439 (1946), p. 155-156.
[21] J. M. Converse, 'Foreword', in F. C. Macgregor, *Transformations and Identity: The Face and Plastic Surgery*, (USA: Quadrangle/New York Times Book, 1974), p. x.
[22] N. Pain,'Brave Encounter', *Telegraph Magazine,* 29th December 1990, IWM, Catalogue No.LBY K. 91 / 205, p. 18, 20.

dinners and dances in London and other locations outside of the hospital.[23] From Blacksell's account, it appears that personal independence and the ability to "pick up" a woman was very important to this serviceman. Indeed, he tried to boost his self-esteem by being self-sufficient and arranged to meet a sex worker on his own. Ultimately, however, the encounter shattered his confidence because he was rejected by a woman and could not independently initiate intimacies with a woman like he may have done pre-injury. Rejection from women could also jeopardise the entire rehabilitation process. Reactions from the opposite sex was one of the main themes addressed in the partially dramatised documentary *New Faces Come Back* produced in 1946 by the Royal Canadian Air Force (RCAF) Overseas Film Unit. The main character, Jim, served in Britain as a flight engineer and was involved in a crash resulting in burns to his hands and face. Jim received reconstructive surgery and rehabilitation at East Grinstead. A Welfare Officer narrates the documentary, which was produced to raise public awareness of the plight of disfigured servicemen and the role that society played in helping these men to reintegrate into civilian life. Here, the Welfare Officer also highlights the importance of injured and disfigured servicemen being accepted by women and the negative impact of rejection. This suggests, that to some extent, Welfare Officers assumed some responsibility for men's relationships. When Jim attends an aircraft factory dance, he approaches a woman and asks her to dance. She turns away and laughs, choosing instead to dance with an able-bodied man. The narrator warns that 'a single unkindness would smash his new-found faith in himself for months to come.' The woman says to her dance partner, 'Who'd want to be handled by that sort of thing.'[24] This is a devastating blow for Jim who is pictured

[23] Correspondence with Bob Marchant Secretary of the Guinea Pig Club, 22/01/20, N. Pain, 'Brave Encounter', *Telegraph Magazine*, 29th December 1990, IWM, Catalogue No.LBY K. 91 / 205, p. 21.
[24] *New Faces Come Back* (1946), (Produced by The Royal Canadian Air Force (RCAF) Overseas Film Unit in conjunction with the National Film Board of Canada), https://www.youtube.com/watch?v=m-Hrrp0ktlY.

in the Welfare office sitting with his head down in his hands. This one encounter sets back Jim's rehabilitation. The narrator explains that 'For some time Jim was too afraid to venture outside, he withdrew into the sheltered life of the hospital.' Jim's retreat to the hospital has further meaning because it means he cannot become a productive member of society. As had been the case for men disabled in the First World War, veterans' successful reintegration continued to be judged by their ability to fulfil heteronormative values such as work, marriage, producing children and independently supporting a family.[25] *New Faces Come Back* attempts to allay these fears by depicting the positive impact of female acceptance. At the Guinea Pig Garden Party, the Welfare Officer introduces a nervous Jim whose face and hands are still covered in bandages to a pretty young woman named Margaret who confidently takes Jim's arm and smiles at him chatting to him easily. The welfare officer says, 'Margaret quite happily took charge of Jim, and I could see that he was very much at ease with her.' As the pair are shown walking arm and arm around the festivities the welfare officer comments:

> She was wise enough to have shown him that he was good company. He began to feel fresh confidence, he was behaving like any other boy and like any other he was having a good time. His spirits rose with the occasion, they helped him meet what was to him a fearful challenge. For the first time he was called upon to use in front of strangers his burned and broken hands.[26]

Once in the tea tent, Jim tentatively grasps a cup of tea and lifts it to his mouth. The camera gives a close-up of Margaret's pretty face. She is smiling as she feeds Jim a biscuit, a caring but also flirtatious act for two people who have just met. Margaret looks past Jim's appearance and treats him like a normal young man. Her acceptance enables him to grow in confidence and enjoy a public outing.

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[25] A. Carden-Coyne, 'Gendering the Politics of War Wounds since 1914', in A. Carden-Coyne (ed.), *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives*, (UK: Palgrave Macmillan, 2012), p. 86.
[26] *New Faces Come Back* (1946).

It was not uncommon for injury and disablement to put strain on servicemen's relationships with girlfriends, fiancées, and wives. The shock of disfigurement and uncertainty of disablement, added to the stress of new and sudden caring responsibilities for partners, meant that relationships regularly broke down.[27] For those with facial wounds, disfigurement was highly visible for some time or permanently depending on the results achieved by reconstruction. On the other hand, injured servicemen with amputations could disguise their stumps with prosthetics once they learned how to use them. Some women simply could not cope with their partner's disfigurement. Bob Marchant explained:

> We do know that some of these chaps had fiancés, girlfriends or were even married before their accident and when they had the accident these girls couldn't face the disfigurement that they had so they divorced or separated you know. You can understand it really, you're engaged to somebody then they come back disfigured.[28]

Bob was therefore sympathetic to young fiancées who found it difficult to accept their partner's changed appearances. This difficulty is evident in the experience of Squadron Leader William Simpson, who was shot down in France in 1940 and spent a year there before he was repatriated to England. William was trapped inside the cockpit of his burning aircraft, which left him with a severely disfigured face. He was shown kindness from French nurses and affection from a French sex worker and Resistance worker named Yvonne. In William's memoir, the nature of their relationship is ambiguous, but he described how they spent many nights together in her apartment, how they dinned out together and how she regularly cooked for him. William also stated, 'I was not in love with her, but she gave me a sense of manhood again.'[29] Consequently,

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[27] Interview with Jim Marshall by Jasmine Wood, 28/07/18., F. T. Cottam, Private Papers, IWM, Documents.18942, p. 101., IWM SA, 14975, William Turnbull, reel 21., J. Meyer, "Not Septimus Now' : wives of disabled veterans and cultural memory of the First World War in Britain', p. 121., T. A. Revenson et al., *Caring in the Illness Context*, (UK: Palgrave Macmillan, 2016), p. 38-39.

[28] Interview with Bob Marchant by Jasmine Wood, 10/05/18.

[29] W. Simpson, *I Burned My Fingers*, (London: Putnam, 1955), p. 30-31.

William believed his wife Hope would also accept his injuries once he returned home. William wrote:

> It was of great importance to me to have proof that women cared nothing for scars and crippling wounds provided that the essential manhood in a man's spirit—and presumably also in his body—was unimpaired.[30]

For William it was essential to him that women looked past his disfigurement and acknowledged that he was still a man. Unfortunately, he was not to find this reassurance with his wife Hope. He described their first meeting:

> All the horror she had always suffered at the sight of blood and mutilation spread through her…she broke down and wept. It was bitterly ironical that this instinctive compassion hardened me against her. [31]

The marriage gradually broke down and the couple divorced. Female caregivers and fellow patients also witnessed moments of rejection of men from their wives. Igraine Mary Hamilton was a civilian volunteer at East Grinstead before she joined the WAAF in 1941. Igraine visited the hospital every day for eighteen months and described one instance involving a patient with multiple injuries:

> One man lost his leg and his wife came in and said, "you won't be able to dance again", and he said, "well no I won't", and she said, "well I'm not being married to someone who can't dance" and left. And that literally was the last he saw of her.[32]

In this case, it seems the serviceman's wife found it harder to accept his amputated leg as opposed to his disfigured face, so the loss of functionality rather than appearance. Perhaps she assumed it would have more of an impact on their social life than his disfigurement as she thought her husband would never be able to dance again. Claire Langhamer argues that

[30] W. Simpson, *I Burned My Fingers*, (London: Putnam, 1955), p. 30-37, 42.
[31] W. Simpson, *I Burned My Fingers*, p. 30-37.
[32] IWM SA, 15241, Igraine Mary Hamilton, reel 1.

courtship practices and ideas of marriage changed in the mid twentieth century as women saw these activities as a gateway to leisure activities and a social life involving dances, cinema trips and true companionate love. More importantly, courtship and marriage were a chance for women to secure their future, improving their economic stability and social class by marrying someone above their own class.[33] Being with a disabled man risked the stability that marriage had to offer. William Turnbull Rochester was injured at the battle of Rauray in 1944 and received shrapnel wounds to his entire body, including damage to his bladder. While hospitalised in the Leicester Royal Hospital he witnessed regular episodes of rejection from partners:

> There was a girl come in who was the wife of one of the lads that had come in, he'd lost his foot. And she let everybody on the ward know she didn't want thing to do with him anymore. She said, "I don't want somebody with only one foot, I only married you for your bloody money anyway." And all that you know, so the Sister chucked her out, there was two or three like that who came in. The lads who were wounded, one had his arm in plaster, he didn't lose it or anything it was a gash and that you know but "oh no I don't want a half a man or quarter of a man" or something like that…it was dreadful.[34]

Again, here we see women reject men with amputations where their responses seem to be based on the man's loss of functionality, rather than his appearance like the rejection experienced by some facially disfigured servicemen. It is clear from William's account, that even servicemen with mild injuries could experience very public humiliation that took place within hospital when girlfriends or wives first saw them. Nurses like the Sister played a protective role by removing the woman from the hospital. The idea that a masculine body equalled a complete whole body emerged during the First World War and prevailed into the Second World War.[35] The masculine body and particularly the militarised masculine body, once damaged became

[33] C. Langhamer, 'Love and courtship in mid-twentieth-century England', *Historical Journal*, 50:1 (2007): 173-196.
[34] IWM SA, 14975, William Turnbull Rochester, reel 21.
[35] A. Carden-Coyne, 'Gendering the Politics of War Wounds since 1914', p. 84-85.

viewed by the general public as fragmented and feminised by disability and assumed unable to fulfil the roles of a 'normal' masculine body such as husband, father and breadwinner.[36] It is perhaps due to these assumptions that disabled servicemen, whose bodies were not 'whole', sought the approval and affection of women in order to prove they were still as masculine as a whole man.

Even the presence of female volunteers and trained nurses in hospitals could prove shattering to the confidence of injured servicemen, particularly those who were facially disfigured. For example, Igraine explained one incident at East Grinstead that involved a badly burned Czech pilot. Igraine said:

> The woman with the library books came round and took one look at him and said "oh you look like a monkey" and he disappeared under the bed clothes. And it took a very, very, long time to gradually get him out from underneath, he wouldn't see anybody or anything. You just had to be prepared to spend as much time as needed with any specific person that had more problems than others.[37]

It is unsurprising that being compared to an animal had a negative effect on this pilot's recovery and damaged his confidence. However, even in instances where female staff displayed greater sensitivity, men could experience low self-esteem. Geoffrey Page was treated at the Masonic Hospital in Hammersmith before he was moved to the Queen Victoria in East Grinstead. In his memoir, he writes about the reaction of a nurse who helped him to have a drink:

> A firm arm supported my weak head…Her attractive face flashed into focus for an instant, but just long enough for me to register her look of revulsion. At that point I hated her and I hated myself with the illogical reasoning of a drunken man.[38]

The nurse's reaction to Geoffrey's appearance has a clear impact on his self-worth. On reflection in his memoir Geoffrey recognises his own reaction as irrational and 'illogical'.

[36] E. Newlands, *Civilians into Soldiers*, p. 167.
[37] IWM SA, 15241, Igraine Mary Hamilton, ree1.
[38] G. Page, *Tale of a Guinea Pig*, p. 100.

Perhaps because it was neither his own or the nurse's fault that he was now burnt and disfigured. Geoffrey equates his hatred of her and himself with that of 'the illogical reasoning of drunken man.' Soon after this encounter, Geoffrey experienced what he described as, 'the first of what were to be repetitious setbacks.':

> One of the prettiest girls I'd seen in my life came into the room to help Skipper (Page's personal nurse) with the dressings. Attired in the cool, colourful uniform of a V.A.D. Red Cross nurse, she personified the wounded warrior's vision of the ideal angel of mercy. Standing beside the dressing trolley assisting the professional nurse, she was unable to hide the expression of horror and loathing registered on her lovely face at the sight of scorched flesh. From the depths of my soul I longed for Beauty to cast me a friendly glance, even if it came in the shabby guise of pity, but the first expression remained constant.'[39]

Nurses and Voluntary Aid Detachments (VAD) have traditionally been associated with middle-class caring femininity. Twentieth century nursing uniforms with their white caps and veils bore similarities to the religious past of nursing previously carried out by nuns. The women who became nurses were associated with the qualities of compassion and maternal caring.[40] Indeed, Geoffrey even calls the VAD an 'ideal angel of mercy'. Geoffrey talks a considerable amount about the appearance of the VAD. He emphasises her attractiveness by stating she was 'One of the prettiest girls I've seen in my life' and calling her 'Beauty'. Geoffrey is describing the complete juxtaposition between the VADs appearance and his own disfigured appearance. It is almost as if he is using the description of her beauty to emphasise his own unattractiveness.

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[39] G. Page, *Tale of a Guinea Pig*, p. 104-105.

[40] S. Hawkins, 'First World War VAD Stories from the British Red Cross Archives: The Holmfirth Auxiliary Hospital', *Journal of War & Culture Studies*, 11:4 (2018), p. 291-292., J. Hallam, *Nursing the Image: Media, Culture and Professional Identity*, (London: Routledge, 2000), p. 135., A. S. Fell, 'Fallen Angels? The Red Cross Nurse in French First World War Discourse', in M. Allison & Y. Rocheron (eds.), *The Resilient Female Body: Health and Malaise in Twentieth Century France*, (Bern: Peter Lang, 2007), p. 33.

Once again Geoffrey's self-esteem seems to be defined in opposition to another attractive women, perhaps one he thought he would no longer be able to attract as a partner. Indeed, it seems that Geoffrey was so desperate to have female affection that he did not care even if it was only out of pity. He was looking for some proof and reassurance of his masculinity.

'Fraternisation': Casual Relationships Between Injured Servicemen and Nurses

From the mid-nineteenth century onwards the nursing profession in Britain had grown increasingly organised. In contrast to the days before Florence Nightingale, by the twentieth century, nursing had become associated with middle class respectability. Consistent political lobbying by matrons saw the passing of the first Nurses Registration Acts in 1919 and the creation of the General Nursing Council which oversaw the national education, training, and regulation of nurses. Women who wanted to be State Registered Nurses (SRN) were subject to a strict training regime that included written and practical examinations, as well as exhausting domestic labour.[41] Every aspect of a student nurse's life was disciplined and closely monitored by their superior. Barbara Mortimer argues that hospitals looked for very specific types of nursing recruits, women who were mature, reliable, preferably middle-class and educated.[42] However, as Mortimer highlights such were the shortages of nurses in wartime that any woman who wanted to be one could find a hospital to work in.[43] Despite such strict and regimented training and work, relationships or casual sexual encounters still occurred between nurses and patients. Professionally trained and registered nurses and volunteers like VADs were usually

[41] B. Mortimer in association with the Royal College of Nursing, *Sisters*, (Great Britain: Arrow Books, 2012)., A. M. Rafferty, J. Robinson & R. Elkan (eds.), Nursing History and the Politics of Welfare, (London: Routledge).
[42] B. Mortimer in association with the Royal College of Nursing, *Sisters*, p. 1-3., B. McBryde, *A Nurses War*, (London: Chatto & Windus, 1979), p. 1-14., C. E. Hallett, *Veiled Warriors: Allied Nurses of the First World War*, (Oxford: Oxford University Press, 2014).
[43] B. Mortimer in association with the Royal College of Nursing, *Sisters*, p. 3.

the first women men saw after injury. Some hospitals like Rooksdown House and East Grinstead explicitly encouraged relationships between nurses and patients, whereas others strictly forbid them. However, that does not mean these relationships did not occur. During the First World War, flirtatious messages and drawings were written in nurses autograph books by patients who were servicemen.[44] For example, in one nurse's autograph book a message reads, 'If all of the world were good and true and there were only me + you and if you thought no one knew, would you?'.[45] A different nurses autograph book contains a sketch drawn by a patient from the Fourth Bedford Regiment (see Figure 3.1). The sketch titled 'Memories' depicts a nurse taking a patients pulse assuring him 'It's quite alright.' To which he replies 'Not Arf', with a cheeky grin on his face implying that he is referring to his treatment by the pretty nurse.[46]

[44] Nurses autograph album WWI, Private Papers, IWM, Documents.12464., Nurses autograph album WWI, Private Papers, IWM, Documents.13080.
[45] Nurses autograph album WWI, Private Papers, IWM, Documents.12464.
[46] Nurses autograph album WWI, Private Papers, IWM, Documents.13080.

Figure 3.1: Patient Sketch of Nurse Checking His Pulse, Nurses autograph album WWI, Private Papers, Imperial War Museum Archive (IWM), Documents.13080.

During the First World War, outside of the hospital environment, reports of women fainting in the street at the sight of facially wounded servicemen were common. Around the Queen's Hospital in Sidcup, benches were painted blue to warn the public, especially women, that disfigured servicemen might be sitting there.[47] Aware of the negative reactions disfigured servicemen could encounter from women and the psychological impact of these, it is perhaps unsurprising that both McIndoe and Gillies encouraged flirtations and relationships between patients and nurses as an unofficial aspect of the rehabilitation process.[48] Judy Stokes who was

[47] J. Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'*, (Manchester: Manchester University Press, 2011)., p. 115.
[48] L. Byrski, 'Emotional Labour as War Work: Women Up Close and Personal with McIndoe's Guinea Pigs', *Women's History Review*, 21:3 (2012), p. 347-348.

a VAD at Rooksdown said Gillies:

> positively encouraged fraternisation, because, of course, these men he was treating had to be rebuilt, not just physically but emotionally, particularly the ones who were let down by wives, fiancées or girlfriends.[49]

McIndoe went further, not only did he want the most skilled nurses, but he also wanted the most beautiful. McIndoe believed the presence of attractive women who flirted with patients would restore men's self-esteem.[50] Nurses had to be good-looking, have a sense of humor, be flirtatious, and never show distaste at the men's appearance or behaviour towards them.[51] While McIndoe actively recruited nurses at other hospitals he visited, it is not known how he selected nurses who he considered a good fit for his unusual hospital environment. However, a number of nurses who worked at East Grinstead mentioned they were ambitious and went to work there because of the training and the post-war opportunities it presented.[52] Ana Carden-Coyne suggests that during the First World War public attention to servicemen's injuries could sexualise them as wounded heroes and as a result women converged onto hospitals in the hope of romantic relationships with patients.[53] However, this was not the case for servicemen who were facially disfigured and were hidden away from the public gaze, seated on blue designated benches around the Queen's Hospital in Sidcup.[54] The members of the Guinea Pig Club appreciated the efforts of the friendly, attractive nurses. Bill Foxley said, 'We wouldn't have survived without the women. They kept us alive in more than just nursing.'[55] Navigator Jim Marshall who crashed in 1945 and received burns to his entire body explained how nurses

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[49] R. Garfield, 'Gillies- The Genius of Rooksdown', *Basingstoke Gazette* (14th July, 2009), http://www.basingstokegazette.co.uk/memories/4491429.gillies_____the_genius_of_rooksdown/. (Accessed March 2017).
[50] Cited in L. Byrski, 'Emotional Labour as War Work', p. 347-348.
[51] L. Byrski, *In Love and War*, p. 73-75.
[52] L. Byrski, 'Emotional Labour as War Work', p. 348-349.
[53] A. Carden-Coyne, 'Gendering the Politics of War Wounds since 1914', p. 84.
[54] J. Anderson, *War, Disability and Rehabilitation in Britain*, p. 115.
[55] L. Byrski, *In Love and War*, p. 79, 48.

made the men feel more comfortable about their appearance. Jim explained that nurses enabled, 'people with their faces disfigured, could feel you are uh, not so out of place, be ourselves.'[56] Amputees displayed similar sentiments. Leslie Beck was only twenty-one years old when he lost both his legs whilst serving in Anzio, Italy in 1944. Leslie's initial period of hospitalisation was at Dryburn Emergency Military Hospital in Durham. It was here, surrounded by young and attractive nurses who carried out their duties with the greatest 'solicitude' he began to realise how unconfident he felt with women.[57] Leslie said:

> Before the army I was only just beginning to feel the confidence to come to grips, metaphorically speaking, with the company of the opposite sex: with the loss of my legs came a feeling of inadequacy coupled with normal feelings of desire – my confidence to again take part in the "great game" needed restoration.[58]

Leslie's use of the phrase 'normal feelings of desire' emphasises the point that he still had the same sexual urges as an able-bodied man. Leslie's quote also suggests he was inexperienced in regard to relationships with women and the loss of his legs only added to his lack of confidence and feelings of 'inadequacy' when it came to interacting with them. Leslie continues to describe how nurses helped him to regain his confidence:

> As I lay in bed being restored to health, I found that these delightful creatures in their starched white aprons and blue dresses were beginning to show pleasure as they tended to my wants, lingering around my bed for longer than was strictly necessary, smiling and laughing at my remarks and attempted witticisms. It came to me that there was something in me, something about me that appealed to these angels in nurses uniforms; my heart became light, hope grew within my breast: confidence restored.[59]

Here we can see the two stereotypes that nurses had to contend with. Leslie suggests that they were flirtatious, showing pleasure when caring for him longer than was necessary. He also

[56] Interview with Jim Marshall by Jasmine Wood, 28/07/18.
[57] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 12.
[58] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 11.
[59] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 11.

depicts them as angels with connotations of purity and innocence.[60] The attention Leslie received from his nurses appears to have been essential for him to regain a sense of self-worth. Their interest in him made him feel that he could still appeal to women despite his disability. Frederick Cottam became an above the knee double leg amputee after he was injured by mortar fire in Belgium, in 1940.[61] Whilst hospitalised at the Royal Victoria Military Hospital in Netley, he was regularly taken for walks in the forest in a Victorian bath chair pushed by a young nurse. His lower half was covered to save his embarrassment if members of the public saw him. Frederick described his feelings towards the nurse:

> My sensitive companion desperately longed for affection, if not love. I could only offer affection and it would have been heartless of me to have otherwise misled this doe-eyed submissive nurse, particularly as she was the first person to help me try to regain my confidence.[62]

Frederick recognised that his nurse wanted love but knew he did not feel the same way and as he states, 'could only offer affection', suggesting they had a casual relationship. The fact Frederick uses the phrase 'doe-eyed' to describe his nurse suggests she was innocent and naive. The use of the word 'submissive' further emphasises this and suggests that the nurse was willing to do whatever Frederick needed to regain his confidence and feel better about himself. It appears that Frederick's encounter with this kind nurse did help him to regain some confidence for he shows appreciation of her being the first person to try and do it and decided not to pursue their relationship knowing that he could not love her and only offer her physical affection.

The significance of sex to wartime experiences has been highlighted in studies of men and women on the home front as well as able-bodied soldiers.[63] Newlands argues, for instance,

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[60] J. Hallam, *Nursing the Image: Media, Culture and Professional Identity*, p. 136.
[61] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 1.
[62] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 101.
[63] E. Newlands, *Civilians into Soldiers.*, S. O. Rose, 'Sex, citizenship, and the nation in World War II Britain'., A.Woollacott, '"Khaki Fever" and Its Control: Gender, Class, Age and Sexual Morality on the British Homefront in the First World War'.

that barrack room stories about sex were a physical and emotional release and a way for men to identify with each other by mutually asserting their virility and heterosexuality over tales of sexual promiscuity.[64] Young recruits also found various opportunities for sex with servicewomen or local women who lived near camps and garrisons.[65] Disabled servicemen were equally interested in fulfilling sexual desires in the hospital environment. Welfare Officer Edward Blacksell explained the sexual attitudes of men at East Grinstead.

> Sex is a big problem here. These men don't spend weeks in this hospital, or even months. They may be here for two years or more. Apart from their burns, they're fit young men. They can't be expected to live like monks.[66]

As Leslie Beck's account shows, disabled servicemen had the same sexual urges as able-bodied men.[67] Edwards testimony also reveals that disability did not necessarily impact sex drives and that men still had normal libidos. Physical affection was also important to boosting men's morale.[68] Francis Couling had been hospitalised for eight months in the Royal Navy Hospital in Aberdeen when he and other patients celebrated VE Day despite the Admiral warning that anyone found celebrating would be severely punished. Francis' injuries are unclear apart from his mention of himself being in a 'contraption', but he writes that he and other patients with broken necks and legs got 'well and truly plastered'. In addition, Francis wrote that he, 'made violent love to a nurse' suggesting further that he was trying to reassert his masculinity and that the riotous night was 'an outlet because I have been here getting on eight months and really was feeling very depressed.'[69] Just like in the Army, and the RAF alcohol consumption and

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[64] E. Newlands, *Civilians into Soldiers,* p. 136-137.
[65] E. Newlands, *Civilians into Soldiers,* p. 136.
[66] N. Pain,'Brave Encounter', *Telegraph Magazine,* 29th December 1990, IWM, Catalogue No.LBY K. 91 / 205, p. 18.
[67] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 11.
[68] M. L. Roberts, 'The Price of Discretion: Prostitution, Venereal Disease, and the American Military in France, 1944–1946'., M. L. Roberts, *What soldiers do: Sex and the American GI in World War II France*., E. Newlands, *Civilians into Soldiers,* p. 75-77.
[69] F. Couling, Private Papers, IWM, Documents.13270, p. 1-5.

sexual promiscuity was part of the culture in the Royal Navy. Venereal disease was particularly rife in the Royal Navy - as sailors frequently moved to different locations they were exposed to new ports with new brothels and sex workers. Drunken escapades and sexual encounters were conversation topics over which men could bond and solidify their masculine status within the group.[70]

Both registered nurses and VADs included young unmarried women. Taking care of young, wounded servicemen, it is perhaps easy to see why flirtatious behaviour and sexual relationships occurred. Neville Wildgust was shot in the face, chest, abdomen and both legs whilst serving in North Africa in 1943 and was treated by Gillies in Rooksdown House in 1944. Neville explained this concept quite simply, 'We had a hell of a good time when we were young, and the nurses were young.'[71] Helen Gallaway, trained with the Red Cross and became a VAD in 1943, exemplifies this point. Helen worked in Broome Place convalescent home in Norfolk and explains, 'Rules were strict, hours were long, with little pay, but we managed to live life to the full and enjoy ourselves for we were young.' (see Figure 3.2).[72]

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[70] L. A. Hall, 'What shall we do with the poxy sailor?', *Journal for Maritime Research*, 6:1 (2004): 113-144., B. Lavery, *In Which They Served: The Royal Navy Officer experience in the second World War*, (Great Britain: Conway, 2008), p. 125, 140, 262., G. Prysor, *Citizen Sailors: The Royal Navy in the Second World War*, (UK: penguin, 2011).

[71] IWM SA, 23848, Neville Wildgust, reel 20.
[72] H. M. Gallaway, Private Papers, IWM, Documents.18954, p. 3.

Figure 3.2: H. M. Gallaway (center) with fellow VADs and patients in hospital blues (1944), H. M. Gallaway, Private Papers, IWM, Documents.18954.

Helen continued to describe the nature of nurses' relationships with patients:

> We were not supposed to associate with the patients at all, can you believe it! Naturally, we all did, and managed somehow not to get caught. The boys looked on us with longing and thought we were "little angels of mercy" – it was the uniform I suspect. We all had romances and forbidden meetings and illicit trips to the pictures in the little country town.[73]

The tone of Helen's account suggests that patient-nurse relationships were almost unavoidable, due to the regular close contact between both groups. In the photograph (see Figure 3.2), Helen's patients do not look seriously injured but much like the experience of those servicemen with more serious injuries, they also found it easier to find fun and comfort in the company of nurses even in hospitals where it was against the rules. There also appears to be great affection between the two men in the front of the photograph, which depicts the camaraderie between injured servicemen that was discussed in Chapter Two.

[73] H. M. Gallaway, Private Papers, IWM, Documents.18954, p. 3.

Patients at Rooksdown House and East Grinstead had casual relationships with nurses. There is no evidence that such relationships were encouraged in other hospitals during the Second World War. In addition, there is significantly more evidence of flirtatious, casual relationships at East Grinstead than any other hospital. In nursing histories, there is little or no discussion of romantic relationships with patients. These texts tend to focus on the efforts made by the nursing profession to become organised and respected.[74] However, some literature does highlight relationships between nurses and female physicians with servicemen overseas. Both examples below show the importance of understanding social and cultural contexts like race and class when analysing the relationships between female caregivers and injured servicemen. In her work on India, for instance, Yasmin Khan demonstrates that nurses and Red Cross volunteers were expected to care for the sick and wounded as well as date, dance, flirt, and have sex with white soldiers. Khan argues that such relationships were encouraged over fears of interracial relationships and moral fears of white soldiers using Indian brothels.[75] Barbara Alpern Engel has likewise explored the role of women from the Soviet Union on the front line. She demonstrates the significance of class in relationships with female caregivers, illustrating that while rank and file soldiers considered nurses as sisters, higher ranking officers expected sex from them and tried to initiate sexual relationships.[76]

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[74] R. Dingwall, A. M. Rafferty & C. Webster, *An Introduction to the Social History of Nursing*, (London: Routledge, 2002)., A. M. Rafferty, J. Robinson & R. Elkan (eds.), Nursing History and the Politics of Welfare., C. Dale, 'The social exploits and behaviour of nurses during the Anglo-Boer War,1899–1902', in H. Sweet & S. Hawkins (eds.), *Colonial Caring : A History of Colonial and Post-Colonial Nursing*, (Manchester: Manchester University Press, 2015).

[75] Y. Khan, 'Sex in an imperial war zone: Transnational encounters in Second World War India', *History Workshop Journal*, 73:1 (2012), p. 241-243, 245, 250-251.

[76] B. A. Engel, 'The Womanly Face of War: Soviet Women Remember World War II', in N. A. Dombrowski (ed.), *Women and War in the Twentieth Century: Enlisted With or Without Consent*, (New York: Routledge, 2004), p. 102-104, 106-107.

Our modern-day understandings of this type of behaviour towards women in the workplace can clearly identify it as sexual harassment and exploitation, but contemporary understandings of them did not. Therefore, whilst being aware of modern-day implications of these behaviours, we should try to view these relationships within their wider social, cultural, and political contexts.[77] Isabel White argues the profession of nursing has historically been associated with women behaving maternally and fulfilling traditional female roles whilst also being perceived as sexually knowledgeable and available. This is mainly due to the work done by nurses that can involve close contact with the most intimate parts of patients' bodies.[78] Summerfield and Crockett also argue that women, who entered the workplace during the Second World War often faced sexual harassment by men who wanted to assert their dominance.[79] In addition, Martin Francis highlights that women in the WAAF were expected to 'remain alluring while engaged in demanding and stressful work' by always wearing makeup and immaculate hair to maintain the morale of men on RAF bases.[80] So it seems that the sexual exploitation of woman in the workplace during the Second World War was not uncommon, even if this treatment was not categorised as such. When considering the validity of oral or written testimonies, historians are trained to recognise the social situations these accounts were created in and how different social factors may have influenced the persons experience and testimony of that experience. In their work on human experiments, Nancy Campbell and Laura Stark warn against retrospectively categorising individuals as vulnerable. While not discounting the importance of exploitation or coercion, they suggest that historians need to pay

[77] L. A. Hall, *Sex, Gender and Social Change in Britain since 1880*, (UK: Palgrave Macmillan, 2013).
[78] I. White, 'Nursing as a Sexualised Occupation', in H. Heath & I. White (eds.), *The Challenge of Sexuality in Health Care*, (USA: Blackwell Science Ltd, 2002), p. 54, 68.
[79] P. Summerfield & N. Crockett, ''You weren't taught that with the welding': Lessons in Sexuality in the Second World War', *Women's History Review*, 1:3 (1992), p. 441.
[80] M. Francis, *The Flyer*, p. 75, 77-78.

closer attention to the range of meanings that people attribute to their own experiences.[81] As will be seen in the nurses' testimonies below, these women do not identify themselves as victims of sexual exploitation or harassment in their testimonies but instead frame their experiences as their duty to the war effort. It is also worth noting that some nurses state that they participated whole-heartedly in sexual liaisons with their patients.[82] Of course, this narrative also opens the possibility of coercion – that women might have felt pressured to act in ways that they usually would not. Therefore, I will untangle the layers of meanings in women's testimonies. Bridget Warner was twenty-one when she went to work on Ward III as a newly qualified registered nurse. She later recalled:

> I didn't mind it, I loved those boys. Some of the younger girls used to get a bit upset. But they were only boys after all and they'd been through something terrible. I was always a bit of a flirt. They were wonderful boys. So brave…They were always flirting, I'll admit to a few rendezvous in the linen room myself but it was only fun and you went along with it…We were all out for the war and for getting these boys better…You did your bit and then a bit more….I knew a bit about men and I'd had a boyfriend. I wanted an adventure and career and that's what I got.[83]

On the one hand, Bridget's account could be read as evidence of a sense of social responsibility and perhaps even pressure to flirt and have sex with the patients. Within her patriotic narrative there is a tone of pressure in Bridget's account especially when she says, 'you went along with it' and 'We were all out for the war…You did your bit and then a bit more'.[84] On the other hand, there is a clear sense of agency in Bridget's testimony. She herself states that she was 'a bit of a flirt' and 'it was only fun' as she knew about men and her time at the hospital was an adventure. Ultimately, she appears to have enjoyed her relationships with the men. Jane Lyons

[81] N. Campbell, & L. Stark, 'Making Up_'Vulnerable' People: Human Subjects and the Subjective Experience of Medical Experiment', *Social History of Medicine, 28*:4 (2015), p. 825-827, 829, 846.
[82] L. Byrski, *In Love and War*, p. 77.
[83] L. Byrski, *In Love and War* p. 109-110.
[84] L. Byrski, *In Love and War* p. 109

went to East Grinstead as a VAD in 1940. She also spoke positively about her time at the hospital:

> We were frightfully naughty of course, those boys were desperate to feel loved and accepted, and so were we…a lot of sex went on there. I was a virgin, but that didn't last long! At first I was a bit nervous about it all, but I proved to be a fast learner…You asked me if I felt coerced into sex, well yes I was, the first few times. But it seemed like just going that bit further in caring for them. I started off feeling it was my war-effort, but soon I was doing it…for myself…I discovered sex there, and I got to love those boys, they were heroes and it made me feel good that I could make them feel better about themselves.[85]

In this case, Jane does explicitly state that she did feel coerced, that it was her duty to the patients and to the war. However, she was soon 'doing it for myself'. Like Bridget, Jane felt that having sexual relationships with the men was as much her duty to the war-effort as nursing them. It is notable that, as Jane points out, the men wanted to be loved in fact they were 'desperate to feel loved'. Bridget and Jane appear to have been happy to provide this love and affection. Unlike Bridget who had some experience with men, Jane was a virgin before she worked in the hospital but quickly felt empowered as she 'discovered sex there'.[86]

Nevertheless, jovial accounts of flirtations and sexual escapades reflect the experience of only some patients and nurses. Wartime nurses worked long hours, caring for men in the worst physical conditions.[87] Barbara Greenwood described in an interview the immense pressure nurses faced due to understaffing. Barbara worked at a hospital in Northwood in 1940. She described the beginning of her second year as a student nurse:

> And we took 25-30 of the very…a batch of the worst of the Dunkirk…when they evacuated Dunkirk, these were the worst of some of the patients. Some of them had lost two limbs, some two legs and one arm…it was horrific. Really was terrible. There were only the three

[85] L. Byrski, *In Love and War* p. 151-152.
[86] L. Byrski, *In Love and War* p. 151-152.
[87] M. Mackie, *Wards in the Sky: The RAF's Remarkable Nursing Service*, (Great Britain: The History Press, 2014), p. 75.

> of us. But goodness we didn't stop all night. We really didn't stop all night.[88]

Eileen Willis was a student nurse at Rooksdown in 1945. In an interview for the Royal College of Nursing in 2009, Eileen read extracts from her diary, written in 1945, and revealed a more negative experience in nursing men with badly burned faces and bodies. Eileen said:

> They are able to do nothing for themselves but have to be fed, cigarettes lighted, letters opened and read, even if you brought a bottle [urinal] for them you had to do that for them; they can do nothing. You see when somebody catches fire, the first thing they do is try and beat it out with their hands…the hands and some of them were just bones sticking out, all the flesh had gone, it was dreadful.[89]

Eileen highlights just how dependent burned servicemen were, describing them in an almost infantile way, even needing assistance to manage basic bodily functions. She continued to read from her diary and goes on to describe the satisfaction she felt in helping the men:

> It was a nightmare on this ward. It says here the treatment, it is a terribly hard ward to be on, we are understaffed, overworked, under-equipped, and the ward is filthy but we don't even have time to clean that. But the experience is excellent, of course it is wonderful to be able to do so much for these poor fellows, they were immersed daily in a saline bath, they would be wheeled out to the bathroom, and there was a bath drawn of luke warm saline and they lowered into that, and all the old dressings because they all got infected and the smell of pus, the wards reeked of it and you went off duty and you still smelt it in your nose and your throat, because it seemed almost solid particles that stay with you.[90]

While Eileen depicts the satisfaction and valuable nursing experience gained by treating such badly burned men, her account also illustrates the realities of treating burned servicemen in a way that others do not. Unlike other nurses, Eileen graphically described the challenges of nursing burned servicemen, from managing odorous infections to all of the personal care they needed. Her account departs from the somewhat glamourous and romantic contemporary narrative of nursing and perhaps gives a more realistic account. Helen McAlpine was nineteen

[88] Interview with Barbara Greenwood, Royal College of Nursing Archive (RCNA), T/405, p. 7.
[89] Interview with Eileen Willis, RCNA, T/147, p. 12.
[90] Interview with Eileen Willis, RCNA, T/147, p. 13.

years old when she went to work at East Grinstead as a VAD. She also recalls a particularly testing experience of a blackout during the Battle of Britain. Helen said:

> The whole ward was blacked out except for the lamps over the top of the patients in bed, blacked out all the way round, and the light itself showed straight onto the faces of the patients. And as all those faces practically where very badly burnt, I thought I'd come into the chamber of horrors, it felt like that and I didn't know how I was going to stay there…Luckily in two or three days I was used to it, there was too much to do and too much to think about to be too frightened or anything by any individual patients.[91]

Helen's account not only shows the reality of feelings of fear and aversion nurses had to overcome when nursing disfigured servicemen but also how quickly they adapted to their patient's appearance and coped with the volume of nursing work expected of them. McIndoe's no-rules approach created a different sort of challenging environment for nurses at East Grinstead. In addition to tending to patient's medical needs, nurses had to deal with drunkenness, pranks, and unwanted sexual advances. Margaret Chadd was the almoner at East Grinstead from 1940-1945. She recalled that when nurses complained, McIndoe would reply, 'These men have had to put up with a hell of a lot, so surely, you…can put up with a little of their nonsense.'[92] Some nurses felt the demands put on them were unreasonable and went against their values and morals. Mary (pseudonym) was raised in a strict Methodist church family and explained:

> My parents would have had a fit if they'd known. I couldn't understand it because the training was so strict. Don't get close to patients, don't get involved, discipline, discipline, discipline. Well there wasn't any as I could see. I was terrified my Dad would find out and think it was my fault. In the end I asked to be moved to another hospital.[93]

Joyce (pseudonym) came from a working-class background and was only seventeen years old

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[91] IWM SA, 30261, Helen McAlpine, reel 2.
[92] Presentation by Margaret Chadd MBE to Norfolk and General Hospital 1987, http://www.bbc.co.uk/history/ww2peopleswar/stories/24/a2424124.shtml.
[93] L. Byrski, 'Emotional Labour as War Work', p. 352-353.

when she joined the VAD and went to East Grinstead in 1940. Joyce's testimony shows how inexperienced some women were with men, which made the conditions difficult to cope with. She stated that, 'I didn't know *anything* about sex. I didn't know how you…well how people did it…I know it's hard to believe but there were a lot of girls like me then. No one told us anything.'[94] Even though information on sex and contraception became more accessible throughout the twentieth century, sex was still not openly discussed. This meant women tended to act ignorant about these subjects even if they were not, in order to appear morally pure.[95] In a cultural environment where sex was still a taboo subject it is easy to see why some women felt uncomfortable nursing at East Grinstead. Joyce continued:

> And then when I got there…well…The war was the excuse and explanation for everything. You had to do what you could for the war effort…I was green as anything. Oh you've no idea. Well I learnt more in my first month there than I'd learned in the whole of the rest of my life, and it wasn't all about nursing…I didn't know how to stand up for myself, and the men, they'd be acting familiar, like you were their girlfriend. I'd not had any experience with men. It was very hard on us. You were being pushed into putting up with things you wouldn't put up with from anyone else, and that were really embarrassing, and...not nice. The language, the jokes, the way they talked to you. Sometimes they'd try and kiss you or put their arms around you, maybe sneak up behind you and whirl you round.[96]

Joyce therefore describes a different experience, one of peer-pressure and embarrassment. Quiet in nature, Joyce clearly felt uncomfortable and was able to avoid going out to dances and on day trips with patients' activities that she believed should have been a choice for nurses rather than expected.[97] Bob Marchant, who worked with McIndoe as Chief Theatre Technician at the Queen Victoria Hospital from 1956-1960, and is current Secretary of the Guinea pig Club, insists that McIndoe had control over the men's behaviour towards nurses. In an

[94] L. Byrski, *In Love and War*, p. 106.
[95] K. Fisher, *Birth Control, Sex & Marriage in Britain, 1918-1960,* (Oxford: Oxford University Press, 2006), p. 26-75.
[96] L. Byrski, *In Love and War*, p. 106.
[97] L. Byrski, *In Love and War*, p. 107.

interview Bob said:

> No, no it was relaxed you know and McIndoe kept a tight control…if you overstepped your mark a bit he would reign them back if you like and let them know exactly how far they could go and some of the nurses couldn't stand this sort of environment and they left. Some of them obviously could, you know they weren't all that flirtatious or whatever you call it, flirting with them all the time but mixing with them, some of them got on well with that sort of thing. Some of them couldn't and wouldn't and they left…but on the whole they [patients] knew how far they could go.[98]

However, the evidence from patients and nurses suggests that patients at East Grinstead did not know how far they could go and engaged in 'hyper-masculine' behaviours produced by McIndoe's encouragement of these relationships.[99] Barbara Plester highlights that men, at the expense of women, can use humour in the work place, to foster a hyper-masculine culture and perform idealised masculinity, which proves their hegemonic masculinity.[100] Some nurses referred to the patients at East Grinstead as 'boys' and dismissed their behaviour as 'only fun' making their behaviour towards nurses seem harmless.[101] However, scholars have shown that sexual jokes and harassment have been used by men in different environments under the guise of humour, to enforce traditional gender hierarchies and heterosexual acts of masculinity.[102] Taking these points into account, it seems that the language, jokes, flirting and casual sexual relationships between injured, disabled servicemen and nurses were opportunities for these men to regain their confidence but also assert their virility and dominance perhaps to cope with

[98] Interview with Bob Marchant by Jasmine Wood, 10/05/18.
[99] J. Anderson, *War, Disability and Rehabilitation in Britain*, p. 115.
[100] B. Plester, ''Take it like a man!': Performing hegemonic masculinity through organizational humour', *Ephemera*, 15:3 (2015), p. 537-539.
[101] L. Byrski, *In Love and War* p. 109-110, 151-152.
[102] M. J. Kehily, & A. Nayak, ''Lads and Laughter': Humour and the production of heterosexual hierarchies', *Gender and Education*, 9:1 (1997), p. 70, 81., B. Plester, ''Take it like a man!'.

being dependent on female carers.

Love and Marriage

Since the First World War, securing employment, marriage and having children have been associated with the successful reintegration of disabled servicemen into society.[103] Both hospital magazines *The Guinea Pig* and the *Rooksdown Club Magazine* demonstrated the successful reintegration of their club members by publishing stories about men securing jobs, getting married and congratulating them on the birth of the their children.[104] The Erskine charity placed a number of adverts into newspapers from 1940-1950, appealing to the public for donations. The newspaper clippings reveal the socially acceptable narrative of male disability, in which men were presented as stoic and resilient, ultimately overcoming the challenges imposed by disability. Each serviceman had suffered amputations, head wounds or paralysis and was rehabilitated at Erskine. In all eight cases, the injured servicemen were re-trained and employed. In three cases, the injured servicemen were married, had a child and provided for their families independently.[105] With such pressures from the media, it is easy to see why disabled servicemen tried as much as possible to fulfil the masculine roles expected of them. According to Jessica Meyer, these expectations could hinder recovery and relationships.[106] For others the pursuit of fulfilling these roles helped them to re-establish their

[103] A. Carden-Coyne, 'Gendering the Politics of War Wounds since 1914', p. 94., J. Bourke, *Dismembering the Male.*

[104] *Rooksdown Club Magazine*, British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), (See 'Rooksdown Reporting' section in issues from 1947-1949 for congratulations on job, marriages and births)., *The Guinea Pig*, East Grinstead Museum, (See 'Guinea Pigs on Parade' section in issues from 1947-1951 for news of jobs, achievements, marriages and births).

[105] Album of press cuttings of Erskine adverts focusing on veteran experience case studies (1940-1950), Glasgow University Archive (GUA) GB 248 UGC 225/8/12. All the names are false, clippings state, 'The name is fictitious but the facts are true.'

[106] J. Meyer, *Men of War: Masculinity and the First World War in Britain*, (UK: Palgrave Macmillan, 2009), p. 97-128.

sense of masculinity as a disabled man. Indeed, some nurse-patient relationships developed into long-term commitments through marriage. At Rooksdown House and East Grinstead, where nurse-patient relationships were encouraged, it was not uncommon for patients and nurses to get married.[107] Sister Meally, who ran Ward III at East Grinstead, acted as a matchmaker as well as marrying one of the patients herself.[108] William Simpson who had experienced the breakdown of his first marriage, had resolved not to get into any serious long-term relationships whilst at East Grinstead as he did not want to endure the pain of the breakdown of another relationship. However, he began to fall in love with a nurse named Monica and was frequently helped by Sister Meally to visit Monica at the nurse's accommodation even after operations.[109] William went on to marry Monica and explained how she easily accepted his disfigurement. He said:

> My battered hands and twisted lips were so well known to her in the ward that they seemed natural enough to both of us. Monica neither liked nor disliked their roughness as such, and the fact that she had so often to help me in one way or another was only an extension of the unconcern to which we were both accustomed…she treated with scorn any fleeting suggestion of mine that she should not waste her time on a disabled man.[110]

Despite William's disfigurement and additional disabilities which came from his badly burned hands, Monica fell in love with him as she got to know him while nursing him and their relationship grew. At Rooksdown House, patients also married nurses and other female members of staff. Sergeant Allan Reay of the Royal Tank Regiment was a D-Day casualty and suffered severe burns to his face and body when his tank was attacked by anti-tank fire. Allan married theatre nurse Eileen Richards at the end of his hospital treatment. Ray Gordon was a

[107] E. Bishop, *The Guinea Pig Club,* (London: MacMillan and Company Limited, 1963), p. 98, 101., S. R. Millar, Rooksdown House and the Rooksdown Club: A Study into the Rehabilitation of Facially Disfigured Servicemen and Civilians Following the Second World War (Unpublished Doctoral Thesis), (London: University of London, 2015), p. 230.
[108] H. McLeave, *McIndoe: Plastic Surgeon*, (London: Frederick Muller, 1961), p. 119.
[109] W. Simpson, *I Burned My Fingers*, p. 182-183, 186,
[110] W. Simpson, *I Burned My Fingers*, p. 186.

Churchill tank wireless operator and whilst serving in Normandy in 1944, he was badly burnt when he became trapped in his burning tank after it was hit by a German Tiger tank. Ray married a physiotherapist at Rooksdown House named Joan Clegg.[111]

In hospitals were patient-nurse relationships were against the rules, servicemen also met future wives. Whilst being fitted with prosthetic legs and learning to walk again at Roehampton Hospital, Leslie Beck met his future wife Joyce a nursing auxiliary. Given the illicit nature of their relationship, the courtship progressed in secret.[112] Leslie said:

> Rather belatedly it came to my mind that I was enjoying with Joyce something more than conversation. I realised that her nearness, her smiles, were keenly desirable, that I wanted more of her company, alone together if possible. The number 72 bus at the hospital bus stop was our escape to happiness. After boarding the vehicle and sitting myself on the lower deck Joyce would make her way up to the top coming down to me a little further along its route. This little bit of "cloak and dagger" was necessary indicates the evil with which fraternisation between nurses and patient was viewed by authority, that is Matron and her subordinates. The bus would take us to a pub or perhaps the darkness of the back seat of a cinema, conversation of the latter was frowned upon, truthfully its absence went unnoticed.[113]

Leslie's physical and emotional attraction to Joyce is clear in his account. Their time together also seems to have offered an escape from the hospital routine and an opportunity to exercise his agency by breaking the rules to be with Joyce.[114] Leslie further emphasises this masculine status when he stated, 'darkness of the back seat of a cinema, conversation of the latter was frowned upon, truthfully its absence went unnoticed.', suggesting that he and Joyce had intimate relations in the cinema.[115] Frederick Cottam, also a double leg amputee, described a

[111] Cited in S. R. Millar, Rooksdown House and the Rooksdown Club, p. 230, 282.
[112] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 14.
[113] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 14.
[114] S. R. Bird, 'Welcome to the men's club: Homosociality and the maintenance of hegemonic masculinity', p. 128-129.
[115] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 14.

similar experience. Frederick met his future wife – a nurse named Dot, while being rehabilitated at the Ministry of Pensions Hospital Chapel Allerton in Leeds. Frederick would go for walks in his wheelchair with Dot around the hospital grounds and spend afternoons on the ward together when they could. Frederick said, 'We spent many quiet afternoons in the ward when Sister was off duty. Ostensibly we were busy re-rolling washed bandages. We rolled thousands of them or at least we should have done.' [116] Again, the language used by Frederick is rather suggestive and implies that he and Dot were intimate during their time in the hospital together. Frederick continues to explain how he facilitated secret outdoor meetings with Dot on the hospital grounds. Frederick said:

> The strictly prohibited liaison between nurse and soldier had to be kept secret. My ward mates helped to arrange the outdoor clandestine meetings with Dot. They would warn us of a threatening intrusion of privacy by whistling a popular tune. Normally, nobody in their right minds would feel like whistling in the grounds on cold, dark nights. It was therefor a signal that trouble was afoot…On hearing it we had instantly to disentangled ourselves and part company. Dot had similarly involved her close nursing friends to whom she had confided her innermost feelings.[117]

Despite his physical disability and reliance on a wheelchair, Frederick was still able to arrange secret meetings with Dot. When he says, 'disentangle ourselves' he is quite explicitly describing their physical intimacies. There is a definite tone of humour in the way Leslie and Frederick described their flourishing relationships with their future wives. In Chapter One, we saw men use humour to describe the traumatic events of their injury and disablement and in Chapter Two, we saw servicemen use humour as a coping mechanism to deal with the challenges of rehabilitation. In both cases, servicemen used humour to disguise their vulnerability and preserve their masculinity. Here, humour is used again to emphasise masculinity when describing intimate encounters with women they deeply loved, perhaps to

[116] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 127.
[117] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 128.

avoid appearing overly sensitive.[118] Unfortunately Frederick and Dot's meetings were not to stay secret for long and the pair were reported to the Matron by the hospital lodge keeper. Dot was transferred to a different hospital and Frederick had his outing pass withdrawn as punishment. Despite this, the couple continued their courtship as Dot was able to visit Frederick as a visitor and the pair became engaged.[119] Frederick and Dot became engaged before he was fitted with prosthetic legs and Frederick explained the uncertainty he felt.

> Our plans were hatched optimistically because we did not know how I would cope with artificial limbs. If unable to master them, it would be very difficult to find a suitable job. Without a job I should not contemplate marriage. The full disability pension due to me, though an indisputable 100%, would not properly support even a bachelor. Dot, however, never wavered in her love for me – and she would not ask for the moon.[120]

The uncertainty of disability and process of learning to use prosthetic limbs meant that relationships with disabled servicemen were not always easy or accepted. Frederick explained how Dot's parents felt about their relationship, he said:

> Dot had spoken to her parents about me. Understandably, they did not share our joy when they learned their only daughter was engaged to be married to a severely disabled man…Assessing me as a smooth talker with no job prospects, Dot's parents, mainly the mother, went on the offensive. Whenever Dot returned home for a week-end break, mother and father would spend hours with her until late at night trying to convince her of the folly of our association.[121]

Dot's parents assumed that Frederick had smooth-talked their daughter into marriage, perhaps reasoning that he wanted to take advantage of her nursing skills and have a full-time carer as opposed to a partner. Similar prejudices towards disabled ex-servicemen had been apparent in the First World War. Those who got married and had children were perceived as particularly

[118] M. J. Kehily & A. Nayak, ''Lads and Laughter''., J. Crouthamel, 'Cross-dressing for the fatherland: sexual humour, masculinity and German soldiers in the First World War', *First World War Studies*, 2:2 (2011): 195-215.
[119] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 132, 134.
[120] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 134.
[121] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 145.

careless. Whether disabled ex-servicemen actually could or could not provide for their wives and children was immaterial as they were presumed unable to. This assumption contradicted post-war ideals of male domesticity.[122] Indeed whilst Frederick was having his prosthetic limbs fitted at the Ministry of Pensions Hospital, Chapel Allerton, Dot's mother visited to warn him, "You can not marry my daughter!...You have not a job for one thing, and little chance of getting one."[123] Frederick's future mother in law did not know it was his intention to pursue a career in engineering and instead assumed he would not be able to get a job and therefore be unable to support her daughter.[124] This experience fits in with what Kirsty Liddiard refers to as 'surveillance.' She argues that historically, the privacy of disabled peoples' relationships has not been respected, especially when the relationship is with an able-bodied person. Liddiard suggests that both partners experience constant monitoring from others including parents, wider family, and the general public.[125] An excerpt from Leslie's account shows just how grateful he and other amputees were to their wives despite the uncertainty and public perceptions of disabled servicemen. Leslie said:

> It was there she accepted my proposal ensuring for me a lifetime of happiness. Words are quite inadequate to convey what she has given and meant to me…Here it seems appropriate to remember with affection and gratitude the debt we amputees owe to our wives, those wonderful beings who chose to partner, or continue to partner, those of us with bodies broken on the wheel of fate, who took our darkened future and turned it into light. That they did it for love, that they say the relationship brought them happiness does not lessen their "leap into the unknown". Bless them all, especially mine.[126]

Long-term relationships with women did not only help disabled servicemen reclaim their masculinity but also gave them access to physical and emotional care and support. Not all

[122] J. Bourke, *Dismembering the Male*, p. 74.
[123] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 154.
[124] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 155.
[125] K. Liddiard, *The Intimate Lives of Disabled People*, 2018), p. 57.
[126] L. C. Beck, Private Papers, IWM, Documents. 19013, p. 15.

injured servicemen were left by their wives or girlfriends after injury. Percy Stubbs served as a sapper with the 260 Field Company Royal Engineers, 23rd Wessex Division from 1944 until 1945, when he was injured by a mine whilst building a bridge in Germany. Percy lost his eyesight and right leg and also fractured his left leg, sustaining lacerations and burns to both his arms, face, and mouth.[127] Describing his time at a reception hospital in England he recalled:

> I had heard footsteps approaching my bed, then the voices of my dear wife and my father. I felt her lips gently touch mine as she bent over me and kissed me and felt content that I was with the ones I loved…My wife stayed with me for a few days and was at my bedside watching over me and feeding me at meal times for many hours each day.[128]

Here, it is clear that Percy was comforted by the presence of his wife. Her affection in the early days of his injury reassured him that she would stay with him as both an emotional and physical support. John Stansfield suffered severe injuries to his face, hands, and abdomen while he was serving in France in 1944. John regularly corresponded with Doreen, his childhood friend, and married her after he was injured and returned home from the war. During an interview Doreen explained how she felt the first time she saw John after his injures:

> I've something here (motions to papers on lap), I think I said [wrote], "When he came to see me he was still the same person." I mean his looks were obviously different but his personality didn't change…I remember the first time he came down after, after he came out of the hospital and came to see me and he, he sat with his back to the window and I never thought much about it till afterwards. And I thought, "yes I know why he's done that', because I mean he was good looking (laughs) before he had the operations in the wartime.[129]

The fact that on their first meeting after his disfigurement, Doreen's husband was facing away from her suggests he was worried about how she would react to his appearance. Doreen was able see past his injuries and accept his altered appearance as she said, 'I mean his looks were

[127] P. Stubbs, Private Papers, IWM, Documents.20376, p. 34.
[128] P. Stubbs, Private Papers, IWM, Documents.20376, p. 35.
[129] Interview with Doreen Stansfield by Jasmine Wood, 17/03/18.

obviously different, but his personality didn't change.'[130] During the interview Doreen continuously spoke about John's ability to adapt and determination to recover and live a normal life. When asked if she though she played a role in his attitude to recovery she replied:

> (Laughs) Well people said I helped with being there, but eh you just eh I don't know (laughs). I suppose I had a positive attitude, I suppose that helped. You don't really think you are doing but eh I know his friend who had been a friend all our lives said, "He'd never of got going you know, if you hadn't been there", but I think he would! I think, he had a determination himself but eh, I might have helped a bit (laughs)…I tried to jolly him out of things if he got a bit down hearted you know but eh he was pretty good (laughs).[131]

Examining the accounts of the women who nursed or cared for disabled men reveals a clear element of emotional labour in the work they did. Emotional labour, a term first coined by Arlie Hochschild, refers to work done by one individual, say a nurse, to create a positive emotion in another individual perhaps a patient.[132] In doing so, the person who is enacting the emotional labour may mask or alter their true feelings and emotions of distress in any situation at their own expense.[133] Even though some nurses at East Grinstead participated whole-heartedly in relationships with patients and others did not, there is an aspect of emotional labour in both types of accounts. This is because all nurses at East Grinstead were encouraged to flirt with patients and hide their reaction to servicemen's disfigured faces and bodies.[134] Even Doreen performed emotional labour to an extent when she emotionally supported her husband when he was 'down hearted'. However, it is important to recognise and respect the fact that

[130] Interview with Doreen Stansfield by Jasmine Wood, 17/03/18.
[131] Interview with Doreen Stansfield by Jasmine Wood, 17/03/18.
[132] A. R. Hochschild, *The Managed Heart: Commercialisation of Human Feeling*, (Berkeley: University of California Press, 2012)., A. Williams, 'Hochschild (2003)—The managed heart: The recognition of emotional labour in public service work', *Nurse Education Today*, 1:33 (2013), p. 5.
[133] P. Smith, *The Emotional Labour of Nursing: How Nurses Care*, (London: Macmillan, 1992), p. 8.
[134] L. Byrski, *In Love and War*, p. 73-75.

women recounting their work and relationships with disabled servicemen did not always see themselves as victims or attribute the meaning of emotional labour to their experiences.[135]

Marriage and Family Life After Rehabilitation

Disabled servicemen who returned home from hospitalisation faced several challenges. They had to physically adapt to living at home with a disability and emotionally adapt to living outside of military and hospital life. They had to adapt to living at home and re-connect with their wife and other family members after being separated often for long periods of time. After the Second World War, women were expected to resume the traditional female roles homemaker, wife, and mother. Women were expected to put their husbands needs before their own and display unfaltering patience as he re-adapted to civilian life. It was a woman's duty to make the family home and children a site of relaxation absent from stress or irritation. Women were also expected to encourage their husbands to work and be ambitious but without being overbearing. These responsibilities became more complex for women whose partners were disabled ex-servicemen.[136] Disabled servicemen were both physically and emotionally dependent on their wives for care in the home. The type of care disabled servicemen needed from their wives varied greatly according to the nature and severity of their injury and even changed as disabled servicemen aged. As we will see, some needed help with everyday tasks such as walking or washing, and others needed emotional support to help them cope with the

[135] N. Campbell, & L. Stark, 'Making Up 'Vulnerable' People: Human Subjects and the Subjective Experience of Medical Experiment', p. 825-827, 829, 846.
[136] R. J. Plant, 'The Veteran, His Wife, and Their Mothers: Prescriptions for Psychological Rehabilitation after World War II,' in D. Oostdijk and M. Valenta (eds.), *Tales of the Great American Victory: World War II in Politics and Poetics* (Amsterdam: VU University Press, 2006), S. M. Hartmann, 'Prescriptions for Penelope: Literature on women's obligations to returning World War II Veterans', *Women's Studies: An Interdisciplinary Journal* 5:3 (1978): 223-239., C. R Griffith, 'The Psychological Adjustments of Returned Servicemen and Their Families', *Marriage and Family Living* 6:4 (1944): 65-87., E. R. Mowrer & H. R. Mowrer, 'The Disabled Veteran in the Family', *The Annals of the American Academy of Political and Social Science* 239:1 (1945): 150-159.

stresses of adapting to civilian life. When double amputee Frederick Cottam was well enough and could adequately use his prosthetic legs, he was released from hospital and returned home to live with his mother and brothers. Since their old home had been damaged by air raids, Frederick's family had moved to a semi-detached council house, which included an upstairs bathroom. Frederick explained his frustration at the dusty, dirty condition of the house that was not maintained well by his family. Frederick said:

> I put my few things a way in the chest of drawers and sat on the bed. It struck me that I had to adapt to live here. Organised life in orphanages, the Army and then hospitals had left their marks on me. I had to suppress feelings of contempt before the acceptance of adolescence came back to me.[137]

Frederick had become accustomed to the clean, structured environment of care homes, the Army, and hospitals where his life was regimented and organised, he had to adapt and fend for himself. His use of the phrase 'adolescence acceptance' suggests he once again felt like a teenager with a lack of organisation and control over his living conditions. With nowhere else to live, he had to accept his living conditions at home and adapt to them. Frederick also faced more practical problems as he lived in a house that was not adapted for his disability, these became particularly apparent during air raids. After his rehabilitation at the Ministry of Pensions Hospital Chapel Allerton in Leeds, where Frederick and Dot met, the pair were married and moved into his family home (see Figure 3.3).

[137] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 158-159.

Figure 3.3: Frederick and his Wife Dot from his memoir *The Long and Short of It*, F. T. Cottam, Private Papers, IWM, Documents.18942.

Dot's important role not only as a wife but also as a carer quickly became visible. Frederick explained:

> Dot and I were alone on the night of our first air raid. The sirens began to wail…Dot carried me down to the shelter and then returned to the house for my artificial legs. They were an integral part of me now. We sat in the domed, corrugated-iron shelter…the sky reddened with fires began by incendiaries that prepared the target for HE bombs. The crumping of these bombs became ominously louder. Dot held me tightly as I began to shake. I am not of the stuff of which heroes are made.[138]

Dot risked her life to carry her husband to the bomb shelter and by returning to the house for his prosthetic legs, so bombs did not destroy them. Dot physically cared for Frederick by ensuring his safe passage to the bomb shelter and also provided him with emotional care and

[138] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 165.

comfort when he became visible frightened as the bombs grew louder and closer. Whilst Dot was fulfilling her role as carer to her husband, a role traditionally associated with women there was also a reversal of gender roles. Dot showed strength and bravery, characteristics usually associated with men when she physically carried Frederick to the bomb shelter and also retrieved his prosthetics.[139] Despite the risk of appearing unmasculine to the reader, Frederick himself highlighted his feelings of fear during the bomb raid and bluntly stated that he was not heroic, his honest admissions further emphasise the reversal of gender roles and Dot's heroicness.

Women's roles as a wives and carers became more difficult as their husbands aged and their disabilities became exacerbated. Pension records make reference to 'Constant Care Allowance' applications for women who were carers to their husbands. These applications were either completed by the woman themselves or a doctor. Unfortunately, in the cases below, the pension records do not confirm whether the women were successful in their applications. David Robinson served as a Royal Navy Chief Airman during the Second World War until 1965, when he suffered a prolapsed lumbar disc and cervical disc lesion from helicopter escape trial training. In 1973, his wife applied for a Constant care allowance, one question on the application asked, 'What duties *claimed* to be undertaken by the attendant?'. The doctor wrote:

> Dresses him in the morning and bathes him. Has to cut up food and hold cup about 3 days a week. Supervision for bowels x1 a day and has to be wiped 3 out of 7 days. (Passes water in toilet unaided). Is left for shopping for ½ hour only or he is tempted to get up and may fall. Falls about 4 times a day and has to be lifted up. At night wife has to massage him over back and legs for cramp twice a night for 30 minutes.[140]

[139] J. Scott, 'Gender: A Useful Category of Historical Analysis', *The American Historical Review,* 91:5 (1986)., J. S. Goldstein, *War and Gender: How Gender Shapes War and Vice Versa,* (Cambridge: Cambridge university Press, 2001).
[140] Second World War Pension Award Files D. Robinson, The National Archives (TNA), PIN 80/26.

Although it is unclear at what age David's condition began to worsen, his wife clearly took on a significant role as his carer. The amount of care and supervision David needed from his wife is comparable to that of a full-time job and the type of care associated with infants. The pension records for Edward Chestney do not reveal exactly how he was injured, but do show that he obtained a gunshot wound to the head and had his right index finger amputated during his service with the Royal Northumberland fusiliers in the Second World War. The first application for a 'Constant Care Allowance' was made by his wife Nora in 1965, Edward was only forty-six years old. The doctor described his condition:

> States he still feels confused with poor memory and lack of concentration, is depressed and is now getting black outs once every two to three weeks, he also gets phases when he is unable to comprehend things – anything said to him does not seem to penetrate. He has headaches all the time and gets whistling in the right ear.[141]

The 1965 application showed that Edward also suffered from urinary incontinence and insomnia from headaches, further adding to Nora's care of him in changing bedsheets and getting him up during the night to administer his pain killers. The applications for 'Constant Care Allowance' showed his condition gradually worsened and Nora's work as his carer increased. Nora became increasingly involved in caring for him by helping him to wash, dress and go to the bathroom until eventually the application made in 1973 revealed that she had given up her work to care for Edward who was only fifty-four years old but needed 'constant observation'. The medical report of this application read, 'The blackouts continue everyday on several occasions. Has become very frustrated by enforced incapacity. This has been associated with an increased tendency to lose control over his temper.'[142] Here we can see not only the

[141] Second World War Pension Award Files E. Chestney, The National Archives (TNA), PIN 91/5.
[142] Second World War Pension Award Files E. Chestney, The National Archives (TNA), PIN 91/5.

physical labour carried out by his wife Nora in caring for him, but also the emotional labour endured as he was prone to losing his temper. Squadron Leader William Simpson whose face and hands were left badly burned and disfigured after being trapped inside his burning aircraft in 1940 met his second wife Monica whilst hospitalised at East Grinstead where she worked as a nurse.[143] William gave a very honest and candid account in his memoir of the realities his wife faced in living with and caring for him in the early years of their marriage. William wrote:

> Not only has she carried the burden of all those tasks that a husband with two hands would do about the house, but also she has borne the brunt of my private irascibility. Some disabled people, of whom I am one, tend to be easily irritated by the little day-to-day frustrations of the home…Our time together has not been the tender prolongation of a honeymoon. We have not "lived happily ever after". She discovered early that I was not perpetually the placid-pipe smoking contented she thought she had known in hospital; far from it. She found that I was difficult, fussy, exacting and often irritable. We have often fought for days on end, and got caught up in the ridiculous pettiness that she had noticed sometimes in other couples but had mistakenly thought would not be for us.[144]

It seems that once William and Monica left the hospital environment of East Grinstead, they faced the reality of living together as a newly married couple where one was disabled and the other acted as a carer and a wife. Like Edward above, William's account demonstrates the practical issues and the emotional toll it took on both husband and wife as one adapted to living at home with a disability and the other adapted to caring for them. William described his inability to do household tasks as a 'burden' to his wife Monica, as she also had to cope with is angry and irritable moods stemming from the minor frustrations of home life. It is clear that William's inability to perform certain household tasks expected of husbands and done by Monica instead altered the gender dynamics of their relationships perhaps making him feel emasculated. William then described how his mindset affected Monica. He wrote:

[143] W. Simpson, *I Burned My Fingers*, (London: Putnam, 1955), p. 30-37.
[144] W. Simpson, *I Burned My Fingers*, (London: Putnam, 1955), p. 267.

> Monica, in the middle of it all, had to cope with my sense of frustration and surmount the familiar obstacles of post-war home building, bearing children, overcoming acute pain and recurrent illnesses, without ever seeing me completely relaxed in the short hours that I allowed myself at home-for I was prepared to devote as much of the day and night as my frame would stand to the serious business of learning and mastering new jobs and getting the feel of a changed world.[145]

Even though Monica has not left behind an account of her own, it can be seen from William's memoir that she dealt with the majority of household tasks and raising the children by herself as William devoted much of his time to work. Monica did all this whilst contending with her own health issue and navigating a complicated relationship with William, whose moods were often irritable. Historically, women have borne the responsibility of caring for ill family members or spouses. Indeed, a recent study suggested that women who had ill husbands felt obligated to care for them and also responsible for the upkeep of the family and home at great personal expense, especially with their satisfaction of their relationships and role as a mother. Female caregivers also displayed more stress and depressive symptoms than male caregivers.[146] It is clear from William's account that Monica was performing a great deal of emotional labour, to care for her husband whilst contending with her own health issues, maintaining the home and caring for the children.[147] It is apparent that William's felt the need to prove himself to others and his ability to provide for his family by pursuing a successful career when he wrote, 'I was prepared to devote as much of the day and night as my frame would stand to the serious business of learning and mastering new jobs'.[148]

[145] W. Simpson, *I Burned My Fingers*, (London: Putnam, 1958), p. 268.
[146] T. A. Revenson, et al., *Caring in the Illness Context*, (UK: Palgrave Macmillan, 2016), p. 48-49.
[147] A. R. Hochschild, *The Managed Heart: Commercialisation of Human Feeling*, (Berkeley: University of California Press, 2012).
[148] W. Simpson, *I Burned My Fingers*, (London: Putnam, 1958), p. 268.

Fathering children and the role of father also played an important role in servicemen re-integrating into life at home. Fatherhood throughout the twentieth century presented a significant marker of masculinity and what Laura King has coined as 'family-orientated masculinity'.[149] For those like John Stansfield who suffered severe gunshot wounds to his face, abdomen and hands whilst serving in France in 1944, it provided much joy and excitement. Towards the end of my interview with his wife Doreen Stansfield, I asked if there was anything she would like to add in. She said, 'I know an auntie of Johns once told me after Joyce was born, she said, "I've never seen John excited until he told me that he'd got a daughter" (laughs). And that was, you know she'd known him all his life so (laughs).'[150] As Doreen added this point in just before the interview ended, it suggests that like many other men becoming a father was a significant moment in John's post-war life and recovery. For others like William, starting a family and having children were seen by themselves as essential for successful reintegration into civilian life. William said:

> Monica and I wanted to have children right from the start. We were impatient, we wanted to start and to build up our family before anything could arise to stop us. Children were essential to our marriage, we were both convinced of that… And I felt that my recovery would not be complete until we had launched healthy children of our own upon the world with the properly earned means to give them a sound education and the best of everything that really matters. For me, too, there was a psychological need to see before my eyes children of our own that were physically normal…able to do all the things that I could not do myself—flowers of my seeds grown out of my own ashes. So many years had been wasted-we both felt this-and time was not going to wait.[151]

[149] L. King, 'Hidden Fathers? The Significance of Fatherhood in Mid-Twentieth-Century Britain', *Contemporary British History*, 26:1 (2012), 25-46., B. Carpenter, 'Inside the Portrait of a Family: The Importance of Fatherhood', *Early Child Development and Care*, 172:2 (2002), 195-202.
[150] Interview with Doreen Stansfield by Jasmine Wood, 17/03/18.
[151] W. Simpson, *I Burned My Fingers*, (London: Putnam, 1955), p. 269-270.

William himself stated that he did not feel his recovery would be complete until he and Monica had produced their own children. William's focus on having children suggests he associated his masculinity with his physical ability to have 'normal' healthy children. William also highlighted that he wanted his children to have the best of everything and a good education. This suggests that William's children instilled in him a sense of purpose and pride aspects of his life and feelings of himself that he had struggled with since his accident. William continued his account to describe his relationship with his children. He said:

> They have never developed any unhealthy embarrassment about my hands and face…And when I am out with Robert and Anne they are a comfort, adding normality to our little group, talking freely and joking about my hands, which they have learned to hold in different ways as their own small hands…They are proud of me. They help me in a hundred different ways, and with Monica they make a comfort and a reason for living.[152]

Again, we can see William used the word 'normal' when he described his children, suggesting that to be perceived by others as normal was extremely important to him. It is clear that William benefitted from the unconditional love of his children who did not care that his face and hands were different. By having children and getting married, William proved his ability to the outside world that he could fulfil the hegemonic ideals of domestic masculinity that other able-bodied men returning from war had achieved. Double amputee Leslie Beck reflected on how his disability affected his family life. He said:

> Consciously regretting their loss? The two poignant heartaches I have which cannot be subdued lie in the fact that I was unable to join my two children in their childhood activities, their fun in the sea and on the beach, their joy in the countryside and its myriad life, all this taken by able bodied parents as a matter of course! My inability to give the wife who has given me my life, who has ministered to my wellbeing so gladly and for so long the help which it is impossible for me to supply, causes, and will always cause me, the deepest anguish!!![153]

[152] W. Simpson, *I Burned My Fingers*, (London: Putnam, 1955), p. 270, 273.
[153] L. C. Beck, Private Papers, IWM, Documents.19013, p. 15.

In these reflections, Leslie highlighted that these were the aspects of his life that made him consciously regret the loss of his legs. It also appears that these were the implications of his disability that impacted him more than others as he stated how they have and will always cause him the 'deepest anguish'. Leslie's heartache at not being able to join his children in fun activities at the seaside and countryside or help his wife as much as he would like to with the children is notable. King argues scholars have focussed too much on the association of fatherhood in the twentieth century with qualities such as economic provision for their families and independence and how domesticated men where, especially after the Second World War. King highlights that from the mid twentieth century onwards academics and the media became increasingly concerned with family life and the role of the father. Both newspapers and academics promoted the idea of the family man who was actively involved with raising his children and forming strong relationships with them through loving discipline and play. Newspapers even began to print quizzes for men to assess if they were a good or bad husband and father.[154] Looking at the experiences of William, John and Leslie we see the importance of roles like husband and father had in making them feel 'normal' by conforming to hegemonic masculine ideals. In addition, by considering the physical and emotional care given to disabled servicemen by their wives, it is clear these women played a significant role in helping these men survive and succeed in civilian life.

Conclusion

Experiences of rejection and acceptance by women during the rehabilitation process highlights the importance of intimacy in facilitating servicemen's ability to re-establish a sense of masculinity. Through an exploration of the accounts of the women who nursed, cared for and

[154] L. King, 'Hidden Fathers? The Significance of Fatherhood in Mid-Twentieth-Century Britain', *Contemporary British History*, 26:1 (2012), p. 25-26, 30-33.

partnered with these men, this chapter adds a female perspective to injured servicemen's experiences of disability, a voice that has been difficult to find in studies of war. While sex and intimacy were often essential to the recovery of men and reclaiming their masculinity, it is clear that women also played a vital role as physical and emotional carers.[155] Whether rejected by or engaged in a casual or long-term relationships with a woman, these encounters had multiple meanings for the men who recall them. Environment also played a significant role in helping men re-establish their masculinity. At Rooksdown House and East Grinstead, where patients had more leeway, disfigured servicemen appear to have displayed more aggressive hyper masculine behaviours that perhaps focused on asserting dominance. In hospitals where this type of behaviour was not tolerated, kind encounters with nurses was a more gradual process of regaining their confidence to interact with women. The evidence suggests that men re-established their masculinity through relationships with women in different ways by maintaining the practices of heterosexuality. In addition, by exploring the physical and emotional care disabled servicemen received from their wives after hospitalisation and rehabilitation, we have seen the contrary to the popular narrative, disabled servicemen negotiated rather than 'overcame' the everyday challenges of their disabilities with support of their wives and not alone.

[155] A. Carden-Coyne, 'Gendering the Politics of War Wounds since 1914', p. 90., K. Macdonald, 'The Women's Body as Compensation for the Disabled First World War Soldier', *Journal of Literary & Cultural Disability Studies,* 10:1 (2016), p. 53, 60., J. Meyer, "Not Septimus Now': wives of disabled veterans and cultural memory of the First World War in Britain', p. 126.

Chapter Four: Domesticity and Finding Work

> Everything that I touched *had* to be made to work out-I *had* to make my life complete with wife and children, home, career and facing the outside world. I *had* to be successful.[1]

These are the words of William Simpson who was badly burned and severely disfigured when he was shot down in 1940. William's words capture the pressure felt by many disabled servicemen as they returned to civilian life and who struggled to meet societal expectations based around being a husband, a father and breadwinner. While historians such as Deborah Cohen and David Gerber have focused on State provisions for disabled servicemen in various countries, this chapter utilises a more bottom-up approach. Drawing on servicemen's personal experiences I will assess how the pressures of domestic masculinity to provide for a family and be devoted husband and father affected the attitudes and behaviours of disabled servicemen as they tried to succeed in their post war lives.[2] In Chapter Two and Three we see how the key themes of gender, masculinity and relationships were integral in servicemen's experiences of disability and rehabilitation. This chapter will also focus on these themes through a brief exploration of State provisions available to disabled servicemen and analysis of men's personal accounts of trying to find and maintain employment after their war service and subsequent disability. In doing so, this chapter considers different social and physical barriers that existed for men with different disabilities who tried to re-enter the workplace. The variety of archival evidence that I consulted suggests that there are few detailed accounts from servicemen who struggled in their post-war lives to find jobs to support families. This is perhaps unsurprising given association between masculinity, independence and employment and how memories can

[1] W. Simpson, *I Burned My Fingers*, (London: Putnam, 1955), p. 268.
[2] D. Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939*, (London: University of California Press, 2001), D. Gerber, (ed.), *Disabled Veterans in History*, (Michigan: University of Michigan Press, 2012).

be shaped by predominant ideas on appropriate gender roles and behaviours.[3] In contrast to this, members of the Guinea Pig Club have left behind a significant record of their war and post-war experiences, documenting their success in the workplace. Again this is perhaps not unexpected given their fame and almost celebrity like status among other disabled servicemen. By comparing the experiences of men with different injuries, I shed new light on the experiences of disabled servicemen and highlight the stigma attached to unemployment and importance of class in determining how successful disabled men were in their post-war lives. I argue that while achieving gendered ideals were important for helping disabled servicemen to feel successful in their post-war lives, they were not monolithic. I argue that men's experiences of success particularly in the workplace were class-specific and influenced by the relationships they had with the middle and upper classes.

Pressure to Succeed as a Provider, Husband and Father

After rehabilitation, it is clear that some servicemen felt a great deal of pressure to succeed in their post war lives, particularly in the area of work. William was not the only Guinea pig who was keen to find employment. Alan Morgan felt the same. Alan was a Flight Engineer, during a mission his bomber aircraft was attacked over Stuttgart. During the attack the main door was blown open, whilst attempting to close it he passed out from lack of oxygen and his hands remained outside exposed to minus forty-two degrees. He was admitted to hospital with pneumonia and frostbitten hands.[4] Alan explained the pressure he felt to succeed in the world of work. He said:

[3] C. Daley, "'He would know, but I just have a feeling': Gender and Oral History", *Women's History Review*, 7:3 (1998): 343-359.
[4] P. Williams & T. Harrison, McIndoe's Army (London: Pelham books Ltd., 1979), p. 120-122.

> It might be a wrong thing to do, but I find I'm always out to prove that I can do better than the next man, better than somebody with fingers. If there's two people on a job, and they're both doing the same thing, I always tend to want to do my job quicker and better than the other lad, if only to satisfy myself.[5]

Alan put pressure on himself to do his job better than 'somebody with fingers' or an able-bodied man. Alan had the urge to prove himself and his ability to do a job well, not only to others but also himself. After a period of redundancy and unemployment Alan lost confidence in himself. His wife Ella explained, 'As time went on and there was no new work insight Alan became quiet. He got very depressed. People it seemed hadn't the confidence in him and he lost confidence in himself.'[6] This lack of confidence and the pressure Alan felt to maintain a successful career led to him suffering from two mental breakdowns when he found suitable employment. Even though Alan was well qualified for the job, he could not cope with the pressure he felt to maintain a career and provide for his family. Both times Ella had to take control and run the household whilst also working part-time. Ella said:

> Alan wouldn't take any decisions. He didn't want to know. He wouldn't go anywhere. I was working part time and whenever I came home and had to go shopping I would make him come too.[7]

Thomas Gerschick and Adam Miller argue that the association of masculinity with strength, virility and independence and the association of disability with weakness, passivity and dependence makes it extremely difficult for disabled men to be seen by others as masculine.[8] William Simpson was shot down in France in 1940. During his accident William was trapped inside the cockpit of his burning aircraft, which left him with a severely disfigured face. William's first marriage broke down after his injuries, which put a significant strain on

[5] P. Williams & T. Harrison, McIndoe's Army, p. 123.
[6] P. Williams & T. Harrison, McIndoe's Army, p. 125.
[7] P. Williams & T. Harrison, McIndoe's Army, p. 125.
[8] T. J. Gerschick & A. S. Miller, 'Coming to Terms', in D. Sabo & D. Gordon (eds.), *Men's Health and* Illness, (London: Sage, 1995), p. 183-185.

the relationship. In his memoir William explained the pressure he felt to make it work with his second wife, his Monica, who he met at East Grinstead where she was a nurse. William wrote:

> Monica has been to a large extent a victim of my mood, a part of my frame of mind. Everything that I touched *had* to be made to work out- I *had* to make my life complete with wife and children, home, career and facing the outside world. I *had* to be successful, perpetually optimistic, normal in all things-not using my disability as an emotional cover for opening doors that otherwise might have remained closed to me. All this imposed a severe strain- much greater than I realised at the time-and my temper broke under it.[9]

For William, it appears it was essential for his self-esteem to appear to be successful in achieving every aspect of domestic masculinity by being a husband, father, successful provider and not use his disability as an excuse for failure. Despite this strain William and Monica stayed together through Monica's patience and loyalty. William himself stated in his memoir that he would not have been successful in life if, 'Monica had not helped me and stood by me in spite of all the trials and disagreements.'[10] As Chapter Three highlighted, disabled ex-servicemen felt a great deal of social pressure from the outside world to reintegrate into society in a very specific way. Rehabilitation and reintegration was only viewed as successful when a man was employed, married and had a family for whom he was the sole provider.[11] It is clear that William felt an extreme amount of pressure to succeed in his post-war life as he strived to fulfil

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[9] W. Simpson, *I Burned My Fingers*, p. 268.
[10] W. Simpson, *I Burned My Fingers*, p. 268.
[11] A. Carden-Coyne, 'Gendering the Politics of War Wounds since 1914', in A. Carden-Coyne (ed.), *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives*, (UK: Palgrave Macmillan, 2012), p. 94., J. Bourke, *Dismembering the Male.*, J. Meyer, *Men of War: Masculinity and the First World War in Britain*, (UK: Palgrave Macmillan, 2009), p. 97-128., *Rooksdown Club Magazine*, British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), (See 'Rooksdown Reporting' section in issues from 1947-1949 for congratulations on job, marriages and births)., *The Guinea Pig*, East Grinstead Museum, (See 'Guinea Pigs on Parade' section in issues from 1947-1951 for news of jobs, achievements, marriages and births)., Album of press cuttings of Erskine adverts focusing on veteran experience case studies (1940-1950), Glasgow University Archive (GUA) GB 248 UGC 225/8/12. All the names are false, clippings state, 'The name is fictitious but the facts are true.'

the hegemonic ideals of masculinity which epitomised being a husband, father and provider.[12] In addition, there was also an evident longing to appear normal to the outside world and not be judged by his disability when William explained that he did not want to get a job purely out of sympathy. Alan and William struggled with the same conflicting ideals and in doing so felt immense pressure to fulfil what they perceived to be expectations from others as well as the pressure they put on themselves. By interviewing men disabled at birth, by accident or illness, Gerschick and Miller found the men used three main strategies to cope with the conflict between their disability and masculinity, which were reformulation, reliance and rejection. Those who reformulated their masculinity re-shaped it according to their own strengths and abilities. Those who used reliance continued to view their masculinity in relation to hegemonic masculinity concerned with strength, independence and sexual conquests. Those who used rejection completely rejected the standards of hegemonic masculinity and created their own standards or even disregarded the importance of masculinity in their life. It is notable that like William and Alan, the men in Gerschick and Miller's study who used reliance and continued to view their masculinity in relation to hegemonic masculine ideals, struggled the most to come to terms with their disability and were most distressed as they tried to meet the standards of society.[13]

Working as a Disabled Man

Pensions, finding work and maintaining a career after war service were contentious issues for ex-servicemen in both the First and Second World Wars. As Chapter Two highlighted, the system used to calculate servicemen's disability pensions during the Second World War remained largely unchanged from the system used during the First World War. All

[12] J. Meyer, *Men of War*, p. 97-128., D. Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939*, (London: University of California Press, 2001), p. 103-113.
[13] T. J. Gerschick & A. S. Miller, 'Coming to Terms', p. 187-191.

pension awards assessed disability on loss of functionality and not the psychological impact caused by injury or the types of jobs men could actually do.[14] The Ministry of Pensions' policy which encouraged men to work as much as they physically could and to not rely on the state for income remained the same. Each body part and its injury had its own numerical value, so the pension level was based on loss of function and lack of ability to work. For example, a man whose pensioning level was assessed at 20 per cent was fully expected to and assumed capable of earning the other 80 percent of his pre-war income.[15] Those men who were classed as having a 'very severe facial disfigurement' were assessed at a pensioning level of 100 percent.[16] This is interesting because a serviceman who was facially disfigured may have had no other additional disabilities and may have been perfectly physically capable of earning his own living. The pensioning level of 100 percent helps us to understand the public perception of facial disfigurement and how facial disfigurement was more of a social disability that was economically debilitating for servicemen. Both Suzannah Biernoff and Joanna Bourke have argued that injured servicemen with facial disfigurements and amputations were treated differently by the State in pension provisions after the First World War. Biernoff argues that the State viewed facial disfigurement as preventing a man from "being" a man rather than preventing him from "acting" like one. In the case of the serviceman with 'very severe facial disfigurement' Biernoff argues that the pension award of 100 percent was based entirely on the serviceman's inability to physically appear as being a man.[17] Therefore, the experience of

[14] J. Bourke, *Dismembering the Male*, p. 66.

[15] *Ministry of Pensions. Royal warrant concerning retired pay, pensions and other grants for members of the military forces and of the nursing and auxiliary services thereof disabled, and for the widows, children, parents and other dependents of such members deceased, in consequence of service during the present war, 1943-44* (Cmd. 6489), p. 37.

[16] *Ministry of Pensions.* (Cmd. 6489), p. 37.

[17] S. Biernoff, *Portraits of Violence*, p. 71., J. Bourke, *Dismembering the Male*, p. 65.

finding work and maintaining a career was extremely varied amongst servicemen with different injuries and disabilities. Some had several different jobs as they struggled to work towards the career goals they had before the war, others were lucky enough to go back to their pre- war occupations or find a new job and stick with it until retirement. Yet, many of those who did find employment still struggled to adapt to life in the workplace. For example, William Marshall Ridley was injured by shrapnel in the chest and arm in 1942 whilst serving with the 9th Battalion Durham Light Infantry as a Non-Commissioned Officer (NCO) in Egypt. Although his injuries did not leave him permanently disabled it seems that he still struggled to adjust back to civilian life in his old job. When asked by an interviewer how he found settling down after army life he said,

> Well, I was a bit volatile with me temper I must admit. I was a little bomb happy, settling down was a bit of a hard job, sleeping in a bed and this sort of business. I did go back to me original work as a shop assistant and eh they made us a manager of the store and I couldn't cope. So, I went to the boss man and told him a couldn't cope…And eh I asked to be taken out of the job and the guy behind the desk was a conscientious objector so was his son, he asked why I couldn't cope. I says well for one thing I'm not mentally fit. He says what do you mean you're not mentally fit. I say well I'm still bomb happy. He says still bomb happy, what do you mean? I says I can't stand things I'm uptight all the time. A says I'm what you call bomb happy. He says oh come along war doesn't make that difference to a man. Well unfortunately I told him exactly what it thought of him, I told him in real army language exactly what I thought of him. And eh I didn't wait to get sacked, I walked out.[18]

The phrase 'bomb happy' was used to describe men suffering from shell shock and its different symptoms related to stress and anxiety.[19] Even though William Marshall was brave enough to tell his employer about his mental health struggles his employer still could not understand his

[18] Imperial War Museum Sound Archive (IWM SA), 16729, William Marshall Ridley, reel 20, 22.
[19] Stretcher-bearers Extracts, 'Bomb-Happy', (1944), https://www.bbc.co.uk/history/ww2peopleswar/stories/42/a8936742.shtml.

condition. This reflects the lack of understanding that surrounded mental health problems as well as the stigma attached to them.[20] Mentally re-adjusting to work as a civilian was only one of the challenges faced by ex-servicemen who had physical disabilities. Physical accessibility to work was a problem for those with amputations. When he was hospitalised Frederick Cottam decided he wanted to pursue a career in engineering however in the early days after his release from hospital he became isolated at home due to bad weather and slushy conditions in the street which prevented him from getting to the nearest bus stop, a mile away, and travelling to work. Whilst temporarily stranded at home Frederick's mother said to him, '"It would be a great help if you would become chief cook and bottle washer while the rest of us are working",…*Start adapting, Eric.*'[21] Frederick's use of italics when he wrote this section of his memoir represents his own thoughts and suggests that it was difficult for him to accept his new domestic role but there is also a tone determination. However, Frederick adapted to his situation by completing domestic tasks around the house and even made some money doing leather craft for a charity concerned with occupational therapy for ex-hospital patients. Frederick said:

> Now, though, I felt that I ought to be aspiring to greater things. But I was marooned amid streets of slush and a mile away from the nearest bus stop. I opted for leatherwork. It seemed a more masculine past time. I made ladies leather handbags. My mother seemed to resent my hobby, as I preferred to think of it…Perhaps she was worried about getting permanently saddled with me. We had never discussed matters seriously, deeply. Now it seemed impossible to bridge the gap between us for our conversations had regressed to an interchange of simple statements.[22]

It seems that Frederick adjusted to his domestic role within the household by regarding it as a temporary position until he was able to travel and find new work. It is also notable that

[20] M. A. Crocq & L. Crocq, 'From shell shock and war neurosis to posttraumatic stress disorder: A history of psychotraumatology', *Dialogues in Clinical Neuroscience*, 2:1 (2000): 47-55.
[21] F. T. Cottam, Private Papers, Imperial War Museum Archive (IWM), Documents.18942, p. 159.
[22] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 160-161, 163.

Frederick picked leather craft as opposed to any other skill as he perceived it as more masculine. Again, he saw this job that earned him a little profit as temporary by classifying it as a hobby. Indeed, in between his domestic duties and leather craft work, Frederick studied many of his brother's mathematics textbooks to prepare himself for training as an engineer. Even though Frederick could not access the type of work he wanted to and carried out domestic chores and leather craft work, he seems to have found a sense of sense of self-worth. This suggests that masculine self-identities could reformulated and adapted on men's own terms.[23] Frederick's disability and lack of access to work seems to have put a strain on his relationship with his mother. It is interesting that Frederick thought his mother saw him as a burden and 'resented' his leather craft work. This use of language suggests that he felt his mother did not view his leather craft work or the domestic role he played within the household as proper work that a man should be doing. However, it is also possible that his mother simply wanted him to earn a proper living. Frederick recalled a conversation he had with his mother one evening he said, 'She considered it demeaning. "You ought to have a proper job", she said. She meant, of course, one in a factory.'[24] Frederick's mother spoke with the personnel manager at her factory and got Frederick a job creating weapons for fighter planes and the chain belts that held them in place. Frederick said:

> Then, suitably clad and sitting on a stool, I helped them to arm fighter planes…The links, having submitted to a relentless hammering, were afterwards hinged together in belts of twenty-five. This was the easiest part of the job that black-veined and calloused my once white hands but which, satisfyingly, enabled me to earn a weekly wage that was dependent on output. With the help of a loving wife, I was now on the road back.[25]

[23] T. J. Gerschick & A. S. Miller, 'Coming to Terms'.
[24] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 166.
[25] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 166-167.

There is a definite tone of pride in Frederick's account as he described the physical work he performed. He saw the physical labour he was capable of in the factory as a significant stage in his recovery and post-war life. The statement 'now on the road back' suggests that he meant some form of independent living and financial independence through employment. In addition, the nature of the factory work which required strength and the fact he was weaponising fighter planes gave him a sense of pride. It is interesting that he credits his progress to the support of his 'loving wife' as opposed to his mother who got him the job in the factory. Indeed, the mothers of returning servicemen, particularly those of injured ones, were advised to avoid coddling their sons to encourage them to be more independent. On the other hand, wives were expected to be nurturing, sexually attractive and also encourage their husbands to find employment.[26] Due to the physical nature of his work Frederick lost weight and had to be re-fitted with new prosthetic limbs. It was at this limb fitting he discovered he was eligible for a hand propelled tricycle but the lack of engine physically exhausted Frederick as he attempted the six-mile journey to and from work every day. With the help of an ex-servicemen's association and generous donations from his factory workmates, Frederick could afford to have his tricycle motorised (see Figure 4.1). Frederick affectionately coined his motorised tricycle as his 'chariot', and it enabled him to travel to work and further afield independently. He no longer relied on his wheelchair and another person to help on public transport to travel. Frederick said, 'My chariot transformed my life. In spite of its shortcomings it enabled me to get around unescorted.'[27] It appears that Frederick viewed his chariot's shortcomings with humour as he created a humorous sketch of himself and his chariot zooming downhill with sheep looking on (see Figure 4.1).

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[26] S. Michel, 'Danger on the Home Front: Motherhood, Sexuality, and Disabled Veterans in American Postwar Films', *Journal of the History of Sexuality,* 3:1 (1992), p. 111-112., D. Gerber, (ed.), *Disabled Veterans in History*, (Michigan: University of Michigan Press, 2012), p. 9-10.

[27] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 169-172.

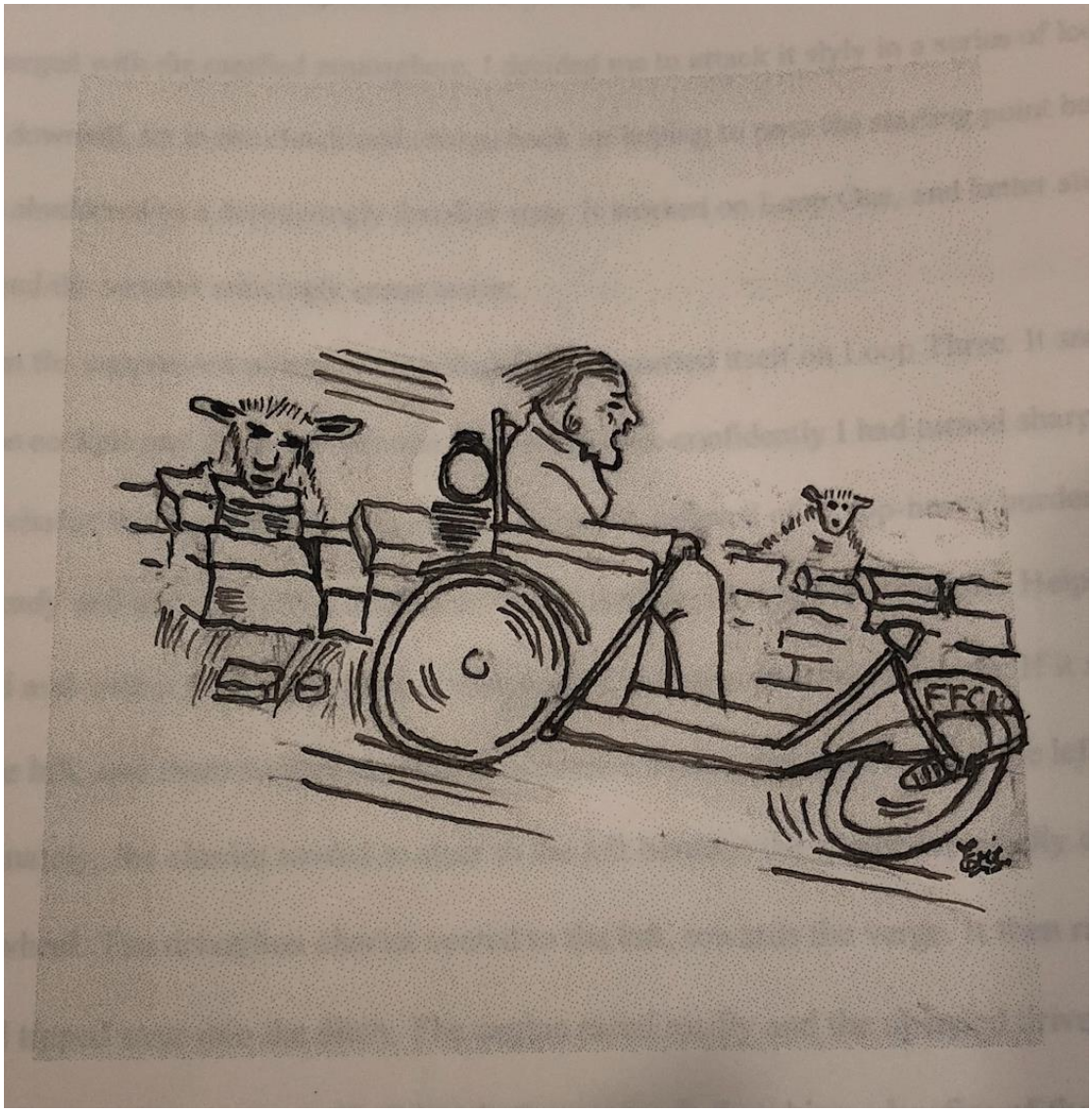

Figure 4.1: Sketch by Frederick of his 'chariot' going fast downhill. From his memoir *The Long and Short of It*, F. T. Cottam, Private Papers, Imperial War Museum Archive (IWM), Documents.18942.

Outside of the workplace disabled war veterans of the First World War relied heavily on charitable organisations for financial support as pensions were the only support provided by the government.[28] However, the Second World War saw the introduction of new legislation, to further support all disabled people, including ex-service personnel. Perhaps the most notable

[28] D. Cohen, *The War Come Home*, p. 15-18.

of all is the Disabled Persons (Employment) Act (1944) which came into effect in 1945. The Act included all disabled people no matter the type of disability or how they acquired it, so military personnel and civilians were treated alike. The purpose of the Act was to enable disabled people to find employment or work for themselves. The Act used a system of registration for disabled people, reserved occupation list and quota system. The quota system ordered that any company which employed over twenty people had to employ a percentage of disabled people but there was no system to ensure that companies fulfilled these quotas. In addition, some disabled people felt that jobs on the reserved occupation list were low skilled and not always suitable for them.[29] Accepting a new job that was of a lower standard to their pre-war occupation because of their disability was a reality for some servicemen. This often meant that these men earned less than what they would have before their war service and subsequent disability. David Wanstall was in the Royal Navy from 1917-1947. During his service in Hong Kong, he sustained a gunshot wound to his left leg, which was amputated at mid-thigh. He was also taken as prisoner of war (POW) by the Japanese. Like many men, David turned to the charity the British Limbless Ex-Servicemen's Association (BLESMA) for help in applying for additional pension allowances like that of Lowered Standard Occupation. The Lowered Standard Occupation allowance was paid in addition to a pension for servicemen who could not secure work in their regular occupation or work of a similar standard because of disability obtained from their war service.[30] The BLESMA Employment and Welfare Officer wrote a letter on David's behalf to the Ministry of Pensions. The letter said:

> He enlisted in the Royal Navy in September, 1917, and served until December, 1947, reaching status of Stoker Petty Officer. He was,

[29] J. Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'*, (Manchester: Manchester University Press, 2011), p. 192-195., The Disabled Persons (Employment) Act (1944), https://www.legislation.gov.uk/ukpga/Geo6/7-8/10/enacted.
[30] Guidance: War Pension Scheme: Allowance for Lowered Standard of Occupation, https://www.gov.uk/guidance/war-pension-scheme-allowance-for-lowered-standard-of-occupation.

> therefore, a regular Service man on a reasonably good salary plus other allowances. As a result of his severe disabilities he now finds himself only able to secure employment as a labourer and he feels, and quite rightly in our view, that the results of his wounds have brought about a substantial reduction in his status of employment and wages received. In these circumstances we should be glad if you would look at the case to consider the award of an Allowance for Lowered Standard of Occupation, and perhaps you will let us know the possibilities.[31]

Here, it is clear to see how disability affected some servicemen's earning potential. The welfare officer noted that David earned significantly less because he was forced to accept work of lower status as a labourer. Occupational prestige appears to have been as important as earning potential – the two of which were often connected. For men themselves, finding the right work was also as important as being employed. While war may have temporarily altered perceptions of 'manly' occupations such as the industrial and agricultural worker, who could be viewed as less heroic than their military counterparts, the ability to earn a living, nevertheless, continued to underpin masculine status[32] The Disabled Persons (Employment) Act (1944) included the establishment of the Further and Higher Education Scheme. This was run by the Board of Education to provide higher education for ex-servicemen and women. The Vocational Training Scheme, run by the Ministry of Labour and National Service, was for school leavers over sixteen and disabled adults. Through the Vocational Retraining Scheme, individuals could attend residential training centres, technical colleges or get on the job training.[33] However, while the existence of such schemes were no doubt beneficial to some, they also had some draw backs due to lack of facilities and poor accessibility for the people who needed them.[34] With the independence provided by his motorised tricycle Frederick Cottam was able to pursue

[31] Second World War Pension Award Files D. Wanstall, The National Archives (TNA), PIN 91/167.
[32] L. Robb, *Men at Work: The Working Man in British Culture, 1939–1945*, (UK: Palgrave Macmillan, 2015), 130-136., J. Pattinson, A. McIvor & L. Robb, *Men in Reserve: British Civilian Masculinities in the Second World War*, (Manchester: Manchester University Press, 2017), 288.
[33] J. Anderson, *War, Disability and Rehabilitation in Britain*, p. 194.
[34] J. Anderson, *War, Disability and Rehabilitation in Britain*, p. 194.

his goal of becoming an engineer. Frederick applied to the Department of Education for a grant to study engineering at university but was not eligible because he went straight to factory work when he left school like all the other members of his working-class family and therefore his studies were not interrupted by the war. Here, it is clear how Frederick's working-class background, and not just his disability, affected his post-war opportunities. Instead, Frederick attended a Technical College and secured himself a job to train as a product design engineer.[35] The Technical College Frederick attended was inaccessible in several ways. Frederick said:

> The Technical College showed up my physical limitations more than it did my mental ones. As there were no handrails to the cascading front steps of the Technical College they were an obstacle that I never surmounted without help so I parked my chariot at the rear of the building and used the "tradesman's" entrance. They were a few disappointing steps for me to climb and again no handrail. One wall was clad with grimy service pipes, the exposed innards of the building. I carried an old glove to grab the coolest of my improvised handrails…The complimentary lectures were delivered in rooms in the upper regions of the building…Students and lecturers, known and unknown to me, helpfully carried my bulged briefcase and one of my sticks as I hauled myself upwards.[36]

The accessibility challenges Frederick faced at the Technical College did not deter him. His description of the entrance, the steps and the inside of the building highlights the obstacles he managed to negotiate through sheer will and determination. Julie Anderson has looked more in-depth at this issue of accessibility to Technical Colleges and residential training centres for veterans. Anderson found that during the Second World War only three residential centres would accept wheelchair users due to unsuitable facilities.[37] More broadly Rob Kitchin has argued that disability is not only socially constructed but also spatially constructed. Kitchin demonstrates that the design of buildings spaces has historically been used to exclude disabled

[35] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 176-178.
[36] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 181-182.
[37] Cited in J. Anderson, *War, Disability and Rehabilitation in Britain*, p. 194.

people from some of the most mainstream aspects of society such as education and work.[38] Frederick's story above about the design and layout of his technical college certainly appears to reflect this idea. Unlike Frederick, who faced physical accessibility issues when he attended the Technical College, it was social accessibility which posed a problem for Jack Toper. Jack was a wireless operator for a Wellington Bomber in 1943 and became trapped in his burning aircraft when it crash-landed into a tree, after helping his crewmates to safety, oxygen tanks inside the aircraft exploded in his face. Jack suffered extensive burns to his whole face including his nose which was totally burned off.[39] Jack got a job with Marks and Spencer's after the war. The fact that Jack was in the RAF and then after his service secured a job at Marks and Spencer's, a retail and food store traditionally associated with the middle and upper classes alludes to his middle-class status. However, in this instance on account of his facial disfigurement, his class did not immediately afford him any special advantages in the workplace. He wanted to work on the shop floor and train as a manager but was placed at Head Office because management were concerned he would scare the customers. He recalled:

> I was told I couldn't have any contact with the public. That was very hard to take and Archie [McIndoe] encouraged me to fight it. With his backing, the management agreed that I could do six weeks training on the shop floor and see how it went. Well, the customers and I survived. It was tough though: I had to get used to people staring at me, and to kids either shouting abuse at me or being terrified of me. But I stuck it out and became manager of the Camden Town store and spent the rest of my working life with the company.[40]

Jack did not have a physical disability that affected his functional ability to perform his desired job, but his disfigured face was perceived as unacceptable for customers to look at. This further emphasises the point that facial disfigurement was as much a social disability a physical

[38] R. Kitchin, "Out of Place', 'Knowing One's Place': Space, power and the exclusion of disabled people', *Disability & Society*, 13:3 (1998), p. 343-348.
[39] L. Byrski, *In Love and War: Nursing Heroes*, (Australia: Fremantle Press, 2015), p. 40-41
[40] L. Byrski, *In Love and War*, p. 43.

disability.[41] Thanks to Archibald McIndoe's close relationship with Sir Simon Marks, through his sister Mrs Elaine Neville Blond, a personal and financial supporter of the Guinea Pig Club, the management changed their decision and allowed Jack to work in a customer facing role.[42] For Jack, working in view of the public was important. Rather than accepting the job in the office, he chose to work on the shop floor. His use of the words 'survived' and 'tough' suggests a sense of stoic masculinity, based on determination and forbearance for which he was ultimately rewarded with promotion and life-long employment. Through his experience of disfigurement, Toper learned to adapt to a changed version of himself and how others saw him. Bill Foxley was a navigator in the RAF when his bomber aircraft crashed during a training flight in 1944. When he tried unsuccessfully to save his two crewmates he was extremely burned on the face. Bill is considered the most severely burned airmen to have survived his injuries. His hands and his face including his eyelids, nose and mouth had to be completely rebuilt. He also lost his right eye.[43] Bill later worked in facilities management for an electricity generating board. He explained how the public reacted to him when he travelled to work:

> I worked for the Electricity Generating Board and took the train up to London every day. There'd always be an empty seat next to me. Someone would go to sit down and then change their mind when they saw me. I used to tell them, "It's all right, I'm not going to bite you!"[44]

Like those servicemen in Chapter Two during rehabilitation, Bill also used humour to cope with a difficult situation. Members of the public were clearly wary of Bill and felt uncomfortable being close to him. Historically, the public have always been more shocked by facial disfigurement than other types of injuries. This stems from the sheer visibility of facial

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[41] F. C. Macgregor, *Transformation and Identity: The Face and Plastic Surgery,* (USA: Quadrangle/The New York Times Book Company, 1974), p. 25.
[42] E. Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, the Royal Air Force and the Guinea Pig Club,* (London: Greenhill Books, 2004), p. 197-198.
[43] L. Byrski, *In Love and War*, p. 45, 174.
[44] L. Marland, *The Guinea Pig Club: Special Operations,* Interviews and Photographs (2006), Interview with Bill Foxley, https://www.theguardian.com/weekend/page/0,,1945108,00.html.

wounds, which cannot be concealed like other disabilities. For example, limbs as amputations can be disguised by prosthetics.[45] Writer James Partridge has summed-up this reaction towards the facially disfigured with the acronym SCARED (Staring, Curiosity, Anguish, Recoil, Embarrassment and Dread). Partridge founded the charity Changing Faces in 1992 after a car accident which severely burned his face and body. He argues that the public do not know how to communicate with facially disfigured people because they are scared of the unknown.[46] The face is extremely socially significant, humans use the appearance and expressions of the face to interpretate the emotions, intentions, intellect, cultural background and to draw conclusions about each other's character.[47] A disfigured face inhibits this process and coupled with the historic association in popular culture between facial disfigurement and qualities such as evil or madness, means those who are facially disfigured have been and continue to be socially ostracised.[48] Alan Morgan described feeling this of exclusion when talking about his difficulty in finding work after the war because of the disfigured appearance of his hands,

> The war ended and I tried to get work again as a toolmaker, but no one would employ me. Eventually, I got through an interview by keeping my hands in my pockets. I stayed there for 11 years, then worked for a contract toolmakers working to precisions of 2/10th of a thousand. That's the equivalent of a strand of hair - not bad for someone with no fingers![49]

Even though Alan had been a toolmaker before the war and ran his own confectionery shop, employers did not believe that he was capable of working with his hands.[50] The discrimination Alan faced from employers reflects the social model of disability, in which individuals are excluded from key parts of society such as work because of pre-conceived ideas about the

[45] F. C. Macgregor, *Transformation and Identity*, p. 45.
[46] J. Partridge, *Changing Faces: The Challenge of Facial Disfigurement*, (England: Changing Faces publications, 1994), p. 88.
[47] F. C. Macgregor, *Transformation and Identity*, p. 26.
[48] J. Partridge, *Changing Faces*, p. 124.
[49] L. Marland, Interview with Alan Morgan.
[50] P. Williams & T. Harrison, McIndoe's Army, p. 122., L. Byrski, *In Love and War*, p. 70.

disabled person's capabilities.[51] So, despite Alan's work experience as a skilled toolmaker before the war, he was still discriminated against by employers based on the disfigured appearance of his hands. Only when he hid his disfigured hands and passed as normal did he secure a job. Disability passing typically refers to the many ways in which a person may conceal impairment to avoid the social stigma of disability. Jeffrey Brune and Daniel Wilson suggest that many disabled people regularly face the choice of whether to hide their disability, draw attention to it or what to do to if it is overlooked. In making these decisions, they have to consider issues of stigma, pride, prejudice and discrimination. Furthermore, passing, or not, as non-disabled has different meanings or consequences for individuals depending on their race, gender, class, and sexuality.[52] Some disabled ex-servicemen's health deteriorated due to their disability which meant it was even more difficult for them to find further employment if they lost their job. For example, a letter from a Welfare Officer to the Ministry of Pensions Edinburgh in 1965 revealed that David Wanstall had been unemployed since 1963 because the linoleum company he worked for shut down. David found his whole leg became generally weak and could only walk short distances, he felt this was due to him wearing an artificial limb. However, David had been employed as a light labourer by the Linoleum company. The letter said,

> Over the period of his unemployment the Disablement Resettlement Officer has submitted him to a number of vacancies and he has approached many employers on his own behalf but in view of his age and disability none of them were prepared to accept him.[53]

[51] T. Shakespeare, 'The sexual politics of disabled masculinity', *Sexuality and Disability*, 17:1 (1999), p. 54.
[52] J. A. Brune & D. J. Wilson, 'Introduction', in J. A. Brune & D. J. Wilson, (eds.), *Disability and Passing: Blurring the Lines of Identity*, (Philadelphia: Temple University Press, 2013).
[53] Second World War Pension Award Files D. Wanstall, The National Archives (TNA), PIN 91/167.

David needed employment to survive financially and actively sought out appropriate work for himself. Despite his employment history as a light labourer, he still could not get employers to look past his disability and see his capabilities. This meant ex-servicemen like David were left to rely on further Government assistance like an Unemployability Supplement to their pensions. By examining disabled ex-servicemen's struggles to find and maintain work we see the double standard that existed between what society expected of them as men and what society perceived they were able to do as disabled men.

The Role of Class in Finding Work as a Disabled Man

There are relatively few detailed accounts of the experiences of disabled ex-servicemen who struggled with finding and maintaining employment. It is possible that this is due to the nature of the archives. For example, men who gave interviews to the Imperial War Museum tended to have had more positive war and post-war experiences and therefor may have been happier to talk to interviewers. It has been well documented that more middle-class servicemen tended leave written personal accounts about their war experience than their lower-class counterparts.[54] In contrast to other disabled servicemen, the members of the Guinea Pig Club are distinctive in their fame. They are well known for their successes after war service due to the publicity surrounding them and the RAF more generally, the Guinea Pig Club Magazine and the numerous books, memoirs and documentaries about them and even television appearances.[55] McIndoe was renowned for his ambition to secure meaningful employment for

[54] L. Maynard, *Brothers in the Great War: Siblings, Masculinity and Emotions*, (Manchester: Manchester University Press, 2021), p. 38-41., E. Newlands, *Civilians into Soldiers: War, the Body and British Army Recruits, 1939-45*, (Manchester: Manchester University Press, 2013). p. 15.

[55] *The Guinea Pig* (Issues 1945-51), these items are uncatalogued stored at the East Grinstead Museum and Archive., P. Williams & T. Harrison, McIndoe's Army., L. Mosley, *Faces from the Fire: The Biography of Sir Archibald McIndoe*, (London: Weidenfeld and Nicolson, 1962)., G. Page, *Shot Down in Flames: A World War Two Fighter Pilot's Remarkable Tale of Survival*, (London: Grub Street, 1999)., W. Simpson, *I Burned My Fingers*, (London:

his patients and had connections with aircraft instrument manufacturers Reid and Sigrist, Marks and Spencer's and even Butlin's Executive Bernard Jenkins.[56] In addition, as much as the RAF tried to appear as a classless institution it was not. Class divisions existed amongst its members, and it was largely made up of more affluent young middle-class men who had been privately educated and attended university.[57] For example, Geoffrey Page attended Cheltenham College and then Imperial College London to train as an aeronautical engineer, here he also joined the University Air Squadron. Geoffrey was shot down during the Battle of Britain in 1940 and again during the Battle of Arnhem in 1944. Later in 1944, with the help of McIndoe, Geoffrey was sent on a goodwill lecture tour of the United States to talk about his experience in the RAF and the reconstructive treatment he had received. Given the reputation of McIndoe, the Guinea Pig Club and the RAF it was a rather glamourous affair which saw Geoffrey mingle with actresses such as actress Joan Fontaine who he described as his vision of 'English feminine beauty personified'.[58] He also met actor Nigel Bruce who insisted Geoffrey marry his daughter after the war, which he did. After the war Geoffrey secured a commission in the RAF and through his friends in aviation, he got a job as a test pilot for Vickers Armstrongs. His RAF career also saw him work as personal assistant to senior RAF Officer, Sir Guy Garrod at the United Nations in New York. Geoffrey became dissatisfied with an office-based job so left his commission in the RAF. His career in the RAF and contacts in the aviation industry enabled him to become self-employed, working as an aviation consultant based in Switzerland.[59] Another success story is that of Guinea Pig member Betram Owen Smith. Before he joined the

Putnam, 1955)., *The Guinea Pig Club* (2010), https://www.bbc.co.uk/programmes/b0074q2f., E. Mayhew, *The Reconstruction of Warriors*, p. 198.

[56] E. Mayhew, *The Reconstruction of Warriors*, p. 198.

[57] M. Francis, *The Flyer: British Culture and the Royal Air Force 1939-1945*, (Oxford: Oxford University Press, 2008), p. 47-51.

[58] G. Page, *Shot Down in Flames*, p. 1-4.

[59] P. Williams & T. Harrison, McIndoe's Army, p. 61., G. Page, *Shot Down in Flames*, p. 208-214.

RAF in 1941 Bertram was educated at Swansea grammar school and worked for an insurance company.[60] Bertram joined the RAF and was only eighteen years old when he suffered severe burns to his hands and face after his aircraft burst into flames during a training flight. He became fascinated by the surgical techniques being used to reconstruct his face and decided he wanted to become a doctor. Welfare Officer Blackie made sure Bertram was provided with textbooks, so he began studying from his hospital bed at East Grinstead where he was encouraged by staff to apply to medical school. He did, successfully, and went on to become a Fellow of the Royal College of Surgeons. Noticing his apt for surgery, McIndoe suggested Bertram become a plastic surgeon and invited him to train under him at East Grinstead as a senior registrar.[61] Without the resources, guidance, and support of McIndoe and other hospital staff at East Grinstead it is hard to say if Bertram would have been so successful in his chosen career path of plastic surgery. Bill Foxley briefly appeared in the 1969 film *Battle of Britain.* In the film Bill played Squadron Leader Tom Evans. In one scene at an RAF operations centre he is introduced to a young attractive Women's Auxiliary Air Force officer played by Susannah York. The WAAF officer is taken aback by his appearance but does not react negatively to his disfigured face and politely shakes his hand.[62] In addition, there is also Douglas Bader who is one of the most famous RAF pilots with several books written about him and the film *Reach for the Sky* (1956), which tells his life story. Douglas was educated at a prep boarding school and then private secondary school before he secured a cadetship at RAF Cranwell. Douglas was commissioned into the RAF in 1930 and in 1931 whilst performing aerobatics he crashed resulting in the loss of both his legs at only twenty-one years old. Even though after treatment

[60] B. Morgan, *Bertram Owen Smith Obituary*, https://livesonline.rcseng.ac.uk/client/en_GB/lives/search/detailnonmodal/ent:$002f$002fSD_ASSET$002f0$002fSD_ASSET:373808/one?qu=%22rcs%3A+E001625%22&rt=false%7C%7C%7CIDENTIFIER%7C%7C%7CResource+Identifier.
[61] P. Williams & T. Harrison, McIndoe's Army, p. 75-84.
[62] *Battle of Britain* (1969), Directed by Guy Hamilton (Harry Saltzman & S. Benjamin Fisz).

at Roehampton (Queen Mary Hospital) Douglas had learned to walk un-aided within six months of his accident, he was forced to retire from the RAF on medical grounds. At the outbreak of the Second World War, he successfully re-joined the RAF and took part in the Battle of Britain. As a successful squadron leader and fighter pilot he destroyed twenty enemy aircraft but in 1941 he collided with another aircraft and was forced to bail out over German occupied France. Douglas became a POW and after several failed escape attempts, he was finally repatriated in 1945. Douglas left the RAF in 1946 and spent the rest of his working life as the Managing Director of Shell Aircraft Ltd. After retirement he became a member of the Civil Aviation Authority, as well as a passionate campaigner and fundraiser for disability charities for those with missing limbs. After his death in 1983 the Douglas Bader Foundation was established by his family to support those born without or who have lost limbs. The Foundation also supported the building and opening of the Douglas Bader Rehabilitation Centre at both the old and new Queen Mary Hospital Sites in 1993 and 2006.[63] Tony Combes was treated at Roehampton hospital in 2003 when he had to have his leg amputated due to type one diabetes. Tony received rehabilitation treatment at the old Douglas Bader Rehabilitation Centre. Tony explained how he felt to be treated in the same place as Douglas. He said:

> Also you had in the back of your mind, you know, I'm a child of the sixties so grew up with admiring war heroes people like Douglas Bader and so there was also the, the almost the thrill of, 'well I'm going to be treated in the same place that he was treated…We all remember the film Reach for the Sky and that classic scene where Kenneth Moore is playing Douglas Bader and where he tells the prosthesis and the doctors how He is going to learn to walk by throwing away the sticks and he says, 'I'm going to walk out of this place without any of those'. So there

[63] P. Brickhill, *Reach for the Sky: The Story of Douglas Bader DSO*, (Britain: Collins, 1954)., *Reach for the Sky* (1956), Directed by Lewis Gilbert (The Rank Organisation & Angel Productions)., The Douglas Bader Foundation, https://www.douglasbaderfoundation.com/about-us/sir-douglas-bader/.

> was a certain standard to uphold. But one realises that most of us were mere mortals and we are not able to do such things.[64]

Douglas's reputation was well known amongst other amputees. It seems he set a high standard for men like Tony to achieve similar results on their rehabilitation, although Tony realised that this was not realistic for other amputees, referring to them as 'mere mortals'. This gives the impression that Douglas was superhuman in his abilities and success. However, the success of disabled members of the RAF like Douglas Badar and the members of the Guinea Pig Club cannot simply be attributed to their abilities which surpassed 'mere mortals' as Tony above puts it. Being middle-class, members of the RAF and members of clubs like the Guinea Pig Club gave them access to connections, resources and opportunities that other disabled servicemen of lower classes and other services like the Army simply did not have access to. Once again, we see the importance of relationships as well as the role that class played within them. For some men these relationships afforded privilege and for others the lack of them meant exclusion.

Conclusion

Servicemen's experiences of post-war employment highlight some of the immense pressures disabled veterans felt to succeed and the toll this could take. These accounts also highlight the gendered expectations men experienced as well as the benefit of good relationships other workers, employers and upper-class connections that could help with finding work opportunities. Disabled servicemen navigated the job market in different ways, yet it seems that both those with facial injuries and those who were amputees faced discrimination from employers. Barriers to work may have been different but men with all types of disabilities

[64] Tony Combes Interview, 28/01/09, London Metropolitan Archive (LMA), B11/114, p. 33-34. These interviews are not catalogued and have temporary reference numbers that may change in the future.

experienced judgement and a feeling of exclusion. What is equally clear is that many disabled servicemen equated success with meaningful sustained employment, regardless of their injuries. For them, anything else amounted to failure. This was perhaps due to prevalent ideals of masculinity and the focus of rehabilitation being only complete once the individual was employed and financially self-sufficient.[65] It is unsurprising then that the disabled and disfigured servicemen who struggled to be a husband and father whilst also maintaining a successful career have left behind less evidence of their experiences. In contrast to this I highlighted some of the numerous success stories of members of the Guinea Pig Club. Throughout this chapter we have seen how McIndoe stayed involved in his patients' lives after surgery and rehabilitation and used his status as a respected, high-profile plastic surgeon to help them in their post-war careers. McIndoe actively sought out work opportunities for his patient and the Guinea Pig Club had an exclusive membership made up of 649 burned airmen largely from middle-class backgrounds. Both these factors meant that the facially disfigured servicemen who were treated by McIndoe at least, had support and access to opportunities that other groups of disabled servicemen did not. I have shown how both the type of disability and social class of the disabled serviceman played a role in influencing the post-war careers of disabled servicemen. Ultimately the social class of a servicemen was as important if not more so than his disability in determining his success in post-war life, those who came from middle and upper classes had advantages in terms of education and connections that others did not.

[65] J. Anderson, '"Turned into taxpayers'': Paraplegia, rehabilitation and sport at Stoke Mandeville, 1944-56', *Journal of Contemporary History*, 38.3 (2003): 461-475.

Conclusion

During the Second World War, 277,077 servicemen from the British Armed Forces were injured.[1] Many of these men needed significant surgeries and rehabilitation and faced a life permanently altered by disability. In this thesis I have followed the experiences of some of the servicemen who suffered facial disfigurement and amputations, from the site of injury to rehabilitation, to finding work after hospitalisation and war service. By adopting a person-centred approach this work has shown that gender, masculinity, and sexuality were central themes in disabled servicemen's personal accounts. Perhaps more importantly, the relationships that these men formed were pivotal in their experiences. What does all of this add to our understandings of the Second World War? Relationships were key focal points in every stage of the serviceman's recovery. By studying these relationships, we saw how they were key to understanding disabled servicemen's sense of self and how they handled the feelings and expectations of others.

As has been shown by social historians of the Second World War, gender was indeed central to men's experiences and to their identities as disabled veterans. There were clear gendered expectations driving not only how disabled servicemen were treated and valued, but how they felt about themselves.[2] This thesis has extended this knowledge by looking at the experiences of men previously left out of this scholarship, namely the facially disfigured. Furthermore, this research nuances these ideas by comparing the experiences of men who

[1] Strength and Casualties of the Armed Forces and Auxiliary Services of the United Kingdom 1939–1945 (1946, Cmd. 6832), p. 7.

[2] J. Bourke, *Fear: A Cultural History*, (London: Virago Press 2006), p. 205-206, 216-217., E. Scarry, *The Body in Pain: The Making and Unmaking of the World*, (Oxford: Oxford University Press, 1985)., J. Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'*, (Manchester: Manchester University Press, 2011)., J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War*, (London: Reaktion Books, 1996).

suffered facial wounds and burns with those who suffered amputations. Not all injuries were feared equally amongst servicemen, injuries to the genitals and face were dreaded more than others as both areas of the body and were important markers of masculinity. Masculinity was also key to how men retrospectively constructed their experiences of injury. In the face of pain and fear some men maintained an outward appearance of stoic manliness, others used humour, and some graphically described their terror. What connected these range of experiences and responses to injury was the will to survive and overcome difficult odds. In this sense, servicemen created stories of masculine self-endurance to describe experiences where they were arguably at their most vulnerable. In the safe environment of the hospital, men contemplated their future and displayed a range of reactions to their surgical treatment which often revolved around their sense of masculinity.

Narratives of surgery also reveal that men worked hard to construct and present a version of themselves that they felt reflected the appropriate masculine behaviours expected of them at the time. In reactions to their surgical treatment, men with different types of injuries shared similar anxieties over their ability to fulfil domestic masculine ideals such as getting married, having children, and becoming economically independent. These goals continued to be a significant factor in how men framed their experiences of rehabilitation. Patients who were amputees on Ward C at Roehampton Hospital and facially disfigured members of the Guinea Pig Club continued to present a version of themselves during rehabilitation that preserved a masculine sense of identity. Men did not often discuss struggling with the idea that they were disabled, instead they presented narratives of stoic determination and positive engagement with rehabilitation methods. Those who did describe their struggle, compared themselves to more seriously injured comrades and explained how they inspired them to come to terms with their own disabilities. The men of Ward C, Rooksdown House and the Guinea Pig Club used humour

and ridiculed self-pity. These strategies based on bravado reinforced a vision of manliness to the outside world, while also facilitating mutual support during more difficult moments of rehabilitation.

Contemporary gendered expectations also shaped reactions of the public to disabled servicemen. Some men were treated like charity cases. The facially disfigured suffered the public's numerous different reactions to their appearance from shock to fear and pity. Servicemen's experiences of rehabilitation demonstrated that men with different disabilities felt less judged when surrounded by men like themselves in hospital, away from the public's pre-conceived ideas about their physical abilities or mental capacity. Rehabilitation was also influenced by the ideals of hegemonic masculinity which impacted how men experienced and reacted to it. For example, the traditional methods of physical rehabilitation like physiotherapy and occupational therapy focussed on enabling men to become physically and economically independent so they could care for themselves and provide for their dependents. During rehabilitation, men bonded through breaking the rules and pursuing traditionally masculine activities. I argue that servicemen never saw their disability as limiting their abilities to participate in social life. Like their able-bodied counterparts, they went out to cinemas and enjoyed going to the pub. They simply adapted the ways in which they did this.

Throughout this thesis men's gendered identities have emerged as incredibly complex. Masculinity was not the same for all and changed according to class and family background. For historians of gender, war, and disability this work offers several valuable insights. Masculinity was key to how men framed their experiences throughout every stage of their journey from injury to post-war life. Men's conceptions of masculinity were complex and different for each induvial, influenced by class, social background and family set-up, as well

as the types of injuries suffered. Servicemen in the RAF were typically from middle and upper-class backgrounds and those who were treated by McIndoe benefited from a more liberal type of rehabilitation at East Grinstead, where rules were relaxed. Men were not separated by rank and could wear their service uniform. McIndoe used his high-profile and connections to create employment opportunities for his patients and helped them foster successful careers after rehabilitation. With the support of McIndoe and their more privileged educated backgrounds, servicemen with burn injuries in the RAF were expected to have a successful post-war career even after injury. Indeed, many of them did, like Geoffrey Page who started his own business as an aviation consultant or Bertram Owen Smith who became a doctor. These expectations, influenced by class and gender, saw some servicemen put immense pressure on themselves to sustain successful post-war careers. However, the extent to which men internalised these gendered attitudes and expectations varied. Some tried very hard to fit in and others challenged assumptions. For example, Frederick Cottam was working-class with no qualifications and knew he would need to get an education to achieve his goal of becoming an engineer. Frederick saw each job he had, no matter how small or seemingly unmasculine as a step towards achieving his goal rather than a failure to fulfil the masculine ideals of breadwinner.[3] On the other hand, men like William Simpson put such pressure on themselves to fulfil the ideals of domestic masculinity in post-war life that it had a negative impact on his relationship with his wife.[4] So men's experiences post-war work and life were driven by gender and class.

The most dominant theme and original finding that runs throughout this thesis is how men's experiences were shaped by the interactions and relationships they had with others, be they comrades, caregivers, romantic partners, employers, or family. Positive support systems

[3] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 159, 160-161, 163. 176-178, 181-182,
[4] W. Simpson, *I Burned My Fingers*, (London: Putnam, 1955), p. 268.

in the shape of friends, romantic partners and family made a significant difference to men's experiences. Indeed, we see the importance of these relationships in several different contexts such as dependency in hospital and at home, sex and intimacy and shame and embarrassment when faced with public reactions. Men's interactions with other people were crucial to how they experienced treatment and recovery. From the surgeon to the nursing orderly, from strangers on trains to women in pubs, disabled servicemen had to navigate the feelings and expectations of others, which became crucial to their own sense of self.

By examining relationships in male care between orderlies and wounded patients, we were able to see alternative forms of masculinity emerge such as a more vulnerable masculinity. Exploring these relationships in male care showed how men were able to express camaraderie and more affectionate feelings through a more vulnerable type of masculinity during rehabilitation. I argue that providing care enabled male caregivers to express their military masculinity in a totally different way, by using physical strength to care for each other they demonstrated masculine qualities while performing traditionally female tasks. Indeed, men used emotive language to describe these relationships such as love and brotherly bonding. Such relationships between men had a real positive impact on their experiences of rehabilitation. Men continued to benefit from these bonds of friendship long after rehabilitation. Those involved in hospital clubs like the Rooksdown Club or the Guinea Pig Club or charities like British Limbless Ex-Servicemen's Association (BLESMA) continued to access these relationships at annual reunions or charity events. For many, these events provided an environment that was redolent of their time in war service and rehabilitation. All men who belonged to a club and attended reunion events, whether they were facially disfigured or amputees, described a sense of belonging. Friendships emotionally sustained men and enabled them to access support and a feeling community for years after rehabilitation.

Contrary to popular belief, disability did not automatically reduce men's desires or make them asexual. Instead, intimacy was an important part of men's experiences. This can be seen in the different types of relationships they had with women. From rejection to casual and long-term romantic relationships, these interactions played an important role in recovery and helping men to regain a sense of masculinity. Indeed, women were extremely important to masculine self-identities among injured servicemen. During rehabilitation men engaged in casual romantic relationships with women and nurses. These relationships gave men confidence and hope that they would be able to have relationships in the future that would lead to marriage and children and enable them to achieve the domestic masculine ideals expected of them. Casual romantic encounters with nurses were also a way for men to display resistance in hospitals where such relationships were against the rules. In the liberal, hyper-masculine environment of East Grinstead these relationships had complex and multiple meanings for the women who engaged in them. For nurses who positively engaged in such relationships, there were tones of duty and patriotism in their accounts. Women also played a vital role as physical and emotional carers which altered the gender dynamics of relationships. Some men adapted well to these changed circumstances and focussed on praising the bravery of their wives. Others openly discussed the frustration they felt and their struggles to adapt. Women's roles as emotional and physical carers for their husbands became more challenging as war veterans aged and their disabilities worsened. Constant Care Allowances illustrated how some women had to feed, bathe and toilet their husbands daily. By exploring disabled servicemen's long-term relationships with women, I argue that they negotiated rather than 'overcame' their disabilities with the support of their wives and not alone. Relationships even played an important role in the workplace especially for working-class men who were not afforded the privileges of middle and upper-class men. For example, Frederick Cottom's factory workmates

generously donated to have his hand propelled tricycle motorised which considerably improved his quality of life.[5] Personal interactions and relationships in a variety of contexts really did shape servicemen's experience and memory of wartime disability which is a significant contribution to the knowledge on masculinity, disability, and war.

This thesis has been somewhat limited in its focus predominantly on the experiences of men who suffered disfiguring burns, wounds, or amputations during the Second World War. As Jessica Meyer notes in her work on the First World War, it is equally important, yet extremely difficult to find the voices of women who experienced the impact of war disabilities on relationships and families.[6] I have contributed to this area of research by examining the some of the narratives of women who knew, loved, and cared for disabled servicemen, as nurses as partners or wives in a short and long-term capacity. However, more research is needed in this area. A more detailed comparative study that directly compared the experiences of men and women in these intimate and caring relationships, examining what they meant to each gender was out with the scope of this thesis. Analysing the impact of service and disability on veterans and their families is still a fairly new area of scholarship.[7] This approach could equally be applied to the study of those men who served in the Second World War and focus on their relationships with their children and whether or not these were impacted by their disability.

Gendered expectations influenced how men were treated and valued, as well as how they felt about themselves at each stage of recovery. Men often grappled with gendered ideals

[5] F. T. Cottam, Private Papers, IWM, Documents.18942, p. 169-172.
[6] J. Meyer, "Not Septimus Now' : wives of disabled veterans and cultural memory of the First World War in Britain', *Women's History Review* 13:1 (2004), p. 128.
[7] J. Jackson et al., 'Working with Trauma Related Mental Health Problems Among Combat Veterans of the Afghanistan and Iraq Conflicts,' in I. Marini & M. A. Stebnicki, *The Psychological and Social Impacts of Illness and Disability*, (New York: Springer Publishing Company, 2012)., T. Imajoh, 'Disabled veterans and their families: daily life in Japan during WWII', *International Journal of Asian Studies,* (2021): 1-17.

and engaged with them to varying extents throughout each stage of their recovery. Class was an active influence in men's experiences of rehabilitation, it determined the type of treatment they received and the hospital rules they had to abide by. Class also meant that men from privileged backgrounds had access to more opportunities and therefore more positive experiences of finding work and maintaining a successful post-war career. My thesis has also presented an original analysis of women's experiences as partners and carers for disabled servicemen and in doing so has shed light on a new female perspective to servicemen's experiences of disability. I do not claim that my thesis is an exhaustive representation of women's experiences in this context, but I do argue that I have contributed a new narrative that is largely missing from studies of war and disability in the First and Second World War.[8] Finally, the most original finding this thesis has presented is the significance of relationships in men's experiences of injury and disability. Relationships were central to men's identities and appeared to be a locus for how men felt about themselves. Indeed, I have demonstrated the importance of men's personal interactions and relationships in a variety of contexts such as friendship with comrades, sex and intimacy, shame, and embarrassment from public reactions to them and the opportunities afforded to them in the workplace. I have demonstrated the importance of using relationships as a prism through which to look at lived experiences and propose relationship studies as a new approach through which to study the history of war, medicine, and disability. Relationships were an important part of servicemen's accounts that shaped their experiences in every part of their journey from injury to treatment and rehabilitation in hospital and finally reintegration into civilian life as a working man.

[8] A. Carden-Coyne, 'Gendering the Politics of War Wounds since 1914' in A. Carden-Coyne (ed.), *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives,* (UK: Palgrave Macmillan, 2012), p. 90., K. Macdonald, 'The Women's Body as Compensation for the Disabled First World War Soldier', *Journal of Literary & Cultural Disability Studies,* 10:1 (2016), p. 53, 60., J. Meyer, "Not Septimus Now': wives of disabled veterans and cultural memory of the First World War in Britain', p. 126.

Bibliography

Primary sources

Oral history interviews by Jasmine Wood

Interview with Harry Bayne by Jasmine Wood, 13/01/18.

Interview with Doreen Stansfield by Jasmine Wood, 17/03/18.

Interview with Bob Marchant by Jasmine Wood, 10/05/18.

Interview with Jim Marshall Conducted by Jasmine Wood 28/07/18.

Interview with Frank Coyle by Jasmine Wood, 03/04/19.

Newspaper Interviews

Garfield, R., 'Gillies- The Genius of Rooksdown', *Basingstoke Gazette* (14th July, 2009), http://www.basingstokegazette.co.uk/memories/4491429.gillies_____the_genius_of_rooksdown/. (Accessed March 2017).

Marland, L., 'The Guinea Pig Club: Special Operations', Interview with Dennis Neale (2006), *http://www.theguardian.com/weekend/page/0,,1945108,00.html*. (Accessed January 2017).

Archival Sources

Imperial War Museum (IWM)

Private Papers

Lieutenant E. A. Brown MC, Private Papers, IWM, Documents.19538

F. T. Cottam, Private Papers, IWM, Documents.18942.

A. D. Carpenter, Private Papers, IWM, Documents.12266.

L. Thorogood, Private Papers, IWM, Documents.23141.

R. Gasson, Private Papers, IWM, Documents.15173.

Lieutenant F. Howell, Private Papers, IWM, Documents.18965.

L. C. Beck, Private Papers, IWM, Documents. 19013.

T. Graham, Private Papers, IWM, Documents.25844.

Major T. C. Howes MC, Private Papers, IWM, Documents.13169.

Nurses autograph album WWI, Private Papers, IWM, Documents.12464.

Nurses autograph album WWI , Private Papers, IWM, Documents.13080.

Documents

N. Pain, 'Brave Encounter', *Telegraph Magazine,* 29th December 1990, IWM, Catalogue No.LBY K. 91 / 205.

Photographs

Mr T. G. Phillips operates a lathe at a factory somewhere in Britain. He is producing artificial limbs and uses his own artificial arm to work the lathe (1944). Photograph taken by Ministry of Information Photo Division, IWM, Catalogue No.D17829.

Patients at Roehampton Hospital who have lost limbs sit on benches and practice with a medicine ball in the gymnasium, (1944). Photograph taken by Ministry of Information Photo Division, IWM, Catalogue No.D18145.

Imperial War Museum Sound Archive (IWM SA)

IWM SA, 10084, Thomas Gleave, reel 2.

IWM SA, 10759, Ian Anderson, reel 3.

IWM SA, 23848, Neville Wildgust, reel 20, 21.

IWM SA, 15241, Igraine Mary Hamilton, reel 1.

IWM SA, 10296, George Herman Bennions, reel 4, 5.

IWM SA, 560, John Percy Faulkner, reel 4.

IWM SA, 16279, Hugh Edmond Parratt, reel 4, 5.

IWM SA, 16729, William Marshall Ridley, reel 20, 22.

IWM SA, 23146, Douglas William Old, reel 5, 6

IWM SA, 14975, William Turnbull Rochester, reel 21, 22.

IWM SA, 30261, Helen McAlpine, reel 2.

Glasgow University Archive (GUA), Erskine Collection

The Inter Allied Exhibition on the After-Care of Disabled Men exhibition catalogue, 'Erskine Provisional Limbs: Some of their Forms and Uses', (1918), GUA, GB 248 UGC 225/8/7.

Fitting provisional limb at Erskine Hospital, The Manufacture of Artificial Limbs for the Princess Louise Scottish Hospital for Limbless Sailors and Soldiers (1918), GUA, GB 248 UGC 225/8/6.

Papers relating to the history of Erskine House (1950-95), GUA, GB 248 UGC 225/8/9.

Album of press cuttings of Erskine adverts focusing on veteran experience case studies (1940-1950), GUA, GB 248 UGC 225/8/12. All the names are false, clippings state, 'The name is fictitious but the facts are true.'

Unknown book, Papers relating to the history of Erskine House (1950-95), GUA, GB 248 UGC 225/8/9.

Papers relating to the history of Erskine House (1950-95), GUA, GB 248 UGC 225/8/9.

British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS)

H. Gillies, 'Psyche and Surgery', *The Sunday Times*, Decemeber 8th 1957, British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS), BAPRAS/G/7.

Rooksdown Club Magazine, (Number 2 December, 1947) BAPRAS.

Rooksdown Club Magazine, (Number 5 December, 1950), BAPRAS

Rooksdown Club Magazine, (Number 9 December, 1954) BAPRAS.

A. J. Evans, G. F. Bowen, Matron, E. M. Brown, Ward Sister, *Rooksdown House, Basingstoke, Hants: A Regional Centre for Plastic and Jaw Surgery*, (Reprinted from the *Nursing Times* the official journal of the Royal College of Surgeons: 1954), BAPRAS.

The National Archives, Kew (TNA)

G. H. Morley, *Plastic Surgery Within the Royal Air Force: A Survey of the Organisation of a Plastic Survey Centre Combined with a Burn Treatment Centre*, (Air Ministry: London, 1948), The National Archives (TNA), AIR 20/10269.

The Guinea Pig (1947) Christmas Edition, TNA, AIR 20/10269.

Second World War Pension Award Files E. Chestney, The National Archives (TNA), PIN 91/5.

Second World War Pension Award Files D. Robinson, The National Archives (TNA), PIN 80/26.

Second World War Pension Award Files D. Wanstall, The National Archives (TNA), PIN 91/167.

The London Metropolitan Archive (LMA)

Ernest Darch Interview, 18/05/09, (LMA), B11/114.

Sam Gallop Interview, 01/02/10, (LMA), B11/114.

Michael Elsoffer Interview, 08/12/09, (LMA), B11/114.

Tony Combes Interview, 28/01/09, London Metropolitan Archive (LMA), B11/114.

East Grinstead Museum Archive

The Guinea Pig, (Magazine issues 1945-1951) uncatalogued at East Grinsted Museum Archive.

East Grinstead Museum Online Archive

'The Sty' (1948) by Sergeant Henry Standen, https://www.eastgrinsteadmuseum.org.uk/patients/henry-standen/. (Accessed July 2017).

For Guinea Pig Club Members injury detail see 'Guinea Pig Archive' at https://www.eastgrinsteadmuseum.org.uk/guinea-pig-club/guinea-pig-patient-archive/.

Patients, Patrick Wells, https://eastgrinsteadmuseum.org.uk/patients/patrick-wells/.

Royal College of Nursing Archive, Edinburgh (RCNA)

Interview with Barbara Greenwood, RCNA, T/405.

Interview with Eileen Willis, RCNA, T/147.

Films

Diary of a Sergeant (1945), Official film, War Department, Produced by the Army Pictorial Service, Signal Corps, https://www.youtube.com/watch?v=xp1E5smfSDI.

Meet McGonegal (1944), Official Film War Department, Army Service Forces Signal Corps Production, https://www.youtube.com/watch?v=6RbDFEQPAZw.

New Faces Come Back (1946), (Produced by The Royal Canadian Air Force (RCAF) Overseas Film Unit in conjunction with the National Film Board of Canada), https://www.youtube.com/watch?v=m-Hrrp0ktlY.

The Enchanted Cottage (1945), Directed by John Cromwell (RKO Radio Pictures).

The Best Years of Our Lives (1946), Directed by William Wyler (Samuel Goldwyn Company).

Reach for the Sky (1956), Directed by Lewis Gilbert (The Rank Organisation & Angel Productions).

Battle of Britain (1969), Directed by Guy Hamilton (Harry Saltzman & S. Benjamin Fisz).

Digital Screen Archive South East, University of Brighton

Guinea Pig Club Reunions (1960-1962, 1969-1974, 1976-1978), Digital Screen Archive South East, University of Brighton, https://screenarchive.brighton.ac.uk/search/guinea%20pig%20club%20reunions/.

UK Parliamentary Papers

Strength and Casualties of the Armed Forces and Auxiliary Services of the United Kingdom 1939–1945 (1946, Cmd. 6832).

Ministry of Pensions. Royal warrant concerning retired pay, pensions and other grants for members of the military forces and of the nursing and auxiliary services thereof disabled, and for the widows, children, parents and other dependents of such members deceased, in consequence of service during the present war, 1943-44 (Cmd. 6489)., https://parlipapers.proquest.com/parlipapers/result/pqpdocumentview?accountid=14116&groupid=96999&pgId=2874c407-8489-4c96-814f-b4a9785d6a1f&rsId=176F15025FF.

UK Legislation

The Disabled Persons (Employment) Act (1944), https://www.legislation.gov.uk/ukpga/Geo6/7-8/10/enacted.

Guidance: War Pension Scheme: Allowance for Lowered Standard of Occupation, https://www.gov.uk/guidance/war-pension-scheme-allowance-for-lowered-standard-of-occupation.

BBC WW2 People's War Archive

Presentation by Margaret Chadd MBE to Norfolk and General Hospital 1987. http://www.bbc.co.uk/history/ww2peopleswar/stories/24/a2424124.shtml.

Stretcher-bearers Extracts, 'Bomb-Happy', (1944), https://www.bbc.co.uk/history/ww2peopleswar/stories/42/a8936742.shtml.

BBC Four Player

The Guinea Pig Club (2010), https://www.bbc.co.uk/programmes/b0074q2f.

Bodleian Libraries

‘A copy of verses on the unemployed and the great distress in England’ (1922), Broadside Ballads Online, Bodleian Libraries, B 13(276), http://ballads.bodleian.ox.ac.uk/search/?query=B+13%28276%29.

Contemporary Published Sources (Alphabetise)

Bamji, A., ‘Sir Harold Gillies: Surgical Pioneer’, *Trauma,* 8:3 (2006): 143-156.

McIndoe, A. H., ‘Total Reconstruction of the Burned Face: The Bradshaw Lecture 1958’, *British Journal of Plastic Surgery*, 36:4 (1983): 410-420.

Rexfor-Welch, S. C., *The Royal Air Force Medical Services: Administration, Volume 1*, (Great Britain: H.M. Stationery Office, 1954).

Trumbo, D., *Johnny Got His Gun*, (London: Penguin Books, 2009), First Published 1939.

Gillies, H., & Millard, R. D., *The Principles and Art of Plastic Surgery*, (Boston: Little Brown, 1957).

Andrew, D. R., ‘The Guinea Pig Club’, *Aviation, Space, and Environmental Medicine*, 65:5 (1994): 428-431.

Bishop, E., *The Guinea Pig Club*, (London: MacMillan and Company Limited, 1963).

Duke-Elder, P. M., & Wittkower, E., ‘Psychological Reactions in Soldiers to Loss of Vision of One Eye’, *British Medical Journal,* 1:4439 (1946): 155-158.

Houlding, R. N., Flight Lieutenant, ‘Rehabilitation of Injured Air Crews’, *British Medical Journal*, 2:4212 (1941): 429-433.

Hopson, J. A., ‘R.A.F. Medicine The First 50 Years’, *British Medical Journal*, 1:4238 (1942): 48-50.

Large, S. D., ‘Rehabilitation’, *Journal of the Royal Army Medical Corps*, 80:4 (1943): 115-123.

McIndoe, A. H., ‘Rehabilitation in a Maxillo Facial and Plastic Centre’, *Post-Graduate Medical Journal*, 19:161 (1943): 161-167.

Millard Jr, D. R., ‘Plastic Peregrinations’, *Plastic and Reconstructive Surgery*, 5:1 (1950): 26-53.

Page, G., *Tale of a Guinea Pig: The Exploits of a World II Fighter Pilot*, (Canterbury: Wingham Press, 1991).

Regular Correspondent, 'Foreign Letters: London', *Journal of the American Medical Association*, 124:3 (1943): 183-184.

Griffith, C. R., 'The Psychological Adjustments of Returned Servicemen and Their Families', *Marriage and Family Living* 6:4 (1944): 65-87.

Mowrer, E. R., & Mowrer, H. R., 'The Disabled Veteran in the Family', *The Annals of the American Academy of Political and Social Science* 239:1 (1945): 150-159.

Simpson, W., *I Burned My Fingers*, (London: Putnam, 1955).

Brickhill, P., *Reach for the Sky: The Story of Douglas Bader DSO*, (Britain: Collins, 1954).

Williams, P., & Harrison, T., McIndoe's Army (London: Pelham books Ltd., 1979).

Page, G., *Shot Down in Flames: A World War Two Fighter Pilot's Remarkable Tale of Survival*, (London: Grub Street, 1999).

R. Hillary, *The Last Enemy*, (London: Macmillan, 1950).

Unpublished memoirs

A. Williams, *My Memories of World War II*, memoir provided by interviewee Ron Jamieson close friend to Andrew Williams.

J. Stansfield, *Memoirs of a Reluctant Soldier*, memoir provided by Jois Stansfield daughter of John Stansfield.

Internet Sources

L. Marland, *The Guinea Pig Club: Special Operations*, Interviews and Photographs (2006), https://www.theguardian.com/weekend/page/0,,1945108,00.html.

B. Morgan, *Bertram Owen Smith Obituary*, https://livesonline.rcseng.ac.uk/client/en_GB/lives/search/detailnonmodal/ent:$002f$002fSD_ASSET$002f0$002fSD_ASSET:373808/one?qu=%22rcs%3A+E001625%22&rt=false%7C%7C%7CIDENTIFIER%7C%7C%7CResource+Identifier

'Queen Mary Hospital' History, https://www.stgeorges.nhs.uk/about/history/qmh/.

The Women of the Second World War, (2015), https://www.gov.uk/government/news/the-women-of-the-second-world-war.

A. Mason, *12 Things You Didn't Know About Women in the First World War,* (2018), https://www.iwm.org.uk/history/12-things-you-didnt-know-about-women-in-the-first-world-

war.

Secondary Sources

Abrams, L., *Oral History Theory*, (London: Routledge, 2010).

Allison, M., & Rocheron, Y., (eds.), *The Resilient Female Body: Health and Malaise in Twentieth Century France*, (Bern: Peter Lang, 2007).

Anderson, J., '"Turned into taxpayers'': Paraplegia, rehabilitation and sport at Stoke Mandeville, 1944-56', *Journal of Contemporary History*, 38:3 (2003): 461-475.

Anderson, J., *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'*, (Manchester: Manchester University Press, 2011).

Anderson, J., "Jumpy Stump': Amputation and trauma in the First World War', *First World War Studies*, 6:1 (2015): 9-19.

Andrew, D. R., 'The Guinea Pig Club', *Aviation, Space, and Environmental Medicine*, 65:5 (1994): 428-433.

Ashwood, N., & Philpott, M., 'The life and career of a great surgeon: Sir Archibald McIndoe CBE, MD, MSc, FRCS, FRCSI (Hon), FACS (Hon) 1900-1960', *Trauma*, 13:3 (2011): 251-256.

Bacopoulos-Viau, A., & Fauvel, A., 'The Patient's Turn Roy Porter and Psychiatry's Tales, Thirty Years on', *Medical history*, 60:1 (2016): 1-18.

Basinger, J., *The World War II combat film: Anatomy of a genre*, (Connecticut: Wesleyan University Press: 2003).

Batty, R., McGrath, L., & Reavey, P., 'Embodying limb absence in the negotiation of sexual intimacy', *Sexualities*, 17:5-6 (2014): 686-706.

Bendelow, G., & Williams, S., 'Pain and the mind-body dualism: a sociological approach', *Body and Society*, 1:2 (1995), p. 83-101.

Biernoff, S., 'The rhetoric of disfigurement in first World War Britain', *Social History of Medicine* 24.3 (2011): 666-685.

Biernoff, S., *Portraits of Violence: War and the Aesthetics of Disfigurement*, (Michigan: University of Michigan Press, 2017).

Biesecker, B. A., 'Remembering World War II: The rhetoric and politics of national commemoration at the turn of the 21st century', *Quarterly Journal of Speech*, 88:4 (2002): 393-409.

Bird, S. R., 'Welcome to the men's club: Homosociality and the maintenance of hegemonic masculinity', *Gender & society*, 10:2 (1996): 120-132.

Bohata, K., et al., *Disability in Industrial Britain: A Cultural and Literary History of Impairment in the Coal Industry, 1880-1948*, (United Kingdom: Manchester University Press, 2020).

Bourdieu, P., *Distinction: A Social Critique of the Judgment of Taste*, (London: Routledge, 1984)

Bourke, J., *Dismembering the Male: Men's Bodies, Britain and the Great War*, (London: Reaktion Books, 1996).

Bourke, J., *An intimate history of killing: Face-to-face killing in twentieth-century warfare*, (Great Britain: Basic Books, 1999).

Bourke, J., *Fear: A Cultural History*, (London: Virago Press 2006).

Bourke, J., 'Love and limblessness: male heterosexuality, disability, and the Great War', *Journal of War & Culture Studies*, 9:1 (2016): 3-19.

Boyle, B. M., 'Phantom pains: Disability, masculinity and the normal in Vietnam War representations', *Prose Studies* 27:1-2 (2005), 93-107.

Boyle, E., "An uglier duckling than before': Reclaiming agency and visibility amongst facially-wounded ex-servicemen in Britain after the First World War', *Alter*, 13:4 (2019): 308-322.

Bredberg, E., 'Writing disability history: Problems, perspectives and sources', *Disability & Society*, 14:2 (1999): 189-201.

Brown, K. E., & Penttinen, E., 'A 'sucking chest wound' is nature's way of telling you to slow down….': Humour and Laughter in War Time, *Critical Studies on Security*, 1:1 (2013): 124-126.

Brown, K., *Fighting Fit: Health, Medicine and War in the Twentieth Century*, (Gloucestershire: The History Press, 2008).

Brune, J. A., & Wilson, D. J., (eds.), *Disability and Passing: Blurring the Lines of Identity*, (Philadelphia: Temple University Press, 2013).

Butler, J., *Undoing Gender*, (London: Routledge, 2004).

Bynum, W. F., & Porter, R., (eds.), *Companion Encyclopaedia of the History of Medicine Vol* 2, (London: Routledge, 2000).

Byrski, L., 'Emotional Labour as War Work: Women Up Close and Personal with McIndoe's Guinea Pigs', *Women's History Review*, 21:3 (2012): 341-361.

Byrski, L., *In Love and War: Nursing Heroes*, (Australia: Fremantle Press, 2015).

Calder, J., *The Vanishing Willows: The Story of Erskine Hospital*, (Renfrewshire: Princess Louise Scottish Hospital, 1982).

Callister, S., 'Broken Gargoyles: The Photographic Representation of Severely Wounded New Zealand Soldiers', *Social History of Medicine,* 20:1 (2007): 111-130.

Campbell, N., & Stark, L., 'Making Up 'Vulnerable' People: Human Subjects and the Subjective Experience of Medical Experiment', *Social History of Medicine, 28*:4 (2015): 825-848.

Canning, K., 'Feminist history after the linguistic turn: historicising discourse and experience', *Signs: Journal of Women in Culture and Society,* 19:2 (1994): 368-404.

Carden-Coyne, A., 'Painful bodies and brutal women: remedial massage, gender relations and cultural agency in military hospitals, 1914-18', Journal of War & Culture Studies, 1:2 (2008): 139-158.

Carden-Coyne, A., *Reconstructing the Body: Classicism, Modernism, and the First World War*, (Oxford: Oxford University Press, 2009).

Carden-Coyne, A., (ed.), *Gender and Conflict Since 1914: Historical and Interdisciplinary Perspectives,* (UK: Palgrave Macmillan, 2012).

Carden-Coyne, A., *The Politics of Wounds: Military Patients and Medical Power in the First World War*, (USA: Oxford University Press, 2014).

Carpenter, B., 'Inside the Portrait of a Family: The Importance of Fatherhood', *Early Child Development and Care*, 172:2 (2002): 195-202.

Caso, F., 'Sexing the disabled veteran: the homoerotic aesthetics of militarism', *Critical Military Studies,* 3:3 (2016), 217-234.

Cecil, H., & Liddle, P., (eds.), *Facing Armageddon: The First World War Experience* (Great Britain: Leo Cooper, 1996).

Cohen, D., *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939,* (London: University of California Press, 2001).

Coleman, P. G., & Podolskij, A., 'Identity loss and recovery in the life stories of Soviet World War II veterans', *The Gerontologist*, 47:1 (2007): 52-60.

Condrau, F., 'The patient's view meets the clinical gaze', *Social History of Medicine*, 20:3 (2007): 525-540.

Connell, R. W., *The Men and the Boys,* (California: California Press, 2000).

Connell, R. W., & Messerschmidt, J. W., 'Hegemonic masculinity: Rethinking the concept', *Gender & Society*, 19:6 (2005): 829-859.

Connerton, P., 'Seven types of forgetting,' *Memory Studies* 1:1 (2008): 59-71.

Cooter, R., Harrison, M., & Sturdy, S., (eds.), *Medicine and Warfare*, (Amsterdam: Rodopi, 1999).

Cornish, P., & Saunders, N. J., (eds.), *Bodies in Conflict: Corporeality, Materiality and Transformation*, (London: Routledge, 2014).

Creighton, C., 'The rise and decline of the "male breadwinner family" in Britain', *Cambridge Journal of Economics*, 23:5 (1999): 519-541.

Crocq, M. A., & Crocq, L., 'From shell shock and war neurosis to posttraumatic stress disorder: A history of psychotraumatology', *Dialogues in Clinical Neuroscience*, 2:1 (2000): 47-55.

Daley, C., ""He would know, but I just have a feeling": Gender and Oral History", *Women's History Review*, 7:3 (1998): 343-359.

Da Silva, H., Teodoro De Matos, P., & Sardica, J. M., (eds.), *War Hecatomb: International Effects on Public Health, Demography and Mentalities in the 20th Century*, (Lisbon: Peter Lang, 2019).

Davies, R. M., 'Relationships: Archibald McIndoe, his times, society, and hospital', *Annals of the Royal College of Surgeons of England*, 59:5 (1977): 359-367.

Davis, F., 'Deviance disavowal: The management of strained interaction by the visibly handicapped', *Social problems* 9:2 (1961): 120-132.

Davis, L. J., (eds.), *The Disability Studies Reader*, (New York: Routledge, 2013).

Dawson, G., *Soldier Heroes: British Adventure and the Imagining of Masculinities*, (London: Routledge, 1994).

Deslandes, P. R., 'The Male Body, Beauty and Aesthetics in Modern British Culture', *History Compass*, 8:10 (2010): 1191-1208.

Dingwall, R., Rafferty, A. M., & Webster, C., *An Introduction to the Social History of Nursing*, (London: Routledge, 2002).

Dombrowski, N. A., (ed.), *Women and War in the Twentieth Century: Enlisted With or Without Consent*, (New York: Routledge, 2004).

Dougherty, P. J., 'Armored vehicle crew casualties', *Military Medicine*, 155:9 (1990): 417-420.

Dougherty, P. J., & DeMaio, M., 'Major General Norman T. Kirk and Amputee Care During World War II', *Clinical Orthopaedics and Related Research*, 472:10 (2014): 3107-3113.

Dubberley, W. S., 'Humor as Resistance', *International Journal of Qualitative Studies in Education*, 1:2 (1988): 109-123.

Edwards, C., & Imrie, R., ‘Disability and bodies as bearers of value’, *Sociology* 37:2 (2003): 239-256.

Ellis, J., *The Sharp End of It: The Fighting Man in World War II*, (London: Aurum Press, 2009).

English, P., et al, ‘‘Masters of your fate and the captains of your soul’: media representations of the 2018 Invictus Games’, *Sport in Society*, 24:7 (2021): 1217-1232.

Escott, B., *The WAAF: A History of the Women’s Auxiliary Air Force in the Second World War*, (USA: Bloomsbury, 2008).

Evans, S., ‘Coming in the Front Door A History of Three Canadian Physiotherapists Through Two World Wars’, *Canadian Military History*, 19:2 (2010): 55-62.

Felman. S., & Laub, D., (eds.), *Testimony: Crises of Witnessing in Literature, Psychoanalysis and History* (New York: Routledge, 1992).

Finger, A., ‘Forbidden Fruit’, *New Internationalist*, 233:9 (1992): 8-10.

Fisher, K., *Birth Control, Sex & Marriage in Britain, 1918-1960*, (Oxford: Oxford University Press, 2006).

Foucault, M., Discipline and Punish: The Birth of the Prison (London: Penguin, 1977).

Francis, M., ‘The domestication of the male? Recent research on nineteenth-and twentieth-century British masculinity’, *The Historical Journal*, 45:3 (2002): 637-652.

Francis, M., *The Flyer: British Culture and the Royal Air Force 1939-1945*, (Oxford: Oxford University Press, 2008).

French, D., *Raising Churchill's army: The British army and the war against Germany, 1919-1945*, (Oxford: Oxford University Press, 2000).

Gabriel, R. A., *Between flesh and steel: A history of military medicine from the middle ages to the war in Afghanistan*, (Washington D.C.: Potomac Books, Inc., 2013).

Gagen, W. J., ‘Remastering the Body, Renegotiating Gender: Physical Disability and Masculinity during the First World War, the case of J. B. Middlebrooke’, *European Review of History*, 14:4 (2007): 525-541.

Gehrhardt, M., *The Men with Broken Faces: 'Gueules Cassées' of the First World War*, (Bern: Peter Lang Ltd, 2015).

Gerber, D. A., (ed.), *Disabled Veterans in History*, (USA: The University of Michigan Press, 2012).

Gerschick, T. J., & Miller, A. S., ‘Coming to Terms’, in D. Sabo & D. Gordon (eds.), *Men’s Health and* Illness, (London: Sage, 1995).

Gilman, S. L., *Stand Up Straight!: A History of Posture*, (London: Reaktion Books, 2018).

Gleeson, B. J., 'Disability Studies: A historical materialist view', *Disability & Society*, 12:2 (1997): 179-202.

Goffman, E., *Stigma: Notes on the Management of Spoiled Identity*, (New Jersey: Penguin Books, 1990).

Goldstein, J. S., *War and Gender: How Gender Shapes War and Vice Versa*, (Cambridge: Cambridge university Press, 2001).

Goodwin, Y., 'Time is the Healer: McIndoe's Guinea Pigs Fifty Years On', *British Journal of Plastic Surgery*, 50:2 (1997): 88-98.

Green, B., *Girls in Khaki: A History of the ATS in the Second World War*, (Gloucestershire: The History Press, 2012).

Green, B., *Girls in Khaki: A History of the ATS in the Second World War*, (Gloucestershire: The History Press, 2012).

Grele, R., 'On using oral history collections: An introduction', *The Journal of American History* 74:2 (1987): 570-578.

Hahn, H., 'The social component of sexuality and disability: Some problems and proposals', *Sexuality and Disability*, 4:4 (1981): 220-233.

Hall, L. A., 'What shall we do with the poxy sailor?', *Journal for Maritime Research*, 6:1 (2004): 113-144.

Hall, L. A., *Sex, Gender and Social Change in Britain since 1880*, (UK: Palgrave Macmillan, 2013).

Hall, R., 'Being a Man, Being a Member: Masculinity and Community in Britain's Working Men's Clubs, 1945–1960', *Cultural and Social History*, 14:1 (2017): 73-88.

Hallam, J., *Nursing the Image: Media, Culture and Professional Identity*, (London: Routledge, 2000).

Hallett, C. E., *Veiled Warriors: Allied Nurses of the First World War*, (Oxford: Oxford University Press, 2014).

Harari, Y. N., 'Military Memoirs: A Historical Overview of the Genre from the Middle Ages to the Late Modern Era', *War in History*, 14:3 (2007): 289-309.

Hardy, A., *Health and Medicine in Britain since 1860*, (Britain: Palgrave, 2001).

Harrison, M., *Medicine and victory: British military medicine in the Second World War*, (Oxford: Oxford University Press, 2004).

Hartmann, S. M., ‘Prescriptions for Penelope: Literature on Women’s Obligations to Returning World War II Veterans’, 5:3 (1978): 223-239.

Hawkins, S., ‘First World War VAD Stories from the British Red Cross Archives: The Holmfirth Auxiliary Hospital’, *Journal of War & Culture Studies,* 11:4 (2018): 291-303.

Heath, H., &White, I., (eds.), *The Challenge of Sexuality in Health Care*, (USA: Blackwell Science Ltd, 2002).

Herrick, C. E. J., ‘Casualty Care during the First World War: The Experience of the Royal Navy’, *War in History,* 7:2 (2000): 154-179.

Hochschild, A. R., *The Managed Heart: Commercialisation of Human Feeling*, (Berkeley: University of California Press, 2012).

Hunt, P., (eds.), *Stigma: The Experience of Disability*, (London: Geoffrey Chapman Limited, 1996).

Hunt, N., & Robbins, I., ‘World War II veterans, social support, and veterans' associations’, *Aging & Mental Health,* 5:2 (2001): 175-182.

Imajoh, T., ‘Disabled veterans and their families: daily life in Japan during WWII’, *International Journal of Asian Studies*, (2021): 1-17.

Janssens, A., ‘The rise and decline of the male breadwinner family? An overview of the debate’, *International Review of Social History*, 42:S5 (1997): 1-23.

Jones, E., Palmer, I., & Wessely, S., ‘War pensions (1900–1945): changing models of psychological understanding’, *The British Journal of Psychiatry,* 180:4 (2002): 374-379.

Jones, C. L., (eds.), *Rethinking Modern Prostheses in Anglo-American Commodity Cultures, 1820-1939,* (Manchester: Manchester university Press: 2017).

Jongbloed, L., ‘Disability Policy in Canada: An Overview’, *Journal of Disability Policy Studies,* 13:4 (2003): 203-209.

Kehily, M. J., & Nayak, A., ‘'Lads and Laughter': Humour and the production of heterosexual hierarchies’, *Gender and Education,* 9:1 (1997): 69-88.

Khan, Y., ‘Sex in an imperial war zone: Transnational encounters in Second World War India’, *History Workshop Journal*, 73:1 (2012): 240-258.

King, L., ‘Hidden Fathers? The Significance of Fatherhood in Mid-Twentieth-Century Britain’, *Contemporary British History*, 26:1 (2012): 25-46.

Kitchin, R., “Out of Place’, ‘Knowing One's Place’: Space, power and the exclusion of disabled people’, *Disability & Society*, 13:3 (1998): 343-356.

Koven, S., ‘Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain’, *The American Historical Review*, 99:4(1994): 1167-1202.

Langhamer, C., ‘Love and courtship in mid-twentieth-century England’, *Historical Journal*, 50:1 (2007): 173-196.

Lanska, D. J., ‘The Influence of the Two World Wars on the Development of Rehabilitation for Spinal Cord Injuries in the United States and Great Britain’, *War Neurology*, 38 (2016): 56-67.

Lavery, B., *In Which They Served: The Royal Navy Officer experience in the second World War,* (Great Britain: Conway, 2008).

Liddiard, K., *The Intimate Lives of Disabled People,* (Oxfordshire: Routledge, 2018).

Linker, B., ‘Gender, Physiotherapy, and Medicine in Early–Twentieth-Century America’, *Journal of Women's History*, 17:3 (2005): 105-132.

Linker, B., *War's Waste: Rehabilitation in World War I America*, (Chicago: University of Chicago Press, 2011).

Longmore, P.K., & Umansky, L., (eds.), *The New Disability History: American Perspectives*, (New York: New York University Press, 2001).

Löve, L., et al., ‘The inclusion of the lived experience of disability in policymaking’, *Laws* 6:4 (2017): 33-49.

Macdonald, K., ‘The Women’s Body as Compensation for the Disabled First World War Soldier’, *Journal of Literary & Cultural Disability Studies*, 10:1 (2016): 53-70.

Macgregor, F. C., *Transformation and Identity: The Face and Plastic Surgery*, (USA: Quadrangle/The New York Times Book Company, 1974).

Mackie, M., *Wards in the Sky: The RAF's Remarkable Nursing Service*, (Great Britain: The History Press, 2014).

Mallett, R., & Runswick-Cole, K., *Approaching Disability: Critical Issues and Perspectives*, (United Kingdom: Taylor & Francis, 2014).

Marini, I., & Stebnicki, M. A., *The Psychological and Social Impacts of Illness and Disability*, (New York: Springer Publishing Company, 2012).

Mayhew, E. R., *The Reconstruction of Warriors: Archibald McIndoe, the Royal Air Force and the Guinea Pig Club,* (London: Greenhill Books, 2004).

Mayhew, E., *Wounded: From Battlefield to Blighty, 1914-1918,* (Great Britain: The Bodley Head, 2013)

Maynard, L., *Brothers in the Great War: Siblings, Masculinity and Emotions*, (Manchester: Manchester University Press, 2021).

McBryde, B., *A Nurses War,* (London: Chatto & Windus, 1979).

McCabe, M. P., Cummins, R. A., & Deeks, A. A., 'Sexuality and quality of life among people with physical disability', *Sexuality and Disability*, 18:2 (2000): 115-123.

McCallum, J. E., *Military Medicine from Ancient Times to the 21st Century*, (Santa-Barbara: ABC-Clio, 2008).

McDermott, J., ''It's Like Therapy But More Fun' Armed Forces and Veterans' Breakfast Clubs: A Study of Their Emergence as Veterans' Self-Help Communities', *Sociological Research Online*, 26:3 (2021):433-450.

McIvor, A., *Minors Lung: A History of Dust Disease in British Coal Mining*, (London: Taylor & Francis, 2007).

McIvor, A., *Working Lives: Work in Britain since 1945*, (Basingstoke: Palgrave Macmillan, 2013).

McLean, C., 'Body projects and the regulation of normative masculinity', *Body and Society*, 11:1 (2005): 37–62.

McLeave, H., *McIndoe: Plastic Surgeon*, (London: Frederick Muller, 1961).

McRuer, R., 'Disabling Sex: Notes For A Crip Theory of Sexuality', *GLQ: A Journal of Lesbian and Gay Studies*, 17:1 (2011): 107-117.

McRuer, R., *Crip Theory: Cultural Signs of Queerness and Disability*, (New York: New York University Press, (2006).

McVeigh. S., & Cooper, N (eds.), *Men After War*, (New York: Routledge, 2013).

Meyer, J., "Not Septimus Now' : wives of disabled veterans and cultural memory of the First World War in Britain', *Women's History Review* 13.1 (2004): 117-138.

Meyer, J., *Men of War: Masculinity and the First World War in Britain*, (Great Britain: Palgrave Macmillan, 2009).

Michel, S., 'Danger on the Home Front: Motherhood, Sexuality, and Disabled Veterans in American Postwar Films', *Journal of the History of Sexuality*, 3:1 (1992): 109-128.

Millar, S. R., Rooksdown House and the Rooksdown Club: A Study into the Rehabilitation of Facially Disfigured Servicemen and Civilians Following the Second World War, (Unpublished Doctoral Thesis, 2015), University of London.

Mortimer, B., in association with the Royal College of Nursing, *Sisters*, (Great Britain: Arrow Books, 2012).

Mosley, L., *Faces from the Fire: The Biography of Sir Archibald McIndoe*, (London: Weidenfeld and Nicolson, 1962).

Murakami, K., 'Commemoration reconsidered: Second World War veterans' reunion as pilgrimage', *Memory* Studies, 7:3 (2014): 339-353.

Newlands, E., *Civilians into Soldiers: War, the Body and British Army Recruits, 1939-45*, (Manchester: Manchester University Press, 2013).

Newman, S., *Embodied History: The Lives of the Poor in Early Philadelphia*, (Philadelphia: University of Pennsylvania Press, 2003)

Noakes, L., *Women in the British Army: War and the Gentle Sex 1907-1948*, (Oxon: Routledge, 2006).

Oostdijk, D., & Valenta, M., (eds.), *Tales of the Great American Victory: World War II in Politics and Poetics* (Amsterdam: VU University Press, 2006).

Ott, K., Serlin, D., & Mihm, S., (eds.), *Artificial Parts, Practical Lives: Modern Histories of Prosthetics* (New York: New York University Press, 2002).

Partridge, J., *Changing Faces: The Challenge of Facial Disfigurement*, (England: Changing Faces publications, 1994).

Pattinson, J., McIvor, A., & Robb, L., *Men in Reserve: British Civilian Masculinity in the Second World War* (Manchester University Press, 2017).

Perks, R., & Thomson, A., (eds.), *The Oral History Reader*, (Florence: Taylor & Francis, 2015).

Plester, B., ''Take it like a man!': Performing hegemonic masculinity through organizational humour', *Ephemera*, 15:3 (2015): 537-559.

Portelli, A., *The Death of Luigi Trastulli, and Other Stories* (New York: State University of New York Press, 1990).

Porter, R., 'The patient's view: Doing Medical History from Below', *Theory and Society*, 14:2 (1985): 175-198.

Prysor, G.,*Citizen Sailors: The Royal Navy in the Second World War*, (UK: penguin, 2011).

Rafferty, A. M., Robinson, J., & Elkan, R., (eds.), Nursing History and the Politics of Welfare, (London: Routledge).

Rapala, S., & Manderson, L., 'Recovering in-validated adulthood, masculinity and sexuality', *Sexuality and Disability* 23:3 (2005): 161-180.

Rapport, F., & Wainwright, P., (eds.), *The Self in Health and Illness*, (CRC Press: 2018).

Revenson, T. A., et al., *Caring in the Illness Context*, (UK: Palgrave Macmillan, 2016).

Reznick, J. S., *Healing the Nation: Soldiers and the Culture of Caregiving in Britain During the Great War*, (Manchester: Manchester University Press, 2004).

Riach, K., & Loretto, W., ‘Identity work and the unemployed worker: Age, disability and the lived experience of the older unemployed’, *Work, employment and society*, 23:1 (2009): 102-119.

Rice, C., et al, ‘Imagining Disability Futurities’, *Hypatia*, 32:2 (2017): 213-229.

Robb, L., & Pattinson, J., (eds.) *Men, Masculinities and Male Culture in the Second World War* (London: Palgrave, 2017).

Roberts, M. L., ‘The Price of Discretion: Prostitution, Venereal Disease, and the American Military in France, 1944–1946’, *The American Historical Review* 115:4 (2010): 1002-1030.

Roberts, M. L., *What soldiers do: Sex and the American GI in World War II France*, (University of Chicago Press, 2013).

Robertshaw, A., ‘'Irrepressible chirpy cockney chappies'? Humour as an aid to survival’, *Journal of European Studies*, 31:123 (2001): 277-287.

Rose, S. O., ‘ “Gender at Work”: Sex, Class and Industrial Capitalism’, *History Workshop Journal*, Oxford University Press, 21:1 (1986): 113-131.

Rose, S. O., ‘Sex, citizenship, and the nation in World War II Britain’, *The American Historical Review*, 103:4 (1998): 1147-1176.

Rose, S. O., *Which people's war?: National Identity and Citizenship in Wartime Britain 1939-1945*, (Oxford University Press: Oxford, 2003).

Sakellariou, D., ‘If not the disability, then what? Barriers to reclaiming sexuality following spinal cord injury’, *Sexuality and Disability*, 24:2 (2006): 101-111.

Scotch, R. K., & Schriner, K., ‘Disability as human variation: Implications for policy’, *The Annals of the American Academy of Political and Social Science*, 549:1 (1997): 148-159.

Scott, J., ‘Gender: A Useful Category of Historical Analysis’, *The American Historical Review*, 91:5 (1986): 1053-1075.

Serlin, D., ‘Crippling Masculinity: Queerness and disability in US military culture, 1800-1945’, *GLQ: A Journal of Lesbian and Gay Studies* 9:1 (2003): 149-179.

Shaheen, A., *Great War Prostheses in American Literature and Culture*, (Oxford: Oxford University Press, 2020).

Shakespeare, T., Gillespie-Sell, K., & Davies, D., *The Sexual Politics of Disability: Untold Desires*, (London: Cassell, 1996).

Shakespeare, T., ‘The sexual politics of disabled masculinity’, *Sexuality and disability* ,17:1 (1999): 53-64.

Shakespeare, T., ‘Disabled sexuality: Toward rights and recognition’, *Sexuality and Disability*, 18:3 (2000): 159-166.

Shastri-Hurst, N., 'Sir Harold Gillies CBE, FRCS: The Father of Modern Plastic Surgery', *Trauma,* 14:2 (2011): 179-187.

Shaw, B., (eds.), *The Ragged Edge: The Disability Experiences From the Pages of the First Fifteenth Years of the Disability Rag,* (USA: The Avocado Press, 1994)

Shilling, C., The Body and Social Theory (London: Sage, 3rd edn, 1993).

Shuttleworth, R. P., 'The search for sexual intimacy for men with cerebral palsy', *Sexuality and Disability*, 18:4 (2000): 263-282.
Smart, J. F., 'The power of models of disability', *Journal of Rehabilitation*, 75:2 (2009): 3-11.

Smith, P., *The Emotional Labour of Nursing: How Nurses Care*, (London: Macmillan, 1992). *Studies in Education*, 1:2 (1988): 109-123.

Summerfield, P., 'Conflict, Power and Gender in Women's Memories of the Second World War: A Mass-Observation Study', *Miranda Revue pluridisciplinaire du monde anglophone*, 1:2 (2010): 1-10.

Summerfield, P., & Crockett, N., ''You weren't taught that with the welding': Lessons in Sexuality in the Second World War', *Women's History Review*, 1:3 (1992).

Summerfield, P., *Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War*, (Manchester: Manchester University Press, 1998).

Surg Lt Cdr Osborne, M., & Surg Capt Smith, J. E., 'Action Stations! 100 years of trauma care on maritime and amphibious operations in the Royal Navy', *Journal of the Royal Naval Medical Service*, 101:1 (2015): 7-12.

Sweet, H., & Hawkins, S., (eds.), *Colonial Caring : A History of Colonial and Post-Colonial Nursing*, (Manchester: Manchester University Press, 2015).

Taleporos, G., & McCabe, M. P., 'The impact of sexual esteem, body esteem, and sexual satisfaction on psychological well-being in people with physical disability', *Sexuality and Disability*, 20:3 (2002): 177-183.

Tepper, M. S., 'Letting go of restrictive notions of manhood: Male sexuality, disability and chronic illness', *Sexuality and Disability*, 17:1 (1999): 37-52.

Thomas, C., Watson, N., Roulstone, A., (eds.), *Routledge Handbook of Disability Studies* (London: Routledge, 2012).

Tolhurst, D., *Pioneers in Plastic Surgery*, (New York: Springer, 2015).

Toombs., S. K., 'The lived experience of disability', *Human studies*, 18:1 (1995): 9-23.

Tosh, J., *The Pursuit of History: Aims, Methods and New Directions in the Study of Modern History* (New York: Pearson Education Limited, 2010).

Turner, B. S., *The Body and Society*, (Oxford: Blackwell, 1984).

Ursano, R. J., & Benedek, D. M., 'Prisoners of war: long-term health outcomes', *The Lancet*, 362 (2003): 22-23.

Ussishkin, D., Noakes, L., & Pattinson, J., (eds.), *British Cultural Memory and the Second World War*, (London & New York: Bloomsbury, 2014).

Van Bergen, L., *Before My Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918* (England: Ashgate Publishing, Ltd., 2009).

Van Bergen, L., 'For soldier and state: dual loyalty and World War One', *Medicine, Conflict and Survival*, 28:4 (2012): 317-334.

Verstraete, P., Salvante, M., & Anderson, J., 'Commemorating the disabled soldier: 1914–1940', *First World War Studies*, 6:1 (2015): 1-7.

Vickers, E., *Queen and Country: Same-sex Desire in the British Armed Forces, 1939–45*, (Manchester: Manchester University Press, 2015.

Wartan, S. W., Hamann, W., Wedley, J. R., & McColl, I., 'Phantom Pain and Sensation Among British Veteran Amputees', *British Journal of Anaesthesia*, 78:6 (1997): 652-659.

Weeks, J., *Sexuality and its discontents: Meanings, myths, and modern sexualities*, (London: Routledge, 2002).

Williams, A., 'Hochschild (2003)—The managed heart: The recognition of emotional labour in public service work', *Nurse Education Today*, 1:33 (2013): 5-7.

Woollacott, A., "Khaki Fever' and Its Control: Gender, Class, Age and Sexual Morality on the British Homefront in the First World War', *Journal of Contemporary History*, 29:2 (1994): 325-347.

Wright, B. A., 'Spread in adjustment to disability', *Bulletin Menninger Clinic*, 28:4 (1964): 198-208.