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Physical training for men of the Hampshire Regiment, Oakridge Farm, Bassington, Northumberland, 28 November 1940.
(Source: Imperial War Museum Photograph Archive, H5889)

Civilians into Soldiers: The British Male Military Body in the Second World War

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Abstract

This thesis examines the processes by which male civilians were turned into soldiers in Britain's conscript army of the Second World War. It contributes to the existing historiography on the British experience of the war by placing the human body at the heart of the analysis for the first time. It also expands upon the sociological literature of 'the body' by grounding these theoretical abstractions in firm empirical research. Through an analysis of official records and publications, it explores the mechanisms by which the state sought to transform the male civilian body for military purposes. However, it is also careful to engage with the personal experiences of the men who served by drawing on letters, diaries and oral testimonies to enable their voices to be heard.

This work demonstrates that the body was a key concern for the military and medical authorities during the Second World War. During the course of the war the bodies of almost three million men were inspected, classified, transformed, were sometimes experimented on and sent into combat where they were often wounded or killed, all in order to satisfy the needs of the wider body-politic. As such, the army often drew on ideas and techniques developed in inter-war medical and industrial circles to classify, control and then convert the British bodies that it was presented with. However, the body was also central to the experience of military life for soldiers themselves. Some men enjoyed growing fitter, eating more, developing new skills and gaining access to medical attention. Others resisted by refusing food and medication, by malingering and self-harming or through behaviour perceived to be dangerous. This work therefore explores the male military body of 1939-1945 not just as a site of power but also one of agency.

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List of Abbreviations

ACI	Army Council Instruction
AFHQ	Army Forces Headquarters
AMGOT	Allied Military Government of Occupied Territories
ATS	Auxiliary Territorial Service
CAB	Cabinet Office
CSM	Command Sergeant Major
FD	Records of the Medical Research Council
IWM	Imperial War Museum
L. of C.	Lines of Communication
MO	Medical Officer
M.O-A: TC	Mass Observation Archive Topic Collection
MRC	Medical Research Council
NA	National Archives
NCO	Non Commissioned Officer
RAMC	Royal Army Medical Corps
RSM	Regimental Sergeant Major
TS	Treasury Solicitor
WAAF	Women's Auxiliary Air Force

Chapter One: Introduction

In 1942, after having passed a medical examination, nineteen year old Roy Ernest Bolton arrived for basic training at Richmond Barracks in London. He was one of almost three million men who were recruited into the ranks of the British Army during the Second World War.[1] At the barracks he was issued with a uniform, given a haircut and subjected to a regime consisting of weapons instruction, physical training and drill. As he recalled:

> Didn't think it was very nice at all. It was difficult. I didn't take to it at all well because in those days anyway I was somewhat clumsy I think, in a sort of bodily way. I found the marching and keeping, even keeping step, not too difficult keeping step, but not entirely easy, and then the sudden changes in direction, the right turns, the left turns, the about turns, these I did find tricky. Occasionally I distinguished myself by marching off in the wrong direction.[2]

This thesis will examine the experience of that conscript army of the 1940s using the body as a theoretical device for doing so. The story above is useful as it draws attention to the promise of adopting such an approach. The most obvious point is that the body seems to be at the heart of the experience of that conscript army of military service. Long before he was armed and sent into conflict it seems that Roy was subjected to a regime of physical interventions by the military authorities that focused on exerting control over, and transforming, his body. His head was shaved, he was issued with new clothes to envelop his body, and he was forced to exercise it in time with other men in a dedicated space, the barrack square, selected for the purpose. He was no longer able to wear his hair as he chose, to choose clothes that he preferred, or to employ or to rest his body as he saw fit. Clearly, his body was a key concern for the military authorities in the Second World War and their ambitions for it, and the techniques that they sought to employ in order to achieve these will be examined here.

However, Roy's story also suggests additional reasons why the body is a promising

[1] NA WO277/12, 'Appendix C-Army and A.T.S., 1939-1946', p.80.
[2] Roy Ernest Bolton, Interview, May 2002, IWM 23195/2.

tool of analysis in examining the experience of Britain's conscript army in this period. It is clear from his account that whatever the designs of the military authorities it was not always the case that these were successfully realised. This resistance to the army's orders was expressed through the body; Roy would miss turns and head off in the wrong direction and was literally out of step with his fellow recruits. Moreover, this resistance to military designs was blamed on his body. Roy claimed that he was 'somewhat clumsy' in his own recollection of the period, suggesting that although he wished to comply with the army's orders his physiological make-up prevented him from doing so. Questions about how far Roy was resisting the military authorities when it was his body rather than his will that seemed to be responsible for his failure to comply, and how far the body could act as the tool of a will to resist, seem to promise much for historians seeking to explore the place of the human body in history.

While the brief extract above can be read as a story of the failure of the army, and Roy, to order his body in line with the demands of the military it also implies that this was unusual. In other words, the very fact that Roy recalled his failure, and the fact that his failure seemed to make him stand out from the others, suggests that the military was often successful in imposing its control over the bodies of the conscript army. The reasons for this success are as important as the reasons for the occasional failures, as they also promise to engage with debates about the place of the body in history. The extent to which compliance with regimes of corporeal transformation imposed by modern institutions was unthinking, and how far it was an act of human agency, would seem to be important for understanding modernity itself.

Finally, the story above is provided from the testimony of the conscripts themselves. Oral evidence is central to this thesis as it seeks to engage with the lived experiences of the conscripts and their bodies. Military records, medical documents, state papers and other sources are also important for exploring the designs of the authorities and the techniques that they used to achieve these. However, it is the voices of the men themselves that promise to reveal how far the bodies of conscripts were transformed by the demands of the army, and the reasons for this.

In exploring the experiences of the conscript army of the 1940s through their bodies the thesis will draw on a number of historiographies while promising to test and extend them. These include historical engagements with the notion of the carceral archipelago of the modern state and similar engagements with the body in modernity, accounts of the military in the twentieth-century and social histories of Britain in World War Two.

The body in modernity

The notion that the modern state has exercised power through the bodies of its people was notably highlighted by Michel Foucault in his work *Discipline and Punish*.[3] He argued that in the eighteenth and nineteenth centuries the body became both the object and target of power within institutions such as the school, factory and military barracks in order to meet the demands of modern capitalist society. The techniques or 'disciplines' deployed within these institutions, such as 'enclosure', 'partitioning' and the 'functional codification of spaces', allowed for meticulous control and surveillance over every aspect of the body. Foucault argued that these institutions produced 'docile bodies', or those 'which may be subjected, used, transformed and improved'.[4] Describing the eighteenth century French army, for example, he stated:

> The soldier has become something that can be made; out of a formless clay, an inapt body, the machine required can be constructed; posture is gradually corrected; a calculated constraint runs slowly through each part of the body, mastering it, making it pliable, ready at all times, turning silently into the automatism of habit; in short, one has 'got rid of the peasant' and given him 'the air of the soldier'.[5]

Foucault argued in *The History of Sexuality* that this control over the operations, of the human body, or 'anatomo-politics', was later accompanied by a series of interventions which focused on the 'species body'. These included propagation, births and mortality, the level of health, life expectancy and longevity. This he

[3] M. Foucault, *Discipline and Punish: The Birth of the Prison* (London: Penguin, 1977).
[4] *Ibid.,* p.136.
[5] *Ibid.,* p.135.

referred to as 'a biopolitics of the population'. These were the two poles around which power over life was deployed, a phenomenon he termed 'biopower'.[6]

However, according to Foucault, it is not necessarily through oppressive action that this power over individuals is achieved. Rather, the modern subject is produced from two techniques or 'technologies'; the 'technologies of power', as mentioned above, and the 'technologies of the self', which are individualized forms of self-discipline.[7] Mediating between these two is the 'art of government' or 'governmentality'.[8] For example, within 'neoliberal governmentality' which characterises advanced societies, and in which power is decentralised, the knowledge produced within state institutions becomes internalized by individuals, allowing them to become regulated from the 'inside'.[9]

Foucault's analyses have, however, been criticized for failing to recognise the materiality or corporeality of the human body. Chris Shilling suggests, for example, that within Foucault's work the body is something of an 'absent presence', that 'vanishes' as a biological entity. He argues that while social relations may profoundly affect the development of our bodies, they cannot simply be 'explained away' by these relations. He therefore conceptualises the body as an unfinished biological and social phenomenon, which can be transformed as a result of entry into a society. [10] Arthur Frank also states that 'bodies, of course, do not emerge out of discourses and institutions: they emerge out of other bodies, specifically women's bodies'.[11] Robert Connell likewise states that 'bodies, in their own right as bodies, do matter. They age, get sick, enjoy, engender, give birth. There is an irreducible bodily

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[6] M. Foucault, *The History of Sexuality: Volume One, The Will to Knowledge* (London: Penguin, 1978), pp.139-140.
[7] M. Foucault, 'Technologies of the Self', in L.H. Martin and H. Gutman (eds.), *Technologies of the Self: A Seminar with Michel Foucault* (Amherst, Massachusetts: University of Massachusetts Press, 1988), p.18.
[8] M. Foucault, 'Governmentality', in G. Burchell, C. Gordon and P. Miller (eds.), *The Foucault Effect: Studies in Governmentality'* (Chicago: University of Chicago Press, 1991), pp.102-103. See also, J. Coveney, 'The government and ethics of health promotion: the importance of Michel Foucault', *Health Education Research, Theory and Practice*, Vol.13, No.3 (September 1998), p.461.
[9] Foucault, 'Governmentality', pp.102-103.
[10] C. Shilling, *The Body and Social Theory*, Second Edition (London: Sage, 1993), pp.10-11.
[11] A. Frank, 'For a sociology of the body: an analytical review', in M. Featherstone, M. Hepworth and B. Turner (eds.), *The Body: Social Processes and Cultural Theory* (London: Sage, 1991), p.49.

dimension in experience and practice; the sweat cannot be excluded'.[12] In his work on masculinity he argues that a physical sense of maleness or femaleness is central to the cultural interpretation of gender; 'to be an adult male is distinctly to occupy space, to have a physical presence in the world'. He therefore asserts that while social relations are embedded in certain performances, these activities are themselves 'bodily'.[13]

Further to this, Bryan Turner provides an analysis of how the body is governed within modern society, which takes seriously its existence as a corporeal phenomenon. In his work, *Regulating Bodies*, Turner draws on Marcel Mauss's 'body techniques'; common bodily activities such as walking or talking, which have a biological basis but are also socially learned and culturally variable, to conceive of the body as a 'potentiality' which is elaborated by culture and developed by social relations.[14] In this work Turner focuses specifically on the role of medicine, which he argues has taken over the moral regulatory functions once occupied by religion. This is a process he terms 'medicalization' or 'the rational application of medical knowledge and practice to the production of effective and efficient bodies'.[15] Turner illustrates this process through his analysis of dietary regimes, arguing that the growth of consumer society with its emphasis on the athletic/beautiful body has led to a transformation of western values from an emphasis on the internal control of the body for aesthetic purposes to the manipulation of the exterior body for aesthetic purposes. This transformation represents a secularization of western values in which diet for the management of the spirit and life of the soul has been replaced for the purposes of fitness and longevity.[16]

Drawing on these ideas, this thesis examines the designs of the state, military and medical authorities for the soldier's body of 1939-1945 and the techniques that were used in order to achieve them. This includes an exploration of the formal monitoring

[12] R.W. Connell, *Masculinities* (Cambridge: Polity, 1995), p.51.
[13] *Ibid.*
[14] B. Turner, *Regulating Bodies*: *Essays in Medical Sociology* (London: Routledge, 1992), p.16. See also M. Mauss, 'Techniques of the body', *Economy and Society*, Vol.2, No.1 (February 1973), pp.70-88.
[15] Turner, *Regulating Bodies*, p.21.
[16] *Ibid.*, p.47.

and surveillance of men's bodies by doctors and military commanders and the efforts that were made to induce bodies to discipline themselves. It also considers the relationship between medicine and the state. It explores the role of medical professionals within the military world and the application of medical knowledge to the body of the soldier. As such, it provides important insights into how the military body was constructed within the relations of power.

Embodiment, agency and resistance

While both Foucault and Turner have provided in-depth analyses of how the body is ordered and controlled within modern society, their interpretations fail to take into account 'the body's own experience of its embodiment'.[17] Calling for a 'carnal sociology of the body' Nick Crossley states that we should not just be concerned with 'what is done to the body', but 'what the body does'.[18] He suggests that one does not have to choose between the body as 'lived', or active, and the body as 'inscribed', or acted upon. Rather these are mutually informing, 'two sides of the same coin'.[19] Phenomenological approaches to the study of the body have largely been based on the notion that one's own body is central to human experience. Shilling notes:

> We have bodies and we act with our bodies. Our daily experiences of living - be they derived from learning in schools, travelling to a place of employment, working in an office, buying and preparing food for a meal, or making love with a partner - are inextricably bound up with experiencing and managing our own and other people's bodies. The birth and death of bodies represent start and end points in human existence, and from the cradle to the crematorium individuals depend upon the multiple caring and interdependent relationships that exist between bodies.[20]

The notion that the body is the mediator between the individual, self-identity and

[17] Shilling, *The Body and Social Theory*, p.204.
[18] N. Crossley, 'Merleau-Ponty, the elusive body and carnal sociology', *Body and Society*, Vol.1 No.1(1995), p.43.
[19] N. Crossley, 'Body-subject/body-power: agency and inscription and control in Foucault and Merleau-Ponty', *Body and Society*, Vol. 2, No.2 (1996), p.99.
[20] Shilling, *The Body and Social Theory*, p.22.

social identity was, for example, highlighted in Erving Goffman's work.[21] He conceptualised the body as a material resource, owned by individuals, who control and monitor their bodies in ways that facilitate social interaction. However, he argued, the meanings attached to the body are socially constructed, determined by 'shared vocabularies of body idiom'; conventionalised forms of non-verbal communication, including 'dress, bearing, movements and position, sound level, physical gestures such as waving or saluting, facial decorations, and broad emotional expressions', which are outside the immediate control of individuals.[22] Intervening successfully in daily life therefore requires a high degree of competency in observing the corporeal rules that govern particular encounters. This is central not only to social-identity, but also self-identity, as the 'shared vocabularies of body idiom' are internalised by individuals for the purposes of self-classification.[23] However, we cannot always control the rhythms and movements of the body. When an individual fails to act as expected this is often communicated as embarrassment, the physical manifestations of which include shaking, blushing and stammering.[24] Deviations such as these signify a gap in 'virtual social identity', referring to how a person sees themselves and their own identity, and 'actual social identity' or how others see them. Bodies that fail to adhere to the rules can thus become 'stigmatized' and assigned a marginalised position within society. This is a label that again becomes internalised, leading to a 'spoiled' self-identity'.[25]

Pierre Bourdieu also highlighted the centrality of the human body to the formation of class identities. He argued that humans acquire certain ways of looking at things according to their position in social space. These systems of dispositions he refers to as 'habitus'.[26] The most natural features of the body - its height, weight and volume - are visible forms revealing the dispositions of the habitus:

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[21] E. Goffman, *Behaviour in Public Places: Notes on the Social Organization of Gatherings* (New York: Free Press, 1963), p.35.
[22] *Ibid*., p.33.
[23] *Ibid*., p.35.
[24] A. Howson, *The Body in Society: An Introduction*, (Cambridge: Polity, 2004), p.23.
[25] E. Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Englewood Cliffs, New Jersey: Prentice-Hall,1963), pp.12-13.
[26] P. Bourdieu, *Distinction: A Social Critique of the Judgment of Taste* (London: Routledge, 1984), pp.2-6.

> The social representation of his own body which every agent has to reckon with, from the very beginning, in order to build up his subjective image of his body and his bodily hexis, is thus obtained by applying a social system of classification based on the same principle as the social products to which it is applied. Thus, bodies would have every likelihood of receiving a value strictly corresponding to the positions of their owners.[27]

Indeed, Bourdieu argued that class dispositions are expressed in all bodily practices, including diet, sport and medical care, which is not just due to differences in wealth. Taking for example, the game of cricket:

> It can be seen that economic barriers, however great they may be, are not sufficient to explain the class distribution of these activities. There are more hidden entry requirements, such as family tradition and early training, or the obligatory manner (of dress and behaviour), and socializing techniques, which keep these sports closed to the working class.[28]

While taking seriously the body as a ground of human experience, the analyses of both Goffman and Bourdieu continue to locate its significance within a classificatory system that exists somehow independently from it. While people actively use and monitor their own bodies in order to achieve a particular sense of identity, their behaviours are nevertheless governed by a set of dispositions that are imposed from outside. In their accounts the body can never be more than the outcome of social relations. However, the idea that embodied behaviour actually shapes social relations has become prominent within sociological thought. Drew Leder, for example, states that 'the lived body is not just one thing in the world but a way in which the world comes to be'. The lived body, he argues, is an 'intending entity'. We cannot make sense of the meaning and form of objects without reference to the bodily powers through which we engage them. It is, therefore, through this 'bodily intentionality' that we constitute and respond to our world.[29]

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[27] *Ibid.* p.193.
[28] *Ibid*. pp.217-218.
[29] D. Leder (ed.) *The Body in Medical Thought and Practice* (London: Kluwer Academic, 1992), p.25.

Maurice Merleau-Ponty developed the term 'body-subject' to describe the body's actively 'engaged' role within the social world.[30] Like Goffman and Bourdieu, he recognised human behaviour as having a social and historical base that was grounded in 'habit', acquired skills and techniques, again drawn from social stock or 'habitus'. However, he argued that embodied action is intelligent and purposeful, taking up these habitual schemas and deploying as and when is appropriate. Through our embodied behaviours we thus take up a position in, and sustain, the social world.[31] As he commented:

> The body is our general medium for having a world. Sometimes it is restricted to the actions necessary for the conservation of life, and accordingly it posits around us a biological world; at other times, elaborating upon these primary actions and moving from their literal to a figurative meaning, it manifests through them a new core of significance: this is true of motor habits such as dancing. Sometimes, finally, the meaning aimed at cannot be achieved by the body's natural means; it must then build itself an instrument, and it projects thereby around itself a cultural world.[32]

From this perspective, behaviours which may appear as evidence of compliance or domination can therefore be read as signs of agency on the part of the embodied social actor, as even through its constraint, the body creates, and recreates the social world. In this approach 'disciplines not only make bodies productive in terms defined by some other, whether king or factory owner. Disciplines can also be used by bodies themselves to achieve productive ends of their own.'[33]

The body's agency is, however, perhaps most noticeable when it serves to disrupt the relations of power, when it become a site of resistance. Connell, for instance, uses the term 'body-reflexive practices' to describe how bodies, by entering into social processes, have the ability to change the very relations in which they are engulfed.[34]

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[30] M. Merleau-Ponty, *The Phenomenology of Perception*, (trans. by Colin Smith) 2nd Edition (London: Routledge, 2002), p.210.
[31] N. Crossley, 'Body-subject/body-power: agency, inscription and control in Foucault and Merleau-Ponty, *Body and Society*, Vol.2, No.2 (1996), p.101.
[32] Merleau-Ponty, *The Phenomenology of Perception*, p.146.
[33] Frank, 'For a sociology of the body', p.58.
[34] R.W. Connell, *Masculinities* (Cambridge: Polity, 1995), p.56.

Indeed, Foucault himself recognised the body's potential for resistance, yet only as a result of the investment of power:

> Mastery and awareness of one's own body can be acquired only through the effect of an investment of power in the body: gymnastics, exercises, muscle-building, nudism, glorification of the body beautiful. All of this belongs to the pathway leading to the desire of one's own body, by way of the insistent, persistent, meticulous work of power on the bodies of children or soldiers, the healthy bodies. But once power produces this effect, there inevitably emerge the responding claims and affirmations, those of one's own body against power, of health against the economic system, of pleasure against the moral norms of sexuality, marriage and decency. Suddenly, what had made power strong becomes used to attack it. Power, after investing itself in the body, finds itself exposed to a counter attack in that same body.[35]

However, resistance can occur at many different levels within the power structure:

> Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power.[36]

Foucault suggested that this is because power is everywhere. Therefore one cannot be 'outside' it; one is always 'inside power, there is no escaping it'.[37] He argued for a 'plurality of resistances', some that are 'possible, necessary, improbable', and others that are 'spontaneous, savage, solitary, concerned, rampant or violent'.[38] In his work on Afro-Creole cultures, Richard Burton also distinguishes between 'resistance' and 'opposition'. While the former refers to forms of contestation conducted from *outside* a given system, using weapons and sources derived from a source other than that system, the latter relates to forms of contestation conducted from *within* a given system, using weapons and concepts derived from the system itself.[39] Taking a similar approach, James C. Scott uses the concept of the 'hidden transcript' to describe the critique of power that can only be safely performed

[35] M. Foucault, in C. Gordon (ed.) *Power/Knowledge, Selected Interviews and Other Writings, Michel Foucault 1972-1977*, (London: Harvester, 1980), p.56.
[36] Foucault, *The History of Sexuality: Volume One*, p.95.
[37] *Ibid.*
[38] *Ibid.*, p.96.
[39] R. D. E. Burton, *Afro Creole: Power, Opposition and Play in the Caribbean* (Ithaca: Cornell University Press, 1997), p.6.

'offstage'. He argues that it is a survival skill of the subordinated to fulfil the expectations of power, producing a more or less credible performance, out of fear or a desire to curry favour. This, he calls the 'public transcript', or the open interaction between subordinates and those who dominate. The 'hidden transcript', however, consists of gestures and words that may contradict this public performance, yet, unlike outright acts of defiance, do not have ominous consequences.[40] He states:

> Offstage, where subordinates may gather outside the intimidating gaze of power, a sharply dissonant political culture is possible. Slaves in the relative safety of their quarters can speak the words of anger, revenge, self-assertion that they must normally choke back when in the presence of the masters and mistresses.[41]

Scott further argues that this disparity between the public and private transcript does not just affect the weak. Rather, 'the powerful have their own compelling reasons for adopting a mask in the presence of subordinates'. This gives an added dimension to the concept of resistance, which becomes legitimised by the elite. Like their subordinate counterparts, the powerful engage in behaviours that may 'inflict, contradict or confirm what appears in the public transcript'.[42]

As well as looking at official representations of the military male physique in the Second World War, this thesis therefore also examines the 'lived' body of the recruit and explores important intersections between the two. It looks at how individual soldiers experienced and perceived their own bodies and how they responded to the army's efforts to shape and control them. As such, this thesis considers the body's potential for agency in terms of both compliance and resistance to the designs of the state. It also explores the relationship between the body and the 'self' as men faced new and often challenging demands upon their bodies through their experiences of military life.

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[40] J.C. Scott, *Domination and the Arts of Resistance: The Hidden Transcript,* (New Haven: Yale University Press, 1990), pp.1-10.
[41] *Ibid*., p.18.
[42] *Ibid*, p.10.

War and the body

Drawing on the ideas above, the military body has become a particular focus of investigation among sociologists, anthropologists and historians. David Morgan argues, for example, that warfare is one of the most obvious 'sites of bodily power', as it legitimizes particular types of bodily conduct that would otherwise be forbidden.[43]

In his study of the United States navy Joshua Linford-Steinfeld looks at the effect of military power upon men's bodies by focusing on eating practices. He argues that the above average occurrence of eating disorders among naval personnel, as compared with civil society, is an example of the 'abnormal behaviours' caused by extreme regimentation.[44] He suggests that this is due to the fact that in the navy, physical readiness is defined as being within particular weight standards. Enlisted personnel therefore engage in unsafe eating practices in order to meet the specified requirements. Men with eating problems therefore inhabit bodies that are both theirs and not theirs, that 'simultaneously reflect and create culture'.[45]

Using participant observation John Hockey has also assessed the ways in which military values are both inculcated and resisted in the bodies of modern day infantry recruits.[46] He argues, for example, that during the period of basic training where military discipline is at its most extreme 'individually and collectively, the recruit's whole posture and demeanour becomes the subject of control and surveillance by instructors'.[47] This is achieved through strategies such as dress regulations, drill and constraint over personal movement. However, faced with this apparatus of bodily control the recruit responds with numerous 'corporeal tactics' which allow him to resist the regulation of his body in both real and symbolic terms. These include, for

[43] D. Morgan, 'You too can have a body like mine: reflections on the male body and masculinities', in S. Scott & D. Morgan (eds.), *Body Matters: Essays on the Sociology of the Body* (London: Falmer, 1993) pp.78-79.
[44] J. Linford-Steinfeld, 'Weight control and physical readiness among navy personnel', in P. R. Frese & M. C. Harrell (eds.), *Anthropology and the United States Military: Coming of Age in the Twenty-First Century* (New York: Palgrave MacMillan, 2003), pp.95-109.
[45] *Ibid.*
[46] J. Hockey, 'Head down, bergen on, mind in neutral: the infantry body', *Journal of Political and Military Sociology*, Vol.30, No.1 (2002), pp.148-171.
[47] *Ibid.*, p.150.

instance, the deliberate misinterpretation of commands when being drilled by a corporal who is in 'ill humour'. According to Hockey this behaviour constitutes a very public form of deviance that is open to the gaze of superior ranks and, indeed, leads to the corporal getting a real 'rifting' (reprimand).[48]

The military body as a site of intentional agency is also highlighted by Paul Higate in his work on the clerking sector of the Royal Air Force.[49] He argues that the role of personnel administrator or 'clerk' provides a limited outlet for the traditional embodied 'man-of-action' ideal when compared with the combat fighter. Men within this group therefore occupy the lower reaches of the trade hierarchy. However, they express resistance to this military rank hierarchy through bodily channels, which Higate refers to as 'embodied coping strategies'.[50] These include participation in 'rumbustious' risk-taking behaviours within the office, such as play fighting, and a commitment to working out in the gym outside office hours. Higate argues that these constitute ways in which clerks can assert their masculinity and re-affirm the man-of action image.[51]

The relationship between war, the body and masculinity has also become a particular focus of historical enquiry. Corinna Peniston-Bird states, for example, that 'historically, militarism and masculinity have had a close relationship: in wartime this is more explicit still'.[52] In her case study of the military medical exam in Britain during the Second World War, she argues that physical classification was central to dominant conceptions of manliness and highlights the power of the social body over the individual. Despite the variety of roles that individuals could fulfil within the wartime economy, and the rhetoric of being 'all in it together', it was the division of the population into combatants and non-combatants that had the most profound effect upon men's sense of self-value and their sense of worth to the nation. [53] Moreover,

[48] *Ibid.*, p.152.
[49] P. Higate, 'The body resists: everyday clerking and unmilitary practice', in S. Nettleton & J. Watson (eds.) *The Body in Everyday Life* (London: Routledge, 1998), pp.180-198.
[50] *Ibid.*, p.182.
[51] *Ibid.*, p.189.
[52] C. Peniston-Bird, 'Classifying the body in the Second World War: British men in and out of uniform', *Body and Society*, Vol.9, No.4 (2003), p.32.
[53] *Ibid.*, pp.33-36.

Peniston-Bird suggests that those men who did not conform to the standards set by the young, fit serving man, could be constructed in such a way to suggest that their physical condition rendered them closer to women than serving men. For example, the absence of a uniform denied a civilian man his physical masculinity, while the role of freeing men for combat roles was consistently accorded to women through their roles in the Auxiliary Territorial Service (ATS) and the Women's Auxiliary Air Force (WAAF).[54]

In her influential work on the British Army of 1914-1918 Joanna Bourke also suggests that the experience of war 'fundamentally affected not only the shape and texture of the male body, but also the values ascribed to the body and the disciplines applied to masculinity'.[55] Drawing on a range of servicemen's personal narratives, she demonstrates that wartime experiences brought about a greater sharing of gender identities among men of different classes, ages and localities and 'a narrowing in the way men of all classes experienced their own corporeality'.[56] Bourke also explores the effect of the war on broader notions surrounding men's bodies and masculinity and argues that its most decisive can be seen by looking at the war-maimed. The return home of large numbers of war-mutilated servicemen altered both popular and medical perceptions of disability as 'the dismembered man became everyman'.[57] A new population of 'active sufferers' emerged, marked by a 'shift in the balance of guilt and responsibility for disablement from the individual to the collective'.[58] This not only affected the lives of the civilian disabled, as war-veterans won special status and broader general public acceptance, but also, the non-disabled population, as masculine ideals and images were modified. However, she is careful to point out that these changes were short-lived as state assistance became increasingly restricted within a struggling post-war society.[59]

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[54] *Ibid.*, p.42.
[55] J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion, 1996), p.30.
[56] *Ibid.*, p.251.
[57] *Ibid.*, pp.15-18.
[58] *Ibid.*, p.41.
[59] *Ibid.*, p.252.

Focusing on the American military of 1939-1945, Christina Jarvis also explores 'the ways in which wartime gender ideals and particular embodied national self-representations were produced'.[60] By looking at the ways in which bodies were inspected, classified, categorised and disciplined, she explores the 'creation and maintenance of a hegemonic militarized masculinity' that privileged the dominant social position of 'white, Protestant, able-bodied, heterosexual men'.[61] Jarvis suggests that the bodies of wounded servicemen did produce 'abject masculinities'. However, these supported, rather than challenged dominant definitions of manhood as medical narratives emphasised rehabilitation and 'remasculinization'.[62]

The British Army and society, 1939-1945

While this thesis draws upon and engages with various aspects of body theory, it also refers to a range of historiographies. The body is a useful tool for engaging with various aspects of the British Army in the Second World War. As Jeremy Crang has demonstrated, between 1939 and 1945 the army introduced various institutional reforms in order to deal with the needs of its new civilian intake. These reforms changed the ways that men were selected, trained, educated and generally integrated into the force. [63] In 1942, for example, the General Service Selection Scheme introduced standardised basic recruit training and scientific testing in order to reduce the occurrence of 'square pegs being placed in round holes'.[64] Officer training also came to place more emphasis on 'man-management' as a means of improving morale among conscript troops, many of whom looked with scepticism upon the privilege of rank.[65] In his work, which focuses specifically on the army within Britain, Crang argues, however, that these changes had limited impacts upon the army as a social institution. While there were measureable improvements in efficiency, significant resistance from middle-ranking officers, many of whom were pre-war Regulars,

[60] C. Jarvis, *The Male Body at War: American Masculinity during World War II* (DeKalb, Illinois: Northern Illinois University Press, 2004), p.191.
[61] *Ibid.,* p.58.
[62] *Ibid.,* p.88.
[63] J. Crang, *The British Army and the People's War* (Manchester: Manchester University Press, 2000). See also, T. Harrison-Place, *Military Training in the British Army, 1940-44: From Dunkirk to D-Day* (London: Routledge, 2000); P. Summerfield, 'Education and politics in the British armed forces in the Second World War', *International Review of Social History,* Vol.26, No.2 (1981), pp.134-135.
[64] J. Crang, 'Square pegs in round holes: Other rank selection in the British Army, 1939-45', *Journal of the Society for Army Historical Research,* Vol.77 (1999), pp.293-298.
[65] Crang, *The British Army,* pp.64-65.

meant there was little profound social change. He concludes that 'the people's war might have brought the army and nation closer together…but in many ways the army remained a nation apart'.[66]

Focusing more on the combat performance of troops in the field, David French has also explored the army's social composition and institutional arrangements. Countering the idea that British success stemmed from 'brute force', he argues that there were three elements that sustained fighting ability, 'the conceptual, the material and the moral'.[67] For example, he suggests that British successes after 1942 were not due to a superiority of material, since individual weapons remained qualitatively inferior to those of the Germans. Rather, the British developed a growing appreciation of how to use the weapons available to their maximum advantage. French also argues that British commanders, in fact, failed to take risks and were reluctant to take unnecessary casualties which they could ill afford both in terms of manpower shortages and the morale of a citizen army. He therefore concludes that 'the British never believed that they could win their battles by pitting man against man, indeed they never believed that they should even try to do so'. In the end, 'it was better to be soldiers than warriors'.[68]

Mark Harrison, on the other hand, argues that superior medical arrangements in the field gave the British a crucial edge. For example, improved sanitary and hygiene facilities improved the rate of return of casualties to active service and reduced wastage from disease.[69] This stemmed from a unique 'medical consciousness' among officers, who readily embraced modern ideas of social hygiene. Influenced by wider processes of rationalization within industrial society they came to see that military success depended on keeping their soldiers fit for service.[70] This was in sharp

[66] *Ibid.*, pp.139-142.
[67] D. French , *Raising Churchill's Army: The British Army and the War against Germany, 1919-194*5 (Oxford: Oxford University Press, 2000), p.11.
[68] *Ibid.*, pp.285-286.
[69] M. Harrison, 'Medicine and the management of modern warfare', in R. Cooter, M. Harrison and S. Sturdy (eds.), *Medicine and Modern Warfare* (Atlanta, GA: Rodopi, 1999), p.3.
[70] M. Harrison, *Medicine and Victory: British Military Medicine in the Second World War*, (Oxford: Oxford University Press, 2004), p2. For a more detailed discussion of the concept of rationalization see H.H. Gerth and C. Wright Mills (eds.), Max *Weber: From Max Weber, Essays in Sociology*, (London: Routledge, 1948), p.50.

contrast to their German counterparts who showed little interest in hygiene and sanitation. In the year preceding the battle of El Alamein, for example, the German Army had a sickness rate nearly three times higher than the British. The diseases mainly responsible were dysentery and diarrhoea, conditions for which there were no vaccines, and which could only be prevented by good personal hygiene.[71]

The work of Crang, French and Harrison draws attention to the connectedness of the army and wider society and social history. This thesis takes a similar approach, particularly where there appear to be connections in the ways in which bodies were managed. As Dorothy Porter and Greta Jones have shown, the early twentieth century witnessed increasing state intervention in all citizens' bodies. Spurned by fears of a declining national health, a whole set of practices and ideas emerged encompassing individual, family and industrial health. These included the prevention of infectious diseases, sanitation and food supply, research and education and maternity and child care.[72] For example, Arthur McIvor has demonstrated that there was increasing state regulation of the worker's body through the sphere of occupational health and safety during both world wars. This was the result of a growing realisation among management that maintaining employee health was consistent with efficiency and profit maximisation. Measures therefore included new controls over poisonous substances, dangerous work practices and the reduction of dust inhalation within the workplace.[73] McIvor argues, moreover, that the two world wars played a significant part in this process, as the economic demands of warfare had to be achieved amidst huge upheaval. The Health of Munitions Workers' Committee, established in 1915, carried out scientific experiments on aspects of industrial medicine, health, efficiency and fatigue. In the thirty-five years after this the chances of a worker sustaining an injury at work fell by more than half. The early twentieth century also saw the growth of the field of scientific management, developed most notably by Frederick Taylor in America, but disseminated within

[71] Harrison, *Medicine and Victory*, pp.278-279.
[72] D. Porter, *Health, Civilization and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999), pp.165-167; G. Jones, *Social Hygiene in Twentieth Century Britain* (London: Croom Helm, 1986), pp.6-.7.
[73] A.J. McIvor, *A History of Work in Britain, 1880-1950* (London: Palgrave, 2001), pp.111-147.

Britain during the interwar years by businessman Charles Bedaux.[74] According to Harry Braverman this system of worker organisation was 'simply a means for management to achieve control of the actual mode of the performance of every labour activity' and lead to the 'dehumanization of the labor process, in which workers are reduced almost to the level of labor in its animal form'.[75]

Like Bourke and Jarvis, this thesis also explores the relationship between the soldier's body and dominant hegemonic conceptions of masculinity. According to Ina Zweiniger-Bargielowska, in the early twentieth century these conceptions focused on an aesthetic ideal. The fit muscular male physique was the epitome of imperial manliness and racial strength. She therefore argues that although the celebration of the 'body-beautiful' in the 1920s and 1930s is most commonly associated with fascist Italy or Nazi Germany, the British also endeavoured to build a 'superman' as an obligation of citizenship and a patriotic response to the needs of empire.[76] Indeed, according to Graham Dawson this idealised masculinity can be traced back to the late nineteenth century and had direct origins in the body of the soldier:

> Official fears about the degeneration and decay of the imperial race, now engaged in competition with other colonial powers, became focused on the condition of the manly body, particularly that of the soldier, as its most visible sign.[77]

When these historiographies are drawn together, they present a range of approaches to the material but also questions to be answered by it. The first set focuses on the ambitions and the operations of the modern state. This thesis will tackle issues related to the objectives, the agendas, the aesthetics and the techniques of those in the British Army of the 1940s when they sought to control and transform the bodies of

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[74] F.W. Taylor, *The Principles of Scientific Management* (New York and London: Harper, 1911); S. Kreis, 'The diffusion of scientific management: the Bedaux Company in America and Britain, 1926-1945', in S. Kreis (ed.), *A Mental Revolution: Scientific Management Since Taylor* (Columbus: Ohio State University Press, 1992), pp.156-174.

[75] H. Braverman, *Labor and Monopoly Capital: The Degradation of Work in the Twentieth Century* (New York: Monthly Review Press, 1974), p.113.

[76] I. Zweiniger-Bargielowska, 'Building a British superman: physical culture in interwar Britain', *Journal of Contemporary History*, Vol.41, No.4 (October 2006), pp.595-594.

[77] G. Dawson, *Soldier Heroes: British Adventure, Empire and the Imagining of Masculinities* (London: Routledge, 1994), p.148.

the conscript army. In doing this it will be able to answer questions about the extent to which the military of the period can be considered an element of a 'carceral archipelago' in modern Britain, the ways in which wider social practices shaped military life and the extent to which the British prepared for World War Two in new or unusual ways. The second set of questions growing out of the historiography relate to the success, failure and frustration of these agendas and techniques. Answering these will enable the thesis to engage with issues such as the extent to which the British army organised compliance and relied on consent to achieve its ends, the ways in which resistance was manifested and experienced, and what can be drawn from these instances by way of larger observations about modern states and human agency in general.

Sources and methodology

There is a whole range of sources through which the constructions of the military male body in the period 1939-1945 can be examined. The departments of the War Office, the body responsible for the administration of the army between 1855 and 1963, when it became part of the Ministry of Defence, produced various pamphlets, reports and correspondence throughout the war. These included reports from commands, headquarters, regiments and corps, private papers and general service records. In particular, documents produced by the Army Medical Services, which included the Royal Army Medical Corps, have been a focus of this investigation. These deal with both administrative and clinical matters and give an account of the activities of individual medical units in all theatres of operations. Apart from these administrative records, proceedings of various government departments, such as the Ministry of Labour and National Service can be found within British Parliamentary debates and papers. Medical and military representations are also evident in professional journals of the day, such as the Journal of the Royal Army Medical Corps and the British Medical Journal. These texts have not been read in order to trace an objective reality, but as instances where ideas have been produced within discourses implicit to the wartime military and medical project. Turner points out, for example, that 'medical gaze' allows dominant groups to impose moral judgements

with an air of scientific knowledge.[78] Howard Waitzkin also argues that within medical encounters 'symptoms, signs and treatment take on an aura of scientific fact'.[79]

In order to recover the 'voices emanating from the bodies themselves' this thesis draws upon a range of servicemen's personal testimonies in both oral and written form.[80] These have been found in various reports, letters and diaries from the Mass Observation project, a social research programme that recorded everyday people's lives between 1937 and 1948. This organisation was set up in 1937 by Charles Madge, Tom Harrison and Humphrey Jennings, who aimed to create 'an anthropological study of our own situation'.[81] In order to do this they recruited a team of observers and a panel of volunteer writers to study the everyday lives of people in Britain. During the Second World War several volunteer Observers served in the army and reported on various aspects of day-to-day life in the forces. They were also sent monthly 'directives' consisting of a list of questions to which subjective answers were expected.[82] Full-time Observers, who did not serve in the military, also recorded the overheard comments of men in the forces and they engaged in conversations and conducted direct interviews with them. All of this material therefore provides valuable insight into army life between 1939 and 1945. However, as Penny Summerfield argues, Mass Observation does not provide a wide representation of everyday experience as the majority of volunteers were young members of the lower middle class, whose typical occupations included clerks, schoolteachers, shopkeepers, journalists, scientists and students. Many were also socio-politically motivated, described by Summerfield as 'left of the centre'.[83] Wanting to be part of the fight against fascism, they aimed to draw attention to social

[78] Turner, *Regulating Bodies*, p.18.
[79] H. Waitzkin, 'A critical theory of medical discourse: ideology, social control and the processing of social context in medical encounters', *Journal of Health and Social Behaviour*, Vol. 30, No. 2 (1989), p.224.
[80] S. Nettleton and J. Watson, 'The body in everyday life: an introduction', in Nettleton and Watson (eds.) *The Body in Everyday Life*, p.12.
[81] L. Noakes, *War and the British: Gender, Memory and National Identity* (London: I.B. Tauris, 1998), p.75.
[82] P. Summerfield, 'Mass Observation: social research or social movement?', *Journal of Contemporary History*, Vol.20, No.3 (1985), p.441.
[83] *Ibid.*, p.442.

conditions at home and were against the official neglect of ordinary people. Thus, upon the outbreak of war, Mass Observation directed its energies towards efficiency in both government and industry and its interpretation of 'efficiency' meant securing the maximum effort from the people through willing-cooperation.[84]

Several published autobiographies and written testimonies collected by the BBC's 'People's War' archive between 2003 and 2006 are also included in this thesis. These sorts of written accounts can be of great value in providing insight into the embodied experiences of individuals. As Sidone Smith and Julia Watson Point out:

> Life narrative is a site of embodied knowledge because autobiographical narrators are embodied subjects. Life narrative inextricably links memory, subjectivity and the materiality of the body.[85]

However, it is primarily through a random selection of around thirty oral history interviews from the Imperial War Museum's Sound Archive that the embodied responses of men to military life are explored within this work. These unstructured interviews were conducted mainly in the 1980s and 1990s and consist of whole war narratives, from enlistment to demobilisation. They include the responses of both officers and men from the rank and file, from various parts of the United Kingdom, and from a range of social backgrounds and occupations. The only conscious sampling that took place in planning this thesis was to include only veterans who experienced active service overseas. This journey, from recruitment station to battlefield, is the corporeal experience which forms the basis of this work.

Indeed, oral history has been widely recognised as a means by which to access the experiences of those who have not been included in the official record, such as women, ethnic minorities, ordinary working people and many sections of the middle

[84] *Ibid.*, p.445.
[85] S. Smith and J. Watson, *Reading Autobiography* (Minneapolis: University of Minnesota Press, 2001), p.37.

classes who do not often write autobiographies.[86] It is also particularly valuable to studies of medicine, health and welfare. As Paul Thompson states:

> Oral history can delve into the hidden world of the institution, the clinic or the hospital, revealing the daily experience of routines and treatments as told by the subjects, clients or patients at the receiving end of services.[87]

Jan Walmsley and Dorothy Atkinson suggest that 'oral history can be both 'more history', adding to the stock of knowledge about historical events, and 'anti-history', challenging conventional perceptions'.[88] Oral histories have, for example, provided new insights into the impact of war on social change. It is through servicemen's personal recollections, including their oral histories, that Bourke has been able to explore the changing nature of masculinity during the First World War.[89] Drawing on the oral histories of women engaged in war work during 1939-1945 Penny Summerfield has also looked at the effects of war on gender identities and relations.[90] While historical debates have presupposed a unitary answer to this question, Summerfield suggests that there is no one general response. While those women who saw the war effort as something to be endured and who 'just got on with it' did not construct it as having changed them, others, who welcomed the war effort and strove to participate 'as close to the front line as a woman could get' constructed narratives structured by the concept of change.[91]

The use of the personal recollections of soldiers does, however, pose several problems which transgress both the written and spoken material. Firstly, the reliability of memory must be considered when examining the testimonies of men that were recorded years after their military service had ended. Joanna Bourke states, for example, that 'men who were there claim a higher knowledge than other

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[86] P. Thompson, 'Introduction, in J. Bornat, R. Perks, P. Thompson and J. Walmsley (eds.), *Oral History, Health and Welfare* (London: Routledge, 2000), p.3.
[87] *Ibid.*, p.4.
[88] J. Walmsley and D. Atkinson, 'Oral history and the history of learning disability', in Bornat, Perks, Thompson and Walmsley (eds.), *Oral History*, p.180.
[89] Bourke, *Dismembering the Male*, pp.14-15.
[90] P. Summerfield, *Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War* (Manchester: Manchester University Press, 1998), p.8.
[91] *Ibid.*, pp.285-286.

commentators, yet in the heat of battle experiences were often confused, indeterminate and unarticulated'.[92] The body, as the focus of enquiry, also poses a particular problem when looking at soldier's everyday accounts. This is due to the assumption that the body is largely 'absent' from consciousness.[93] Drew Leder argues, for example, that individuals are not aware of their bodies unless they are 'dysfunctional states' caused by, for example, pain or suffering:

> While in one sense the body is the most abiding and inescapable presence in our lives, it is also characterised by absence. That is one's own body is rarely the thematic object of experience. When reading a book or lost in thought, my own bodily state may be the furthest thing from my awareness…the body, as a ground of experience…tends to recede from direct experience. [94]

While Nettleton and Watson agree that the body is largely 'taken-for-granted' in everyday life they argue that people do become aware of their bodies in a range of circumstances and not just in moments of break-down. For instance, individuals are often aware of their own physical transformations, such as when growing stronger or fitter.[95] Moreover, Rosiland Gill, Karen Henwood and Cark McLean suggest that rather than talking about flesh and blood per se, men talk about body-related behaviour as a way of making sense of their embodied experience. They argue that in modern society young men must work on their bodies while simultaneously disavowing any (inappropriate) interest in their own appearances. By talking about bodily-related practices, such as sport, working out and tattooing, rather than skin or muscle, men therefore actively engage in constructing and policing appropriate masculine behaviours. By looking for particular bodily behaviours and contexts, the researcher can thus see how the embodied self is expressed.[96]

Indeed, the approach taken in this work is not to treat servicemen's recollections as eye-witness accounts of a social reality, but rather to analyse how they articulate

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[92] J. Bourke, *An Intimate History of Killing: Face-to-Face Killing in Twentieth Century Warfare* (London: Granta, 1999), p.9.
[93] D. Leder, *The Absent Body* (Chicago: Chicago University Press, 1990), p.1.
[94] *Ibid.*
[95] Nettleton & Watson, 'The body in everyday life: an introduction', p.10.
[96] R. Gill, K. Henwood and C. McLean, 'Body projects and the regulation of normative masculinity', *Body and Society*, Vol.11, No.1 (March 2005), pp.37-62.

their experiences and form their memories.[97] The relationship between language and culture is noted by Summerfield:

> The meanings within language are cultural constructions, collectively generated, historical deposits within the way we think, which constitute the framework within which we act.[98]

This relationship between discourse and subjectivity thus raises doubts over the potential for human agency by calling into question how much freedom an individual can possess in constructing his or her own account of personal experience.[99] Kathleen Canning argues, however, that it is the job of the historian to 'untangle the relationships between discourses and experiences by exploring the ways in which subjects mediated or transformed discourses in specific historical settings'.[100] Summerfield also notes that subjectivities are rarely constituted through a single and unified dominant discourse, as both subordinate and dominant discourses feed collective memory. Discourses may also have different meanings for social groups, such as men, women and people of different social classes. Recognising that subjectivities are formed by conjunctions of numerous differentiated discourses, some of which may be subordinated, therefore allows subjects some opportunity for 'selection' or 'rejection' of the discursive understandings of themselves and their societies available to them.[101] As such, by treating soldiers as social agents who both accepted and rejected dominant bodily discourses, this study provides access to a history not only of domination, but also one of negotiation and resistance.

The thesis

Both institutional records and personal testimonies consistently place the body at the heart of narratives about the military experience. As such, this thesis is constructed around the sequence by which the body was classified, controlled and then converted for combat. For example, the next chapter, 'Examination', explores the army's

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[97] R. Perks and A. Thomson, 'Critical developments: introduction', in R. Perks and A. Thomson (eds.), *The Oral History Reader* (London: Routledge, 1998), p.2.
[98] Summerfield, *Reconstructing Women's Wartime Lives*, p.11.
[99] *Ibid.*
[100] K. Canning, 'Feminist history after the linguistic turn: historicizing discourse and experience', *Signs: Journal of Women in Culture and Society*, Vol.19, No.2 (1994), pp.373-374.
[101] Summerfield, *Reconstructing Women's Wartime Lives*, pp.12-15.

physical selection process. This was the point at which the formal organisational control of the soldier was first established, as men were measured, judged and categorised under a medical gaze. Assigned a medical grade, their bodies were then located within a system of classification which made it possible for them to be qualified, compared and normalized. However, through the personal accounts of soldiers, the medical examination is also revealed as a site of negotiation with the medical authorities as men used their bodies in attempts to either avoid or secure enlistment.

Rachel Woodward argues that 'the training areas and barrack rooms produce the soldier's body'.[102] Chapter three, 'Training', therefore looks at the processes by which the recruit's body was first disciplined and then transformed. It highlights the increasing rationalisation of the body through diet, hygiene, exercise and health care, techniques which produced efficient, obedient soldiers. Moreover, through physical training the military man became increasingly linked to his industrial counterpart as methods such as marching, drilling and gym exercise echoed principles of scientific management which were designed to increase worker output. However, even within this restrictive military environment, there was potential for embodied agency, as men responded in different ways to the processes acting upon them. While many became empowered by growing fitter, eating more and developing new skills, others resisted by malingering and self-harm or through behaviour that was perceived to be dangerous.

The fourth chapter, 'Experimentation', analyses the aims and objectives of agencies such as the Military Personnel Research Committee which conducted human trials on British soldiers throughout the war. It highlights the continuing objectification of the military male physique as it became a scientific specimen with which to further both the quest for manpower and wider medical knowledge. The chapter reveals, however, that as a site of experimentation the soldier's body was not simply

[102] R. Woodward, 'Locating military masculinities: space, place and the formation of gender identity in the British Army', in P.R. Higate (ed.), *Military Masculinities, Identity and the State* (Westport: Praeger, 2003), p.51.

subjected to the needs of science. Rather, men actively exchanged or withdrew their bodies within an established moral economy that governed the limits of its use.

In chapter five, 'Active Service', the continued military management of the soldier's body in warfare is explored. Drawing on colonial experience, the British authorities conceived of the human body as environmentally sensitive and sought to protect their men from the physiological effects of climate, landscape and the indigenous populations, whose perceived standards of health and hygiene were thought to spread disease. However, the ways in which combat bodies were maintained represented a marked shift from the formal organisational control that had existed in the confines of the camp or barrack as the authorities came to rely more on self-regulation through more subtle, hegemonic strategies. This relatively relaxed environment, however, provided a legitimised framework in which soldiers were largely free to govern their own bodies. While some men therefore sought to escape life on the front line by deserting, others found ways of coping with the demands of life on the front line and satisfying their bodies by getting drunk, visiting brothels and having unprotected sex.

The final chapter, 'Fear, Wounding and Death', looks at the experiences of men who faced battle, were injured, or witnessed death, and how these moments of bodily crisis impacted upon the construction of the self. In doing so, it highlights the disruption of the soldier's body at the moment that it was meant to be most ordered; the point of combat. The second part of the chapter explores the military management of both the wounded body and the corpse, as the authorities continued to pursue optimum manpower efficiency. Even in death, the soldier's body could be the subject of control by the state.

By exploring these various contexts, this thesis thus highlights the centrality of the physical to the transition from civilian to soldier between 1939 and 1945. It examines the aims, ambitions and aspirations of government officials, military and civilian doctors, recruiters, instructors and soldiers themselves, all of whom played a crucial role in the body's transformation. In doing so, it adds to existing knowledge of the

body in modern society, the role of medicine in the early twentieth century, the history of the British Army and the social history of World War II.

Chapter Two: Examination

The first stage in the body's military journey was the medical examination, a process that Foucault referred to as a 'normalizing gaze', a highly ritualized ceremony of power, which makes it possible to qualify, classify and to punish. He argued that 'it allows for the subjection of those who are perceived as objects and the objectification of those who are subjected'.[1] Indeed, David Silbey argues in his study of enlistment during the First World War that the military medical examination was a 'cultural transference point', when 'the worker became the soldier'. It connected the fetishization of the soldier's body in the pre-war years to the cultural images of crippled soldiers after they had reached combat.[2] Bourke also argues that during the 1914-1918 conflict the military requirements of modern warfare provided governments with the incentive to intervene in new areas of the economy, including the construction of the male physique. A complex series of physical examinations that classified men in the armed forces were thus part of an intensified state surveillance and discipline of the body.[3] In her study of the Second World War Peniston-Bird also argues that the medical examination 'highlighted the power of the social (collective) body over the material (individual) body'.[4] She suggests that the most significant classification of individuals was the division of the population into combatants and non-combatants. Regardless of the range in levels of fitness that was incorporated into the exam, it was 'the binary opposites of combatant/non-combatant and fit/unfit' that had the greatest impact.[5]

Taking these ideas into account, the following chapter explores the methods used by medical examiners during the Second World War in order to classify men's bodies and what these classifications reveal about how the male body was constructed as useful in wartime Britain. It explores the myriad of social, cultural and economic influences that impacted upon how men's bodies were judged. It also considers how

[1] Foucault, *Discipline and Punish*, pp.184-185.
[2] D. Silbey, 'Bodies and cultures collide: enlistment, the medical exam, and the British working class, 1914-1916', *Social History of Medicine*, Vol.17, No.1 (2004), pp.61-.64.
[3] Bourke, *Dismembering the Male*, pp.171-172.
[4] Peniston-Bird, 'Classifying the body in the Second World War', p.33.
[5] *Ibid.*, p.34.

physical standards were subject to change as the demands of war intensified and the different responses from members of the military and medical professions who sought to maintain different ideals.

By focusing on the personal testimonies of examinees, however, the final part of this chapter considers the medical examination as a site of both contestation and negotiation between individual and state in which the body was a key element. Silbey argues that in the First World War the military medical exam was 'a highly negotiated and contested gateway; one manipulated by both sides'. He suggests that doctors, patriotic and overwhelmed by numbers, aimed to examine and to pass as many men as they could, often allowing unfit men through. Enlistees, eager to serve but below the standards that the British Army had set, wished to get past the exam in any way they could. Thus science was overturned in order to serve the needs of those involved.[6] This chapter examines how far this was the case during 1939-1945 and how the body was implicated in these negotiations.

Classifying the body

During the course of the Second World War almost one-fifth of the male working population was recruited into the British Army, which was the largest of the three armed services.[7] Under the Military Training Act of May 1939 all men aged 20 and 21 years were required to undergo six months training in the forces. Upon the outbreak of war in September this was superseded by the National Service (Armed Forces) Act, which imposed liability for military service on all males aged 18 to 41. Whether volunteer or conscript each man was required to register at one of the 1,225 recruiting offices set up by the Ministry of Labour and National Service. There he was required to give his date of birth, occupation and employer, and if he wished, to express a preference for the service he wished to join. After the initial sorting of registration, he was summoned to a local recruiting centre where he was medically examined and interviewed by a recruiting officer who decided whether he may be

[6] Silbey, 'Bodies and cultures collide', p.65, p.75.
[7] P.P. *Strength and Casualties of the Armed Forces and Auxiliary Services of the United Kingdom 1939-1945*, HMSO 1946 (6832), p.4; P.P. *Ministry of Labour and National Service, Report for the Years 1939-1946*, HMSO 1946-47 (7225), p.2.

accepted for a particular service, after which he was posted. If a man was interviewed for the army, the recruiting officer recommended him for a particular branch, based on his age, medical condition, civilian experience and preference.[8]

Medical examination at this initial stage was conducted by a civilian medical board. Established by the Ministry of Labour, each board normally consisted of a chairman and four other members. These were medical practitioners over 50 years of age who expressed a willingness to serve on medical boards and who had been selected during 1938 by the Regional Medical officers of the Ministry of Health and Department of Health for Scotland.[9] During the war any vacancies that occurred in panels were selected from names supplied by the Local Medical War Committees.[10] At the outbreak of war, as a general rule, civilian medical boards were to examine thirty men per session over two and a half hours. Potential recruits stripped naked and moved from doctor to doctor, each of whom examined different bodily parts and functions. Examiner No. 1 investigated mental condition, nervous stability and the previous health of each man, testing vision and enquiring into hospital treatment and receipt of disability pension. Examiner No. 2 took weight, height and chest measurements, noting down hair and eye colour and any external marks such as scars and tattoos. He also looked at the lungs, recorded the pulse and assessed the eyes, nose, throat and teeth. Examiner No. 3 checked the heart and the pulse rate, paying attention to physical development and investigating deformities. Finally Examiner No. 4 looked at the ears, tested the hearing and urine, checked the abdomen and re-examined the heart.[11] After this process, the whole board determined the final medical grade, which would be one of the following:

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[8] Ministry of Labour and National Service, *Manpower: The Story of Britain's Mobilisation for War* (London: HMSO, 1944), p.11; See also Crang, *The British Army*, p.6.

[9] In October 1939 practitioners aged 40-50 were allowed to serve on medical boards, provided that at least two-thirds of the members of a board were over 50. In 1940, this proviso was waivered and the majority of members appointed thereafter were aged 40-50. In areas where there was a shortage of available practitioners some men under 40 were appointed.

[10] Sir A. Salusbury MacNalty (ed.), *The Civilian Health and Medical Services: Volume 1, The Ministry of Health Services; Other Civilian Health and Medical Services* (London, HMSO, 1953) pp.348-349.

[11] In May 1941 the number of examiners was reduced to three as it was felt that many of the duties of Examiner Nos.2 and 4, such as taking height and weight measurements and testing urine, could be carried out by a medical orderly. See R. Witting, 'Civilian medical recruiting boards', in Sir A. Salusbury MacNalty (ed.), *The Civilian Health and Medical Services: Volume 1, The Ministry of Health Services; Other Civilian Health and Medical Services* (London, HMSO, 1953) p.351.

> Grade I - Subject only to such minor disabilities as can be remedied or adequately compensated by artificial means, attain the full normal standard of health and strength, and are capable of enduring physical exertion suitable to their age.
>
> Grade II – Those who, while suffering from disabilities disqualifying them for grade I do not suffer from progressive organic disease, have fair hearing and vision, are of moderate muscular development and are able to undergo a considerable amount of physical exertion not involving severe strain. Where a man has been placed in this grade solely on account of either defects of visual acuity or deformities of lower extremities, or both, in accordance with the instructions in the appropriate paragraphs of this code, this will be signified by the letter (a) followed by the words vision or feet in brackets, e.g., grade II (a) (vision) or grade II (a) feet.
>
> Grade III – Those who present such marked disabilities or evidence of past disease that they are not fit for the amount of exercise required for grade II.
>
> Grade IV – Those who suffer from organic progressive disease or are for other reasons permanently incapable of the kind of degree of exertion required for grade III. These men are unfit for any form of service.[12]

Capital letters A-D were also used to signify whether a man was fit for service at home or abroad:

> A – Fit for service at home or abroad
> B – Unfit for service abroad but fit for base or garrison service at home and abroad
> C – Fit for home service only
> D – Unfit for any form of service[13]

The bodies of the British male population were thus organised into categories denoting their suitability for service, based largely on the presence or absence of disease or defect.[14] For some men this signalled the loss of control over their own bodies, as they were held under a medical gaze and subjected to a compulsory

[12] NA WO32/4728, Ministry of Labour and National Service, 'Instructions for the guidance of medical boards under the National Service (Armed Forces) Acts', 1940, pp.2-3.
[13] F.A.E. Crew, *The Army Medical Services: Administration, Volume I* (London: HMSO, 1953), p.330.
[14] M. Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (London: Routledge, 1989).

visibility.[15] This is reflected in the experience of a Mass Observer at a recruiting office in London in 1940:

> The doctors went over the same points again and again – for example, they all wanted to know why obs' right eye was weak and the left ok, why he had had a gland taken out, and why he was thin. In fact obs got the impression that they were treating him as a biological curiosity – he was very thin, and therefore must be unfit. Obs had to explain that his right eye had been injured by a tennis ball; that he was too young to remember anything about his gland; and that he had been active in a sporting sense. This apparently only seemed to mystify them even more.[16]

Far from being an objective assessment of the body, this medical exam was therefore fraught with wider social and medical assumptions about physical normality.[17] This was based particularly on physical size, appearance and the man's lifestyle.[18] The examiners focused on the fact that he 'was very thin and therefore must be unfit'. They had obviously also enquired about his participation in sports as he explained that 'he had been active in a sporting sense'. This, they could not equate with his small physique and so it 'mystified them even more'. In this respect, the examiners did not simply classify this man's body, but used it to explore their own theories.

Indeed, the examinee's perspective was to be largely ignored, as even access to information about one's own body was curtailed:

> The Medical Examination Record must be passed from one examiner to another, either directly or by a clerk. It must not be read by the man to whom it relates, nor should any discussion whatsoever, either in relation to disabilities or grading, take place within the hearing of any man under examination.[19]

If placed in Grades III or IV and therefore medically rejected for service, the examinee was also not to be told why:

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[15] Foucault, *Discipline and Punish*, p.187.
[16] M-O A: TC Forces (Men) 1939-1956, 1/D, Report by JA of his Medical Examination, 3.8.40, p.1.
[17] Silbey, 'Bodies and Cultures Collide', p.63.
[18] A more in depth discussion about the army's preferences regarding aesthetic body shape takes place on pp.42-44 of this chapter.
[19] NA WO32/4726, 'Instructions for the guidance of medical boards', p.7.

> The Chairman will give the man no information about his disability, but if he presses for it he is told that his own doctor will be given it in confidence if he cares to communicate with the chairman.[20]

As such, the examinee was to be excluded from the evaluation process, as his body entered into a system that left no room for self-identity or reflection.

The assigning of a medical grade also signalled the beginning of a much longer process of bodily surveillance. Located within a formal system of comparison, each soldier's physical classification became a permanent part of his identity. It was recorded on his Medical Examination Record and History Sheet, which would be forwarded to his receiving unit and thereafter maintained as a record of his medical condition throughout service.[21] Particular physical features were also permanently documented, thus turning the body into an analysable, describable object.[22] As has already been mentioned, for example, Examiner No. 2 was required to 'note the colour of the hair and eyes, complexion, external marks such as scars, vaccination marks, tattooing'.[23] According to the instructions for medical boards these were 'to be noted concisely and clearly in order to facilitate a man's future identification'.[24] Examinee James Franks remembers the process:

> The medical officer examining me suggested to his colleague I had 'almost a depressed sternum', but I was passed A1. He was, however, required in his report about their condition to enter distinguishing features his subjects might have. He identified 'scar forehead, mole right neck' as features to go into my Army Service Book.[25]

Again, therefore, examination was about fitting identities to bodies in an impersonal way, with no space for self-definition.

[20] *Ibid.*,p.8.
[21] Crew, *The Army Medical Services: Administration, Volume I,* p.332.
[22] Foucault, *Discipline and Punish,* p.190.
[23] NA WO32/4276, 'Instructions for the guidance of medical boards', p.7.
[24] *Ibid.,* p.9.
[25] Franks, 'Hitler V Brighton boy'.

Within the examination process the body's usefulness was judged on the performance of certain tasks and converted into measurable, calculable efficiency.[26] For example, in order to ascertain fitness tolerance, men were subjected to a test in which the pulse rate was increased through an exercise involving raising oneself onto a chair, which was repeated 10 times in 30 seconds. The time taken for a man to resume his normal pulse rate thus determined his exercise tolerance. If it was regained within sixty seconds, this denoted 'good exercise tolerance'.[27] The medical exam also revealed a conception of usefulness based less on the whole or holistic body and more on its respective components. The inclusion of categories '(a) vision' and '(a) feet' in Grade II in particular marked a change from World War I when men suffering from these defects had been placed in Grade III.[28] Taking for example, the qualification for Grade II (a) vision, Minister of Labour Ernest Bevin stated:

> The instructions to the medical boards provide that persons with one eye only may be placed in Grade II and marked "(a) vision" provided that the eye is free from disease and reaches a specified degree of visual activity.[29]

Men with problems regarding feet or vision would, therefore, be 'signified by the letter (a)'.[30] Then, when sent off for training, recruits would be divided into groups 'according to their defects'.[31] The emphasis was, therefore, on isolating the faulty 'parts'.[32]

In the quest for manpower economy there was also an increasing conception of bodily usefulness based specifically on military capacity. In his study of the Second World War Crang argues that one of the most pressing problems that the authorities faced was the selection of soldiers for the wide variety of occupations in a modern technological army. These included such diverse roles as a rifleman in the infantry, a

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[26] L.F. Monaghan defines calculability as 'gauging success through large numbers' and argues that is part of the wider process of the rationalization. See L.F. Monaghan, 'McDonaldizing men's bodies? Slimming, associated (ir)rationalities and resistances', *Body and Society*, Vol.13, No.2 (June 2007), p.69.
[27] NA WO32/4726, 'Instructions for the guidance of medical boards', p.4.
[28] Sir R. Davidson, 'Youth's Assize: The Physique of the Militia', *The Times*, 1 August 1939, p.13.
[29] 'Particular defects', *Lancet* 1939 (II), 1 July, 1939, p.49.
[30] NA WO32/4726, 'Instructions for the guidance of medical boards', p.3.
[31] 'Physical defects in militiamen', *Lancet*, 1939 (II), 5 July, 1939, p.104.
[32] Shilling, *The Body and Social Theory*, p.37.

gunner in the Royal Artillery, a tank driver in the Royal Armoured Corps and a skilled tradesman in the Royal Engineers. It was, therefore, a question of placing 'the right man, as far as possible, in the right job'.[33] Focusing on the introduction of scientific selection methods, such as intelligence and psychological testing, Crang has assessed the army's attempts to more effectively allocate service personnel, concluding that these strategies were never fully exploited and that large numbers of skilled men continued to be misplaced.[34] This, however, was also a bodily process, reflected in the army's medical grades which were introduced during and revised throughout the war. At the start of the conflict, the function of civilian medical boards was not to post individual men to specific units but only to classify them into the one of the four medical grades:

> The normal functions of Medical Boards are thus quite distinct from those of the authorities charged with the duty of posting each individual who is called up for service to duties for which, having regard both to his Grade and to other relevant considerations he is deemed suitable.[35]

According to F.A.E. Crew this system did not supply sufficient information for the posting of a man in accordance with his physical ability and within the first few weeks of its application there were various complaints from commanding officers that their intakes included men physically incapable of performing the specific duties required of them. For example, some posted to field training units were found to be suffering from hernias. Placed in Grade I, this implied no error in grading or posting.[36] The A to D grades, which specified whether a man was fit to serve at home or abroad, were also of limited benefit as they made no provisions for the specific type of work a man was capable of. As Crew states:

> This classification system was largely geographical in its implications and took but little account of the multiplicity of functions within the scope of the numerous units constituting an army either at home or overseas, nor the diversity of duties performed by different personnel within the same unit. Thus the same physical standards were applicable to all units of a fighting formation, artillery, infantry or administrative

[33] Crang, *The British Army*, p.5.
[34] *Ibid*, p.17.
[35] NA WO32/4726, 'Instructions for the Guidance of Medical Boards', p.3.
[36] Crew, *The Army Medical Services: Administration, Volume I,* p.332.

> services, and also to every man in any one unit, no matter whether rifleman, cook, clerk, or batman.[37]

In February 1940, therefore, a new series of military medical grades were introduced which focused on the specific capabilities required for different army occupations and were designed to facilitate the interpretation of civilian grades into military categories. Men would now be placed into one of ten grades:

[37] *Ibid.* p.331.

Table 1: Medical classifications of soldiers by categories, February 1940

Army Category	Army standard as regards physique and capabilities	Locality in which men may normally be employed
A1	See to shoot or drive Can undergo severe strain Without defects of locomotion With only minor (remediable) disabilities.	Any area in a theatre of war.
A2	See to shoot or drive Can undergo severe strain With slight defects of locomotion With only minor (remediable) disabilities.	Any area in a theatre of war.
B1	See to shoot or drive Can undergo considerable exertion not involving severe strain Without defects of locomotion With moderate degree of disabilities.	Lines of Communication (L. of C.) base, or garrison service at home or abroad.
B2	See to shoot or drive Can undergo considerable exertion not involving severe strain Without defects of locomotion With moderate degree of disabilities.	L. of C., or base, garrison service at home or abroad.
B3	See for ordinary purposes Can undergo severe strain Without defects of locomotion With only minor (remediable) disabilities.	L. of C., base, or garrison service at home or abroad.
B4	See for ordinary purposes Can undergo severe strain With slight defects of locomotion With only minor (remediable) disabilities.	L. of C., base, or garrison service at home or abroad.
B5	See for ordinary purposes Can undergo considerable exertion not involving severe strain With or without defects of locomotion With moderate degree of disabilities.	L. of C., base, or garrison service at home or abroad.
C	See for ordinary purposes Unfitted for considerable exertion With marked physical disabilities or evidence of past disease.	Home service only.
D	Temporarily unfit.	
E	Permanently unfit.	

(Source: NA WO293/25, ACI 184 of 1940, 'Instructions for the medical classification of soldiers by categories', 29 February 1940).

By 1943 the number of categories had increased to 14 and in 1944 changes were added which were designed to take into account the type of environment to which men would be posted. Up until then distinction had only been made between service abroad and at home. However, some men had disabilities that were aggravated by

climate and were unable to serve in the tropics. These men would have to be placed in C2, 'Home only', despite the fact that they would be able to serve in Europe where climate would not affect them. This wastage of manpower was reduced by the introduction of categories N.T, 'non-tropical' and H.S, 'home service', which would be added to a man's grade, for example, A1 (N.T). By September 1945 the Army medical classification system consisted of 72 categories.[38] As this repeated expansion in classifications shows, the army clearly did not conceive of one military body but a plethora of bodies fit for various forms of military service.

This principle of grading bodies according to military capacity was perhaps most obviously reflected in the PULHEMS system which had been introduced in the Canadian Army in 1943 and was first submitted for approval by the Adjutant-General in Britain in August of that year.[39] It involved a detailed qualitative assessment of the individual soldier and occupational requirements, with each man being assessed in respect of seven primary physical qualities:

Physical capacity
Upper extremity
Locomotion
Hearing
Eyesight
Mental capacity
Stability of emotions

The first letters of each of these qualities, therefore, formed the word PULHEMS. Again this was a system in which the body became a calculable object, as assessment in each of the seven criteria would be expressed as a number ranging from 1 to 5, producing a 'pulhems profile'. For example, profile 1111111 was the highest classification, and 4444444 the lowest, since a grade 5 in any capacity meant unfitness for service. [40] While this system was never fully adopted during the war, due primarily to a lack of extra medical officers, it highlights a conception of the

[38] Crew, *The Army Medical Services: Administration, Volume I,* p.345. pp.350-351.
[39] Brigadier J.C. Meakins, 'The "PULHEMS" system of medical grading', *The Canadian Medical Association Journal*, Vol.49, No.5 (November 1943), pp.349-354.
[40] *Ibid.,* p.359.

body as something that was readable numerically as the authorities continued to try and match man and occupation.

This monitoring of bodies according to occupational capacity can be seen as reflective of wider processes of rationalisation occurring within industry, thus linking the military physique to that of the civilian worker. In his *Principles of Scientific Management* (1911), for example, Frederick Taylor commented that 'there is as much difference between labourers as there is between horses'. He continued 'there are big powerful men suited to heavy work just as dray horses are suited to the coal wagon'.[41] British employer Edward Cadbury also emphasised the role of physical selection in the work place, describing the procedure in his factory in 1912:

> The Works doctors examine the satisfactory applicants, filling in on the form the height and weight, the condition of the heart, lungs, sight, hearing, teeth, and general appearance. It is also stated whether the applicant is a fit person to receive employment and what form of work he or she is suited for. After the forms have been filled up, the applicants are interviewed by one of the directors of the Firm, who then decides the class of work, special note being taken of the tone, character, cleanliness and general bearing. When young persons are selected for employment the condition of their hands is a very important factor.[42]

While these sorts of selection tests may have been the exception rather than the rule amongst British employers before the Second World War, this endeavour to fit the right body with the right job did became part of a wider government-sponsored programme of industrial health research during the inter-war years.

For example, in 1922 the Industrial Fatigue Research Board carried out three studies in vocational selection in order to illustrate 'the widely different qualities of the individual that may have to be taken into account in determining whether and how far he is suited for a particular type of work.'[43] This Board had been established during the First World War for the purpose of conducting research into the

[41] F. Taylor, *The Principles of Scientific Management*, p.157, p.173.
[42] E. Cadbury, *Experiments in Industrial Organization* (London: Longman's, Green and Co., 1912), p.6.
[43] *Reports of the Industrial Fatigue Research Board, No.16: Three Studies in Vocational Selection (General Series No.6),* (London: HMSO, 1922), p.3.

environmental and other conditions affecting industrial health and efficiency. Its 1922 studies included an investigation into the psychological and physiological capacities of printing apprentices, such as 'right hand and arm dexterity' and 'rapidity of visual observation', a study of the physical strength required for different occupations, and a study of hand measurements such as 'length of span' and 'thickness of wrist', in sweet factory workers.[44]

Indeed, during World War II direct links were established between industrial health research and army selection. Both Crang and French have highlighted that many of the army's intelligence tests were based on those developed in industrial psychology.[45] For example, early in the war pen and paper and verbal tests were developed by Mr E. Farmer and Mr E.G. Chambers, both of whom had previously worked on the Medical Research Council's (MRC) Industrial Health Research Board. This had been established in 1918 as the Industrial Fatigue Research Board for conducting research into the environmental and other factors affecting industrial health and efficiency.[46] In 1941 a Directorate for the Selection of Personnel was also set up to devise more accurate selection procedures, with many members also drawn from the National Institute of Industrial Psychology.[47] This had been established in 1921 to promote the application of psychology and physiology within industry and commerce and was led by Charles Myers, a specialist in shell shock during the First World War.[48] Similar comparisons can also be made with physical classification. For example, in 1940 seven new vision standards were added to the medical exam.[49] These were based on the minimum standard required by the London Passenger Transport Board and were designed specifically for the drivers of vehicles. This

[44] B. Musico, 'A-The psycho-physiological capacities required by the hand compositor', *Reports of the Industrial Fatigue Research Board. No.16: Three Studies in Vocational Selection (General Series No.6)*, (London: HMSO, 1922), pp.5-37. B. Musico, 'B-The measurement of physical strength with reference to vocational guidance', *Reports of the Industrial Fatigue Research Board. No16*, pp.38-77. E. Farmer, 'C-Physical measurements in a sweet factory', *Reports of the Industrial Fatigue Research Board. No 16*, pp.78-86.
[45] French, *Raising Churchill's Army*, p.68; Crang, *The British Army*, p.10.
[46] R.S.F. Shilling, 'Industrial health research: the work of the Industrial Health Research Board, 1918-1944', *British Journal of Industrial Medicine*, Vol.1, No.3 (July 1944), pp.145-152.
[47] Crang, *The British Army and the People's War*, p.10.
[48] C.S. Myers 'Introduction', in C.S. Myers (ed.), *Industrial Psychology* (London: HMSO, 1943), pp.7-15.
[49] NA WO32/4726, 'Instructions for the guidance of medical boards', p.4.

standard of vision ensured sufficiently good eyesight for driving purposes and for shooting up to a distance of 200 yards. This represented a higher degree of vision than indicated by the term 'see for ordinary purposes', as indicated by the army's lower medical grades, but did not attain the standard of 'see to shoot and drive'.[50] Given this, a new category, A3, was introduced:

A3.	See to drive Can undergo severe strain With or without slight defects of locomotion With only minor (remediable) disabilities.	Any theatre of war.

(Source: NA WO293/25, ACI 1428 of 1940, 'Instructions for the medical classification of soldiers by categories', Nov 23 November 1940).

The physical standards applicable to categories B3, B4 and B5 were also amended by substituting the words 'see for ordinary purposes but not shooting or driving' for 'see for ordinary purposes' as had previously been the case.[51]

In a wartime army physical classification was therefore not fixed but was subject to reinterpretation, based on the changing needs of the period.[52] This was noted by Colonel S. Lyle Cummins of the Royal Army Medical Corps in 1943:

> The Army has always stressed the importance of good physique and in peacetime has been in the position of being able to choose to a large extent the material on which it would work. In war-time, however, the problem is quite different and it becomes essential to utilise to the full all available material. The production of good physique from the varied types available becomes a difficult and more pressing problem.[53]

Indeed, standards had been altered even before the outbreak of war in order to incorporate more bodies into the force. From 1937 men were not rejected 'for minor physical defects' or excluded on dental grounds.[54] During the course of the conflict this issue became of greater concern as available stocks of manpower became

[50] Crew, *The Army Medical Services: Administration, Volume I*, p.341.
[51] *Ibid*.
[52] See also Peniston Bird, 'Classifying the body in and out of uniform', p.33.
[53] Colonel S. Lyle Cummins, 'Physical Development Centres', *Journal of the Royal Army Medical Corps*, Vol.81, No.3 (September 1943), p.183.
[54] *Hansard Parliamentary Debates, House of Commons*, 'Maximum National Effort', 2 December 1941, vol. 376, col.1030.

depleted. The percentage of men placed in grades III and IV, and therefore rejected for service rose from seven and a half per cent in June 1939 to 23 per cent in October 1942.[55] As the composition of those entering the army in respect of the relative numbers of men in the different categories underwent a progressive change for the worst standards of fitness had to be altered.[56] This can be seen, for example, in age requirements. From the outset of the war emphasis had been placed on younger bodies, with the ideal recruit being aged eighteen to twenty.[57] The Standing Committee on National Expenditure reported in the *British Medical Journal*:

> Some comments are made by the committee on the relation between age and proficiency in the Army. While the older men of military age have the advantage of greater experience, this is to a certain extent offset by relatively poor hand-and-eye co-ordination. Young men have proved of special value owing to their quickness of thought and action and also their greater physical fitness. It was stated in evidence before the committee that men of 18 and 19 are the most physically fit and mentally alert members of the community.[58]

Indeed, medical examination results appear to support this view, as Table 2 below demonstrates:

[55] Statistics compiled from: *Hansard Parliamentary Debates, House of Commons,* 'Medical examination of militiamen' , 22 June 1939, vol.348, col.2427-2434; R. Witting, 'Civilian medical recruiting boards', *in* Sir Arthur Salusbury MacNaulty (ed.), *The Civilian Health and Medical Services: Volume 1, The Ministry of Health Services; Other Civilian Health and Medical Services* (London, HMSO, 1953), p.363.
[56] Sir Arthur Salusbury MacNaulty and Franklin D. Mellor, *The Medical Services in War: The Principle Medical Lessons of the Second World War, Based on the Official Medical Histories of the United Kingdom, Canada, Australia, New Zealand and India* (London: HMSO, 1968), p.166.
[57] Charnock, 'Physique of the Recruit', p.10.
[58] 'Standing Committee on National Expenditure', *British Medical Journal*, 1941 (II), 20 September 1941, p.410.

Table 2 - Results of medical examinations by age group (%) 8 June 1939 - 26 October 1944

Grade	Under 18	18-19	20-25	26-30	31-35	36-40	41-43
I	78.4	76.7	71.8	64.1	55.1	41.1	29.7
II (a) (vision)	1.1	1.4	4.4	4.2	2.7	1.7	1.4
II (a) (feet)	2.5	2.6	2.4	3.6	4.7	5.1	5.2
II	7.6	7.1	6.6	8.7	11.6	14.8	19.6
Total II (a) and II	11.2	11.1	13.4	16.5	19	21.6	26.2
Total I and II	89.6	87.8	85.2	80.6	74.1	63	52.4
III	3.9	4.2	8.2	10	11.5	14.9	20.8
IV	6.5	8	6.6	9.4	14.4	22	23.3

(Source, R. Witting, 'Civilian medical recruiting boards', in Sir Arthur Salusbury MacNalty (ed.), *The Civilian Health and Medical Services: Volume 1, The Ministry of Health Services; Other Civilian Health and Medical Services* (London, HMSO, 1953), p.361).

Fitness therefore was perceived to decrease as a man's age increased, as the youngest men examined achieved the highest percentage of pass rates, 89.6 per cent of them being placed in grades I and II. At the other end of the scale, however, an average of only 52 per cent of men in the oldest age range were placed in these categories.[59] Despite this, however, in 1941 a second National Service Act extended the upper age limit from 41 to 51 years, bringing 2,750,000 more men under review.[60] From 1942 men in this older age group, achieving the A and B medical grades would be classified by the letter X, for example, A(X)1 or B(X)3.[61]

However, this change in standard did not necessarily reflect a changing conception of fitness.[62] While older bodies could now be recruited, there was a limit to their usefulness, as can be seen by the duties assigned to this new age group. Winston Churchill commented:

> Men called up over the age of 41 will not be posted for the more active duties within the Forces. They will be used either for static or sedentary

[59] Witting, 'Civilian medical recruiting boards', p.361.
[60] *Hansard Parliamentary Debates, House of Commons*, 'Maximum national effort', 3 December 1941, vol.376, col.1030.
[61] NA WO293/25, ACI 714 of 1942, 'Instructions for the medical classification of soldiers by categories', 4 April 1942.
[62] See also, Peniston-Bird, 'Classifying the body in and out of uniform', p.42.

> duties to liberate younger men. It is not intended to call upon anybody to do tasks for which he is physically unfitted, but there are a great many tasks in the modern Armed Forces which can be discharged by men whom one would not expect to march with the troops.[63]

Changing standards were therefore not always reflective of changing conceptions of bodily usefulness, a point that is further supported by the fact that no men over 45 years old and only a few over 41 were ever enlisted.[64]

Men's bodies were also classified according to their aesthetic qualities, particularly size, shape and texture. Jarvis argues in her study of the American military body in World War II, for example, that 'the average I-A individual was 68.1 inches tall, weighed 152 pounds, had a chest size of 34 inches at expiration, and was generally free of disease'.[65] Before the outbreak of war the Regular Army's regulations for recruiting included target measurements ranging from a weight of 112lbs and a 33inch chest (depending on height) for eighteen year olds to a weight of 133lbs and a 36inch chest (depending on height) for men aged twenty two and over. Men who failed to meet these requirements were rejected and referred to as 'undersized'.[66] While there were no formal height and weight requirements for the wartime militia, civilian medical boards were also instructed to scrutinize bodies in terms of their size, shape and appearance. On the one hand, the authorities considered a man's height and weight to be indicative of disease. The Ministry of Labour's instructions to medical boards stated:

> Any man must be carefully scrutinized if his height is below five feet and his weight less than 100lbs, or his chest measurement is less than 32 inches, to ensure that these low standards are not the result of disease.[67]

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[63] *Hansard Parliamentary Debates, House of Commons,* 'Standards of fitness', 5 November 1940, vol.365, col.1928.
[64] Forty, *British Army Handbook,* p.6.
[65] I-A was the highest physical category, meaning fit for general service. Jarvis, *The Male Body at War,* p.59.
[66] Major J.A. Crawford, 'The Work at the Recruits' Physical Development Depot, Canterbury, the "undersized recruit"', *Journal of the Royal Army Medical Corps,* Vol.73, No.1 (July 1939), p.9, p.16.
[67] NA WO32/4726, 'Instructions for the guidance of medical boards', p.2.

On the other hand, however, when minor disease or disability was present, appearance became the overriding factor in assessment:

> A man suffering from a particular infirmity, who is of more than ordinary general vigour, may sometimes properly be placed in a higher grade, and a man of generally poor physique in a lower grade, than could the majority of those exhibiting the same specific defect.[68]

Size and appearance and 'general vigour' could, therefore, be important to the body's assessment. This is again highlighted in the experience of the Mass Observer in London in 1940 who recorded the dialogue between himself and his examining doctors:

> Doc I: "Are you Grade I?"
> Obs: "I don't know."
> Doc I: "Could you carry a pack and a rifle?"
> Obs: "I feel fit but I don't know how much they weigh."
> Doc II: "You see you're very thin. Is your family thin?"
> Obs: "Some of them."
> Doc I: "Ah I suppose you take after the thinner ones."
> (The two doctors went into conference. Apparently they couldn't reconcile thinness with fitness)
> Doc II: "In view of his eye perhaps he'd better go in Grade II."
> Doc I: "We'll see what we can do for you."
> Doc II: "There's always this problem with the athlete who doesn't look the part."[69]

There was also a focus on skin tone and texture. For example, when it came to the 'undersized' recruit:

> The skin of the undersized recruit looks for all the world like a plant which has been grown in the dark. It hangs loosely on the body, lacks pigment, is "spotty" and is sometimes greasy with a disagreeable colour, and sometimes it is dry.[70]

This conception of fitness, based on a particular aesthetic body shape, had long been central to dominant hegemonic constructions of masculinity and national identity.[71]

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[68] *Ibid*. p.3.
[69] M-O A, TC Forces (Men) 1939-1956, 1/D, Report of JA of his Medical Examination, 3.8.40', p.3.
[70] *Ibid*. p.9.
[71] G.L. Mosse, *The Image of Man: The Creation of Modern Masculinity* (Oxford: Oxford University Press, 1996), p.23, p.137.

This iconic status of the strong, fit male body could be traced back to nineteenth century 'muscular Christianity', which combined energetic Christian activism with a pursuit of physical strength and health.[72] This icon was maintained as part of a wider health and life reform movement which emerged in response to the physical implications of modern urban living. Zweinger-Bargielowska argues, for example, that the 1920s celebration of the 'body beautiful' was not just part of the regimes of Fascist Italy and Nazi Germany. In Britain there were also attempts to build a distinctly British 'superman', inspired by the ethos of imperial manliness of the late nineteenth century.[73] The importance of this cultural ideal continued and was reinforced by the war and became part of what Sonya Rose has termed 'temperate masculinity', where the physically fit, muscular male body combined with the virtues of strength, endurance, restraint and chivalry, and was an ideal that men from both middle and working class backgrounds could strive for.[74] Through a seemingly impartial medical encounter, doctors were therefore expressing culturally normative ideals, albeit with an air of objective science.[75] Indeed, one doctor commented in a letter to *The Times* in July 1940 that 'there are many thousands of young men who have not the bodies worthy of the courage and patriotism possessing their minds'. This patriotism, he continued, should be physically manifested in 'strong and well-trained bodies'.[76]

A C3 nation

In July 1939 an article entitled 'Standards of fitness' in the *Lancet* reported, 'We are a C3 nation'.[77] This reference to military-medical grading within wider public health discourse highlights how the military body became representative of the wider national body during the period 1939-1945. However, this was not unique to the Second World War. High military rejection rates during both the Boer and First World Wars had caused increasing concern over the health of the population. Indeed,

[72] J. Springhall, 'Building character in the British boy: the attempt to extend Christian manliness to working class adolescents', in J.A. Mangan and J. Walvin (eds.), *Manliness and Morality: Middle-Class Masculinity in Britain and America* (New York: St Martin's Press, 1987), pp.52-74.
[73] Zweiniger-Bargielowska, 'Building a British superman', pp.595-610.
[74] S. O. Rose, *Which People's War? National Identity and Citizenship in Wartime Britain, 1939-1945* (Oxford: Oxford University Press, 2003), pp.163-168.
[75] Silbey, 'Bodies and cultures collide', p.61.
[76] Dr P. Dawson, 'Education in fitness', *The Times*, 6, July 1940, p.5.
[77] 'Standards of fitness', *Lancet*, 1939 (II), 8 July 1939, p.83.

examination results in the 1914-1918 conflict had revealed that only 36 per cent of men were graded A1 or fully fit and that 31 per cent of men were graded C3, unfit for combat. According to Bourke and J.M. Winter, these figures led to heightened anxieties about the physical degeneration of the British race.[78] Of the first 1 million servicemen screened in World War II America 40 per cent were also deemed unfit for military service. Rejections reached a peak of 1,117,000 in December 1941. These statistics were again believed to reveal a great deal about the health of the nation.[79]

In Second World War Britain service examination results were also seen as a means of gauging national health. Up until May 1945 United Kingdom medical boards examined 5,088,494 men under the Military Training and National Service Acts, 1,432,350 male volunteers, as well as 124,974 men for the Home Guard (civilian defence organisation), thus providing a unique opportunity to monitor the health of the male population.[80] For instance, at the meeting of the British Association for the Advancement of Science in September 1939 Professor David Burns, the Section of Physiology President, commented that 'the recent Military Service Act had provided the opportunity for an audit of the nation's young manhood'.[81] A Dr B. Paget also wrote to *The Times*:

> In order that we may know more about the health of the nation, I suggest that later on the average height, chest measurement, and weight of the militiamen should be published, also the average number of perfect teeth a man, and also the percentage of those with perfect eye sight, and how these statistics compare if figures can be obtained of conscripts in the various Continental armies.[82]

Within this context the recruit's body became a site around which wider public health debates could re-emerge. In the early twentieth century this continued to

[78] Bourke, *Dismembering the Male*, p.172; J.M. Winter, 'Military fitness and civilian health in Britain during the First World War', *Journal of Contemporary History*, Vol.15, No.2 (April 1980), pp.212-215.
[79] Jarvis, *The Male Body at War*, pp.60-61.
[80] Whitting, 'Civilian medical recruiting boards', p.358
[81] 'Assessment of physical fitness,', *British Medical Journal* 1939 (II) 9 September 1939, p.570
[82] Dr J.B. Paget, 'Letters to the Editor', *The Times*, 22 June 1939, p.12.

centre on the perceived physical deterioration of the nation.[83] Concerns focused particularly on the condition of the urban workforce, the malnourished, warped bodies of which were perceived to fall short of the ideals of the British 'race'.[84] The idea that the population was declining in quality as well as quantity was, for example, based on a decreasing birth rate, a notion that found direct expression in army selection. Analysing medical examination rates in the South East of England, Professor David Burns stated:

> The study of comparative death rates was of some use in judging the fitness of a community. Men in areas where reproduction rates were adequate enough only to sustain population were not on the whole as fit as in the rest of South East England, as indicated by the excessive rejections of recruits from these areas, and from figures given by the Ministry of Labour.[85]

On one hand, medical examination results were viewed optimistically. They were perceived as an indicator that the nation's health had improved since the First World War. This was attributed specifically to the effects of government legislation in the inter-war period.[86] In July 1939 the Minister of Labour, Ernest Brown, attributed a low rejection rate of only 2.6 per cent of the first 50,000 men examined under the Military Training Act to 'social legislation in the past thirty years, which had improved the health of the population'.[87] Sir Ronald Davison reported in *The Times* in August 1939 that the youth of the nation was 'healthier in every way than it was 20 years ago', basing this on the fact that of the first 60,000 men examined for the militia, 11 out of every 12 were fit for service.[88] He explained:

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[83] Zweiniger-Bargielowska, 'Building a British superman', p.596.
[84] J. Walvin, 'Symbols of moral superiority: slavery, sport and the changing world order, 1800-1940', in J.A. Mangan, and J. Walvin (eds.), *Manliness and Morality, Middle-Class Masculinity in Britain and America, 1800-1940* (New York: St. Martin's Press, 1987), p.251.
[85] Professor David Burns, 'Assessment of physical fitness', *British Medical Journal,* 1939 (II), 9 September 1939, p.570.
[86] For a general discussion of the optimist view of the effects of public health in the inter-war years see C, Webster, 'Healthy or hungry thirties', *History Workshop Journal*, Vol.13, No.1 (1982), pp.110-129.
[87] This figure refers to the percentage of men placed in Grade IV, 'Medical examination of militiamen', *Lancet* 1939 (II), 1 July 1939, p.48.
[88] Sir R. Davison, 'Youth's Assize: The physique of the militia, a debt to an old war', *The Times,* 1 August 1939, p.13.

> The explanation is doubtless complex. Average family incomes and purchasing power have risen with better wages and cheaper costs of living. Poverty in its most abject form has been eliminated. Standards of cleanliness and clothing have immensely improved. Healthier habits and love of fresh air and exercise have become general among the youth of both sexes, even the poorest. It is much to their credit. Behind all this levelling-up lies one obvious and potent cause: the cumulative effect of the public social services built up since the turn of the century.[89]

Indeed, the inter-war period had witnessed a range of official interventions designed to try to improve the national physique through improved housing, welfare unemployment assistance.[90] The Maternity and Child Welfare Act of 1918, for example, enabled local councils and voluntary institutions to apply for funding for clinics, day nurseries, midwives, health visitors, food and milk for needy mothers and infants. By 1936 over 60 per cent of children born in England were brought to the 3,368 child welfare centres that had been set up under this scheme.[91] In 1937 a National Fitness Campaign was also launched by the government. Aimed at the general adult population, it provided funding to local authorities and voluntary organisations for improved recreational facilities and the training of instructors, which was raised to £4 million for the period up until March 1940.[92]As has already been mentioned, the interwar years also witnessed the growth of a health and life reform movement, in response to the physical implications of modern urban lifestyles.[93] Physical culturalists advocated regimes such as sun and air bathing, regular exercise, dress reform and personal cleanliness, in order to counter the negative consequences of the urban environment. Organisations such as the New Health Society conceived of health as more than a 'purely negative absence of disease'. Rather a 'healthy life' involved a 'return to nature', a 'life of the open air', and 'clean and good food'.[94] The Health and Strength League also planned for 'an AI

[89] *Ibid.*
[90] G. Jones, *Social Hygiene in Twentieth Century Britain* (London: Croom Helm Ltd., 1986), p.29.
[91] S. Constantine, *Social Conditions in Britain, 1918-1939* (London: Melthuen, 1983), p.35.
[92] Zweiniger-Bargielowska, 'Building a British superman', pp.607-608.
[93] *Ibid.*, p.598.
[94] I. Zweiniger-Bargielowska, 'Raising a society of 'good animals': The New Health Society and health education campaigns in inter-war Britain', *Social History of Medicine*, Vol.20, No.1 (April 2007), p.74.

nation', through regimens of bodily discipline such as dietary restrictions, exercise, sun-bathing and personal cleanliness.[95]

On the other hand, however, medical examination results were also viewed with pessimism, providing a platform for continued anxieties about the state of the urban population. Indeed, Bourke has shown that during the war working class children of fourteen years of age continued to be up to 6 inches shorter and 13lbs lighter than their middle class equivalents.[96] Associating the 'undersized' recruit with a particular urban working background, for example, Major Crawford of the Royal Army Medical Corps stated:

> In the majority of cases they come from that part of the community who are employed in factories and they may, or may not, be economically badly off. Few of these recruits come from the country or are employed in agricultural work or in an open-air occupation. A typical history would be that the lad comes from an industrial town. His parents are generally of the working class and often in good employment.[97]

Providing a 'typical case', he continued:

> Not only does his diet provide little of it [physical development], but also his employment under cover all year round and living in smoke-laden industrial towns, prevents his skin manufacturing it from the sun's radiation. It is considered that his physical condition, about to be described, is the result of the lack of an optimum diet, of sufficient bodily exercise and of good environment. When stripped, his skin is unhealthy looking, he is scraggy and thin and there is a lack of proper clothing of adipose tissue. The muscles are underdeveloped and what there is of them is stiff. [98]

The importance of a man's lifestyle and occupation to his physical grading was also noted in the Ministry of Labour's Instructions to medical examiners. Although these did provide a more nuanced view, which distinguished between members of the working classes:

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[95] *Ibid.*
[96] J. Bourke, *Working Class Cultures in Britain, 1890-1960: Gender, Class and Ethnicity* (London: Routledge, 1984) pp.41-42.
[97] Major J.A. Crawford, 'The work at the Recruits' Physical Development Depot', *Journal of the Royal Army Medical Corps*, Vol. 73, No.1 (July 1939) pp.2-3.
[98] *Ibid.*, p.3.

> Often the man's occupation, such as that of blacksmith, navvy or miner, or the exercise he takes, such as football, cycling, walking, or the distance he covers for walking or cycling in a days work, will show that he is fit for the higher grades.[99]

The fact that the pre-war Regular army had a 10 per cent higher rejection rate than the wartime militia was also used to dispute the notion that overall national health had improved. This discrepancy was seen to lie in the uneven distribution of social class between the two groups. While the militia drew its men from all social classes, Regulars were men who usually came from the poorer sections of society and had few other opportunities outside of an army career.[100] The variation in physical condition of men between the two was therefore seen as reflective of their social composition. In a letter to *The Times* in June 1939 Dr H.H. Charnock commented:

> They [the Regular Army] come on average from a poorer class than those taken from all classes for Militia conscription. One cannot but be struck by the great variation in physique, especially in height, between English public school boys and boys from the board schools of a similar age, amounting probably in the case of 15 year-old boys to three inches in height. This discrepancy is not so apparent in countries which are preponderantly agricultural, where the physique of the population has not improved. [101]

Within this context conscription did not alleviate public health concerns, but was rather seen as evidence of the need for and an opportunity to promote further health reform:

> The adoption of conscription should give the possibility of greatly improving the physical standard of our younger population, especially those from the poorer section, by imparting lessons in physical culture and welfare, useful for later in life after leaving the Army or Militia.[102]

Army medical examination during 1939-1945 therefore provided data not just for military selection but for the expression of wider social concerns. In an era of widespread discussions surrounding the condition of the national stock military,

[99] NA WO32/4726, 'Instructions for the Guidance of Medical Boards', p.3.
[100] 'Standards of fitness', *Lancet* 1939 (II), 8 July, 1939, p.83.
[101] H.H. Charnock, 'Physique of the Recruit', *The Times*, 28 June, 1939, p.10.
[102] *Ibid.*

medical and political leaders drew upon physical classification results in order to further wider objectives.

Conflicted to commodified bodies

Rather than viewing the army's low medical rejection rates as proof that the condition of British men had improved since the First World War, some medical professionals and members of parliament considered them evidence that standards had been lowered too far. An article in the *Lancet* in July 1939 reported:

> The triumphs of social legislation can hardly explain the discrepancy between the acceptances for the militia today and for the army only three years ago, and suggestions have been made in parliament that the examination of the militia is inadequate and (provocatively) that "under any circumstances the men have got to be inside the armed forces".[103]

Again, therefore, comparisons were being made with the pre-war Regular Army, whose higher recruitment standards were believed to be a more thorough assessment of the body. In a letter to *The Times* in 1939 Richard Titmuss, a member of the Eugenics Society, commented:

> Do the Army Council aspire to a very high standard or is the explanation to be sought in the words "fit for training" as opposed to the basis used by the War Office which is, to quote their own words, "to ensure that the man's general health and physique are adequate to withstand the work and life of a soldier"?[104]

These early criticisms focused, in particular, on the militia's acceptance of men with minor physical defects who were eligible to be placed in Grade II.[105] The *Lancet* noted that 'The army examination aims at determining whether a candidate is fit for the unit he applies to join; the militia examination whether he is fit to be a soldier at all…Some of the men with minor defects of feet or vision who are placed in grade 2 (a) of the militia would be rejected by the army'.[106] Several complaints were also raised in Parliament about the man who was passed as fit who wore a glass left eye,

[103] 'Standards of fitness', *Lancet,* 1939 (II), 8 July 1939, p.83.
[104] R. Titmuss, 'Physique of the recruit: Militiamen and Regulars', *The Times*, 22 June 1939, p.12.
[105] 'The question of standard', *Lancet,* 1939 (II), 1 July 1939, p.48.
[106] 'Standards of fitness', *Lancet,* 1939 (II) 8 July 1939, p.83.

for example, to which the Minister of Labour responded that the classification system allowed militiamen with one eye to be placed in Grade II if the other eye was sound.[107] Clearly the military body was a site of conflict, as different parties held on to different standards and ideals.

The fact that some men who were passed into the army by medical boards were then considered to be physically substandard by the units that received them also suggests that either medical examiners were not scrutinizing bodies thoroughly enough or that they, or indeed the Ministry of Labour, had a different perception of fitness than the military authorities. The war's official medical histories state:

> As early as 1940 it had become apparent that not less than 4 per cent of the Army intakes were such as could never be moulded by the existing systems of training into efficient soldiers and that in every command there were very large numbers of men who, because of their poor physical development or their educational backwardness, constituted a severe drag upon the attainment of efficiency.[108]

Indeed, a considerable amount of men found their way into the army only to be discharged as unfit. Between July 1941 and August 1943 seven out of every 10,000 men were invalided out of the army within the first six months as a result of errors in medical grading.[109] In 1943 alone 2,443 men in the army's other ranks were discharged as unfit for service within six months after having been medically graded A1.[110] For example, one man had been in the army for three weeks before it was discovered that he had only part of his left foot.[111] Private Sweetland, a conscript sent for training in 1939 recalled those fellow recruits who had passed the exam despite being unfit:

> They went for their medical before enlisting and something must have escaped the attention of the doctors and they came into the army when they should never have been passed medically fit. I can't now think of

[107] 'Particular defects', *Lancet*, 1939 (II), 1 July 1939, p.49.
[108] Sir A.S. MacNalty and W. F Mellor (eds.), *Medical Services in War: The Principle Medical Lessons of the Second World War* (London: HMSO, 1968), p.165.
[109] 'Medical examination of recruits', *Lancet* 1944 (I), 1 January 1944, p.32.
[110] *Hansard Parliamentary Debates, House of Commons,* 'Medical grading (errors)', 16 March 1944, vol.398, col.375.
[111] *Hansard Parliamentary Debates, House of Commons*, 'Report', 14 March 1940, vol.358, col.1448.

> any particular occasion, but there were one or two, I would think, who got discharged because they were not fit for the services.[112]

However, this was not just a source of conflict between the military and medical authorities. In October 1939 A Mr Groves asked in Parliament whether the Minister of Labour 'is aware of the increasing dissatisfaction among members of the medical profession with the personnel of the medical boards for the examination of recruits'.[113] In December Mr Davis also asked whether he was 'aware that youths are often passed for military service by medical officers who in the opinion of their private doctors and in the opinion of an average layman are totally unfit to be sent for training of this kind?'[114] Clearly, there was a sense of dissatisfaction among civilian doctors and government officials, some of whom blamed the members of medical boards for passing unfit men as fit. For example, when in 1940 a man was graded as A1 despite having a missing right eye and receiving compensation for a hand injury sustained at work, the MP for the area also stated that 'a man in that condition obviously was not really fit and it would not have taken even a doctor to see that'.[115] This problem was summed up by Mr Silverman, MP for Nelson and Colne in 1942:

> People are saying that a medical board examining a recruit is interested only in getting him into the Forces by any reasonable means it can use, and therefore, if there is any doubt about a man's medical condition, the Army gets the benefit of it. It is said that the medical board come to the conclusion that any weakness will soon be brought out by the exigencies of military service, that the man in question will then be released and that they are prepared, therefore, to take a risk – and they take it.[116]

Others claimed that the problem lay in the examination process itself, which did not allow for a proper assessment of the body. For example, requests were made in Parliament for an extended examination time, which initially was only four to five

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[112] Private Sweetland, Interview, 17 May 1994, IWM 10452/1.
[113] *Hansard Parliamentary Debates, House of Commons*, 'Military Training (Medical Boards)', 19 October 1939, vol.352, col.1056-1057.
[114] *Hansard Parliamentary Debates, House of Commons*, 'Military Training (Medical Boards)', 7 December 1939, vol.355, col.787-788.
[115] *Hansard Parliamentary Debates, House of Commons* 'Supply: Army Estimates', 14 March 1940, vol.358, col.1447-1448.
[116] *Hansard Parliamentary Debates, House of Commons* 'Armed Forces (Pensions and Grants)', 29 April 1942, vol.379, col.1044.

minutes per man. In June 1939 a Mr Sorensen asked the Minister of Labour in parliament 'in those circumstances could there really have been a very thorough assessment of the militiamen?'[117] Discussing the exam length in November 1939, the chairman of one board also stated 'Is it therefore to be wondered at that occasional mistakes are being made by the examiner?'[118] Subsequently, in 1940 and as the average age of men examined increased, the target was renewed from 33 men per two and a half hours to 25. In 1942 this figure was again decreased to 22.[119]

More sophisticated techniques of bodily surveillance were also called for, particularly the inclusion of x-ray to identify men suffering from pulmonary tuberculosis and psychiatric testing in order to detect those with nervous disorders, which were the two greatest causes of manpower wastage amongst younger men in the army.[120] For example, in 1940 when a man suffering from tuberculosis had been passed as fit on four separate occasions by medical boards, the MP for the district commented:

> It would hardly be fair in this case to criticize the medical boards and Army Medical officers who, on four separate occasions passed this man as perfectly fit…miniature radiography would have shown the heart to be drawn across to the right, and would have revealed coarse mottling of moderate extent behind the right clavicle.[121]

It was also reported in the *Lancet* that many men with nervous disorders were getting past civilian medical boards.[122] Of a total rejection rate of 19.5 per cent in the period 1939-1941, only 0.92 per cent of men were excluded on the grounds of 'nervous instability and mental disease'.[123] This low rejection rate was attributed not to good general mental health but rather to the fact that 'a certain number of such men were slipping past the medical boards'.[124] The Chief Official of the South East Lancashire

[117] *Hansard Parliamentary Debates, House of Commons*, 'Medical Examination of Militiamen', 22 June 1939, vol.348, col.2432.
[118] 'The conscripted psychopath', *Lancet* 1939 (II), 11 November 1939, pp.1046-1047.
[119] R.E. Whitting, 'Civilian medical recruiting boards', p.351.
[120] MacNalty and Mellor (eds.) *Medical Services in War*, p.163.
[121] John Aspin, 'A medical board deceived', *British Medical Journal*, 1940 (II), 5 October 1940, p.470.
[122] 'Psychiatry and the services', *Lancet* 1940 (I), 4 May 1940, p.839.
[123] Whitting, 'Civilian medical recruiting boards', p.363.
[124] 'Some comments on the health of the troops', *Lancet*, 1940 (I), 30 March 1940, p.619.

Mental Welfare Association reported, for example, that registered 'mental deficients' were being passed into the Army.[125] Psychiatric testing was therefore seen as the best possible solution to this problem.[126]

These debates were driven partly by financial concerns. Calls for the introduction of more effective screening techniques focused on the subject of war pensions.[127] These concerns were particularly prevalent in discussions over x-ray examination and psychiatric testing and were based on the experience of the First World War. Dr Ernest Ward, a member of a Standing Committee on Tuberculosis (established in 1940) commented in the *British Medical Journal* that 'in the last war a number of tuberculosis men passed into the Army, where they were of little service and had to be pensioned later. We should try to avoid that mistake this time'.[128] On the question of x-ray, a Dr J.E. Bannen also stated:

> I am surprised that the authorities have not insisted on such examinations, and it seems to me that they are carrying a very heavy responsibility for the future in the payment of pensions in cases which, if there had been an x-ray examination, such expense would have been avoided.[129]

Comparisons were also made between nervous disorders and the problem of shell shock during 1914-1918.[130] This was described by one doctor as having been 'a most desirable complaint from which to suffer' because of the disability pensions that could be claimed.[131] By 1929 over a million ex-servicemen had applied for pensions for 'shell shock related' disorders and by 1932 thirty-six per cent of all British veterans who were receiving disability payments from the British Government were claiming for psychiatric illnesses.[132] A Dr T.A. Ross commented in the *British*

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[125] *Hansard Parliamentary Debates, House of Commons* 'Military Service (Nervous Stability)*'*, 17 April 1940, vol.359, col.180.
[126] 'Neuroses in wartime', *Lancet*, p.1278.
[127] The war pensions system is explained more fully in chapter 6 of this thesis.
[128] Ernest Ward, 'Recruits suspected of tuberculosis', *British Medical Journal* 1940 (I), 29 June 1940, p.1067.
[129] 'Correspondence', *British Medical Journal* 1939 (II), 30 September 1939, p.702.
[130]T.A. Ross, 'Psychological casualties in war', *British Medical Journal*, 1939 (II), 4 November 1939, p.925.
[131] 'Neuroses in wartime' *Lancet* 1939 (II), 31 October 1939, p.1278.
[132] E. Showalter, *Hystories: Hysterical Epidemics and Modern Culture* (London: Sage, 2003) pp.73-74.

Medical Journal in 1939 that 'if these psychopaths are generally being enlisted, then we are doing our best to provide many occupants for psychiatric beds', and described nervous disorders as 'a serious problem for those responsible for the prosecution of the war, and an unending burden to the community'. [133]

The medical exam can therefore be seen the point at which the male body in wartime Britain became a commodity, a tangible or 'real' material object that became a token of economic exchange.[134] As Scheper-Hughes argues, this concept does not just apply to financial exchanges; the body is also commodified through love, desire, healing, dissection, recreation and sport.[135] In the case of tuberculosis during the Second World War, however, bodily usefulness was financially quantifiable. The Standing Committee on Tuberculosis, for example, estimated that a recruit who developed the condition would cost the State a minimum of £225. Screen photography was estimated to cost £28,000 per million examinations. In that case even if only one case were detected per 1,000 recruits, it would still be nearly ten times cheaper to use x-ray than the cost of treatment and pensions.[136] The Committee concluded:

> From the financial point of view, the cost of pensions and of treatment is likely to be far greater than that of adequate radiological investigation, for each recruit who develops tuberculosis not only becomes a burden on the State but also is likely to produce secondary cases by infection.[137]

The demands of manpower, however, overrode these concerns. A Medical Advisory Committee was set up in May 1940 under the chairmanship of Lord Horder, in order to deal with issues pertaining to the medical exam. While accepting the benefits of x-ray, the committee twice rejected its introduction as impracticable, because it meant large numbers of men travelling longer distances to a smaller number of

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[133] T.A. Ross, 'Psychological casualties in war', *British Medical Journal*, 1939 (II), 4 November 1939, p.925.
[134] N. Scheper-Hughes, 'Bodies for sale: whole or in parts', in N. Scheper-Hughes and L. Waquant (eds.), *Commodifying Bodies* (London: Sage, 2003), p.2.
[135] *Ibid*., p.4.
[136] NA WO32/4726, 'Report on the radiological examination of recruits', 19 January 1940, p.1.
[137] *Ibid.*

centres at which apparatus could be provided, thus delaying the whole examination process.[138] It reported in a White Paper in 1942:

> The Committee feel that the adoption of this method represents an ideal to be aimed at in the medical examination of recruits for the Armed Forces. Serious practical difficulties, however, are involved. The necessary apparatus and a sufficient number of expert examiners could not be made available for some months and the introduction of this form of examination would seriously delay the examination of recruits.[139]

A similar ethos was adopted when it came to psychiatric testing. The Minister of Labour, Mr E. Brown, stated in Parliament in 1940 that 'it would be impracticable to include a doctor with such experience on every medical board'.[140] The Medical Advisory Committee therefore recommended that an expert's opinion should be acquired only in cases of doubt.[141]

Contested bodies

While the medical examination allowed the authorities to organise men's bodies, the bodies themselves were not, however, simply the effect of power. Rather, they remained real, material entities, which intervened in and interrupted the flow of social relations. In this respect, the body was a site of both contestation and negotiation. For example, the body's resistance could be unintentional, beyond the immediate control of the individual. Charles Anthony Lord, who was called-up in September 1939, for instance, recalled his struggle to provide a urine sample in front of his examining doctor:

> I could never pass water to order and [laughs] I went and found out at this medical board that the senior guy was a doctor I knew and I couldn't do this. I had to go and take my shoes and socks off and stand on a cold floor and okay it was there in the end. And of course he went home and told his wife and the first thing [laughs] it blew around Derby

[138] The Committee considered and rejected the introduction of x-ray first in 1940 and again in 1942. P.P. *Report of the Medical Advisory Committee on the use of Mass Miniature Radiography in the Detection of Pulmonary Tuberculosis among Recruits for H. M. Forces*, HMSO 1942 (6353) p.5.
[139] *Ibid*., p.6.
[140] *Hansard Parliamentary Debates, House of Commons,* 'Military Service', 27 February 1940, vol.357, col.1910.
[141] NA WO32/4726, 'Instructions for the guidance of medical boards', p.4.

> you see, silly [laughs] the first thing I was tackled with when I got back to Derby, 'Oh have you passed water alright all the way during the war?'[142]

In this instance, therefore, neither Charles nor the doctor appears to have command over his body. Faced with the prospect of having to urinate 'to order', Charles's nerves seem to override his conscious control over his bodily functions. This, in turn, disrupted the examination process, prompting the doctor to make him stand bare footed on a cold floor in order to collect the required sample and thus continue the examination process.

The body was also however, a resource that was consciously managed by the civilian in order to fulfil his own particular ends. For those wishing to evade military service failing the exam was perhaps their best option. Simply evading examination carried the threat of penalty. Between 1939 and 1945 the Ministry of Labour authorised legal proceedings in 6,107 cases of men who had not submitted to medical examination. Convictions were obtained in 4,931 of these cases. A large proportion of these men professed to be conscientious objectors but had either failed to make an application to be so registered or their applications had been rejected.[143] Indeed, of the 60,000 men who applied to local tribunals for exemption on conscientious objection grounds, only around 3,500 were given unconditional exemption and over 12,000 had their claims dismissed outright.[144] Certainly, some men did seek to avoid enlistment by malingering, described by Captain Rankine Good, a psychiatrist in the Royal Army Medical Corps, as 'the conscious adoption and exploitation of symptoms of illness, physical or mental'.[145] Illustrating one such example, he referred to a man who had turned up for his initial medical examination with 'the external auditory meati [ear canal] plugged with face cream in an endeavour to feign deafness'. When asked if he was simply 'swinging the lead', he replied that he 'had a horror of bloodshed, and for that reason had by his malingering wished avoid conscription for four months previously'.[146] A Mass Observer in Stepney in 1940

[142] Charles Anthony Lord, Interview, 21 September 1998, IWM 18257/1.
[143] P.P. *Ministry of Labour and National Service Report for the Years 1939-1946* (7225), p.22.
[144] *Ibid.*, p.25.
[145] Capt. R. Good, 'Malingering', *British Medical Journal* 1942 (II), p.360.
[146] *Ibid.*

also reported a conversation amongst a group of men in which one told the others that he had been graded C3. This prompted reactions such as 'here come on, out with it. How d'you do it? It's my turn next – got to get used to the idea. What d'you say?', and 'Bloomin' swindler –what'd you say to them? Told 'em you had a weak heart?'[147] Another strategy was to acquire false medical documents from doctors. In July 1940 Dr George Riddoch, Physician to the London Hospital, reported cases to Scotland Yard where certain medical practitioners and specialists had, by means of false evidence of epilepsy, misled medical boards and the recruits had been placed in Grade IV.[148] In 1942 the case of a doctor being struck off the register for giving bogus certificates to men to enable them to evade military service was also raised in Parliament.[149] Of course, within a context of pressing manpower needs, not all such attempts were met with success. A Mass Observer in Crookham in 1940 reported the case of a man who had known his medical examination was at 7.30am and so stayed up all night visiting nightclubs. By the evening after his exam he was 'almost passing out and kept saying tearfully, 'they passed me A1 fit, can you believe it?''[150] Yet the fact that men tried to feign illness reflects a conception of the medical examination as, in theory at least, something that *could* be traversed and the body itself was both the site and the means of that negotiation.

Equally, men eager to serve but who were physically sub-standard tried to manoeuvre around the exam's requirements. As Peniston-Bird suggests, the medical exam did not just constitute a rite of passage into, or a moment of exclusion from, the armed forces. The classification of their bodies impacted upon men's sense of their value to the nation, and their self-worth.[151] This is reflected in the testimonies of examinees who feared being placed in the army's lower medical grades. Recruit

[147] M-O A: TC Forces (Men) 1939-1956, 1/B, Observations in Stepney, 29.7.40 (NM).
[148] NA WO32/4726, Medical Advisory Committee, 'Abuse of medical certificates', 3 July 1940, p.2.
[149] *Hansard Parliamentary Debates, House of Commons,* 'Military Service (Bogus Medical Certificates)', 9 December 1932, vol.385, col. 1558.
[150] MO A: TC Forces (Men) 1939-1956, 1/F, Overheards, comments about soldiers collected by DH in Crookham, p.1.
[151] Peniston-Bird, 'Classifying the body in and out of uniform', p.35.

James Franks, for instance, recalled that 'my main concern was that I would not be passed A1'.[152] Another examinee in London in 1940 also exclaimed:

> They put me in Grade II! Pronounced me A1 and then put me in Grade II because of my vision! Impertinence I call it. However, I shan't go in the Front Line – that's one way of looking at it. It means clerical work.[153]

Clearly, despite being pleased about the overall outcome of his exam, his low medical grade was experienced as a source of shame or embarrassment. In order to avoid such a fate, therefore, some examinees tried to conceal their shortcomings. As Dr A. Scott, a clinical tuberculosis officer in Wolverhampton, noted:

> All over the country are men anxious to serve, among whom are a certain number of sufferers of pulmonary tuberculosis. With misguided patriotism these men are apt not to disclose their true history to the medical examiners, with the result that, lacking universal screening, many are missed clinically and passed into the services.[154]

It was also common practice for intending recruits who were rejected at one centre to try at other centres until they were accepted.[155] Indeed, while a man could not appeal against the decision of a medical board, his grade could be superseded by the decision of another. The instructions for medical boards stated:

> If in any circumstances a man is examined by more than one Board, the last authorised medical examination supersedes all previous examinations, and accordingly the Grade in which the man is placed at his last authorised examination will alone be recognised.[156]

However, it is possible that examiners also played a part in this process, thus highlighting the body as a site of cooperation and negotiation between subject and state. It has already been shown that, in the opinion of some MPs at least, certain doctors were simply allowing as many bodies as possible to pass into the army in order to fill the ranks. This is a notion that is also reflected in the experiences of

[152] J. Franks, 'Hitler V Brighton Boy', 15 March 2004, BBC People's War, A2427491 <http: //www.bbc.co.uk/ww2peopleswar/> [accessed 2010].
[153] M-O A: TC Forces (Men) 1939-1956, 1/D, Report by JA of his Medical Examination, 3.8.40, p.1.
[154] *British Medical Journal*, 1939 (II), 23 December 1939, p.1250.
[155] See for example, 'Medical examination of militiamen', *Lancet* 1939 (II), 5 July 1939, p.104.
[156] NA WO32/4726, 'Instructions for the guidance of medical boards', p.9.

some examinees. Recruit Arnold Straw, for instance, remembered being graded A1, despite having a severe case of influenza and dropping in weight to 7 stones 7lbs.[157] This seems to contradict the official guidelines about men with particular infirmities and their 'general vigour'.[158] Dennis March also remarked that 'my resulting medical examination confirmed I had a body, a head, two legs, two arms, my height was 5ft. 1in., my weight was 7 stones 5lbs, and declared me A1 'fit for anything!' [159] In his memoirs Spike Milligan also described the scene of his examination:

> We were told to strip. This revealed a mass of pale youths with thin, white hairy legs. A press photographer was stopped by the recruiting sergeant. "For Christ's sake don't! If the public saw a photo of this lot they'd pack it in straight away".[160]

He was subsequently seen by an examining doctor who asked 'do you feel fit?' and then 'grinning evilly', wrote Grade I.[161] Although Milligan's statements are clearly satirical, part of his widely published recollections of the war, they nevertheless do not suggest a very thorough screening process. Rather, like Dennis March above, he implies that all types of bodies were passed into the army during 1939-1945. This potential for leniency on the part of examiners could, therefore, make it easier for men trying to enlist, yet not physically suitable, to traverse the selection process. Indeed, a certain amount of control could even be handed over to men in the classifications of their own bodies. For example, despite medical examiners being instructed that 'no discussion whatsoever, either in relation to disabilities or grading should take place within the hearing of any man under examination' the experience of Eric Middleton shows that this rule was not always obeyed.[162] He recalled:

> The doctor who examined arms and legs turned out to be Dr. Rotherham. The family doctor we had when I was a child and who had said that I would never walk without irons. When he saw me he said "Aren't you Alice Davidson's boy? (my mother's maiden name). He had me doing various exercises, particularly going up and down on my

[157] A. Straw, 'From Carbrook to Naples', 22 November 2003, BBC People's War, A2069750 <http: //www.bbc.co.uk/ww2peopleswar/> [accessed 2010].
[158] NA WO32/4726, 'Instructions for the guidance of medical boards', p.2.
[159] D. March, 'Journey of the globetrotters', 14 July 2003, BBC People's War, A1109161 <http: //www.bbc.co.uk/ww2peopleswar/> [accessed 2010].
[160] Spike Milligan, *Adolph Hitler, My part in his Downfall*, (London: Penguin, 1971) p.24.
[161] *Ibid.*
[162] NA WO32/4726, 'Instructions for the Guidance of Medical Boards', p.7.

> toes with my arms extended to the sides, and called over the other doctors to show them what a miracle there had been. I was stark naked, of course, and there were some titters from my colleagues. He said he could grade me A1 (fit for overseas service) or B2 (for home duties) whichever I wished. I elected to be classed A1".[163]

Rather than being an objective assessment of his body, Eric's medical exam therefore became a very public process involving many parties. Although he was made to perform various exercises, Eric ultimately chose his own grade. This is a process Silbey refers to as 'adhering to the form while undercutting the intent'.[164] This was also the case when it came to the recording of external marks:

> When a doctor came to identification marks he dictated 'large mole on right buttock 2 inches from anus'. I protested that it would be rather embarrassing to have to show that every time my identity was checked. He agreed to substitute 'long scar on back of left leg'.[165]

A direct negotiation therefore took place, as both examiner and examinee played a part in shaping the medical 'facts'. As the result of Eric's protest, the doctor altered his analysis, but was careful not to disregard the structure of the exam. This moment of cooperation thus allowed medical science to be manipulated, as both parties, for whatever reasons, were able to manoeuvre round the exam's requirements.

Conclusion

The medical examination placed the body at the heart of the early stages of the transition from civilian to soldier. Whether volunteer or conscript, each man became subject to a formal sorting process in which his usefulness and personal future were decided by reference to his body. As Peniston-Bird suggests, therefore, examination highlighted the power of the collective body over the individual.[166]

Examination determined whether each man was to be admitted to the army and what his future as a soldier was at this early stage. This is reflected in the medical grading

[163] E. Middleton, 'Watch out Jerry, here I come (part one)', 8 September 2005, BBC People's War, A5610485 <http: //www.bbc.co.uk/ww2peopleswar/> [accessed 2010].
[164] Silbey, 'Bodies and cultures collide', p.8.
[165] Middleton, 'Watch out Jerry, here I come'.
[166] Peniston-Bird, 'Classifying the body in the Second World War', pp.33-34.

system, which not only sorted the generally fit from the unfit, but took account of various minor physical defects, abilities to see and hear and tolerance to climate. In grading this way the authorities sought to make more effective use of all available bodies by suiting the right man to the right job.

Through examination the body was also depersonalised. It was compared to ideals of usefulness and appearance linked to wider norms related to productivity and aesthetics, rather than judged on its individual merits. This can be seen clearly in the experience of the thin Mass Observer in London who, despite feeling fit and being active, was viewed by his examining doctors with confusion and suspicion because of their notions of size and dismissed as a 'biological curiosity'.[167]

Data from army examinations was also used for wider discussions of health. In an era dominated by anxieties over the condition of the British race and increasing public health reform, the statistics gathered by medical boards became a barometer of national health. This meant that on the one hand, the political elite could use the militia's low rejection rates as evidence that the physical condition of the population had improved since 1914-1918. On the other hand, some doctors and MPs looked sceptically upon these figures, seeing them as representative of the different social composition of the militia as compared to the peacetime Regular Army, whose higher rejection rates were felt to be a more accurate depiction of the condition of the working class.

The militia's high pass rates were also viewed as evidence that standards had been lowered too far in order to fulfil the demands of manpower, or that medical boards were simply allowing unfit men to pass. Indeed, at this early stage it was civilian doctors rather than military professionals that had the power to define the body's usefulness. In this context, the civilian body became a site of conflict between the military and medical worlds, as different parties held on to different standards and ideals. This can be seen clearly by the fact that some of the men who made it into the army were only then to be invalided out by the units that received them. Yet, the

[167] M-O A, TC Forces (Men) 1939-1956, 1/D, Report of JA of his Medical Examination, 3.8.40, p.1, p.3.

question of physical selection was not just a source of conflict between civilian doctors and army leaders. There were also clear differences of opinion among government officials and members of the medical profession about the standards adopted and the methods of bodily surveillance used. These debates centred mainly on the detection of tuberculosis and psychiatric disorders.

Examination was, therefore, clearly a key site of power. It was a context in which the civilian body was observed, scrutinized and recorded by many 'experts'.[168] However, it also offered considerable opportunities for the embodied agent. As Silbey argues with regard to the First World War, physical selection between 1939 and 1945 was a process that was open to bargaining.[169] In this respect, the body itself became a site of both contestation and negotiation between the individual and the state. Some examinees who wished to enter the army but who did not meet the physical standards required consciously tried to hide their illnesses and conditions, while others who wished to evade service tried to cheat the selection process by malingering. Doctors also did not strictly adhere to the exam's requirements. While appearing to maintain some scientific impartiality, examiners could be lenient, even allowing men to choose their own physical grades. As such, examination was not an objective medical encounter but something that could be manipulated by both sides. For the bodies that passed through this gateway, next began the process of reform.

[168] Foucault, *Discipline and Punish*, p.304.
[169] Silbey, 'Bodies and cultures collide', p.65.

Chapter Three: Training

Once enlisted into the army, every new recruit then underwent a period of training. At the start of the war this generally consisted of three months of basic training, which was carried out in depots, before men were posted to regiments.[1] After the introduction of the General Service Scheme in July 1942 recruits spent their first six weeks in the newly created General Service Corps where they underwent basic infantry training, aptitude and intelligence tests at Primary Training Centres. Then they were posted to Corps Training Centres to receive instruction specific to their arm of the service. This lasted for between 16 weeks for infantrymen and a maximum of 30 weeks for signallers. [2]

Foucault identified training as a key site of power. He argued the chief functioning of disciplinary power is to train, to link individual bodies together and to enhance and use them.[3] The eighteenth century French soldier, for example, entered into a system that explored and rearranged his body. Through uninterrupted, constant coercion it was moulded into the correct form.[4] Woodward also states that army training is 'a physical process involving bodily transformation'. She notes:

> Outside on the ranges, bodies are changed through the enactment of physical tasks building up the body of the soldier, equipping it with the skills and capabilities necessary for its military role. Inside domestic space, the body is preened and laboured over to conform to the exacting standards of appearance of commanding officers.[5]

Hockey likewise refers to basic training as a period of 'initial socialisation', during which the formal organisational control of the soldier's body is at its most extreme. This is because the military organisation's prime goal is to engage in conflict and the resources it deploys are essentially human. However, unlike Woodward, he argues that from the perspective of those who manage such violence, the prime goal is to instil high levels of discipline in order to ensure predictability of behaviour and

[1] French, *Raising Churchill's Army*, p.127.
[2] *Ibid*., p.68.
[3] Foucault, *Discipline and Punish*, p.170.
[4] *Ibid.*, p.135.
[5] Woodward, 'Locating military masculinities', pp.51-52.

uniformity of response to orders. Without this, uncoordinated and individual actions in conflict situations are likely to affect operational objectives. For Hockey, unquestioning obedience is the linchpin of military discipline. Soldiers must be fit and skilled in the practices of war, but if they are not disciplined they will be operationally ineffective.[6]

The purpose of British Army training during 1939-1945 was to prepare the body for active service according to a two-stage process. The army first had to establish control over the recruit's body in order to submit him to the authority of the regime. This achieved, instructors then proceeded to transform his body into an effective military machine by rendering it fit, ordered and productive. However, the ultimate goal was the production of bodies that were self-regulating and would thereby maintain themselves once institutional power was removed. This is something that is not recognised by Woodward and Hockey in their studies of the modern army. However, it was explicit in 1944 in the War Office pamphlet *Basic and Battle Physical Training,* which stated:

> The battlefield is the supreme test of training. When units are divided into small and scattered groups each man must be held responsible for his own fitness. Every individual should have the will to be fit, and every man must be taught what exercises he can do under the particular conditions existing at the time. He should realize that only if he keeps himself fit can he be an efficient soldier.[7]

The following chapter thus explores the various techniques by which discipline was inculcated in the recruit's body by focusing on the two stages in the process; control and transformation.

Controlling the body

The first step in the army training regime was to establish control over the recruit's body in order to create an effective basis from which the processes of reform could take place. This began the moment that he arrived at barracks, where he would be

[6] Hockey, 'Head down, bergen on', p.149.
[7] War Office, *Basic and Battle Physical Training: Part I, General Principles of Basic and Battle Physical Training and Methods of Instruction* (London: HMSO, 1944), p.9.

stripped of his civilian identity through the issue of an army number and uniform and by being given the regulation haircut. Scots Guard recruit Peter Grant wrote in his memoir, for example, that 'we went to the barber, who completed each cut in about a minute. The electric machine rendered the hair very short and only a longer frill or 'dosan' at the front was left to make something of'.[8] The effect of this was that the recruit would be immersed into his new military community as his individual body was immediately depersonalised. Sent for training with the Royal Ordinance Signal Corps in 1939, Bill Partridge recalled:

> I was a young man. When I came home I was a little bit different to my contemporaries. I was in uniform. I'd been given one stripe and I suppose it was different to later in the war when everyone was in uniform. We were still a little bit different.[9]

Thereafter, everything pertaining to the recruit's appearance continued to be subject to strict regulation. The body was to be kept clean and meticulous attention to detail was to be observed in the wearing of the uniform, a strategy that Joanna Entwistle argues is fundamental to the micro-social order.[10] In June 1941, for example, Major-General P.J. Shears, Commander of Durham and North Riding Division stated that 'it must be instilled into all ranks by example, by demonstration, and by lectures, that it is the duty of every soldier to aim to reach the highest standards of cleanliness and smartness and in his appearance'. He continued:

> Battle Dress in many cases is carelessly worn with no effort to crease the trousers or fold them properly over the anklets. The fact that a man is wearing Battle Dress must not be an excuse for it to be worn in the manner of fatigue or overall dress. A good soldier can look smart and clean in battle dress…F.S. caps are often worn hanging over the right ear. The correct position is on the right side of the head with the front peak of the F.S. cap on inch above the centre of the right eyebrow.[11]

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[8] P. Grant, *A Highlander Goes to War: A Memoir, 1939-1946* (Edinburgh: Pentland Press, 1995,) p.8.
[9] Bill Partridge, Interview, 20 April 2001, IWM 21565/1.
[10] Entwistle argues that clothing operates at the dangerous margins of the body and therefore must be regulated. For example, corporations use uniforms and dress codes in order to exercise control over the workers within. See J. Entwistle, 'The dressed body', in J. Entwistle and E. Wilson (eds.), *Body Dressing* (Oxford: Berg, 2001), pp.34-40.
[11] M-O A: TC Forces (Men) 1939-1956, 2/A, Divisional Orders by Major-General P.J. Shears, Commander, Durham and North Riding County Division, 10.6.41, p.1.

Recruits were also required to shave daily, which sometimes had no physical or aesthetic value. As Eric Murray recalled:

> I mean you'd get some, some didn't shave and that like. Some of them just had little. I mean there was a lad, I know a lad he hadn't shaved. He was nearly into his thirties and he'd never shaved. I mean you get, you get people like that, but in the army if you've got nothing or what, you've still got to shave.[12]

Upon arrival for basic training with York Rifle Brigade in 1942 William Dilworth also explained to his Sergeant-Major that he had never shaved before as he had never even had any fluff on his chin, the consequences of which were as follows:

> The Sergeant-Major looked at me and he said 'don't tell me what you haven't got'. He says, 'I'm telling you, you need a shave. Corporal', he called one of the corporals and he said 'take this man to the ablutions and see that he shaves immediately'. So the Corporal marched me off across the square to the toilets and he said 'well shave' and I said 'I've never shaved' so he says 'get your razor out', so I got the razor, which the army gave me and opened it up and I said 'well I haven't got a razor blade' so he says 'put it all back together again and go through the motions, soap your face and then make out you're shaving'. So, without a razor blade in I went through the motions of shaving and everything, washed my face and was marched back to the parade ground, marched up to the Sergeant-Major and the Sergeant-Major looked at my face and said 'that's bloody better man. Now in future you'll shave every morning'.[13]

The very fact that Dilworth, like all men in the army, was issued with a razor suggests that shaving was an expected behaviour, regardless of whether or not it was necessary. It was therefore not designed to regulate or standardise men's appearances but also to enable the authorities to instil discipline, order and routine through a particular habituated bodily practice.

It was not just the exterior body that became subject to army control. In order to be made efficient, all of body's functioning also first had to be regulated. In this respect, the body was conceived as a machine to be fine-tuned, as was made explicit in a comparison with an internal combustion engine:

[12] Eric Murray, Interview, 1998, IWM 17630/4.
[13] William James Dilworth, Interview, 28 July 1998, IWM 18435/2.

> If the engine is to continue to function efficiently all the necessary supplies must be maintained. The petrol must be ample, and a free air assures, together with accurate timing of ignition and sufficient cleaning of the exhaust. So, in the body, break down of any one part, though it can be compensated to a degree not obtainable in a man-made machine, has its effect on the efficient functioning of the whole body. Ample supplies of food and drink, free access of oxygen from the lungs by blood transport to the tissues, accurate timing of nervous control of each individual muscle fibre, and efficient cleansing of the waste products through the venous blood. All these and many more complicated details are necessary for efficient functioning of men in training.[14]

In the first instance, the body was to be fed and rested. The War Office manual *Physical and Recreational Training* stated, for example, that among the 'foundations of physical fitness' were 'good nutrition, which is achieved by careful attention to the soldier's diet', and 'careful regulation of drinking and smoking'.[15] Men in training were to be provided with 'a substantial meal at the beginning of the day, followed by two lighter, easily digested meals at a four or five hour interval, ending the day's work with a fourth good substantial meal'. This was 'designed to cover all requirements, including body-building proteins, energy-producing carbohydrates and fats, and protective vitamins and salts'. The training regime also included eight hours sleep at night, accompanied by adequate periods of rest throughout the day.[16]

In order to cleanse the body of its dangerous and contaminating waste products even the bowels were to be regulated. Men were instructed to 'cultivate a habit of cleaning the bowels out once daily' in order 'to get rid of this waste and germ-filled material'.[17] Again this was aided through regimens of feeding and resting:

> There is much talk about diet these days but the importance of getting rid of the end-products of metabolism is not sufficiently stressed. This is not the place to go into the pathology of the excretory apparatus, but a study of it will not only show by which the various end products are

[14] War Office, *Basic and Battle Physical Training: Part I*, pp.21-22.
[15] War Office, *Physical and Recreational Training* (London: HMSO, 1941), p.4.
[16] War Office, *Basic and Battle Physical Training: Part I*, pp.26-27.
[17] M-O A: TC Forces (Men) 1939-1956, 3/A, Health memoranda for British soldiers in the tropics, June 1942, p.5.

> eliminated and the methods employed to achieve this result but will also demonstrate the pathological effects of improper functioning.[18]

The authorities also advised that meals were best followed by a period of about half an hour of physical relaxation 'during which the digestive processes get underway'. This, especially in the mornings, allowed time 'for the opening of the bowels'.[19]

These processes of regulating the recruit's body were accompanied by close surveillance of his body in order to monitor his conformity to standard. The body was routinely maintained through regular inspections and parades, which allowed any particular defects to be identified and remedied. According to infantry recruit Joseph Clark 'you just used to strip off and the MO asked if there were any problems or owt like that'.[20] Again this began from the moment that the men arrived at their barracks. William Dilworth, for instance, had a tooth 'drilled and filled':

> You go through a thorough medical examination, your ears and every other part of the body and, and then they…everything was okay cos you have all these things done there and then so you go before the doctor and he checks everything and then he says 'right dentist', so you walk straight over to the dentist's chair and have it done there and then.[21]

Dental examinations were thereafter carried out annually in March, on change of station at home and upon receiving orders for deployment overseas.[22] All necessary dental treatment, including artificial dentures where essential, was free of charge, something not available to the general population.[23] From 1938 regular dental inspections and treatment had even been provided for the children of serving soldiers attending army schools.[24] As a result of this routine intervention in his body the soldier was therefore perhaps privileged in comparison to the civilian as he had increased access to food and healthcare. Indeed there was also a feeling among recruits that this management of their bodies was beneficial. Bill Partridge

[18] Maj. J.A. Crawford, 'The work at the Recruits Physical Development Depot, Canterbury: "The undersized recruit"', *Journal of the Royal Army Medical Corps,* Vol.73, No.1 (July 1939), p.9.
[19] War Office, *Basic and Battle Physical Training: Part 1*, p.27.
[20] Joseph William Clark, Interview, 7 October 1997, IWM 17628/4.
[21] Dilworth, Interview, IWM 18435/2.
[22] Crew (ed.), *The Army Medical Services: Administration, Volume II*, p.291.
[23] 'Question Time', *Lancet* 1939 (II), 29 July 1939, pp.288-289.
[24] Crew (ed.), *The Army Medical Services: Administration, Volume II*, p.291.

commented that men 'felt better. They were getting adequate meals. They were getting sufficient food and there was a sense of wellbeing'.[25] Some men 'complained bitterly' about the food they received but others confessed a sense of trust in the military regime.[26] In a report of a conversation among a group of recruits about the food served at a Royal Army Medical Corps (RAMC) depot in Leeds, for example, Mass Observer Henry Novy recorded one man as saying 'they know what they're doing here. At home you overeat'.[27]

Examinations and parades were not, however, simply about imposing control from 'outside'. Rather, prescribed bodily behaviours became habitual, routine, ingrained practices, as men came to expect to be inspected. Bill Partridge commented that 'somebody was going to be stupid if you hadn't made up your uniform and bed space or whatever so get on with it and okay we worked out the routine probably a lot quicker'.[28] This was reinforced through systems of reward and punishment. For men on guard duty the 'stick' or 'fetch and carry man' was often selected on the basis of personal cleanliness.[29] William Dilworth, for instance, was granted this privilege as a result of scrubbing under his fingernails:

> We're all standing there at attention and the Regimental Sergeant-Major comes along and he say's 'hands behind your backs'. So we all put our hands behind our backs and he marches along in front of us and he looks at every one of us, inspects all our uniforms and beard and everything, well you know, to see if we'd shaved, haircut and what have you. Then he goes round the back and he lifts up…when he got to me he lifted up my finger, hands. He'd obviously done it with all the others, and then he…when he'd finished doing that he went to the front. He said 'right, step forward Rifleman Dilworth'. So I stepped forward one pace. He said 'you will be the man that looks after the rest of the men', which means I have to run backwards and forwards to the canteen, get drinks and food and everything for them while they're on duty. So I didn't have to stand and do any guard at all. I got away with it cos I had clean fingernails.[30]

[25] Partridge, Interview, IWM 21565/2.
[26] Bolton, Interview, IWM 23195/2.
[27] M-O A: TC Forces (Men) 1939-1956, 2/D, Morale Report 2, 15.12.40, p.5.
[28] Partridge, Interview, IWM 21565/1.
[29] Russell King, Interview, 21 September 1998, IWM 18512/5.
[30] Dilworth, Interview, IWM 18435/2.

Men who failed to live up to the army's regulations were likely to be confined to barracks [CB]. Joseph Clarke, a private in 9th Battalion Durham Light Infantry recalled that 'there was always someone getting CB, always'.[31] Dilworth also explained:

> There was no problem providing you looked after your kit and everything and when you got up in the morning after you'd washed and shaved and prepared yourself you had to make up your bed and fold up all your blankets and everything and your boots and equipment was all laid out along the bed and you know. And if you didn't do it right well then you was put on a charge, you know, well not put on a charge, well a charge, you was put on a 'you can't go out tonight' or something like that. Your leave was cancelled for the night or something.[32]

The intended effect of this was that bodies would become self-regulating as men were discouraged from re-offending. Frederick Cottier, a regimental policeman at Fenham Barracks in Newcastle remarked, for instance, that 'we always found that once a man had been sentenced to CB or detention, he behaved himself'.[33] Russell King, who attended an infantry training centre in Durham in 1940, also commented:

> Confinement to barracks was a hard thing to accept cause you know lads used to get out to Durham and well all over round the area I suppose when they were off duty, so if anybody got confined to barracks that was a real blow.[34]

Punishments were also essentially corrective and designed to move the body towards self-improvement. Men who failed uniform inspections due to unpolished boots or a generally untidy appearance, for example, were confined to barracks but also made to perform additional nightly parades in which their standards of dress would be re-examined.[35]

Amidst fears over the spread of venereal disease amongst both the military and general population, the army also sought to establish control over the recruit's body

[31] Clark, Interview, IWM 17628/4.
[32] Dilworth, Interview, IWM 18435/2.
[33] Frederick Edwin Cottier, Interview, 1991, IWM 10601/4.
[34] King, Interview, IWM 18512/5.
[35] Joseph Huntington Inskip, Interview, 20 November 2000, IWM 20891/1.

by regulating his sexual desires and behaviours.[36] In 1941 a War Office pamphlet, *The Soldier's Welfare: Notes for Officers,* stated:

> War confronts the civilian turned soldier with many new and complexing problems, but none perhaps so urgent or so difficult as those concerned with his sex behaviours.[37]

One method designed to prevent dangerous sexual behaviours was to monitor contact with women, as William Dilworth recalled:

> We would have a dance I think it was every Saturday night in the barracks and women who wanted to come to the barracks, there'd be army lorries sent into the town and all those that wanted to come, they just piled in and when the lorry was full they would bring them to the camp, you know. But then the dance would finish at ten o'clock and all the women had to get back on the lorries and taken back to town and they were all checked and everything to make sure nobody was staying behind.[38]

Other chemical means may also have been adopted as some soldiers believed that bromide was added to their tea in order to, in the words of one recruit, 'keep your sexual fantasies down'.[39] It is, however, unclear whether this actually occurred or not, as Joseph Clark also considered:

> They used to say they used to put in, oh dear, bromide, that was it, yeah. They used to say that but I never knew that mind. But we were aware of it. It could be in there. I never heard that talked about.[40]

Indeed, it appears that use of bromide may have been a perceived rather than a real element of institutional control as fatigue could lower sex drives. Certainly, this was the opinion of Mass Observer Morris, an RAMC recruit in a depot in Essex, who noticed that:

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[36] In 1941, the incidence of venereal disease among servicemen and male civilians had increased by 113%. See M. Harrison, 'Sex and the citizen soldier: health, morals and discipline in the British army during the Second World War', in R. Cooter, M. Harrison and S. Sturdy (eds.) *Medicine and Modern Warfare* (Amsterdam: Rodopi, 1999), p.227.
[37] War Office: *The Soldier's Welfare: Notes for Officers* (London: HMSO, 1941), p.12.
[38] Dilworth, Interview, IWM 18435/2.
[39] King, Interview, IWM 18512/5.
[40] Clark, Interview, IWM 17628/4.

> Those who find that the comparatively active and varied pattern of army life while in training leaves little energy for working their sex glands - in this connection may be mentioned the current legend that the cooks are instructed to add bromide, in something similar to the tea, as so many men notice their own lessened sexual activity, both in sexual coition and in masturbation.[41]

The question of masturbation as a suitable alternative to sexual intercourse was also raised. In 1944 a doctor wrote into the *British Medical Journal* asking whether it would be 'true and right' to tell a man in the Forces that masturbation was a lesser evil than fornication, and what the ill results of masturbation were. The journal responded that:

> He can be assured that occasional masturbation can be resorted to without danger to his health or to his future sexual life. If he decides to adopt this measure he should be told to adopt it deliberately, knowing that it is an emergency measure undertaken deliberately and after careful consideration. No sense of guilt should be attached to the act, and it should be resorted to only when it seems essential to obtain relief for a sexual tension which has become unbearable. If masturbation is used in this way and not merely for pleasure, it will be unlikely to become a preferable substitute for normal intercourse in the future. He must be told also, that the ill effects that are popularly supposed to follow masturbation are usually due to excessive masturbation.[42]

This suggests that even masturbation was something to be carefully regulated, carried out only as an 'emergency measure' and not simply for pleasure. The recommendation that it should be adopted 'deliberately' also implies that it was a technique directed towards self-control as it enabled soldiers to manage their own sexual needs and desires. There was, however, a critical response to this advice. A Dr J. Luxford Meagher, from Victoria, Australia, wrote to the journal expressing his 'frank feelings of disgust'. He stated that 'the remedy for all unnatural urges is strenuous resistance, reinforced by prayer' and that 'the sublimation of those urges' should be by 'athletic and intellectual interests'.[43] It therefore appears that there were competing notions of the body, based on moral as well as medical concerns. Indeed, this is argued by Harrison who suggests that efforts to control venereal disease were

[41] M-O A: TC Forces (Men) 1939-1956, 29/E, Life in a depot – R.A.M.C., p.4.
[42] 'Masturbation in men', *British Medical Journal,* 1944 (I), 1 January 1944, p.31.
[43] 'Masturbation in men', *British Medical Journal,* 1944 (II), 2 September 1944, p.328.

guided by far more than the need to prevent wastage of manpower. Rather, the attempts of influential members of society to assert control over the male body both shaped and reflected a new conception of citizenship which entailed a reciprocal relationship between the individual and the state. The 'typical British man' was, therefore, 'portrayed as free and self-directed, but his freedom (including his sexual freedom) was bound by a sense of responsibility, moderation and "good form"'.[44]

It was not, however, heterosexual behaviours that the authorities most feared within the ranks. Sex between men constituted an offence punishable by court martial and cases increased from forty-eight in 1939 to 324 in 1944-1945.[45] In order to try and prevent this among their recruits, officers adopted several measures. Joseph Inskip recalled, for instance, that in his infantry barracks in Durham men were not allowed to sit on each other's beds:

> The first day you do realise that homosexuality was absolutely out. No way did you ever discuss it. No way did you sit on a man's bed. The first week my mate, he sat on the end of my bed. This trained soldier, 'Get of that f'ing bed now' and I says 'George, you're not allowed on my bed man. You're not allowed on anybody's bed but your own'.[46]

The Sergeant Major in charge of Bill Partridge's unit also gave a warning to one particular recruit. As he recalled:

> One day, my first experience of homosexuals, the Sergeant who was in charge of that section of the…warehouse where we all had our beds, came up to a man and said 'I've got my eye on you. Keep yourself to yourself. I don't want to say anymore but if I ever see you squatting down to pee I'll kick your arse'. In other words he had spotted him, we hadn't. We hadn't got any experience of that but a Regular, or a Regular returned to the service had been able to spot that homosexual tendency in that man and was warning him.[47]

In this instance the Sergeant's efforts to monitor the man's sexual behaviour focused on his body itself as a material marker of sexuality. The Sergeant clearly believed

[44] Harrison, 'Sex and the citizen soldier', p.226.
[45] L. Hall, *Sex, Gender and Social Change in Britain Since 1880* (Basingstoke: MacMillan, 2000), p.144.
[46] Inskip, Interview, IWM 20891/1.
[47] Partridge, Interview, IWM 21565/1.

that this man's homosexuality would manifest itself in a particular bodily trait, 'squatting down to pee' which is a typically feminine performance. Indeed, this sort of biological reductionism had dominated popular and medical conceptions of sexuality since the late nineteenth-century and had led to a variety of scientific studies that attempted to link corporeal attributes with homosexual desire.[48] For example, in his work on 'sexual inversion' prominent British sexologist Havelock Ellis noted 'anatomical peculiarities' and 'deviations found in the conformation of the body', which included broad hips, rounded arms, hairless bodies or 'scanty hair'.[49] Such ideas thus permeated the military arena. In America during the Second World War the armed forces screened for homosexuality by relying on physical bodily markers, which included a 'feminine distribution of pubic hair and fat deposits' and 'effeminate gestures and mannerisms'.[50] Between 1939 and 1945 fifteen clinical trials involving two thousand men were carried out.[51] In Britain in 1944 psychiatrist Charles Anderson likewise conducted studies on both 'active' and 'passive' homosexual soldiers who had been admitted to the Emergency Medical Services Wharncliffe Neurosis Centre. He concluded, however, that there was 'no measurable deviation from the physical normal, either in the nature of the hair distribution, in the quality of the genitalia, or in the distribution of fat', although 'of the passive inverts about three quarters presented a slightly feminine appearance'. Two cases also had undescended testicles and another displayed features of Frolich's Syndrome and narcolepsy.[52]

The body was also controlled within both time and space. Where the soldier could go, when he could go and how he could go were all subject to strict regulation. From the moment that he awoke until he went to sleep he experienced a routine existence

[48] Foucault, *The History of Sexuality: Part I*, p.43; J. Terry, 'Anxious slippages between "us" and "them": a brief history of the scientific search for homosexual bodies', in J. Terry and J. Urla (eds.), *Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture* (Bloomington: Indiana University Press, 1995), p.129.
[49] H. Ellis, *Studies in the Psychology of Sex, Volume 2: Sexual Inversion* (New York: Random House, 1937), p.170. (*Sexual Inversion* was first published in Germany in 1896 and subsequently became part 2 of Ellis's seven volume *Studies in the Psychology of Sex*, originally published from 1897-1910).
[50] Jarvis, *The Male Body at War*, p.73.
[51] *Ibid.*, p.76.
[52] C. Anderson, 'On certain conscious and unconscious homosexual responses to warfare', *British Journal of Medical Psychology*, Vol.20, Part.2 (1944), p.162.

regulated by a timetable.[53] For officer trainee William Corbould, for example, this became ingrained in memory:

> The working day starting at 0700, followed by drill, breakfast, halls of study, lunch, afternoon parade and P.T. The working day then finished between 4 and 5 p.m., followed by dinner, then evening preparations, such as cleaning.[54]

Mass Observer Bill Lee, a recruit in the Intelligence Corps at Winchester in 1940 also reported:

> Strictly speaking one should shave between Reveille (6.30) and Roll Call (7) but this is impossible for many (owing to the crush), so one does it perhaps between 7.05 and 7.15 (breakfast) or between breakfast and parade (8.15, 8.30 or 9.00) though this is disallowed by some sergeant majors.[55]

Indeed, even the most elementary bodily functions were regulated in this way. Bill Partridge remembered:

> You'd only got a certain time for ablutions, but going on a very long time in 50DF [Defence Forces] we had a divisional order that when not actually fighting the enemy, ablutions would be complete one hour after the morning stand down and that was for everybody from the General onwards. No question of oh well I'll go to the latrine after the morning break or anything like that.[56]

The soldier was also restricted in his personal movement. Confinement to barracks was not just used as a form of punishment but was often the norm, particularly during the initial stages of training. Russell King commented that 'I don't think anybody got leave for the first sixteen weeks'.[57] Mass Observer Novy reported from his depot in Leeds in December 1940 that many applications for day passes or

[53] This idea has been applied to children in schools, in, P. Christiansen, A. James and C. Jerks, ''All we need to do is blow the whistle': Children's embodiment of time', in S. Cunningham-Burley and K. Backett-Milburn (eds.), *Exploring the Body* (Basingstoke: Palgrave, 2001), p.208.
[54] William Robert Corbould, Interview, 14 June 2002, IWM 23216/1.
[55] M-O A: TC Forces (Men) 1939-1956, 2/C, A few notes on obscenity, November 1940, p.2.
[56] Partridge, Interview, IWM 21565/2.
[57] King, Interview, IWM 18512/5.

weekend leaves had been refused without explanation. Even his own application for compassionate leave in order to get married was rejected.[58]

Even when men were allowed out of barracks, there were also still limitations on where they could go. An anonymous Mass Observer noted in 1940:

> In this particular garrison we are confined to within a radius of about 5 miles which includes the small towns of Lichfield and Tamworth. To get outside this area one can do so only by means of a day pass at the weekend of which there are four between thirty men. Lots are usually drawn for these so that one's own turn comes about once every two months.[59]

Within the enclosed military camp movement was also controlled through the 'partitioning' of space into functional sites, such as the canteen, barrack room and training ground.[60] Describing Reedsdale Camp in Nottingham, for instance, Lance Sergeant Ian Sinclair remarked:

> You had to go to the drill hall for your dinner. You had to go to the drill hall for your evening meal and you had to march back. You couldn't walk back by yourself when you were ready.[61]

The authorities could therefore continually monitor and observe each individual body as men were no longer free to move, eat and sleep as and when they wished. Reporting from an RAMC depot Mass Observer Leonard England reflected upon this lost sense of autonomy:

> In spite of much exercise I've had a poor appetite here. I just don't like this sort of communal eating, though I'm very fond of dining out, popping into teashops, bars etc. What is the difference? Simply that between freedom and regimentation. I like the society of other men only when I am free to seek it or not.[62]

[58] M-O A: TC Forces (Men) 1939-1956, 2/D, Morale report 2, 15 December. 1940, p.2 and Morale report 3, 22 December 1940, p.1.
[59] M-O A: TC Forces (Men) 1939-1956, 2/E, Day to day life in the Army, August 1940, p.4.
[60] Foucault, *Discipline and Punish*, p.147.
[61] Ian Sinclair, Interview, 1991, IWM 11468/3.
[62] M-O A: TC Forces (Men) 1939-1956, 2/B, Morale report 1, June 1941, pp.5-6.

Placed within the wider military organisation, the body also assumed a specific though not fixed position through the allocation of rank. This was inscribed on the body through dress. Rank badges and stripes were, for example, worn on the shoulder. Sam Beard, an infantry recruit in Norton Barracks near Worcester in 1939 also remembered a 'vulnerable points unit' consisting of men who were in low medical grades and who were not fit for service but were employed on jobs such as gardening duties and guarding ammunition groups. These recruits were identifiable through their wearing of blue caps.[63] At the other end of the spectrum, James Allen Ford, an officer in the 2nd Battalion Royal Scots, recalled that:

> We had to pay the regimental tailor to put a ribbon round about and dangling down the back, to distinguish us from the ordinary troops [laughs] and so it went on, all sorts of little idiosyncrasies the Second Battalion had had about its dress that we had to conform with.[64]

The classification of bodies was similarly a spatial process. Mass Observer J.A. Bergin noted at Blanford Camp in 1940 that the NAAFI was divided into two parts 'for men and Corporals (Bombardiers), each being forbidden into the other's half'.[65] Lance Sergeant Ian Sinclair also described the segregation of bodies at Reedesdale Camp in Nottingham:

> There was different food from the men had, you didn't have to go into the mess, you had your own mess tent and the food was served by orderlies, which was really something. Comparatively you were a thing apart as much superior, for want of a better word, as the officers were to the sergeants because the sergeants' mess was sacrosanct. The only people who weren't sergeants that got into the sergeants' mess were the orderlies, or when you had a sergeant's mess night the officers came into the sergeants' mess.[66]

The division of bodies therefore went further than just officers and men as a clearly identifiable multi-tiered system was in place. As a sergeant Sinclair was 'a thing apart' from the rank and file who were lower down the military hierarchy, but also

[63] Samuel George Thomas Beard, Interview, June 2006, IWM 28681/2.
[64] James Allen Ford, Interview, 31 March 1993, IWM 13128/2.
[65] M-O A: TC Forces (Men), 2/E, J.A. Bergin, Blandford Camp, November 1940, p.5.
[66] Sinclair, Interview, IWM 11468/3.

from the officers who were superior to him. As such, each group was designated its own particular space.

The civilian recruited into the army during the Second World War therefore faced an immediate onslaught of regulatory controls upon his body. His body was washed, fed, clothed and rested. It was subject to a range of interventions designed to monitor its sexual desires and behaviours and was ordered through the organisation of time and space. These techniques allowed military instructors to achieve authority over the bodies and the minds of men that were sent to their units. This achieved, the process of reform could begin.

Transforming the body

Once harnessed, the recruit's body became a site of transformation, to be made fit, ordered and productive. This began with basic physical training, a daily routine designed to create a base level of fitness and equip the body with skills and capabilities necessary for active service:

> Basic physical training deals mainly with the preparation of the recruit physically for war…*The normal recruit* must be developed to the highest individual potential standard of physical efficiency so that he will not only be made fit to assimilate other forms of military training without strain, but will also acquire the physical skill and endurance necessary for his particular role in the arm of service to which he is posted.[67]

This was achieved through combinations of exercises 'all designed to have a beneficial effect on some part of the body or to contribute towards the development of mental qualities'.[68] In 1941 these were arranged into four main groups:

> Part 1 – Introductory: Easy exercises designed to warm, supple and limber up the body.
>
> Part 2 – General: Strengthening exercises - to strengthen chief muscle groups of the trunk and to improve carriage - balance exercises, marching, running, skipping and games.

[67] War Office, *Basic and Battle Physical Training: Part I*, p.1.
[68] *Ibid.*, p.6.

> Part 3 - Group Activities: Heaving, climbing, vaulting and agility exercises to develop skill, courage, agility and strength.
>
> Part 4 – Final: Rhythmical exercises designed to bring the activity of the circulatory and respiratory system towards resting level – ends with position of attention to test improvement.[69]

By 1944 these had been rearranged into five categories, each 'denoting the principle quality that it is meant to develop'. These were mobility; strength; endurance; agility, dexterity and speed; and carriage.[70] The exercises broke the body down to the level of individual motions and gestures, focusing on their internal organisation, economy and efficiency and thus controlling the body at the level of the mechanism itself.[71] For example:

> *Arm and shoulder* - (Astride one hand on hip) one hand circling backward try to brush the air with the upper arm and keep the back hand loosely closed. Later, (astride) arm circling backward.[72]

By establishing the correct technique training instructors sought to produce a more specialized and efficient function in relation to task.[73] For example, men were taught to relax all muscles not required in such movements as walking, running, crawling, climbing, lifting and pulling, in order to conserve a maximum amount of energy.[74] Each motion was also assigned an optimum speed, aptitude and direction:

> It is also very important in exercises of this type that the correct form and range of each movement is insisted upon by the instructor, otherwise the exercises will lose their corrective value and slack, ineffective work will result. The instructor must also avoid the tendency to use the same speed for all the rhythmical exercises in Part I of the lesson. He must appreciate the fact that every rhythmical exercise has a characteristic speed which will yield the maximum effect.[75]

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[69] War Office, *Physical and Recreational Training*, p.9.
[70] War Office, *Basic and Battle Physical Training: Part II*, *Basic Physical Training Tables and Basic Physical Efficiency Tests* (London: HMSO, 1944), p.19.
[71] Foucault, *Discipline and Punish*, p.137.
[72] War Office, *Basic and Battle Physical Training: Part II*, p.19.
[73] Christensen, James and Jenks, 'All we needed to do was blow the whistle', p.208.
[74] *Ibid.*, p.16.
[75] War Office, *Basic and Battle and Physical Training: Part II*, p.15.

An emphasis on bodily form was also evident in the programme for road walking at No. 30 Physical Development Depot at Kingston upon Thames. This was one of three camps that was designed to raise men who had been placed in medical categories A2, B1 and B2 to grade A1, thus rendering them suitable for employment in 'a more active and strenuous capacity'.[76] In order to produce the most efficient output the body was again broken down to individual movements and gestures, an optimum technique achieved through carefully calculated internal motions:

> (i)Walking heel and toe (two parallel lines) toes to the front.
> (ii)Free, relaxed action of the rear leg as it comes forward.
> (iii)Arm action, arms bent to 90º, hands relaxed, passing close to body.
> (iv)Upright carriage of body, full chest, head erect, looking straight ahead.
> (v)Smooth progressive action, body does not rise and fall with each pace.[77]

Having acquired the fundamental bodily skills, the recruit then progressed onto battle training which was designed to hone his body for warfare by teaching the application of these skills in more military activities. These included 'forced marching, running, surmounting obstacles of the type likely to be encountered in the field or in street fighting, landing by parachute, jumping from tanks or other vehicles on the move, climbing and scaling, lifting and carrying, close combat, gun, mortar and truck man-handling, swimming, and crossing water obstacles by means of improvised aids'.[78] Describing an assault course, for example, William Dilworth commented:

> You'd be taken out by lorries to some rough part of the country and they'd say right there's paper trails and that you follow that, you know, and course it would be all over the place, the rough and tumble and everything like that and then course there was the actual field where they had all these tough things to climb over and swing from and all that sort of thing, over water and all that.[79]

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[76] Editorial, 'Physical Development Centres', *Journal of the Royal Army Medical Corps*, Vol.81, No.4 (Oct. 1943), pp183-185; Crew, *The Army Medical Services, Volume I: Administration,* pp.376-381. (The centre at Kingston upon Thames was opened in 1941. Two others were established at Skegness in 1942 and Hereford in 1941).

[77] Wellcome archives, RAMC/1129, 'Handbook for A.P.T.C. Instructors of No.30 Physical Development Centre', February 1945, p.20.
p.26.

[78] War Office, *Basic and Battle Physical Training: Part I*, p.13.

[79] Dilworth, Interview, IWM 18435/2.

The main principle behind all of this training was progression. Through the application of basic physical training exercises, for example, each individual body was gradually worked up to the desired level of capacity, as the intensity of the training increased:

> The lessons are always arranged according to the capabilities of the individuals for whom they are intended, gradually increasing in difficulty or severity from week to week and month to month, so as to ensure steady and systematic progress throughout the whole course of training…By this method of progression the beginner may be worked up gradually to as high a standard of proficiency as can be attained in the time available for training. [80]

William Dilworth also recalled that basic training began with a slow one hour route march and culminated in a two hour ten mile march, performed at a speed of one hundred and eighty paces per minute. He explained:

> You'd march around the area, all around the main roads and all that sort of thing. You'd slowly do a mile and then a few days later you'd do two miles and so on until you'd done the ten mile within two hours or less.[81]

This doctrine was also adopted at No. 30 Physical Development Centre. The handbook for instructors advised that to 'ensure a steady and progressive course of training', recruits should complete the following eight week regime:

[80] War Office, *Physical and Recreational Training*, pp.6-7.
[81] Dilworth, Interview, IWM 1843/2.

Table 3: March training, No. 30 Physical Development Centre, February 1945

Week	Distance	Approx. speed	No. of halts	When to halt
2nd	6 miles	17 mins. per mile	one	After 3rd mile
3rd	9 miles	17 mins. per mile	two	After 3rd and 6th miles
4th	9 miles	17 mins. Per mile	two	After 3rd and 6th miles
5th	9 miles	16 mins. per mile	two	After 3rd and 6th miles
6th	12 miles	16 mins. per mile	three	After 3trd, 6th and 9th miles
7th	12 miles	15 mins. per mile	two	After 4th and 8th miles
8th	Test	15 mins. per mile	two	After 4th and 8th miles

(Source: Wellcome Archives, RAMC/1129, 'Handbook for A.P.T.C. Instructors of No.30 Physical Development Centre', February 1945, p.29).

Through the application of rigorous and systematic effort men's bodies therefore became standardised as each individual was made fitter, stronger and enhanced in stamina and endurance.[82] Indeed, these were the sorts of physical transformations that recruits commonly noticed in their own bodies. One Mass Observer reported in 1940 for example, that 'I'm fitter than I was on civvy street'.[83] Another noted that 'I used to pride myself on my fitness as a result of training for cycle racing before I entered army life but this daily physical training has developed my stamina tremendously'.[84] These experiences therefore again suggest that some men found army life to be beneficial to their bodies as they came to enjoy a sense of well-being and felt better through their physical transformations.

These methods of transforming the body were not, however, specific to the military and again must be placed within the wider social context of early twentieth century industrial rationalisation. An emphasis on bodily form, movement and technique was

[82] C. Forth, *Masculinity in the Modern West, Gender, Civilization and the Body*, (Basingstoke: Palgrave, 2008), p.199.
[83] M-O A: TC Forces (Men 1939-1956, 2/E, Forces (Men), Aspects of Army Life, September 1940, p.1.
[84] M-O A: TC Forces (Men) 1939-1956, 2/E, Forces (Men), Day to day life in the army, August 1940, p.1.

central to the sphere of scientific management. For example, the time and motion studies of Taylor and the Gilbreths in America concentrated on breaking the body down in this way.[85] By using a stop-watch Taylor had determined the optimum timing of lifting and resting of pig-iron workers in order to increase their productivity.[86] The Gilbreths had also counted the motions involved in bricklaying and divided these into their component elements in order to enhance worker efficiency.[87] In Britain Bedaux had determined the exact proportion of work and rest needed for any task by using the concept of the 'strain' which he described as 'a muscular effort of a given power, directly proportional to the rapidity of motion and completion of the cycle'. By determining the exact nature of this he was able to determine a universal measure for all work, which he labelled the 'Bedaux Unit', or 'B'.[88] Clearly the physiological principles by which the civilian was turned into a soldier had been drawn from studies of the industrial workforce. Indeed, an article in *The Times* in 1940 reported that training in the services was based on 'scientific knowledge and a scheme of work which was second to none in any country in the world'.[89]

The purpose of army training was not, however, simply to reform the individual body. It was also designed to render that body an important cog in the wider military machine. Anthony King argues that 'the decisive rituals that bind military groups together are the formal processes of training'. This is because:

> Military institutions depend on a level of social cohesion that is matched in few other social groups. In combat, the armed forces are able to sustain themselves only so long as individual members commit themselves to collective goals even at the cost of personal injury or death.[90]

[85] Christensen, James and Jenks, '"All we needed to do was blow the whistle"', p.201.
[86] F. Taylor, *The Principles of Scientific Management* (New York: Harper, 1917), pp.45.
[87] *Ibid.*, pp.77-80.
[88] C. R. Littler, *The Development of the Labour Process in Capitalist Societies: A Comparative Study of the Transformation of Work Organisation in Britain, Japan and the USA* (London: Heinmann Educational, 1982), pp.108-109.
[89] '"Physical jerks" superseded: new training system in the army', *The Times*, 28 March 1940, p.5.
[90] A. King, 'The word of command: communication and cohesion in the military', *Armed Forces and Society*, Vol.32, No.4 (July 2006), p.493.

For men in training this meant fostering social cohesion at the small, 'primary group' level, a process that was itself intrinsically physical.[91] *Basic and Battle Physical Training* stated:

> This [battle physical training] is designed to enable every individual trained soldier to reach his maximum potential skill in any physical activity required of him in his particular army duties. He will thus become competent to play his full part in the team work of his sub-unit in battle. The fighting value of a unit depends on the quality of each individual and it will be handicapped by all unskilled and inefficient men.[92]

This was achieved through various bodily channels, including collective physical movement, which induced a sense of solidarity and a commitment to shared goals. According to Durkheim 'it gives the group consciousness of itself and consciously makes it exist'.[93] For example, it was during a route march, when he fell in line with other recruits, that Mass Observer Novy suddenly experienced the feeling of becoming a soldier:

> This marching was queer – at the beginning I felt for the first time, almost in spite of myself, that pride in numbers, marching numbers, squad after squad in step. I saw it in many men's eyes, looking proudly to the passers by. They were happy to be carrying full kit and marching, squad after squad, over 400 men. When we had our kits on, two of my mates remarked: 'Here we go boys, real soldiers now'. The little coalminer said: 'You feel a proper soldier now, don't you?'[94]

It therefore appears that Novy felt almost powerless to stop the changes that were happening, as physically and mentally, he was immersed into the collective body of men.

This was also the primary function of drill, a highly ritualised bodily ceremony in which recruits were made to perform precise movements and gestures. For example:

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[91] E.A. Shils and M. Janowitz, 'Cohesion and disintegration in the Wehrmacht in World War II', *Public Opinion Quarterly*, No.12 (1948), pp.280-315.
[92] War Office, *Basic and Battle Physical Training: Part I,* p.9.
[93] E. Durkheim, *The Elementary Forms of the Religious Life* (London: Allen and Unwin, 1976), pp.230-231.
[94] M-O A: TC Forces (Men) 1939-1956, 2/D, Morale report 2, 15 December 1940, p.4.

> With the shoulders down and moderately back – this should bring the chest to its natural position without any straining or stiffening. Head balanced evenly on the neck and not poked forward…the breathing must not in any way be restricted and no part of the body should be either drawn in or pushed out. The position is one of overall readiness.[95]

These were executed to an external rhythm imposed through the call of commands. Peter Grant described 'a chorus of bawling sergeant majors flourishing their pace sticks to ensure that every man's step was of regulation dimensions'.[96] The intended outcome was that men would learn to direct their bodies to respond automatically to orders, thereby instilling the predictability of behaviour necessary for success in battle. Field Marshal Earl Wavell described it as 'the outward, the mechanical side of discipline, learning by practice to do something so automatically that it becomes natural even in moments of stress'.[97] *Basic and Battle Physical Training* also stated:

> The soldier has to acquire as many *good* automatic habits as possible. This is the main value of learning a drill, since the drill will be carried out under the stress of battle, and this will free the conscious brain to concentrate on summing up the actions and intentions of the enemy and to plan accordingly.[98]

The main effect of drill, however, was the coordination of mass mind and movement, as recruits became attuned to each others' roles and were orientated towards a common goal. Roy Bolton commented that 'it seemed to me a sensible procedure for training you to accept discipline and to behave in a disciplined fashion; to fall in with other soldiers around you and to march with them'.[99] Scots Guard Officer W.A. Elliot also explained:

> By drilling soldiers into a sense of uniformity, the members of each unit come physically to act and perceive themselves on parade as acting as one man. The suggestive patter of the drill sergeants was incessant. The first ten minutes of each drill period were expended in 'warming up' or 'chasing' in double quick time - left turn, right turn, about turn, halt! – and woe betide the man who ended up facing in the wrong direction. Some of the new recruits simply could not take all this 'chasing',

[95] War Office, *Physical and Recreational Training*, p.14.
[96] Grant, *A Highlander Goes to War*, p.11.
[97] A.P. Wavell, *The Good Soldier* (London: Macmillan, 1948), p.46.
[98] War Office, *Basic and Battle Physical Training: Part I*, p.3.
[99] Bolton, Interview, IWM 23195/2.

> although others, seeing its purpose, later retracted their requests for transfer. Real misfits, nevertheless, were allowed to be transferred. But gradually a growing sense of uniformity began to emerge and to outweigh the fear of retribution, on which less emphasis now needed to be placed.[100]

Less formal bodily cultures were also used to promote collective discipline. During physical training lessons, for example, classes were divided into teams in order to inculcate 'the team spirit'.[101] Competitive team games and sports were also prevalent within the recreational training curriculum. The Physical Development Centre at Kingston-upon-Thames held inter-platoon boxing, swimming, soccer, hockey, cricket, rope climbing and cross-country running.[102] Like basic physical training and battle training, these were acknowledged as methods for preparing the body for active service by imparting tactical skills and abilities:

> Both team and individual games are of the greatest value in training for war. They offer opportunities to the individual to react quickly to an emergency through the summing up of a changing situation, and call for clear thinking, swift judgement and immediate action. Any tendency to become flurried, or to indecision and compromise, is as disastrous in games as it is on the battlefield.[103]

However, games and sports were valued overwhelmingly in spiritual rather than simply physical terms. They promoted 'comradeship' and 'wholehearted cooperation and an unselfish attitude for the good of the side'.[104] Assigned a precise role in the team, individuals were also taught to accept authority and adhere to highly structured and disciplined codes of behaviour.[105] Indeed, included in the army's definition of a 'sportsman' was 'the man who…takes all decisions without question or argument',

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[100] W.A. Elliot, *Esprit de Corps: A Scots Guards Officer on Active Service, 1943-1945*, (Wimborne: Michael Russell, 1996), p. 105.
[101] War Office, *Physical and Recreational Training*, p.9.
[102] Wellcome Archives, RAMC/1129, 'Handbook for Army Physical Training Corps instructors, No.30 Physical Development Centre', February 1945, pp.31-35.
[103] War Office, *Basic and Battle Physical Training: Part I*, p.7.
[104] *Ibid.*
[105] See J. Walvin, 'Symbols of moral superiority: slavery, sport and the changing world order, 1800-1950', in J. Mangan and J. Walvin (eds.), *Manliness and Morality, Middle-Class Masculinity in Britain and America, 1900-1950* (New York: St Martin's Press, 1987), p.250.

who ‘is unselfish and always ready to teach and help others’ and ‘when a spectator, cheers good play on both sides, but never interferes with referees or players’[106]

Through these physical activities a psychological effect which was vital to combat effectiveness could therefore be produced. Ian Sinclair, for example, described how collective identity, in the form of troop rivalry, manifested itself in the performance of work:

> A Troop and B Troop hated each other, as such, with anything to do with work, because you’re always aiming at being better than the others, that was the thing always, if there was something to be done better.[107]

The army training programme was not, however, designed only to produce efficient bodies. The evidence suggests that it also sought to transform the aesthetics of the body. For training purposes, bodies were divided into three types; the ‘intermediate’, the ‘slender’ and the ‘stocky’.[108] In the intermediate type ‘the trunk is of moderate length and moderate breadth, with chest full and moderately rounded, the abdomen flat in the lower part’. In slender individuals ‘the trunk is longer and narrower than in the intermediate type with the chest more flat and the abdomen more rounded in the lower part…the muscle bulk is small, increasing the slenderness in appearance’. Finally, in the stocky type ‘the general proportions show a much greater width in relation to the height. The trunk is short and wide, with the chest more barrel-shaped and the lower abdomen straighter’.[109] It therefore appears that the army defined and organised men’s bodies according to their size and shape. Having established these types, *Basic and Battle Physical Training* then stated that ‘by training is implied the building up of the body. This may be general building up for all purposes or specific for one purpose’.[110] The body was therefore to be invigorated by being made bigger and more muscular and many of the regimes discussed so far were designed with this intention:

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[106] War Office, *Basic and Battle Physical Training: Part I*, p.8.
[107] Sinclair, Interview, IWM 11468/3.
[108] War Office, *Basic and Battle Physical Training: Part* I, p.22.
[109] *Ibid*, pp.22-23.
[110] *Ibid.*, p.25.

> The principles of the body-building process of training are simple. They entail the correct handling of three components. These are firstly food and drink, secondly rest, and thirdly exercise. They might be considered as the ingredients in a medical prescription.[111]

The effect of nutritional intake upon bodily size was, for example, noticed at the Physical Development Depot in Canterbury, one of several special 'reconditioning camps' that had been established before the war, to improve the quality of men who were physically sub-standard. Here men were provided with an 'optimum' diet, made up of four meals a day plus an early morning snack. This consisted of one kilogram of food, or 4000-5000 calories, made up of 250 grams of water and roughage, 500 grams of carbohydrate and fat, 120 grams of protein and various vitamins and minerals.[112] As a result, it was observed that:

> It was noticed that during the first two weeks the increase in weight is generally remarkable, but that later with the same amount of food eaten there is a slowing down of the rate of increase in weight. This may be quite marked and last for months until something happens and the weight shoots up.[113]

Again bodies would be routinely checked in order to gauge their progress towards the desired standard. Recruits were subject to monthly weigh-ins from which it was determined that the average rate of progression was an initial increase of four to six pounds in the first month, followed by a gradual increase of one-half to two pounds a month for about five to six months and then a more rapid increase for a short period.[114] Rest was also considered to be important in the transformation of the aesthetics of the body. This was defined as 'all degrees of absence of work, from sleep in the lying position to relaxation in the upright' and allowed time for body-building and repair.[115] Major Crawford of the RAMC noted that 'during sleep the metabolic processes are working at their best. It would therefore appear that a great deal of body building takes place during this period'.[116]

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[111] *Ibid.*
[112] Crawford, 'The work at the recruit's physical development depot, pp.12-14.
[113] *Ibid.*, p.12.
[114] *Ibid.*, pp.22-23.
[115] War Office, *Basic and Battle Physical Training: Part I*, p.25.
[116] Crawford, 'The work at the recruit's physical development depot', p.8.

Skin tone and texture was also important as the body was rejuvenated through exposure to fresh air and sunshine.[117] Whenever possible recruits trained in the outdoors and stripped to the waist.[118] Crawford also observed:

> As a result of training, stripped of as much clothing as possible, and in the sunshine and moving fresh air, the skin takes on a healthy brown colour with a smooth and firm texture. There is no excess of grease and no disagreeable odour'.[119]

Reporting in 1942 in the *Lancet* on work carried out at the army's Physical Development Centres, Colonel Frank Howitt and Major Arthur Wesson also commented:

> *Skin-stimulation* – Considerable importance is attached to this. In the open the minimum of clothing is worn, in the gymnasium all work is done in bare feet and shorts only are worn. Many of the recruits, particularly those of the anaemic, undernourished type and those with catarrhal or mild bronchitic tendencies, derive benefit from a course of actinotherapy. The source is a powerful carbon-arc lamp yielding a wide spectrum.[120]

Again these were the sorts of transformation that the recruit noticed in his own body. Roy Bolton, for example, described the effect of training on his physique:

> I think it was the severe, well that's not quite the right word, the heavy physical exercise all the time, whatever you were doing. Not just PT but everything else. You marched everywhere at the double. Rifle drill was quite arduous, swinging the heavy, for me, picking up a heavy rifle and throwing it up and catching it over here, shouldering arms and presenting arms. Practically everything we did seemed to be of a physical nature, to which I just wasn't accustomed to be with. I just had occasion to do it. Very much the clerical type in the office and so it was that combined with copious supplies of food and the fact that I was always ready to eat the food, always hungry. So, lots of exercise, lots of food and I just got bigger and better, which did me a lot of good.[121]

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[117] Zweiniger-Bargielowska, 'Raising a nation of good animals', p.74.
[118] War Office, *Physical and Recreational Training*, p.10.
[119] Crawford, 'The work at the recruits physical development depot', p.9.
[120] Colonel F. Howitt and Major A. Wesson, 'Army Physical Development Centre', *Lancet* 1942 (I), 28 March 1942, p.373.
[121] Bolton, Interview, IWM 23195/2.

When read carefully, he seems to have decided that the hard work was a price worth paying for a body that looked and felt better. Training may have benefitted the army, but it also appears that some recruits felt that it also benefitted them.

The army's processes of transforming men's bodies were again reinforced through various accompanying strategies in order to achieve the desired results. For example, a range of incentives were offered to recruits. Russell King recalled that whoever came first in cross-country would get a free weekend pass.[122] Bill Partridge, who was selected to play rugby by his Regimental Sergeant Major, also remembered that:

> When the army had a competition for the army cup at ruggar the RAOC [Royal Army Ordinance Corps] were frequently winners of this and this man was the man who picked the team, and so therefore if I played well for him and his team its surprising how the company clerk would say 'your name's on the list for 48 hours'. I liked the RSM [laughs].[123]

Men who failed to meet the demands placed upon their bodies, on the other hand, risked being punished. This was the case for William Corbould who made mistakes while on parade:

> If you were a naughty boy as I was on two occasions and got punished and confined to barracks you then had to do drill on a Wednesday afternoon, Saturday afternoon and Sunday afternoon, and I mean drill at the rate of knots on the old college square. You reported and away you went. On one occasion I had failed to swing my arm correctly in super-numery rank, coming back from Old College to New College and so I was given four extra drills for being idle on parade.[124]

Again therefore, the punishment was corrective, moving Robert's body towards the desired standard through an intensified regime of training.

Bodies that failed to cope with the demands of military training were also often stigmatised. Recruits faced public humiliation or were deemed 'failed' members of their military units.[125] W.A. Elliot noted, for instance, that during drill 'when some

[122] King, Interview, IWM 18512/5.
[123] Partridge, Interview, IWM 21565/1.
[124] Corbould, Interview, IWM 23216/1.
[125] E. Goffman, *Stigma: Notes on the Management of Spoiled Identity* (London: Penguin, 1968), p.33.

individual made a wrong movement he would be snarled at and told he was not in the bloody so and sos'.[126] Masculinity also played an important role in this process, for a body that was unreformed was also constructed as unmanly, as physical training sergeant Ian Sinclair suggested:

> It was very hard and made some of them wish they'd never been born. To have to go on a three hour route march killed them, falling out by the wayside, and you have to try again with the discipline, try and make them. You couldn't force in those early days but it began to sort out the men from the boys at a very early stage.[127]

Such classifications could then be internalised by the recruit, whose own ability to cope with the rigours of training became crucial to his sense of self. [128] On the day that he passed-out in the Coldstream Guards, for example, Joseph Inskip remarked to a senior officer that 'I'm a man now and I'm a trained soldier'.[129] Clearly, therefore, for Joseph himself, the completion of the training process signified his masculinity. After his route march Mass Observer Novy also reported:

> When we came in, tired, all tried to say they loved it and felt no effects. A lad with bad feet dropped out. His mate remarked: "I'd rather be dead than drop out of a route march, I would honest". To my shame I must say I felt the same, a pride of being a soldier, well disciplined, in step, doing hard work.[130]

The labels that were assigned to bodies therefore served to inculcate self-discipline in the army recruit. Rather then being compelled to march the men in Novy's squad were driven by a sense of pride and a fear of humiliation and, as such, laboured over their own bodies in order to maintain a particular self-identity.[131]

The army also, however, adopted a strategy of kindness and cooperation in order to induce the body to reform. *Basic and Battle Physical Training* advised that:

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[126] Elliot, *Esprit de Corps*, p.105.
[127] Sinclair, Interview, IWM 11468/3.
[128] J. Hockey, 'No more heroes: masculinity in the infantry', in P. Higate, *Military Masculinities, Identity and the State* (Westport: Praeger, 2003), p.16.
[129] Inskip, Interview, IWM 20891/1.
[130] M-O A: TC Forces (Men) 1939-1956, 2/D, Morale report 2, 15.12.40, p.4.
[131] Goffman, *Stigma*, p.33.

> Instruction in physical training must be positive, never negative. Discouragement is worse than useless, since it causes a negative anxiety on the part of the man.…The good instructor will train his men through confidence and encouragement. The execution of a simple movement skilfully will lead, if encouraged, to a sense of achievement and to the making of greater efforts to overcome complex movements or difficult obstacles. The soldier will gradually realize that the same determination will enable him to overcome progressively harder obstacles, and that he accomplished this through his own powers.[132]

Bill Partridge recalled this sort of approach in his own physical instruction:

> They were very sensible men and they took it to the stage that nobody said 'touch your toes' and if, as I could never touch my toes ever, I was always two or three inches short, they would never say 'do it or else.[133]

Indeed, the wartime conscript, considered as 'different as human material' from the peacetime soldier, was seen as more amenable to cooperation and explanation rather than more traditional forms of discipline.[134] Only by being educated about his military purpose would he therefore come to participate in the training process:

> In civilian life, these men have earned their living by initiative, skill, intelligence and individual effort. Any form of discipline, which stifles their initiative, which may have been less developed in the pre-war soldier material, will lower the efficiency and fighting power of the civilian army…The majority of the intake have never before undergone any form of P.T. and look upon it at present as an extra hardship to be endured, rather than a means to increase physical and mental wellbeing and resistance to the rigours of campaigning. These aims of P.T. must be emphasised in order to obtain full cooperation from the men. [135]

It was also believed that a relationship based on mutual respect between the ranks would inspire discipline in the recruit.[136] Officers and physical training instructors were advised to interact with their men and to share in the hardships of training. In a lecture on 'man-management' Lieutenant-Colonel R.A. Mansell of the RAMC commented:

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[132] War Office, *Basic, Battle and Physical Training: Part I*, p.29, p.35.
[133] Partridge, Interview, IWM 21565/1.
[134] M-O A: TC Forces (Men) 1939-1956, 2/A, Letter from No.1 Motor Battalion, 8 October 1940, pp.1-2.
[135] *Ibid.*
[136] Crang, *The British Army*, pp.60-65.

> It is rather surprising how many sports grounds one can visit and see the men playing hard, without ever an officer looking on. You do realize what a difference the personal interest of an officer does make to all of the men's activities, don't you – even his games? And how he does appreciate that an officer should play games with him?[137]

Basic and Battle Physical Training also advised:

> To create the desire for physical efficiency in his men the instructor must himself be the living embodiment of fitness. In short, he must live what he preaches. He should not ask those he instructs to do what he cannot demonstrate himself. He must be such an example to his men that they will wish to emulate him.[138]

It is therefore clear that the army sought to engage men in their own physical transformations rather than simply imposing its designs upon them.[139] Only in this way could it instil the self-regulation, the 'will to be fit' that was necessary for success in battle.[140]

The body responds

Despite the army's various efforts to shape and control the civilian body in order to convert it for military utilisation, it appears that its designs were not always realised. For example, it would appear that some recruits simply *could* not satisfy the demands of their instructors. Nick Crossley argues, for example, that training is an active process, which presupposes certain abilities on behalf of the body. Corporeal routines and skills can be immensely transformed, but they can only be transformed because there is some effective basis to work with. Power, therefore, may increase mastery, but it does not affect mastery per se.[141] In the Second World War these physical limitations were often exposed during drill. As Russell King recalled:

> Well basically it was just turning, how to turn right, how to turn left and how to about turn. You know, those were the very basics of course, oddly enough lots of people couldn't do that. There was quite a few

[137] Lt-Col R.A. Mansell, 'Man-management', *Journal of the Royal Army Medical Corps, Vol.79, No.2* (August 1942), pp.72-73.
[138] War Office, *Basic and Battle Physical Training: Part I*, p.10.
[139] Foucault, *Technologies of the Self*, p.18.
[140] War Office, *Basic and Battle Physical Training*: *Part I*, p.9.
[141] N. Crossley, 'Body-subject/body-power', pp.109-110.

> lads found it very difficult, just sort of putting their feet right, you know and that sort of thing, in order to turn.[142]

Roy Bolton also explained that:

> I didn't like it much. I didn't think it was very nice at all. It was difficult. I didn't take to it at all well because in those days anyway I was somewhat clumsy I think, in a sort of bodily way. I found the marching and keeping, even keeping step, not too difficult keeping step, but not entirely easy, and then the sudden changes in direction, the right turns, the left turns, the about turns, these I did find tricky. Occasionally I distinguished myself by marching off in the wrong direction.[143]

These accounts convey the body's resistance as unintentional. Poor coordination was innate so the inability to march was not really the men's fault. King noted that lads 'found it very difficult' just to perform the moves. Bolton thought it was 'tricky' to keep up in-line with the rest of the group, sometimes 'distinguishing' himself by marching off in the wrong direction. Indeed, one gets the sense that his body was somehow 'other' to himself, something that, despite his best efforts, he simply could not control.

Yet, the fact that these accounts are recalled in terms of failure also suggests that military power was successful. Roy disliked drill not because he found it boring or pointless but precisely because it made him stand out from the crowd. Russell, likewise, thought it was odd that some men could not march which implies that this was unusual. Like Novy and his friends, who would 'rather be dead than drop out of a route march', both of these men had internalised a set of dispositions that had been imposed from outside. Their accounts show that the ability to perform drill was clearly an expected or normal behaviour, not just in the eyes of army superiors, but in the minds of recruits themselves.

There were also, however, some bodies that *would* not be moulded to the army's designs as men consciously tried to resist the demands of military life. Physical training sergeant Ian Sinclair stated:

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[142] King, Interview, IWM 18512/4.
[143] Bolton, Interview, IWM 23195/2.

> Getting men on parade quicker than they had, getting dressed better than they were dressed, teaching blokes to march that couldn't march and having to exercise authority in things that yesterday didn't matter. You were still a free man, whether it came from officers to sergeant majors, to sergeants, whether it was the sergeants down to the men or vice versa. Being told 'you must, you will, rather than, will you?' That was the thing that was going to really get discipline going as such, and some people didn't take kindly to it'.[144]

During officer training with the Ordinance Survey Corps Bill Partridge was also advised by his mentor that 'if you get a group of thirty men, some are going to be keen, some are going to do as they're told, a few you will have to watch and kick'.[145] Again this was of heightened importance in a conscripted army, in which there were many men who would not simply submit to blind obedience. In a report on morale and training in the army, Mass Observer A. Calder Marshall reported:

> There exists naturally a large unconscious resentment at being drafted out of a civilian job, with which they are familiar and at which they are earning good money, into military service with its low pay and attendant discomforts. Rather than a source of delight, army life is at first an unpleasant duty.[146]

Faced with the barrage of demands upon their bodies recruits therefore responded with a range of corporeal strategies with which to try and resist the arm's efforts to control them. Calder Marshall went on to note that for the first month or six weeks of training the average recruit did do his best to make a success of his new job. However, after a subsequent period of about four weeks, the novelty wore off and he became 'browned off', which took two forms, 'slackness or crime'.[147] More subtle forms of resistance included simply disregarding demands and regulations, as can be seen in the response of the men at North Riding Division to the Major-General's orders regarding dress and appearance:

> On the whole the majority thought something about it. Most of the privates, after a little discussion, came to the conclusion that it was "bloody daft" and here are a few of the comments:

[144] Sinclair, Interview, IWM 11468/3.
[145] Partridge, Interview, IWM 21565/2.
[146] M-O A: TC Forces (Men) 1939-1956, 2/A, Report on morale and training in the army, 11.6.41, p.3.
[147] *Ibid.*

> Gpl. "That's right, it's about time you boys did have creases in your pants. It's a disgrace."
> Q.M.S. "Oh well you see, a soldier is supposed to be always smart and clean, and it bloody isn't smart to eat chips out of newspaper."
> Sgt. "Bloody hell, that's what the British army's doing, thinking out more bloody bullshit."
> Sgt. "Well it won't stop me from eating my bloody chips. No bloody fear. High bloody officers! The silly buggers can think of nothing better."
> Cpl. "What about it R.A.M.C.? Get down to those pants and those buttons. It's a disgrace to the army…"
> Pte.25. "Well, what else can you expect? They've got nought else to do man. They're all the same."
> Pte.20. "Fancy wasting paper like that. What's the major going to do about it? Hasn't he read it. No, he wouldn't. Who would anyway."[148]

Tactics were developed by which to remove the body from disliked physical activities.[149] Percy Bowpitt, a recruit with the Royal West Kent Regiment in Maidstone, recalled for instance:

> Once again we had to endure the weekly cross-country run beloved of the Army PT Instructors. Our route took us out of town, through farms and fields and back through the town. This had the advantage that when the edge of town was reached it was possible to hop on a bus… Provided the bus stopped some way from the barracks all was well but often the conductor would deliberately pass the stop we needed and then stop nearer to the barrack where would be standing Regimental Police waiting to catch anyone too slow off the mark.[150]

Spike Milligan also described a thwarted attempt to avoid a five mile run under the instruction of a Sergeant Montgomery while he was training in Bexhill in 1940:

> Now I, like many others, had no intention of running five miles, oh no. We would hang behind, fade into the background, find a quiet haystack, wait for the return and rejoin them. Montgomery had thought of that. We were all put on three ton trucks and driven FIVE MILES into the country and dropped.[151]

[148] M-O A: TC Forces (Men) 1939-1956, 2/A, Note on divisional orders, 10.6.41.
[149] The idea of the 'absent' military body is discussed in Hockey, 'head, down, bergen on', p.155.
[150] Percy Bowpitt, BBC People's Archive A331577.
[151] Milligan, *Adolf Hitler, My Part in His Downfall*, p.66.

Recruits also developed strategies for overcoming the confinement of their bodies within the military camp by deserting or going absent without leave. As Bowpitt noted:

> Weekend passes were very rare so other means had to be adopted to get home. This involved various methods of dodging Military Police, including climbing station fences, running along the track, waiting until their backs were turned and generally using the field craft the Army had so usefully taught us in. A major problem was returning to barracks without being caught.[152]

Indeed, not all men were concerned about the risk of being caught. Mass Observer Novy reported in February 1940, for example, that:

> Four men have already deserted because leave had been refused. Many say "Oh it's daft, it doesn't get you anywhere, they always catch you in the end", but asked what they would do in similar circumstances they say they would leave immediately if refused.[153]

In response to these sorts of behaviours, however, the authorities simply intensified their control. Novy reported in December 1940 that, having been told that they would not get leave for Christmas, many recruits had gone absent without leave in order to return home. He then described the sergeant major's reaction:

> There was more ado today about absence without leave, and the steps taken by the Coy Staff to deal with it. People were just buggering off, apparently when they thought fit. The CSM took the line that they were stupid blighters, and wouldn't dream of doing it if they had really got into the military discipline state of mind. So he abolished all weekend leave under any pretext except compassionate leave; only one pass was to be given out per squad, that is, one for 33 men.[154]

Men who did go absent were also likely to be punished upon their return to units. Durham Light Infantry Regimental Policeman Frederick Cottier explained:

> Now when the man did return to barracks, either voluntary, or maybe under civil police, if he returned under civil police then we apprehended him in the cells, but if he returned voluntary he went about his normal

[152] Percy Bowpitt, BBC people's Archive A3331577.
[153] M-O A: TC Forces (Men) 1939-1956, 2/D, Morale Report 1, 29 .2.40, p.2.
[154] M-O A: TC Forces (Men) 1939-1956, 2/D, Morale Report 3, 22.12.40, pp.1-2.

> duties until such times as he was dealt with by the Colonel, you see, and depending upon the circumstances of his absenteeism, the Colonel would award him maybe CB or detention accordingly.[155]

Where recruits did not absent themselves, they still put the body at the heart of strategies of resistance by feigning illness. This took the form of malingering, deliberately inventing symptoms, or 'scrimshanking', which involved exaggerating symptoms that were already there.[156] Spike Milligan recalled one such attempt by a fellow recruit:

> Gunner Herman Frick was our hypochondriac. He wanted out. He told the M.O., "I have got hereditary flat feet". After inspecting them the M.O. gave him three aspirins. Which is the army way of saying you're a bloody liar.[157]

In 1942 Lieutenant-Colonel William Brockbank of the RAMC also described how some soldiers tried to feign dyspepsia:

> There was a type case that complained of vomiting after every meal and yet contrived to look uncommonly fit on it. This vomiting was done without eye-witnesses and appeared to cease directly when the man was forced to vomit in public. These patients probably exaggerated their symptoms. Most of them had been to hospital once or twice, their story being more spectacular on each occasion.[158]

Because such strategies could become a source of suspicion the military doctor became the detective.[159] This role was often played out at the regimental sick parade, described by one RAMC captain as 'a daily battle of wits between doctor and patient'.[160] Another regimental medical officer noted:

> His [the medical officer] position on sick parade is prejudiced from the start by the fact that one must put one's loyalty to the Service first. One thinks not of a patient to be healed but of a man who may be trying to get away with something (not a malingerer, for they are rare, but an

[155] Cottier,Interview, IWM 10601/4.
[156] Major J.A. Hadfield, 'War neuroses', *British Medical Journal* 1942 (I), 28 February 1942, p.284.
[157] S. Milligan, *Adolf Hitler*, p.60.
[158] Lt-Col. W. Brockbank, 'The dyspeptic soldier: a record of 931 consecutive cases', *Lancet* 1942 (II), 10 January 1942, p.41.
[159] Bourke, *Dismembering the Male,* p.89.
[160] 'Service medicine', *British Medical Journal* 1944 (II), 23 December 1944, p.834.

> exaggerator) and he has to prove he is ill before you come to think of him. Then in the background of our minds is a wild procession of forms to be filled out about him. Gradually, in spite of oneself, one ceases to be a doctor in the best sense, a healer, but becomes a State servant.[161]

This sort of attitude was also noticed by recruits, such as Harold Pollins, who developed suspected septicaemia at ain infantry training centre in 1944:

> I lined up with the others on the sick parade to find ourselves being inspected by the RSM. He inquired disdainfully into the reasons for our reporting sick and clearly did not believe the answers he got – the usual ones about flat feet, stomach ache and the rest. His tone suggested that he thought we were all malingerers.[162]

Indeed malingering was feared by the authorities not only as a drain on manpower but 'a dangerous menace to good morale…as real a threat as the potential infectivity of a typhoid carrier'.[163] In a warning to soldiers Lieutenant-Colonel E.L. Sandiland of the RAMC stated in 1942 that:

> Successful evasion of duties by a soldier is known immediately by his comrades who will perhaps try to emulate his example. The initial increase of attendance at the Sick parade of a new Medical Officer is well-known to most officers of the R.A.M.C.[164]

There was, however, no consensus on how to deal with the behaviour. Some medical officers supported a view for dismissal, the 'removal of a weak link in an otherwise strong chain'.[165] Others focused on methods of detection and prevention through more intensive bodily surveillance. One medical officer advised in 1941, for example, that all cases recommended for discharge should be transferred to a psychological depot 'where they could be kept under continuous observation before finally being boarded out of the Army'.[166] Major H.A. Sandiford of the RAMC also suggested:

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[161] 'Service medicine', *British Medical Journal* 1944 (II), 11 November 1944, p.643.
[162] Harold Pollins, BBC People's Archive A2669222.
[163] Capt. R. Good, 'Malingering', *British Medical Journal* 1942 (II), 26 September 1942, p.359.
[164] Lt-Col, E.L. Sandiland, 'The army convalescent depot in this war up to date', *Journal of the Royal Army Medical Corps*, Vol.78, No.4 (April 1942), p.155.
[165] Capt. Good, 'Malingering', p.362.
[166] R.C. L'E. Burges, 'Impressions of a regimental medical officer', *British Medical Journal* 1941 (II), 6 December 1941, p.816.

> In some of these cases it is a most difficult task to decide when a man is malingering, and they usually require more than one examination. It is often necessary to have a man specially observed for some time.[167]

Conceived as blameworthy, the body that was presented as sick was also to be punished. At No. 1 Motor Battalion in Kent recruits who were excused from normal duties on medical grounds were assigned additional domestic chores:

> At the present time, the attitude of many N.C.O.s to men reporting sick is that they are malingering. But this we believe to be untrue in most cases. When they are given Attend B or C [Base or Camp] they are liable to be put on fatigues to do work which ought to have been done by staff…If men are reporting sick, they should be treated as sick. If they are suffering from blisters or something which incapacitates them from going on heavy duties, they should be learning something useful instead of picking paper out of dustbins that ought never to have been put there. The attitude of suspecting malingerers produces malingerers.[168]

Indeed, in 1943 two officers at Gillingham detention barracks in Kent were found guilty by a court of assizes of the manslaughter of Rifleman C. Clayton, whom they had believed to be malingering, but who was later discovered to be suffering from advanced tuberculosis.[169] Clayton, a man in medical category C and who suffered from deafness, breathlessness and pains in the chest, had been detained in the barracks for repeatedly failing to accept discipline. Having fallen out of his squad while marching, Clayton was handed over to Sergeant-Major James Culliney, who the judge had decided had 'lost his temper and behaved in a very brutal way'.[170] Despite it being 'obvious that he was very ill' Clayton was repeatedly struck by Culliney and Quartermaster-Sergeant Leslie Salter during his transfer to a single cell punishment block and was pronounced dead that night.[171]

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[167] Major H.A. Sandiford, 'War Neuroses', *Journal of the Royal Army Medical Corps*, Vol.71, No.4 (October 1938) p.233.
[168] M-O A: TC Forces (Men) 1939-1956, 2/A, Letter from No.1 Motor Battalion, 8.10.40, p.5.
[169] *Hansard Parliamentary Debates, House of Commons*, 'Detention barracks (independent enquiry)', 6 July 1943, Vol.390, Col.1908-1913.
[170] 'Detention camp death: both N.C.O.s found guilty', *The Times*, 26 June 1943, p.2.
[171] 'Detention camp death: N.C.O.s committed for trial', *The Times*, 27 May 1943, p.2.

Another option for the recruit was to inflict harm upon his own body. During a period working in the medical inspection room in Lydd Barracks in Kent trainee stretcher bearer Frank Offiler took care of a man who had shot himself in the foot.[172] The ultimate act of reclaiming one's own body in this respect was suicide. Frank also looked after a recruit who had tried, but failed, to shoot himself and whom he discovered to be hiding a razor blade while he was under his care.[173] Among John Riggs's fellow officer trainees in Shorncliffe 1939 was a man who did not complete the course as he shot himself.[174] Sam Beard also remembered the suicides of two of the vulnerable point recruits at his barracks. They were discovered by a sergeant, who ran out of their hut and described the scene:

> He said 'there's two vulnerable points blokes in there'. He said 'they, they each put the rifle under each other's tig, got between the sandbag and the hut, knelt down facing one another, put the rifles under each other's chin and shot each other'.[175]

The determination to resist by malingering and the medical responses to it were not specific to the military and can be seen within the context of wider social processes. As Roger Cooter argues in his work on World War I, 'malingering and its detection was in and of modernity'. It was part of the 'routinized, disciplining demands of the modern industrial world and its warfare'.[176] Indeed, it was a phenomenon that had been observed in the working lives of civilians. Taylor, for example, had noted how employees deliberately worked slowly so as to avoid doing a full day's labour, something that he termed 'soldiering'.[177] The introduction of workmen's compensation schemes in late nineteenth and early twentieth century Britain had also offered financial incentives to malinger, by providing compensation for illness or injury sustained at work.[178] In this context there was increasing concern about the socio-economic implications of malingering and consequently a surge of interest in

[172] Frank Edward Offiler, Interview, 1995, IWM 16352/4.
[173] *Ibid.*
[174] John Riggs, Interview, 26 October 2001, IWM 22346/1.
[175] Samuel George Thomas Beard, IWM 28681/2.
[176] R. Cooter, 'Malingering in modernity: psychological scripts and adversarial encounters during the First World War', in R. Cooter, M. Harrison and S. Sturdy (eds.), *Medicine and Modern Warfare* (Atlanta, GA: Rodopi, 1999), p.142.
[177] Taylor, *The Principles of Scientific Management*, p.30.
[178] S. Wessley, 'Malingering in historical perspectives', in P.W. Halligan, C. Bass and D. Oakley (eds.) *Malingering and Illness Deception* (Oxford: Oxford University press, 2003), p.31

it, particularly by civilian medical practitioners.[179] Books such as John Collie's *Malingering and Feigned Illness* and A. Bassett Jones and Llewllyn J. Llewllyn's *Malingering: or the Simulation of Disease* provided advice on the detection of malingering by medical examination.[180] Indeed, while army doctors generally accepted that true malingering was rare during the war, they drew links between this behaviour in military and civilian life in their case studies. For example, one man who 'was always reporting sick' had, before the war, 'been in lengthy spells of unemployment' and had left several jobs 'because the work was "too hard" or "too monotonous"'.[181] A recruit who 'developed the symptom of a paralysed hand' had also been awarded compensation after an accident seven years previously while working as a builders' tea boy. Having touched a live wire he fell twelve feet and, although the power had been switched off, he claimed to have suffered paralysis down the left side of his face.[182] As such, malingering appeared to the medical authorities to be a behaviour that transgressed the boundaries between soldier and civilian and war and peace. In both spheres men used their own bodies to achieve their own ends.

It also appears that while some soldiers publicly fulfilled the army's expectations for their bodies, they also found considerable room to use these in pursuit of their own agendas. Within the safety of their barrack rooms or during off-duty periods men replenished their bodies by getting drunk and having sex, sometimes with other men. Describing, for example, the homosexual activities of his fellow recruits Mass Observer Morris reported:

> Apart from the posturings on the barrack room beds, (sometimes almost though never quite amounting to the performance of the act itself) it is a quite well-recognised fact that such activities do occur, and that those who participate will frequently admit to them.[183]

[179] M. Turner, 'Malingering', *British Journal of Psychiatry*, Vol.171 (1997), p.409.
[180] J. Collie, *Malingering and Feigned Sickness* (London: Edward Arnold, 1913); A. Bassett Jones and L.J. Llewllyn, *Malingering: Or the Simulation of Disease* (London: William Heinmann, 1917).
[181] Good, 'Malingering', p.360.
[182] *Ibid.*
[183] M-O A: TC Forces (Men) 1939-1956, 2/E, Life in a depot – R.A.M.C., p.3.

Sapper Edward Kirby also recalled the drinking activities of men during basic training with the Royal Engineers in Andover in 1940:

> I think for some of the men who'd been separated from their wives and families, they were rather fed up, you know, and they lost their boredom and their sorrows, very often, like the ones I had, in drink. And I don't blame them. I mean I felt I could have drank gallons of whisky after I'd met them.[184]

In one sense these behaviours do represent resistance simply by the fact that they went against the army's designs. However, just because men chose to have sex or get drunk does not necessarily mean that they were consciously attacking the regime. For example, Morris clearly believed that the men in his depot were reacting to their environment as he noted the lack of 'outside opportunities for the 'working off of sex'.[185] Indeed, this was a phenomenon that had been observed in other all-male institutions, such as the German army in the First World War and British prisons in 1925.[186] Yet, it is quite possible that the men that Morris observed had also taken part in homosexual activities in civilian life and were bringing their outside sexuality into the military environment. Likewise, while Kirby believed that his fellow recruits got drunk as a response to loneliness, boredom or homesickness, it may simply have been the case that they were heavy drinkers before they joined the army. In these instances, therefore, while the men's behaviours clearly signify their own embodied agency, there can be no certainty that they were related to their position of subjection.[187] Rather than intentionally seeking to disrupt the regime they may simply have been driven by their own customs and habits that existed beyond the military milieu.

However, certain bodily activities could be purposely directed towards an attack on power. During training at Bexhill Spike Milligan recalled the battery Chaplain telling the men to 'avoid loose women', to which he responded:

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[184] Edward Norman Kirby, Interview, 15 October 1995, IWM 16084/5.
[185] M-O A: TC Forces (Men) 1939-1956, 2/E, Life in a depot – R.A.M.C., p.3.
[186] M. Hirschfeld, *The Sexual History of the World War*, (New York; The Panurge Press, 1934), p.124; W. Norwood East, 'The interpretation of some sexual offences', *Journal of Mental Science,* Vol.294 (1925), p.414.
[187] See J.H. Mills, *Madness, Cannabis and Colonialism: The Native-Only Lunatic Asylums of British India, 1857-1900* (Basingstoke: MacMillan, 2000), p.173.

> Anyway, we had nothing to do with loose women, we were all sleeping with officers' wives, whose husbands were at the war. In our rough soldier way we were trying to comfort them. One man was comforting so many he was excused clothes.[188]

It was also not only same sex relationships that Morris observed among his fellow recruits. He described how some men took on female identities:

> When any group of males - in the animal world also – are brought into close contact without the presence of any females, a certain number of the males begin to treat others in the group as though they were females…There are a certain number who are definitely treated as females by the others. They are referred to by feminine pronouns, "chi-ified" by the less inclined and use feminine first names (Sheila, Nora, Elsie). Some of these men go so far as to "make up" in the evening with eyebrow pencil, rouge and lipstick, and a certain neighbouring public house is supposed to be the favourite haunt in fixing any rendez-vous. I am speaking now only of the private soldiers with whom I am most in contact. These men-women often refer avidly to their officer gentlemen friends and a certain few N.C.O.s are popularly supposed to utilise their services.[189]

This behaviour can be interpreted in several ways. It may, as Morris believed, simply have been a bodily response to an all-male environment which caused some men to adopt a female role in order to redress a gender balance. They did so by wearing make-up and perhaps even having sex with other men. Again, however, as there is no way of knowing if these men engaged in such activities in civilian life, it is possible that they were acting independently of their military situation.

Yet it is also possible that these performances constituted something more than either the men's own existing dispositions or the desire to find a sexual outlet when opportunities were limited. Marjorie Garber argues that cross-dressing has a long history within the military and attests to what she calls 'carnivalized power relations'; the subversion of the power structure through the profane.[190] By making themselves up as women, these men may therefore have developed a creative and

[188] Milligan, *Adolf Hitler, My Part in His Downfall*, p.49.
[189] M-O A: TC Forces (Men) 1939-1956, 2/E, Life in a depot – R.A.M.C., p.4.
[190] M. Garber, *Vested Interests: Cross Dressing and Cultural Anxiety*, (London: Routledge, 1992), pp.44-56.

'safe' bodily way of mocking the military hierarchy and asserting their own power, if only temporarily.[191] Indeed, it is significant that the men chose to sleep with their officers rather than other private soldiers. They also appear to have instigated the relationships by offering their 'services' to the NCOs. Again this suggests that their actions might have been a means of empowering themselves by enabling them to temporarily achieve some kind of dominance over the elite. The fact that officers participated, however, also might imply that these were legitimised acts of resistance not simply involving the powerless.[192] For example, by having sex with their men the NCOs may have found a way of satisfying their own bodily needs. They too may have been homosexuals in civilian life or they may even have sought to reaffirm their position of power by retaining the traditionally dominant male role. As such, it is possible that both sides may have tacitly conspired in misrepresentation in order to fulfil their own ends.[193]

This notion of legitimised resistance can also be argued when it came to the drinking activities of recruits. Although the consumption of alcohol was prohibited in barracks, it appears that this was unofficially condoned or engaged in by officers in charge. For example, Novy reported from his depot during Christmas in 1940:

> Those who could get away felt relieved and the remainder staying in got busy preparing for their Christmas. Most shared the view of the corporal, who said 'If we can't get out let's get bloody drunk. We've got to have our bit of fun somehow'.[194]

It appears, therefore, that power was temporarily suspended so that the corporal could pursue his own agenda. Drunkenness could also be tolerated by the military police. Frederick Cottier, who manned the guard room at Fenham Barracks had to check new recruits for alcohol as they entered camp, an offence for which the penalty was three days confinement to barracks. Men who returned from off-duty time drunk were also detained in cells, or what was called the 'loose box'.[195] While those

[191] K. Clark and M. Holquist, *Mikhail Bakhtin* (Cambridge: Harvard University Press), pp.297-299.
[192] Scott, *Domination and the Arts of Resistance*, p.10.
[193] *Ibid.*
[194] M-O A: TC Forces (Men) 1939-1956, 2/D, Morale Report 3, 22.12.40, p.2.
[195] Cottier, Interview, IWM 10601/4.

causing disturbance were sent before the Colonel and usually put on a charge, 'good soldiers' did not face the same formal penalties, as he explained:

> We had about six or seven particular characters. Now these men were all old soldiers, served in India, served on the North West Frontier, and the only thing they were afraid of was closing time. They lived for the beer. And I can name them. There was Fitzpatrick, Ginger Murray, Jocka Davis, Dacca Quin, a lad called McGonigle. And sure enough you could bet your bottom dollar that when they went out, they'd go in the cells, to such a point, on a Saturday night or a Sunday night, before they went out of barracks, they should report to the Guard room, and when they reported they used to fetch their blankets with them, because they knew when they'd come back they were gonna go inside. Now then, in most cases, those lads were released the next morning, cause they were good soldiers, very good. And you always found that where you got lads like that, who were perpetual drunks more or less, they never came up on any other charge. Therefore we just used to release them, because on the whole, lets face it, they were good soldiers, they had a night out, and we used to lock them up to prevent them from causing further disturbance, more or less in their own interest.[196]

Instead of treating all cases of drunkenness as the same, the guards therefore distinguished 'good' cases from bad, which appears to have been based on a man's military experience and record. Knowing this, soldiers were able to get drunk without fear of formal penalty. Indeed, aware that they would only be held in the cells for one night, some men even left their blankets behind in preparation. It also seems that there was a friendly relationship between the 'perpetual drunks' and the guards. Frank was able to list them all by name. So, again it would seem that those in power could be complicit in breaches in codes of behaviour.

While agency could therefore manifest itself in behaviours that disrupted military power, it was also expressed in bodily performances that satisfied the demands of the regime. As has been shown, some soldiers enjoyed eating more, exercising and marching. As Bill Partridge noted 'there was a sense of wellbeing'.[197] Physical training made one Mass Observer fitter than 'on civvy street' and developed

[196] *Ibid.*
[197] Partridge, Interview, IWM 21565/2.

another's 'stamina tremendously'.[198] Army life made recruit Roy Bolton 'bigger and better, which did me a lot of good' and Mass Observer Novy, almost 'in spite of' himself, found satisfaction in a route march. To his 'shame' he felt 'a pride of being a soldier, well-disciplined, in step, doing hard work'.[199] These men clearly experienced their bodies as enabling and empowering. They liked looking and feeling better. Agency was, therefore, not just expressed as resistance but as conformity. While these men's behaviours may have taken place within a socially constructed framework, they, nevertheless, highlight the body as a material resource belonging to the individual, as recruits took up the army's designs for their bodies and used them to fulfil their own ends.

Conclusion

Between 1939 and 1945 civilian bodies were adapted for military use according to a two-stage process of control and transformation. From the moment men arrived at barracks everything pertaining to their bodies, ranging from diet to their appearance, to sexual behaviour, became subject to strict monitoring and regulation. The body was also constrained by both time and space, enclosed within the confines of the military camp and ordered by a programme which detailed every moment of the working day.

Once harnessed, the body then became a site for reform. Through physical training, battle training and drill, and men's bodies were made fit, ordered and efficient cogs in the wider military machine. In order to do so, instructors used a range of both formal and informal strategies, which were designed not just to impart control from 'outside' but to encourage men to engage in their own physical transformations. It is therefore here that Foucault's analyses become most relevant, for 'docility' is not achieved through excessive force, but through the internalization of disciplinary control.[200]

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[198] M-O A: TC Forces (men 1939-1956, 2/E, Forces (Men), Aspects of Army Life, September 1940, p.1; M-O A: TC Forces (men) 1939-1956, 2/E, Forces (Men), Day to day life in the army, August 1940, p.1.
[199] Bolton, Interview, IWM 23195/2; M-O A: TC Forces (Men) 1939-1956, 2/D, Morale report 2, 15.12.40, p.4.
[200] Foucault, *Technologies of the Self*, p.88.

However, unlike Foucault's work, this chapter has shown that training was not just a site of control and domination as the army's demands were not always realised. Some men simply *could* not comply with the physical demands of the regime, as was often exposed in drill, while others consciously *would* not comply. Training was therefore also a context of significant agency on the part of the embodied subject. Even within the confines of the army camp or barracks, men found considerable room to pursue their own agendas. Sometimes their efforts were directed towards a deliberate attack on power, as can be seen in instances of desertion, malingering and self-inflicting wounds, behaviours that were clearly a response to the military environment. For example, in order to try and evade the weekly cross country run, some men took the bus or tried to hang back at the start. Those who wanted out at weekends or to go home for Christmas tried to sneak past the guards or simply went absent without leave.

Yet, agency could also be subtle and did not always operate in direct opposition to military power. While publically adhering to the army's codes of behaviour, both officers and men found 'safe' spaces in which they could manoeuvre around the army's formal codes by getting drunk and having sex, sometimes with each other. On one hand, as it is possible that these men also engaged in such performances in civilian life there can be no guarantee that they were responding to the military environment. Their behaviour, therefore, while serving to disrupt the army's designs, does not necessarily represent a conscious desire to resist. On the other hand, the fact that private soldiers dressed up as women and chose to have sex with their officers might suggest that men were driven by their position of subjection and, as such, developed a creative or 'safe' way to mock the military hierarchy from within.

It is also important to remember that bodies could comply with the army's demands in order to achieve productive ends of their own.[201] Some recruits enjoyed the effects of army life upon their bodies. They liked getting bigger, stronger and learning new skills. While training therefore transformed the body for the purposes of the army, it also appears that some men felt that it benefited themselves.

[201] Frank, 'For a sociology of the body', p.42.

Chapter Four: Experimentation

For the British soldier of the Second World War, the body's destiny was not just the battlefield. For some the body also became a site of preparation for war, used by the authorities in various human experiments that were designed to develop more effective methods of fighting and killing the enemy and treating the wounded. These included trials of therapeutic drugs, synthetic stimulants and exposure to chemical agents.

The importance of scientific research to the military mission had been demonstrated during the First World War. Steve Sturdy refers to this as a 'grand experiment in which 'the line of demarcation between battlefield and laboratory became increasingly blurred'.[1] Whereas once officials had assumed that research and development should be confined to periods between conflicts, as the war dragged on it became evident that victory would come only from the development of new equipment and strategies. As such, growing numbers of physiologists were inducted into war-related research as part of a more general reorientation of government and military thinking about modern warfare.

This way of thinking was also not unique to the British. According to David Rothman and Susan Lederer the field of human research greatly expanded in the United States during the Second World War. Rothman states that 'practically every aspect of experimentation involving human subjects changed'. What were once occasional and ad hoc efforts by individual practitioners became well-coordinated, federally-funded team ventures, designed to protect the soldiers who were susceptible to disease.[2] Lederer also suggests that the medical needs of the military were invoked to justify the experimental use of vaccines and drugs on soldiers, as

[1] S. Sturdy, 'War as experiment: physiology, innovation and administration in Britain, 1914-1918', in R. Cooter, M. Harrison and S. Sturdy (eds.) *War, Medicine and Modernity* (Stroud: Sutton Publishing Ltd., 1998) p.74.
[2] D. Rothman, 'Human Experimentation: History', in S.G. Post (ed.) *Encyclopedia of Bioethics,* Second Edition (London: Macmillan Reference, 2004), p.2316.

well as non-therapeutic research on conscientious objectors, orphans, prisoners and the mentally ill.[3]

Indeed, military bodies, like those of other institutionalised or marginalised populations, have historically been chosen as experimental subjects because of a belief that they exist out-with the normal ethical frameworks that govern the rest of society. Jeanne Guilleman argues that like prison and asylum inmates, soldiers once seemed exempt from the ethical concerns about the medical hazards of tests and experiments.[4] Within the military, subjection to experimentation can also be considered as simply part of one's duty, no different to any other hazardous activities that one might be expected to participate in.[5] This is compounded by the army's strict emphasis on following orders and its highly structured chain of command which may constrain the individual's ability to make un-coerced decisions about participation in human research.[6] As Michael Frisna notes:

> By joining the military, individuals implicitly agree to subordinate their autonomy for the sake of accomplishing the military mission. Service members also agree, implicitly, to risk personal injury or loss of life if need be in compliance with lawful orders of their superiors. This implicit consent applies not only in direct warfare but in preparations for war as well.[7]

Drawing on these ideas this chapter explores how the soldier's body was conceived within discussions of experimentation during 1939-1945. It does so by looking at the three main objectives behind wartime human research, which can broadly be defined as: enhancing the body, harming the body, and restoring the body. Cutting across the first two was a conception of the healthy body as both limited and limiting, as military researchers strove to widen the parameters of physical performance. Within

[3] S. Lederer, 'Military personnel as research subjects', in S. G. Post (ed.), *Encyclopedia of Bioethics*, Third Edition (London: Macmillan Reference, 2004), p.1843.
[4] J. Guilleman, 'Medical risks and the volunteer army', in P.R. Frese and M.C. Harrell, *Anthropology and the United States Military: Coming of Age in the Twenty-First Century* (Basingstoke: Palgrave, 2003), p.31.
[5] J.D. Moreno, *Undue Risk: Secret State Experiments on Humans* (London: Routledge, 2000), p.19.
[6] Lederer, 'Military personnel as research subjects', p.1843.
[7] M. E. Frisna, 'Medical ethics in military biomedical research', in T. E. Beam and L. R. Sparacino (eds.), *Military Medical Ethics, Volume II* (Falls Church, Virginia: Office of the Surgeon General, Department of the Army, United States of America, 2003), p.547.

the third agenda lay a conception of usefulness based on the production of medical knowledge, as the war-wounded bodies of soldiers provided civilian scientists with valuable scientific specimens to subject to their theories and techniques.

Enhancing the body

The body was, in the first instance, conceived as limited as researchers strove to determine the optimums of physical capacity in order to enhance human performance. At the start of the Second World War Service Departments began to work with researchers in the biological sciences in order to find solutions to the many and varied problems involving the 'human factor'.[8] In 1939 the MRC set up the Flying and Naval Personnel Research Committees which were closely followed by the Military Personnel Research Committee in 1940. The MRC described its aim as 'devising ways and means of ensuring the maximum safety, efficiency and comfort of the healthy soldier on active service', which led to a range of human experiments on types of clothing, body-protection, tolerance to climatic extremes, particular hazards and susceptibility to certain illnesses and conditions.[9]

The body was, for example, limited by its tolerance to heat which was likely to undermine the efficiency of troops, particularly tank crews, serving in the African Desert or the Far East. In 1942 an Armoured Vehicle Sub-Committee along with the Heat Physiology Team from the National Hospital in London carried out research to determine '(a) what are the limits of tolerability to heat, (b) in what way the effects of heat might be mitigated, and (c) how, if at all, a man's tolerance to extreme heat may be increased'.[10] In order to do this, members of tank crews were exposed to 'tropical conditions' in 'hot rooms' at the London School of Hygiene. The subjects were dressed in clothing made out of various types of fabrics or some wore anti-gas suits. They were also given different items of equipment and weapons to test out and carry. By continually monitoring their temperatures and their performances the team ascertained that:

[8] P.P. *Medical Research in War: Report of the Medical Research Council for the years 1939-1945,* HMSO 1947 (7335), p.13.
[9] *Ibid.,* p.135.
[10] *Ibid.,* p.142; W.S.S. Ladell, 'Effects on man of high temperatures', *British Medical Bulletin*, Vol.3, No.1 (1947), p.5.

> Men are apparently physically efficient and able to continue for periods of up to two hours with rectal temperatures of 102°F. (38.9°C.). But, as a result of continued observation and personal experience, a limit of 101°F. (38°C.) has been taken as an acceptable upper limit; if, under a given condition, of clothing, work and environment, a man's rectal temperature goes above this level and remains above it for more than two hours, we consider that that set of conditions should be regarded as intolerable.[11]

The trials also showed that loosely-woven material best aided heat loss and a Dr McArdle was able to design a ventilated belt, which brought outside air straight under the clothes of men in tanks to enable troops 'to carry on in conditions which would otherwise be physiologically intolerable'.[12] By successively exposing subjects to the hot rooms the researchers also determined that the body could indeed become acclimatised. They noted that:

> Briefly, the first time a man goes into the heat he sweats poorly, his rectal temperature rises and he is not able to do much work. With successive exposures to heat and with working in the heat, his rectal temperature does not go so high and he sweats more, and his capacity to work in the heat is increased.[13]

Worried about the threat to the efficiency of airborne and seaborne troops, in 1941 the Military Personnel Research Committee also conducted experiments to test men's susceptibility to motion-sickness and again determine whether the body could be acclimatised to its effects. While in peacetime it was possible for the army to deal with such men either by habituating them to actual motion or by gradually eliminating them from the combat unit, this was not practical during war when large numbers of landsmen (men used to working on land) had to be trained with only a few planes, gliders and landing craft available. In order to reproduce the symptoms of sea and air sickness a team at the National Institute for Medical Research in Hampstead constructed a specially designed swing. Subjects were made to swallow a balloon attached to a recording device and were placed on the swing and subjected to violent movement and loud noises while researchers counted their stomach

[11] *Ibid*., p.6.
[12] *Ibid.,* p.8.
[13] *Ibid.,* p.6.

contractions.[14] As a result of these experiments the team were able to ascertain that individuals with absence of aural labyrinths were insusceptible to the condition.[15]

This was not deemed satisfactory, however, as researchers decided that swing-sickness could not be regarded as identical with either sea or air-sickness and was therefore not an effective means of immunizing susceptible subjects. As such, the team turned their attention to possible drug therapies. In 1941 a group of seventy men were taken out to sea from Falmouth in rough weather, having been dosed with various different drugs before embarkation. The efficacy of the remedies was measured by the number of men recorded as 'sick', which included both those who vomited and those who experienced nausea. This was diagnosed by the subjects' own statements and by clinical observations, such as seeing the individual vomit or noting a 'haggard look and greenish pallor'. As a result the most effective remedy was found to be a 1.2mg dose of hyocine, which protected seventy-three per cent of susceptible subjects.[16]

Military researchers also sought to try and enhance the body's natural powers of endurance by experimenting with amphetamines. Reports from enemy sources in the early stages of the war had revealed that analeptics were being used by German tank crews and other troops in North Africa. Following this, the Medical Research Council set up a Sub-Committee on Analeptic Substances in 1941 in order to conduct research on Benzedrine 'with special reference to the ability of the drug to allay fatigue and to prevent deterioration in military efficiency'.[17] The first trial was carried out in early 1942 on men from the 7th Canadian Infantry Brigade. Some of the subjects were given a 'special emergency ration' of 5mgm Benzedrine sulphate in chocolate. Others were given a 'dummy emergency ration' of chocolate alone and a final group were given nothing at all. Throughout the experiment the men were all

[14] H.E. Holling, 'Wartime investigations into sea and air-sickness', *British Medical Bulletin*, Vol. 5, No.1 (1947), pp.46-47.
[15] P.P. *Medical Research in War* (7335), p.258. The aural labyrinth is the part of the inner ear that is attuned to gravity and motion.
[16] Holling, 'Wartime investigations into sea and air sickness', pp.47-48.
[17] Lt.-Col. W. Somerville, 'The effect of Benzedrine on mental or physical fatigue on soldiers', *Canadian Medical Association Journal*, Vol.55 (November 1946), p.55.

subjected to various training tests and tactical exercises.[18] As a result of these trials it was concluded that neither a single 5mgm dose nor a 5mgm dose repeated once caused any appreciable improvement in the capacity of the troops to carry out long marches, to dig themselves in or to use weapons, even though moderately severe fatigue was induced by the nature of the exercise.[19] The committee therefore agreed that further investigation was needed on subjects who had been exposed to 'severe fatigue'.[20]

In June 1942 further trials were therefore carried out in Scotland by Doctors D.P. Cuthbertson and J.A.C. Knox from the Institute of Physiology at the University of Glasgow. Six subjects drawn from the Royal Army Medical Corps and Royal Army Service Corps were kept awake for twenty-four hours, performing light drills, games and gymnastics. They were then treated with either 10-15mgm of Benzedrine or 10mgm of Methedrine, or again with a 'dummy tablet' containing no analeptics.[21] The experiments showed that both Benzedrine and Methedrine caused increased wakefulness in fatigued men and that 'the subject's capacity to sustain a given level of work performance was increased within ½ to 1 ½ hours and was sustained for about 1 hour'.[22] Although 'wide individual variations' in responses to the drugs were observed, it was decided that these substances might be useful in helping fatigued troops whose task was likely to last less than five hours, or whose task was of such a character that hope of survival was negligible except by supreme effort.

Through the army's research on Benzedrine the battlefield also became a laboratory. In order to assess the effects of the drug on men engaged in actual operations observers were attached to army establishments overseas. In December 1942, for example, the Army Medical Department carried out field trials on armoured troops serving in the Middle East. These led to the conclusion that Benzedrine was of

[18] NA FD1/7064, 'Fifth meeting of Sub-Committee on Analeptic Substances (Benzedrine)', 28 February 1942, Appendix 1.
[19] P.P. *Medical Research in War* (7335), p.140.
[20] NA FD/7064, 'Fifth meeting of Sub-Committee on Analeptic Substances (Benzedrine)', 28 February 1942, pp.1-2.
[21] D.P. Cuthbertson and J.A.C. Knox, 'The effects of analeptics on the fatigued subject', *Journal of Physiology*, Vol.106 (1947), pp.42-58.
[22] NA FD1/7064 'Seventh meeting of Sub-Committee on Analeptic Substances', 17 July 1942, p.1; Cuthbertson and Knox, 'The effects of Benzedrine on the fatigued subject', p.54.

significant value in maintaining the efficiency of men who had been awake for up to 48 hours.[23] In doses not exceeding 20mgm per twenty-four hours, it enabled 'a moderately fatigued man to work better and a severely fatigued man to work longer…the effects began after about an hour and began to decline about 5, with appreciable effects for about 8 hours after administration'.[24] Careful consideration was, however, given to the soldier's military role, as was highlighted in a summary of the investigations entitled *Notes on Benzedrine in War Operations*:

> 1.With Infantry, Benzedrine gives an appreciable improvement in the work of tired infantry. It would be of value to tired troops required to carry out or repel an attack.
> 2.For M.T. Drivers and Despatch Riders, Benzedrine is of value, if the driver is in danger of falling asleep. This situation may occur after relatively few hours' work, and with adequate previous sleep, because of the monotony, lighting and other conditions of driving. Five mg. is usually a sufficient dose and is effective for about 6 hours.
> 3. As regards mechanised Units, there is no evidence of any special requirement of these men, and usage should be determined on similarities to Infantry or M.T. Drivers.
> 4. In the case of severe mental fatigue in Staff Officers or others, 5mg or 10mg (see above) may be given and repeated once in 6 hours.[25]

From this it appears that the army bodies were not regarded as homogenous. They were, nevertheless, purely military entities. For example, the researchers made no mention of how a man's height or weight or general physical condition could affect the drug's action. Rather than Cuthbertson and Knox, who mentioned 'wide individual variations', they appear to have considered all bodies as physiologically the same and differing only in terms of the military duties that they had to perform.

The experiments mentioned so far highlight a conception of the body that was limited in its natural state but that was malleable, that is with the potential for manipulation and improvement towards optimums of physical performance. The evidence suggests other notions where the body was seen as limiting, particularly in relation to the machinery that it operated. The MRC noted that:

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[23] NA WO203/691, 'Medical report on the use of Benzedrine by armoured troops', December 1942.
[24] NA WO222/97, 'Notes on the use of Benzedrine in war operations', 23 December 1942, p.1.
[25] *Ibid*., p.2.

> In many cases the main limiting factor in the efficiency of the machine or weapon is the human being working it. The earlier the stage at which the human factor is considered by physiologists and psychologists in relation to machine or instrument design, the more effective the end result.[26]

This perception gave rise to a range of studies which tried to harmonise man and machine. In 1940 a Physiological Research Laboratory was established in the Gunnery Wing of the Armoured Fighting Vehicle Training School at Lulworth to investigate the physiological factors that interfered with efficient tank-driving.[27] This included a series of tests on the seat-to-pedal relationship, the design of steering sticks and the relationship of various levers to the seat. In 1943 researchers also surveyed the body measurements of several Royal Armoured Corps personnel. By applying this data to tank design they were able to achieve a proper utilisation of 'crew space'.[28] In this respect, therefore, the body was conceived as more static or closed, as scientists focused on building the machine around the man.

This type of research that focused on the 'human factor' was not, however, unique to the military and again shows a connection between approaches to the soldier's body and those towards its industrial counterpart. The MRC had long argued that 'industrial health research is indeed a form of "personnel research"'.[29] As early as 1926, for example, investigations had been carried out on 'the design of machinery in relation to the operator' based on the notion that the efficient functioning of most machines depended 'to a greater or lesser extent on their operator' and, as such, should be designed 'to meet his physiological requirements'.[30] Again this link is not surprising, given the role played by members of the Industrial Health Research Board in the sphere of 'personnel research' for the army after 1939. [31] In 1944 the Secretary of the Industrial Health Research Board, R.S.F. Schilling, noted that 'since the outbreak of war the Board's investigators had given up much of their time to

[26] P.P. *Medical Research in War* (7335), p.21.
[27] J. Brozek, 'Psychological war-time research in Great Britain', *American Journal of Psychology*, Vol.62 (1949), p.125.
[28] P.P. *Medical Research in War* (7335), pp.145-146.
[29] *Ibid.,* p.131.
[30] L.A. Legros and H.C. Weston, 'On the design of machinery in relation to the operator'*, Industrial Fatigue Research Board, Report No. 36* (London: HMSO, 1926).
[31] P.P. *Medical Research in War* (7335), p.132.

carrying out research and giving advice on non-industrial problems'.[32] For example, Mr Farmers and Mr Chambers (as mentioned on p.38) conducted studies on accident proneness among soldiers for the Military Research Committee which were based on tests that they had carried out on industrial workers in 1939.[33] Dr McArdle, who developed the ventilated belt for tank crews, also participated in research on women's sickness absence for the Industrial Health Research Board in 1942.[34] Moreover, it was believed that after the war many of the methods and techniques developed in the sphere of military research could be reapplied to industry:

> It is already clear that, just as the methods and results of industrial health research have assisted in the solution of various Service problems, so also many of the research methods adopted to solve urgent problems affecting the Fighting Services under war conditions can be effectively applied in peacetime to the solution of numerous problems of the human factor in industry; these include not only the selection of the right worker for the right job, and the securing of the best practicable environment for the job, but also the design of machines, instrument panels, working benches from the point of view of maximum comfort and efficiency.[35]

A reciprocal relationship seems to have been established, as the soldier's body became synonymous with that of the industrial worker. Whether on the battlefield or factory floor the body was an instrument of productivity, a resource to be made efficient in its designated role.

Harming the body

In the quest for military victory the soldier's body was also something to be deliberately harmed. This was chiefly the outcome of exposure to weapons so that scientists could observe their physiological effects to enable them to develop the most effective ways of disabling the enemy and of protecting British troops in the field. In 1941 the Military Personnel Research Committee's Weapons and Biological Assay Sub-Committee conducted investigations to decide the effects of 'blast' from a

[32] R.S.F. Schilling, 'Industrial health research: the work of the Industrial Health Research Board, 1918-1944', *British Journal of Industrial Medicine,* Vol.1 (1944), pp.148-149.
[33] P.P. *Medical Research in War* (7335), pp.150-151.
[34] *Ibid.,* p.325.
[35] *Ibid.,* p.132.

variety of weapons upon personnel in confined spaces such as pill-boxes, armoured fighting vehicles and buildings converted for defensive purposes. The results were:

> Explosions occurring outside armoured fighting vehicles in such a manner as not to cause any breach in the protective wall, entailed no significant danger from blast to personnel in the closed vehicle. Special trials with more formidable explosives showed that blast injuries in these circumstances were likely to be limited to ruptured ear drums and damage due to the displacement of the body; the risks of injury caused by fragments of armour plate would be much greater. Tests on concrete pill-boxes showed that the open embrasures did not concentrate the blast waves upon the body of a gunner operating behind the embrasure.[36]

At the Chemical Defence Experimental Establishment at Porton Down in Wiltshire soldiers also took part in 'special tests' in which they were deliberately exposed to toxic substances. The station had been established in 1916 by the Ministry of Munitions for conducting physiological research into offensive aspects of gas warfare.[37] This had not originally included experiments on human subjects. However, in 1922 the War Office decided to involve army personnel in the research:

> It was considered essential to pursue investigations in many directions if improvement of our means of defence was to be looked for. In particular our knowledge as to the physiological actions of mustard gas was scanty also the means of protection against it and curative measures. The Chemical Warfare Committee considered that if progress was to be made it was necessary that tests should be carried out on the human.[38]

It was during World War II the number of servicemen participating in these tests reached its height.[39] From 1940-1945 over seven thousand service personnel visited the establishment as experimental subjects. In 1942 alone 2,321 men attended, the peak year for participation in the whole of Porton's history.[40] At the station bodies were exposed predominantly to two types of chemical agent; vesicants, substances

[36] *Ibid.,* p.138.
[37] NA WO286/11, 'Volunteers for physiological tests at Chemical Defence Experimental Establishment, Porton', 5 June 1953, Minute Sheet 1.
[38] *Ibid.*
[39] In 1929 the navy and air force had also been brought into the scheme.
[40] Historical Survey of the Porton Down Service Volunteer Programme, 1939-1989 (2001), Part I pp.32-34. <http://www.mod/Defence/net/AboutDefence/PortonDown/Volunteers> [accessed 2010]. These statistics include people who attended Porton more than once.

that caused tissue blistering, such as mustard gas and lewisite, and 'harassing agents', a term used to cover tear gases and irritant smokes.[41]

As part of the offensive programme the body was again pushed to the limits of endurance so that scientists could ascertain the required levels of chemicals necessary to 'break' a man.[42] Porton researcher Dr H. Cullumbine, for instance, described human chamber trials with vesicants as 'allowing the dosage of vapour to make a soldier a casualty to be determined'.[43] In these tests subjects were first exposed to low concentrations of various compounds, which were either placed directly on the skin or sprayed through clothing. Then they were exposed to different atmospheric conditions within the chamber. The more promising compounds were further assessed under more realistic conditions as trained troops were 'attacked' over an assault course while being subjected to heavy concentrations of the vapour from generators. These trials showed that the warmer and more moist the skin, the more severe the burn caused and that the normally moist regions of the body, such as the genitalia and armpits, reacted most acutely.

In 1942 ninety-two army recruits were also involved in 'a psychological test for the harassing effects of lachrymators [tear gases] on vision' in which they were exposed to BBC (bromobenzyl cyanide) tear gas so that scientists could assess the reductions in human efficiency and determine the most effective methods of dispersal. As a result the team ascertained that it should be used tactically on enemy personnel engaged in activities calling for accurate visual perception, such as tank-driving and gun-laying.[44] Also in 1942 eleven soldiers were used in a trial to assess the casualty-producing powers of two different types of mustard gas which were to be used 'for the direct contamination of personnel'.[45] All of the subjects sustained burns

[41] *Ibid.,* Part VIII, p.209.
[42] Moreno, *Undue Risk,* p.37.
[43] H. Cullumbine, 'Chemical warfare experiments involving human subjects', *British Medical Journal* 1946 (II), 19 October 1946, p.577.
[44] NA WO189/2293, N.H. Mackworth, 'A psychological test for the harassing effects of lachrymators on vision', 3 June 1942, p.1.
[45] NA WO189/2270, Captain S. Curwen, 'Medical report on casualties produced by airburst mustard gas shell', 10 March 1942, p.1.

considered to be of 'casualty-severity', the majority being fit for discharge for light duties after 32 days.[46]

While these experiments were focused on damaging bodies in order to develop more effective weapons, others did the same in order to focus on the defensive rather than the offensive. Sometimes these experiments directly followed the sorts of offensive tests mentioned above but often they were created for that single purpose.[47] In 1941, for example, soldier Norman Kirby took part in chamber trials of the nose gas DM (Adamsite):

> It was theoretical training, which eventually was discontinued. I suppose because the Germans were not using it. It was only a defensive against German…it was a kind of deterrent and I think the fact of also wanting to know what to do for a cure in case the Germans used it. You have to know what a flu in Germany is like if you're going to recover from flu.[48]

Experiments on decontamination involved the body first being contaminated before a treatment in the form of an ointment, cream, cake or powder was applied and its effects observed.[49] Subjects also wore articles of impregnated clothing over long periods of time, or had small patches of material fixed to their arms so that their skin reactions could be noted.[50] Research subject Stanley Shore, a member of the 112 Royal Armoured Corps, Sherwood Forresters, recalled an experiment involving the decontamination of foodstuffs laced with lewisite:

> They contaminated the food and then decontaminated it, but you didn't have to eat it. They sort of strapped it on your arms in little containers and left it on there for two or three days to see if it blistered. If it blistered of course they knew that their decontamination wasn't up to whatever they were trying.[51]

The ways in which bodies were assessed within these experiments were related directly to their military capacities and not necessarily to the health or wellbeing of

[46] *Ibid.,* p.3.
[47] *Ibid.,* p.578.
[48] Kirby, Interview, IWM 16084/5.
[49] Historical Survey of the Porton Down Service Volunteer Programme, Part VII, p.285.
[50] *Ibid.,* p.245.
[51] Stanley Shore, Interview, 24 February 1998, IWM 17925/1.

the individual. In a trial to determine the disability produced by exposure of the skin to mustard gas vapour for example, Dr Sinclair from the Department of Anatomy of Oxford remarked that 'the term 'disability' can be accurately defined and graded in a manner which bears some relation to the requirements of the military situation'.[52] He explained:

> So long as disabled men retained the capacity to fire a weapon actively they continued to be classified as "partially disabled" even when they were sent to hospital on account of their injuries. The justification of this procedure is that, from a military standpoint, such men, whom it might not always be able to evacuate, could be of considerable value to the defence of a fixed position.[53]

In a trial designed to determine the casualty-producing rate of airburst mustard gas shell, Porton researcher Captain Curwen also noted:

> In selecting casualties, the men chosen were those whom it was considered under actual service conditions would be unable to carry out any useful military task and would normally be evacuated to the Medical Services.[54]

The body was further de-individualised as each was evaluated according to 'clinical signs and data' and not the experience of the participant himself.[55] It is significant to note that subjects at Porton were referred to as 'observers' because they 'observed the effects of chemical warfare compounds on themselves and described those effects to scientists'.[56] Yet reports reveal that this often did not occur. In the experiments to assess the effect of lachrymators on vision, for example, N.H. Mackworth, a member of the MRC who was temporarily assigned to Porton during the war, noted that the 'Curwen-Somerville technique', was adopted. This meant that 'all facts on the clinical appearance of the subjects were kept strictly apart from data on bodily sensations'. He explained that 'it is based on the number of clinical signs and symptoms present. It avoids the dangerously misleading practice of asking the

[52] D.C. Sinclair, 'Disability produced by exposure of skin to mustard gas vapour', *British Medical Journal* 1950 (I), 11 February 1950, p.348.
[53] *Ibid*., pp.346-347.
[54] NA WO189/2270, Curwen, 'Medical report on casualties produced by airburst mustard gas shell', p.2.
[55] Historical Survey of the Porton Down Service Volunteer Programme, Part I, p.23.
[56] *Ibid*.

subject of his ability to aim and fire a rifle'.[57] Indeed, when 1 in every 10 subjects claimed to have experienced slight mental confusion and fright, Mackworth reported that this was 'not possible' as 'the conditions were quite unfavourable for the development of such general psychological changes'.[58]

Restoring the body

It was not only the 'healthy body on active service' that became the focus of scientific enquiry during the Second World War. The war-wounded physique also became the object of experimentation as something to be restored. Reporting on the medical aspects of the war in 1946 W. E. Le Gros Clark, of the Department of Anatomy at the University of Oxford stated that 'in every war, research workers tend to turn their attention once more to a consideration of the fundamental processes of the repair of damaged tissues and the restoration of disturbed function'.[59] To this end, the MRC established the War Wounds Committee in 1940 to 'advise as to the application of the results of new practice in the treatment of war wounds, and as to the need for new investigations'. Its work included research into blood transfusion, traumatic 'shock', war wounds, burns, brain injuries, nerve injuries and the clinical uses of penicillin.[60] Through its studies on blood transfusion, for example, the soldier's body was reconstituted with parts of other human bodies. During the course of the war the Army Blood Transfusion Service organised the bleeding of 624,000 donors and the export of 56,564 pints of whole blood to theatres of war, the most common recipient being 'the fit young soldier whose cardiac musculature was in perfect order before his wounding'.[61] The Transfusion Research Committee and Transfusion Service also conducted research on blood substitutes such as plasma and serum which were found to have a longer shelf life than whole blood.[62] During the Dunkirk campaign successful transfusion was even achieved with blood that was

[57] NA WO189/2293, Mackworth, 'A psychological test for the harassing effects of lachrymators on vision', p.2.
[58] *Ibid.,* p.4.
[59] W. E. Le Gros Clark, 'The contribution of anatomy to the war', *British Medical Journal* 1946 (I), 12 January 1946, p.39.
[60] P.P. *Medical Research in War* (7335), p.28.
[61] Sir L.E.H. Whitby, 'Transfusion in peace and war', *Lancet* 1945 (II), 6 January 1945, pp.1-3.
[62] P.P. *Medical Research in War* (7335), pp.188-189.

seven weeks old.[63] The War Wounds Committee also experimented with different types of dressings and plasters in order to repair damaged limbs. In 1940 soldiers took part in large-scale clinical trials of a bag made from carbon-impregnated cloth which enclosed limb and plaster and was designed to eliminate the smell emanating from wound discharge in normal 'closed plaster' treatment.[64]

In 1941 the MRC, following requests from its sub-committees for more definite information about battle conditions, put forward a proposal that expert observers be attached to Army Headquarters in various theatres of war. This led to scientists being sent into combat zones in Cairo and India in order to report on the most urgent medical matters.[65] It also became evident that in order to accurately study the problem of traumatic shock researchers would have to be sent to the front line itself:

> Towards the end of 1943, it became clear that sufficient clinical material for resuming extensive observations on the relative significance of blood loss, tissue damage and other results of serious injury would be found only on the battlefield.[66]

'British Traumatic Shock Team No.1', a group of Royal Army Medical Corps workers, was therefore assembled and deployed to the forward area in Italy to study the effects of severe limb injury. This was followed by 'British Traumatic Shock Team No.2' in March 1945 which worked in North West Europe until the end of the war, gathering blood and muscle specimens from 177 human subjects.[67] Through such wartime therapeutic trials the battlefield therefore again became the laboratory, as researchers were sent into combat zones in order to access the wounded physique.

Perhaps the largest research programme on the war-wounded body was, however, with the therapeutic drug penicillin. This had been discovered by Professor Alexander Fleming in 1929 and developed by Sir Howard Florey and Dr Ernest Chain in Oxford from 1939 to prevent infection of septic wounds. The first use of

[63] Editorial, 'Transfusion and war', *Journal of the Royal Army Medical Corps*, Vol. 79, No.6 (June 1942), pp.281-282.
[64] P.P. *Medical Research in War* (7335), pp.33-34.
[65] *Ibid.,* p85.
[66] *Ibid.,* p.53.
[67] *Ibid.,* p.54.

penicillin in war wounds was initiated in April 1942 when a small quantity was despatched to the Middle-East. Then in May 1943 special investigators, including Florey, were sent to conduct experiments on troops suffering from chronic septis in North Africa. As a result of this work they ascertained that 'it was far too late to start penicillin treatment weeks or months after wounding, at a Rear Base hospital, and that its use should be tried much earlier, before the establishment of serious infection'.[68]

Penicillin research certainly privileged the military body over that of the civilian as something to be restored, as the soldier gained access to a therapy that was not made available to the rest of the population. This stemmed predominantly from supplies of the drug being limited due to the difficulties of producing it on a large scale when the country's resources were being directed elsewhere.[69] In the early stages of clinical trials it was therefore decided that first priority should be given to the treatment of patients with war wounds.[70] The Penicillin Clinical Trials Research Committee, which had been set up in 1943 and controlled distribution of the drug, established four research centres in hospitals in Oxford and London. As the existence and purpose of the Committee became known a great flow of requests for grants of the drug began, large numbers of which were refused.[71] The locations of the four penicillin research centres were also kept from public knowledge in order to avoid 'widespread disappointment'.[72]

However, the main objective behind trials of penicillin was not to cure the individual soldier's body in order to return it to the fray. Rather, the usefulness of the military body in this context was conceived primarily in terms of its ability to generate new medical knowledge. Sir Lionel Whitby, Brigadier Consultant in Transfusion and Resuscitation to the Army stated in 1945 that 'out of evil can come good. War has

[68] *Ibid.,* pp.85- 86.
[69] 'Supplies and distribution of penicillin: statement by the Medical Research Council', *British Medical Journal*, 1943 (II), 23 August, 1943, p274.
[70] P.P. *Medical Research in War* (7335), p.58.
[71] *Ibid.,* p.88.
[72] 'Supplies and distribution of penicillin: statement by the Medical Research Council', p.274.

always been a stimulus to progress in medical science'.[73] Indeed, the Penicillin Clinical Trials Research Committee stated in the *British Medical Journal* that its primary objective was 'to gain new knowledge of the curative possibilities of the drug rather than merely to repeat the therapeutic successes of which it is already known.'[74] Again, this was exacerbated by the limited supplies of the drug which meant that, even within the military, experimentation had to be confined to those bodies that would further knowledge of the mode of using the therapy. These bodies were identified as those that would help 'define the minimum effective dosage, the best methods of administration, and any factors not yet studied on which success may depend, and to explore the possibilities of penicillin treatment in conditions hitherto unstudied from this point of view'.[75] The MRC explained that:

> This was a difficult objective to reconcile with humanitarian claims, and for many months, owing to the extreme scarcity of penicillin, the Committee and those who tested the drug on the Committee's behalf, were compelled to refuse treatment which might have proved beneficial to individual patients but would not advance knowledge of the drug's action. So grave was the shortage at that time, that there would not have been nearly enough penicillin to treat only the cases of staphylococcal septicaemia which came to the Committee's notice; and of all diseases, this most imperatively demands penicillin treatment.[76]

This emphasis on the body as generator of medical knowledge can be seen from the perspective of the patient. Harold Pollins, an infantry recruit who acquired septicaemia from boils on his legs during basic training in 1943 recalled that:

> In due course I found myself at a military hospital in Penshurst. The boils and blotches on my legs appeared to the medical staff to be suitable scientific specimens for a research project. My medication consisted of one leg being treated in the traditional way with cloths made wet by being immersed in, I think, gentian violet (at least it made everything they touched that colour). The other leg was treated with penicillin and left uncovered…The research project was I'm sure a failure. I was not a very good subject. I could not help scratching the leg which had been treated with penicillin and the medical officer was greatly annoyed with me for ruining the research. In a camp sort of way

[73] 'Transfusion in peace and war', *Lancet* 1945 (I), 1 January, 1945, p.1.
[74] 'Supplies and distribution of penicillin: statement by the Medical Research Council', p.274.
[75] *Ibid.*
[76] P.P. *Medical Research in War* (7335), p.87.

> he flapped his hand at me and said, "naughty, naughty boy" or something to that effect.[77]

It is clear, therefore, that the medical staff did not simply want to cure Harold or even to alleviate his symptoms. Rather, they were using his body to test a theory, and as such Harold's individual comfort and relief was secondary to the research. What his story also shows is that his body became effectively de-militarised. It was recognised not in terms of its military capacity or value but, as Harold himself noticed, as a 'useful scientific specimen' in the pursuit of medical knowledge.

It seems that to the scientist the military nature of the body could be insignificant or incidental, as warfare had simply provided a unique opportunity to develop their theories and techniques. It had allowed greater access to the body than was possible in times of peace, as growing numbers of civilian medical researchers were recruited into the MRC's specialist wartime committees.[78] The wounded bodies of soldiers also provided these researchers with a valuable experimental base with which to apply their ideas. As the MRC noted:

> Apart from acting as incentives to new research, the crises and emergencies of war have also been found to have an important influence in shortening the customary time lag between the acquisition of scientific knowledge by research and its executive application to practical problems of human welfare and efficiency.[79]

Indeed, although the wartime experiments with penicillin were conducted in a military context, the researchers saw them simply as an extension of existing scientific research:

> Statements have appeared from time to time that the work on penicillin at Oxford was started as an attempt to contribute to the treatment of septic wounds in the Second World War. These give a false impression, as the work, of which wound treatment later became a part was initiated well before the outbreak of hostilities.[80]

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[77] Harold Pollins, 'I was a penicillin guinea-pig', 26 May 2004, BBC People's War A2669222 <http://www.bbc.co.uk/ww2people's war/> [accessed 2010].
[78] P.P. *Medical Research in War* (7335), p.12.
[79] *Ibid.,* p.14.
[80] *Ibid.,* p.79.

This opinion was later echoed by J.W.S. Pringle from the Department of Zoology at the University of Oxford in a statement to the Royal Society of London:

> It is thus in correct to suppose that work on penicillin was started in attempt to control septic wounds; the real situation was that an academic study with possibilities of wide theoretical interest was ready to be adapted to the needs of war.[81]

Discourses of legitimisation for the army therefore conceived of the body in terms of its potential to further the aims of medical science in the case of penicillin. Neither the wellbeing of the individual body nor its military efficiency was regarded as a core objective in this context.

Hierarchies and institutions of bodies

Moreno argues that because sacrifice is part of what it means to be in the armed forces it stands to reason that if anyone is to be exposed to danger, service men and women are prime candidates. A vast range of activities undertaken by Service personnel, including participation in medical experimentations, subject them to physical or psychological risk. This, after all, is part of the *raison d'etre* of an armed force, to take risks that others do not need to take, from a sense of duty and on pain of violating an order.[82]

On the one hand it does appear that the military expected the British soldier's body to be placed at risk, be it on the battlefield or in the laboratory. At Porton Down chemical research was conducted almost exclusively on service personnel, although in 1926 approval was given for civilian laboratory assistants to volunteer.[83] In July 1944, in order to meet the demands of the war, the more general issue of civilian volunteers was considered, but was turned down because of 'complicated questions of compensation, remuneration, etc'.[84] For the soldier, however, it had been decided in 1930 that any injuries sustained as a result of experimentation were 'attributable to

[81] J.W.S. Pringle, 'Effects of World War II on the development of knowledge in the biological sciences', *Proclamation of the Royal Society of London*, A. Vol. 342 (1975), p.539.
[82] Moreno, *Undue Risk*, p.21, p.46.
[83] NA WO286/11, 'Volunteer observers for physiological tests at Porton', 29 July 1944, Minute Sheet 1.
[84] *Ibid.*

the service' and paid from army funds as the Ordinary Regulations provided. When conflict broke out in 1939 the War Office also resolved that if injured at Porton, the subject would be paid from the Ministry of Pensions, in the same way as if wounded in battle.[85] It also appears that the parameters of risk to the soldier's body were widened during conflict. In 1940, in order to gain knowledge of certain agents that the enemy might employ, the Chemical Defence Research Department at the War Office agreed to grant permission for breathing tests with toxic smokes at Porton Down. This was a proposal that had been rejected in both 1926 and 1932 due to concerns about injury to health.[86]

Not all soldier's bodies were, however, to be used within these experiments. Rather, military hierarchy was an important organisational device. At Porton only men from the army's lower ranks, such as privates and sappers, were used as experimental subjects.[87] Most came from the infantry or the non-combat Pioneer and Service Corps.[88] These were men who were considered to be in the lowest intelligence groups, described as 'stable dullards', who carried out labouring, administrative and supply duties.[89] However, the quality of these bodies was questioned by researchers. Describing 92 subjects in a gas chamber trial who were drawn from the above groups, Mackworth stated:

> As wide a range of subject as possible was used, but on the whole the general impression formed was that the subjects available – some volunteers, some detailed – were rather below average Army standards, e.g. Of these 92 men, seven were rejected in a preliminary one-minute eye test. These men could not read (or spell the letters of) words printed in Jaeger 3 type, even though they were only 2 feet away under good lighting conditions.[90]

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[85] *Ibid.*
[86] U. Schmidt, 'Cold War at Porton Down: informed consent in Britain's biological and chemical warfare experiments', *Cambridge Quarterly of Healthcare Ethics*, Vol.15, No.4 (2006), p.372.
[87] NA WO286/11, 'Volunteer observers for physiological tests at Porton', Minute Sheet 1.
[88] See for example, NA WO189/2321, N.H. Mackworth, 'The use of an assault course in the assessment of the arsenical smokes', 18 August 1942, p.6; NA WO189/2293, Mackworth, 'A psychological test for the harassing effects of lachrymators on vision'.
[89] Sir Arthur Salusbury MacNalty and W. Franklin Mellor (eds.) *Medical Services in War: The Principal Medical Lessons of the Second World War* (London: HMSO, 1968), pp.182-187.
[90] NA WO189/2293, Mackworth, 'A physiological test for the harassing effects of lachrymators on vision', p.6.

This organisation of bodies was not unique to Porton. In 1941 Kenneth Mellanby, Research Fellow at the Sorby Institute at the University of Sheffield, conducted various human experiments on the transmission and treatment of scabies, which had become a serious menace to the health of the army. In order to compare different remedies, he set up a military hospital for soldiers suffering with the condition. While the ordinary case remained for three days, the more experimental therapies required the patient to stay for a period of up to several weeks. The way in which cases were selected, therefore, depended on the soldier's rank:

> We took great care in our selection of patients for detention for longer than the usual period. N.C.O.s were always discharged with the greatest possible speed, as were others who occupied key positions in their units. This meant that we could not use the best type of men for these tests.[91]

Clearly, for these medical researchers there were different values attached to different bodies, with the higher ranked physique being the most prized. Indeed, attempts were made to invigorate bodies considered as inferior to emulate the performance of those thought superior. For example, a 'direct appeal' was made by Captains Curwen and Cullumbine to participants from the Infantry and Pioneer Corps, during an arsenical smokes experiment in 1942:

> The information gathered from the trials would help people like the Commandos who might have to do just this sort of work handicapped by gas. If any of the men present felt equal of the Commandos, here was a chance to show what they could do.[92]

Ultimately, however, there was frustration that the bodies presented for experiments were not of the standard to be sent into combat:

> Modern battles clearly demand the utmost of physical and mental energy and to reach such heights men must obviously be driven by some of the strongest forces that arouse and regulate human behaviour. Though many of these motives and incentives cannot be used in

[91] K. Mellanby, *Human Guinea Pigs* (London: Victor Gollanz, 1946), p.51.
[92] NA WO189/2321, Mackworth, 'The use of an assault course in the assessment of the arsenical smokes', p.3.

> experiments, any worthwhile test must narrow the gap between experiment and battle conditions as far as possible.[93]

The outcome of this could be to move towards conducting experiments in overseas theatres. In 1943 the Australian Chemical Defence Board established a Chemical Warfare Research and Experimental Station in Queensland. In conjunction with the Board, between 1943 and 1945 D.C Sinclair of the Department of Anatomy at the University of Oxford carried out experiments on mustard gas poisoning on 438 'healthy young men' living in the tropics 'under an approximation to field conditions'.[94] Of these subjects, 320 were exposed to mustard gas vapour, while the other 118 were contaminated with the substance in liquid form. A range of treatments were then applied which were purposely restricted to those readily available to any medical officer in the field.[95] Discussing the validity of his findings, Sinclair reported that 'considerable confidence can be placed in the findings, since they were recorded in men classified as A1 who were in good physical condition and well acclimatized to the Tropics'.[96] This statement reaffirms the importance of hierarchy as an organisational tool. For while it was now being experimented on, the fit combat body continued to be most prized as the only body that could generate reliable scientific results.

It also must be noted, however, that the soldier's body was not the only one being risked in experimentation, even for research that was directly war-related. Rather, the army appears to have been one of several specific groups that were included in human trials. For example, in order to tackle the problem of malaria, which constituted a serious menace to the health of troops in endemic areas, an Army Malaria Research Unit conducted trials in Oxford in 1943 with the prophylactic mepacrine. The drug was administered over long periods of time to 200 research subjects that included students as well as men from army units.[97] In some instances

[93] NA WO189/2321, Mackworth, 'The use of an assault course in the assessment of arsenical smokes', p.2.
[94] D.C. Sinclair, 'Treatment of skin lesions caused by mustard gas', *British Medical Journal*, 1949 (I), 19 March, 1949, p.476.
[95] *Ibid.*
[96] D.C. Sinclair, 'The clinical features of mustard gas poisoning in man', *British Medical Journal* 1948 (II), 7 August, 1948, p.290.
[97] P.P. *Medical Research in War* (7335), pp.58-59.

the military body was valued as something *not* to be risked in experiments. For example, while Mellanby tested his scabies treatments on infected soldiers he also deliberately contaminated thirty conscientious objectors in order to study how the parasite was transmitted. They were included in his trials as 'they were the only selection of the population not likely to be called up or compelled to leave the experiment due to military or industrial necessity'. The participants slept in between sheets that had been infected by soldiers or wore contaminated underclothing continuously day and night for a period of at least a week.[98] Likewise, the MRC set up a Jaundice Committee in 1943 to study the mode of transmission of what had become a serious drain on manpower, particularly among soldiers in the Mediterranean. It was recognised early that three forms of the condition were identical and constituted infective hepatitis. Finding human participants to be inoculated with this disease was, however, particularly difficult as it had a long incubation and illness period and its experimental production could be risky to the health of both individual and community. The team chose a small number of conscientious objectors and 350 individuals with rheumatoid arthritis, based on the knowledge that its symptoms could be relieved by an attack of jaundice.[99] These examples therefore suggest that the institutional or marginal status of bodies could also be a principal organising feature.[100] As well as soldiers, conscientious objectors and students were employed in human trials during the war. Like the army, these represented particular confined or excluded social groups. As such, it may not necessarily have been the military classification of the body but its institutional nature that qualified it for experimental use.

It can also be argued that the bodies of civilians in industry were being exposed to increased risk in order to fulfil the demands of war. For factory workers, blackouts meant that ventilation systems were often inadequate, resulting in greater exposure than previously to toxic substances. Some substances that had been banned in

[98] Mellanby, *Human Guinea Pigs*, pp.58-59.
[99] P.P. *Medical Research in War* (7335), p.67.
[100] Guilleman, 'Medical risks and the volunteer army', p.31.

peacetime, such as benzene, were reintroduced into the munitions industry.[101] Cases of industrial disease associated with the handling of TNT, such as alkaline poisoning, toxic jaundice and toxic anaemia also increased; no workers had died from the latter in the pre-war period, but there were three recorded fatalities in 1942, four in 1943 and six in 1944.[102] It therefore appears that war legitimised higher levels of danger to many British bodies.

A moral economy of bodies

While the soldier's body in wartime was clearly a useful experimental object that allowed researchers to develop new weapons, treatments and modes of protection, it was not, however, simply a the hands of the state, to be used without limitation. Rather, experimentation appears to have taken place within an ethical framework that protected the rights of the individual. This moral economy, or legitimising notion of justice or 'right', guided both the actions of researchers and their experimental participants.[103] In order to understand why this was the case the experimentations must be placed within wider historical context. Jordan Goodman, Anthony McElligot and Lara Marks argue that although the Nuremburg Code of 1946 may have institutionalised the issue of informed consent, by setting down a formal list of regulations, it should not be seen as the beginning of ethical human experimentation.[104] Prior to this many experimenters had also been regulated by informal, socially-sanctioned codes of behaviour. In America, for example, researchers observed limits in their experiments with human subjects, as neither the scientific community nor the public would have stood for reckless behaviour that endangered human lives.[105] Spurned on by the anti-vivisectionist movement discussions surrounding medical research focused on appropriate professional

[101] H.A. Waldron, 'Occupational health during the Second World War: hope deferred or hope abandoned?', *Medical History*, Vol.4, No.2 (April 1997), p.202.
[102] *Ibid.*, p.203.
[103] The concept of the moral economy was developed by E.P. Thompson in 'The moral economy of the English crowd in the eighteenth century', *Past and Present*, Vol.50, No.1 (1971), pp.76-136. See also E.P. Thompson, *The Making of the English Working Class* (London: Gollancz, 1963), pp.62-63.
[104] J. Goodman, A. McElligott and L. Marks, 'Making human bodies useful: historicizing medical experiments in the Twentieth Century', in, J. Goodman, A. McElligott and L. Marks (eds.), *Useful Bodies: Humans in the Service of Medical Science in the Twentieth Century* (Baltimore: John Hopkins University Press, 2003), p.3.
[105] S. Lederer, *Subjected to Science: Human Experimentation in America before the Second World War* (Baltimore: John Hopkins University Press, 1995), pp.xv-xvi.

behaviour on the part of the experimenter, which meant taking responsibility for the welfare of the subject, obtaining prior consent of the subject or guardian and being willing to go first.[106] American military researchers also regarded voluntariness as an important feature of acceptable human experimentation, as army regulations stipulated that researchers confine their studies to 'volunteers'.[107] In early twentieth century Britain human experimentation was also conceived within a discourse of morality, if only to safeguard the state against financial loss. In 1933 the Treasury advised the MRC that the informed consent of participants involved in influenza research was necessary in order to avoid any later claims for damages. It recommended that the nature of the risk be explained to all participants in experiments and that researchers conduct themselves with 'all due care and take all precautions suggested by medical science'.[108]

These ethical considerations were clearly evident within the wartime British military. This was perhaps most obvious in the fact that most men were not forced to take part in experimentations. All of the men employed within the Military Personnel Research Committee's trials of amphetamines were, for example, volunteer subjects.[109] While there were no formal guidelines, it also appears that informed consent was a principal feature of human research at Porton.[110] The method for recruiting servicemen, which had been in operation since 1925, was referred to as the 'observer scheme'. The station informed the War Office of the types of tests and number of volunteers needed. This information was passed from the War Office to the Service Ministries and on to Service Units, who then called for volunteers with information about the tests and administrative arrangements. The call would often be made in written form, called the 'recruitment notice', or men were sometimes verbally invited to participate during parades.[111] In exchange for their bodies, men

[106] *Ibid.,* pp.137-138.
[107] *Ibid.*, pp.112-113.
[108] NA TS27/398, Treasury Solicitor to Medical Research Council, 'The question of the legal position of the Council if volunteer subjects for proposed experiments should die', 21 June 1933.
[109] NA FD1/7064, 'Fifth meeting of the Sub-Committee on Analeptic Substances', 28 February 1942, p.2.
[110] NA WO189/2293, Mackworth, 'A physiological test for the harassing effects of lachrymators on vision', p.6.
[111] NA WO286/11, 'Volunteer observers for physiological tests at Porton', Minute sheet 1; Historical Survey of the Porton Down Service Volunteer Programme, Part I, p.23.

were also to be given adequate information about the nature and the risks of the tests in which they were being asked to participate. This was made evident in the concern expressed at Porton in 1932 that some of the observers who had recently arrived 'were not fully aware of the conditions under which Service Personnel were asked to volunteer'.[112] At the station's request, therefore, the War Office wrote to service departments recommending that it should be explained that participants would be required to submit to the effects of gas, defined as 'certain liquids that may blister the skin when applied to it', and that 'no gas will be breathed by anyone'.[113] The War Office also advised that recruitment notices should read:

> All tests are carried out with every possible care and under the direct supervision of Medical Officers of the Three Services, whose duty it is to ensure that those who volunteer will incur no danger to their health.[114]

Indeed, it appears that these principles remained in place during the war. The Ministry of Defence report that between 1939 and 1945, the chemical defence programme at Porton was in 'dire straits' due to insufficient numbers of servicemen volunteering, which implies that men were not compelled to participate.[115] Researchers also stressed in their reports that soldiers were willing volunteers. Describing the 438 soldiers in his mustard gas trials, conducted from 1943-1945, researcher D.C. Sinclair remarked that 'the men had all volunteered to be exposed to mustard gas and showed the keenest interest in the work'.[116] Captain Cullumbine also commented that 'no one was subjected to a test without first being told the precise nature of the test and the consequences to himself'.[117] Researchers also encouraged their participants to perform well, which implies that they recognised not a passive but an actively engaged body. In the 'direct appeal' made to soldiers who

[112] NA WO286/11, 'Volunteer observers for physiological tests at Porton', Minute sheet 1.
[113] This procedure was already in place in the army. See NA WO289/11, 'Letter from War Office to Air Ministry', 28 Oct. 1932; 'Letter from War Office to Admiralty', 28 October 1932.
[114] *Ibid.*
[115] Historical Survey of the Porton Down Service Volunteer Programme, Part I, p.24
[116] 'The clinical features of mustard gas poisoning in man', *British Medical Journal*, 1948 (II), 7 August 1942, p.290.
[117] 'Chemical warfare experiments using human subjects', *British Medical Journal* 1946 (II), 19 October 1946, p.576.

were required to complete an assault course whilst being contaminated with arsenical smokes in 1942, for example, it was explained to the men that:

> They were going to do the assault course before and after breathing a gas which would do them no lasting harm. Great stress was laid on the fact that any results obtained would be important only if they worked hard and did the job well. [118]

In order to induce even further effort the men were divided into teams and timed separately. The report stated:

> To encourage really competitive spirit the men were all told these times as soon as they had finished. After they had rested for 2 – 3 minutes they were sent to a point at the side of the course about 50 yards from the wide ditch so that they could shout and urge on the other subjects. During the last three days of the experiment the company commanding officer or the company sergeant major was also stationed at this point for the same reason.[119]

When the trial was repeated on 52 tired infantrymen a similar appeal was made:

> Their Commanding Officer had previously told them that he expected them to make really strenuous efforts during the investigation. This approach was also adopted by Captain Curwen, R.A.M.C. who told the men exactly what was to be done (except for the fact that there were two kinds of smoke – toxic and non-toxic) and emphasised the importance of working hard at the task.[120]

According to the official record, soldiers' bodies were also not used with reckless endangerment. At Porton safeguards to the individual's health had again been established before the war. In 1922 when the Chemical Warfare Committee first made proposals to the Army Council for permission to expose Service personnel to chemical agents, they supported the request by stating any new substance brought forward for examination would first be subjected to tests on animals to determine the toxicity of the compound.[121] During the war researchers also highlighted the measures that were taken to limit the risks to the body, which suggests that they had

[118] NA WO189/2321, Mackworth, 'The use of an assault course in the assessment of the arsenical Smokes', p.3.
[119] *Ibid.*
[120] *Ibid.,* p.8.
[121] NA WO286/11, 'Volunteer observers for physiological tests at Porton', Minute sheet 2.

to at least be seen to consider the safety of their subjects. In an experiment designed to assess the effects of mustard gas on the skin of men in winter service dress, for example, Sergeant A. Fairley from the Physiological Department stated:

> No man was allowed to sustain the inevitable severe vesication which would have resulted from a drop falling directly on his bare skin, nor was he allowed to touch with his bare hands either clothing or equipment on which drops might fall.[122]

In a trial focusing on the effects of mustard gas in which subjects wore impregnated clothing Captain Curwen also stressed that:

> These men wore their clothes for four hours only, that treatment was instituted as soon as the burns were demonstrated, and that it was carried out under practically ideal conditions, with every facility.[123]

According to some soldiers, however, the ethical restraints on the use of the body were not always upheld. Despite the War Office's recommendations, the way in which volunteers were recruited for Porton Down was decided at military units. It was not until 1964 that a uniform procedure put in place when notices calling for volunteers began to appear in the official administration instructions regularly issued by the Service and the Ministry. It was also not until the late 1980s that signed consent forms were introduced. [124] As such, it appears that some soldiers were simply instructed to participate in experiments by their officers. In 1999 Wiltshire Police Constabulary launched an investigation into allegations of misconduct at Porton Down during which it was in contact with around 600 servicemen who had attended the station throughout its history. As part of a Historical Survey of Porton in 2001 the Ministry of Defence invited these men to respond to a questionnaire about their visits.[125] Some of these men clearly articulated a negative experience. Describing how he was recruited, one army veteran who had attended during the Second World

[122] NA WO189/1126, 'Report on the effects produced on the skin when drops of H.T. 60/40 and drops of H.L. 50/50 are dropped on subjects clothed in winter service dress', 1939, p.7.
[123] NA WO189/2270, 'Medical report on the casualties produced by airburst mustard gas shell', p.3.
[124] Historical Survey of the Porton Down Service Volunteer Programme, Part I, p.23.
[125] *Ibid.,* Annex H, p. 469. The decision to include only those men who had been part of the police investigation was based on the fact that they had made their details available. While the identities of all servicemen who attended Porton were recorded in the experimental logs, access was restricted under data protection. Of the men who were contacted, 401 replied. They were not responding to a particular grievance but to a general enquiry about their visits. See Appendix.

War responded 'I was a raw recruit and did as I was told. No notice about risks etc. just detailed to go being just called up for service in June 1940'.[126] Another claimed that 'I was ordered. I understood that I was going on a gas course with no experiments'.[127] Other men who did volunteer believed that the nature of the trials was not fully explained to them or that the nature of the risks was misrepresented to them. In total there were 30 respondents to the Ministry of Defence's Historical Survey who had participated in experiments during the 1940s.[128] Of those who stated that they were recruited by notices, 29 per cent remembered the notice saying something about the purpose of the trial, none remembered it saying something about the risks that the trial might involve and 17 per cent remembered it saying something about the right to withdraw.[129]

The majority of this cohort also claimed not to have been told about the nature and risks of tests before they commenced. Of the respondents, 29 per cent remembered being given an initial briefing, none of whom recalled it mentioning anything about the risks involved.[130] All of the respondents were also asked what they could remember about the information given before each trial in which they took part. The results are shown below:

Table 4: Ministry of Defence Historical Survey – volunteers' recollections from the 1940s (30 respondents)

	Before how many trials was information given about…		
	The substances to be used	Whether you might feel any discomfort	What to do if you felt any discomfort
All	5	3	1
Most	0	0	0
Some	4	5	4
None	14	14	15
Can't remember	7	8	10

(Source: Historical Survey of the Porton Down Service Volunteer Programme, Part VII, pp.341-342).

[126] *Ibid.*, Annex H, p.483.
[127] *Ibid.*
[128] This includes men from all three armed services.
[129] *Ibid.,* Part VIII, p.314.
[130] *Ibid.,* Part I, pp.36-37.

Most of these men, therefore, stated that they had not been informed in any way about any of the experiments in which they took part. It also appears that other soldiers who attended the station felt that their bodies were exposed to excessive harm. Two weeks after entering the army in January1940 Wilfred Hall, a sapper with the 64th Chemical Warfare Coy, was taken along with five other men in his unit to Porton without consent and put into the gas chamber with his respirator on locked. As a result of this Wilfred was admitted to hospital, coughing non-stop for thirty-six hours. When recovered, however, he was admitted for further mustard gas skin tests.[131] Sapper Edward Kirby recalled a similar experience:

> The DM gas, which we had first hand experience of because we were asked to go to Porton Down, not asked but told [laughs] to got to Porton Down. We were taken by lorry and we were put in a room and they released with DM gas in this room and the effects were really terrible because they induced headaches and vomiting and complete incapacity for any kind of physical activity so you can imagine an enemy being subjected to this gas would be quite incapable of fighting. It wasn't lethal but it was quite debilitating so that you spent the whole of that day being sick.[132]

However, soldiers' personal testimonies also suggest that some men were active participants in the experimental process. The reasons that they made the choice appear to be various. According to Rob Evans, for example, most of the 'human guinea pigs' who participated in research at Porton state that they were volunteers and believe their participation in tests was just one part of their service to the nation.[133] Indeed, one wartime army respondent to the Historical Survey commented that 'an officer came to our unit and asked for volunteers'. Another stated 'I was curious so volunteered'.[134] Experimentation also offered various social, cultural and economic benefits. It may, for instance, have allowed men from the army's lower ranks to reconstitute a sense of lost masculinity. Describing the subjects in his sea-sickness trials, Holling commented that 'since the men embarked with an air of secrecy carrying martial weapons they were sometimes mistaken by onlookers for a

[131] W. Hall, 'Guinea pig, Porton Down', 18 September 2005, BBC People's War, A5611646 < http: //www.bbc.co.uk/ww2peopleswar/> [accessed 2010].
[132] Kirby, Interview, IWM 16084/5.
[133] R. Evans, *Gassed: British Chemical Warfare Experiments on Humans at Porton Down* (London: House of Stratus, 2000), p.5.
[134] Historical Survey of the Porton Down Service Volunteer Programme, Annex H, p.483.

commando raiding party, a mistake which pleased the men'.[135] The participants in chambers trials of DC gas at Porton also appear to have perceived the experiments as tests of character where the body's ability to endure became central to one's sense of self. As Mackworth reported:

> Their normal interest in the external world had faded and the one thing they wanted was an end to their very unpleasant bodily sensations. To obtain this, 9 out of 25 DC subjects were willing to risk subsequent derision from the rest of the men by leaving the chamber before completing the test.[136]

More likely, however, were the material incentives to be gained from participation in experiments. Hockey argues that one of the most pervasive clichés of military life is 'never volunteer for anything'. He suggests that, in reality, privates do volunteer for activities that they perceive to be personally advantageous if they involve less work, easier work, money, opportunities to skive, to scrounge or to secure fewer constraints.[137] Perhaps unsurprisingly, these were the kinds of benefits that researchers highlighted when they emphasised how their subjects enjoyed participating in experiments. Referring again to his sea-sickness trials, Holling noted that 'the majority of men enjoyed the trips, even though they might be sick, for a sea trip was a pleasant change from the intensive training they were undertaking at the time'.[138] There could also be additional privileges or luxuries. Describing the soldiers in his scabies experiments, Mellanby stated:

> The soldier patients showed no objection to being admitted to the institute; in fact they seemed to enjoy their stay! They did at least get a proper bed to sleep in, with real sheets; this was greatly appreciated, and for the first 24 hours most of them were sound asleep when they were not being treated.[139]

[135] Holling, 'Wartime investigations into sea and air-sickness', p.47.
[136] NA WO189/2321, Mackworth, 'The use of an assault course in the assessment of the arsenical Smokes', p.15.
[137] J. Hockey, *Squaddies: Portrait of a Subculture* (Exeter: University of Exeter Press, 1986), p.90.
[138] Holling, 'Wartime investigations into sea and air-sickness', p.47.
[139] K. Mellanby, *Human Guinea Pigs* (London: Merlin, 1973), pp.79-80.

This was also, however, reflected in the experience of the subject. Private Stanley Shore volunteered because Porton Down was close to his parents' house and he was able to go and visit. He also recalled the better food and opportunities for nights out:

> The food was excellent. We even had oranges on one occasion. I don't know where they came from. We'd never seen one of those for a long time. We had transport into Salisbury at night if you wanted time off. They always used to check you over in the morning to make sure you hadn't got a hangover or anything like that, just to see if you were alright, you know fit for experiments.[140]

The body was most clearly commodified both by the authorities and the men themselves for the purposes where it was exchanged for cash. From 1924 the Treasury sanctioned additional pay for volunteers participating in tests. Service personnel received one shilling for every physiological test, sixpence for every breathing test and sixpence for any other tests.[141] Stanley Shore remarked that 'you got possibly a shilling or so every time you went into the gas chamber. I mean I couldn't be sure of that, but of course a shilling was a lot of money in those days'.[142] A specific value was also attached to each injury. Volunteer Norman Kirby recalled:

> We were given a shilling. One shilling and that was enough to tempt you, so that was that. We were submitted to mustard gas and you got half a crown a blister, for all the blisters you got, you got half a crown for every blister because the mustard gas affected your skin.[143]

Experimentation can therefore be seen as a site of bodily negotiation between the individual and the state as soldiers chose to engage their bodies with the demands of military and medical experimentation. Eager for money, status or escape from military duties, they actively volunteered their bodies for human research programmes and in exchange, the authorities were expected to protect the bodies that they employed.

[140] Shore, Interview, IWM 17925/1.
[141] Historical Survey of the Porton Down Service Volunteer Programme, Part I, p.30.
[142] Shore, Interview, IWM 17925/1.
[143] Kirby, Interview, IWM 16084/21/5.

The authorities were also not always successful in imposing their agendas, which could be resisted by the individual soldier. Having already been ordered to participate in experiments twice at Porton Down, on the third occasion Wilfred Hall's battalion refused to follow orders:

> April 1940 we had to go on parade, the Battalion of up to 1000 men. Lt. Col. Costello, he told us to dismiss but everyone stood fast. He repeated this three times and asked why no one moved. We told him we were not going into the gas chambers no more. We got moved to Bulford.[144]

Men who felt that they were being exposed to undue harm also withdrew from experiments at the station. During his preliminary chamber trials of arsenical smokes, for example, Mackworth reported:

> When the subjects had nearly all finished their second run of the tests, i.e. at zero + 19 minutes, subject 2 who had completed the second series with the classification test began muttering about "not having bargained for this" and then started to grouse to subject 5 who had just finished the second series at the exercise test. Captain Curwen reassured these men that conditions would soon improve but subject 2 insisted on leaving, followed by subject 5. A few seconds later subject 3 also left when, with the spotter test, he too had finished the second run of all the tests.[145]

These accounts therefore highlight the body's agency in terms of its ability to resist power. In both instances the men asserted temporary control over their own bodies by withdrawing from the experimental process. Their behaviours are also significant as they reaffirm the idea of the moral economy. Clearly the men were being driven by a perceived sense of injustice which caused them to act in the ways that they did. For Wilfred's battalion, it was as a result of experience and being forced to participate that the men 'stood fast' and refused to be subjected to any further tests. In the second account, subject 2 stated that 'he had not bargained for this', which implies that he consented but felt that he had been misguided about the risks involved. In both instances the men obviously held preconceived notions as to what

[144] Hall, 'Guinea pig, Porton Down'.
[145] NA WO189/2321, Mackworth, 'The use of an assault course in the assessment of the arsenical smokes', p.15.

constituted an acceptable use of the body and believed that this code was being breached.

Rather than simply removing their bodies, soldiers also developed bodily strategies with which to attempt to resist the experimental process from within. For instance, although the minesweepers in Holling's sea-sickness trials were volunteers and enjoyed their trips out to sea, some seemed reluctant to take the pills which could have unpleasant side-effects. These men did not swallow their tablets but spat them back out into their drinking cups.[146] Resistance also occurred at different levels within the relations of power, beyond that of just scientist and subject. The Ministry of Defence report, for example, that during the war there was acrimony between Porton Down and the units providing volunteers about the fitness of men returning from the establishment after testing dressings for mustard gas burns.[147] In 1940 Lieutenant-Colonel F.A. Spencer, Commanding Officer of the 55th Training Regiment, Royal Armoured Corps, wrote to Army Headquarters at Aldershot complaining that six of his men who had participated in mustard gas experiments returned suffering from blisters on their arms and thighs which varied in size from a half-crown to the size of the palm of the hand. He stated:

> These men have suffered considerable discomfort, and it is considered only just that they should receive some little compensation in addition to the week's leave which has already been granted to them; especially in view of the fact that the subject of compensation was mentioned to them by a sergeant at Porton. I would point out that these men are not complaining in spite of the fact that the blisters in many cases are not yet healed.[148]

In response, the Commandant claimed that Porton Down had not been informed until a month after the occurrence and that no medical officer's report as to the precise injuries was now available. He also stated that the burns were so small when the men left Porton that the question of 'compensation' was never considered.[149] The body

[146] Holling, 'Wartime investigations into sea and air sickness', p.48.
[147] Historical Survey of the Porton Down Service Volunteer Programme, Part I, p.24.
[148] NA WO188/1449, 'Letter from F.A. Spencer, Lieutenant-Colonel, Commanding 55th Training Regt. Royal Armoured Corps'. 29 November 1940.
[149] NA WO188/1449, 'Report of Commandant, C.D. Experimental Station', 4 January 1941.

was therefore located within a complex set of social relations which influenced not only how it was obtained, but also experimented on and released back into service.

Conclusion

During the course of the Second World War soldiers' bodies were damaged, restored and pushed the limits of endurance, all in order to fulfil the needs of the wider body-politic. Both healthy and the wounded military bodies became the focus of this endeavour. Through the activities of the Military Research Committee, the fully-functioning body was something to be enhanced so that scientists could improve the fighting capabilities of troops serving in the field. It was exposed to climatic extremes, placed on a swing to simulate motion sickness and was treated with stimulant drugs. At Porton Down healthy bodies were deliberately harmed through their exposure to chemical agents so that researchers could determine how best to disable the enemy and develop effective means of defence. As such, men were placed in gas chambers, exposed to arsenical smokes while completing an assault course, made to wear impregnated clothing or had foodstuffs strapped to their arms. This allowed the scientists to determine the levels of chemicals necessary to 'break' a man and to test the efficacy of decontamination methods. The war-wounded body, however, was something to be restored though trials of blood transfusions, burns treatments and therapeutic drugs. This can be seen perhaps most clearly in the wartime trials with penicillin, which prized the military body over that of the civilian by granting the soldier access to a remedy that was not available to the rest of the British people.

What these experiments reveal are two distinct conceptions of bodily usefulness. The healthy body was conceived as both limited and limiting. It was limited by its tolerance to heat and chemical agents, its susceptibility to motion sickness and its natural powers of endurance, while it was limiting on the efficiency of the machinery that it operated. Researchers therefore sought to determine and expand the parameters of physical performance through physiological acclimatisation, stimulant drugs, protective clothing and better designed tanks. Attached to the war-damaged body however, was an alternative conception of usefulness, based primarily on the

advancement of wider medical knowledge. As has been made clear with the case of penicillin, the mutilated bodies of men from the front line provided civilian researchers with a unique experimental base to test their theories and techniques. While the trials were directed towards the needs of the military, they also allowed for the practical application of existing knowledge. As such, there was a distinct medical agenda which was separate from that of the state.

What this chapter has again revealed, however, through servicemen's own personal experiences of experimentation, is that the body was not simply a subjected entity. In contrast to Moreno and Lederer, who highlight experiments as instances of state coercion, this chapter has shown that many soldiers in Britain during World War II were active participants in the trials on their bodies.[150] Offered various social, cultural and economic rewards, they chose to exchange their own bodies within an instated ethical framework. This was shaped by the principle of informed consent, safeguards to protect the health of participants and the right to withdraw. Indeed, some men, unhappy about the ways in which their bodies were being used, simply responded by dropping out. Based on these experiences, experimentation can be seen not solely as a context of domination but also one of agency, another site of negotiation and resistance in the body's military journey.

[150] Moreno, *Undue Harm*, p.19; Lererer, *Subjected to Science*, p.1843.

Chapter Five: Active Service

By 1945 over one and three-quarter million men in the British Army were serving in theatres abroad.[1] The body of the civilian turned into a soldier had been rendered fit, ordered and productive through training and was now to be put to the test. However, fighting the enemy was not the only challenge. The *Handbook of Military Hygiene,* published by the War Office in 1943, stated that 'the best of equipment and training will be of little avail if men fall sick before they can put their training and skill at arms into practice'.[2] A key challenge was therefore to maintain the body once it was sent into active service. This continued military management of the body within the field of operations, and what it reveals about how the body itself was conceived, will be explored in this chapter.

In his work on the army in the Western Desert, Harrison argues that British medical arrangements in the field were vital to military success. A unique medical consciousness existed among British officers, who, unlike their German counterparts, readily accepted modern ideas of social hygiene. Influenced by the wider processes of rationalization occurring in Britain and in other industrial societies, they came to see that military success depended on keeping their soldiers fit for service.[3] Moreover, while Germany had acquired few colonies, the British Army had regularly dispatched expeditionary forces to fight in hot climates and maintained large overseas garrisons, most notably in India. As a result of bitter experience there they had evolved strict rules and regulations governing such matters as the cleanliness of barracks, the preparation of wood and the purification of water supplies.[4]

Drawing on Harrison's work this chapter explores links between the military body of 1939-1945 and the long established British Imperial tradition. In its analysis, it considers notions of the human body as environmentally sensitive, which had long been part of western medical thinking and had led to a range of efforts to

[1] P.P. *Strength and Casualties of the Armed Forces and Auxiliary Services of the United Kingdom 1939 to 1945* (6832), p.4.
[2] War Office, *Handbook of Military Hygiene* (London: HMSO, 1943), p.4.
[3] Harrison, *Medicine and Victory*, p.2.
[4] *Ibid.*, p.91.

physiologically adjust Europeans to their new surrounding landscapes.[5] It also looks at how soldier's bodies were conceptualised in relation to 'other' bodies; particularly those of indigenous populations, which were perceived as biohazards.

What is also explored, however, is the nature of the control upon men's bodies on active service. Hockey argues, for instance, that outside of the training environment in operational infantry units bodily regulation is relatively relaxed.[6] He also, however, suggests that as a result of the internalisation of discipline during training, the operational body, 'when exhausted, freezing and fearful, will still constantly monitor itself (and those of its peers)'.[7] Drawing on these ideas this chapter looks at the informal strategies employed by the British Army in World War II in order to encourage men to look after their own bodies and, in turn, the 'released' body's response to the loosening of formal organisational control.

Bodies and environments

Once deployed overseas, the soldier's body had to be maintained, as it continued to be washed, fed and kept free of disease. In this context, the body itself was conceived as environmentally sensitive; something under threat from its physical surroundings. The *Handbook of Military Hygiene* explained:

> "Environment" may be defined as the surroundings and conditions influencing the growth and general health of the body. The environment of the soldier includes everything in his daily life which may affect his health and thereby his military efficiency, such as climate, housing, clothing, air, water, food, duties recreation and rest. Conditions of ill-health and disease, when not due to an invasion of the body by infection, can usually be traced to an unfavourable environment.[8]

[5] See for example, M. Harrison, *Climates and Constitutions: Health, Race, Environment and British Imperialism in India, 1600-1850*, (Oxford: Oxford University Press, 1999); M. Harrison, 'The tender frame of man: disease, climate and racial difference in India and the West Indies' *Bulletin of the History of Medicine*, Vol.70, No.1 (1996), pp. 68-93; L. Nash, 'Finishing nature: harmonizing bodies and environments in late nineteenth-century California', *Environmental History*, Vol.8, No.1 (January 2003), pp.25-52.
[6] Hockey, 'Head down, bergen on', p.150.
[7] *Ibid.*, p.168.
[8] War Office, *Handbook of Military Hygiene*, p.9.

Men serving in tropical climates, for example, were liable to suffer from malaria, heat stroke and tropical neurasthenia, while those deployed into arctic conditions were threatened with frostbite, trench foot and snow blindness.[9] Unlike the training camp or barracks, therefore, where the same, standardised techniques had been applied to *all* bodies, in active service there was a wider range of medical and hygienic interventions, designed to meet the specific needs of men in different theatres of war.

These attitudes towards the body and environment can be traced back to older notions of health among westerners in the early colonial period. Territorial expansion, particularly in South Asia, had meant that Europeans had long sought ways of protecting their bodies from the tropical disease environment, as medical practitioners, historians, naturalists and others began to question whether and how Europeans would be able to settle in their new dominions.[10] E.M. Collingham argues, for example, that 'the British experience in India was entirely physical'. She describes India as 'a torment to the British body', as the senses were 'assaulted by heat, dust, dirt, noise and smells'. The agonies of disease and threat of a rapid death were thus 'spectres which hung over every British colonist'.[11] Both Collingham and Harrison suggest that in the late eighteenth century the British body was conceptualised as open and in flux with its environment. The most common conception of man was that he was essentially the same everywhere, having originated from a single source. Differences of character and physique were generally regarded as fluid, being determined by lifestyles, diet and, above all, climate. Europeans therefore believed that their bodies could be acclimatized to tropical environments simply through exposure over time, a process known as 'seasoning'.[12]

However, by the nineteenth century there had been a shift in the way that the human body was conceptualised, from an open to a closed and regimented entity. The body

[9] War Office, *Handbook of Military Hygiene*, p.11.
[10] Harrison, *Climates and Constitutions*, p.5.
[11] E.M. Collingham, *Imperial Bodies: The Physical Experience of the Raj, c.1800-1947*, (Cambridge: Polity, 2001), p.1.
[12] *Ibid.*, p.3; Harrison, *Climates and Constitutions*, p.11; Harrison, 'The tender frame of man', p.75.

became conceived as something that needed to be preserved intact and separate from the environment.[13] Indeed, the consolidation of British rule in India and the sharpening of racial distinctions led to the human body being conceptualised as biologically-fixed, allowing Europeans to believe that they were inherently superior to their Indian subjects. Rather than trying to acclimatize to the tropical environment westerners, therefore, looked for ways to distance their bodies from it and its effects.[14]

Reflecting these earlier ideas, the military authorities of 1939-1945 also came to conceptualise of the body in two distinct, though not mutually exclusive, ways. On one hand the body was conceived as a fluid, organic entity that was able to adapt to its physical surroundings:

> The human body is in many ways similar to the engine of a motor-car. It requires fuel and water, its temperature is regulated by a cooling system, and its waste products must be removed. It differs, however, in the fact that it carries out its own repairs, and that it readily responds to changes in its environment.[15]

Indeed, physiological make-up was considered as fundamentally the same across geographical boundaries, differing only in terms of adaptability. The *Journal of the Royal Army Medical Corps* stated in 1944:

> As far as climatic optima – temperature, humidity, atmospheric movement, sunlight – are concerned, as judged by their effects upon human efficiency in performance, there is no difference of any great magnitude between the different geographical varieties of mankind. It is possible for all these varieties to flourish biologically in all parts of the world. Nevertheless the time required for adjustment to a new and different set of climatic conditions varies with different individuals and types, ages and previous experiences. Thus, though we as a people are more in tune with the physiological and meteorological conditions of our own country than we are with environments markedly different from this, it is still eminently possible for us to venture into any part of

[13] Collingham, *Imperial Bodies*, p.3.
[14] Harrison, *Climates and Constitutions*, pp.12-16.
[15] *Ibid.*

> the world where the war may take us and therein adapt ourselves to its climatic conditions.[16]

In order to try and harmonise body and environment, the military authorities adopted several techniques. One method was to acclimatise the body to new, particularly tropical and desert, conditions; a process that was known as 'salting'. [17] Reporting on the health of the Middle East force in 1945 Colonel A.E. Richmond and Lieutenant-Colonel H.S. Gear, Deputy and Assistant Directors of Hygiene noted that:

> However fit physically and mentally men may have been on leaving such home territories as the United Kingdom, they were not accepted as ready for immediate battle on arrival in the Middle East. Accordingly a period of acclimatization was arranged, usually four to six weeks, in the Canal Area of Egypt, before formations were passed on to any active role. This allowed physiological and, frequently, though not by design, an immunological adaptation. On the first count, the body and mind became attuned to heat, glare, dust and the harsh environment of vast desert landscapes. Secondly, in spite of care, many newly arrived units suffered from enteritis, sandfly fever and sunburn. Occurring in the settled conditions of base camps, not much harm resulted. If, however, troops had suffered these disabilities in action, serious consequences to the strategy and tactics of the forces involved might have followed. A "salting" process occurring in base camps was, therefore, not altogether a disadvantage.[18]

Indeed, Gear believed that the wearing of sunglasses in the desert could actually be harmful to the soldier as it reduced the tolerance of the eye to sunlight and did not afford opportunity for adaptation.[19]

Various strategies were also considered in order to manipulate the body's natural defences against disease pathogens.[20] In the Middle East, for example, where sandfly fever was hard to prevent yet was mild and of short duration, medical officers considered allowing the disease to spread, in order to provide natural immunity

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[16] 'The army medical services: wartime activities and developments', *Journal of the Royal Army Medical Corps*, Vol.82, No.6 (June, 1944), p.256.
[17] 'Hygiene, morale and desert victory', *British Medical Journal*, 1944 (I), 18 March 1944, p.397.
[18] Col. A.E. Richmond and Lt-Col. H.S. Gear, 'The health of the Middle East force, 1942-1943', *Journal of the Royal Army Medical Corps*, Vol.85, No.1 (July 1945), p.7.
[19] *Ibid.*
[20] War Office, *Handbook of Military Hygiene*, p.24.

lasting a year or more.[21] A more artificial method was 'preventative inoculation', which involved the injection of dead germs into the body to cause the formation of protective substances within the blood, thereby increasing its powers of resistance.[22] The *Journal of the Royal Army Medical Corps* also stated in 1944:

> We as a people are not protected by any natural or acquired resistance or immunity towards such diseases as yellow fever, tetanus, smallpox, typhoid, typhus, plague and cholera, the diseases which await our troops venturing into certain parts of the world. It so happens, however, that with advances in the sciences of bacteriology and immunology it has become possible for troops to be given a very high degree of protection against these diseases. The directorate of Pathology performs amazing feats of biological magic by which the human body is educated and trained to defend itself.[23]

All soldiers who had not suffered from smallpox were therefore to be vaccinated and inoculated against tetanus and the typhoid groups of fevers before going abroad and against cholera or plague whenever an outbreak was threatened. Inoculation against yellow fever was also available for troops going to certain countries where the disease was a threat.[24] The efficacy of vaccination in protecting British soldiers against typhoid was demonstrated among prisoners of war in the Western Desert during 1941-1942. In 1941 Italian prisoners in a British POW camp who received the Italian T.A.B. (typhoid-paratyphoid A and B) vaccine, experienced a considerable number of enteric fever cases. Only when supplies of the British T.A.B. were made available did the outbreak subside. In 1942, however, British prisoners in an enemy camp near Benghazi, who had been inoculated with the British vaccine, suffered no cases of enteric fever, despite poor sanitary conditions, outbreaks of dysentery, and cases of the disease among enemy troops in the neighbourhood.[25]

The body's nutritional requirements were also thought to vary according to the combat environment and were met by a range of army ration scales, developed 'with

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[21] NA WO222/27, 'Health of the Army in 1940, Statement by Director of Hygiene to Army Hygiene Advisory Committee', March 1941, p.7.
[22] War Office, *Handbook of Military Hygiene*, p.24.
[23] 'The army medical services: wartime activities and developments', p.260.
[24] War Office, *Handbook of Military Hygiene*, p.24.
[25] Col. J.S.K. Boyd, 'Enteric group fevers in prisoners from the Western Desert', *British Medical Journal 1943* (I), 12 June 1943, pp.719-721.

full appreciation of the vitamin needs of the soldier'.[26] The *Handbook of Military Hygiene* stated:

> The general quality of the rations is supervised by the supply and medical services, and the quantities are regulated by the soldier's needs which may vary according to circumstances – whether he is at home or abroad, in barracks, or on active service. The greater the amount of muscular work done, the more food required. In cold climates more food is needed to keep the body warm.[27]

The attention to dietary requirements in different environments meant that by 1946 there were no less than 49 field service scales. These included Middle East 3700 calories, C.M.F. (Central Mediterranean Force) 3600, B.A.O.R. (British Army of the Rhine) 4000, Persia/Iraq 4000, East Africa 3500, West Africa 4100, and South East Asia 4500.[28] Operational packs were also designed according to the nutritional needs of men in different combat settings. The Pacific 24 Hour Ration (British Troops), Pacific Compo Ration and Pacific Emergency Ration were, for instance, designed specifically for jungle and tropical warfare, and provided a highly nutritive and varied ration that took up the minimum of space and weight. Likewise, the Mountain (Arctic) Pack Ration was specifically created for arctic climates. It contained dehydrated and tinned foods and had a calorific value of 5100.[29] In active operations, when fresh supplies were hard to acquire, men were also given vitamins in the form of marmite, yeast tablets and ascorbic acid tablets. From 1943 these were replaced with a compound vitamin tablet, which was issued when the vitamin content of the ration was thought to be low.[30]

While the army clearly devoted effort to adapting military bodies for their environments, it also appears that it took action to distance these bodies from that environment. This suggests a more static notion of the body as something that could not be acclimatised to the effects of its surroundings. The *Journal of the Royal Army*

[26] Gear, 'Hygiene aspects of the El Alamein victory', p.386.
[27] War Office, *Handbook of Military Hygiene*, p.9.
[28] Crew, *The Army Medical Services: Administration Volume II*, p.69.
[29] *Ibid.*, pp.72-73.
[30] *Ibid.*, p.74.

Medical Corps stated in 1944, for example, that among the most valuable contributions of the army medical services was:

> The reinforcement, by artificial means, of the defensive mechanisms of these individuals, so that they might thereby be more fully protected against the disease-provoking agencies which they are likely to encounter in the environments to which they were proceeding.[31]

These 'defensive mechanisms' included, for example, mosquito nets and lightly coloured, cotton, linen or silk clothing for men serving in hot climates. These materials had fewer air spaces, were better conductors of heat and were therefore considered to be cooler and more comfortable.[32] In the Middle East in 1943 the wearing of slacks instead of shorts was also made obligatory in two operational areas due to the fact that they afforded greater protection against insects, desert sores and burns.[33] Troops serving in cold climates, on the other hand, were provided with woollen clothing, which had the largest proportion of air spaces and absorbed water quickly and dried slowly to prevent the chilling of the body by too rapid evacuation when soaked with rain or sweat.[34]

Most of this work was carried out by the Army Hygiene Service, which was responsible for 'the supervision in general of the environment of the soldier, from the point of view of the preservation and enhancement of his health and fitness'. [35] This included the supervision of water and food supplies, medical aspects of accommodation, selection of camp and barrack sites, layout and design of buildings, hygienic aspects of bathing, ablution and laundry facilities, disposal of waste matter of all kinds and disinfection and disinfestation. On the ground, this was implemented by various field units including field hygiene sections, field sanitary sections, mobile hygiene laboratories, malaria field laboratories and control units and entomological field units.[36] These were vital in keeping soldiers' bodies clean and free from disease. In Egypt, for example, purified water was transported to front line troops through a

[31] 'The army medical services: wartime activities and developments', p.256.
[32] Richmond and Gear, 'The health of the Middle East force', p.15.
[33] *Ibid.*, p.9.
[34] War Office, *Handbook of Military Hygiene*, p.15.
[35] Crew, *The Army Medical Services: Administration Volume II*, p.26.
[36] *Ibid.*, p.30.

comprehensive system, which extended along the vast camps up and down the Suez Canal and along the desert area to the North of the Sweet Water Canal.[37] During an assault on the Assam border behind enemy lines in Burma, clean water was flown in for allied troops.[38] Private Charles Bennett also recalled the army procedure for delousing in Italy in 1943:

> Well most men, I would say most men had lice and fleas, but certainly the crabs. These…well they are crabs. They're little minute, that come through not being washed, in your body hair. When we did eventually go back for two or three days you went through the de-lousing process. Showers and then all your kit was stowed. Your clothes were stowed and you had body hair, all your body hair shaved off. That was the only way you could get rid of it.[39]

Protecting the soldier's body was also a spatial process as whenever possible the authorities kept men away from areas deemed suspect. In the Middle East military camps were located away from local villages and towns which were the main sources of fly-breeding. Various malaria field laboratories also surveyed the whole Middle East and classified areas into 'highly malarious', 'malarious', and 'non-malarious'. Wherever possible, military installations were limited to the non-malarious regions.[40] Indeed, evaluating landscapes in terms of their effects upon health was a significant part of military intelligence during the Second World War. The Inter-Service Topographical Department, a special unit consisting of over seven hundred British and Allied personnel, provided detailed reports and maps that assessed overseas terrain to guide the planning of military operations.[41] These included information on medical conditions, such as the diseases that were most prevalent in a certain area and the hygienic arrangements that therefore had to be put in place. In a 'Climate and Medical' report on Southern Italy in June 1943, for example, investigators noted that below the Gaeta-Foggia line (which included the provinces of Campania, Lucania, Calabria and Puglia), malaria was severe and blackwater fever not uncommon.

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[37] Richmond and Gear, 'The health of the Middle East Force', p.13.
[38] H. Pozner. 'Medical history of an action', *Journal of the Royal Army Medical Corps*, Vol.83, No.4 (October 1944), pp.183-184.
[39] Charles Henry Bennett, Interview, 19 March 1993, IWM 13230/3.
[40] *Ibid*, p.18.
[41] W.G.V. Balchin, 'United Kingdom geographers in the Second World War: a report', *The Geographical Journal*, Vol.53, No.2 (July 1987), pp.159-180.

Calabria was reported as the most endemic area with 185 deaths per season (May-December). The northern province of Liguria, on the other hand, posed the least threat to health with only 3 deaths per season. The investigators therefore recommended personal prophylaxis in the endemic areas including mepacrine, or where this was not possible quinine, protective clothing, repellent creams, mosquito nets and mosquito proof tents.[42] Sandfly fever was also reported to be abundant from May to October so the Department advised that:

> The insect breeds typically in damp cracks in walls, cliffs and amongst refuse. The rubble caused by bombing and shelling becomes an ideal situation. Control, therefore includes avoidance of such areas in billeting. The insect does not fly far and is easily inhibited by air currents; camp siting should therefore be up-wind from breeding places.[43]

The authorities also, however, sought to safeguard the soldier's body by conquering the environments that they encountered. In 1944 the *Journal of the Royal Army Medical Corps* noted the need for 'the banishing of disease provoking agencies from these environments or the achievement of a maximum degree of control over these agencies'.[44] Theatres of war were thus to be cleansed of disease-spreading dirt, human waste and insects. As the *Handbook of Military Hygiene* stated:

> The speedy disposal of the waste products of the body, faeces and urine, is of special importance, for not only do the germs of many dangerous diseases leave the body in them but the faeces are a favourite breeding ground for flies, insects notorious for the spread of disease.[45]

In the Middle East, for example, Richmond and Gear described 'the attempts to modify and control some at least of the components of this oriental and sub-tropical setting'.[46] These included the burning of refuse, treatment of waste waters and rendering of human excreta innocuous. A special Fly Control Unit was also created to clear the whole El Alamein defence line of fly-breeding material, such as dead

[42] NA WO252/1316, Inter-Service Topographical Department, 'Southern Italy: climate and medical', 29 June 1943, pp.8-9.
[43] *Ibid.*
[44] 'The army medical services: wartime activities and developments', p.256.
[45] War Office, *Handbook of Military Hygiene*, pp.11-12.
[46] Richmond and Gear, 'The health of the Middle East force', p.19.

bodies, litter and refuse.[47] Thus, the army authorities of World War II did not simply try to protect the body by focusing on that body. Rather, the environment itself was also regulated in order to mitigate the threat posed.

British bodies and dangerous 'others'

It was not however just the local environment that was thought to represent a menace to the British body on active service. Military health and efficiency were also under threat from dangerous 'other' bodies, namely those of enemy soldiers and indigenous populations, whose poor sanitary and hygiene habits were believed to be a cause of disease. In a report on the sanitary conditions at the Battle of El Alamein, the *British Medical Journal* noted in 1944, for instance:

> The countryside had been thickly populated with Germans, Italians and Arabs, and was now rank with pollution. It is understandable that a fast-retreating and defeated army cannot bury its dead. But it is always surprising to find that German soldiery fouls its own nest with a thoroughness that is truly teutonic.[48]

The environments that were so harmful to the body were often perceived as man-made, the result of occupation by suspect other bodies. In this instance, German troops were the offenders. This was confirmed by a hygiene officer at the battle, who was quoted as saying:

> That portion of the battlefield previously occupied by the enemy is just one huge fly farm and has to be seen to be believed. Whilst both Germans and Italians order the use of shallow trench latrines (and no oil seal), this order is scarcely ever carried out. Enemy defensive localities are obvious from the amount of faeces lying on the surface of the ground.[49]

In their reports, military medical topographers also advised on the human causes of disease in different locales. In Southern Italy it was noted that under the Fascist regime there had been 'marked improvement in all sanitary matters, especially the control of malaria'. This had included the establishment of malaria committees and

[47] *Ibid.,* pp.18-21.
[48] 'Hygiene, morale and desert victory', *British Medical Journal* 1944 (I), 18 March 1944, p.398.
[49] Lt-Col. H.S. Gear, 'Hygiene aspects of El Alamein', *British Medical Journal* 1944 (I), 18 March 1944, p.384.

the drainage of large areas of marshland. However, the investigators advised that much of this must have been adversely affected by the war; it 'should be expected that under the 'scorched earth policy', measures would be taken during a retreat to leave an area, previously healthy in terms of malaria, as much as possible a danger to an invading force'.[50]

A belief that poor hygiene and sanitary habits were somehow innate to particular races or populations was also articulated by Lieutenant-Colonel Gear with respect to the indigenous groups encountered by the British Army during its retreat from Gazala in 1942. He stated:

> Apart from the disturbance the retreat caused in the hygiene organization, it created a new problem by sweeping back hordes of natives, Bedouins, and others, to settle in an uncontrolled mass in the rear of the El Alamein line. These natives, normally lacking any high sanitary instincts, became a serious menace to the Army, and drastic action had to be taken to have them removed to harmless areas further back still.[51]

Indeed, the native body was identified as a primary 'carrier' of disease. A *Health Memoranda for Troops in the Tropics* stated:

> Unfortunately in the tropics, we live amongst people many of whom are "carriers" of certain common and important diseases. These carriers are capable of spreading their diseases to the healthy man near them, if the right route is available…Several diseases and conditions, which are uncommon at home, are very common amongst the population, wherever we go. In our daily life we are surrounded by native personnel, many of whom are carriers of those diseases.[52]

In a report on the health of the army in 1941 the Director of Hygiene similarly attributed incidences of scabies amongst British soldiers to civilians:

> The cases occur sporadically throughout Commands, very seldom more than one case is found in a quarter and never more than 2 or 3 in a unit.

[50] NA WO252/1316, Inter-Service Topographical Department, 'Southern Italy, Climate and Medical', p.9.
[51] Gear, 'Hygiene aspects of the El Alamein victory', p.383.
[52] M-O A: TC Forces (Men) 1937-, 3/A, Health memoranda for British soldiers in the tropics, June 1943, p.4, p.12.

> The reservoir I am sure is the civil population and so long as they remain we will have cases in the Army.[53]

Like the physical landscape, the strategy adopted by the authorities to deal with the threat posed by these dangerous 'others' can be seen as broadly defined into two broad themes. On the one hand, their efforts focused on the British body itself. Reflecting, for example, older colonial practices of siting military cantonments away from civilian populations, soldiers in the Second World War were also kept away suspect native bodies.[54] The stationing of military camps away from towns and villages, for instance, not only kept troops away from insects and dirt, but also from the human sources of disease. As Richmond and Gear noted in the Middle East:

> It reduced contact with vendors of doubtful food and drink, and with such infections as typhus, smallpox, plague and venereal disease. These diseases in the military in the Middle East had a close correlation with civil urban communities, e.g. plague in Suez and Port Said, typhus and smallpox in Cairo, Alexandria and the Canal Ports.[55]

On the other hand, the army also sought to protect the health of its men by reforming the 'other' bodies that they encountered. In the Western Desert all native labourers and POWs were routinely disinfected.[56] In the occupied enemy territories of Eritrea, Cyrenaica and Tripolitania in the Middle East the British carried out medical and health supervision and improved the sanitary arrangements in urban communities. Richmond and Gear explained:

> Initially, the intolerable insanitation of such key places as Asmara and Massawa in Eritrea, Derna, Benghazi and Barce in Cyrenaica, and Tripoli had to be eliminated so as to make these areas safe for British forces as well as their own inhabitants. The drive of the British Principal Medical Officers and their local British health inspectors had, within a year, got the gross filth of generations removed, efficient sanitary and water services functioning, and basic hospitals, dispensaries and clinics providing essential medical care for the civil population.[57]

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[53] NA WO222/27, 'Health of the army in 1940, Statement by the Director of Hygiene', p.2.
[54] See for example, V. Talwar Oldenburg, *The making of Colonial Luckow* (Oxford: Oxford University Press, 1989).
[55] Richmond and Gear, 'The health of the Middle East force', p.18.
[56] Harrison, *Medicine and Victory*, p.94.
[57] Richmond and Gear, 'The health of the Middle East force', p.2.

Such practices were again not new but in part reflected the politics of race and Empire. As Europeans had come to see themselves as inherently superior to their colonial subjects, whose habits and customs were perceived as the root cause of disease, they had sought to 'civilize' the native population through sanitary reform.[58] M. Ramanna argues, for example, that in nineteenth century Bombay, colonial administrators tried to mitigate the health threats to Europeans through a variety of public health measures designed to 'civilize' and 'sanitize' the Indian people.[59] The British administration of bodies during 1939-1945 must be seen within this broader historical context.

The British soldier on active service during World War II was also under threat from one other particular biohazard; the native female body. This was perceived by the authorities as a potent carrier of venereal disease. The *Health Memoranda for British Soldiers in the Tropics* stated:

> Promiscuous sexual intercourse is bound to bring certain risk of infection with syphilis or gonorrhoea (clap). It can be taken for granted that any native woman who solicits your attention is, or has been infected with one or another, or both, of these diseases.[60]

Lieutenant-Colonel Robert Lees, Consulting Venereologist for the British Middle East Forces, also commented in April 1942:

> In the Middle East we have to contend not only with an extensive legalised brothel system, but with a numerous sisterhood of clandestine prostitutes and all their agents. These secret agents are individually more dangerous, but consort with relatively few men and so constitute a lesser evil.[61]

In Italy, venereal disease rates rose to twenty times the rate in the United Kingdom after its occupation in 1943, and were responsible for a greater number of casualties

[58] Harrison, *Climates and Constitutions*, p.22.
[59] M. Ramanna, 'Perceptions of sanitation and medicine in Bombay, 1914-1918', in H. Fischer-Tine and M. Mann (eds.), *Colonialism as Civilizing Mission: Cultural Ideology in British India*, (London: Anthem Press, 2004), pp.205-224.
[60] M O A: TC Forces (Men) 1939-1956, 3/A, Health Memoranda for British Soldiers in the Tropics, June 1943, p.11.
[61] NA WO222/1302, Lt-Col. Robert Lees, 'Methods of prevention of venereal disease', 14 April 1942, p.1.

than battle cases. Major-General E.M. Cowell, Director of Medical Services, believed that 'Italian women are causing as much damage to the Army as the German men. Venus has become a Delilah (V.D.)'.[62] He reported that because of the economic situation women were offering themselves for a few cigarettes and that 'prostitutes abound'. Nearly all these women were suffering from a virulent form of the disease meaning that the risk of infection to men 'who have one of these women' was 80%.[63]

This demonising of the female body again had a long tradition within western societies, both at home and in the colonies. Douglas Peers argues, for example, that in nineteenth century India European soldiers who contracted a venereal disease were often portrayed as victims, innocents seduced by crafty and immoral Indian prostitutes.[64] Indeed, the military authorities were convinced that soldiers could not possibly curb their own sexual desires, or that any attempts by officers to do so for them might undermine their heterosexuality, which the army prized so highly. As such, only the control of native prostitution promised to preserve the health of the troops.[65] In Britain, the Contagious Diseases Acts of the 1860s had also isolated women as the main source of venereal infection. These laws allowed for the formal identification, compulsory treatment, and, if necessary, the detention of infected prostitutes within what became eighteen 'protected districts' covering the major garrison towns of south England and Ireland.[66] According to Bland, this notion of 'woman as polluter' continued to be commonplace into the twentieth century as official reports and memoranda repeatedly stressed the need to target a 'dangerous minority of infected women', which not only included prostitutes but 'promiscuous amateurs' who consorted with servicemen.[67] Indeed, during the Second World War, as the number of service cases rose, a new system of compulsion was brought in

[62] Wellcome Archives, RAMC 466/48, Lt. E.M Cowell, 'Health notes from the office of the Surgeon AFHQ', 1944, p.2.
[63] *Ibid.*
[64] D.M. Peers, 'Soldiers, surgeons and the campaigns to combat sexually transmitted diseases in Colonial India, 1805-1860', *Medical History*, Vol.42, No.2 (April 1998), p.146.
[65] *Ibid.*, p.138.
[66] F.B. Smith, 'The Contagious Diseases Acts reconsidered', *Social History of Medicine*, Vol.3, No.2 (1990), p.197.
[67] L. Bland, '"Guardians of the race" or "vampires upon the nation's health"? Female sexuality and its regulation in early twentieth century Britain', in E. Whitelegg *et al*., *The Changing Experience of Women* (Oxford: Martin Robertson in association with the Open University, 1982), pp.375-388.

under Defence Regulation 33B.[68] Persons named by two patients under treatment for venereal disease as the source of their infection could be compelled to attend for examination and, if necessary, treatment by a 'special practitioner' until certified as free from disease in a communicable form.[69] While this law was not targeted specifically at women, according to Roger Davidson, the rationale behind it was still highly discriminatory. Although the government claimed that the new controls were for the protection of 'all those engaged in essential war work', official draftsmen clearly assumed that the bulk of informants would be servicemen, and that sexually precocious girls and sexually promiscuous women would usually be notified as the source of infection.[70]

Like their predecessors, the army medical authorities of World War II sought to protect the soldier's body by regulating female sexual behaviour. This included the establishment of regulated brothels where prostitutes could be inspected by medical officers or municipal doctors for venereal disease. There was also a crack down on 'amateur' prostitution, through civil and military police arrests.[71] From 1939 the Director of Medical Services of the British Expeditionary Force in France adopted a policy of formally identifying women who were known to be spreading the disease amongst troops.[72] In the Mediterranean, for instance, in order to control clandestine prostitution and 'pimping' Consultant venereologist Brigadier Robert Lees, Colonel T. Young, and Lieutenant-Colonel D.J. Campbell also recommended:

> In occupied territories AMGOT [Allied Military Government of Occupied Territories] must ensure the efficiency of the local police and Medical Services. If necessary, laws must be framed imposing extremely heavy penalties, including imprisonment, for such offences, and such penalties to be widely reported in the local press.[73]

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[68] P.P. *Summary Report by the Ministry of Health for the period from 1st April, 1941 to 31st March, 1942*, HMSO 1941-42 (6394), p.6.
[69] 'New compulsory powers in control of venereal disease', *Lancet* 1942 (II), 14 November 1942, p.589.
[70] R. Davidson, ''Searching for Mary, Glasgow': contact tracing for sexually transmitted diseases in twentieth century Scotland', *Social History of Medicine*, Vol.9, No.2 (1996), p.200.
[71] M. Harrison, 'Sex and the citizen soldier', p.239.
[72] NA WO177/1, Director of Medical Services, British Expeditionary Force, 'Medical administrative instructions no.12', 23 Nov 1939, p.2.
[73] Wellcome Archives, RAMC 466/48, Brig. R. Lees, Col. T. Young and Lt-Col. D.J. Campbell 'Recommendations for the prevention of V.D. amongst Allied forces in the central Mediterranean theatre of war', 1943, p.2.

However, the authorities in World War II also attempted to regulate the soldier's sexual desires and behaviours, as had been the case in training. For example, welfare and recreation facilities were provided so that troops' attention would be directed elsewhere.[74] In areas like the Middle East, brothels were also placed 'out of bounds' to British troops.[75] In Cairo, for instance, the Berka (a military brothel) was closed in 1942 after a fight between British, Australian and New Zealand troops.[76] Indeed, this had been the recommendation of several army medical advisors. Brigadier Robert Lees, Advisor in Venereology, for example, stated that 'the urgent matter is to limit the access of troops to brothels and to exclude prostitutes form military areas'.[77]

Realising, however, that not all men would simply abstain, the army also sought to limit the negative consequences of sex by providing treatments and prophylaxis. Lees reported in 1942:

> In spite of all education and exhortations and "uplift", we recognise that man is frail, and the sexual impulses powerful, and in a minority risks will be taken and exposure to V.D. occur. To protect that minority from the consequences of their acts, there are two methods:-
> (i) protection during the act
> (ii) disinfection after intercourse, either by a trained person or by the soldier himself.[78]

A 1943 editorial in the *Journal of the Royal Army Medical Corps* entitled 'The prevention of venereal disease in the army' also stated:

> Having taught the soldier the necessity for continence, the dangers of promiscuity, what venereal disease is and what it may lead to, there remain the more positive measures which can be employed in those cases where, none the less, men will indulge. In general the policy is to encourage early personal disinfection *after* a possible risk.[79]

[74] A discussion of the army's methods to promote abstinence among troops is discussed more fully in this thesis, pp.19-23.
[75] Richmond and Gear, 'The health of the Middle East force', p.28.
[76] Harrison, *Medicine and Victory*, p.104.
[77] NA WO222/1302, Lees, 'Methods of prevention of venereal diseases', p.2.
[78] *Ibid.*
[79] Editorial 'Prevention of venereal disease in the army', *Journal of the Royal Army Medical Corps*, Vol.81, No.1 (July 1943), p.36.

Sexual behaviour was therefore to be regulated by 'mechanical or chemical means'.[80] During intercourse, this meant the wearing of condoms, which were provided free to troops overseas.[81] Preventative packets, consisting of wool impregnated with soft soap and a tube of antiseptic cream, were also issued. Half the ointment was to be applied before coitus, followed by washing with soap and water and the application of the remainder of the ointment after coitus. In order to eliminate the threat of infection after intercourse, prophylactic centres were also established in overseas theatres. Here soldiers could either perform skilled disinfection on themselves, or be attended to by a medical professional. In Cairo and Alexandria alone, attendances were over twenty thousand per month in each centre.[82]

Disciplining the combat body

Having developed a range of methods by which to regulate British bodies on active service, the military authorities then used a range of accompanying strategies by which to ensure the soldier's compliance. In some instances this meant that the formal codes of discipline and surveillance that had been established during training were now transferred to the field of operations. For example, men continued to be subject to regular medical examinations and inspections. A report on troops in the Mediterranean in 1943, for instance, stated that 'health inspections of all men in a unit must be carried out efficiently. If V.D., Lice or Scabies exist in a unit inspections will be continued until the unit is clean and healthy'.[83] The soldier's physical condition was also documented regularly by medical officers in the field sanitary diary, thus maintaining a permanent record of his body while in action.[84]

Treatments and prophylaxis were also often compulsory. Officer James Ford, for example, recalls carrying out quinine parade during the defence of Hong Kong in 1941:

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[80] Wellcome Archives, GC/135/B.1/3: Lt.-Col. S.A. MacKeith, 'Some comments on the V.D. problem in an expeditionary force', 1944, p.1.
[81] *Ibid.*
[82] NA WO222/1302, Lees, 'Methods of prevention of venereal diseases', p.2.
[83] Wellcome Archives, RAMC 466/48, Lees, Young and Campell, 'Recommendations for the prevention of V.D. amongst Allied forces in the central Mediterranean theatre of war', 1943, p.2.
[84] Col. D. Stewart Middleton, 'The work of a regimental medical officer', *Journal of the Royal Army Medical Corps*, Vol.76, No.6 (June 1941), p.317.

> Quinine parade was done by platoons…All I can say, and I can say it for certain, is that my platoon took its quinine every evening. My sergeant dished it out as I checked through the platoon register and ticked the names off as they came up and got their…He gave me my dose last and then I handed him the book and took the spoon from him and I gave him his dose. And some of the troops used to wait on to see me and the platoon sergeant getting our dose at the end, to make sure that we suffered too, cause it was horrible stuff the quinine, terrible taste it has.[85]

Private Eric Murray recalled the measures taken to deal with a fellow recruit who failed to wash while on active service in France:

> I always remember this lad. He wouldn't get bathed. He was dirty and we took him down to the showers and you know them big brooms, bloody scrubbed him in this washing place in all, that lad. And I don't know if he got put on a charge, but you had that kind of thing.[86]

Indeed, like recruits in training, soldiers who failed to conform to the army's codes of bodily behaviour risked being punished. For other ranks on active service, desertion, absenting oneself without leave, self-inflicting wounds, sleeping on or leaving a post, drunkenness and 'indecency', were all offences punishable by court martial and could result in field service punishment, detention or imprisonment.[87] For example, men who got drunk on duty typically faced ten days field punishment and loss of forty days pay.[88] Roy Bolton, a signaller working the switchboard at night time in Normandy also recalled the struggle to stay awake, and the punishment for falling asleep:

> The most terrible aspect of this duty at night, once you'd settled down, your eyes, your eyelids drooped. The overpowering desire to sleep came upon you. You had to fight against it and that really was a big problem, cause if you did fall asleep and you were discovered asleep, you were on a charge right away…One of our chaps, one of our operators, got caught red handed by an officer. Sometime in the middle of the night the officer came round and found him fast asleep. So he got charged and was awarded seven days field punishment I recall, which meant he was taken off duty, which was annoying to the rest of us cos

[85] Ford, Interview, IWM 13128/2.
[86] Murray, Interview, IWM 17630/4.
[87] NA WO277/7, 'Comprehensive summary of court-martial convictions (British other ranks, home and overseas), 1 September, 1939-31 August 1945'.
[88] Longden, *To the Victor the Spoils*, p.73.

> that was a pair of hands short, and spent the days doing cookhouse fatigues, beating up empty tins and digging holes to bury them in and that kind of…So that was the penalty.[89]

The forces also adopted a formal system of notification and compulsion for personnel who contracted venereal disease. If a serving woman was infected by a serving man, and could identify him, then he would be examined, and vice versa.[90] Concealment of the disease also constituted a punishable offence, as Lieutenant-Cowell explained:

> Concealment of the disease is a crime is chargeable under AA Sec.11. It possibly prevents a complete cure, and is a waste of manpower and hospital space.[91]

Private Edward Murray, who served in Italy in 1944, also recalled the consequences for the soldiers who did not submit to treatment:

> It was an offence if you caught anything. I mean cos I mean you're wasted with them and all that lot. And the thing is, well I mean I don't know if they had them in there but they had them in Italy, if you went, like I mean if you went and picked a prostitute up, what they had to do, why am I [incomprehensible] getting all this [laughs], they said what you had to do, you had to go down and get cleaned and get, you know, and get it signed and that. Like I mean and that, if you didn't do that and you were caught well you were up, you know, you were on a charge, and that was that.[92]

Other penalties included the payment of hospital stoppages, the loss of wartime and special proficiency pay. NCOs were liable to lose their acting rank and tradesmen were stripped of their trade rating.[93] In 1944 Mackeith also considered further punishment:

> A decision that that no V.D. case would go home until cured would exercise a powerful effect, especially if adequately publicised; and it is

[89] Bolton, Interview, IWM 23195/6.
[90] 'Control of venereal disease', *Lancet* 1942 (II), 14 November 1942, p.577.
[91] Wellcome Archives, RAMC 466/48, Cowell, 'Health notes from the office of the Surgeon AFHQ', 1943, p.2.
[92] Murray, Interview, IWM 17630/4.
[93] Wellcome Archives, RAMC 466/48, Cowell, 'Health notes from the office of the Surgeon AFHQ', p.2.

> probable that the troops would regard the rule as reasonable. Pay stoppages probably also exert some effect. They should progressively increase with second and third infections.[94]

However, within the field of actual operations these sorts of penalties were likely to have limited effect, as the strict monitoring and surveillance of the body that had been possible within the confines of the military camp or depot could not be upheld. It was only through self-discipline that the body could remain efficient. The authorities, therefore, continued to emphasise the role of the individual in maintaining his own health and fitness.[95] For example:

> The unthinking, sheep-like form of disciple is unsuited to a modern citizen army. Although the principle of unhesitating obedience to orders given by a superior must be firmly maintained, by intelligent independence of action in certain conditions must be accepted (and encouraged in training), particularly in conditions where control is difficult, e.g. jungle warfare.[96]

The *Handbook of Military Hygiene* also stated:

> It cannot be too often insisted that successful prevention of disease demands the cooperation of every individual, whether officer or man. Every individual must, therefore, play his part in safeguarding not only his own health, but also that of his comrades.[97]

Discussions surrounding the control of venereal disease, in particular, were framed in this way. Prevention was considered as moral, rather than simply medical problem, or rather 'a moral problem with a medical side'.[98] Lees remarked, for example, that 'I consider control of V.D. is a matter of discipline and "morale" much more that of medical measures. Self-discipline comes first, with Pride in being fit to fight and fit to serve'.[99] Cowell likewise commented that 'continence is a duty to oneself, to one's

[94] Wellcome Archives, GC 135/B.1/3: Lt-Col S A MacKeith, 'Some comments on the VD problem in an expeditionary force', 1944, p.5.
[95] 'The army medical services: wartime activities and developments', p.256.
[96] NA WO277/7, 'Summary of the conditions affecting discipline in the war, 1939-1945', p.21.
[97] War Office, *Handbook of Military Hygiene*, p.6.
[98] Editorial, 'The prevention of venereal disease in the army', p.37.
[99] NA WO32/17901, Lees, 'Methods of prevention of venereal disease', p.1.

family and one's comrades'.[100] In their recommendations for the prevention of venereal disease amongst Allied forces in the Central Mediterranean, Lees, Young and Campbell stated:

> It should be clearly understood by every man that it is a disgraceful act to endanger his health while on active service, by consorting with any loose women. A high code of personal morality must be followed and all must be taught that complete abstinence from sexual intercourse is not detrimental to health or vigour. Association with public prostitutes is "conduct unbecoming an Officer and a Gentleman".[101]

Within this context, therefore, disease represented a failure on the part of the individual, a sign of an improper relationship with one's own body.[102] Contraction of sexually transmitted infection was, for instance, represented as a sign of weakness, neglect and a lack of self-control. The *Health Memoranda for British Soldier's in the Tropics* stated:

> A clean mind and clean thoughts are essential, if you really wish to keep yourself fit. Fellows, whose thoughts are governed by unclean sexual desire, are soon led to the risk of infection with two serious diseases, or even worse, to immoral and unnatural practices which not only undermine the character but involve other persons.[103]

Indeed, for some soldiers, the self-regulation that had been instilled during training did find practical application in the field, even in the harshest of conditions. Charles Bennett, who fought at Monte Casino in Italy in 1944, for instance, recalled that:

> Well you did your best. I mean it had become part of your training to wash and shave, but a bit difficult when its ice and snow, you've only got icy water. And the biggest thing was of course you couldn't get baths or anything like that. There's no…when you're in the line there's no facilities like that. You just had to sleep in your clothes week in, week out.[104]

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[100] Wellcome Archives, RAMC 466/48, Cowell, 'Health notes from the office of the Surgeon AFHQ, 1944', p.2.
[101] Wellcome Archives, RAMC 466/48, Lees, Young and Campbell, 'Recommendations for the prevention of V.D. amongst Allied forces in the central Mediterranean theatre of war', p.1.
[102] See B. Hughes 'Medicalized bodies', in P.Hancock (et al.), *The Body, Culture and Society: An Introduction* (Buckingham: Open University Press, 2000), p.23.
[103] M-O A: TC Forces (Men), 1937-195, 3/A, Health memoranda for British soldiers in the tropics, June 1943, p.11.
[104] Bennett, Interview, IWM 13230/3.

However, rather than simply trusting that all bodies had come to be self-disciplining, the army continued to reinforce this quality in its men. In order to do so it focused less on compulsion and more on informal hegemonic strategies which were better suited to the conditions of active service.[105] Through a campaign of health education and propaganda, soldiers were encouraged to look after their own bodies and were taught the methods by which to do so. The *Journal of the Royal Army Medical Corps* stated:

> To train a recruit in the techniques of combat is a relatively simple matter, consisting as it does of indoctrination, introduction to weapons and exercise in their use. But to educate such a man so that he may flourish biologically under adverse environmental conditions is exceedingly difficult. Yet this is what must be done for, otherwise, he will quickly eliminate himself by falling sick with preventable disease.[106]

After the war, Major H.J.A. Richards of the RAMC also commented:

> It may be said with truth that the British soldier's sanitary habits were as good as those of any other nation – and better than most – but the fact remains that it was only by the constant repetition of propaganda and health education measures that even a tolerable standard was achieved. This was particularly noticeable in tropical theatres, where trained and experienced troops easily maintained themselves in health and efficiency, but where raw troops straight out of Europe were constantly falling victim to disease until they had been properly trained in health matters.[107]

Training in welfare, hygiene and sanitation was carried out at the Army School of Hygiene, established in Mychett in 1939.[108] In 1942 the Commandant of the School was quoted in *The Times* as stating that 'we are training the soldier to look after himself under any conceivable conditions of climate, anywhere from the Tropics to the Arctic'.[109] According also to Crew in the official medical histories:

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[105] Harrison, 'Medicine and the management of modern warfare', p.396.
[106] 'The army medical services: wartime activities and developments', p.258.
[107] Maj. H.J.A. Richards, 'Health education in the army', *Journal of the Royal Army Medical Corps*, Vol.90, No.4 (April 1948), p.137.
[108] Crew, *The Army Medical Services: Administration, Volume I*, p.51.
[109] 'Hygiene in the Army: modern methods of teaching', *The Times*, 11 March 1942, p.2.

> It was realised that to be fully effective the practice of hygiene must be something more than a matter for the medical services and that nothing less would suffice than that every individual soldier should be taught to observe the principles underlying a healthy existence and to live his life according to a regimen based on their application.[110]

A Middle East School of Hygiene was also set up to offer courses of lectures and demonstrations to medical officers, officers and the rank and file. The subjects taught covered all aspects of hygiene, field sanitation and water control. Nearly two hundred individuals a month passed through these courses, to return to their units as 'disciples of the gospel of hygiene'.[111]

Courses and lectures were also run at regimental level. Aboard ship to Egypt, for example, soldier Ben Coutts recalled the lecture given to him by a medical officer about the brothels in Cairo, who said 'some of you would put your willies where I wouldn't put my stick!'[112] Major Richards also referred to '"travelling circuses", consisting of teams of lecturers, model teaching material and many other methods'.[113] In the Middle East force, for example, instruction in field sanitation was included in the programme of all field hygiene sections. For this purpose demonstration grounds were prepared in which full-scale models of all types of sanitary apparatus were shown. It was also obligatory for hygiene and medical officers to give lectures on issues such as malaria control and venereal disease prevention, among others.[114]

The importance of propaganda in the production of self-disciplined bodies was highlighted by Lees with particular regard to venereal disease:

> This is allied to education but hopes to appeal to produce its effects by different appeal - usually to the emotions, rather than to reason-it hopes to appeal to chivalry, zeal for the cause, pride of self and patriotism, religious motives etc. If cleverly done by an expert it can be invaluable, for it will reach the man to whom reason does not appeal – the rather

[110] Crew, *The Army Medical Services: Administration, Volume I*, p.51.
[111] Richmond and Gear, 'The health of the Middle East force, 1942-1943', p.5.
[112] B. Coutts, *A Scotsman's War* (Edinburgh: The Mercat Press, 1995), p.22.
[113] Richards, 'Health education in the army', p.137.
[114] Richmond and Gear, 'The health of the Middle East force', p.6.

> stupid sensual fellow who indulges most of his appetites – and who is the type most commonly infected.[115]

In the Mediterranean Lees, Young and Campbell recommended 'education by experts, using posters, films and the Press as auxiliary agencies'.[116] George MacDonald Fraser, who served in Calcutta, also recalled these strategies:

> The Army propagandised unceasingly, with lectures, short-arm inspections, and terrifying explicit films; one poster, I remember, showed a statuesque blonde, surrounded by leering Japanese, with the caption: "Is this the face that loved a thousand Nips?" I wouldn't have thought many of the light ladies of Calcutta had had the opportunity to bestow their favours on the Japanese, but there you are.[117]

The Army Bureau of Current Affairs produced fortnightly publications, which covered topics such as 'Social Insurance', 'The Population Problem' and 'The Naples Typhus Epidemic'. Men were shown short films and humorous cartoons on subjects such as general personal hygiene, prevention of scabies, care of the feet, field sanitation, tropical hygiene, prevention of malaria, prevention of venereal disease and prevention of typhus fever. These were followed by a lecture given by the unit medical officer or a special medical lecturer.[118] In the Middle East formal leaflets dealing with subjects such as fly control, typhus, malaria and venereal diseases were issued. Hygiene education films such as Walt Disney's 'Mosquitoes and Malaria' were shown.[119] A 'peppy' publication entitled *Army Illustrated Magazine* was also distributed:

> This had a form similar to such popular magazines as "Lilliput", and "Men Only", and its presentation of material followed lines suggested by psychologists. All Army subjects were reviewed in it, such as armoured fighting vehicles, mountain warfare, combined operations, supply systems, etc. These were treated in a simple, bright, concise way and were profusely illustrated. The magazine was eagerly included in the machinery for Army health education. Articles, cartoons, quizzes,

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[115] Lees, 'Methods of prevention of venereal diseases', p.1.
[116] Wellcome Archives, RAMC 466/48, Lees, Young and Campbell, 'Recommendations for the prevention of V.D. amongst Allied forces in the Mediterranean theatre of war', p.2.
[117] G. MacDonald Fraser, *Quartered Safe Out Here: A Recollection of the War in Burma*, (London: Harvill, 1992), p.182.
[118] *Ibid*., pp.136-137.
[119] Richmond and Gear, 'The health of the Middle East force', p.6.

> covering general health training, physical fitness, fly and mosquito control, and first aid, were published during 1943 and gained much popularity.[120]

Again these sorts of strategies must be seen within the context of wider British culture, as processes that were also affecting both population at home. As Harrison argues, during World War II the increase in venereal disease among servicemen and civilians led to the government embarking upon a campaign of public education about the disease, which included the wide use of propaganda. In 1942 the Ministry of Health began disseminating the facts about venereal disease and its treatment, and for the first time the subject was deemed fit for radio broadcast.[121]

The resisting combat body

Despite these various efforts to maintain the health and efficiency of combat troops, it is clear that some men continued to resist the military regulation of their bodies. Describing the Middle East force, for example, Richmond and Gear noted that attitudes to the importance of disease and the need for high standards of health and cleanliness varied considerably. While some units and individuals had the right principles, 'others were simply contemptuous of real soldiers bothering themselves with anything so childish or mundane as killing flies, avoiding mosquitoes or being particular as to the state of the cleanliness of their camps, kitchens or their persons'.[122] Soldiers also continued to engage in dangerous sexual behaviours. In Italy, for example, regardless of appeals for abstinence, hospital admissions for VD increased from 27 per 1000 in 1943 to 64 per 1000 in 1945.[123] In the Middle East British troops likewise continued to visit brothels that had been placed out of bounds. As Private Eric Murray recalled in regard to his service in Tel Aviv in 1944:

> I mean there was like brothels there. There was a lot of brothels out there and that and, but, I mean there was brothels in Haifa and that. Oh aye I went there. Do I explain the brothels or not? We went into this brothel. I think it, it must have been Haifa cos they was only in two places, Haifa and Tel Aviv. And all the soldiers is in there, and this one

[120] *Ibid.*
[121] M. Harrison, 'Sex and the citizen soldier', p.227.
[122] Richmond and Gear, 'The health of the Middle East force', p.5.
[123] Harrison, *Medicine and Victory*, p.153.

> place, there was one she was like a coloured girl. She was bonnie and smart looking, but they were all bloody queuing up for this one in there.[124]

Medical officer George MacDonald Fraser described raiding the Cairo Berka:

> As a harassed orderly officer in North Africa I had to raid more brothels, endure the screaming protests of more furious harlots, and see more frustrated amorists thrown into the paddy-wagon than I care to count, and I remember the blue and Khaki queues outside the bawdy-housed of the Cairo Birkah, the more impatient customers already in their shirt-tails with their trousers neatly folded over their arms.[125]

Indeed, sexual promiscuity was interpreted by the authorities as a direct act of defiance, occurring when the soldier was 'browned off'. MacKeith stated:

> There is evidence to suggest that promiscuity occurs very much more when the soldier is either "strung-up" or "tense" after being in action or is discontented, disgruntled, critical of his officers and N.C.O.'s and is generally "browned-off". In such circumstances, men tend to lapse into a short-sighted, despairing and childish state of mind with a strong impulse to "drown their sorrows" in promiscuity, drunkenness, destructiveness, or indiscipline.[126]

Soldiers also continued to engage in behaviours, such as drunkenness, desertion, malingering and self-inflicting wounds. For instance, soldiers refused to take proper anti-malarial precautions, or courted a 'blighty' wound, by holding their arms above slit trenches when being bombarded by the enemy.[127] Soldier Charles Bennett recalled that one fellow soldier in Italy 'shot himself in the foot cause he couldn't stand the shelling'.[128] Reginald Markham also recalled a similar incident in the Middle East:

> I do, I do recall an incident where it was suspected that one of the officers had shot himself through the hand. It was, it was very doubtless as to whether it was an accident. But you see when you've been, its alright people talking, but when these lads and people have been in and

[124] Murray, Interview, IWM 17630/4.
[125] MacDonald Fraser, *Quartered Safe Out Here,* pp.182-183.
[126] Wellcome Archives, GC/135/B.1/3, MacKeith, 'Some comments on the V.D. problem in an expeditionary force', p.3.
[127] French, *Raising Churchill's Army*, p.135, p.138
[128] Bennett, Interview, IWM 13230/3.

> out of action and under shell fire, and some of it was quite severe, even the best, I mean some of them lads had been in from the start, and they cracked.[129]

Soldier Reginald Markham also described the problem of desertion in Italy:

> They do say you know that in Italy there was as much as forty thousand people that couldn't be accounted for and a lot of them were, they reckon they were in after the war they were in that sort of situation. And I know one youth, he left us, he got, just after Salerno, and it came on battalion orders one day that he'd been apprehended, and this is oh a year and a half afterwards. And he'd set up a business in Salerno, and he'd got girls working for him, as a tailor, doing alterations and. So, you know, there were people like him that, that went missing.[130]

During the war Captain G.A. Bell of the RAMC expressed the view that a greater number of 'scrimshankers' reported from units carrying out field duties, as opposed to sedentary duties, as these men failed to adjust themselves to their immediate surroundings and the physical discomforts of strenuous fieldwork.[131] Infantryman Rex Wingfield also recalled the advice given to him by fellow patients on how to feign illness, as he recovered from the effects of the cold in a regimental aid post in Holland. These included putting toothpaste under the tongue, which produced a high temperature when a thermometer was placed in the mouth, chewing cordite, which created a fast heart rate, and swallowing cotton wool balls, which showed up like duodenal ulcers on an X-ray.[132]

Indeed, convictions by court-martial for offences such as desertion, self-inflicted wounds and drunkenness increased as the war continued, as the table below highlights:

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[129] Reginald Charles Markham, Interview, 1993, IWM 13561/13.
[130] Markham, Interview, IWM 13561/3.
[131] G.A. Bell, 'War neurosis and 'scrimshankers', *British Medical Journal* 1942 (I), 6 June 1942, p.708.
[132] R.M. Wingfield, *The Only Way Out: An Infantryman's Autobiography of the North-west Europe Campaign, August 1944-February 1945* (London: Hutchinson, 1955), pp.114-116.

Table 5: Court martial convictions, British other ranks overseas, 1 September 1939 - 31August 1945

Offences	1939-40	1940-41	1941-42	1942-43	1943-44	1944-45	Total
Desertion	23	70	647	1,083	1,827	8,425	12,075
Absence without leave	339	284	1,113	2,101	2,992	8,085	14,914
Self-inflicted wound	5	7	18	8	19	208	265
Indecency	23	18	39	57	81	275	493
Drunkenness	409	153	70	630	714	926	2902
Total	2,925	2,180	5,691	11,684	14,911	32,543	69,934

(Source: NA WO277/7, 'Comprehensive summary of court-martial convictions (British other ranks), 1 December, 1939-31 August, 1945').

These statistics therefore suggest a correlation between these forbidden behaviours and the intensity of fighting. Sean Longden argues, for example, that June 1944 to May 1945, the peak year for all five of the behaviours listed above, saw not a series of climatic battles but an almost never-ending slog. These were not stirring battles to capture fortresses, culminating in victorious flag waving ceremonies, but messy battles to capture anonymous villages, nameless, hills and seemingly insignificant bridges, forests or fields.[133] He suggests, for instance, that for soldiers in the 21st Army Group serving in Europe, the men who took their chances and got drunk, were often those who were growing increasingly desperate. With their nerves in tatters and the prospect of death seldom far away, they consciously over-indulged, with little fear of repercussions, as a brief period in detention would mean a period away from the dangers of the front line.[134]

It must also be noted that these sorts of behaviours were also most common among the infantry, whose task in battle was described as 'dangerous, arduous, unspectacular and unrewarding'.[135] Indeed, the infantry suffered disproportionately more casualties in the field than any other branch of the service.[136] In a study of 2,000 desertion cases in the British Army of the Rhine, for example, 1,770 were

[133] S. Longden, *To the Victor the Spoils: Soldiers Lives From D-Day to VE-Day* (London: Robinson, 2007), p.xvii.
[134] *Ibid*., p.74.
[135] NA WO277/7, 'Absence and desertion-extent and nature of these offences', p.51.
[136] French, *Raising Churchill's Army*, p.141, p.147.

infantrymen and 47 were in the Royal Artillery, figures that were out of all proportion to the relative strength of these two arms of the service.[137] In the Second Army, 21st Army Group, serving in Normandy, of a total of 388 suspected cases of self-inflicted wounds, sent to No. 110 British General Hospital in 1944, 279 were also infantrymen, again out of proportion to their overall numbers.[138]

Through malingering the combat body also became a site of contest between the British Army and its enemy, as the Germans encouraged British troops to feign disease. In Italy hundreds of 'Malingerers Guides', disguised as book matches, were distributed to soldiers. These contained minutely printed instructions on how to simulate almost every disease, ranging from minor troubles such as inflammation of the foot to serious conditions like heart disease and tuberculosis. For example:

> **Sore throat.**
> Only for people who have still got their tonsils.
> 1. Take a silver nitrate stick and rub a small area of your tonsils with the tip of the stick. In Italian silver nitrate is called "pietra infernale".
> 2. Dissolve a small quantity of yellow mustard or ginger in water. The solution is strong enough when it produces a burning sensation on the tip of your tongue. Mustard is in Italian "senape" and ginger is called "zenzero".
> 3. 20 or 30 minutes before you report to the doctor swallow a large pinch of gunpowder.
> 4. Report to the doctor with sore throat. Tell him that swallowing has been painful since yesterday and that you do not feel well. Simply describe your condition (you will actually feel sick for a short time as a result of the above treatment).
> The above treatment is absolutely harmless. All of the resulting symptoms disappear completely in a few days.
> Remember: Better a few weeks ill than all your life dead.[139]

The guides also provided hints on how to conduct oneself before the medical officer. For example:

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[137] *Ibid.*
[138] D. French, 'Tommy is no soldier: the morale of the Second British Army in Normandy, June-August 1944', *Journal of Strategic Studies*, Vol.19, No.4 (December 1996), p.160.
[139] Wellcome Archives, RAMC/349, 'A "malingerer's guide" to how to appear ill, disguised as a book of matches, one of the many distributed among British troops in Italy towards the end of the Second World War', 1944, pp.11-12.

> You must make the impression as if you hated being ill! The doctor should feel straight away: "Here is a good soldier who has the misfortune of being ill against his will". Therefore you shouldn't exaggerate your illness. A normal sick man is always anxious to get rid of his illness, and he is very glad if the doctor is in a position to tell him that it is nothing serious. Should therefore the doctor tell you that you are still fit for duty, don't say anything, have another go at it and let the others see that "unfortunately you can't".[140]

For men in active service, however, engaging in unhealthy, unsafe or forbidden bodily acts was not always about resisting authority. Rather, there were various other social, cultural or personal motivations driving their behaviours. George MacDonald Fraser, for example, highlighted another reason why men want to imply that they were sexually promiscuous when he described the actions of one of his fellow recruits:

> Forster was an interesting case. On our first night in Calcutta he spruced himself up with Lifebuoy, flourished the prophylactic kit which he had drawn from the M.O.'s office, admired himself in the mirror, sketched out a programme of debauchery which would have frightened Caligula, and strode forth like Ferdinand the Bull. Three hours later he was back, full of gloating accounts of his sexual heroics, and unaware that in the interval Grandarse and I had been sitting three rows behind him in the Lighthouse cinema, watching Laurel and Hardy.[141]

Rather than consciously attempting to disrupt power, therefore, Forster engaged in a performance that asserted a masculine self-identity which was associated with sexual virility.

Men also failed to make proper use of preventative procedures and treatments, not as an expression of protest but because they felt that they diminished sexual pleasure or because they were drunk, could not be bothered or did not know how to use the prophylactics. Lieutenant-Colonel Alexander Hood of the RAMC noted that 'it is, in my experience, quite exceptional to find that the packets have been used in the way they are intended'.[142] In the Middle East Lees also reported that 'I find that soldiers

[140] *Ibid*, p.3.
[141] MacDonald Fraser, *Quartered Safe Out Here*, p.183.
[142] Lt.-Col. A. Hood, 'The prevention of venereal disease with special reference to preventative ablution centres', *Journal of the Royal Army Medical Corps*, Vol.68, No.6 (June 1937), p.390.

will not use antiseptics, etc., before coitus'.[143] He also believed that men were not using rubber sheaths, even though they were supplied free, attributing this to 'carelessness, laziness, drunkenness, and diminished pleasure in the sexual act'.[144] Lieutenant-Colonel Hood questioned whether men carried out self-disinfection properly in preventative ablution centres, arguing that more stringent medical supervision was necessary. He stated:

> A large number of the men who use the room are content to do so in a perfunctory manner in order to obtain a ticket which may absolve them from the loss of privileges later. There are many factors accountable for this: fatigue, alcohol, hot weather, a desire to get back to barracks etc., all play their part.[145]

In the eyes of medical officers, therefore, soldiers in active service chose to practice unsafe sex or not to treat themselves properly because they were hot, tired, careless or drunk. Rather than a response to their position of subjection, the men's behaviours were driven by various alternative motivations. As such, they represent an agency that, although serving to inadvertently disrupt the state's ambitions, can also be seen as functioning autonomously or outside of the relations of power.

In the field of active service certain bodily behaviours that may once have been deemed as unacceptable can be seen more as legitimised acts of resistance rather than outright attacks on power. As the formal organisational control of the body became relatively relaxed men had even more room to manoeuvre within the power structure and were afforded greater control over their own bodies than ever before. As Roy Bolton remarked:

> You were expected to be soldier like at all times. I think on about the very first or second day there, after our arrival in this field, the RSM pulled us, told us, got us all together, those that were on duty, and gave us a pep talk about the importance of keeping your boots polished and your equipment clean, and wearing it at all times, being ready for instant action. He [Incomprehensible] his remarks by saying 'you think that now you're in action you can do what you like, but you're still soldiers, you'll still do what I tell you to do and you will be properly

[143] NA WO222/1302, Lees, 'methods of prevention of venereal diseases', p.2.
[144] *Ibid.*
[145] Hood, 'The prevention of venereal disease', p.390.

> dressed at all times', and so on. I would add in parenthesis that that didn't last very long and later on we were left much to ourselves as long as we did our work.[146]

While driving to Amiens in 1944 Ron Forbes also described how easy it was for men to leave the tank column in order to indulge in sex and drinking:

> There were some crew members disappeared on, when you were going up. They knew fine that when they'd had their love affairs or whatever it was [laughs] they were stopping for, or a booze up, I don't know. They knew fine that they could just hop on a vehicle and catch up again you see.[147]

These sorts of behaviours may, therefore, represent the widening of disciplinary parameters, in that they occurred in 'safe' spaces, of which there were now more, or that they were being tolerated by those in charge. Harrison argues, for example, that in the field effective drugs counted for little if military and organisational factors hindered their administration.[148] Preventative measures for the suppression of malaria in Italy, for instance, were never enforced by officers and this led to over twenty thousand British troops being admitted to hospital with the disease during the invasion of Sicily in 1943.[149] In the Middle East Richmond and Gear expressed the belief that no amount of 'propaganda, exhortation or training' would, in the absence of the disease, make any army malaria conscious. Using a battalion on the Syrian border as an example they demonstrated how, in the absence of discipline, men failed to conform to the army's physical regulations:

> As with so many preventative medical measures dependent upon the individual, malaria control is much simpler to plan than to execute. Only vigorous education, training and discipline secure success. This was exemplified several times. A battalion on dispersed guard duty along the Syrian border, in spite of over a year's experience in the Middle East, neglected such precautions as checking that all men were wearing slacks, applying mosquito cream, and using sleeping nets, with the result that scores of cases occurred in a few weeks. Rigid

[146] Bolton, Interview, IWM 23195/6.
[147] Ron Forbes, Interview, May 2000, IWM 20370/9.
[148] Harrison, *Medicine and Victory*, p.277.
[149] M. Harrison, 'Medicine and the culture of command: the case of malaria control in the British Army during the two world wars', *Medical History*, Vol.40 (1996), pp.445-446.

> application of these protective measures, mepacrine suppression, abruptly ended the outbreak.[150]

Indeed, it is important to note that the statistics in table 5 show only those men who were convicted as guilty offenders and are not a true representation of the actual numbers of soldiers engaging in these acts. For example, as well as 75,470 convictions by court-martial for desertion and absenteeism, there were also 80,929 soldiers who were struck off the strength of their units as 'deserters' after 21 days absence. This was the officially accepted limit of time within which an absentee whose intention it was to return to his unit, would demonstrate that intention.[151] French also argues that the actual number of cases of self-inflicted wounds is hard to determine as officers were often reluctant to report men, either from compassion or because prosecution might reflect badly upon their units.[152]

While publically upholding the army's codes, some officers also unofficially condoned behaviours such as drunkenness within the ranks. Longden argues that in the 21st Army Group in Europe, for example, while open drunkenness was deemed unacceptable, discreet drunkenness was tolerated by many officers. It was one thing for a soldier to drink himself into a quiet stupor whilst in a safe area, but another to be seen wandering openly in a state of intoxication.[153] Indeed, while some officers viewed alcohol consumption as an act of defiance, occurring when the man was 'browned-off', others thought that was an effective stress-reliever. As MacKeith commented:

> During off duty periods drink can subserve good functions. It helps the party spirit, and in soldiers' minds is closely associated with jollification. Over and beyond this, for men who after battle, though superficially all right, are "strung-up" and "tense" in the back of their minds, drink can provide an effective and natural method of "drowning their sorrows"- far less harmful than the other method which consists in promiscuous intercourse. In fact in such circumstances drink

[150] Richmond and Gear, 'The health of the Middle East force', p.30
[151] NA WO277/7, 'Absence and desertion-Extent and nature', p.49.
[152] French, 'Tommy is no soldier', pp.160-161.
[153] Longden, *To the Victor the Spoils*, p.73.

> can be a harmless substitute for promiscuity. Under suitable circumstances, it may well as such be unofficially condoned.[154]

Some officers distributed rum to their men before and after battle as a way of calming their nerves.[155] During the battle of Normandy the 53rd Infantry Division consumed 1,228 gallons in one month.[156] A quarter pint ration, which was often added to tea, was seen as enough to steady nerves but not to make men drunk. Wingfield recalled, for example, that after his patrol in Belgium, a large dose of rum was given which brought the men 'almost back to normal'.[157]

Indeed, many officers themselves drank to excess during service abroad and encouraged their men to do so.[158] During a night out in Tel Aviv Private Eric Murray recalled drinking with his corporal, a man named Lees:

> So we went and we start drinking beer. So like and we're drinking pints of beer. So this Lees would say 'we'll have a bottle of this arak' and the woman says 'no you don't want none of that', none of them could speak English and that, 'you don't want none of that'. So anyway we got this. Drinking the beer and I got half way down and I put it down. Anyhow, so I had some and I'm drinking and I could feel it, ah this, this is getting a hold of me. So I just went out. I went down on the seafront. I like to drink stuff when I know what effect its gonna have, but I could feel this going on me and I said 'I'm not having any more'. So I went down on the seafront and I stopped down there for maybes three quarters of an hour, an hour. When I came back they were underneath the table [laughs]. So, so I had to get them back.[159]

A sense that the rules relating to the body were also relaxed in contexts of active service was also evident when punishments were inflicted for transgression. A conviction for desertion, for example, usually resulted in a sentence of between three and five years penal servitude. This however, was unsuitable for active service conditions as it would necessitate the removal of the offender from the front line guards for the prisoners. Moreover, these punishments did not provide an adequate

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[154] Wellcome Archives GC/135/B.1/3, Mackeith, 'Some comments on the V.D. problem in an expeditionary force', p.4.
[155] Longden, *To the Victor the Spoils*, p.56.
[156] *Ibid.*, p.56, pp.68-70.
[157] Wingfield, *The Only Way Out*, p.45.
[158] *Ibid.*, p.73.
[159] Murray, Interview, IWM 17630/4.

deterrent for men who preferred the comparative safety of a prison or detention barracks to the conditions of battle. After the First World War an Army Act allowed the authorities to suspend penal sentences, imprisonment and detention.[160] After the outbreak of World War II, therefore, it was decided to release, either by suspension or remission of sentence, all soldiers whose unexpired sentences did not exceed three months. For example, in the 21st Army group in Europe a special Review of Sentence Board was set up by 2nd Army headquarters in order to select, by means of interview, men who should quickly be returned to their units from all cases that had been sentenced for desertion or kindred offences after three months had been served. Of the 596 cases initially reviewed, 435 were returned to the front line.[161] After the establishment of other similar bodies, both in the 21st Army Group and other commands overseas, of the first 2000 cases considered, 75% were also released under suspended sentence after the first interview.[162]

Several army commanders feared that this system provided no deterrent to absenteeism and went as far as to request that the government reintroduce the death penalty for desertion on active service, something that had been abolished in 1930.[163] In a letter to the War Office in April 1942 General C.J.E. Auchinleck, Commander-in-Chief of the Middle East Forces, talked about the 291 convictions that had taken place under his command in the previous year, stating:

> I have no doubt that had the enforcement of the death sentence been within my discretion, the knowledge of this fact would have proved a statutory deterrent in a number of cases in which the worst example was set by men to whom the alternative of prison to the hardships of battle conveyed neither fear nor stigma.[164]

In a later telegram he provided examples of 'typical bad cases'. These included a guardsman sentenced to two years in February for deserting with a truck who served

[160] NA WO277/7, 'Infliction of punishments by court-martial', p.28.
[161] NA WO277/7, 'Review and suspension of sentences', pp.34-36.
[162] *Ibid.*, p.37.
[163] D. French, 'Discipline and the death penalty in the British Army in the war against Germany during the Second World War', *Journal of Comparative History*, Vol.33, No.4 (October 1998), pp538-543.
[164] NA WO32/15773, Auchinleck to War Office, 'Reintroduction of the death penalty', 7 April 1942', p.1.

four months of his sentence with the remainder suspended and who rejoined his battalion in June. Ten days later the man deserted again, taking a truck containing sixty gallons of water, twenty men from his section and three from another.[165] Despite such requests the British government refused to reintroduce the death penalty for desertion, due to the political climate at home. Reintroduction of the death penalty would mean publicly disclosing the army's apparent poor morale, and thereby provide ample opportunity for enemy propaganda. The authorities would also have to be able to distinguish genuine cases of mental breakdown from malingerers so as to only execute those men who preferred prison to the front line.[166] The soldier's body was therefore constructed within a more complex set of social relations than just individual and the state. For high ranking army commanders the deserter's body was symbolic as something to be punished in order to uphold military tradition and morale. However, for government officials, it was a practical concern and public symbol that was critical to the war effort on the home front.

Conclusion

The army's control and regulation of the body therefore did not subside once men had been deployed into active service. As Harrison suggests, a particular 'medical consciousness' appears to have been evident among British forces in the field as officers and commanders strove to keep their men free from disease.[167] What these efforts also represent is a particular body culture, which can be linked to the colonial past. The authorities clearly recognised the role played by the physical environment in matters of human health, something that had long been part of western biomedical thinking. As such, there co-existed two primary conceptions of the body itself. In some instances the body was perceived to be open and in flux with the environment. As such, the army adopted various techniques that were aimed towards physiological adaptation. These included programmes of vaccination, immunisation, and acclimatisation, which were designed to boost the body's natural powers of defence against diseases and conditions such as smallpox, yellow fever and heat stroke. In

[165] NA WO32/15773, 'Telegram from Command Centre in the Middle East to War Office', 24 July 1942', p.2.
[166] French, 'Discipline and the death penalty', pp. 541-542.
[167] Harrison, *Medicine and Victory*, p.2.

other instances the body was perceived as a more closed, static entity that needed to be protected from the environment. To this end, the army adopted a range of 'defensive mechanisms' such as different types of clothing and mosquito nets. This conception of the body was also highlighted in the work carried out by the Army Hygiene Service, which included the provision of clean water, ablution facilities and disinfection and disinfestation. Through these mechanisms the army sought to negate the harmful physiological effects of the environment by manipulating the landscape itself.

It was not just the environment which posed new threats to soldier's physique. British bodies were also constructed in marked opposition to 'other' bodies, namely enemy troops and native populations, whose poor sanitary habits were considered to be a root cause of disease. The indigenous female body was also isolated as a particular biohazard as a potent carrier of venereal disease. Again, therefore, the authorities adopted a two-pronged strategy in order to protect their men. On the one hand, efforts centred on effectively managing the British body. For example, soldiers were stationed away from towns and villages and in some areas brothels were placed out of bounds. On the other hand, the army sought to protect the British body by reforming that of the native and the enemy soldier. These efforts included the provision of sanitation and disinfection programmes. Female sexual behaviour was also the target of control as prostitutes were arrested and imprisoned and regulated brothels were established.

While the body, therefore, remained a crucial concern for the authorities in the field what did change was the nature of the control exerted upon it. Once deployed into active service, bodies were released from the formal organisational control that had dominated barrack life. As such, the army adopted more subtle, hegemonic strategies in order to try and preserve human efficiency in the field. Through a campaign of health education and propaganda men were encouraged to look after their own bodies and were taught the practical skills by which to do so. What this also meant, however, was that soldiers on active duty had greater control over their own bodies than ever before. Free from the formal codes of monitoring and

surveillance that had been imposed during training, men were able to be sexually promiscuous, get drunk and absent themselves from duty. While such behaviours therefore highlight the soldier's increasing agency they can also be seen as evidence of the widening of disciplinary parameters or of a resistance that was more then ever before legitimised by those in charge. For example, it appears that many officers got drunk and tolerated this bodily performance among their men. In this respect, while active service was indeed a context of continued regulation it was also one in which the soldier had greater room to move within the relations of power and could use his body how he pleased in order to fulfil his own physiological needs, wants and desires.

Chapter Six: Fear, Wounding and Death

The final stage in the body's military journey was to be sent into battle, where it faced the prospect of being wounded or killed. During the course of the war the British Army suffered a total of 239,575 wounded and 144,079 dead, which represented 86 and 42 per cent of all British service casualties respectively.[1] Even for those men who escaped this fate there was likely to be a persistent sense of anxiety that was itself intrinsically physical as front-line troops inhabited a world characterised by lethal uncertainty, deafening noise, danger and discomfort.[2] Bourke argues, for example, that 'whatever a soldier's rank, fear was his persistent adversary. Its effects upon the body were particularly evident in wartime'.[3] It manifested itself in epidemics of diarrhoea, gastrointestinal problems, abdominal symptoms or the malfunctioning of the nervous system. However, this 'virus' was not without value as it could act as a spur to increased dedication and to fury.[4]

This chapter explores the place of the body in official and individual responses to fear, death and wounding during the Second World War. Firstly, by looking at the army's medical administrative arrangements and burial regulations, it highlights the continued control, rationalisation and commodification of the soldier's body in combat in the ever-present pursuit of manpower efficiency. Aspects of this have been explored in other contexts. Shilling argues, for example, that in modern society death has itself become an organised institution.[5] In the case of World War I Bourke also states that 'death was not purely in the hands of the creator: it had many stage managers'.[6] According to Harrison the effective evacuation and treatment of the sick and wounded in World War II contributed to the Allied victory. He argues that in areas with poor lines of communication, such as the Western Desert, the introduction of more mobile casualty clearing stations and field surgical units allowed medical

[1] P.P. *Strength and Casualties of the Auxiliary Services of the United Kingdom* (6832), p.8.
[2] French, *Raising Churchill's Army*, p.135.
[3] J. Bourke, *Fear: A Cultural History* (London: Virago, 2005), p.199.
[4] *Ibid.*, p.200.
[5] Shilling, *The Body and Social Theory*, p.153.
[6] Bourke, *Dismembering the Male*, p.210.

officers to keep pace with rapidly moving forces and more of the wounded to be treated close to the front.[7]

This chapter then explores the experiences of the soldiers themselves in confronting fear, wounding, and death. Here the notion of the embodied self is particularly useful. Leder, for instance, argues that while the body seizes our attention in moments of breakdown or problematic performance, it also becomes 'other' to the self, a process he terms 'dys-appearance'. He argues that the body *appears* as a thematic focus, but does so precisely in a *dys* state, 'dys' taken from the Greek prefix, meaning 'bad', 'hard' or 'ill'.[8] This not only characterizes the limits of vital functioning, but also affectivity. Anxiety is also a site of 'dys-appearance', as individuals try to assume control over its physical manifestations. Leder explains that 'while anxiety is undoubtedly mine, it is also something from without fighting my efforts at mastery'.[9] The disruption of self-identity through encounters with the corpse has also been highlighted by Elizabeth Hallam, Jenny Hockey and Glennys Howarth, who argue that the disembodied dead have ongoing social presence. They state that 'social identity attaches itself to the foetus and the corpse, neither of which have agency'.[10] Shilling also suggests that death radically alters the taken-for-granted attitude which is normally adopted in everyday life. It challenges people's sense of what is real and meaningful about their embodied selves and the world around them.[11] Indeed, Jarvis argues that in the American military in World War II, encounters with corpses led servicemen to call into question any fixed notions of the self as they were reminded of their own otherness through death.[12] Drawing on these ideas, this chapter highlights the centrality of the body to the construction of the embodied self in the combat zone and explores an apparent paradox; the individualism of the body at the moment that it was meant to be most disciplined, ordered and homogenised.

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[7] Harrison, *Medicine and Victory*, pp.109-113.
[8] D. Leder, *The Absent Body* (London: University of Chicago Press, 1990), p.84.
[9] *Ibid*., pp.84-85.
[10] E. Hallam, J. Hockey and G. Howarth, 'The body in death', in N. Watson and S. Cunningham-Burley (eds.), *Reframing the Body* (Basingstoke: Palgrave, 2001), p.68.
[11] *Ibid*., p.155.
[12] Jarvis, *The Male Body at War*, p.163.

Managing the dead and wounded

For the soldier wounded in battle the body entered into a formal process of control and administration in order to best ensure its survival. During the course of the war the army's medical services in the field were reformed in order to adapt them to the changing conditions of modern war.[13] In 1941 the Hartgill Committee was established to examine the army's medical services and provide suggestions for improvement. The committee's recommendations led to several changes, including field ambulances being made more mobile, the creation of new field dressing stations as resuscitation centres for the severely shocked, and the establishment of new field surgical units, which would be completely mobile, with their own transport.[14] In 1944 *The Times* considered the army's 'remarkable decrease' in deaths from war wounds, which was 2.1 per cent, compared to between 6 and 10 per cent in World War I. It attributed this to a much better organisation for the collection and disposal of casualties, early and more effective treatment of wounds in advanced areas, air evacuation for long distances, and new methods of treatment, including chemotherapy.[15]

Within this context, the war-wounded or diseased body was an object to be processed and disposed of. Firstly, for optimum efficiency, wounded and diseased bodies would pass down the following chain of evacuation:

1. Regimental aid post
2. Casualty clearing point
3. Advanced dressing station
4. Field dressing station
5. Advanced surgical centre
6. Casualty clearing station
7. General hospital [16]

Indeed, the dehumanisation of the body can also be seen in the experience of John Buchanan, who attended a field hospital in France. He remarked:

[13] Crew, *The Army Medical Services: Administration, Volume II*, p.463.
[14] *Ibid*., pp.465-468.
[15] 'Deaths from war wounds', *The Times*, 21 April 1944, p.2.
[16] 'Medical aid in war areas: new organization of the RAMC', *The Times*, 10 July 1943, p.2.

> When you go back to these places you're impersonal, you know, you're just a number. You don't know anybody and you're sitting there and you feel…so I says 'I'm going back'. So, they didnae stop me. They wanted rid of us anyway, one way or another.[17]

Secondly, against a backdrop of pressing manpower needs, wounded bodies were organised, categorised and prioritised according to their potential for repair. Colonel D. Stewart Middleton explained in 1941:

> The medical officer has an extremely important function to fulfil in classifying the wounded in order of priority for evacuation. It is useless to occupy transport by the dead and mortally wounded and it is bad organization to send slight injuries to hospital before severe ones. It is the medical officer's duty to see that cases of urgent haemorrhage, open thoracic wounds, abdominal wounds and compound fractures arrive at hospital first.[18]

Based on his own experiences in an advanced surgical unit surgeon Lieutenant Jean Limbosch also gave recommendations for sorting casualties into different degrees of urgency:

> Firstly, the hopeless cases should be picked out. This is not as easy as one might think. Some hopeless cases, if seen early, look like having a chance and may not show any symptoms of severe shock until a number of hours after injury. I well remember seeing a gunner brought in on a stretcher smoking a cigarette and talking unconcernedly. Examination showed that both his legs and his right arm had been blown off. Although no tourniquet had been applied, his stumps were not bleeding nor was he complaining. Signs of hopeless shock only developed later.[19]

Those bodies with the greatest potential for restoration were therefore deemed the most suitable candidates for both evacuation and treatment. This could be a difficult logic for the medical officer to reconcile. Working in a casualty clearing station in Normandy on D-Day, army surgeon Lieutenant-Colonel J.C. Watts, for instance, recalled the arrival of a particularly bad case of abdominal wounding:

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[17] John C. Buchanan, Interview, 1999, IWM 19867/6.
[18] Col. D. Stewart Middleton, 'The work of a regimental medical officer', *Journal of the Royal Army Medical Corps*, Vol.76, No.6 (June 1941), p.316.
[19] Lt. J. Limbosch, 'Problems of surgery in the field', *Journal of the Royal Army Medical Corps*, Vol.82, No.5 (May 1944), p.212.

> All through the busiest times of the North African and desert battles I had never had to refuse a case, but now I had ten cases awaiting operation, all of them with a reasonable chance if they were operated on in time. This man's plight seemed so desperate that even if operated on he would have little chance of survival. Despondently I arranged for him to have a large dose of morphia to ease his pain, and instructed the stretcher bearers to put him in a corner to die. Then back to my cellar and the ten cases.[20]

A formalised system of sorting bodies according to condition was advocated by the Hartgill Committee in 1941 as a means of more effective disposal and distribution of casualties from forward areas. Casualties that arrived at advanced dressing stations would be sorted according to the nature of the wound, the general condition of the patient and the type of treatment indicated. Men were thus divided into three groups. Group 1 consisted of cases exhibiting severe shock, urgently in need of resuscitation and unfit to travel to an advanced dressing centre or casualty clearing centre. These cases were to be immediately taken to field dressing stations that were specifically designed to undertake blood transfusions and other measures for resuscitation. Group 2 casualties included cases requiring immediate surgical attention, those involving special risk of haemorrhage, and cases of severe and complicated fracture. These were to be sent to the advanced surgical centre for operative treatment. Finally, Group 3 casualties consisted of less serious casualties, the sick and wounded for whom for whom surgical treatment was less urgent. These cases would be transferred to casualty clearing stations in ambulance cars or buses.[21] This system came to be known as triage, meaning 'assessment according to quality'.[22] According to Lieutenant-Colonels R.K. Debenham and A.B. Kerr, the officers in charge of the surgical divisions of military general hospitals, it required awareness of three things; 1) the number and general character of the patients, 2) the facilities available for treating them, and 3) the condition of the individual patient. In order to prevent overcrowding in hospitals on the south coast of England, they applied triage to patients evacuated after D-Day and arriving at a port of disembarkation. Individuals were assessed by four criteria; the date and time of injury, provisional diagnosis,

[20] J.C. Watts, *Surgeon at War* (London: Allen and Unwin, 1955), p.93.
[21] Crew, *The Army Medical Services: Administration, Volume II*, pp.471-473.
[22] Lt-Col. Debenham and Lt-Col. A.B. Kerr, 'Triage of battle casualties', *Journal of the Royal Army Medical Corps*, Vol.84, No.5 (March 1945), p.125.

whether they required any operative procedures, and if they had any complaints, and successful triage was performed at a rate of 20-30 seconds per patient.[23] Brigadier J. Gwynne Morgan also described the application of triage to casualties during the attack of the Cassino, Gustav and Hitler lines. A control post was established in which patients were examined and divided into three classes; 1) in need of resuscitation or operation, 2) urgent removal to specialist hospital, and 3) less urgent, non-specialist cases. Casualties would then be distributed accordingly. Class 1 patients were immediately transferred to the Resuscitation Wards, Class 2 were immediately placed in ambulances and despatched to their appropriate hospital, and Class 3 were taken to an appropriate E.P.I.P. (European Personnel Indian Pattern) tent where they would wait until a full ambulance load for their particular hospital was ready.[24]

The processes impacting upon the damaged military physique also often again reflected the time and motion principles adopted within scientific management. Optimums were set for the number of bodies that could be most efficiently treated within different combat environments and in different medical centres. The Hartgill Committee recommended that within an advanced surgical centre one team could not take more than eight serious cases in eight hours. The optimum capacity of a surgical centre with two teams working for 16 hours was no greater than 28 to 32 cases, and to operate for two consecutive periods of eight hours within twenty-four hours could not be maintained for more than three days.[25] In 1944 Major F.S. Fiddes of the RAMC also observed that in a field dressing station in Normandy, 250 cases per day was the maximum that could be handled within a 24 hour period 'without loss of efficiency'.[26] During the Battle of the Mareth Line in North Africa in 1943 Lieutenant-Colonel Johnson of the RAMC recorded that 37 was the maximum number of casualties that could be operated on in a medical dressing station by one

[23] *Ibid.*
[24] Brigadier J. Gwynne Morgan, 'Formation of a control post for the triage of casualties between an army and base hospitals', *Journal of the Royal Army Medical Corps,* Vol.84, No.3 (March 1945), p.132.
[25] Crew, *The Army Medical Services: Administration, Volume II* , p.473.
[26] Maj. F.S. Fiddes, 'The work of a field ambulance in the Battle of Normandy', *British Medical Journal* 1945 (I), 31 March 1945, p.448.

surgical team during a period of three days.[27] Doctors were therefore clearly target-driven. Upon receiving a German patient with an infected leg that he had been carrying for two years, J.C. Watts recalled that 'in order not to spoil our figures for the interval between wounding and admission we marked him as sick!'[28] Medical procedures were also designed and adapted for optimum efficiency. In 1945, based on his experience in New Guinea, Major J.M. Yates, of the Australian Army Medical Corps suggested that the best type of theatre arrangements for advanced surgical teams was the 'one–surgeon, two-table system', which saved at least 20 minutes between cases.[29]

The dead body also was also subject to a strict code of processing. This was the responsibility of the Graves Service, which set burial regulations, arranged the provision of suitable cemeteries and ensured that records of all burials for identification purposes. In the field graves registration units were attached to each army and to Lines of Communication.[30] However, the task of clearing of the dead and wounded was down to the troops themselves, who also had to dig graves and perform burials. Procedures for disposing of the dead were thus governed by several rules. First of all no bodies were to be buried until they had been searched and identified:

> Anyone concerned in a burial, or finding a body, will remove the red identity disc. The green identity disc will on no account be removed from the body. He will also remove A.B.64, or, if the body is that of a civilian, his pass and pay book, if any, together with all other personal property found on the body. In cases where there is only one identity disc it will not be removed.[31]

The exact spot on which the body was found and the apparent date of death was then to be noted. Each body was to be buried in a single, standardised grave of no more than six feet and six inches long, two feet wide and five feet deep, with no more than

[27] Lt-Col. R. Johnston, 'The Battle of the Mareth Line: An analysis of casualties by types and conditions', *Journal of the Royal Army Medical Corps*, Vol.81, No.4 (October 1943), p.177.
[28] Watts, *Surgeon at War*, p.93.
[29] Maj. J.M. Yates, 'The organisation of advanced surgical teams in New Guinea', *Journal of the Royal Army Medical Corps*, Vol.84, No.3 (March 1945), p.99.
[30] War Office, *Field Service Regulations, Volume I: Organization and Administration* (London: HMSO, 1930), p.114-115. These orders were still in operation during World War II.
[31] *Ibid.*, p.376.

one foot between each one. These graves were to be marked with pegs with labels, or when not available, with bottles or tins, half-buried, open end backwards, with particulars of the burial written in black lead pencil on a sheet of paper of metal foil and placed inside.[32] In death, as in life, the body was to be homogenised, as each became subject to a standardised process of identification, documentation and disposal.

The reason for this regulation of the corpse was that the authorities perceived the dead body as symbolically and physically polluting. It was a signifier of mortality and a source of disease.[33] Highlighting the power of the corpse to undermine morale for example, Field-Marshal Montgomery stated in an address given to the Royal Society of Medicine:

> A corpse in a ditch or a grave by the side of the road will remind him [the soldier] of the peril of his position. He will suddenly realize that he himself is liable to be killed. It is a function of discipline to fortify the mind so that it becomes reconciled to unpleasant sights and accepts them as normal every day occurrences.[34]

Indeed, the advances in technology during the Second World War had introduced more destructive ways of killing the soldier, which meant that dead bodies were often not whole or intact.[35] Sent onto the battlefield to collect the dead after the fall of Tobruk in 1941, for example, soldier Harold Atkins recalled that 'they were deteriorating terribly, green, bloated, limbs hanging off, half off, no heads, half a body, goodness knows what'.[36] Ronald John Petts, an NCO with the 224th Parachute Field Ambulance and who served with the RAMC in North-West Europe and Palestine also remembered the death of a young soldier hit at close range by a grenade:

> I opened up his tunic and his gut was completely smashed. I mean as I opened up his tunic and belt and trousers his whole gut just fell away

[32] *Ibid*.
[33] See Hallam, Hockey and Howarth, *Beyond the Body*, p.128.
[34] Field-Marshal Viscount Montgomery, 'Morale in battle: address given to the Royal Society of Medicine', *British Medical Journal*, 1946 (II), 7 November 1946, p.703.
[35] Jarvis, *The Male Body at War*, p.158.
[36] Harold Atkins, Interview, 2 March 1992, IWM 12440/7.

> and he looked at this and said to me 'I've had it haven't I?' And all you can say at such a time is 'no, no that's okay. Don't worry you'll be alright. We'll see you're all right'.[37]

Therefore, only through its efficient burial and sanitisation could the authorities negate the corpse's ability to contaminate both the bodies and the minds of other men in the field.[38]

Commodifying the dead and wounded

On 3 September 1939 the Pensions (Navy, Army, Air Force and Mercantile Marine) Act was passed, transferring the powers and duties of the Service Departments relating to the pensions of the fighting forces to the Minister of Pensions.[39] Through its military service, therefore, the dead or wounded body became a commodity to be paid for by the state.[40] The conditions governing entitlement to disability pensions were:

> A member of the Military Forces whose services have been terminated on account of medical unfitness or for other reasons, and who is then or later certified to be disabled in consequence of a disability attributable to military service during the war, may be granted a disability award.[41]

By the end of 1946 a total of 302,824 male army personnel had received first awards (entitlements) of disability pension.[42] Within the pensions system the body was judged, measured, and defined as a purely military entity, with no regard for individual needs, roles and responsibilities in the civilian world. This can be seen firstly in the procedure used for assessing levels of disability:

> The degree of disablement of a member of the Military Forces shall be the measure of disablement (expressed by way of a percentage, one hundred degrees representing total disablement) which is certified to be suffered by that member by a comparison of his condition of a normal healthy person of the same age and sex, without taking into account the

[37] Ronald John Petts, Interview, 2 March 1987, IWM 9732/16.
[38] See Shilling, *The Body and Social Theory*, p.153.
[39] A. Sandison, 'The medical services of the Ministry of Pensions', in Sir A. Salusbury MacNalty (eds.) *The Civilian Health and Medical Services: Volume II* (London: HMSO, 1955), p.152.
[40] Bourke, *Dismembering the Male*, p.43.
[41] P.P. *Royal Warrant for the Retired Pay and Pensions etc. of Members of the Military Forces Disabled, and of the Widows, Children and Dependants of Such Members Deceased in Consequence of the Present War*, HMSO 1939 (6105), p.8.
[42] Sandison, 'The medical services of the Ministry of Pensions', pp.216-217.

> earning capacity in his disabled condition of that member in his own or any other occupation, and without taking into account the effect of any individual factors or extraneous circumstances.[43]

This system, which had been established in 1917, meant that disability was based only upon loss of faculty.[44] While it was universal to all servicemen, the rates payable, varied according to the military rank of the sufferer.[45] Tables 6 and 7 show the rates for both non-regular soldiers and officers in September 1939:

Table 6: Weekly rates of disablement pension (s.d.) for non-regular soldiers, by rank and degree of disablement, September1939

Percentage Degree of Disablement	Warrant Officer Class I	Class I	Class II	Class III	Class IV	Class V
100	45	42.6	40	37.6	35	32.6
90-99	40.6	38.3	36	33.9	31.6	29.3
80-89	36	34	32	30	28	26
70-79	31.6	29.9	28	26.3	24.6	22.9
60-69	27	25.6	24	22.6	21	19.6
50-59	22	21.3	20	18.9	17.6	16.3
40-49	18	17	16	15	14	13
30-39	13.6	12.9	12	11.3	10.6	9.9
20-29	9	8.6	8	7.6	7	6.6

(Source: P.P. Royal Warrant (6105), p.10).

Table 7: Yearly rates of disablement pension (£) for non-regular officers, by rank and degree of disablement, September 1939

Percentage Degree of Disablement	Colonel or Higher	Lieutenant-Colonel	Major	Captain or Subaltern
100	300	250	200	150
90-99	270	225	180	135
80-89	240	200	160	120
70-79	210	175	140	105
60-69	180	150	120	90
50-59	150	125	100	75
40-49	120	100	80	60
30-39	90	75	60	45
20-29	60	50	40	30

(Source: P.P *Royal Warrant* (6105), p.15).

[43] *Ibid*., p.9.
[44] Bourke, *Dismembering the Male*, p.65.
[45] War Office, *Release and Resettlement: An Explanation of Your Position and Rights* (London: HMSO, 1945), p.44.

These figures progressively increased during and after the war. By the end of the conflict, for instance, the rate of pension for a Class V recruit assessed at 100 per cent disability was 40s. per week, while a Warrant Officer Class I would receive 56s. 8d.[46] Similarly, for men in the officer class at the end of conflict, pensions ranged from £210 per year for a Subaltern assessed at 10 per cent disablement to £420 for a Major-General suffering from the same level of disability.[47]

Set values were also attributed to specific bodily parts and functions, regardless of the tasks or duties required of the individual and again variable only by rank. For disability assessed at 20 per cent and over there were set percentages attached to specified injuries. The loss of both hands, for instance, was assessed at 100 per cent, while loss of vision in one eye was measured at 40 per cent disablement.[48] Rates of pension would then be paid accordingly. By 1943 a private soldier, who suffered from amputation of the leg below the knee with a stump exceeding four inches was assessed with a 40 per cent disability which equated to 16s. per week.[49] This applied to any Class V soldier, regardless of either his military or civilian occupation. The values attributed to minor injuries assessed at less than 20 per cent were similarly fixed. From the outset of the war gratuities were payable for specified minor injuries. However, these were categorised into only two groups, 'officer' and 'other rank'. For example, for the loss of the whole right finger an officer would receive £120 while an ordinary soldier would receive £60. For the loss of a great (big) toe an officer would get £80 and an ordinary soldier £40.[50] The officer's body was therefore valued at exactly twice as much as those of the rank and file.

It therefore appears that military hierarchy was the main organisational device in the commodification of dead and wounded bodies. The pensions system clearly did not

[46] These figures relate to those set in December 1943, however, they remained unchanged until December 1945, so it can be assumed they were the rates payable at the end of the war. See P.P. *Royal Warrant concerning retired pay, pensions and other grants for members of the Military Forces disabled, and of the widows, children and dependants of such members deceased in consequence of the Present War* HMSO 1943 (6489), p.38, and P.P. *Improvements in War Pensions*, HMSO 1945 (6714), p.5.
[47] P.P. *Royal Warrant* (6489), p.38.
[48] *Ibid.*, p.37.
[49] *Ibid.*, pp.37-38.
[50] P.P. *Royal Warrant* (6105), p.43.

recognise a man's occupation or the task that he had to perform, either in civil or military life. For example, a Class V infantryman would receive the same compensation, for the came level of disability, as a Class V artilleryman. This suggests that social class may have been a significant factor in how the body was valued. Following pre-war trends, officers in the British Army during World War II continued to be drawn from the upper echelons of society. Throughout the war, only 21 per cent of officers had been educated at elementary schools, whereas 34 per cent had been educated in public schools.[51] Crang argues that this social exclusivity of the officer corps was due to a reluctance from able men within the ranks to come forward for selection, due to the financial liabilities associated with officer training and the relatively low rates of pay for junior officers. There was also reluctance on the part of commanding officers to recommend able men for commission as they were either unaware of their capabilities or wanted to keep them in the ranks for the sake of efficiency.[52] Thus, it can be argued that through the pensions system, men's bodies were valued in a way that reflected the wider British social hierarchy.

The dead body was also a commodity with a value that varied according to its location in the military hierarchy. In addition to widows' pensions, which again varied according to the rank of the deceased, the wives of officers were also eligible to receive a lump sum death gratuity. This was applicable if the officer had been killed in action, while on flying duty, while being carried on duty in aircraft under proper authority, or had in such circumstances sustained wounds or injuries from which he died within seven years of sustaining them.[53] These one-off payments, which remained the same throughout the war, are shown in table 8 below:

[51] French, *Raising Churchill's Army*, p.74.
[52] Crang, *The British Army*, pp.24-25.
[53] P.P. *Royal Warrant* (6105), p.34.

Table 8: Officers' widows' gratuities by rank

Rank	Gratuity (£)
General	1,500
Lieutenant-General	1,250
Major-General	1,000
Brigadier	800
Colonel	600
Lieutenant-Colonel	450
Major	300
Captain	200
Lieutenant	150
Second-Lieutenant	100

(Source: P.P. *Royal Warrant Concerning the 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 Dependants of Such Members Deceased in Consequence of Service after the 2nd September, 1939,* HMSO 1949 (7699), p.43).

As a commodified object, the wounded, diseased or dead army body could also become a site of contest and negotiation between the individual and the state. The strict proviso that disablement had to be directly attributable or materially aggravated by war service implied the existence of evidence and a high standard of proof. Indeed, a large number of cases were refused in the early years of the war.[54] This became a point of contention as the war continued, with several cases being raised in Parliament of men who had been classed as A1 upon recruitment but who, after being invalided out, were refused a pension on the grounds that their disability had not been contracted during service.[55] In May 1942, for example, MP Mr Rhys Davies challenged the government's policy of granting pensions based on medical evidence alone. He stated a case of an approved society from which 16,000 young men had been recruited into the forces. Eight hundred had been discharged on medical grounds, of which 142 had been passed as A1 upon recruitment but had not been granted pensions. This was despite the fact that, according to the society's records, they had never ailed until they were enlisted into the forces.[56]

In 1943, therefore, the Ministry made several alterations to pension provision. A White Paper entitled 'Changes in War Pensions' stated:

[54] A. Sandison, 'The medical services of the Ministry of Pensions', p.194.
[55] 'Ill health after recruitment', *British Medical Journal* 1941 (I), 1 March 1941, p.345.
[56] 'Tribunals for pensions claims', *Lancet* 1942 (I), 9 May 1942, p.576.

> H.M. Government accepts the view that the fact that a man is accepted for service in the present War in a certain medical category may be taken as presumptive evidence that (a) at the time of acceptance he was fit for the kind of service demanded of a man in that medical category; and (b) in the event of his being subsequently discharged on medical grounds any deterioration in his health which has taken place is due to his service. While the Minister of Pensions will pay regard to any other evidence, including the consensus of medical opinion regarding the particular disease or group of diseases, which throws doubt on the presumptive evidence of the medical category in which a man was placed at the time of acceptance to service, or on the resumption that service has played a part in onset or development of the disablement, he will give full weight to the general view expressed above.[57]

The onus of proof was thus transferred from the claimant to the Ministry, the benefit of any reasonable doubt was to be given to the claimant, and it was no longer necessary for any aggravation of a disability to be proved by 'material fact' before a claim was granted.[58] This may account for the considerable increase in the number of cases accepted for pension. Between 26 June and 2 October 1943 the army received a total of 8,301 invaliding awards for disablement. From then until 1 January 1944, however, 14,721 pensions were awarded.[59]

The pensions issue led also to demands in government for appeals tribunals to be set up, as had been the case in World War I.[60] In August 1943 the Pensions Appeals Tribunals Act was passed which provided for appeals on both entitlement and assessment issues. Tribunals consisted of a legal member as chairman, a medical member and a lay member. Each presentation to a tribunal required the preparation of a reasoned 'Statement of Case' setting out all the relevant information, including extracts from service documents dealing with medical and other history, the appellant's own supporting statement and the Ministry of Pension's reasons for not admitting the claim. At the hearing of the appeal the appellant could appear in person to support his case. Between 20 June 1943 and 28 December 1946 a total of 83,074

[57] P.P. *Changes in War Pensions* (6459), p.2.
[58] *Ibid.*, p.3.
[59] Sandison, 'The medical services of the Ministry of Pensions', p.212.
[60] See for example, 'Tribunals for pensions claims', *Lancet* 1942 (I), 9 May 1942, p.576.

appeals were received, of which 7,089 were in respect of death and 75,985 of disablement.[61]

It is through the pensions system, as described above, that the military body became a continued site of contest between the state and the individual even after the period of actual service. In his post-war experiences, for example, soldier Roy Tomalin recalled the processes of both application and appeal:

> A few years back I suddenly started to go deaf in this ear. Went all through the gambit of doctors, hospitals, specialists and whatever, and one specialist said to me, when he knew that I was in the tanks, he said to me 'did you see any action in the tanks?' I said 'yes'. I said 'apart from any action' I said 'I spent five years every day driving inside a tank, with its noise and gunfire rattles and everything'. He said 'well that could be one good reason why you're deaf in that ear'. So I said 'well would you be kind enough to put that in writing for me?' and he did. So I applied to the pensions people. I went on for years and they wouldn't agree. And in the end they said back, they said no. They couldn't agree that my service life had anything to do with my loss of hearing. They would give me a hearing aid and that would be it. I wasn't happy with that so I said I wanted to appeal, and at that time the British Legion, I asked the British Legion for help. I've got no axe to grind against the British Legion or otherwise. They were quite good. In fact they sent somebody up with me. But I don't think they fought it hard enough. They accepted the panel, what the panel were saying and at the end of the interview with the panel it was agreed that the appeal, my appeal, should be lost. And I didn't get a, and I still haven't got a, and I think I'm at the wrong end of life to start arguing about it now again.[62]

Within this context the militarised, or rather the *de-militarised,* body also became subject to continued surveillance and control. In order to deal effectively with disability pensions claims the Ministry of Pensions required that before demobilisation all service personnel should be medically examined to provide an authoritative record of the person's condition on leaving service so that it could be compared with that on entry. In 1944 it was decided that medical boards undertaking examinations of service members upon demobilisation would record details of

[61] Sandison, 'The medical services of the Ministry of Pensions', pp.195-197.
[62] Roy Ernest William Tomalin, Interview, 11 March 2000, IWM 20146/2.

physical condition on the release form A.F.W. 3149.[63] Procedure for applying for a disability also required medical examination by a Ministry of Pensions medical board. This was a form of bodily surveillance that could extend long after service had ended. Roy Tomalin also recalled his demobilisation in 1947:

> When I came out of the army I applied for a pension, because of the wound, and they gave me a pension, a very small one, about ten bob in those days. And I had that for a few months and then I heard from them to say they wanted to have another look. So I had to go to Chelmsford and they gave me another medical. They stuck a few pins in me and because I didn't ouch loud enough they said it had healed itself, and they stopped the pension. It wasn't until three years ago I started to get, well didn't start, the pain was getting to the stage there where it was petty regular and I said to my wife "its about time I think I try, had another try at a pension". And I wrote to the pension people again and I wrote to them. It took months and months and months. As you probably know, it takes years before they sort their self out. I had arguments with them. They sent two doctors here to give me a medical, on my bed in there. And both the doctors said that the wound was as I described. The pain obviously must be as I described and I'm still in pain. But eventually, after I had a few up and downs with them, they wrote to me and said yes they'd decided to grant a pension, and that's what I get now.[64]

Private Norman Marshal, who had his left arm amputated after wounding, also recounted the continued medical surveillance of his body long after his service:

> Soon after, or some years after the War, I used to get a letter from Orleans House in Liverpool to go to be, have a medical examination. And their idea seemed to be they wanted to see if I'd grown another arm I reckon, because all you seemed to do was to go in and they'd look at you and say 'oh yes', you see, 'off you go'.[65]

This sort of commodification of the body was not, however, unique to the soldier. During the course of the war civilians wounded or killed by enemy attacks at home were compensated through the Personal Injuries (Civilians) Scheme which was brought into effect in September 1939 and was also administered by the Ministry of Pensions. As with the army, specific guidelines governed this provision. Disablement

[63] Sandison, 'The medical services of the Ministry of Pensions', pp.197-198.
[64] Tomalin, Interview, IWM 20146/2.
[65] Norman Phillips Marshall, Interview, 26 August 1997, IWM 17563/3.

must have been caused by enemy action (war injuries) or by injuries sustained on duty by members of the civil defence services (war service injuries), and death had to have been the direct result of such injuries.[66] Initially this applied only to the gainfully employed. Later it was extended to cover non-gainfully employed persons, such as children, housewives, pensioners, annuitants and persons who lived on unearned incomes.[67] By the end of March 1948, 17,939 civilians and civil defence members were receiving disablement pensions, including temporary allowances.[68]

The scheme provided an interim injury allowance payable on proof of incapacity while long-term compensation entitlement was being worked out. The allowance would then be replaced by a disability pension. This was supposed to be analogous to the position of a war pensioner, who received service pay for the first six months of disability before being awarded a pension.[69] Like the war-wounded serviceman, disability was based purely on loss of faculty, which was calculated into a percentage. A government pamphlet stated in 1944:

> The degree of disablement is assessed by the Ministry by making a comparison between the condition of the injured person as disabled by the injury and the condition of a normal healthy person of the same age and sex, without taking into account the earning capacity of the disabled person in his own or any other occupation.[70]

Pensions were then again awarded for injuries assessed between 20 and 100 per cent. These rates, throughout and after the war, were consistent with those for service-injured non-regular private soldiers. In October 1939, for example, the weekly rate for a man over 21 years old who was suffering from 100 per cent disablement was 32s. 6d., the same as for a Class V soldier assessed at the same level of incapacity. [71] By 1944 this rate had increased to 40s. per week, again for soldier and civilian

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[66] Sandison, 'The medical services of the Ministry of Pensions', p.153.
[67] Ministry of Pensions, *War Pensions for Civilians and Members of the Civil Defence Services: Explanatory Notes on the Personal Injuries (Civilians) Scheme, 1944*, (London: HMSO, 1944), p.8.
[68] Sandison, 'The medical services of the Ministry of Pensions', p.226.
[69] P.W.J. Bartrip, *Workmen's Compensation in Twentieth Century Britain* (Aldershot: Avebury, 1987), p.199.
[70] Ministry of Pensions, *War Pensions for Civilians*, p.13.
[71] *Hansard Parliamentary Debates, House of Commons*, 'Personal Injuries (Emergency provisions) Act', *Hansard*, 1939, col.1257; P.P. *Royal Warrant* (6105), p.10.

alike.[72] As in the armed services, compensation in cases of death was payable to a dependent widow, or in respect of a dependent child. In 1944, the weekly rate for a widow over forty years old, or with eligible children, or who was incapable of self-support, was 32s. 6d. For all other cases the weekly rate was 20s.[73] Again, these were the same rates payable to the wives and dependents of Class V soldiers in the army.[74]

Secondly, during the war, the values attached to the military and the industrially-disabled body also started to align. Since 1897 the Workmen's Compensation Scheme had made provision for workmen injured in the course of their employment or in the case of death for their dependants. This put responsibility upon the employer to pay compensation.[75] Originally this was limited to only dangerous employments, including railways, factories, mines, quarries and engineering works. However, an amendment act of 1906 extended the scheme to cover all persons working under a contract of service or apprenticeship and provided for death or disablement caused by scheduled industrial diseases.[76] The rates payable were based on earnings. Under the first act of 1897, for example, the maximum for incapacity was 50 per cent of pre-accident weekly earnings. In cases of death the workman's representative (wife or other dependant) received a lump sum equivalent to three years earnings or £150, with a maximum payable amount of £300. Provision was also made for arbitration by a county court judge in cases of disagreement between employer and employee.[77] During World War II provisions were increased. The 1940 Supplementary Allowances and the 1943 Temporary Increases Acts brought in flat rate allowances for dependants and raised compensation ceilings to two-thirds of the worker's average weekly earnings for cases of total incapacity. By 1943, therefore, a

[72] Ministry of Pensions, *War Pensions for Civilians*, p.13, P.P. *Royal Warrant* (6489), p.38.
[73] Ministry of Pensions, *War Pensions for Civilians*, p.17.
[74] P.P. *Royal Warrant Concerning the Pay, pensions and Other Grants in Cases Where the Disablement or Death of Members of the Military Forces or the Home Guard is Due to Service During the Present War*, HMSO 1944 (6558), p.43.
[75] P.P. *Workmen (Compensation for Accidents). A Bill to Amend the Law with Respect to Workmen for Accidental Injuries Suffered in the Course of Their Employment*, HMSO 1897 (Bill 213, 60 Vict.), p.1.
[76] *Ibid.*, p.2, P.P. *Bill to Consolidate and Amend the Law With Respect to Compensation to Workmen for Injuries Suffered in the Course of Their Employment (Employers' Liability: Workmen's Compensation Act (1897) Amendment (Seamen))* HMSO 1906 (Bill 123 6 Edw. 7), p.9, p.13.
[77] P.P. *Workmen (Compensation for Accidents)* (Bill 213, 60 Vict.), pp.4-5.

single man could receive 35s. a week for the first 13 weeks and 40s. thereafter.[78] Again, these were the same rates of disability pension being paid to a Class V soldier suffering from 100 per cent disability in 1943.[79]

It was during the Second World War that demands arose in government to reform worker's compensation so as to create a system closer to that of the war pensions scheme. Influenced by the Beveridge Report of 1942, which emphasised insurance and non-means-tested subsistence benefits, a Workmen's Compensation Advisory Committee, headed by Home Secretary Ernest Bevin, was established in June 1943.[80] In a White Paper of 1944 they recommended uniform flat-rates, paid for by contributions from employer, worker and the state. Upon injury an allowance would be paid to workmen, followed by an industrial pension, based on the extent of disablement which was measured 'by comparison with a normal healthy person of the same age and sex'.[81] This echoed the principle applied to the wounded soldier. Indeed, the desire to treat the industrial and military body as one was made explicit:

> This system is in many respects like that which is the basis of war pensions schemes. It thus recognises a certain similarity between the position of the soldier wounded in battle and that of the man injured in the course of his productive work for the community. Neither is liable to have his pension reduced on account of what he may earn after the injury; each is compensated not for loss of earning capacity but for whatever he has lost in health, strength and the power to enjoy life.[82]

The Committee proposed an injury allowance, payable for the first 30 weeks, of 35s. per week for a single man, followed by an industrial pension, which varied according to degree of disablement, again ranging from 20 to 100 per cent. A worker suffering from one hundred per cent disablement, for example, would receive 40s. per week. These rates were equivalent to the pension of a disabled private soldier or war-

[78] P.P. *Bill [Passed Cap. 49] to Increase the Supplementary Allowances Payable to Workmen Entitled to Weekly Payments by Way of Compensation Under the Workmen's Compensation Act, 1945, and the Compensation Payable Under that Act on the Death of Workmen; and For Purposes Connected With the Matters Aforesaid (Workmen's Compensation (Temporary Increases)* HMSO 1932-43 (Bill 56, 6 and 7 Geo. 6), pp.5-6. See also, Bartrip, *Workmen's Compensation*, p.178.
[79] P.P. *Royal Warrant* (6489), p.38.
[80] Bartrip, *Workmen's Compensation*, pp.185-198.
[81] P.P. *Social insurance, Part II: Workmen's Compensation; Proposals for an Industrial Injury Allowance Scheme*, HMSO 1944 (6551), p.5.
[82] *Ibid.*

injured civilian.[83] In cases of death the worker's representatives were no longer to receive a lump sum, but to be awarded weekly pensions. Widows over 50 years old or caring for a child of the workman, or those incapable of self support would receive 40s. per week.[84] All other cases would receive 20s. Again these were the same rates given to the wives of Class V soldiers at this time.[85] These reforms were eventually achieved through the National Insurance (Industrial Injuries) Act of 1946 and brought into effect in 1948. This act stipulated that in the case of injury insured workers would receive an initial injury benefit, payable for 156 days, followed by a disablement benefit if the person had suffered loss of physical or mental faculty. This was measured in percentages, with rates ranging from 9s. per week for 20 per cent disablement to 45s. for 100 per cent.[86] Again these rates corresponded to post-war pensions for private soldiers in the army.[87] Therefore, although achieved after the war, it was through the course of the conflict that the damaged industrial and military body came to be valued in the same way.

This relationship can also be seen in the post-war work of the Inter-Departmental Committee on the Assessment of Disablement due to Specified Injuries, which was appointed in March 1946 to create a common schedule applicable to both war pension cases and those covered by the Industrial Injuries Act.[88] The result was a schedule applicable to 60 different injuries in which many provisions for the disabled military body were aligned with those for the civilian. With regard to injuries assessed at 20 per cent and over, for example, the Ministry of Pensions had consistently assessed disablement for the loss of left limbs at ten per cent less than

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[83] Bartrip, *Workmen's Compensation*, p.200.
[84] P.P. *Social Insurance, Part II* (6551), p.24.
[85] P.P. *Royal Warrant* (6489), p.43.
[86] P.P. *Bill [Passed Cap.62] to Substitute for the Workmen's Compensation Acts, a System of Insurance Against personal Injury Caused by accident Arising Out of and in the Cause of a Person's Employment and Against Prescribed Diseases and Injuries dues to the Nature of a Person's Employment, and for Purposes Connected Therewith [as Amended by Standing Committee A on Re-Committal and on report] (National Insurance (Industrial Injuries))*, HMSO 1945-46 (Bill 79, 9 and 10 Geo. 6), pp.4-7.
[87] P.P. *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 Dependants of Such Members Deceased, in Consequence of Service after the 2nd September, 1939*, HMSO 1949 (7699), p.39.
[88] P.P. *Report of the Inter-Departmental Committee on the Assessment of Disablement due to Specified Injuries*, HMSO 1947 (7076), p.1.

the right. The Inter-Departmental Committee, however, recommended that assessments for the left limb should be raised to the same as that for the right. It decided that a right-handed person who had lost a portion of his right hand could become accustomed to the use of the left to the extent that he was not so much more seriously disabled than a person who had suffered a serious injury to his left hand.[89] By 1949 the Ministry of Pensions followed suit and had abolished this distinction by setting the scales of assessment at those recommended by the Committee.[90] The same occurred in the military. For minor injuries assessed at less than 20 per cent war pensions had distinguished between left and right hands. At the end of the war an ordinary soldier suffering from the loss of the whole right index finger would, for example, receive £120, in comparison to £80 for the left.[91] However, the Committee advised that at the level of digital amputations the loss of function was the same in both hands so by 1949 the distinction was abolished.[92]

While it therefore appears that the government did start to dismantle the boundaries between the civilian and the military disabled body during the war, it can, nevertheless, be argued the changes that it introduced continued to regard the soldier's body as distinct from that of the worker.[93] Firstly, the flat-rate benefits paid to all members of non-military populations irrespective of earnings or social class reaffirms the importance of hierarchy as a significant organising tool in the army. While the civilian body was homogenised, the soldier's body continued to be located within a formal hierarchy did not exist in civil society. Secondly, injured civilians and industrial workers could only ever achieve the same rates as the lowest-ranked soldier while the rank-based variations in pension rates for servicemen allowed the bodies of many soldiers to remain at a higher value. For all military personnel who were ranked above Class V, therefore, their bodies were prized over those of civilians. Indeed, Bartrip has argued that the benefits paid under the Personal Injuries (Civilians) Scheme were calculated according to a notion that civilians should fare

[89] P.P. *Report of the Inter-Departmental Committee*, (7076), p.7.
[90] P.P. *Royal Warrant* (7699), p.37.
[91] P.P. *Royal Warrant* (6799), p.42.
[92] P.P. *Report of the Inter-Departmental Committee* (7076), p.12; P.P. *Royal Warrant* (7699), p.40.
[93] D.A. Gerber, 'Introduction: finding disabled veterans in history', in D.A. Gerber (ed.), *Disabled Veterans in History* (Ann Arbor: University of Michigan Press, 2000), pp.11-14.

no better than servicemen, who were admitted only after medical examination and were subject to military discipline for the whole length of service, including in periods of relaxation. This control justified the provision of disability pensions at a higher rate of benefit superior to that applicable to the rest of the workforce.[94] It can, therefore, be argued that the wounded army body was not only valued in terms of malfunction, but also as a healthy entity, for the role it had performed and the discipline endured before incapacity.

Experiences of fear, wounding and death

While the effects of war on the body were perhaps most obvious in cases of wounding, for many combat soldiers the experience of fear was also undoubtedly physical. Fear was often centred on the body or specific bodily parts. Infantryman John Jarvis, for example, explained that the prospect of losing his legs was worse than death:

> The only one thing that worried me all the time in my service was this bleedin' thought I had about getting shot in the legs, getting me legs off. And I think if I'd had the courage, if I'd getting shot in the legs and I knew me legs was to come off, I'd have shot meself, you know. I dreaded it that much. Apart from that, nothing perturbed me at all. I wasn't perturbed about nothing, you know.[95]

John therefore even contemplated suicide as a preferable alternative to permanent disability and concentrated his fear only on the possibility of being shot in the legs. Indeed, he suggested that nothing else about combat worried him at all. Soldiers also feared damage particularly to their heads and genitalia. A committee on the work of psychologists and psychiatrist stated in a summary of lectures that 'the head and genitalia are parts of the body which are felt to be disproportionately open to attack', due to the belief that these were areas with 'a moral significance'.[96] Thus, during air attacks these were the parts of the body that men tried to protect most:

> It was common to lie face pressed to the earth, hands clasped over the back of the neck. This reaction persisted in some troops even after it should have been clear that the dive bomber had comparatively little

[94] Bartrip, *Workmen's Compensation*, pp.199-200.
[95] John Thomas Jarvis, Interview, IWM 16715/6.
[96] NA CAB21/914, 'Summary of lectures on psychological aspects of war', p.3.

> lethal effect. Many were able to fight down much of their unreal fear, but an involuntary hunching of the shoulders during explosions implied that fears for the safety of their heads remained.[97]

Soldiers were reported to have remarked:

> At first you feel as if every b_____ one is going to drop on you alone, right on your head. It's really ridiculous because they do very little damage. But they take some getting used to.[98]

The committee also reported that soldiers described an unpleasant sensation on the back of the neck when retreating that could only be relieved by wearing the helmet on the back of the head. Others, during shelling from a flank had inclined the head and hunched the homolateral shoulder in the direction of the attacking battery. While recognising and laughing at the absurd nature of this, they 'derived illogical comfort from it'.[99] It was not only the head that merited special protection by the men as many were unable to sleep out in the open during the risk of artillery or air attack unless they were lying on their faces or had covered their genitalia with their helmets. The report stated:

> The fear of death does not seem to be so vivid at these times as fear of castration. On these grounds alone it is necessary to ponder the question whether unreal fears of castration in come men are stronger than fears of reality.[100]

It therefore seems that men privileged the safety of their genitalia over death. This suggests that they desired, first and foremost, to maintain a phallic sense of masculinity, the sense of a 'normal body'.[101]

Fear also expressed itself through the body and could be manifest in several ways, ranging from loss of appetite, to shaking, vomiting, and even paralysis.[102] For some

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[97] *Ibid.,* p.14.
[98] *Ibid.*
[99] *Ibid*.
[100] *Ibid.*
[101] Jarvis also suggests that this was the case in the American military in World War II. Jarvis, *The Male Body at War*, p.87 .
[102] Elliot, *Esprit de Corps*, p.23; MacDonald Fraser, *Quartered Safe out Here*, p.15; Bennett, Interview, IWM 13230/3; War Office, General Headquarters, Middle East Forces, *Psychiatric Casualties: Hints to Medical Officers in the Middle East Forces* (London: HMSO, 1942), p.5.

soldiers this fear was repressed in the face of action, a condition that Hockey refers to as being 'switched on' and through which survival chances are maximized through a focus on the task at hand.[103] George MacDonald Fraser's first experience of armed combat while serving in Burma fits this picture:

> At the moment of fixing bayonets I had that hollow feeling which most writers locate in the stomach but in my case manifests itself in the throat; after we were fired on I didn't notice it.[104]

Indeed, fear could be perceived as useful and as something that could be converted into fury and a spur to action, a process often known as 'fight or flight' response.[105] Describing an ambush in Italy, for example, W.A. Elliot recalled:

> An awful savagery now seemed to take hold of us as we rushed along the embankment shouting oaths and shooting at Germans who were lying there. I felt as if some wild animal had got me by the throat and I had to keep shooting or else my normal self would return bringing fear along with it. There was even a savage pleasure in it. One German was truculent, refusing to double back down the line, and while we were arguing and threatening him, other Germans fired at us out of a trench. I shot him point blank; the effect was electric.[106]

William Dunn, a tank driver hit by enemy fire on D-Day, even believed that his fear had the power to restore function to his wounded body. He remarked:

> I managed to get onto me feet and I ran about fifty yards, which the doctor said it was impossible when I got home, cos I had five compound fractures in one of me legs. I said 'well when you're frightened and there's bullets flying around, it makes you do queer things'.[107]

On the other hand, however, fear could jeopardise the military mission by rendering the body unable to perform, even in the face of death. Describing the Allied beach landings in Normandy on D-Day, for example, Private William Spearman remarked:

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[103] Hockey, 'Head down, bergen on', pp.62-63.
[104] MacDonald Fraser, *Quartered Safe Out Here*, p.86.
[105] Bourke, *Fear*, p.201.
[106] Elliot, *Esprit de Corps*, p.35.
[107] William Robert Dunn, Interview, 5 January 1993, IWM 12938/2.

> You stay and die or you get off and live. People doing it for the first time, no matter how many times you tell them, they don't realise it, and nobody gets off the beach. Any one of us could tell you, they wouldn't get off. They were transfixed with fright. They couldn't get off. We were transfixed with fright but we had the knowledge that you either stopped and died or got off and got away.[108]

Even when the soldier wanted to repress his fear he was often powerless against its effects, as the body could become 'other' to the self.[109] Infantryman Charles Bennett, for instance, recalled that his body would 'involuntarily twitch with fear'.[110] Describing a patrol in Belgium in 1944 Wingfield also noted:

> We shivered. We shook. We shuddered. Our teeth chattered. We were bathed in sweat. Our muscles twitched and strained as we fought to stop ourselves from vomiting. It was no good. We leaned over the wall.[111]

It is therefore important to note that at the moment the body was meant to be most disciplined, ordered and homogenised, it became most individualistic, even betraying the soldier's conscious self. Having been trained to suppress their anxiety and to unquestioningly obey to orders in the face of combat men found that they simply could not conform.[112] From a military perspective the body was rendered useless. As Officer George MacDonald Fraser recognised in one of his men before an attack against the Japanese in Burma:

> When I pressed his lower right abdomen he yelped. I told him to report to the M.O. and went over to tell Peel, who was falling the section in. "He'll have to go sick", I said. "Aye", said Forster. "Sick wid nerves". I said it might be appendicitis – being from a medical family you feel obliged to give idiotic diagnoses every so often – and Forster spat and said: "I doot it". Peel said nothing, and we moved off to the assembly point. It wasn't appendicitis, but I'm not saying Forster was right; the man was in pain, and it would have taken an expert to determine what caused it. What was interesting was the section's indifference; whether he was sick or scared made no odds, since either would make him an unreliable quantity in action, and it was never referred to again.[113]

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[108] William James Spearman, Interview, 14 May 1987, IWM 9796/4.
[109] Leder, *The Absent Body*, p.84.
[110] Bennett, Interview, IWM 13230/3.
[111] Wingfield, *The Only Way Out*, p.45.
[112] Field-Marshal Viscount Montgomery, 'Morale in battle: address given to the Royal Society of Medicine', *British Medical Journal*, 1946 (II), 7 November 1946, p.703.
[113] MacDonald Fraser, *Quartered Safe Out Here*, pp.106-107.

While the body that appeared as sick therefore continued to be viewed with some suspicion, it was also considered a hazard to the military mission. Rather than seeking to punish the man, as may have been the case during training, the decision was made to excuse him from his duties. Regardless of whether he really was sick, was incapacitated through fear or was feigning his symptoms, his body was simply 'an unreliable quantity in action' and as such he was better off removed from the unit.

As for the event of actual wounding, it is worth noticing that this was not experienced equally by army personnel. The infantry body was the most likely to become damaged in war. In Normandy, for example, the infantry accounted for less than 25 per cent of the 21st Army Group, but suffered 71 per cent of its casualties.[114] Wounding also affected different ranks disproportionately. By 31 March 1945 there were 5,630 disabled officers receiving war pensions, grants and allowances, compared to 177,920 other ranks.[115] However, the officer body was more likely to become wounded in action. As French has demonstrated, in combat officers suffered a higher proportion of casualties than the men they led. In North West Europe officers suffered 26.5 casualties per 1,000 men every month, compared to 19.6 per 1,000 for other ranks.[116] In the infantry, the highest casualty-suffering branch of the service, the ratio of officer to other rank casualties was 1.48:1.[117]

For soldiers who were injured the wound itself continued to act as a physical marker of wartime experience that linked each individual to a specific time and place.[118] Displaying a hand injury acquired in France, for example, John Buchanan remarked that 'it sits in the fleshy part of your hand, you see. I keep it. I always show it. There you are. I'm proud of that you know. That's a wee bit of shrapnel'.[119] William Dilworth also accounted for each one of his wounds:

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[114] French, *Raising Churchill's Army*, p.147.
[115] Central Office, *Statistical Digest of the W*ar (London: HMSO, 1951), p.47.
[116] French, *Raising Churchill's Army*, p.77.
[117] *Ibid.*, p.148.
[118] See K.A. Burnett and M. Holmes, 'Bodies, battlefields and biographies: scars and the construction of the body as heritage', in S. Cunningham-Burley and K. Backett-Milburn (eds.), *Exploring the Body* (Basingstoke: Palgrave, 2001), pp.21-36.
[119] Buchanan, Interview, IWM 19867/6.

> I was wounded in this leg, in the foot here. One ball bearing went in here. One ball bearing went in there, because the one that hit me in the back spun me round and of course the rest of them were coming at me sideways, you see. Well that's the only reason they, we can think of. In actual fact I was hit twice in the back. One by the spine and one just slightly off from the spine. And all in total I've had nine operations on my spine, on my back.[120]

However, in their recollections men have often focused on the events surrounding their injury rather than the injury itself. Indeed, they described with precision the times, places, dates and events that led up to the moment that they were wounded. William Corbould, for example, remarked that 'twenty-first of April to be precise that I was wounded in 1944'.[121] Dilworth, who was hit by one of his regiment's own landmines in Italy, also stated:

> Well on the night of the tenth of the…well in fact two or three nights beforehand, seven of us were detailed to go forward into no man's land and put a set of mines out between us and the German line…and we were coming up, and it must have been getting on for oh one o'clock in the morning, pitch black, and I'm walking along and I could just vaguely see the outline of the two wires that we'd already put, knowing that the mine field was further that side. And I'm walking backwards, making sure that this wire that we're pulling open doesn't catch against that that we've already laid, and then when it was fully open we'd all lift it up, you know, the other few would be along the length of it and lift it up on top of the other two so that there was a triangle of all these wires. And as I was walking back with the last coil of wire, thinking to myself oh we'll be going back to our line in a few minutes, out of the corner of my eye I saw two sparks, two red sparks. No noise, no nothing, just these two red sparks. The next thing I knew I was lying on the face of the earth.[122]

William therefore remembered the date, the task that he was assigned and the number of men who were with him on the night that he was injured. He described the movements that he made, the equipment that he used and the intended outcome of the event. In doing so he clearly set the scene of his wounding. John C. Buchanan likewise depicted in detail the moments leading up to his wounding in France in 1944:

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[120] Dilworth, Interview, IWM 18435/5.
[121] Corbould, Interview, IWM 23216/4.
[122] Dilworth, Interview, IWM 18435/5.

> These moaning minnies as you call them, the six barrelled mortars, they was firing regularly, but they were landing in a wood to our left and we didnae bother with them. We heard them coming…you always hear them starting off, and they landed in this wood, you know. And we were sitting blethering away and all of a sudden this mortars battery opened up again. We heard it starting off and then there was silence. They always say the one that hits you, you don't hear it, and right enough it came screaming over our heads. There were six shot. One landed in my trench hole, in the…where I had dug the hedge…cos I was having a cup of tea. One hit the, the ground next to the tank. The shrapnel hit the tank and ricocheted onto us lying in this trench, and I got wounded. I got a bit of shrapnel in the back. I've got a bit still left in my hand yet. And my foot, the boot got hit.[123]

According to Elaine Scarry, this contextualisation is used in narratives of pain because of the difficulty of articulating pain itself. Many medical histories, for example, begin with a description of the accident because this can convey the fact of the patient's agony more successfully than attempts to describe their pain directly.[124] Indeed, this absence or inexpressibility of pain is identifiable in servicemen's accounts. Although it is clear that injury brought the body into a heightened state of consciousness, there is also a sense of alienation from one's own body, and the wound as something foreign, or 'not self'.[125] Dilworth, for instance, continued:

> I woke up and realised I was laying face down in the dark, and I immediately thought it mast have been a mine go off, cause I hadn't heard a gun fire. So I started putting my hands between my body, funny thing how you put your hands in to feel for your heart first. If you'd been hit in the heart you have been dead anyway so you wouldn't have been able to feel. It's a silly thing but it's automatic. So you feel, nothing there, pushing me hands in between the earth and me body, nothing wrong. I put me hands round the back and my hand sunk into my stomach, from the back. Well that's how it feels, because the nerve endings are so tender then that even a tiny hole feels as though it's a great big hole, you know. And I thought my hand had gone straight in and there was nothing, so I thought to myself, I'm gonna die. I've got no stomach or anything. I'm gonna die. I could imagine this great big hole in my back. And I just got up, looked where the wire was, saw the

[123] Buchanan, Interview, IWM 19867/6.
[124] E. Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford; Oxford University Press, 1985), pp.14-15.
[125] G. Bendelow and S. Williams, 'Pain and the mind-body dualism: a sociological approach', *Body and Society*, Vol.1, No.2 (June1995), pp.83-103.

> wire was there so I knew that way was the Germans. I've gotta go that way to my front line. And I started running, no pain, no nothing.[126]

This disruption between body and self is also evident in W.A. Elliot's description of being hit by Japanese shelling in Rangoon:

> There was a blinding flash and I found myself staring blankly at a small, smoking crater straight in front of my feet. Although my body must have hit the ground, I found myself in the curious position of thinking that I was looking down on myself. My reactions were 'My God, I must be absolutely riddled', as I noticed in a detached way, blood beginning to flow down my left side. Dazed, I staggered to a company carrier where I must have collapsed having lost a great deal of blood on the way. My trousers and jacket were soaked; but I felt no pain, only a general numbness and faintness.[127]

The behaviour of soldiers who were wounded, such as the refusal of medical treatment or absenting oneself from hospital, also suggest that men tried to reclaim their own bodies in order to reconstitute a threatened sense of self.[128] John Buchanan, for instance, described an encounter with a doctor upon arrival at a field hospital in France:

> Now, I says 'before you go, anything', I says 'I've got a wee bit of shrapnel in my back, but', I says 'as far as I'm concerned its okay. I mean the officer says I've got to go back so don't...' He says 'oh well', he says 'if it festers it'll come out' [laughs]. He says 'if it doesn't fester', he says, 'you'll be alright', and put a bit of sticking plaster.[129]

He then hitched a lift with a scout car and returned to the front line, despite the fact that the pain in his back was so bad that he couldn't sleep for three nights. In this case it was not just the wound itself but the ability to cope with it that was vital to the embodied self. This can also be seen in the experience of William Corbould, who, in explaining his hospitalisation after being hit with a grenade in Italy, remarked that 'I wanted to go back to the platoon but the doctor wouldn't let me go'.[130]

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[126] Dilworth, Interview, IWM 18435/5.
[127] Elliot, *Esprit de Corps*, p.117.
[128] Leder, *The Absent Body*, p.88.
[129] Buchanan, Interview, IWM 19867/6.
[130] Corbould, Interview, IWM 23216/4.

It was not, however, only in instances of bodily breakdown or damage that interrupted fixed notions of the self. Encounters with other bodies, namely the dead and dying, also posed this challenge as men struggled to make sense of the world around them.[131] In collecting dead bodies from the battlefield at Anzio in 1944, Private Dilworth, a member of the Salvation Army, lost his religious beliefs:

> Amongst the bushes some of them were burning and everything. It was very bushy ground all around the area. And there was one leg…British Army. There was one leg with the boot and the gaters and everything, you know sticking out from under this bush. So I bent down, got hold of the ankle and tugged to pull the whole body out from under the bush where it had been blown, and I just fell over backwards holding from the knee down in my hand. And I looked at the stump where it was all raw and bloody and everything and I looked up and I said "there's no", and I swore, "God", and from that, from that moment I've never been religious. And I packed up religious altogether then, because I thought to myself, to allow this to happen to anybody, don't matter even if its enemy or not, there can't be a God, so from now on I'm not a religious man.[132]

As the authorities had feared, the corpse was a visible reminder for the soldier of his own potential death, or his own 'embodied existence'.[133] Shilling argues that, unable to confront the reality of the demise and death in their own bodies, the self-identities of individuals are often made insecure by the presence of death in other people's bodies. Indeed, this was the reaction of Harold Atkins, who was assigned to collect and bury the dead in North Africa:

> Now I can assure you that this was possibly the one of the most unpleasant tasks that I or I think anybody has to perform, and particularly if you are an infantryman and you're still going to do some more fighting. Are you, you're aware that there by the grace of God go I, and some of the sights that we saw and had to deal with.[134]

Wingfield also described a similar response among his unit when they encountered the corpse of a corporal:

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[131] Shilling, *The Body and Social Theory*, p.155; Jarvis, *The Male Body at War*, p.163.
[132] Dilworth, Interview, IWM 18435/5.
[133] Hallam, Hockey and Howarth, *Beyond the Body*, p.133.
[134] Atkins, Interview, IWM 12440/7.

> We found the body in a ditch where it had been blown by the blast. The hand still clutched a rifle. This was the first body of ours that we had seen. We hesitated, half afraid, half curious. The patrol survivor quickly and reverently placed the body on the tank, hands dangling over the side. We found the Corporal three hundred yards further on, slumped on the bank where the world had erupted in his face. The first corpse shook us by its naturalness when we expected mangled, bloody wounds, but here was the dreadfully smashed body all of us saw as ourselves in our nightmares. Usually nothing can be seen, as the uniform covers all wounds except those on the hands and face. This was the face.[135]

It was therefore the visibility of the wound which was the physical marker of death that reminded these men of their own mortality. While they were shocked by the 'naturalness' of the first corpse which had suffered little damage, it was the facial wounds of the second body that reminded them of their own potential bloody deaths. Indeed, it seems that the men expected dead bodies to be mutilated, to encounter 'mangled bloody wounds', but despite this they were still profoundly affected by the sight of the dead corporal.

However, there is also evidence to suggest that some men did become acclimatised to the impact of the corpse as death became a reality.[136] George MacDonald Fraser, for instance, described the reaction of his unit to the deaths of two fellow servicemen, Gale and Little, while serving in Burma:

> An outsider might have thought, mistakenly, that the section was unmoved by the deaths of Gale and Little. There was no outward show of sorrow, no reminiscences or eulogies, no Hollywood heart-searchings or phoney philosophy… It was not callousness or indifference or lack of feeling for two comrades who had been alive that morning and were now names for the war memorial: it was just that there was nothing to be said. It was part of war; men died, more would die, that was the past and what mattered now was the business in hand; those who lived would get on with it. Whatever sorrow was felt, there was no point in brooding about it, much less in making, for form's sake, a parade of it. Better and healthier to forget about it, and look to tomorrow.[137]

[135] Wingfield, *The Only Way Out*, p.84.
[136] Jarvis, *The Male Body at War*, p.165.
[137] MacDonald Fraser, *Quartered safe Out Here*, pp.88-89.

It appears from this account that George and his comrades had come to think and identify as soldiers and to concentrate first and foremost on the military mission. While they were upset by the deaths of their friends they had learned not to brood or make a 'parade of it' as perhaps they may have done in civilian life, but to focus on the task to which they were assigned. The men had not necessarily become desensitised to death but had developed a means of coping with it by not dwelling, by looking 'to tomorrow' and by concentrating on 'the business at hand'.

For William Corbould, who had been in action in North Africa and Italy since 1942, the dead bodies he encountered on his way to Monte Cassino in 1944 simply constituted makeshift sign posts. He recalled:

> We were told 'turn right at the dead New Zealander. Keep going until you come across an Italian. Turn right at the next German', etc. etc. etc. It sounds as if I'm being very crude. It sounds as if I'm not telling the truth, but that is in fact how we found our way.[138]

In this instance the corpse became furniture of the combat theatre. Although it appears that Robert was himself aware that this objectification of the body might be inappropriate as he stated that it might sound 'crude'. His testimony therefore suggests that military experience disrupted socially acceptable norms surrounding death as it became part of daily life. While in civilian life the corpse may have been held more sacrosanct, the dead body on the battlefield became simply part of the scenery of war.

Conclusion

The wounded body and the corpse were subjected to formal practices of control and regulation in similar ways to those imposed on able bodies in the military of the Second World War. Bodies that were damaged by war entered into an official sorting process in which they were categorised, and indeed treated, largely according to their military usefulness. As a commodity, the wounded body was also organised and standardised as the rates payable through war pensions varied only according to the rank of the man.

[138] Corbould, Interview, IWM 23216/4.

As Shilling suggests, the body was also de-individualised in death as it became subject to further rationalising processes.[139] Values were standardised, again only varying by rank. In the field, each body was searched and identified according to a code of regulations. Even the sizes of graves made no effort to memorialise the individual. Perceived as both morally and physically polluting by the authorities, the corpse was standardised and sanitised in order to achieve the most efficient disposal.

However, combat was also the moment when the military's efforts to control and standardise the body and its response was tested against the impulses and ideas of the individual. While casualty evacuation and burial were, therefore, designed to homogenise men's bodies, the experiences of men themselves reveal that fear, wounding and death individualised the soldier's physique as he faced the ultimate test of battle. For some the fear of death or the sight of the dead and wounded was paralysing, while others shivered, shook and vomited. Despite their training many were, therefore, unable to perform the military duties for which their bodies had been prepared. In this context, the body became central to the construction of the embodied self. For example, some men clearly wanted to repress the physical manifestations of their anxiety, but found that they were powerless to do so. They therefore, as Leder would argue, experienced their bodies as other to the self.[140] Men who were wounded also often contextualised their injuries rather then trying to articulate the pain, which again suggests a sense of alienation from the body, which was experienced as 'not self'.[141] However, it was not only one's own body that could disrupt fixed notions of the self. Some men who encountered corpses lost their religious beliefs and were confronted with the possibility of their own bodily mutilation. In fear, wounding and death the body was, therefore clearly a material site of lived experience. It bled, urinated, vomited and provided a physical marker of mortality. As such, the body was not just a military machine that was controlled by the authorities but, even in death, it had the ability to disrupt the state's designs.

[139] Shilling, *The Body and Social Theory*, p.155.
[140] Leder, *The Absent Body*, p.84.
[141] Scarry, *The Body in Pain*, pp.14-15.

Chapter Seven: Conclusion

Through an exploration of both the official record and servicemen's testimonies, this thesis has shown that army life between 1939 and 1945 was organised, experienced, and is remembered through the physical. This has important implications for both the historiography of the Second World War and understandings of the body in modernity.

As Crang and French argue, institutional arrangements were crucial to the ways in which the army dealt with its conscript force, both at home and in the field. However, these often centred on the physical. It was not just a question of 'man-management' but body-management.[1] Selection methods, for example, focused largely on men's bodies as well as their minds, which were classified according to the presence or absence of organic disease, the ability to see and hear and to undergo severe strain. Once on active service, it was also not just a question of achieving tactical advantages, superiority in weapons or deploying manpower most economically.[2] At the heart of the military operation was a determined effort to maintain and protect physical capacity through a range of interventions which included inoculations, vaccinations, protective clothing and equipment and the segregation of bodies away from sources of disease.

It therefore appears, as Harrison suggests, that a 'medical consciousness' was evident among the British authorities, whose careful monitoring of health contributed to military successes in the field.[3] In Europe, Africa and the Middle East, officers and commanders advocated regimes of bodily discipline such as compulsory inspections and treatments, as well as education and propaganda, to keep their men free from disease. However, again this can be extended as the control and surveillance of the soldier's body went beyond healthcare. From enlistment to battle, the body was constantly watched, measured, evaluated and regulated, told when to eat, when to

[1] Crang, *The British Army*, p.65.
[2] French, *Raising Churchill's Army*, p.11.
[3] Harrison, *Medicine and Victory*, p.278.

rest and how to move. Even in death, the body was controlled and organised by the state as men were confined to standardised graves. This was not just in order to prevent the spread of disease, but to remove the corpse's symbolic presence as the reminder of men's own mortality.

Like Bourke, Jarvis and Peniston-Bird, this work has also highlighted the relationship between war, the military male body and masculinity. During 1939-1945 dominant hegemonic conceptions of manliness affected both the values ascribed to the body and its actual shape and size.[4] For example, a particular aesthetic ideal, the 'body-beautiful' was a constant point of reference for the military authorities. Medical examiners looked for size, shape and musculature in the men that they were confronted with. Training instructors then invigorated the body by building it up, making it bigger, stronger and more tanned. Indeed, as one noted 'it sorted the men out from the boys'.[5] During the war, the soldier's body was also privileged as a barometer for measuring national strength. In an era dominated by anxieties over the health of the British 'race' military medical examination results were viewed by some as evidence that the national stock had improved but by others that much still needed to be done.

Yet there were many other discourses informing official knowledge about the soldier's body, all of which represent important links between the army and civil society during these years.[6] For example, there were several intersections at which the military and industrial body met. This was particularly so during the pre-combat stages of army life. Examination classified men's bodies in much the same way as their industrial counterparts, as selection methods became more sophisticated in order to fit the right man to the right job. The methods used during training to convert the civilian into soldier, such as marching, drilling and gym exercise, echoed principles of scientific management, designed to increase worker output. The wartime experiments conducted by the Military Personnel Research Committee drew on ideas that had long been established in the sphere of industrial health research.

[4] Bourke, *Dismembering the Male*, p.30.
[5] Ian Sinclair, Interview, IWM 11468/3.
[6] Bourke, *Dismembering the Male*, p.13.

Indeed, it was believed that when war ended, these processes and techniques could be reapplied back into the industrial workplace. Thus, while in some respects the soldier's body was distinct or separate from the rest of society, in others it was just another form of 'working body', rendered productive through the same processes of rationalisation that were affecting other civilian men and women.

In the field of active service official perceptions of the body also drew upon older notions of race that were bound up with the politics of Empire. Tropical climates, in particular, were viewed as incompatible with the soldier's constitution. As such, he either had to be physiologically adapted to, or protected from, its harmful effects. In their endeavours, therefore, the authorities reflected, on the one hand, a conception of the British body as open and in flux with its environment, and on the other, a more closed, fixed, biological entity. These are ideas that had been prominent throughout the eighteenth and nineteenth centuries as part of the colonial mission. The British army body of 1939-1945 was also constructed in marked opposition to dangerous 'other' bodies. These included the bodies of European opponents and indigenous populations, whose poor sanitary habits were perceived to be the cause of disease. In this respect, the authorities again reflected upon older conceptions of race and the western civilizing mission of the nineteenth century.

To some extent, therefore, Foucault's analysis of the army as a key site of power appears valid in the context of the Second World War.[7] Between 1939 and 1945 the army was a point at which the British state encountered the bodies of its citizens and was a world in which men's bodies were persistently under the control of many 'experts'. As such, it may indeed have been part of a 'carceral archipelago'.[8] The domination of the body was perhaps most extreme in the pre-combat stages of army life. At the examination the body was held under a medical gaze, measured in its functioning and broken down into its respective components so that doctors could isolate the faulty 'parts'. During training, the body was then made ready for active service through a two-stage process of control and transformation. It was internally

[7] Foucault, *Discipline and Punish*, p.135.
[8] *Ibid.,* p.304.

and externally regulated: dressed, washed, fed, rested, confined to barracks and ordered for twenty four hours a day through a timetable. Then it was reformed through an arduous routine of physical training, battle training and drill, which rendered it a fit, obedient and self-disciplined cog in the wider military machine. For those men that came to participate in the army's human experimentations, their bodies were also harmed, repaired and pushed to the limits of endurance so that the authorities could develop more effective fighting methods. These experiments often focused little on the health and well-being of the soldiers themselves but rather assessed bodies according to their military and medical capacities.

During the Second World War medical power also came to serve the interests of the state.[9] Civilian doctors and scientists sat on medical examination boards. They helped to develop more effective screening procedures and became involved in military human research. However, the designs of the state, military and medical authorities were not always the same and could frustrate each other. For example, some medical professionals and MPs raised opposition to physical selection standards and methods, which they believed to be inadequate. Rather than accepting a definition of usefulness based on the efficiency of the body's respective parts, they continued to conceptualise fitness in relation to the whole healthy physique. Likewise, some army officers were dissatisfied with the quality of the men that arrived at their units, who had been passed as fit by medical examination boards but were found to be physically incapable of performing the duties to which they had been assigned. Medical power could also have its own specific agenda for the soldier's body. When it came to the army's trials of penicillin, civilian researchers were not necessarily driven by either the needs of the military agenda or a desire to cure the individual. Rather, they conceptualised the bodies that they experimented on as useful scientific specimens in the pursuit of wider medical knowledge.

However, there were limits to what the state, and medicine, could achieve. By looking not just at what was *done* to the body but at what the body *did*, this thesis has demonstrated, that it was not simply the product of power but was a material

[9] Turner, *Regulating Bodies*, p.47.

phenomenon that connected the soldier to his world.[10] Indeed, as the personal testimonies included in this work were not the product of deliberate interrogation, their inclusion serves to highlight the centrality of the physical to both the lived experience of war and to the construction of memory. As Rafael Narvaez states, memory 'links up bodily schemata, to mental schemata, to social frameworks'.[11] Oral histories have been particularly illuminating in this respect by providing access to the private lives of soldiers and allowing the voices emanating from the bodies themselves to be heard.[12] They show that from recruiting station to battlefield, many men were consciously aware and concerned about the management and presentation of their own physiques. As such, the body was not just a social symbol but was subject to individual agency as men strove to fulfil their own desires and agendas.

Certainly, men consciously used their own bodies to try and escape the carceral archipelago.[13] Resistance, as Foucault suggests, operated at many levels of the regime.[14] The most extreme acts of outright opposition included malingering, desertion, self-inflicted wounds and suicide, behaviours that occurred at every stage of the military journey. Men who did not want to enlist tried to fool their examiners with symptoms of illness or obtained false medical documentation. In the training camp, recruits who wished to evade disliked activities or who simply 'wanted out' did the same and those who wanted to see their families at Christmas just went absent without leave. In the field of active service, desertion, and even the threat of imprisonment, also offered some soldiers with a preferred alternative to battle, while others were driven to shooting themselves in order to escape the front line.

However, resistance could be more subtle and operate within the relations of power. It could also be legitimised by the elite. For example, as Silbey argues was the case in the First World War, medical examination during 1939-1945 was a highly negotiated gateway between the individual and the state as both sought to fulfil their

[10] Crossley, 'Merleau-Ponty, the elusive body and carnal sociology', p.19.
[11] R.F. Narvaez, 'Embodiment, collective memory and time', *Body and Society*, Vol.12, No.3 (2006), p.52.
[12] Nettleton and Watson, 'The body in everyday life: an introduction', p.12.
[13] Foucault, *Discipline and Punish*, pp.290-292.
[14] Foucault, *The History of Sexuality: Volume 1*, p.95.

own ends.[15] Men eager to serve tried to conceal their illnesses and conditions, while doctors sometimes let unfit men pass either to fill the ranks or simply because they knew their examinees. In one instance, a man was even allowed to decide his own physical classification. It therefore appears that both the powerful and the powerless could openly adhere to a 'public transcript' of compliance and conformity and yet find 'safe spaces' within the power structure in which they could manoeuvre.[16]

Soldiers also found ways of living within the carceral archipelago without striving to escape from it. Even within the confines of the military regime there was considerable room for men to pursue their own agendas. In the safety of their barrack rooms or during off-duty time, both officers and the rank and file engaged in unhealthy, unsafe or forbidden behaviours, such as getting drunk, cross-dressing and having sex with other men. As such, power was temporarily suspended so that each side could fulfil its own ends.[17] For example, while dressing up as women and having sex with their NCOs may have allowed ordinary soldiers to temporarily subvert the military hierarchy in creative or 'safe' ways, these encounters also gave officers a chance to satisfy their bodily needs and perhaps even reaffirmed their position of power as they retained the traditionally dominant male role. In the field of active service, where formal discipline became relatively relaxed, men were also largely free to govern their own bodies. Those who chose to get drunk and have sex were therefore not necessarily attacking the regime but were acting within the parameters of power.

Men who decided to get drunk and have sex could also have been acting independently of the military environment. While their behaviours may not have complied with the army's designs, this does not mean that the men consciously intended to resist. There is no way of knowing, for example, if soldiers who were sexually promiscuous or who drank heavily were following patterns established in civilian life. It is also feasible that those soldiers who slept with other men were not responding to a lack of female company but had always been homosexual. Likewise,

[15] Silbey, Bodies and cultures collide', p.65.
[16] Scott, *Domination and the Arts of Resistance*, pp.1-10.
[17] *Ibid.*,p.10.

in the field of active service men who chose not to practice safe sex appear to have done so because they feared lessened sexual pleasure or because they were drunk, lazy or simply did not know how to use the prophylactics. It therefore appears that the soldiers were not responding to their position of subjection but rather to a range of social, cultural and personal factors that existed beyond the military milieu.

The body could also refuse to be moulded in accordance with the army's intentions but in ways that were beyond the immediate control of the individual.[18] For example, there was the examinee who struggled to provide a urine sample, the recruit who could not run fast enough or march in step, or the soldier on active service who when faced with the enemy was literally paralysed with fear. In such instances the body could be experienced as a source of dissatisfaction, embarrassment or constraint. Men who were eager to serve and who wished to be medically classified as A1 clearly worried that their bodies might let them down. Roy Bolton who was 'clumsy in a bodily sort of way' did not think that drill was 'very nice at all'.[19] Soldiers in combat tried desperately, but often without success, not to vomit and to control their shaking and shivering. Perhaps these instances can be read simply as evidence of the success of power by the fact that they are articulated as failure. The men's behaviours, as Goffman would suggest, were guided by a socially-constructed set of dispositions that were imposed from outside.[20] Yet, this does not detract from the corporeal nature of the bodies, which were not, and indeed could not, be reduced to social power.

Finally, bodies could comply with the army's intentions in order to achieve productive ends of their own.[21] For example, recruits in training often came to enjoy the effects of army life on their own bodies as they grew fitter, developed new skills and gained greater access to food and medical attention. They engaged in their own physical transformations in order to make themselves look and feel good. Likewise, many of the men who became participants in experiments were active volunteers,

[18] Crossley, 'Body-subject, body-power', pp.109-110; Shilling, *The Body and Social Theory*, p.176.
[19] Bolton, Interview, IWM 23195/2.
[20] Goffman, *Behaviour in Public Places*, p.35.
[21] Frank, 'For a sociology of the body', p.58.

willingly exchanging their bodies for money, status, better meals or a break from normal military life. As such, the body was enabling for the soldier as well as benefitting the state.

All of these instances show that the body was consistently at the foreground of the experience of army life and not just in times of pain or death.[22] For many men, the healthy, fully functioning body was a crucial concern, be it as symbol of masculinity or nationhood or as a material, sensuous entity that bled, wept and was a site of pleasure, desire and expectation. In addition, for the combat soldier, hunger, pain, disease and fear, bodily conditions that Leder would perhaps term as 'dysfunctional', often become a normal part of daily life.[23] In this respect, it might be, as Shilling suggests, more applicable to talk of the emergence of the healthy body as a process of 'reappearance' rather than 'disappearance'.[24] Indeed, this work has shown that men became acutely aware of their bodies when they became bigger, stronger and healthier, physical states that were considered the norm within wider social discourses. As such, the body, in pain, death and in health was of fundamental importance to the subject as well as for the state.

To appreciate the ways in which the state sought to control British men through their bodies therefore requires many layers of understanding. While the army of 1939-1945 may have tried to control men through their bodies and in some instances was able to achieve its objectives, in practice it could not always be successful. The body was difficult to control and to be controlled. Ultimately, it was an unstable object for power.

[22] Leder, *The Absent Body*, p.84.
[23] *Ibid.*
[24] Shilling, *The Body and Social Theory*, p.187.

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Appendix

Porton Down Volunteer Programme Historical Survey

Questionnaire for Volunteers

Introduction

In May 2001 the Ministry of Defence announced that it will be conducting a historical survey of the Porton Down Service Volunteer programme. The historical survey will cover the period 1939 to 1989, and aims to produce a full description of the trials involving humans done at Porton.

Among other things the historical survey will explore the way in which Service personnel were recruited, the information given about the Porton Down trials and how consent was obtained.

The historical survey will benefit from asking people who participated in the trials what they remember about these subjects. That's why the attached questionnaire has been sent to you. You do not have to complete it.

The Questionnaire

The questionnaire is addressed to the volunteer. But, if you are a family member and feel you can answer the questions from your discussions with the volunteer or from their personal diaries, please do.

- You may not be able to remember the answers to some questions. Please do not feel compelled to answer those questions. There are boxes for you to tick if you can't remember.

- The questionnaire mentions "visits" and "trials". A visit to Porton as a volunteer may have lasted for a week or more. You may have participated in many trials during one visit to Porton.

- You may have visited Porton more than once as a volunteer. If you did, parts of the questionnaire are repeated, so that you can complete a part for each visit. If you visited Porton only once you need complete only one part of each section.

Your Answers

The survey will use your answers for statistical purposes only. Your personal details will not be mentioned in the reports the survey produces.

The Wiltshire Police are investigating a number of the trials conducted at Porton Down. For legal reasons they have a right to see your completed questionnaire if it is directly relevant to their investigation.

If you choose to complete the questionnaire and send it back to the MOD, the details you give in Section 1 will be passed to the police. From those details the police will decide if your completed questionnaire is directly relevant to their enquiries. If they think it is, the MOD is legally bound to give them a copy of your completed questionnaire.

IF YOU DO NOT WANT THE POLICE TO SEE YOUR ANSWERS TO THE QUESTIONS POSED YOU SHOULD **NOT** COMPLETE THE QUESTIONNAIRE

Porton Down Volunteer Programme Historical Survey

Questionnaire

SECTION 1 Personal Details

Is the person answering the questionnaire:

the volunteer ☐ a family member ☐

please tick one box

Volunteer's name

How many visits did you make to Porton as a volunteer?

One ☐ → Please write in the box below the date of your visit

Two ☐ → Please write in the boxes below the date of your visits

Date of first visit:

Date of second visit:

SECTION 2 Recruitment at your unit

This part of Section 2 is about how you were recruited for your first visit (or your only visit, if you went only once) to Porton

2.1. How did your name go forward as a volunteer for the Porton Down trials?

I responded to a recruitment notice at my unit ☐

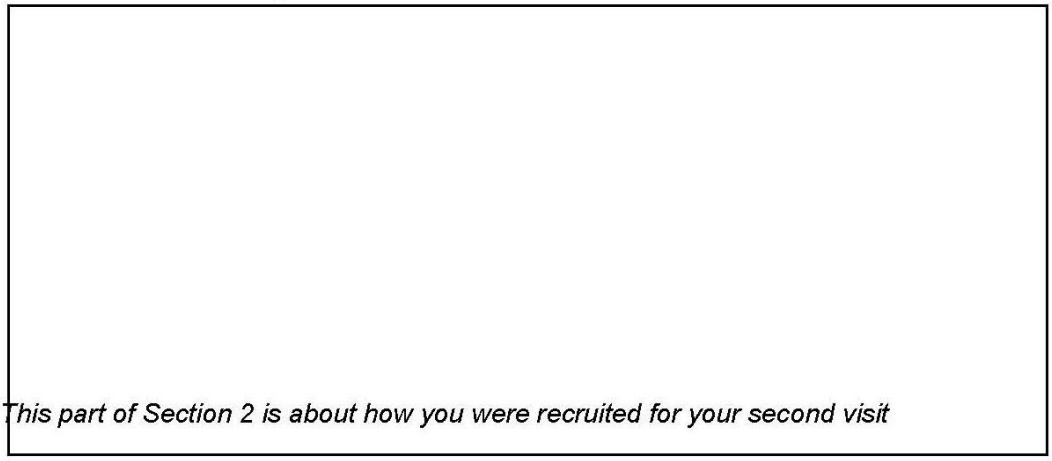
Some other way ☐

Please write in the box below how your name went forward and ***then go to the next page***

<u>The Recruitment Notice</u>

	Yes	No	Can't Remember
2.2. Did the notice say anything about the purpose of the trials?	☐	☐	☐
2.3. Did the notice mention any risks the trials might involve	☐	☐	☐
2.4. Did the notice say anything about being able to withdraw from some of the trials?	☐	☐	☐

Please write in the box below anything you remember the notice said about those three things



This part of Section 2 is about how you were recruited for your second visit

If you visited Porton only once as a volunteer, please go to the next page

2.5. How did your name go forward as a volunteer for the Porton Down trials for your second visit?

I responded to a recruitment notice at my unit ☐

Some other way ☐

Please write in the box below how your name went forward and ***then go to the next page***

The Recruitment Notice

	Yes	No	Can't Remember
2.6. Did the notice say anything about the purpose of the trials?	☐	☐	☐
2.7. Did the notice mention any risks the trials might involve	☐	☐	☐
2.8. Did the notice say anything about being able to withdraw from some of the trials?	☐	☐	☐

Please write in the box below anything you remember the notice said about those three things

SECTION 3 Briefing when you first arrived at Porton

This part of Section 3 is about your first visit (or your only visit, if you went only once) to Porton

3.1. When you first arrived did you have a briefing from a member of the Porton staff about the trials planned during your visit?

Yes ☐ No ☐ Can't remember ☐

If you ticked "No" or "Can't remember", please ***go to the next page***

If you ticked "Yes" please answer questions below

<u>The Briefing when you first arrived</u>

	Yes	No	Can't Remember
3.2. Was anything said in the briefing about the purpose of the trials?	☐	☐	☐
3.3. Was anything said about any risks the trials might involve	☐	☐	☐
3.4. Was anything said about being able to withdraw from some of the trials?	☐	☐	☐

Please write in the box below anything you remember was said in the briefing about those three things

This part of Section 3 is about your second visit Porton, if you made two visits

If you visited Porton only once as a volunteer, please go to the next page

3.5. When you first arrived on your second visit did you have a briefing from a member of the Porton staff about the trials planned during your visit?

Yes ☐ No ☐ Can't remember ☐

If you ticked "No" or "Can't remember", please ***go to the next page***

If you ticked "Yes" please answer the questions below

<u>The Briefing when you first arrived on your second visit</u>

	Yes	No	Can't Remember
3.6. Was anything said in the briefing about the purpose of the trials?	☐	☐	☐
3.7. Was anything said about any risks the trials might involve	☐	☐	☐
3.8. Was anything said about being able to withdraw from some of the trials?	☐	☐	☐

Please write in the box below anything you remember was said in the briefing about those three things

SECTION 4. The trials during your visit

This part of Section 4 is about your first visit (or your only visit, if you went only once) to Porton

During your visit to Porton you may have participated in many different trials. This section is about any information you were given before those trials.

Before each trial started did a member of Porton staff:	Before all trials	Before most trials	Before some trials	Before none	Can't Remember
4.1 mention any substances that were to be administered to you during the trial?	☐	☐	☐	☐	☐
4.2 say whether you might feel any discomfort during the trial?	☐	☐	☐	☐	☐
4.3 explain what to do if you felt any discomfort during the trial?	☐	☐	☐	☐	☐
4.4 ask if you wanted to take part in the trial?	☐	☐	☐	☐	☐

Please write in the box below any examples you can remember of the information given to you about any substances used and any discomfort you might feel

If you remember being asked if you wanted to take part, how were you asked?

I was asked when I was on my own with a member of Porton staff ☐

The group I was with was asked as a whole ☐

I was asked to sign a piece of paper agreeing to take part ☐

Other ways (*please describe them in the box below*) ☐

This part of Section 4 is about your second visit, if you made one

If you visited Porton only once as a volunteer, please go to the next page

Before each trial started did a member of Porton staff:	Before all trials	Before most trials	Before some trials	Before none	Can't Remember
4.1 mention any substances that were to be administered to you during the trial?	☐	☐	☐	☐	☐
4.2 say whether you might feel any discomfort during the trial?	☐	☐	☐	☐	☐
4.3 explain what to do if you felt any discomfort during the trial?	☐	☐	☐	☐	☐
4.4 ask if you wanted to take part in the trial?	☐	☐	☐	☐	☐

Please write in the box below any examples you can remember of the information given to you about any substances used and any discomfort you might feel

If you remember being asked if you wanted to take part, how were you asked?

I was asked when I was on my own with a member of Porton staff ☐

The group I was with was asked as a whole ☐

I was asked to sign a piece of paper agreeing to take part ☐

Other ways (*please describe them in the box below*) ☐

SECTION 5 Additional Information

Please write in the box below anything that you feel the questions have neglected to ask about the information you received and how your consent was obtained.