

## **'Lashings of grog and girls': Masculinity and Sexuality in the Rehabilitation of Servicemen Facially Disfigured in the Second World War.**

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**Abstract:** This article explores the importance of masculinity in the rehabilitation experience of members of the Royal Air Force who were facially disfigured during the Second World War. Other historical work has highlighted the significance of masculinity in the rehabilitation of other groups of disabled veterans, but the experience of the facially disfigured is somewhat neglected. This article investigates the methods employed at Rookdown House and East Grinstead Hospital where men suffering from burns injuries and disfigurements were both physically and psychologically rehabilitated. It explores the key themes of hospital environment, occupational therapy and relationships. In using oral histories and memoirs this article argues that masculinity and sexuality were key aspects of servicemen's identity that had to be restored through rehabilitation to ensure their successful reintegration into society.

**KEYWORDS** Disability; Masculinity; Sexuality; Rehabilitation; Second World War

I received an incendiary in the starboard tank ... my aircraft burst into flames ... I tried to get out but was unable to move because of burns, the aircraft blew up and I was blown clear that's why I'm still here.<sup>1</sup>

Royal Air Force (RAF) pilot Thomas Gleave was shot down in 1940, receiving severe burns to his face, hands and legs. Gleave, was one of almost 5000 men in the RAF Home Forces who received burn injuries during the Second World War. While men of all three services were affected by burns, RAF aircrew were particularly susceptible because pilots sat directly behind the main or gravity fuel tank meaning if it was hit their faces were exposed to the full impact of an exploding tank.<sup>2</sup> Advancements in medicine and surgery meant servicemen were surviving injuries they would not have

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<sup>1</sup> Imperial War Museum Sound Archive (IWM SA), 10084, Thomas Gleave, reel 2.

<sup>2</sup> E.R. Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, The Royal Air Force and the Guinea Pig Club*, (London: Greenhill Books, 2004), 17, 86, 37, 44.

before, but were being left permanently disfigured and disabled. Servicemen therefore required both physical and psychological rehabilitation to adapt to their altered bodily states and readjust to civilian life.<sup>3</sup>

Given the disfiguring appearance of facial burns and the fact they required multiple operations and lengthy stays in hospital, men who had these injuries needed a different kind of rehabilitation than the RAF centralised system of rehabilitation for injured personnel.<sup>4</sup> The Queen Victoria Hospital East Grinstead was established as a Maxillofacial Surgery Unit in 1939 to fulfil these requirements. The majority of burned RAF personnel were treated at East Grinstead, run by Archibald McIndoe.<sup>5</sup> Other airmen, particularly those engaged in the Normandy Landings, and members of the Army were treated at Rooksdown House in Park Prewett Hospital, where a plastic surgery and jaw unit was established in 1940 and run by Harold Gillies.<sup>6</sup> McIndoe and Gillies were two of only four experienced plastic surgeons in the United Kingdom at the outbreak of the Second World War.<sup>7</sup> Gillies had achieved recognition as the founding father of plastic surgery for his work at the Queen Mary Hospital in Sidcup during the First World War.<sup>8</sup> McIndoe trained with his cousin Gillies from 1932–1939 and achieved equal acclaim for the new treatments he developed for burns while running East Grinstead.<sup>9</sup>

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<sup>3</sup> Sonya Michel, 'Danger on the Home Front: Motherhood, Sexuality, and Disabled Veterans in American Postwar Films', *Journal of the History of Sexuality*, 3, 1 (1992), 109.

<sup>4</sup> Julie Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'*, (Manchester: Manchester University Press, 2011), 84, 104–106, 109, 114.

<sup>5</sup> *ibid.*

<sup>6</sup> Harold Gillies, 'Psyche and Surgery', *The Sunday Times*, 8 December 1957; [newspaper clipping; page number cut off], British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS), BAPRAS/G/7H, Andrew Bamji, 'Sir Harold Gillies: Surgical Pioneer', *Trauma*, 8, 3 (2006), 151.

<sup>7</sup> Bamji, 150.

<sup>8</sup> N. Shastri-Hurst, 'Sir Harold Gillies CBE, FRCS: The Father of Modern Plastic Surgery', *Trauma*, 14, 2 (2011), 182.

<sup>9</sup> Neil Ashwood, and Matthew Philpott, 'The life and career of a great surgeon: Sir Archibald McIndoe CBE, MD, MSc, FRCS, FRCSI (Hon), FACS (Hon) 1900–1960', *Trauma*, 13, 3 (2011), 251–256.

The severity of the burns sustained by RAF aircrew in the Second World War solicited their own medical term, 'Airmen's Burn'.<sup>10</sup> In the booklet *Plastic Surgery Within the Royal Air Force* (1948), George Morley described these injuries as third degree burns to 'areas of tremendous functional importance' such as the face, neck and hands, which posed a serious threat of functional disability without proper treatment.<sup>11</sup> Both Gillies and McIndoe emphasised the importance of preserving the function of these areas before turning attention to cosmetic appearance.<sup>12</sup> McIndoe explained operations to his patients in detail and left no questions unanswered, even encouraging them to watch each other undergo surgical procedures.<sup>13</sup> Most patients underwent numerous operations at East Grinstead, where men typically had between ten and fifty procedures.<sup>14</sup> The surgeries performed by Gillies and McIndoe were the first steps of rehabilitation and reintegration into society for men disfigured by military service.

Much has been written on the surgical methods developed by Gillies and McIndoe, particularly their pioneering skin grafting techniques.<sup>15</sup> However, there has been less scholarly attention on the social and cultural aspects of the treatments they provided. While Julie Anderson and David Serlin have highlighted the significance of masculinity in the treatment and rehabilitation of other groups of disabled veterans, this approach has not been adopted in studies of the facially disfigured.<sup>16</sup> Moreover, the experience

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

<sup>11</sup> Morley, 2.

<sup>12</sup> D.R. Andrew, 'The Guinea Pig Club', *Aviation, Space, and Environmental Medicine*, 65, 5 (1994), 429; Archibald Hector McIndoe, 'Total Reconstruction of the Burned Face: The Bradshaw Lecture 1958', *British Journal of Plastic Surgery*, 36, 4 (1983), 413; Bamji, 143.

<sup>13</sup> IWM SA, 10759, Ian Anderson, reel 3.

<sup>14</sup> Y. Goodwin, 'Time is the Healer: McIndoe's Guinea Pigs Fifty Years On', *British Journal of Plastic Surgery*, 50, 2 (1997), 93.

<sup>15</sup> David Tolhurst, *Pioneers in Plastic Surgery*, (New York: Springer, 2015); Leonard Mosley, *Faces from the Fire: The Biography of Sir Archibald McIndoe*, (London: Weidenfeld and Nicolson, 1962); Goodwin, 98; McIndoe, 'Total Reconstruction', 414–415.

<sup>16</sup> Anderson, *War, Disability and Rehabilitation in Britain*; David Serlin, 'Engineering Masculinity: Veterans and Prosthetics after World War Two', in Katherine Ott, David Serlin and Stephen Mihm (eds),

of rehabilitation for men who suffered facial injuries has received little scholarly attention. In her study of McIndoe's work, Emily Mayhew includes the recollections of some servicemen who were members of the infamous Guinea Pig Club at East Grinstead. The club was formed by servicemen who had all suffered burns and been treated by McIndoe. However, her focus is on the ambitions and achievements of McIndoe himself and not the patients he treated.<sup>17</sup> While the personal accounts of amputees, war-blinded, paralysed and shell-shocked have been examined elsewhere, the voices of facially injured servicemen have been largely ignored.<sup>18</sup> Studies that focus on experiences and representations of facially disfigured servicemen, have tended to centre on the First World War. According to Eilis Boyle, facially disfigured servicemen were excluded from the rhetoric of heroic masculinity associated with other war wounds. Instead narratives of facial wounds were framed by despair which emasculated and ostracized the facially disfigured.<sup>19</sup> Suzannah Biernoff uses a range of images of facially disfigured servicemen to present a study of visual culture. By examining the absence of such images from First World War Britain and public discourse Biernoff highlights the visual anxiety and culture of aversion that surrounded disfigured First World War Veterans. Thus, Biernoff argues that to be human is not only a biological entity but also cultural and aesthetic.<sup>20</sup> Marjorie Gehrhardt examines facially disfigured servicemen from the First World War and their experiences in France, Germany and Britain. Although disfigured servicemen's experiences in these

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*Artificial Parts, Practical Lives: Modern Histories of Prosthetics* (New York: New York University Press, 2002), 47–74.

<sup>17</sup> Mayhew.

<sup>18</sup> David A. Gerber, (ed.), *Disabled Veterans in History*, (Michigan: University of Michigan Press, 2012); Anderson, *War, Disability and Rehabilitation in Britain*; Serlin; 47–74; Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists, 1914–1994*, (London: Pimlico, 2000).

<sup>19</sup> Eilis H.L. Boyle, “‘An uglier duckling than before’: Reclaiming agency and visibility amongst facially-wounded ex-servicemen in Britain after the First World War”, *Alter*, 13, 4 (2019), 308–322.

<sup>20</sup> Suzannah Biernoff, *Portraits of Violence: War and the Aesthetics of Disfigurement*, (Michigan: University of Michigan Press, 2017).

countries were different Gehrhardt argues that two patterns emerged from public perceptions of these men. On the one hand they were isolated as unfortunate monstrous victims or heroes and on the other they were overly and explicitly normalised.<sup>21</sup> The psychological impact of injuries on airmen has been largely neglected by historians.<sup>22</sup> This article explores the extent to which these experiences were replicated among facially disfigured servicemen during the Second World War. Even though plastic surgery techniques were more refined, facial injuries were still psychologically damaging. Faces were reconstructed, yet men often felt a sense of loss and longing for their old appearances, which were inextricably linked to their sense of self.<sup>23</sup> Frances Cooke Macgregor was a social scientist who studied the psychological impact of facial disfigurement by interviewing RAF aircrew injured during the Battle of Britain. She found that other people's feelings of aversion and rejection were more often reported by those facially disfigured than by those who were amputees, blind or deaf.<sup>24</sup> The sheer visibility of facial injuries meant that men experienced a range of responses, from revulsion and horror to sympathy and pity.<sup>25</sup>

By exploring the key themes of the hospital environment, occupational therapy and men's relationships with others, this article highlights the place of gender and sexuality in both rehabilitation methods and men's experiences of recovery. In doing so, it adds to existing knowledge of war and disability in the twentieth century. By examining the experiences of men who were treated at East Grinstead and Rooksdown

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<sup>21</sup> Marjorie Gehrhardt, *The Men with Broken Faces: 'Gueules Cassées' of the First World War*, (Bern: Peter Lang Ltd, 2015).

<sup>22</sup> Exceptions are Edward Bishop, *The Guinea Pig Club*, (London: MacMillan and Company Limited, 1963), Liz Byrski, *In Love and War: Nursing Heroes*, (Fremantle: Fremantle Press, 2015).

<sup>23</sup> Sandy Callister, 'Broken Gargoyles: The Photographic Representation of Severely Wounded New Zealand Soldiers', *Social History of Medicine*, 20, 1 (2007), 123.

<sup>24</sup> Frances M. Cooke Macgregor, *Transformations and Identity: The Face and Plastic Surgery*, (New York: Quadrangle The New York Times Book Company, 1974), xxiii.

<sup>25</sup> Martin Francis, *The Flyer: British Culture and the Royal Air Force 1939–1945*, (Oxford: Oxford University Press, 2008) 132–133.

House – the two most prominent plastic surgery hospitals at the time – this article uncovers the attitudes and expectations of this often-neglected group of disabled veterans. It explores the relationships that men engaged in both in hospital and at home, including romantic and sexual liaisons with women, and friendship and bonding with each other. These experiences reveal much about the importance of gender in the rehabilitation process, based on interactions with wives, girlfriends, nurses and other men.<sup>26</sup> Using hospital club magazines, memoirs, interviews with injured servicemen from the Imperial War Museum Sound Archive (IWM SA) and interviews with nurses who cared these men, conducted by the historian Liz Byrski, this article offers a unique insight into rehabilitation that focuses on the patient's experience and the experiences of women who nursed them.<sup>27</sup> Given the nature of the evidence used in this article, there are methodological issues to consider. When using any source based on individual recollection in either written or oral form, there is always the risk that these testimonies – particularly those created more recently – have been influenced by popular memory and culture. Mayhew has highlighted this point regarding the public memory of the air war, recognised largely as the Battle of Britain and associated with the Spitfire and Fighter Command. Fighter Command only accounted for twenty percent of the Guinea Pig Club's membership, while the rest came from Bomber Command. Nevertheless, public memory has recast all of the Guinea Pigs as fighter aces.<sup>28</sup> In this sense, in my analysis of hospital magazines and memoirs, I have given careful consideration to the cultural contexts in which they were created. In addition, some of the interviews discussed here were not the product of deliberate interrogation for this project, so it can be difficult to know the background and subjectivity of the interviewer and how this

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<sup>26</sup> Michel, 112.

<sup>27</sup> Byrski, *In Love and War*.

<sup>28</sup> Mayhew, 185–190.

may have influenced the inter-subjectivity between themselves and the interviewee.<sup>29</sup> However, the fact that I did not conduct the interviews means the evidence has not been influenced by my own interests.<sup>30</sup> Rather, these interviews highlight the significance of masculinity and sexuality to disfigured veterans' experiences simply by the fact that these themes appear so frequently.

This article demonstrates that masculinity and sexuality were key elements of the serviceman's identity that were challenged by the trauma of facial disfigurement. I suggest that, like other disabled veterans, re-establishing a sense of masculinity to the facially disfigured was key to successful rehabilitation. This played out in hospital wards and gymnasiums, in vocational training schemes and workplaces, and in the relationships that men forged with their caregivers, other women, and with each other.

### **Hospital Environment and Clubs**

Servicemen facially disfigured in the First World War faced a bleak outlook in regards to treatment and were largely hidden away from public view for the remainder of their lives.<sup>31</sup> The exceptions were those treated by Gillies and his dedicated team at the Queen Mary Hospital, where patients were encouraged to go out into the local town, enjoyed boat trips, sports club and learned animal husbandry.<sup>32</sup> Recognising the impact of facial disfigurement on men's state of mind, Gillies and McIndoe promoted psychological and social rehabilitation for patients at Rookdown House and East Grinstead from the outset of the Second World War. McIndoe claimed that the 'best

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<sup>29</sup> Ronald J. Grele, 'On using oral history collections: An introduction', *The Journal of American History*, 74, 2 (1987), 571.

<sup>30</sup> *ibid*, 422.

<sup>31</sup> Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*, (Oxford: Oxford University Press, 2014), 192.

<sup>32</sup> Simon Millar, *Rookdown House and the Rookdown Club: A Study into the Rehabilitation of Facially Disfigured Servicemen and Civilians Following the Second World War*, (PhD diss., University of London, 2015), 88–96.

result' for full rehabilitation was only achievable by the surgeon who 'interprets his duty to the patient in the widest sense'.<sup>33</sup> Gillies' optimistic attitude was well known among his patients.<sup>34</sup> In both the First and Second World War, hospitals varied in efficiency, discipline and morale. Patients' experiences of care varied greatly, especially as they were separated by rank.<sup>35</sup> Even so, the environment and atmosphere of Rooksdown House and East Grinstead were unusual for the period and much departed from standard treatment of facially disfigured servicemen in the First World War.<sup>36</sup> McIndoe had the wards at East Grinstead brightly decorated and ensured that concrete paths were put in place to enable beds to be wheeled outdoors so all patients could enjoy fresh air.<sup>37</sup> At Rooksdown, men were invited to parties, picnics and dances in the local community, and had access to a nearby tennis court, football and hockey pitch.<sup>38</sup>

Navigator Jim Marshall crashed in 1945 and received burns to his entire body except his face. He described how the people of East Grinstead accepted the disfigured servicemen and became part of the rehabilitation process, as men were invited to local events and local people frequently visited the hospital:

They were the first town to see people, injured people, in the streets ... The people in the town saw this [tube pedicles] quite often actually and they'd go to various pubs and that, people with bandages, faces that were pretty badly burnt and they [towns people] accepted it.<sup>39</sup>

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<sup>33</sup> A.H. McIndoe, 'Rehabilitation in a Maxillo Facial and Plastic Centre', *Post-Graduate Medical Journal*, 19, 161 (1943), 162.

<sup>34</sup> J.B. Cuthbert, 'Reminiscences,' Rooksdown Club Magazine, 2, December 1947, BAPRAS, 3.

<sup>35</sup> Jeffrey S. Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain during the Great War*, (Manchester: Manchester University Press, 2004), 6, 43; Carden-Coyne, 194.

<sup>36</sup> Cited in Mary Mackie, *Wards in the Sky: The RAF's Remarkable Nursing Service*, (Cheltenham: The History Press, 2014), 70, 89–90.

<sup>37</sup> McIndoe, 'Rehabilitation', 163.

<sup>38</sup> A.J. Evans et al., *Rooksdown House, Basingstoke, Hants: A Regional Centre for Plastic and Jaw Surgery*, 6 (Reprinted from the Nursing Times the official journal of the Royal College of Surgeons: 1954), BAPRAS.

<sup>39</sup> Interview with Jim Marshall by Jasmine Wood, 28 July 2018.



At East Grinstead men were not separated by rank, nor did they have to wear 'hospital blues' – the uniform traditionally worn by servicemen in hospital. Instead, McIndoe had standard service uniforms issued.<sup>40</sup> Changes like this helped maintain morale among patients and helped men maintain a sense of masculinity as they could still present a version of themselves that was the warrior-hero.<sup>41</sup> Men in service uniforms were the epitome of masculine bravery, which made them very attractive to women.<sup>42</sup> The uniform of the RAF was striking in ash blue, conjuring connotations of heroism.<sup>43</sup> Marshall, described his reaction to being allowed to wear his uniform:

if you wanted, you could dress in civvies or of course our uniform. Which was a big advantage ... I was sitting in a café somewhere and in came Stoke Mandeville in the ragged blue, white shirt, red tie, terrible ... they had their own uniform so why change that and throw on something that was ill fit and then make you look like a bit of a clown?<sup>44</sup>

It is clear that Jim's sense of self-worth was closely linked to his uniform and the hospital's efforts to preserve some of this military identity positively affected his recovery.<sup>45</sup>

There were some more unusual aspects of the hospital environment at East Grinstead. The consumption of alcohol was common in Ward III, a purpose-built wing specifically for facially wounded servicemen. McIndoe ordered that a barrel of beer always be available for the men to drink whenever they wanted.<sup>46</sup> Heavy drinking was a common feature of military life in the Second World War, often used by men to affirm

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<sup>40</sup> Russell M. Davies, 'Relationships: Archibald McIndoe, his times, society, and hospital', *Annals of the Royal College of Surgeons of England*, 59, 5 (1977), 363–364.

<sup>41</sup> Graham Dawson, *Soldier Heroes: British Adventure and the Imagining of Masculinities*, (London: Routledge, 1994), 1–2.

<sup>42</sup> Angela Woollacott, "'Khaki Fever' and Its Control: Gender, Class, Age and Sexual Morality on the British Homefront in the First World War", *Journal of Contemporary History*, 29, 2 (1994), 325–347.

<sup>43</sup> Francis, 24.

<sup>44</sup> Interview with Jim Marshall By Jasmine Wood, 28 July 2018.

<sup>45</sup> Wendy Jane Gagen, 'Remastering the Body, Renegotiating Gender: Physical Disability and Masculinity during the First World War, the case of J.B. Middlebrook', *European Review of History*, 14, 4 (2007), 528.

<sup>46</sup> Mosley, 93–97.

a sense of masculinity and bonds of friendship.<sup>47</sup> The social and often excessive consumption of alcohol by men has long been associated with masculinity in western cultures. In addition, the consumption of alcohol fosters a homosocial environment where men can display behaviours associated hegemonic masculinity.<sup>48</sup> Members of the RAF had a reputation for being troublemakers who engaged in heavy drinking. With the uncertainty of war and the pressure of life in service, airmen often spent off-duty periods having parties, getting drunk and having sex.<sup>49</sup> To foster a similar atmosphere, rules were relaxed on Ward III.<sup>50</sup> Francis 'Dixie' Dean recalled a party in the hospital:

Lashings of grog and girls. However, towards the end, namely, midnight, "Dixie" was missing. The guards were called out to search all the girls' billets and beds. Alas they could not find me. They did in the end in an ATS [Auxiliary Territorial Service] sergeant's bed *alone* with a black eye and to this day, I do not remember how I got it.<sup>51</sup>

Again, such behaviours were similar to those found among able-bodied personnel in RAF bases. Martin Francis highlights that young RAF crew frequently played practical jokes and pranks on each other and local communities. They did so as a way of coping with the regime imposed by military service and as an expression of bonding among young male recruits. This was often a continuation of behaviours learned in public schools.<sup>52</sup> Pranks were certainly a common occurrence in Ward III. Dennis Neale, for example, remembered being pulled across the ward by another patient who attached their bike to his bed.<sup>53</sup> Engaging in humorous pranks fostered a sense of inclusivity. Making fun of each other meant servicemen were part of the group and also proved

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<sup>47</sup> Francis, 35; Emma Newlands, *Civilians into Soldiers: War, the Body and British Army Recruits, 1939–45*, (Manchester: Manchester University Press, 2013), 75–77.

<sup>48</sup> Russell Lemle and Marc E. Mishkind, 'Alcohol and masculinity', *Journal of substance abuse treatment*, 6, 4 (1989), 214; Sharon R. Bird, 'Welcome to the Men's Club: Homosociality and the Maintenance of Hegemonic Masculinity', *Gender & Society*, 10, 2 (1996), 120–132.

<sup>49</sup> Francis, 16.

<sup>50</sup> Davies, 361.

<sup>51</sup> Bishop, 57–59.

<sup>52</sup> Francis, 34–35.

<sup>53</sup> Byrski, *In Love and War*, 93.

their masculinity to each other by being able to take a joke and stand up for themselves.<sup>54</sup> The noise of Ward III was also similar to that heard in RAF mess halls.<sup>55</sup> McIndoe ensured music was always available through the radio, gramophone, or even live performances. This loud and lively environment allowed men to behave and express themselves in ways that they might have done before injury. By making hospitalisation fun and replicating the military environment, McIndoe restored a sense of normalcy to men who were coming to terms with their injuries and life after service.

Hospital clubs constituted another important site of psychological rehabilitation at East Grinstead and Rooksdown House. The Rooksdown Club was established in 1946 for both service and civilian patients. With Gillies as president, the club became an acknowledged war charity which aimed to help the servicemen keep in touch.<sup>56</sup> The club helped to foster a sense of camaraderie and agency through mutual support.<sup>57</sup> The *Rooksdown Club Magazine* was first published in 1946 and written 'for and by members of the Rooksdown Club'. The magazine aimed to help club members re-integrate into society after injury and educate the public on accepting them.<sup>58</sup> The magazine was printed annually from 1946–2000 with some breaks due to lack of contributions and funding.<sup>59</sup> The magazine published stories of individual men's achievements after injury to show other injured servicemen and the general public that they could contribute to society in a positive, meaningful way despite disability or disfigurement.<sup>60</sup> D. Gay, a patient at Rooksdown House wrote an article in 1950:

We square up to the outside world with a show of bravado. Our first visits and jaunts outside are made easier because we go as

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<sup>54</sup> Mary Jane Kehily and Anoop Nayak, "'Lads and Laughter": Humour and the Production of Heterosexual Hierarchies', *Gender and Education*, 9, 1 (1997), 72.

<sup>55</sup> Francis, 155–156.

<sup>56</sup> Evans, et al., 3–5.

<sup>57</sup> Richard Hall, 'Being a Man, Being a Member: Masculinity and Community in Britain's Working Men's Clubs, 1945–1960', *Cultural and Social History*, 14, 1 (2017), 75.

<sup>58</sup> *Rooksdown Club Magazine*, 2, December 1947, BAPRAS, 1.

<sup>59</sup> Millar, 321–327.

<sup>60</sup> 'Rooksdown Reporting,' *Rooksdown Club Magazine*, 2, December 1947 BAPRAS, 2.

a group and so nobody is picked out for special attention by those who stare.<sup>61</sup>

The constant use of the word 'we' in Gay's article illustrates the men's empowerment through collective struggle and action. Together, men could reclaim their masculinity through a performance of 'bravado'. Like hospital clubs, male sports clubs also represent sites of male bonding, where men can express hegemonic masculine ideals that have been socially constructed in any given time period.<sup>62</sup> These attitudes were also prominent among able-bodied RAF flyers, who acted masculine and brave in front of others to hide their fears of danger and death.<sup>63</sup> The Guinea Pig Club at East Grinstead was also a source of morale, comradeship and communal spirit.<sup>64</sup> Formed in 1941 as a drinking club, McIndoe was voted president for life.<sup>65</sup> The club gained the support of the RAF Benevolent Fund to assist members financially.<sup>66</sup> These clubs provided spaces for men to engage in traditionally masculine activities and foster a sense of collective identity through their experience of injury.

### **Occupational Therapy and Employment**

Like hospital clubs and the cultivation of a positive environment, occupational therapy was an important part of rehabilitation, designed to enable men to become independent wage earners and fulfil the traditional role of breadwinner. An emphasis on economic independence was key in the treatment of disabled servicemen in the First World War and this ethos continued to be important for veterans of the Second World War. In the

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<sup>61</sup> D. Gay, 'Cane We Take It?', *Rooksdown Club Magazine*, 5, December 1950, BAPRAS, 23.

<sup>62</sup> John Nauright and Timothy J.L. Chandler (eds), *Making Men: Rugby and Masculine Identity* (Oxfordshire: Routledge, 1996); J.A. Mangan, *Athleticism in the Victorian and Edwardian Public School* (London: Frank Cass Publishers, 1981).

<sup>63</sup> Francis, 120–121.

<sup>64</sup> Andrew, 429.

<sup>65</sup> Davies, 362.

<sup>66</sup> Geoffrey Page, *Tale of a Guinea Pig: The Exploits of a World II Fighter Pilot*, (Canterbury: Wingham Press, 1981) 135.

early years of the conflict occupational therapy was essential because of a serious shortage of fighter pilots, meaning that those who could, needed to be returned to active service as soon as possible.<sup>67</sup> While not all patients resumed a combat role, many RAF personnel were eager to return to flying duties.<sup>68</sup> Geoffrey Page was shot down during the Battle of Britain in 1940 and sent to East Grinstead. He was determined to fly again despite serious burns to his hands and face. Initially bedridden, Page was often wheeled outside to enjoy the sun and watched squadrons of Spitfires pass overhead:

How my heart yearned to be one of them, and not just a burnt cripple lying in a hospital bed ... Then I made a bitter vow to myself that, for each operation I underwent, I would destroy one enemy aircraft when I returned to flying.<sup>69</sup>

Despite the fact that the injuries endured by RAF servicemen often resulted in significant disabilities, it was not uncommon for men to desire to return to action as soon as possible.<sup>70</sup> Being a serving member of the RAF and participating in the war was part of their identity. Richard Hillary consistently mentioned feeling depressed and restless during his recovery at being unable to participate in the war that had killed some of his closest friends. Despite his poor sight and lack of mobility in his hands he returned to flying. Having retrained to fly night bombers, Hillary was killed in 1943 when his plane crashed.<sup>71</sup> As Francis highlights, flyers identified themselves as a new class of warrior with their bravery and skill tested by their ability to fight using the most advanced weaponry at the time.<sup>72</sup> Being injured challenged this identity profoundly.

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<sup>67</sup> Seth Koven, 'Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain', *The American Historical Review*, 99, 4, (1994), 1188–1189; J.A. Hopson, 'R.A.F. Medicine The First 50 Years', *British Medical Journal*, 1, 4238 (1942), 49.

<sup>68</sup> Flight Lieutenant R.N. Houlding, 'Rehabilitation of Injured Air Crews', *British Medical Journal*, 2, 4212 (1941), 433.

<sup>69</sup> Page, *Tale of a Guinea Pig*, 130, 140.

<sup>70</sup> Richard Hillary, *The Last Enemy*, (London: Macmillan, 1950), 136–137, Page, *Tale of a Guinea Pig*, 130–140, 'Tom Gleave' in Peter Williams and Ted Harrison, *McIndoe's Army*, (London: Charnwood, 1979), 47.

<sup>71</sup> Hillary; Mayhew, 186.

<sup>72</sup> Francis, 15.

As the war continued, invaliding from service and pensioning became a worry as the State sought to prevent financial losses. During the First World War, the Ministry of Pensions' policy was to encourage men to work as much as they physically could and not rely on the state for income. So, a man whose pensioning level was assessed at 20 percent was fully expected to and assumed capable of earning the other 80 percent of his pre-war income. According to Jessica Meyer, the expectation to work and the pressure to be breadwinners had a negative impact on the self-worth of many disabled soldiers.<sup>73</sup> This pattern re-appeared in the Second World War, with disability again assessed as a percentage of a man's pre-war capabilities. Anderson argues that rehabilitation for those who were disabled was not considered fully complete by the State until that person was employed.<sup>74</sup> This had a profound impact on the mind set of veterans. A study conducted into the psychological condition of servicemen who had been partially blinded and facially disfigured as a result, revealed that finance was their main cause of anxiety.<sup>75</sup> Occupational therapy was therefore essential to provide men with the vocational training and skills needed for employment. At the start of the Second World War injured servicemen learned to do cane work, leatherwork, bookbinding, weaving and carpentry. However, absenteeism from training programs was common.<sup>76</sup> Consultant Anaesthetist at East Grinstead, Russel Davies, explained:

Trying to persuade a burnt airman of twenty-one with all the normal hot-blooded instincts of a young man to do embroidery, seat-rushing ... produced quite shattering despair, disillusionment, indifference and profanity no matter how charming the occupational therapist.<sup>77</sup>

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<sup>73</sup> Jessica Meyer, *Men of War: Masculinity and the First World War in Britain*, (Hampshire: Palgrave Macmillan, 2009), 97, 100–103.

<sup>74</sup> Anderson, 94–95.

<sup>75</sup> P.M. Duke-Elder and E. Wittkower, 'Psychological Reactions in Soldiers to Loss of Vision of One Eye', *British Medical Journal*, 1, 4439 (1946), 156.

<sup>76</sup> McIndoe, 'Rehabilitation', 165.

<sup>77</sup> Davies, 362.

This kind of rehabilitation was undertaken by facially wounded servicemen but clearly, men were resistant to learn traditionally feminine skills. As Davies asserted, although the patients at East Grinstead were injured, they were still young 'hot-blooded' men, who needed more masculine forms of rehabilitation. Occupation was essential to conceptions of manliness in the Second World War. While war may have altered perceptions of 'manly' occupations such as the industrial and agricultural worker, who were viewed as less heroic than their military counterparts, the ability to earn a living, nevertheless, continued to underpin masculine status.<sup>78</sup> It is notable then that injured servicemen wanted to undertake useful work and contribute to the war effort as part of their occupational therapy. McIndoe sought alternative activities through industry. After discussions with Reid and Sigrist – aircraft instrument manufacturers – he set up a small factory on the hospital grounds.<sup>79</sup> The patients were paid a small hourly wage and, after a year, production per man-hour was more than that of the parent factory.<sup>80</sup> By 1943 a scheme of interim employment with the Ministry of Aircraft Production allowed men to work in factories in their military uniform and alongside other workers. This was considered crucial for building facially disfigured servicemen's self-esteem and giving them a sense of purpose.<sup>81</sup> Even when men had secured employment, McIndoe continued to help his former patients. Jack Toper got a job with Marks and Spencer's after the war. He wanted to work on the shop floor and train as a manager but was placed at Head Office as management were concerned he would scare the customers. He recalled:

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<sup>78</sup> Linsey Robb, *Men at Work: The Working Man in British Culture, 1939–1945*, (London: Palgrave Macmillan, 2015), 130–136; Juliette Pattinson, Arthur McIvor, and Linsey Robb, *Men in Reserve: British Civilian Masculinities in the Second World War*, (Manchester: Manchester University Press, 2017), 288.

<sup>79</sup> Davies, 362.

<sup>80</sup> *ibid*, 362.

<sup>81</sup> Regular Correspondent, 'Foreign Letters: London', *Journal of the American Medical Association*, 124, 3 (1943), 183.

I was told I couldn't have any contact with the public. That was very hard to take and Archie encouraged me to fight it. With his backing, the management agreed that I could do six weeks training on the shop floor and see how it went. Well, the customers and I survived. It was tough though: I had to get used to people staring at me, and to kids either shouting abuse at me or being terrified of me. But I stuck it out and became manager of the Camden Town store and spent the rest of my working life with the company.<sup>82</sup>

For Toper, working in view of the public was important. Rather than accepting the job in the office, he chose to work on the shop floor. His use of the words 'survived' and 'tough' suggest a sense of stoic masculinity, based on determination and forbearance for which he was ultimately rewarded with promotion and life-long employment. Through his experience of disfigurement, Toper learned to adapt to a changed version of himself and how others saw him. Men in reserved occupations used the workplace as a site of masculinity to share narratives of dangerous and exhausting wartime work, which gave them financial independence and re-established their masculinity. In the same way disfigured servicemen who found financial independence through gainful employment also re-established their masculinity.<sup>83</sup>

### **Relationships and Caregiving**

Women played a more active role than ever before in contributing to the war effort during the Second World War.<sup>84</sup> Rebecca Plant argues that psychiatrists, doctors and wider society recognised the role played by women in the care of veterans. Nurses, sweethearts and wives represented both maternal caring instincts and feminine

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<sup>82</sup> Byrski, *In Love and War*, 43.

<sup>83</sup> Pattinson, McIvor and Robb, 192.

<sup>84</sup> Beryl Escott, *The WAAF: A History of the Women's Auxiliary Air Force in the Second World War*, (New York: Bloomsbury, 2008); Barbara Green, *Girls in Khaki: A History of the ATS in the Second World War*, (Cheltenham: The History Press, 2012); Penny Summerfield, *Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War*, (Manchester: Manchester University Press, 1998).



sexuality, which helped injured men to rediscover and restore their masculine identity.<sup>85</sup> Both Mary Louise Roberts and Emma Newlands have also illustrated the importance of love, sex and romance to soldiers during the Second World War, arguing that relationships with women were a source of physical satisfaction, a means of emotional comfort and a way that men asserted their virility.<sup>86</sup> Professionally trained, registered nurses and volunteers like Voluntary Aid Detachments (VADs) were usually the first women men encountered after injury.

Both McIndoe and Gillies encouraged relationships and flirtations between patients and nurses. Judy Stokes, who was a VAD at Rookdown, said Gillies: 'positively encouraged fraternisation, because, of course, these men he was treating had to be rebuilt, not just physically but emotionally, particularly the ones who were let down by wives, fiancées or girlfriends'.<sup>87</sup> McIndoe went further. Not only did he want the most skilled nurses, he also wanted the most beautiful. McIndoe believed that the presence of beautiful women who flirted with patients would restore self-esteem to the men. Nurses had to be attractive, have a sense of humour, be flirtatious, and never show distaste at the men's appearance.<sup>88</sup> Members of the Guinea Pig Club appreciated McIndoe's efforts to recruit attractive and friendly nurses who spoke to them. Marshall said, 'people with their faces disfigured, could feel you are uh, not so out of place, be ourselves'.<sup>89</sup> Some patients and nurses fell in love and patient-nurse marriages occurred regularly.<sup>90</sup> Sister Mary Meally who ran Ward III acted as a matchmaker and actually

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<sup>85</sup> Rebecca Jo Plant, 'The Veteran, His Wife, and Their Mothers: Prescriptions for Psychological Rehabilitation after World War II,' in Diederik Oostdijk and Markha Valenta (eds), *Tales of the Great American Victory: World War II in Politics and Poetics* (Amsterdam: VU University Press, 2006), 2–3.

<sup>86</sup> Mary Louise Roberts, *What soldiers do: Sex and the American GI in World War II France*, (Chicago: University of Chicago Press, 2013); Newlands, 75–77.

<sup>87</sup> Richard Garfield, 'Gillies – The Genius of Rookdown', *Basingstoke Gazette* (14 July 2009), <[http://www.basingstokegazette.co.uk/memories/4491429.gillies\\_the\\_genius\\_of\\_rookdown/](http://www.basingstokegazette.co.uk/memories/4491429.gillies_the_genius_of_rookdown/)>.

[Link confirmed viable 13 July 2021]

<sup>88</sup> Mosley, 93, 98–99

<sup>89</sup> Interview with Jim Marshall by Jasmine Wood, 28 July 2018.

<sup>90</sup> Bishop, 98, 101.

married one of the patients herself.<sup>91</sup> Other patients had sex with nurses in linen cupboards and operating theatres.<sup>92</sup> The lines between acceptable and unacceptable professional behaviour therefore became blurred, defined by what McIndoe thought his men needed for their recovery. Our modern-day understandings of these behaviours would clearly identify them as sexual harassment and exploitation but the contemporary social and cultural contexts surrounding them did not. For example, magazine fiction from the First World War and films from the Second World War both present storylines where the injured war veteran struggles to reintegrate into civilian life. Within these stories, it was the love of a woman that enabled men to overcome their disfigurements or disabilities.<sup>93</sup> Nurses have been historically subjected to complex associations with angelic, maternal caring qualities and sexual availability.<sup>94</sup> Therefore, while being aware of modern day implications of these behaviours, we must try to understand them in relation to the attitudes and expectations of women as nurses at the time.<sup>95</sup>

Some nurses suggest they participated whole-heartedly in sexual liaisons with their patients.<sup>96</sup> Bridget Warner was twenty-one when she went to work on Ward III as a newly qualified registered nurse. She later recalled:

I didn't mind it, I loved those boys. Some of the younger girls used to get a bit upset. But they were only boys after all and they'd been through something terrible. I was always a bit of a flirt. They were wonderful boys. So brave ... They were always flirting, I'll admit to a few rendezvous in the lining room myself but it was only fun and you went along with it ... We were all

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<sup>91</sup> Hugh McLeave, *McIndoe: Plastic Surgeon*, (London: Frederick Muller, 1961), 119.

<sup>92</sup> Liz Byrski, 'Emotional Labour as War Work: Women Up Close and Personal with McIndoe's Guinea Pigs', *Women's History Review*, 21, 3 (2012), 351–352.

<sup>93</sup> Kate Macdonald, 'The woman's body as compensation for the disabled First World War Soldier', *Journal of Literary & Cultural Disability Studies*, 10, 1 (2016), 53–70; *The Enchanted Cottage* (1945), Directed by John Cromwell (RKO Radio Pictures); *The Best Years of Our Lives* (1946), Directed by William Wyler (Samuel Goldwyn Company).

<sup>94</sup> Julie Hallam, *Nursing the Image: Media, Culture and Professional Identity*, (London: Routledge, 2000), 135–137.

<sup>95</sup> Lesley A. Hall, *Sex, Gender and Social Change in Britain since 1880*, (London: Palgrave Macmillan, 2013).

<sup>96</sup> Byrski, *In Love and War*, 77; Nesta Pain, 'Brave Encounter', *Telegraph Magazine* (29 December 1990), 18–24.

out for the war and for getting these boys better ... You did your bit and then a bit more.<sup>97</sup>

There is a definite tone of duty and patriotism in Warner's account especially when she says, 'We were all out for the war ... You did your bit and then a bit more'.<sup>98</sup> Jane Lyons went to East Grinstead as a VAD in 1940. She spoke positively about her time at the hospital:

We were frightfully naughty of course, those boys were desperate to feel loved and accepted, and so were we ... a lot of sex went on there ... You asked me if I felt coerced into sex, well yes I was, the first few times. But it seemed like just going that bit further in caring for them. I started off feeling it was my war-effort, but soon I was doing it ... for myself ... I discovered sex there, and I got to love those boys, they were heroes and it made me feel good that I could make them feel better about themselves.<sup>99</sup>

Like Warner, Lyons felt having sexual relationships with these men was as much her duty to the war-effort as nursing them. It is notable that, as Lyons points out, the men wanted to be loved, in fact they were 'desperate to feel loved'. Warner and Lyons appear to have been happy to provide this love and affection. While Warner had some experience with men, she wanted more adventure and found this at East Grinstead. Lyons, on the other hand, was a virgin before she went to the hospital but quickly felt empowered as she 'discovered sex there'.<sup>100</sup>

However, jovial accounts of flirtations and sexual escapades reflect the experience of only some patients and nurses. Wartime nurses worked long hours, in hard conditions.<sup>101</sup> Eileen Willis was a student nurse at Rooksdown in 1945. Extracts from her diary reveal a more negative experience in nursing men with badly burned faces and bodies. Willis wrote in 1945:

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<sup>97</sup> Byrski, *In Love and War* 109–110.

<sup>98</sup> *ibid*, 109

<sup>99</sup> *ibid*, 151–152.

<sup>100</sup> Byrski, *In Love and War* 151–152.

<sup>101</sup> Mackie, 75.

They are able to do nothing for themselves but have to be fed, cigarettes lighted, letters opened and read, even if you brought a bottle [urinal] for them you [have] to do that for them; they can do nothing.<sup>102</sup>

Willis highlights just how dependent burned servicemen actually were, even needing assistance to manage bodily fluids and functions. Yet she goes on to describe the joy she felt in helping them:

It was a nightmare on this ward. It is a terribly hard ward to be on, we are understaffed, overworked, under-equipped, and the ward is filthy but we don't even have time to clean that. But the experience is excellent, of course it is wonderful to be able to do so much for these poor fellows.<sup>103</sup>

McIndoe's no-rules approach created a different type of challenging environment for nurses at East Grinstead. In addition to attending patients' medical needs, nurses had to deal with drunkenness, pranks and unwanted sexual advances. Margaret Chadd was the almoner at East Grinstead from 1940–1945. She recalled that when nurses complained McIndoe would reply, 'These men have had to put up with a hell of a lot, so surely, you ... can put up with a little of their nonsense'.<sup>104</sup>

Some nurses felt the demands put on them were unreasonable and went against their own values and morals. Mary (pseudonym) was raised in a strict Methodist church family and explained, 'I was terrified my Dad would find out and think it was my fault. In the end I asked to be moved to another hospital'.<sup>105</sup> Joyce (pseudonym) came from a working-class background and was only seventeen when she joined the VAD and went to East Grinstead in 1940. Joyce's testimony shows how inexperienced some women were with men, which made the conditions difficult to cope with:

I'd not had any experience with men ... You were being pushed

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<sup>102</sup> Royal College of Nursing Archive (RCNA), T/147: Eileen Willis Interview Transcript, 12.

<sup>103</sup> *ibid.*, 13.

<sup>104</sup> BBC WWII People's War Archive: Presentation by Margaret Chadd MBE to Norfolk and General Hospital 1987, <<https://www.bbc.co.uk/history/ww2peopleswar/stories/89/a2424089.shtml>>. [Link confirmed viable 13 July 2021]

<sup>105</sup> Byrski, 'Emotional Labour', 352–353.

into putting up with things you wouldn't put up with from anyone else, and that were really embarrassing ... The language, the jokes, the way they talked to you. Sometimes they'd try and kiss you or put their arms around you.<sup>106</sup>

Despite Joyce being quiet and unable to stand up for herself she did manage to avoid going out to dances and day trips with patients, which she believed should have been a choice for nurses rather than expected.<sup>107</sup> The evidence suggests that patients engaged in 'hyper-masculine' behaviours.<sup>108</sup> Isabel White highlights that nursing has historically been associated with women behaving maternally and fulfilling traditional female roles while also being perceived as sexually knowledgeable and available. White suggests this is mainly due to the work done by nurses that can involve close contact with the most intimate parts of patients' bodies.<sup>109</sup> Summerfield and Crockett argue that women, who entered the workplace during the Second World War, often faced sexual harassment by men who wanted to assert their dominance.<sup>110</sup> Taking these points into account it appears that facially wounded servicemen may have engaged in these performances to prove that they were still masculine, virile and dominant, perhaps to cope with the embarrassment of being dependent on female caregivers.

On the other hand, the presence of female nurses could challenge men's confidence and make them feel inadequate. Page was treated at the Masonic Hospital in Hammersmith before he was moved to East Grinstead. In his memoir he writes about the reaction of a nurse who treated him:

Her attractive face flashed into focus for an instant, but just long enough for me to register her look of revulsion. At that point I

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<sup>106</sup> Byrski, *In Love and War*, 106.

<sup>107</sup> *ibid*, 107.

<sup>108</sup> Anderson, 115.

<sup>109</sup> Isabel White, 'Nursing as a Sexualised Occupation', in Hazel Heath and Isabel White (eds), *The Challenge of Sexuality in Health Care*, (New York: Blackwell Science Ltd, 2002), 54, 68.

<sup>110</sup> Penny Summerfield and Nicole Crockett, "'You weren't taught that with the welding": Lessons in Sexuality in the Second World War', *Women's History Review*, 1, 3 (1992), 441.

hated her and I hated myself with the illogical reasoning of a drunken man.<sup>111</sup>

Soon after this encounter Page experienced what he described as, 'the first of what were to be repetitious setbacks'.

One of the prettiest girls I'd seen in my life came into the room ... Standing beside the dressing trolley assisting the professional nurse, she was unable to hide the expression of horror and loathing registered on her lovely face at the sight of scorched flesh. From the depths of my soul I longed for Beauty to cast me a friendly glance, even if it came in the shabby guise of pity, but the first expression remained constant.<sup>112</sup>

It seems that Page was so desperate to have female affection that he did not care even if it was only out of pity.

Relationships between patients and nurses were not tolerated at other hospitals during the Second World War.<sup>113</sup> The behaviour of facially disfigured patients and the organisation of the hospitals that took care of them therefore appear unique. This was no doubt because of the nature of the injuries that the men had suffered and the visibility of their wounds, which made relationships with women particularly difficult. McIndoe's commitment to making his patients feel like men again went so far as ordering female staff to engage in relationships that would have been illicit elsewhere. For the nurses, engaging in these relationships was expected, and considered simply as part of one's duty to the nation. As Byrski argues, for nurses at East Grinstead, 'Displaying appropriate "feminine" responses to this idealised masculinity was part of the job'.<sup>114</sup>

Service in the RAF was constructed as particularly glamorous between 1939 and 1945, especially for fighter pilots. Women often found flyers attractive because of

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<sup>111</sup> Page, *Tale of a Guinea Pig*, 99.

<sup>112</sup> *ibid.*, 104.

<sup>113</sup> IWM Documents: 18942, F.T. Cottam, Private Papers; IWM Documents: 19013, L.C. Beck, Private Papers, Both patients had illicit relationships with nurses and married them.

<sup>114</sup> Byrski, 'Emotional Labour', 343.

their bravery and daring, their uniform and their good looks.<sup>115</sup> RAF pilots had an undeniable masculine appeal, Martin Francis argues that love, courtship and companionship were important aspects of service life for men in the RAF. Unlike the Army, RAF bases were at home and usually had the presence of WAAF servicewomen. Romantic relationships, which often resulted in marriage, not only provided men with a distraction from the stress of war but were also viewed as a reward for military service and hope for a normal civilian life after war.<sup>116</sup> These ideals were challenged through injury and disfigurement. McIndoe described the mentality of most men soon after injury:

They believe that their former social status and facility of performance are at an end, that they are no longer marriageable, and must remain only as objects for well-meant but misguided pity.<sup>117</sup>

Like McIndoe, Gillies believed that women accepting disfigured servicemen as romantic partners was essential for their rehabilitation. Writing about one patient who broke off his engagement because of his injuries, Gillies explained:

He had lost a good bit of his face. Two or three years later said patient meets his ex-fiancée in a department store. She says, 'Come here, young man, you are not getting away from me this time', and they are being married in the near future. That is the type of girl that makes a better nose than I ever did, and who makes our indifferent efforts look quite handsome.<sup>118</sup>

Gillies therefore compared female affection with surgical reconstruction, suggesting that it was even more beneficial to the mind set of injured men. Indeed, a study of facially disfigured servicemen conducted in 1946 found that fear of rejection by women was a significant cause of anxiety. One man stated, 'I am out of the picture and not

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<sup>115</sup> Francis, 25–26.

<sup>116</sup> *ibid.*, 64, 84.

<sup>117</sup> McIndoe, 'Rehabilitation', 163.

<sup>118</sup> Harold Gillies, 'From the President', *Rooksdown Pie*, 1 June 1947, BAPRAS, 2.

wanted'.<sup>119</sup> Dr John Marquis Converse, a plastic surgeon, recalled how one of his patients, a young disfigured RAF officer explained to him, 'When I take a girl out to dinner, all goes well until I kiss her – I can then feel her shudder'.<sup>120</sup> In order to help men overcome such anxieties, McIndoe and Gillies encouraged patients to socialise with women outside of the hospital grounds. Members of the Rooksdown House club regularly went to the Red Lion pub in Basingstoke. Patient Bob Doe recalled the 'big blonde barmaid' embracing each man, warmly welcoming them and totally ignoring their injuries and appearance. Doe stated, 'she deserved a medal' even though the men suspected that Gillies had paid her to welcome them this way.<sup>121</sup> Other men did not feel that their injuries were a barrier to romantic relationships. For example, Page attended a dinner dance during his first outing to London after he was injured. He met a 'pretty girl' called Jill, who did not gawk at him like the other diners. Page recalled that, 'Despite my injuries, Jill acted as if I were perfectly normal'. Page took Jill home in a taxi and she invited him in for a drink, he said, 'soon we were jumping into bed the way God made us'.<sup>122</sup> Page grew in confidence as he became accustomed to his new appearance. In 1944, four years after his first crash he went on a goodwill lecture mission to America where he spent time with 'an indescribably lovely young actress' and even met and mingled with British-American actress Joan Fontaine.<sup>123</sup> It appears then that opportunities for romance were not out of the question for facially disfigured servicemen.

Many disfigured servicemen had girlfriends or wives before they were injured.

The severe nature of facial disfigurement meant some women were unable to cope with

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<sup>119</sup> Duke-Elder and Wittkower, 155–156.

<sup>120</sup> John Marquis Converse, 'Foreword', in Cooke Macgregor, x.

<sup>121</sup> Helen Doe, *Fighter Pilot*, (Stroud: Amberley Publishing Limited, 2015), 112. d

<sup>122</sup> Page, *Tale of a Guinea Pig*, 136.

<sup>123</sup> Geoffrey Page, *Shot Down in Flames: A World War Two Fighter Pilot's Remarkable Tale of Survival*, (London: Grub Street, 1999), 93–4, 100.



their partner's changed appearance and unfortunately relationships broke down regularly.<sup>124</sup> For example, William Simpson had severe facial injuries after he was shot down in France in 1940 and spent a year there before he was repatriated to England. Simpson experienced acceptance and affection from some French nurses as well as a French prostitute and Resistance worker named Yvonne. Simpson described Yvonne as a 'burning brunette with an animal sexual magnetism' and says, 'I was not in love with her, but she gave me a sense of manhood again'. The attention Simpson received from her clearly reinvigorated his sense of masculinity. It was because of this experience, Simpson believed his wife Hope would accept his injuries once he returned home,

It was of great importance to me to have proof that women cared nothing for scars and crippling wounds provided that the essential manhood in a man's spirit—and presumably also in his body—was unimpaired.<sup>125</sup>

Unfortunately, he was not to find this reassurance. He described their first meeting:

All the horror she had always suffered at the sight of blood and mutilation spread through her ... she broke down and wept. It was bitterly ironical that this instinctive compassion hardened me against her.<sup>126</sup>

The marriage broke down and the couple divorced. The severity of some men's facial injuries meant that while some women did not immediately reject their partners they still found it hard to live with the emotional effects of injury.<sup>127</sup> Simpson who endured the breakdown of his first marriage regained some confidence when he remarried a nurse from East Grinstead named Monica. It was only when the couple had two children that Simpson felt different about himself:

a psychological need to see before my eyes children of our own

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<sup>124</sup> Interview with Bob Marchant (Honorary member of Guinea Pig Club and current secretary) by Jasmine Wood, 10 May 2018.

<sup>125</sup> William Simpson, *I Burned My Fingers*, (London: Putnam, 1955).

<sup>126</sup> *ibid.*, 30–37.

<sup>127</sup> Doe, 104, 106, 110, 183.

that were physically normal ... able to do all the things that I could not do myself – flowers of my seeds grown out of my own ashes.<sup>128</sup>

Simpson's ability to produce 'physically normal' children therefore instilled in him a sense of purpose and pride, something that had been lost since his accident.

## Conclusion

Restoring masculinity played a key part in the rehabilitation of facially disfigured servicemen during the Second World War. The surgeries performed by McIndoe and Gillies aimed to restore men's faces as much as possible to their pre-war states, not simply for functionality but in order to re-establish confidence and self-worth. This transformation continued with rehabilitation. The atmosphere created at East Grinstead and Rooksdown provided spaces in which men could physically recover and psychologically adjust. Considering the long-term effects of McIndoe's methods, which focused on re-establishing a sense of masculinity among his patients, the existing evidence suggests that his methods did not negatively impact the recovery of the men he treated. However, given the reputation of McIndoe, the rambunctious Guinea Pig Club and the fact that much of the existing evidence is written by men who were successfully rehabilitated, it is likely that men who had different experiences left little or no accounts.<sup>129</sup> The Guinea Pig and Rooksdown Clubs were safe environments where men could share in each other's experiences, bond and find mutual support. The Guinea Pigs in particular enjoyed traditionally masculine activities such as playing pranks, going out and heavy drinking. The importance of masculinity was also obvious in occupational therapy, which aimed to return men to work and make them independent wages earners. Through both the surgical and the rehabilitative process at

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<sup>128</sup> Simpson, 267–270.

<sup>129</sup> Simpson; Page, *Tale of a Guinea Pig*; Williams and Harrison, *McIndoe's Army*; IWM, Catalogue No: LBY K. 91/205; Pain, 'Brave Encounter', 18–24.

East Grinstead and Rooksdown, facially wounded servicemen were able to recover a sense of manliness that had been challenged by both political and social responses to disfigurement linked to an anxiety that was specifically visual.<sup>130</sup> Sex, romance and love were crucial to men's sense of self-worth and manliness, whether casual but kind encounters with nurses, or more meaningful relationships with girlfriends and wives. It is difficult to judge if the women discussed here in these encounters were aware of just how important they were in helping some disfigured men regain their confidence and masculinity, but the accounts of men suggest they were indeed very important. The men discussed in this article often ended up in committed relationships, which appear to have instilled a sense of purpose. The responsibilities of marriage and role of husband and father allowed them to fulfil the traditional masculine roles society expected of them. By exploring the key themes of hospital environment, occupational therapy and relationships this article has shown how East Grinstead and Rooksdown rehabilitated disfigured servicemen and tried to repair the psychological impact of burn injuries and facial disfigurement. By focusing on the patients' experience and the women who nursed them it has given a voice to a group of injured servicemen that has been missing from the historiography. In doing so, it also contributes to the limited historiography on the psychological impact of burn injuries on airmen and demonstrated that masculinity and sexuality were key elements of the serviceman's identity that were challenged by facial disfigurement. This article shows the importance of gender in the rehabilitation process and illustrates that, like other disabled veterans, re-establishing a sense of masculinity to the facially disfigured was key to successful rehabilitation.

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<sup>130</sup> Suzannah Biernoff, 'The Rhetoric of Disfigurement in First World War Britain', *Social History of Medicine*, 24, 3 (2011), 668.

### **Notes on Contributor**

Jasmine Wood is a final year PhD researcher based at the University of Strathclyde. She is currently finalising her thesis, 'I shall have to learn to live all over again': Injury, Disability and Relationships in the lives of Second World War Servicemen', funded by a Research Excellence Award from the University of Strathclyde.

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