

McIndoe's Revolutionising Treatment Regime

How an experimental treatment regime contributed to injured soldiers' rehabilitation after the Battle of Britain

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soldiers' rehabilitation after the Battle of Britain*



Acrylic on Canvas – Ragnhild Aune © 2018

The painting is inspired by Fighter Pilot Geoffrey Page's memory of crashing his aeroplane during the Battle of Britain, 1940: "You're screaming with fear [...] the thing is happening so quickly, if you don't get out within a few seconds, you're dead. You can see your hands burning in front of you. The life is just going out of you."

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Abstract

The birth of the Guinea Pig Club took place in Ward III at the Queen Victoria Hospital in East Grinstead, West Sussex, in 1941. It was created as a drinking club by injured soldiers, as a way to pass the time between operations, but it turned out to fulfil much more than its original and initial purpose. The Club was created by pilots from the Royal Air Force who suffered from burns after clashes between their aircrafts and the Luftwaffe's aircrafts during the Battle of Britain, and they all underwent reconstructive surgery from the famous plastic surgeon Archibald Hector McIndoe. Since their surgical procedures were considered to be experimental, the soldiers ended up calling themselves McIndoe's *Guinea Pigs*, which gave the Club its name.

The Guinea Pig Club was kept alive after 1945, despite the intended plan of terminating it after the war, and the Club became an important asset for its members, in terms of financial and social support. The staff at Queen Victoria Hospital saw the Club as an essential element in the Guinea Pigs' rehabilitation process, and the Guinea Pig Club managed to stay in touch with its members after the Second World War through their club magazine and their annual gatherings.

This thesis explores the rehabilitation process of the pilots who fought during the Battle of Britain, and reveals how McIndoe's treatment regime contributed to the 'Guinea Pigs' avoidance and repression of traumatic memories during and after the Second World War through the following thesis question: How did the early members of the Guinea Pig Club work towards their rehabilitation, and who contributed to their rehabilitation? This will be discussed by looking at the Club itself, at McIndoe's treatment regime, and by analysing different approaches to rehabilitation. Through different coping mechanisms, the early members of the Guinea Pig Club had to overcome stigmatising stereotypes on their way towards rehabilitation. What kind of approaches to rehabilitation can we see here, and how did the pilots manage to accept themselves after their injuries? There are elements and methods in the 'Guinea Pigs' treatment that, in fact, have been given too much credit in terms of how it contributed to their mental rehabilitation. By understanding the pilots' rehabilitation process, related to the Club's support and their own effort to become fully rehabilitated, we are able to see how much support from a drinking club and comrades mattered to someone who suffered from severe physical and mental trauma.

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Magnus Aune, May 2018

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Abbreviations and Glossary

GPCM	The Guinea Pig Club Magazine
GPC	The Guinea Pig Club
PTSD	Post-Traumatic Stress Disorder
QVH	The Queen Victoria Hospital
RAF	The Royal Air Force
RASC	The Royal Army Service Corps
Congenital deformities	Deformities from birth
Pedicles	Part of a skin graft left temporarily attached to its original site, from forehead to nose as a way to replace a burned nose, for example
Piles	A common term for haemorrhoids, swollen blood vessels in or around the anus and rectum
Rhinoplasty	A plastic surgery procedure for correcting and reconstructing the nose after congenital defects or injuries
Saline bath	A treatment procedure for burns. The patient is immersed in a bath of continuously flowing saline solution at a constant temperature for an extended period of time
Sepsis	Unwanted bacteria in the blood causing infections
Tannic acid	See Topical therapies
Topical therapies	A medication that is applied to a particular place on or in the body, in this case, medication applied to the burned area of the skin of the patient: tannic acid

1. Introduction

1.1. Introducing the Guinea Pigs

“You’re screaming with fear [...] the thing is happening so quickly, if you don’t get out within a few seconds, you’re dead. You can see your hands burning in front of you. The life is just going out of you.”¹ These are the words of Geoffrey Page, a pilot in the British Royal Air Force (RAF), who on August 12, 1940, was shot down during the Battle of Britain and suffered severe burns to his face and arms. Richard Hillary, a Spitfire pilot in the 603rd Squadron in the RAF, suffered from similar burns after being shot down during the Battle of Britain. His plane was destroyed on September 3, 1940, and it would take years and several reconstructive operations before he would be able to be airborne again. In his autobiography, Hillary is reminiscing about being shot down: “The sickly smell of death was in my nostrils and a confused roar of sound. Then all was quiet.”²

These two pilots, as well as others who fought during the Battle of Britain, are going to be the subject of analysis and discussion, but it is not first and foremost their injuries that are going to be discussed, but rather the rehabilitation they underwent. Rehabilitation is an important term here, and both physical and mental rehabilitation are going to be discussed. They will be analysed separately, in particular with an eye to how they overlap and why they should overlap, but the thesis’ main focus will be on mental rehabilitation. In addition to being pilots for the RAF, the pilots addressed in this thesis were all part of the Guinea Pig Club (GPC), formed as a drinking club in 1941 at the Queen Victoria Hospital (QVH) in East Grinstead, which was one of four centres for plastic surgery in Britain, established by the RAF at the outbreak of the Second World War in 1939.³ The QVH became a centre for plastic and jaw surgery, where pilots with severe burns and facial disfigurements were treated.

¹ Peter Williams & Ted Harrison, *McIndoe’s Army: The Injured Airmen Who Faced the World* (London: Pelham Books, 1979), 49.

² Richard Hillary, *The Last Enemy*, with an introduction by Sebastian Faulks (London, Vintage Books, 2010), 111.

³ David Tolhurst, *Pioneers in Plastic Surgery* (Basel: Springer International Publishing Switzerland, 2015), 96.

What makes the Club remarkable and unique is what it meant for its members. The sources used in this project claim that the GPC managed to contribute to the damaged soldiers' rehabilitation, especially the rehabilitation of their minds. The GPC was created in 1941, with the initial plan of ending the Club after the war, but it eventually turned out to be much more than just a drinking club. With annual gatherings and its own magazine, *The Guinea Pig* (GPCM), the Club managed to create a safe space where pilots and other army personnel could find comfort from others who had been through similar experiences. In addition to a mutual understanding of their experiences, the GPC was an important part of the soldiers' rehabilitation process. But the question is whether this was the case for all the members of the Club, and to what extent. Did some of them find other ways to rehabilitate?

The medical rehabilitation of a burned soldier was a long and complex process. In addition to treating their damaged and disfigured bodies, there was also a focus on treating the soldiers' minds at the QVH in East Grinstead. The British soldiers who were dismissed from service during and after the Second World War had many offers from veteran organisations, i.e. a range of opportunities to have a network of people with the same experiences. How does the GPC stand out? To address the uniqueness of the GPC, this thesis will draw comparative lines to the Rookdown Club and other such associations that were created during the war years.

When discussing the GPC's part in the rehabilitation of the burned airmen, it is important to emphasise that it is the pilots who fought during the Battle of Britain who are going to be the centre of analysis. These pilots include many of the founding members of the Guinea Pig Club. Prime Minister Winston Churchill gave a speech to The House of Commons in August 1940, in which he singled out the pilots who had contributed to the Battle of Britain. In his speech, he named these pilots "the Few", claiming that "Never in the field of human conflict was so much owed by so many to so few."⁴ Here, the "many" were the people living in the British Isles, and "the Few" the pilots in the RAF who protected them from a German invasion. With this phrase, Churchill acknowledged these men's crucial contribution to saving Britain from defeat during the early stages of the Second World War.

⁴ "The Few". Churchill's speech to The House of Commons August 20, 1940, National Churchill Museum, <https://www.nationalchurchillmuseum.org/the-few.html> [accessed 05.05.18].

The QVH in East Grinstead, under the leadership of Archibald Hector McIndoe, would become widely known for its medical unit for reconstructive and plastic surgery. By the end of the Second World War, McIndoe would save several hundred lives with his experimental treatment regime. Up until the Second World War, the treatment of burns had been of an experimental nature. The saying ‘War is the best school for surgeons’ is very much applicable to the treatment of burns during the Second World War, especially when it comes to the field of plastic surgery.⁵

An important aspect of burn treatment during the Second World War, and indeed to this day, is the attempt to restore the victims to their pre-burn state. Severely burned pilots from the RAF would, after initial burn treatment, undergo several reconstructive surgical procedures. Yet although McIndoe has been referred to as the father of modern plastic surgery, it is important to emphasise that it was Harold D. Gillies who, in fact, was the founder of the medical branch of plastic surgery in Britain.⁶ A reason for this common misconception, as pointed out in Simon Robert Millar’s PhD dissertation, was the amount of publicity McIndoe and the GPC both generated and received during and after the Second World War.⁷ This will be discussed in chapter 2.4.

In this project, the rehabilitation of pilots who fought during the Battle of Britain and ended up being injured after encounter with enemy aircrafts is going to be analysed and discussed. What these individuals have in common, is that they all became members of the GPC, and some of them were also among the Club’s founding fathers. They stand out as a group precisely because of the fact that they were McIndoe’s first ‘Guinea Pigs’, and they all underwent experimental reconstructive and plastic surgery under his care. They also stand out as fighter pilots, seeing that the majority of the later members of the Club mostly belonged to Bomber Command, not the Fighter Squadrons. This thesis will examine how the GPC contributed to the mental rehabilitation of the members of the GPC that fought during the Battle of Britain.

By analysing the ‘Guinea Pigs’ physical and mental rehabilitation process, I will argue that we need to give the members themselves credit for their rehabilitation, too. McIndoe has been given

⁵ Tolhurst, *Pioneers in Plastic Surgery*, 71; Annelie Ramsbrock, *The Science of Beauty: Culture and Cosmetics in Modern Germany, 1750-1930* (New York: Palgrave Macmillan, 2015), 7.

⁶ Tolhurst, *Pioneers in Plastic Surgery*, 94; Simon Robert Millar, “Rooksdown House and the Rooksdown Club: A Study into the Rehabilitation of Facially Disfigured Servicemen and Civilians Following the Second World War” (PhD diss., University of London 2015), 43-44.

⁷ Millar, “Rooksdown House and the Rooksdown Club”, 432.

almost full credit for his patients' healing process because of the institutional support and medical expertise he provided for the 'Guinea Pigs', but this is only one, albeit central part of the story. The general conception is that the members of the GPC became mentally rehabilitated through the help of their comrades and McIndoe's strict rehabilitation scheme. Very little credit is given to each member for their individual contribution to their mental rehabilitation, and there seems to be a consensus that the members of the GPC needed to be involved in the Club to be able to restore their lives to its prior state.

In one of the biographies written about the 'Guinea Pigs', we find the following statement: "[...] I believe it is the job of subsequent generations of aviation historians and enthusiasts [...] to continue to research and tell the story of 'The Few'."⁸ This thesis is going to work towards the goal of telling the story of 'the Few' and give these young men the credit they deserve. By researching the 'Guinea Pigs' rehabilitation on an individual level, a different perspective of the treatment of war veterans will be presented. 'The Few' was given credit for their effort during the Battle of Britain by Churchill, but this project will shed light on their common effort to heal. The goal is to re-read the available sources on the RAF pilots' lives in order to tell a different story about the Second World War. By using these sources, this dissertation will show that the individual accounts of the men who fought in the war bring a valuable contribution to a bigger picture of the war than previously assumed, one that answers the question how these early members of the GPC worked together towards their rehabilitation and who contributed in which way to this arduous process.

1.2. Sources and Historiography

1.2.1. The East Grinstead Museum

There are only two archives that hold collections of the GPC's club magazine, *The Guinea Pig* (GPCM): the East Grinstead Museum, and the West Sussex Record Office. In order to view these and gather information that can only be found in articles in these magazines, I travelled to East Grinstead to peruse issues from magazines dating from 1945 up to 2002. These articles

⁸ David Ross, *Richard Hillary: The Definitive Biography of a Battle of Britain Fighter Pilot and Author of The Last Enemy* (London: Grub Street, 2000), viii.

contain a wide array of information about individual ‘Guinea Pigs’, messages from McIndoe to the Club, and other data relevant to this project which will be used throughout this thesis. These magazines have proven to be valuable for this project. Not only do they provide the reader with information about the GPC, they also reveal how the members of the Club communicated with each other after the Second World War. Still, it is important to keep in mind that the GPCM was a magazine written for the members of the GPC by the members of the Club. So the articles must be handled with care because of the insiders’ perspectives. Nevertheless, they provide valuable information which was also available to the members of the GPC.

1.2.2. Physical and Mental Rehabilitation

When it comes to rehabilitation, I have collected sources that contain information not just about the pilots of interest, but also studies that investigate some common issues related to rehabilitation. These relate to the mental wounds that a person with facial deformities can suffer from and mental issues in terms of how you process your memories and how processing memories can help in dealing with Post-Traumatic Stress Disorder (PTSD). By addressing the importance of rehabilitation of the mind, we can understand how dealing with traumatic memories correlates with the treatment and rehabilitation of the body.

Individual self-perception and self-images will be discussed in relation to self-acceptance and its importance in the rehabilitation process. We will see that facial symmetry and notions on aesthetics are closely correlated to a person’s rehabilitation. Viewed from this angle the present subject ties in with the historiography of beauty in the modern age, its conceptualisation and evolution. *The Science of Beauty* gives a broad perspective on the state of research of beauty and vanity, and by including *Facial Deformities and Plastic Surgery: A Psychosocial Study* it will be possible to see similar issues relating to self-esteem and vanity, even though the latter focuses on congenital deformities.⁹

Several contemporary articles will be used to discuss the difficulties the burned and disfigured pilots went through during and after the war. In the third chapter, different approaches to rehabilitation will be discussed. Starting with the Scientific Approach to Rehabilitation, there are

⁹ Ramsbrock, *The Science of Beauty*; Frances Cooke MacGregor, Albert M. Abel, Albert Bryt, Edith Laues & Serena Weissmann, *Facial Deformities and Plastic Surgery: A Psychosocial Study* (Springfield, Illinois: Charles C. Thomas Publisher, 1953).

several articles that need to be addressed. Here, articles that focus on the correlation between physical and mental rehabilitation will be important for understanding the scientific approach to rehabilitation.¹⁰ Cecil Wakeley writes that there has been little awareness of burned patients and the need for rehabilitation in the past and that it is important for the patient “[...] to exercise their minds as well as their burnt parts.”¹¹ According to his analysis, the focus is mainly on physical rehabilitation, although mental exercise is also emphasised. H. Osmond Clarke sees rehabilitation as successful if the treatment consists of “[...] three-fifths mental and two-fifths physical [treatment].”¹² He also points out that for the rehabilitation to be successful, it is important with both good surgery and good rehabilitation, i.e. they are of equal importance.¹³ To rehabilitate a person’s mind, high morale and a spirit of optimism are highlighted as the key factors to rehabilitation, as in both Clark and Watson-Jones’ articles.¹⁴ In other words, there is a common understanding that the goal of treatment is to fully rehabilitate a person’s mind and body, but there are evidently different ways one can take to rehabilitate soldiers to their prior state. Reginald Watson-Jones makes an interesting statement by saying that “[i]t must be emphasised that the principle of rehabilitation is to encourage and persuade the patient to cure himself.”¹⁵

When it comes to rehabilitation of the patient’s mind, there are articles focusing on psychiatry that need to be included. How war veterans have dealt with their memories, and how they process traumatic experiences will be addressed in the analysis, but also with an eye to the methodology, explaining how history and memory can collide and give an insufficient presentation of history. In addition, to provide information on mental disorder, these articles present a picture of the general trends in post-war mental illness.¹⁶ Studies that do not contain information about

¹⁰ R. Watson-Jones, “Rehabilitation in the Royal Air Force”, *British Medical Journal*, vol. 1, no. 4238 (March 1942): 403–407; H. Osmond Clarke, “Orthopædic and Rehabilitation Service of the Royal Air Force”, *The Lancet*, vol. 247, no. 6403 (May 1946): 721–723; “Discussion on Rehabilitation in the Royal Air Force”, *Proceedings of the Royal Society of Medicine*, vol. 50, no. 3 (1957): 129–136; Cecil P. G. Wakeley, “The Late End-Results of War Burns”, *The Lancet*, vol. 239, no. 6188 (April 1942): 410–412.

¹¹ Wakeley, *The Late End-Results of War Burns*, 412.

¹² Clarke, “Orthopædic and Rehabilitation Service of the Royal Air Force”, 722.

¹³ Clarke, “Orthopædic and Rehabilitation Service of the Royal Air Force”, 723.

¹⁴ Clarke, “Orthopædic and Rehabilitation Service of the Royal Air Force”, 722; Watson-Jones, “Rehabilitation in the Royal Air Force”, 403.

¹⁵ Watson-Jones in “Discussion on Rehabilitation in the Royal Air Force”, 129.

¹⁶ Karen J. Burnell, Peter G. Coleman & Nigel Hunt, “Coping with traumatic memories: Second World War veterans’ experiences of social support in relation to the narrative coherence of war memories”, *Ageing & Society*, vol. 30, no. 1 (2010): 57–78; Zahava Solomon, Mario Mikulincer & Ehud Avitzur, “Coping, Locus of Control, Social Support, and Combat-Related Posttraumatic Stress Disorder: A Prospective Study”, *Journal of Personality*

Second World War veterans will also be used when discussing rehabilitation. K. J. Burnell, P. G. Coleman, and N. Hunt's study of Falklands War veterans' perceptions of social support and the reconciliation of traumatic memories will be used to broaden the perspective of this thesis, especially when we are looking at different coping strategies to deal with traumatic memories: avoidance and processing.¹⁷

1.2.3. Veteran Care

Niall Barr writes about British veterans in the interwar years, and his work provides this thesis with useful background information on how veterans after the Great War came together to work for better conditions. Barr examines the British Legion and how the collaboration of a number of veteran groups worked together towards the aim of assisting all ex-servicemen who were in distress related to unemployment and being disabled, where camaraderie was in focus. Through social activities, the British Legion's main ideal of comradeship was sustained.¹⁸ The Legion worked on several levels, and one of its main goals was to put pressure on the British government to improve pensions legislation and develop employment projects.¹⁹

Since their comradeship crossed the borders between the social classes in Britain, Joan Abbott's study of student life in a class society will provide us with information on how social interaction occurs between peoples in a group, in this case soldiers and war veterans, despite their social backgrounds.²⁰

Alexander Watson contributes with information about soldiers who fought during the Great War, and how they were treated by their superiors in the army. He emphasises the psychological

and Social Psychology, vol. 55, no. 2 (1988): 279–285; A. C. McFarlane, "Avoidance and Intrusion in Posttraumatic Stress Disorder", *The Journal of Nervous and Mental Disease*, vol. 180, no. 7 (1992): 439–445; Sheldon Cohen & Thomas Ashby Wills, "Stress, Social Support, and the Buffering Hypothesis", *Psychological Bulletin*, vol. 98, no. 2 (1985): 310–357; N. Hunt & I. Robbins, "World War II veterans, social support, and veterans' associations", *Ageing and Mental Health*, vol. 5, no. 2 (May 2001): 175–182,

¹⁷ K. J. Burnell, P. G. Coleman & N. Hunt, "Falklands War veterans' perceptions of social support and the reconciliation of traumatic memories", *Ageing & Mental Health*, vol. 10, no. 3 (2007): 282–289.

¹⁸ Niall Barr, *The Lion and the Poppy: British Veterans, Politics, and Society, 1921–1939* (Westport, Connecticut: Praeger Publisher, 2005), 2–3.

¹⁹ Barr, *The Lion and the Poppy*, 3.

²⁰ Joan Abbott, *Student Life in a Class Society* (Oxford: Pergamon Press, 1971).

challenges the men had to face during the war, and how mental breakdowns, commonly known as shell-shock, were seen as a sign of low morale and not recognised as something treatable.²¹

Annelie Ramsbrock writes about the culture of beauty and cosmetics in Germany from 1750 to 1930, and the treatment of wounded and disfigured soldiers is investigated in detail in the third chapter of her book, where she writes about the treatment of facial wounds.²² Although her study contains mostly information about Germany rather than Britain, the way patients were treated is representative for Western Europe and thus relevant for this thesis.

1.2.4. The Guinea Pig Club

My dissertation includes several autobiographies and biographies written by and about ‘Guinea Pigs’. Information regarding McIndoe and his contribution to the guinea pigs’ rehabilitation draws on biographies written about him, but articles written by and about McIndoe in the GPCM will also be included. Articles from the GPCM will also be an asset to give a picture of the ‘Guinea Pigs’ of interest.

When it comes to a collective biography of ‘the Few’ there are several books written after the war that can contribute to a better understanding of their rehabilitation process. Although inconsistently used in many sources, ‘the Few’ generally refers to all the pilots who fought during the Battle of Dunkirk and the Battle of Britain.²³ In this project, ‘the Few’ will be used as a term for the pilots in the GPC who fought in the Battle of Britain. This will be done as a means to distinguish between the 34 members of the Club who fought during the Battle of Britain, as opposed to the well over 600 other members of the GPC who fought in later stages of the Second World War.

²¹ Alexander Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914–1918* (Cambridge: Cambridge University Press, 2008).

²² Ramsbrock, *The Science of Beauty*, 65–108. See “Reconstructive Surgery: Developments from the Nineteenth Century to the First World War” 73–90.

²³ Micheal Coldfelter, *Warfare and Armed Conflicts: A Statistical Reference to Casualty and Other Figures, 1500–2000*, second edition (Jefferson, North Carolina: McFarland & Company, 2002), uses “the Few” for pilots who fought during the Battle of Dunkirk, see p. 488. J. P. Bennett, “A History of the Queen Victoria Hospital, East Grinstead”, *British Journal of Plastic Surgery*, vol. 41, no. 4 (1988): 422–440, use the term for both the Battle of Dunkirk and the Battle of Britain, see p. 426. Patrick Bishop, *Fighter Boys: Saving Britain 1940* (London: Harper Press, 2003), uses the term for pilots who fought during the Battle of Britain only, see p. 400. The same goes for R.A.C. Parker, *Struggle for Survival: The History of the Second World War* (Oxford: Oxford University Press, 1990), see p. 51. Seeing that Churchill gave the speech in August 1940, a few months after Dunkirk and in the middle of the period later called the Battle of Britain, the term can be used for both.

Books written about the GPC and the RAF can all contribute to shed light on the GPC and individual ‘Guinea Pigs’.²⁴ A tendency towards glorification of McIndoe and the GPC can be seen in these books, as well as in many articles published in the GPCM. They all highlight the importance of McIndoe and the Club when it comes to the social reintegration of the ‘Guinea Pigs’, the importance of camaraderie within the Club, and how the Club contributed to the soldiers’ rehabilitation and the life after being hospitalised. This is not to say that all, or even any of this is incorrect, yet many of these accounts are missing a critical edge and rarely try looking at McIndoe and the GPC from a different angle. For instance, despite providing valuable information about the GPC and individual members, one can see a rather half-hearted attempt to criticise McIndoe and the GPC in Emily Mayhew’s book on the subject. It gives a thorough overview regarding the Club and McIndoe, and Mayhew offers a degree of McIndoe, yet without managing to go any deeper than the following:

With any retelling of the story of McIndoe, however, it is difficult to avoid portraying him as being something close to saintly – an inaccurate and unhelpful characterisation. McIndoe the man was no saint; he was consumed by his work as a surgeon, sacrificing much of his personal life, including his marriage and the health of his first wife, to this obsessive devotion to his patients and their care. There was a fine line between being forthright and being a bully, and McIndoe frequently crossed it.²⁵

I agree with Mayhew’s opinion that the saintly characterisations of McIndoe so often found are unhelpful, but she does not take this any further. The most important thing Mayhew manages to do here is to separate McIndoe from the GPC. A common misconception is that McIndoe was in charge of the Club, but this is incorrect. Nor is the matter of frequently crossing the line between being forthright and being a bully elaborated on later in her book. Her interpretation is rather mainstream in that respect, and she does not accord any particular importance to individual ‘Guinea Pigs’. By pointing out the uniqueness of the Club and how with the creation of the GPC, “[...] the last piece of the burn treatment infrastructure for the RAF’s injured aircrew fell into place”²⁶, she only praises the abstract entity. In other words, Mayhew continues the work of presenting the GPC and McIndoe in similar ways as writers have done before her.

²⁴ Rita Donovan, *As for the Canadians: The Remarkable Story of the RCAF’s “Guinea Pigs” of World War II* (Ottawa: Buschek Books, 2000); Terence Kelly, *Hurricane & Spitfire Pilots at War* (London: Arrow Books, 1986); Philip Kaplan & Richard Collier, *The Few: Summer 1940, the Battle of Britain* (London: Blandford Press, 1989); Edward Bishop, *McIndoe’s Army: The Story of the Guinea Pig Club and its Indomitable Members* (London: Grub Street, 2001); Williams & Harrison, *McIndoe’s Army*; Emily R. Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, the Royal Air Force and the Guinea Pig Club* (London: Greenhill Books, 2004); Adam Zamoyski, *The Forgotten Few: The Polish Air Force in World War II* (South Yorkshire: Pen & Sword Books, 2004).

²⁵ Mayhew, *The Reconstruction of Warriors*, 75.

²⁶ Mayhew, *The Reconstruction of Warriors*, 81.

Richard Hillary, in particular, has been the subject of much biographical writing: David Ross' biography *Richard Hillary* will be of interest to this thesis, notably in describing how Hillary managed to get back into the RAF and the following consequences.²⁷ Hillary is one of the most famous 'Guinea Pigs', and thanks to his autobiography and biographies written about him a clear depiction of Hillary is available. In the biography, we see the GPC and its members through different eyes, and it tells a somewhat different story than other secondary literature regarding the Club and Hillary. The biography gives the full story of Hillary's life from before he signed up for flying duty with the RAF, to when he was shot down and how he eventually ended up fatally crashing his plane in 1943. Furthermore, it gives the reader the impression of the possibility that Hillary managed to rehabilitate himself, without the help of the GPC. This will be discussed in a later subchapter, together with the fact that the early members did not familiarise themselves with the Club's activities, like the annual reunion. Their involvement in the Club raises the question of how beneficial the GPC was for its early members; did the early members manage to find a source to rehabilitation outside of the Club?

None of the above-mentioned books goes into the mental rehabilitation of the 'Guinea Pigs' other than saying that camaraderie was an important factor for the 'Guinea Pigs' rehabilitation. This is something that will be the subject of interest here, with the use of different sources. I find it helpful to use Millar's dissertation to shed some new light on the GPC's importance to its members.²⁸ Millar gives a well-argued critique about how publications regarding the GPC offer a very narrow viewpoint when it comes to rehabilitative institutions, and also how the GPC differs from the Rooksdown Club.²⁹ But it must be pointed out at Millar's dissertation to some extent articulates a sense of bitterness towards the GPC in comparison to the less famous Rooksdown Club, because of the GPC's fame and exclusiveness, which will be discussed later.

There are also autobiographies written by the pilots under investigation, which give personal information about the writers, but also on how they managed to get on with their lives. The most famous of these is Richard Hillary's autobiography *The Last Enemy* which invites the reader to understand what Hillary went through before and after he was shot down and ended

²⁷ Ross, *Richard Hillary*.

²⁸ Millar, "Rooksdown House and the Rooksdown Club".

²⁹ Millar, "Rooksdown House and the Rooksdown Club", 32; appendix 8: Comparison between the Rooksdown Club and the Guinea Pig Club, 429.

up in McIndoe's care at East Grinstead.³⁰ The pilots' autobiographies can be valuable sources to understand their rehabilitation process and contribute to a broader picture of being a pilot in the RAF.³¹ They will also be able to provide information regarding McIndoe since they were all in his care at one point. But it is worth mentioning that some of the autobiographies are clearly limited in terms of the insights to be gained for this project, especially Brian Kingcome's book, where the GPC and McIndoe are only rarely mentioned; the focus clearly lies on Kingcome's career in the RAF, and not the injuries he got from being shot down. He does mention that he was injured, but this is not elaborated on any further.³² That said, some interesting general insights can be gained from Kingcome's autobiography.

1.2.5. Archibald Hector McIndoe

Articles written by McIndoe have a value in themselves, but I also find it important to include biographical information from some of the most well-known biographies about the man. The volumes authored by Hugh McLeave and Leonard Mosley help to shed some light on the person behind the articles.³³ Mosley's biography focuses on his correspondence with McIndoe and presents in-depth information of several events that will be discussed in this dissertation. This makes it a particularly valuable source. McLeave is also focusing on the different stories from McIndoe's life, but he gets essential facts wrong, including the date the GPC was funded.

To answer my thesis question, I have collected a variety of material, where some of the sources are articles written by McIndoe, and others are written based on original sources and interviews regarding his patients, the 'Guinea Pigs' in general, and the GPC in particular. In addition, to work as a surgeon and giving lectures regularly, McIndoe produced several articles and journal papers that will be used in this thesis, both during the years of the war and after.

The articles "Rehabilitation in a Maxillo Facial and Plastic Centre" and "Skin Grafting in the Treatment of Wounds" were written during the war, whilst McIndoe was stationed at the QVH

³⁰ Hillary, *The Last Enemy*.

³¹ Geoffrey Page, *Shot Down in Flames: A World War II Fighter Pilot's Remarkable Tale of Survival* (London: Grub Street, 2011); Tom Gleave ['R.A.F. Casualty'], *I Had a Row with a German* (London: Macmillan & Co., 1941); Brian Kingcome, *A Willingness to Die: Memories from Fighter Command* (Gloucestershire: The History Press, 2006).

³² Kingcome, *A Willingness to Die*, 163–165; 167.

³³ Hugh McLeave, *McIndoe: Plastic Surgeon* (London: Frederick Muller, 1961); Leonard Mosley, *Faces from the Fire: The Biography of Sir Archibald McIndoe* (London: Weidenfeld and Nicolson, 1962).

in East Grinstead.³⁴ The first article gives the reader a closer look at how rehabilitation was done in theory at East Grinstead, and several steps of the rehabilitation process are included in the article. From the timespan, rehabilitation from start to finish, to the mental issues the patients could stumble upon, the article gives an overview of the rehabilitation the patients underwent. It also goes in depth into important activities and the patients' surroundings, and why this, in fact, was important for a patient's rehabilitation. Pride of achievement is a key word here, and McIndoe also stresses the surgeon's responsibility to the patients and their rehabilitation. The other article written by McIndoe during the war that is going to be included in this thesis, "Skin Grafting in the Treatment of Wounds", gives a more medical technical insight to plastic surgery and skin grafting – skin transplantation, and why it had to be done a certain way to avoid failed grafts due to infections. These articles are helpful in understanding McIndoe's treatment regime, and how, at least on paper, his methods could contribute to the injured pilots' physical and mental health.

After the war, McIndoe wrote the articles "Development of Plastic Surgery in Great Britain" and "Total reconstruction of the burned face, The Bradshaw Lecture 1958", and they give an equally interesting insight to rehabilitation and the development of plastic surgery in Great Britain as those written during the war.³⁵ "Development of Plastic Surgery in Great Britain" offers a brief history of the development of plastic surgery in Great Britain, and McIndoe also manages to highlight other important surgeons at the time of the Second World War and the plastic surgery units across the country. In the article he describes Harold D. Gillies' book *Plastic Surgery of the Face* as a surgical landmark, containing studies done by Gillies during the Great War, and, with his studies, the book laid the groundwork for how reconstructive surgery was to be performed in the Second World War.³⁶ "Total reconstruction of the burned face" is an article that figures in most of the biographical work on McIndoe and the Guinea Pig Club as it relates substantially to rehabilitation. McIndoe writes about the development of plastic surgery, the different types of facial burns and which to address first to prevent further damage, and the

³⁴ Archibald H. McIndoe, "Rehabilitation in a Maxillo Facial and Plastic Centre", *Post-Graduate Medical Journal*, vol. 19, no. 212 (July 1943): 161–167; Archibald H. McIndoe, "Skin Grafting in the Treatment of Wounds", *Proceedings of the Royal Society of Medicine*, vol. 36, no. 12 (October 1943): 647–656.

³⁵ Archibald H. McIndoe, "Development of Plastic Surgery in Great Britain", *The Medical Press*, vol. 225; 226, no. 5844; 5856 (1951): 3–23; Archibald H. McIndoe, "Total reconstruction of the burned face. The Bradshaw Lecture 1958", *British Journal of Plastic Surgery*, vol. 36, no. 4 (1983): 410–420.

³⁶ Harold D. Gillies, *Plastic Surgery of the Face: Based on Selected Cases of War Injuries of the Face Including Burns* (London: Oxford University Press, 1920).

patient-surgeon relationship that develops, and the trust between the two. The term “airman’s burn” is defined in this text, and also the likelihood of becoming severely burned during the Second World War. The themes raised by these different accounts will give additional background to the central issue of mental rehabilitation which is the main focus of this study.

Another article worth mentioning is “Relationships, Archibald McIndoe, his times, society, and hospital” written by Russell M. Davies, one of McIndoe’s colleagues at the QVH.³⁷ In the article, Davies explains how McIndoe worked alongside his colleagues, the patients at the QVH, and the people of East Grinstead. He emphasises McIndoe’s work on rehabilitation, and the important steps he took related to red-tape, treatment of burned bodies, and the reintegration of a patient back to society and last, but not least, McIndoe’s legacy.

1.3. Theory and Methodology

1.3.1. Using Memories as Historical Narratives

The focus of this project is on using memories told through their memoirs as historical narratives to tell the story of the ‘Guinea Pigs’ rehabilitation, presenting case studies in comparison to the general picture of patient rehabilitation. There are, however, methodological issues using memories for this purpose, which will be discussed in the following.

When working with memoirs written by war veterans, one must be aware of the possibility of their memories being shaped and created to serve the story, since everyone has a selective memory. According to Maurice Halbwachs, memories can be altered and reconstructed under the pressure of society, meaning that the retelling of the history might be altered and incorrect.³⁸ This is also pointed out by Nigel Hunt and Sue McHale who write from the perspective of war veterans, compared to Halbwachs who writes from purely a history-memory perspective.³⁹ Halbwachs’ contribution to the sociology of knowledge during the interwar years made him a

³⁷ Russell M. Davies, “McIndoe Lecture, 1976: Relationships. Archibald McIndoe, his times, society, and hospital”, *Annals of the Royal College of Surgeons of England*, vol. 59, no. 5 (September 1977): 359–367.

³⁸ Maurice Halbwachs, *On Collective Memory*, Edited, Translated, and with an Introduction by Lewis A. Coser (Chicago: The University of Chicago Press, 1992), 51.

³⁹ Nigel Hunt & Sue McHale, “Memory and Meaning: Individual and Social Aspects of Memory Narratives”, *Journal of Loss & Trauma*, vol. 13, no. 1 (December 2007): 42–58.

pioneering scholar when it comes to the understanding of collective memory as a historical narrative.⁴⁰ According to Halbwachs, individual memories are a part of a collective memory of history. This means that a group of people with the same background, in this case a military background, can tell a similar history which is reconstructed. This reconstruction or altered version of history occurs if a group consciously decides to tell the same reconstructed version, or by implementing changes over time, unconsciously.⁴¹ This becomes clear with the retelling of the GPC and individual ‘Guinea Pigs’ when an outsider’s perspective is presented, especially in biographies written about individual ‘Guinea Pigs’ when their autobiographies also exist.

When discussing the relationship between history and memory, one cannot avoid mentioning the French historian Pierre Nora. According to Nora, memory and history are far from being synonymous:

Memory is life, borne by living societies founded in its name. It remains in permanent evolution, open to the dialect of remembering and forgetting, unconscious of its successive deformations, vulnerable to manipulation and appropriation, susceptible to being long dormant and periodically revived. History, on the other hand, is the reconstruction, always problematic and incomplete, of what is no longer.⁴²

Nora emphasises similar issues when it comes to history and memory as Halbwachs, as well as Hunt and McHale; there needs to be a clear distinction between the two, and they both need to be handled with care.

The issue with altered and reconstructed memories is something that becomes clear when working with autobiographies and biographies. The distinction between collective and individual memories is therefore important, but one must also understand in which discourse the memories have been re-told or written. According to Hunt and McHale, memories are not necessarily accurate, and that we can only understand the history by understanding which factors that have affected the memories of war veterans.⁴³ The autobiographies written by pilots who fought in the Battle of Britain were often written within a supportive environment, with the support from either their families or comrades, which means that a ‘reconstruction’ of their memories could

⁴⁰ The sociology of knowledge is the study of the relationship between human thought and the social context within which it arises. See Halbwachs, *On Collective Memory*, 1–3.

⁴¹ Halbwachs, *On Collective Memory*, 53.

⁴² Pierre Nora, “Between Memory and History: Les Lieux de Mémoire in France since 1944”, in *Histories. French Constructions of the Past*, ed. Jaques Revel & Lynn Hunt (New York: The New Press, 1998), 631–643, 633.

⁴³ Hunt & McHale, “Memory and Meaning”, 43.

have happened. If the supportive environment of the injured soldiers noticed beneficial behavioural changes when a soldier reconstructed a story, this 'reconstruction' might not be pointed out by the listeners, and the story could be told in this way continuously. This is an issue that limits some of the sources for this thesis.

In Hillary's autobiography, published in 1942, a more heroic picture of the narrator and the history of the war is presented. In contrast, Geoffrey Page's autobiography, first published in 1999, presents a more refined picture. This suggests that the autobiographies vary depending on whether they were written during or directly after the war, or much later. Biographies written about Hillary are examples of how biographies can supplement an autobiographical presentation of historical events, where they provide corrections and additions to the autobiography. An example is when Ross points out Hillary's personality alterations, i.e. when Hillary over time became a nicer person.⁴⁴ According to Ross, some patients believed that this change was genuine, whereas other observers believed that it was not. Page in his autobiography, points out that Hillary's personality did not truly change⁴⁵, illustrating how personal memoirs differ substantially. It is only through cross-referencing using biographies and autobiographies and by both questioning and contextualising their information that historians approximate a complex and nuanced presentation of events. At the same time, working with memories is working with someone's life. A memory originates from a lived life, whereas history is something constructed and unfinished, meaning that memories can always contribute to different presentations of history.

Secondary literature regarding McIndoe, the GPC, veteran care, and articles from medical journals addressing issues with plastic surgery and mental illness after traumatic experiences, have all contributed to a broader perspective to increase the validity of this project. Also, comparing veterans from different armed conflicts provides us with a broader perspective and increased knowledge on the subject of the mental health of war veterans. This is done to expand the perspective of the effort made by the GPC in the rehabilitation process of individual 'Guinea Pigs', but also to poke holes into the running narrative of presenting the GPC in a glorified light.

⁴⁴ Ross, *Richard Hillary*, 138; 157.

⁴⁵ Page, *Shot Down in Flames*, 197.

Hunt and McHale point out that it is beneficial to apply interdisciplinary approaches to understanding the memories of war veterans, which, in the case of this thesis, is done by combining history and psychology.⁴⁶ But challenges occur when writing an interdisciplinary thesis, which bridges the gaps between historiography, medicine and psychology. In a thesis where memories are used as historical sources, one must be aware of the fact that memory and history are two different disciplines, regarding how they are used in research. When crossing the border between humanities and science, one must be aware of the issues memories can raise: are the memories a correct depiction of the Battle of Britain, or is it a reconstructed and changed version of the Battle of Britain? By including articles written within the field of psychology, one must be careful not to just rely on psychological assumptions of how veterans act the way they do, and how they process their traumatic memories. Cross-referencing the psychological theories with the sources is therefore important. Awareness of the origin of the sources is required when dealing with history, psychology, and memory. Which events in a person's life have contributed to form his identity, and how have these events contributed to this person's presentation and interpretation of historical events?⁴⁷ It is important to be aware of what has formed a person's memories and the reason for the usage of certain memories – which could be presented with an intended purpose.

1.3.2. Theoretical Limitations

The research procedure did not include the GPC's members' patient journals for two reasons. The first reason is accessibility. In correspondence with the West Sussex Record Office, which holds the patient journals of the 'Guinea Pigs', it became clear that these were not available in the time frame of my research. The other reason for not including these documents is the relevance for this work. This is a historiographical thesis, and, therefore, looking into patient files providing information about injuries and dates for different surgical procedures is not of the utmost relevance. So, related to accessibility and the topic for this thesis, the 'Guinea Pigs' patient journals have deliberately been left out since sufficient information regarding the 'Guinea Pigs' injuries can be found in other sources.

Another factor was the time frame for this project. Knowing the limitations of time and space, sources and material from the Imperial War Museum and their archives have not been included

⁴⁶ Hunt & McHale, "Memory and Meaning", 44.

⁴⁷ Hunt & McHale, "Memory and Meaning", 51.

as a part of the research for this project. However, information from these archives is also available through reliable secondary sources, which have been helpful in broadening the perspective of this dissertation.

Regarding veteran care, it could have been helpful to look at British war veterans in a broader perspective, in other words not only the researched pilots in the RAF. But when writing about the Battle of Britain, one can see that the RAF was the major contributor in terms of men and firepower, and by limiting my research to one specific club, at a specific hospital, it was more manageable to get a coherent picture of the patient treatment, compared to the vast picture of how soldiers who were treated in hospitals all over Britain. Seeing that McIndoe was one of the top surgeons within his field during the Second World War, this project shows how patients of a specific surgeon got treated, on how their injuries led to pioneering work that created precedents for later burn treatment.

The results and the findings in this thesis can provide a coherent picture of veteran care during and after the Second World War looking at the severely burned pilots in the RAF. By looking at the patients in the GPC, one can see how the pilots' injuries managed to create strong bonds between the pilots, and how they, with their similar social backgrounds, created a drinking club as a way to pass the time between operations, but also how this contributed to their rehabilitation. Researching qualitative data, looking at specific pilots, might not give a wide perspective on how pilots in the RAF suffered and worked their way back from the hospital wards after the Second World War. But their rehabilitation process can certainly show all the arduous work these men went through, which is something general that can be said about war veterans, no matter how mentally or physically damaged they were.

Finally, the research for this project has also uncovered not a few blind spots when it comes to individual 'Guinea Pigs'. Several of the members of the GPC are mentioned in available secondary literature⁴⁸ and have also been a feature in the GPCM, but some of the 'Guinea Pigs' of interest are not mentioned other than in obituaries, like Neville Charles Langham-Hobart, or Guy Turner.⁴⁹ Yet since the selected 'Guinea Pigs' represent different age groups, pilots with

⁴⁸ Both Bishop's *McIndoe's Army* and Williams and Harrison's *McIndoe's Army* presents several 'Guinea Pigs' and lists over the GPC's members.

⁴⁹ Jack Toper (Ed.), "Neville Langham-Hobart". *The Guinea Pig*, January, 1995, 4; Jack Toper (Ed.), "Guy Turner". *The Guinea Pig*, New Year, 1984, 9.

different backgrounds, and also, different outcomes of their rehabilitation, they manage to be representative of injured soldiers and to present a coherent picture of patient rehabilitation in Britain during and after the Second World War.

1.4. Outline

This thesis is divided into five chapters. Chapter 2 provides background information regarding the history of plastic surgery, burns treatment, and veteran care before the outbreak of the Second World War. Furthermore, chapter 2 introduces the GPC and McIndoe, and analyses if and how the GPC stands out as a veteran organisation for an exclusive group of injured pilots. In the second subchapter of chapter 2, McIndoe's contribution to the 'Guinea Pigs' rehabilitation is presented and discussed. We are taking a closer look at the early members of the GPC in chapter 3, focussing on three 'Guinea Pigs' by briefly telling their stories, what separates them, and how their experiences present a coherent picture of the early members of the GPC and severely burned pilots who fought in the Battle of Britain. In chapter 4, different approaches to rehabilitation are discussed, and I will proceed by using information and findings from earlier chapters. The conclusion presents my main findings in chapter 5.

2. The Guinea Pig Club and Archibald Hector McIndoe

2.1. The Birth of Plastic Surgery and the Treatment of Burns

Methods for repairing facial features can be traced back all the way to about 600 B.C. in India, when Sushruta, considered to be the father of plastic surgery, describes facial flaps in his textbook *Susruta Samhita*.⁵⁰ He specialised in rhinoplasty, and Sushruta's methods in plastic surgery would be perfected over many hundred years, leading all the way up to Harold Gillies, McIndoe's mentor and colleague, who is considered to be the father of modern plastic surgery. With his book *Plastic Surgery of the Face. Based on Selected Cases of War Injuries of the Face Including Burns* from 1920, he builds the foundation of the surgical methods McIndoe used in his treatment of the RAF pilots.⁵¹ Gillies combines burns and plastic surgery with his work, which makes him stand out as the creator of modern plastic surgery. This thesis will shed light on the available literature on the matter, but also try to connect the dots.

We can see that burns have been treated in a non-coherent way. The general consensus among doctors was that wounds as a result of burns needed to be covered up as a way to avoid infections. Looking at the history of burns, a number of less successful treatment methods have been normal practice for different parts of history. Kwang Chear Lee, Kavita Joory and Naiem S. Moiemmen have described how burns have been treated, all the way back to ancient Egypt with one of the earliest records of burns treatment.⁵² There have been some odd medical practices throughout history, mainly due to people's understandable ignorance of human anatomy. As a result, various substances have been used to cover up wounds: tea leaves, rendered pig fat, tanning solutions made from oak bark, wine and myrrh oil, and faeces and excrements. One can, without a doubt, say that different substances have provided a variety of results.

⁵⁰Antony F. Wallace, *The Progress of Plastic Surgery: An Introductory History* (Oxford: Willem A. Meeuws, 1982). Sushruta (Susruta) is referred to throughout the chapters of this book, giving an overview over the history of plastic surgery.

⁵¹ Gillies, *Plastic Surgery of the Face*.

⁵² Kwang Chear Lee, Kavita Joory & Naiem S. Moiemmen, "History of burns: The past, present and the future", *Burns & Trauma*, vol. 2, no. 4 (October 2014): 169–180.

Some interesting perspectives on vanity and a person's mental state can be seen in Annelie Ramsbrock's book about the science of beauty.⁵³ This book sheds light on something quite fundamental for a human being – how we see ourselves and a person's desire to be considered as beautiful. Looking at the treatment of injured soldiers during the Great War, we can see several trends to how they were treated. Patients with severe facial disfigurements in the interwar years were labelled as “men without a face”, and the German state hid these men from the public in addition to banning photographs being taken in the hospitals where the patients without faces were being treated and underwent rehabilitation.⁵⁴ Ramsbrock also emphasises that patients with facial imperfections as a result of war injuries were treated differently even though they had benefited from the reconstructive surgery. If a man had suffered from a mental breakdown, he would be sent back to the front to fight, but men with facial injuries were not sent back: “[...] the facially wounded were categorically discharged because the danger that their ‘psychological effect’ would undermine ‘discipline’ seemed too great.”⁵⁵ In other words, the men's abilities to go back to the front were without exception judged by their appearance, even though they were mentally and physically suited for battle and capable of fighting.

In the interwar years in Britain, it was the British Legion which stood out as one of the largest veteran organisations, formed in 1921.⁵⁶ Men from every background and class in society had joined the army during the Great War, but the majority of the members of the British Legion had a working-class background.⁵⁷ Niall Barr points out that even though there were frictions between different parts of the British Legion, they managed to work together.⁵⁸ Being the largest veterans organisation in Britain, the British Legion organised massive recruitment campaigns in the interwar years, trying to make more veterans join the Legion.⁵⁹ In terms of number of members in the interwar years, the British Legion had its peak of participation in 1938 with over 400,000 members, but according to Barr, these numbers were small compared to organised groups of veterans in France, where numbers were somewhere between 2,7 and 3,1 million members.⁶⁰ Regarding comradeship, Barr writes that many veterans joined the British Legion

⁵³ Ramsbrock, *The Science of Beauty*.

⁵⁴ Ramsbrock, *The Science of Beauty*, 89.

⁵⁵ Ramsbrock, *The Science of Beauty*, 89.

⁵⁶ Barr, *The Lion and the Poppy*, 3.

⁵⁷ Barr, *The Lion and the Poppy*, 191.

⁵⁸ Barr, *The Lion and the Poppy*, 11; 13.

⁵⁹ Barr, *The Lion and the Poppy*, 83.

⁶⁰ Barr, *The Lion and the Poppy*, 57.

to make new friends or meet old ones, but the most important factor was that veterans would only join and remain as members if they felt comfortable with the other members of the branch.⁶¹ Barr emphasises that the leaders of the British Legion had poor negotiation skills which let the movement down time after time and that they did not achieve the justice ex-servicemen could have gained had the leaders acted with determination towards the politicians in the attempt to reach the British Legion's goals.⁶² The Legion had its inner dynamic, and a "spirit" that was constantly given as a reminder to the members: "Legion members were always reminded of what the legion stood for, what its members should believe, and what kind of example they should set to other ex-servicemen."⁶³ The British Legion laid the groundwork for later veteran organisations, and we can find similarities and differences between the British Legion and the GPC which will be discussed later.

The development in the air, i.e. the development of fighter planes and the RAF's introducing the usage of the parachute between the two world wars, contributed to a large number of men with burn injuries during the Second World War. Emily Mayhew writes in detail about the challenges resulting from the weight of the aeroplanes and how the RAF ended up removing a protective cover around the fuel tanks to reduce the total weight.⁶⁴ The purpose of this protective layer was to prevent fuel leakage if the aircrafts were hit by enemy fire. By 1936, a tank protection system had been developed, but the tank protection system added 30 to 40 pounds of weight to the aircrafts, and reduced the maximum range of the planes by 17 to 19 percent, depending on the type of aircraft the tank protection system was installed.⁶⁵ The issue with the tank protection was problematic in many ways, and a decision was made not to add this tank protection system. The importance of producing faster fighters and fighters that showed greater agility than the enemy's aircrafts was the RAF's priority, trumping the protection of the pilot sitting inside the aircraft.

Through the combination of pilots not wearing their protective gear and the construction of the aircrafts, soldiers with new types of injuries occurred, creating the need for a coherent treatment plan for their injuries. Even though parachutes for pilots were introduced in the interwar years,

⁶¹ Barr, *The Lion and the Poppy*, 65.

⁶² Barr, *The Lion and the Poppy*, 191–192.

⁶³ Barr, *The Lion and the Poppy*, 194.

⁶⁴ Mayhew, *The Reconstruction of Warriors*, 23–36 (Chapter One "Fire").

⁶⁵ Mayhew, *The Reconstruction of Warriors*, 29.

the pilots did not get any training using them. According to pilot Brian Kingcome, the reason for this might have been the ‘hangover’ from the First World War, since parachutes were withheld from pilots and other aircrews in case they bailed out at the first sight of the enemy.⁶⁶

2.2. The Queen Victoria Hospital, East Grinstead

Plastic surgery as a profession in Britain before the Second World War consisted of a small group of practitioners: Harold D. Gillies, Thomas P. Kilner, Archibald H. McIndoe, and Rainsford Mowlem. When the Second World War broke out in 1939, four major centres for plastic surgery were established in England, and each of the four plastic surgeons was in charge of his own centre: Gillies chose Basingstoke, Kilner Roehampton, Mowlem St. Albans, and McIndoe East Grinstead.⁶⁷ It was in East Grinstead and at the QVH that McIndoe would make his name, and the work he did for his patients shows us how innovation can function as a lethal or as a lifesaving factor: deadly in the form of innovative methods of constructing aircrafts without thinking of the safety of the pilot, and lifesaving in the way the tannic acid treatment method was abolished and replaced by saline baths.

The QVH was a special centre for plastic and jaw surgery, and none of the pilots who fought during the Battle of Britain and ended up as members of the GPC was admitted directly into the QVH. The men were transferred from different Burn Units in Britain, hand-picked by McIndoe himself, to the QVH in East Grinstead. Eager to get to work, McIndoe was looking for patients to bring to the QVH:

[...] Archie [McIndoe] had made arrangements with the authorities to have all burn cases sent through to him at East Grinstead. But they took time in coming. Several times a month, he would take out his car and go on tour of his ‘burn units’, looking at patients and deciding when they were fit enough to come to him.⁶⁸

Most of the casualties from the Battle of Dunkirk were sent to Mowlem at St. Albans and Gillies at Rooksdown, but during the Battle of Britain, the QVH began to receive casualties in increasing numbers.⁶⁹ The QVH in East Grinstead had a mobile unit that would visit hospitals and evacuate them to a specialist unit if necessary, so to be picked was a matter of sheer luck, i.e.

⁶⁶ Kingcome, *A Willingness to Die*, 159.

⁶⁷ Tolhurst, *Pioneers in Plastic Surgery*, 96.

⁶⁸ Mosley, *Faces from the Fire*, 86.

⁶⁹ Mosley, *Faces from the Fire*, 84.

being in the right place at the right time.⁷⁰ Both Richard Hillary and Geoffrey Page recall their first meetings with McIndoe in their autobiographies, which ultimately lead to their transfer to the QVH.⁷¹ Having different nationalities, belonging to different squadrons in the RAF, and being admitted to different emergency units after their meetings with enemy aircrafts, shows the improbability of ending up in McIndoe's care. The members would cross paths during their stay at the QVH, and this relied on the mere coincidence of being at the right place at the right time for selection.

At the beginning of the Second World War, the number of injured soldiers in British hospitals was low. During the 'Phoney War', hospitals were close to empty, which can be exemplified by the 8,000 beds ready for casualties in the London Hospitals in the beginning of the war, where by the end of 1939 only 74 Emergency Medical Scheme patients were admitted.⁷² The 'Phoney War' was the name given to the period between September 1939 and April 1940, where seemingly nothing happened in terms of warfare.⁷³ But with the Battle of Dunkirk and the Battle of Britain in 1940, there was an increase in patient numbers, and the emergency units and special centres went from being deserted and empty during the 'Phoney War', to fight against the clock as the number of injured soldiers and civilians started to grow. According to Leonard Mosley, McIndoe was horrified when he saw the condition of the patients he would have to deal with: "It was not so much what the Germans or even the flames from their planes had done to them, but how they had been treated once they reached the ground."⁷⁴ Here, Mosley is referring to how McIndoe reacted when he saw how the patients had been coated with tannic acid.

2.3. The Guinea Pig Club

The Guinea Pig Club was born on the 20th of July 1941, and the Club was created by patients at the QVH in East Grinstead that would later become known as McIndoe's 'Guinea Pigs'. Page writes about the birth of the Club in the Club magazine:

⁷⁰ Richard Battle, "Plastic surgery in the two world wars and in the years between", *Journal of the Royal Society of Medicine*, vol. 71, no. 11 (November 1978): 844–848, 846; Bishop, *McIndoe's Army*, 103.

⁷¹ Hillary, *The Last Enemy*, 136; Page, *Shot Down in Flames*, 107.

⁷² Bennett, "A History of the Queen Victoria Hospital, East Grinstead", 424.

⁷³ Richard Hough & Denis Richards, *The Battle of Britain: The Greatest Air Battle of World War II* (London: W. W. Norton & Company, 1990), 68.

⁷⁴ Mosley, *Faces from the Fire*, 86–87.

Cast your minds back to a sunny Sunday morning in mid-July, the 20th to be exact, 1941. There was mischief in the air and Ward 3 that morning [...]. “Let’s have a party, and form a grogging club,” suggested some bright clot [...]. The meeting was held that same afternoon and, to the merry sound of popping corks, the Maxillonian Club was born.⁷⁵

The name of the Club quickly changed from “The Maxillonian Club” to “The Guinea Pig Club”, seeing that McIndoe called the injured airmen his ‘Guinea Pigs’. He used the name ‘Guinea Pigs’ because of the experimental character of his treatment regime since he performed surgery that had not been done on such a massive scale in the past. The Club was formed as a way for its members to stay in touch after hospitalisation, and the goal was for the Club to meet up at least once a year to recreate the spirit of the Ward.⁷⁶ Their annual meeting, “The Lost Weekend”, was meant to help the ‘Guinea Pigs’ recharge their batteries.⁷⁷ During this weekend, the members of the Club would be together as friends, reminiscing about the atmosphere in Ward III, while enjoying food and drinks, for good measure.⁷⁸

What was the likelihood of becoming a member of the GPC? There was a set list of criteria that had to be fulfilled in order to qualify for membership in the Club. First, you had to be a member of the RAF, and you had to have undergone at least two operations at the QVH for burn injuries resulting from being shot down in your aircraft.⁷⁹ However, some of the ‘Guinea Pigs’ do not fit the list of criteria. Some patients suffered from fractured jaws and other fractured bones but had no burn injuries but were, nevertheless, transferred to East Grinstead to receive treatment from McIndoe.⁸⁰ Since the QVH was a special centre for plastic and jaw surgery, other patients than the ‘Guinea Pigs’ were admitted there as well.

If a pilot managed to survive, the odds were still very low to become a member of the GPC. In the Bradshaw Lecture of 1958, McIndoe breaks down the numbers and starts by saying that probably more than 22,000 men from the RAF were incinerated during the Second World War. Some also suffered from other injuries related to being shot down, like fractured bones, loss of

⁷⁵ Geoffrey Page, “The Origin of the Species”. *The Guinea Pig*, Christmas, 1948, 6. The initial name of the Club, the Maxillonian Club, was named after the Maxillo Facial Unit in which they were being treated. See Mosley, *Faces from the Fire*, 136–137.

⁷⁶ Tom Gleave, “Group Captain Tells All”. *The Guinea Pig*, the first published magazine, 1945, 4.

⁷⁷ Williams & Harrison, *McIndoe’s Army*, 39–41.

⁷⁸ See Appendix 3: picture of a ‘Guinea Pig’ who is sleeping on a bench after the annual dinner.

⁷⁹ Henry Standen (Ed.), “The Guinea Pig Club”, *The Guinea Pig*, August, 1948, 10.

⁸⁰ One can only speculate, but one reason might be that in the beginning the Club was not too picky in selecting its members. It is likely that to become a member became more rigid as the numbers of burned pilots being admitted to the QVH increased in the course of the war.

eyesight and the ability of hearing. He goes on to say that these men were all treated in RAF Burns Units across the country and that only 600 of these men were selected by him and transferred to East Grinstead for surgical repair during the Second World War.⁸¹ In other words, calculating from the overall number of burn victims the RAF, the chance to join the GPC was under three percent.⁸² Also, being described as one of the world's most exclusive clubs, to become a member had its price. In an opening message in the GPCM in 1947, McIndoe said “[...] the entrance fee is something most men would not care to pay, and the conditions of membership are arduous in the extreme.”⁸³ Here, McIndoe referred to the fact that being a member meant that you would probably end up being hospitalised for several months, in some cases years, after suffering from severe burns and other injuries. Also, the patients would carry mental and physical scars for the rest of their lives, which for most of the pilots in the GPC would be a long time since they were wounded and hospitalised at a very young age.⁸⁴

The fact that young British pilots formed a club is not a remarkable thing in itself. To be a part of a club or having other social relations was something these young men were used to, and it would have been an essential part of their social life at different universities around Britain before the Second World War. According to Joan Abbott, it is natural for students to have social relations with students with similar backgrounds, which is something we can see with the members of the GPC as well.⁸⁵ The ‘Guinea Pigs’ were used to being surrounded by comrades with similar interest. Seeing that the majority of the founding and early members of the GPC had a public school and university background, being part of a club was normal.⁸⁶ Former student at Trinity, Oxford, ‘Guinea Pig’ Richard Hillary writes in his autobiography about clubs:

We had in Trinity several clubs and societies of which, typically, the Dining Club was the most exclusive and the Debating Society the most puerile. Outside the college, the clubs to which we belonged were mostly of a sporting nature, for though some of us in our first year had joined political societies, our enthusiasm soon waned.⁸⁷

Being one of the GPC's founding members, Hillary makes it clear that the idea of being a member of a club was natural. Page and Hillary had been a part of the university air squadron,

⁸¹ McIndoe, “Total reconstruction of the burned face”, 411.

⁸² Numbers used here are taken from McIndoe, “Total reconstruction of the burned face”, 411–412. For numbers of total soldiers WIA (Wounded in Action) during the Second World War see Coldfelter, *Warfare and Armed Conflicts*, 582.

⁸³ Archibald H. McIndoe, “The Maestro's Letter”, *The Guinea Pig*, July, 1947, 3.

⁸⁴ Mosley, *Faces from the Fire*, 96.

⁸⁵ Abbott, *Student Life in a Class Society*, xix.

⁸⁶ Williams & Harrison, *McIndoe's Army*, 33.

⁸⁷ Hillary, *The Last Enemy*, 11.

which exists to this day. Page had joined the university air squadron at London Imperial College, and Hillary had joined during his time at Trinity.⁸⁸ The university air squadrons were established in the interwar period, and they would serve the dual purpose of encouraging: “[...] undergraduates to take up the Royal Air Force as a career and create a reserve of partially trained officer pilots who could quickly be brought to operational standards in the event of war.”⁸⁹ The university air squadrons also served the purpose of gathering undergraduate students into small and exclusive groups of young men. So, the fact that they established a drinking club to pass the time in the hospital ward should not be much of a surprise. What makes the GPC stand out, however, is the fact that they ended up in this club by mere coincidence rather than by choice. And, as pointed out as a peculiar aspect of the Club by Edward Bishop: “[...] whereas clubs tend to bring together members who are united by interests, knowledge, pleasures, profession, background or environment [...], McIndoe’s guinea pigs were as randomly selected as a winning line of lottery numbers.”⁹⁰

If the mental rehabilitation of war veterans from the Great War had set a precedent for the treatment of veterans, it might have led to a coherent rehabilitation plan on how to treat mental scars for veterans from the Second World War. But, according to Nigel Hunt and Sue McHale, the focus on mental health was mostly lacking after the Great War, even when it came to shell shock and post-traumatic stress disorder.⁹¹ Instead, as Alexander Watson has shown in his *Enduring the Great War*, the US army set out to test the soldiers’ intelligence during the Great War, since studies had shown a correlation between a soldier’s intelligence and the chance of having a mental breakdown.⁹² So we can see that the focus was on finding soldiers who were mentally fit for warfare rather than treating the mental disorders themselves.

There were no psychologists or psychiatrists at the QVH in East Grinstead, and instead of professional help dealing with traumatic memories, Bishop claims that it was McIndoe’s *common sense* methods which required the best treatment for the soldiers.⁹³ Here, Bishop refers to the success of these common sense methods by looking at the suicide rate amongst McIndoe’s patients. McIndoe said that “[t]he suicide rate among them might be very high were it not for

⁸⁸ Page, *Shot Down in Flames*, 4.

⁸⁹ Page, *Shot Down in Flames*, 5.

⁹⁰ Bishop, *McIndoe’s Army*, 142.

⁹¹ Hunt & McHale, “Memory and Meaning”, 49.

⁹² Watson, *Enduring the Great War*, 37–38.

⁹³ Bishop, *McIndoe’s Army*, 146.

the fact that the right method of dealing with them is to get them out, not to treat them as people to be put behind screens.”⁹⁴ McIndoe was in charge of the hospital ward, and as result of this, these common sense methods led to the reality where “[...] no psychiatrist was resident at the Sty.”⁹⁵

Although there was no psychiatrist available for the ‘Guinea Pigs’, this does not mean that McIndoe was not interested in the human mind and the mental rehabilitation these veterans needed. On the contrary, McIndoe’s idea was that a major part of being a surgeon was to treat the patients’ minds as well as their bodies. Instead of working within the existing frame of patient rehabilitation, McIndoe created a treatment regime that he considered as something better, shaped by what he saw benefited his patients.⁹⁶ So there is no contradiction that McIndoe wrote in his notes that people who ended up being disfigured after burns or other injuries at a young age, could end up suffering from mental issues: “[...] they [young adults] may be psychically lost, depressed, morose, pessimistic, and thoroughly out of tune with their surroundings.”⁹⁷ McIndoe was under the impression that mental health was important for patients to be able to deal with their physical disfigurements, but it seems that he thought that strategies other than bringing a clinical psychiatrist to the QVH were the answer. To deal with his concerns regarding the disfigurements and the many obscure scars his ‘Guinea Pigs’ had, McIndoe asked the director of cosmetics at the make-up company Max Factor to “[...] advice some of his patients on the art of skilful make-up and how to apply it [...]”⁹⁸ This is another example of his methods of contributing to his patients’ rehabilitation.

The Club was not exclusive to pilots who fought during the Battle of Britain. Pilots and aircrew who fought after the Battle of Britain were asked to join the Club later, but the pilots who fought during the Battle of Britain were the first to be admitted to the hospital as a group with a similar backstory. As pointed out by Mayhew, by the end of the war 80 percent of the members in the

⁹⁴ Bishop, *McIndoe’s Army*, 146.

⁹⁵ Bishop, *McIndoe’s Army*, 146. The “Sty” refers to Ward III at the QVH.

⁹⁶ Davies, “McIndoe Lecture, 1976: Relationships”, 361.

⁹⁷ Alexandra F. Macnamara & Neil H. Metcalfe, “Sir Archibald Hector McIndoe (1900–1960) and the Guinea Pig Club: The development of reconstructive surgery and rehabilitation in the Second World War (1939–1945)”, *Journal of Medical Biography*, vol. 22, no. 4 (2014): 224–228, 226.

⁹⁸ Bishop, *McIndoe’s Army*, 146. Why this is quite a contradiction when it comes to self-acceptance, an issue McIndoe addressed on many occasions, will be discussed further in chapter 4: Approaches to rehabilitation.

GPC were bomber pilots and crew members, so ultimately the GPC was not a club exclusive to fighter pilots.⁹⁹

2.4. The Guinea Pig, the Goldfish, and the Rooksdown Clubs

The GPC stands out as a club for veterans in Britain. The Club's exclusiveness is something that is repeatedly emphasised in primary and secondary sources. The Club was exclusive regarding membership, its financial situation, and the amount of publicity, which had contributed to its status as an elite club for veterans who fought during the Second World War.

The GPC members benefited from private benefactors who donated money to the Club, but who also were present at East Grinstead, willing to help the 'Guinea Pigs'. Simon Robert Millar points out McIndoe's eye for the benefits of publicity as a factor for the Club's success.¹⁰⁰ By exposing his patients to the world, and the world to his patients, McIndoe managed to remove some of the stigma around wounded war veterans. In addition to private donations and McIndoe's work with publicity, other friends of the Club contributed to the well-being of the patients at East Grinstead. Sir Victor Sassoon is mentioned in both the GPCM and Bishop's book *McIndoe's Army*, and we can see that he paid for the Club's annual dinner in 1960 out of his horse St. Paddy's Derby winnings.¹⁰¹ Since the 18th century the Sassoon family had been one of the wealthiest families in the world, due to their trading all over the world. The Sassoon House in Shanghai, China, and the Sassoon Docks in Mumbai, India, both stand as symbols of the family's influence in international trade. Sassoon Road in Hong Kong is named in Sir Victor Sassoon's honour, and having a Sassoon as an associate and financial benefactor to the Club attested to how high-brow and exclusive the GPC was.¹⁰² The Club's relationship with Sir Victor Sassoon can be seen in the GPCM from 1973, where Gleave writes about him and the financial support the GPC got from Sir Victor Sassoon.¹⁰³

⁹⁹ Mayhew, *The Reconstruction of Warriors*, 83–84.

¹⁰⁰ Millar, "Rooksdown House and the Rooksdown Club", 432.

¹⁰¹ Bishop, *McIndoe's Army*, 93; Sam Gallop (Ed.), "The Lost Weekend", *The Guinea Pig*, Summer, 1961, 7; Sam Gallop (Ed.), "St. Paddy", *The Guinea Pig*, Summer, 1961, 8.

¹⁰² For more information regarding the Sassoon family, see Stanley Jackson, *The Sassoons* (London: William Heinemann, 1968).

¹⁰³ Tom Gleave, "The Late Sir Victor Sassoon and the Heart Foundation that flourishes in his name in the Bahamas", *The Guinea Pig*, Christmas, 1973, 9–11.

Another benefactor to the GPC was Marks & Spencer (M&S). As a British multinational retailer specialising in selling clothing, home products, and food, M&S is one of Britain's leading companies, and McIndoe had a close relationship with Sir Simon Marks, the son of the co-founder of M&S, Michael Marks. Mayhew writes about the bond between McIndoe and Marks, and how M&S advertised in every issue of the GPCM and thus supporting the Club and the magazine financially.¹⁰⁴ M&S also provided jobs for the 'Guinea Pigs'. McIndoe's friendship with Marks stands as a testimony of McIndoe's network, and how associations between McIndoe and the Marks and the Sassoon families, in the end, benefited the GPC financially.

To understand the GPC's uniqueness, it is helpful to look briefly at two clubs that were established around the same time. Featured in an article in the GPCM in the summer of 1972, the history of the Goldfish Club is presented.¹⁰⁵ The Club was created in 1942 by C. A. Robertson, Chief Draughtsman of one of the largest manufacturers of Air Sea Rescue equipment in the world at the time: Messrs P. B. Cow. After hearing stories from many 'ditched' aircrew survivors, he conceived the idea of forming a club for airmen who had survived aircraft ditching.¹⁰⁶ To become a member of the Goldfish Club, the aircrew members were required to have used the Mae West (life jacket) when ditching, produced by the company Robertson represented. The symbolism of the name, the Goldfish Club, was that gold represented the value of life and fish represented the sea. The name also shows a great deal of irony, which was typical in these clubs, since a goldfish is not normally associated with soldiers. In the beginning, the Club was funded by Messrs P. B. Cow, but after Robertson resigned from his post at the company, he retained all club records so that he could continue the Club's work at his own expense. Similar to the GPC, the Club held annual dinners, but the first one was not held until 1951. Another difference from the GPC is the number of members in the Club. By the end of the war, the Goldfish Club had 9,000 members, compared to the GPC's 600. So, the intended idea of becoming an exclusive club for ditched aircrew survivors might have been set aside, related to the clear aspect of the benefits in public relations for the Air Sear Rescue equipment company. The members of the Goldfish Club were living proof of the benefits and the survival rate of

¹⁰⁴ Mayhew, *The Reconstruction of Warriors*, 197–198.

¹⁰⁵ Henry Standen (Ed.), "The History of the Goldfish Club", *The Guinea Pig*, Summer, 1972, 5–6.

¹⁰⁶ Ditching: landing in water, here used as a euphemism for crash-landing on water.

wearing a Mae West. The motivation for the Goldfish Club's benefactors was different as compared to the GPC's benefactors, at least before Robertson parted with the company.

The Rooksdown Club's financial situation separates them from the Goldfish Club, in addition to other differences. The Rooksdown Club was formed in 1945, and was, compared to the GPC, a much more inclusive club. Unlike the GPC, it was deliberately established as a way to help the patients at the Queen Mary's Hospital with their social reintegration and psychological rehabilitation, by aiding patients in their recovery.¹⁰⁷ Unlike the GPC's quite rigid rules on who could become a member, the Rooksdown Club was open to anyone involved with the Queen Mary's Hospital, and its membership included "[...] service and civilian casualties from the war, patients with congenital defects, victims of accidents, and members of staff."¹⁰⁸ And as pointed out by Millar, "[t]he Rooksdown Club was the first patient-support group that was not exclusive to servicemen [...]"¹⁰⁹, showing a different character than the GPC. Also, the GPC's financial situation was entirely different from that of the Rooksdown Club's. The Rooksdown Club's primary source of income was the selling of tickets for the annual Derby Draw.¹¹⁰

The factor of exclusiveness is obvious when it comes to the GPC. Its rules for membership make it stand out compared to both the Rooksdown Club and the Goldfish Club. The factor of exclusiveness is something we can see in Hillary's autobiography as well, given how exclusive clubs were valued at his time at Trinity.¹¹¹ One can argue that as a result of the GPC's members and wealthy benefactors, the Club became more and more exclusive over the years. The members did not actively apply for membership in the Club, since becoming a member in the Club was a result of being shot down in active service, hence resulting in hospital admission at the QVH, in McIndoe's care. Another factor to consider is that it would not have made sense for an outsider to become a member of the GPC since the Club was created for the benefit of wounded pilots in the RAF and McIndoe's patients, thus eliminating any critique of the GPC's exclusiveness and possible exclusion. If it had not been for McIndoe and a particular hospital unit for pilots with similar injuries, the GPC would not have been created. Millar's critique can be considered inessential since he is comparing the GPC to the Rooksdown Club, a club

¹⁰⁷ Millar, "Rooksdown House and the Rooksdown Club", 2.

¹⁰⁸ Millar, "Rooksdown House and the Rooksdown Club", 429.

¹⁰⁹ Millar, "Rooksdown House and the Rooksdown Club", 430.

¹¹⁰ Millar, "Rooksdown House and the Rooksdown Club", 432.

¹¹¹ Hillary, *The Last Enemy*, 11.

established with an intended goal of being inclusive, which makes me question his methodological approach to comparing the two clubs. But despite Millar's critique, one can with certainty say that the GPC was a socially exclusive club.

2.5. Archibald Hector McIndoe

McIndoe was born in New Zealand in 1900, and he was quite familiar with being part of elitist groups from a very young age. He went to Otago Boys' High School in Dunedin, Otago, New Zealand, "[...] where in his last year, he became head prefect, sergeant major of the cadet corps and a member of the rugby and cricket teams."¹¹² McIndoe started his training in medicine in New Zealand, and he worked at the Mayo Clinic in Rochester, Minnesota, before he came to Britain and London in 1931.¹¹³ He worked as a surgeon in different branches, but it was certainly his treatment of burns that made his name. As the head surgeon at the QVH in East Grinstead, he continued to work there after the Second World War, establishing one of the world's most famous training centres for plastic surgery.¹¹⁴ But what was it that made him stand out as a surgeon, and what was it that made him so special? To address this, it is important to analyse what he did for his 'Guinea Pigs'.

When the war broke out, McIndoe was appointed to take over the QVH by the Ministry of Health, and he arrived at East Grinstead on the 4th of September 1939.¹¹⁵ According to Mosley, wartime was not a good time for a surgeon from a financial point of view:

In times of national crisis, people continue to have diseased appendixes, tumours continue to grow and livers go wrong; the work of the ordinary surgeon goes on. But the vanities and complexes which bring patients in for nose and breast reductions or face-lifts disappear, at least for the time being.¹¹⁶

As for McIndoe, Mosley writes about his plans of saving up a considerable amount of money whilst working in the cosmetic surgery branch in London, which would eventually make him capable of buying a villa in Southern France and only work half of the year.¹¹⁷ Because of the Second World War, McIndoe had to postpone his plans and work around the clock.

¹¹² Tolhurst, *Pioneers in Plastic Surgery*, 94.

¹¹³ Tolhurst, *Pioneers in Plastic Surgery*, 94–95.

¹¹⁴ Tolhurst, *Pioneers in Plastic Surgery*, 97.

¹¹⁵ E. J. Dennison, *A Cottage Hospital Grows Up: The Story of the Queen Victoria Hospital, East Grinstead* (London: Charles Birchall & Sons, 1963), 82–83.

¹¹⁶ Mosley, *Faces from the Fire*, 81.

¹¹⁷ Mosley, *Faces from the Fire*, 78.

Being admitted to a hospital where they treated injured soldiers from the RAF would not have been McIndoe's first choice of occupation, seeing that his main interest was not people who were in need of facial repairs after being burned in an aircraft, but in fact, as we can see with his later occupations, plastic surgery to correct cosmetic imperfections. Facial imperfections was also something McIndoe's patients were aware of, like with Hillary when he had just had reconstructive surgery on his lip: "I asked for a mirror and gazed at the result. It was a blow to my vanity: the new lip was dead white, and thinner than its predecessor."¹¹⁸ Page had a similar experience when he was visited by one of the nurses: "[...] [S]he was unable to hide the expression of horror and loathing that registered on her lovely face at the sight of my scorched flesh. From the depths of my soul I longed for Beauty to cast me a friendly glance [...]."¹¹⁹

Man's quest for a perfect external appearance have been an endless search for many hundred years. And according to Ramsbrock, beauty is considered a barometer of success.¹²⁰ The concept of what has been considered as beautiful has been defined and redefined throughout history, but if you believe that beauty is when there is "[...] harmony between the physical and psychological parts of the human body [...]"¹²¹, one can understand the shock these pilots experienced after having their faces destroyed by flames.

McIndoe made it clear that he wanted the 'Guinea Pigs' to be useful members of the community, and not receive any type of charity for their disablement through "[...] playing a cornet in Piccadilly"¹²², i.e. begging for money on the street. But what happened to the "average" veteran when he returned from the war? The available sources on veteran programs and their follow up after the Second World War give a onesided view of this, since many articles concerns war veterans in the United States of America.¹²³ In the UK, however, there have never been any systemised follow up of ex-servicemen, which makes it difficult to present a coherent picture of how the average war veteran was treated in the UK.¹²⁴ So why was McIndoe concerned about

¹¹⁸ Hillary, *The Last Enemy*, 156.

¹¹⁹ Page, *Shot Down in Flames*, 104.

¹²⁰ Ramsbrock, *The Science of Beauty*, 83.

¹²¹ Ramsbrock, *The Science of Beauty*, 37.

¹²² Bishop, *McIndoe's Army*, 61.

¹²³ For more on veterans in the USA, see Samuel Greengard, "Fighting for Employment: Veterans in the 40's and Today", *Workforce Management*, vol. 91, no. 3 (March 2012): 22–24.

¹²⁴ For more on veterans in the UK, see Amy Iversen, Vasilis Nikolaou, Neil Greenberg, Catherin Unwin, Lisa Hull, Mathew Hotopf, Christopher Dandeker, John Ross, and Simon Wessely, "What happens to British veterans when they leave the armed forces?", *European Journal of Public Health*, vol. 15, no. 2 (2005): 175–184.

his patients being an asset to the community? Considering that he was a physician, McIndoe would have had knowledge of how veterans from the Great War was treated, and how soldiers with facial injuries and mental issues was locked up in institutions. For them, there was no future, but McIndoe wanted something different for his patients.

Considering what has been written and said about McIndoe as a person and his work during and after the Second World War, his reputation as a pioneer in patient rehabilitation is almost unshakeable. According to Mosley, McIndoe aimed for a close relationship between a doctor and a patient, and that it was this relationship that would enable the cleansing of wounds from the mind as well as the body.¹²⁵ McIndoe writes that a plan to assure that the patient's interests are at all time engaged "[...] requires the personal attention of the surgeon."¹²⁶ To treat the mind as well as the body was a shared goal for McIndoe and his contemporaries.¹²⁷ How did McIndoe pursue the goal to treat a patient's mind as well as his body? In McIndoe's article "Rehabilitation in a Maxillo Facial and Plastic Centre" he writes in detail about what needs to be established and maintained to fully rehabilitate a patient, which, according to McIndoe, was to rehabilitate the persons mind as well as his body.¹²⁸ At the QVH, McIndoe set the standard and demanded a certain behaviour from his staff upon his arrival to the hospital in 1939. He also took part in dealing with more practical issues at the hospital. Here, everything from the colours of the wall in the hospital wards to which clothes the patients should wear was micromanaged by McIndoe. He was also clear on what the purpose of the QVH should be: "[...] this hospital is to be used for the physical and mental rebuilding of airmen injured in the course of their duty."¹²⁹

¹²⁵ Mosley, *Faces from the Fire*, 10.

¹²⁶ McIndoe, "Total reconstruction of the burned face", 420.

¹²⁷ See McIndoe, "Total reconstruction of the burned face": "At all time it must be borne in mind that it is one thing to cure the patient of his disfigurement and deformity, it is another to carry through such an arduous programme and end up with a normal human being.", 420; Watson-Jones, "Rehabilitation in the Royal Air Force": "Their bodies have been treated, but not their minds.", 403; Wakeley, "The Late End-Results of War Burns": "[...] exercise their minds as well as their burnt parts.", 412; Clarke, "Orthopædic and Rehabilitation Service of the Royal Air Force": "I am convinced that successful treatment is three-fifths mental and two-fifths physical.", 722.

¹²⁸ McIndoe, "Rehabilitation in a Maxillo Facial and Plastic Centre".

¹²⁹ Mosley, *Faces from the Fire*, 95.

McIndoe writes about the need for a Welfare Officer or a Field Worker to be close to the patients during their time of rehabilitation.¹³⁰ Unless the patients had a Welfare Officer, activities between operations would be, as stated by McIndoe: “Purposeless amusement”.¹³¹ In the case of the QVH, ‘Blackie’ Edward Blacksell was appointed Welfare Officer for the ‘Guinea Pigs’, and he also became a close friend of McIndoe.¹³² McIndoe and Blackie teamed up and fought for their patients, and they managed to look behind the ‘Guinea Pigs’ bandages to see the person and the troubled lives that were there. On occasion, the ‘Guinea Pigs’ would behave in a noticeably negative way, but if the ‘Guinea Pigs’ acted badly against the staff, McIndoe would defend them, and on one occasion he said to one upset nurse: “These men have put up with a hell of a lot and so you can put up with just a little nonsense.”¹³³ As we will see in chapter 4, McIndoe would defend his patients against the accusations of sexual harassment of his staff, which stands as an example of the ‘Guinea Pigs’ boy’s club behaviour. More generally, there is no doubt that McIndoe gave his patients freedom at the QVH. Seeing that the ‘Guinea Pigs’ went out drinking the day before surgery, their stomachs had to be pumped free of alcohol before their procedures.¹³⁴ This suggests that McIndoe worked around his patients and yet, that they had to face the consequences of their actions, which will be explained in the following paragraph.

To face the consequences of their actions is something that also can be seen with McIndoe and “The Battle of the Blues”. Patients who were admitted to hospitals in Britain during the Second World War had to wear blue hospital uniforms. The uniforms were from the Great War, and the white shirt, orange-red tie and the blue jacket and trousers were considered as out of date as “[...] the bureaucratic insistence on describing military patients as ‘invalids’, leaving the impression that they were permanent cripples”¹³⁵ to use the words of McIndoe and members of the GPC. This type of clothing was something McIndoe and Blackie did not want to see at the hospital because they thought it degraded the men into something less of what they were, pilots in the RAF. Here, the factor of dignity needs to be emphasised, but one must also consider the factor of maintaining the pilots’ morale, which was important to McIndoe as a part of their rehabilitation process. Osmond Clarke, one of McIndoe’s contemporaries, also stresses the need

¹³⁰ McIndoe, “Rehabilitation in a Maxillo Facial and Plastic Centre”, 164.

¹³¹ McIndoe, “Rehabilitation in a Maxillo Facial and Plastic Centre”, 164.

¹³² Bishop, *McIndoe’s Army*, 19. For more information on Edward Blacksell, see chapter two in *McIndoe’s Army*.

¹³³ Bishop, *McIndoe’s Army*, 86.

¹³⁴ Mosley, *Faces from the Fire*, 105.

¹³⁵ Bishop, *McIndoe’s Army*, 21.

for maintaining the patients' morale as a part of their mental rehabilitation.¹³⁶ "The Battle of the Blues" ended when it was decided to burn all the uniforms outside the hospital, making a statement saying that the 'Guinea Pigs' were not going to wear them.¹³⁷ As McIndoe said: "I will not have my patients walking out in this hideous uniform. It degrades them and makes them feel their injuries more than they do already. And God knows, they are sight enough for sore eyes as they are."¹³⁸ In many ways, McIndoe was something of a father figure for the patients in Ward III, which included that he punished disobedient 'Guinea Pigs'. After "the Battle of the Blues", McIndoe included another element to his paternalistic regime when he kept a few blue hospital uniforms that he would make disobedient patients wear if they caused trouble. He also got the word out in East Grinstead that men wearing these uniforms should not be served drinks at the pubs.¹³⁹ Related to McIndoe's common sense methods of rehabilitation, this kind of discipline was added to his way of contributing to his patients' rehabilitation.

What was the secret behind McIndoe's success at the QVH and later in his career? McIndoe did what he wanted. Sometimes in the best interest for his 'Guinea Pigs' – at other times in his own best interest – he was a surgeon after all, and he somehow fits the stereotypical prejudices one might have towards a surgeon, as arrogant, intimidating, and other negative connotations.¹⁴⁰ One of the staff members working alongside McIndoe described him as an unsympathetic man, and that it was, in fact, this that made such a success with the 'Guinea Pigs' in Ward III.¹⁴¹ The staff member pointed out that the fact that McIndoe could look at his patients without any sympathy or pity for them helped his patients to stop feeling sorry for themselves. According to Mosley, however, this is a complete misreading of how McIndoe was as a person, and as we have seen, McIndoe did care about his patients. But regardless of Mosley's judgement of McIndoe's character as empathic, McIndoe did keep a strong appearance in front of the 'Guinea Pigs', and he rarely slipped, showing another face than that of a surgeon in control of the situation. Hillary looked back on one occasion where he saw another side of McIndoe: "I noticed

¹³⁶ Clarke, "Orthopaedic and Rehabilitation Service of the Royal Air Force", 722.

¹³⁷ To read more about the "Battle of the Blues" see: Bishop, *McIndoe's Army*, 21–24; Williams & Harrison, *McIndoe's Army*, 20.

¹³⁸ McLeave, *McIndoe: Plastic Surgeon*, 77.

¹³⁹ McLeave, *McIndoe: Plastic Surgeon*, 77–78.

¹⁴⁰ For further reading on stereotypical perceptions of surgeons see Elspeth J.R. Hill, Katherine A. Bowman, Renée E. Stalmeijer, Yvette Solomon, and Tim Dornan, "Can I cut it? Medical students' perception of surgeons and surgical careers", *The American Journal of Surgery*, vol. 208, no. 5, (2014): 860–867.

¹⁴¹ Mosley, *Faces from the Fire*, 94.

that he looked tired, dead tired, and remembered that he had been operating all day.”¹⁴² According to Mosley, McIndoe would use anyone and any method to get what he wanted for his patients and his work.¹⁴³

The characterisation of McIndoe as unsympathetic, as describes by one of his staff members, is not fully wrong, but McIndoe did to some extent sympathise with his patients. For the ‘Guinea Pigs’ to get back out into society, he made arrangements for them to visit the village of East Grinstead. He made it clear that the word was to be spread around the city of East Grinstead to not look at these men with pity, but as the young, undamaged men they once were, and as McIndoe said: “Their bodies may be broken temporarily, but their youthful spirits are still with them.”¹⁴⁴ McIndoe was certainly aware of his patients’ appearances that scars and pedicles could be a frightening sight, but he emphasised that they were normal young men who happened to be in a temporary state of difficulty.¹⁴⁵ Allegedly, it was unproblematic for the ‘Guinea Pigs’ to walk around East Grinstead, because the people there would over time become used to see the injured pilots. But according to David Ross, an injured pilot would certainly attract attention to those less prepared in other towns and cities.¹⁴⁶

An important aspect of McIndoe’s treatment regime was that he had control of almost every level of the patient treatment and the rehabilitation process. He was very selective when it came to who he hired to be part of his team, and he tutored the staff upon arrival at the QVH:

He [McIndoe] outlined briefly the history of plastic surgery. It was new to the nurses, this information about pedicles, thin, medium and full-thickness grafts, bone transplants, surgical inlay work. Post-operative care, he told them, was more important in plastic work than any other form of surgery. A bad dressing might ruin the whole operation; a withering graft not spotted quickly enough might undo several months of surgical repairs. The nurse had to have hands as good as the surgeon.¹⁴⁷

By tutoring his staff, McIndoe’s goal was to give his patients the best treatment and care they could get. As a paradox to McIndoe’s wish for his patients to accept their disfigurements, he picked the prettiest nurses and put them to look after the worst cases in Ward III.¹⁴⁸ To hire

¹⁴² Hillary, *The Last Enemy*, 160.

¹⁴³ Mosley, *Faces from the Fire*, 146.

¹⁴⁴ Mosley, *Faces from the Fire*, 96.

¹⁴⁵ Mosley, *Faces from the Fire*, 97.

¹⁴⁶ Ross, *Richard Hillary*, 203.

¹⁴⁷ McLeave, *McIndoe: Plastic Surgeon*, 72.

¹⁴⁸ McLeave, *McIndoe: Plastic Surgeon*, 85.

pretty nurses was done to motivate the patients to recover quicker, and one can say that any motivation for the patients was considered good motivation. But McLeave points out that even though the nurses were selected because of their good looks, they had to work hard.¹⁴⁹ The worst cases also required the most attention and care. Having said that, this is only one interpretation of why pretty nurses were hired. Hospitals are to this day a very gendered workplace, with a clear hierarchy where men tend to be in leading positions, so the employment of pretty nurses at the QVH could have had other aspects to it than motivating the patients' recovery process here.¹⁵⁰

The goal at the QVH was to restore the patients back to being able for flying duty. McIndoe knew that most of the men in his care were too severely damaged to be able to go back to the RAF as pilots or aircrew, even though they were highly motivated to go back despite their limitations. Eventually, Page and Hillary wanted to put themselves before the committee who decided whether they would be fitted for flying duty or not. McIndoe reluctantly gave Page and Hillary's their medical certificate they needed to go in front of the committee: "It took them several weeks of nagging, but Archie [McIndoe] finally threw up his hands in disgust. 'If you're determined to kill yourselves, go ahead. Only don't blame me,' he said, and sat down to write out their medical certificates."¹⁵¹ Hillary eventually ended up crashing his aircraft in 1943, dying on impact.

McIndoe was made the president of the GPC in 1941, a position he held until he died in 1960, and he was highly appreciated by his 'Guinea Pigs'. He contributed with several articles to the GPCM, and his regular column "the Maestro" would be one of the first articles in the magazine, from the first issue in 1945 until McIndoe died. What McIndoe meant for his patients becomes clear in the 1960 issue of the magazine, where the issue sends a signal of grief since most of the issue is dedicated to McIndoe through obituaries and articles about him.¹⁵² Also, the bond

¹⁴⁹ McLeave, *McIndoe: Plastic Surgeon*, 85.

¹⁵⁰ For research regarding the hierarchy in hospitals and nurse-physician relationships see Daniel Schneider, "Informal Interactions, Gender, and Hierarchy: Barriers to Nurse-Physician Collaboration in a West Coast Hospital", <https://escholarship.org/uc/item/52t8f41k> [accessed 05.05.18].

¹⁵¹ Mosley, *Faces from the Fire*, 128.

¹⁵² Sam Gallop (Ed.), *The Guinea Pig*, Christmas, 1960, 2–8. Articles: "Archie", "The Late Sir Archibald McIndoe", "In Memoriam, Sir Archibald Hector McIndoe, C.B.E., M.Sc., M.S., F.R.C.S., F.A.C.S., 1900–1960".

with McIndoe becomes even clearer in the issues from 1965 and onwards, where McIndoe is depicted in the logo of the GPC in the magazine.¹⁵³

The death of McIndoe was a tremendous loss for the GPC, seeing that he had been like a father to them by helping them recover from their traumatic experiences but also punishing them if they misbehaved. There is no doubt that McIndoe's treatment regime was of significant help for his 'Guinea Pigs', and as Mosley writes:

Archie McIndoe's achievement [... is] in the unique quality he possessed of mending lives as well as bodies, of smashing fears and prejudices, of sweeping away bureaucratic cant, of quickening events when they were moving too slowly, and of inspiring enthusiasm wherever he went.¹⁵⁴

Regardless of McIndoe's personality and manners, his contribution to the 'Guinea Pigs' rehabilitation process has given him an almost saint-like status amongst his peers and former patients. McIndoe said, "When I'm ninety-nine, they'll [the 'Guinea Pigs' will] still be coming in for repairs."¹⁵⁵ And by saying this, McIndoe showed his commitment to his patients and to the GPC, which must have contributed to his status.

In 2014, a statue of McIndoe was unveiled in East Grinstead in memory of him.¹⁵⁶ On the pavement in front of the statue, one can read the following inscription: "He led a pioneering team whose treatment gave the lives back to severely burned airmen of the Guinea Pig Club and other casualties of World War II". The statue contributes to the commemoration of McIndoe, which shows how he, with one hand on the shoulder of a patient, helped his 'Guinea Pigs' and other patients through a difficult time in their lives. But it does not tell the full story of McIndoe as a person, and the rehabilitation of the 'Guinea Pigs', and it is, therefore, a perfect example of what Nora calls *Lieux de Mémoire*.¹⁵⁷ Here, the statue contributes to the collective memory of what happened in East Grinstead and at the QVH during the Second World War, overshadowing other stories which could just as well be told.

¹⁵³ Dave Davidson (Ed.) & Henry Standen (Ed.), "We are the trustees of each other. We do well to remember that the privilege of dying for one's country is not equal to the privilege of living for it. Sir Archibald McIndoe, 1944", *The Guinea Pig*, Summer, 1965, 1.

¹⁵⁴ Mosley, *Faces from the Fire*, 259.

¹⁵⁵ Mosley, *Faces from the Fire*, 173.

¹⁵⁶ See Appendix 1; 2.

¹⁵⁷ Nora, "Between Memory and History: Les Lieux de Mémoire in France since 1944", 632.

The literature states that McIndoe wanted the best for his patients. He had unshakeable opinions on the best way for his patients to proceed towards rehabilitation, resulting in a very rigid system with clear rules for his patients and staff to follow. This can clearly be seen in “the Battle of the Blues”, where McIndoe kept a few hospital uniforms which was used as punishment towards disobedient ‘Guinea Pigs’. McIndoe told the pub owners in East Grinstead that men wearing these uniforms should not be served drinks in their pubs due to their punishment, which shows a way of discipline that was very rigid and almost tyrannical, regardless of how different sources portrays him in a positive way.

McIndoe was President of the GPC for almost 20 years, giving him a prominent position not only amongst medical professionals but also amongst British war veterans. Why did he continue to oversee the GPC after the war? The available literature for this project states that McIndoe did what he did with his patients in mind – he wanted the very best for his patients. We can see is that McIndoe clearly knew the value of creating bonds with people who could benefit him in one way or another. The bonds to Sir Simon Marks and Sir Victor Sassoon could give indications of McIndoe having a selective and cynical view of friendship, since these families could be beneficial for him both financially and through publicity. McIndoe’s work with the ‘Guinea Pigs’ made him relevant amongst his contemporary peers related to rehabilitation, but he also gained publicity through the GPC as they have become a symbol of a success story of rehabilitation of soldiers who fought during the Second World War.

3. “The Few” in the Guinea Pig Club

3.1. “The Few”

In an article in the GPCM, it is stated that not since the defeat of the Spanish Armada in 1588 had Britain faced the prospect of an invasion as it did during the Battle of Britain in 1940.¹⁵⁸ During the campaign, the RAF played a crucial part in the war against the German Luftwaffe, and ‘Guinea Pig’ Tom Gleave writes in the article that the RAF fighters thrust themselves like “[...] darts into the Luftwaffe formations [...]”¹⁵⁹ The description of the situation depicts that odds for victory were not in the RAF’s favour since the RAF was outnumbered 4 to 1 by the Luftwaffe in number of aircrafts.¹⁶⁰ Britain and the RAF were truly at a disadvantage, not only in numbers of aircrafts since the Germans could choose the area of combat due to their fleets stationed in France, Germany, Denmark and Norway.¹⁶¹ But according to Richard Hough and Denis Richards, the RAF had better trained pilots, and they were thus better prepared for battle.¹⁶² Another factor was that the Germans were “[f]lushed with their success over France, [and] they began with an abundance of confidence, which they progressively lost”¹⁶³ whereas Britain managed to maintain high morale defending their country. Towards the end of the Battle of Britain, the total losses were approximately twice as large for the Luftwaffe, as for the RAF, showing a significant difference between the two.¹⁶⁴ Gleave looks back at the Battle of Britain remembering the enthusiasm and excitement of fighting along his comrades against Germany, and despite his injuries, he “[...] would not have missed it for all the tea in China.”¹⁶⁵

¹⁵⁸ Tom Gleave, “That Summer of 1940”, *The Guinea Pig*, Summer, 1973, 9.

¹⁵⁹ Gleave, “That Summer of 1940”, 3.

¹⁶⁰ Coldfelter, *Warfare and Armed Conflicts*, 489. The Luftwaffe had 2.830 aircrafts, while the RAF had 650 operational aircrafts at the beginning of the Battle of Britain.

¹⁶¹ Parker, *Struggle for Survival*, 48.

¹⁶² Hough & Richards, *The Battle of Britain*, 309.

¹⁶³ Hough & Richards, *The Battle of Britain*, 310.

¹⁶⁴ The literature presents different numbers, but the two to one ratio is consistent. Coldfelter, *Warfare and Armed Conflicts*, states that the Luftwaffe lost 1,887 aircrafts and the RAF lost 1,023 aircrafts, see p. 490. Hough & Richards, *The Battle of Britain*, states that the Luftwaffe lost 1,733 aircrafts and the RAF lost 915 aircrafts, see p. 310. Parker, *Struggle for Survival*, states that the Luftwaffe lost 1,389 aircrafts and the RAF lost 792 aircrafts, see p. 51.

¹⁶⁵ Gleave, “That Summer of 1940”, 9.

But the Battle of Britain came at a cost for Gleave and other pilots in the RAF. The pilots who will be subject of analysis in this chapter were all casualties early in the Second World War on the European continent. They were all young men, and they were the first men to truly experience the consequences of modern aerial warfare through the injuries they received during active duty during the Battle of Britain. Compared to the Great War, the pilots during the Second World War were equipped with parachutes, resulting in a significant number of pilots with similar burn injuries.

But why focus on these pilots? The reason is that they were all pioneers in different ways. They were pioneers in the RAF since they were operating aeroplanes without a protective layer around their fuel tanks. As a consequence of the state of the construction of the aircrafts, the pilots suffered from severe burns to their face and hands, most commonly, described as “airmen’s burn”, as a result of being trapped inside their burning aircrafts after being shot at by enemy fire.¹⁶⁶ The injuries they suffered from makes them pioneers since the RAF later saw the consequences of their priorities and ended up improving the pilots’ safety in the construction of later aircrafts.

With their injuries, the pilots contributed to McIndoe’s pioneering work in reconstructive and plastic surgery. The biggest achievement in this work was the abolition of the tannic acid treatment which had caused many burn victims great suffering. Whilst the men were hospitalised, they created a club for injured pilots who fought during the Battle of Britain, which would later become one of the most famous veteran clubs in Britain. By researching the ‘Guinea Pigs’ of interest, the goal is to give a coherent and representative picture of who they were and how their journey towards being rehabilitated proceeded. The 34 ‘Guinea Pigs’ of interest are all listed below:

¹⁶⁶ McIndoe, “Total reconstruction of the burned face”, 412.

Anderson, John Anthony	Gleave, Thomas Percy	Lowe, Joseph
Aslin, Donald James	Hillary, Richard H.	McLaughlin, John William
Banham, Arthur John	Holland, R. H.	Macphail, J. F.
Bennions, George Herman	Hunt, David W.	Mann, Jack
Bird-Wilson, Harold A. C.	Hurry, Charles Alexander L.	Mounsdon, Maurice H.
Carnall, Ralph	Kingcome, Brian	Noble, Brian Robert
Coote, Michael	Koukall, Joseph	Page, Alan Geoffrey
Day, Robert D. F.	Krasnodębski, Zdzisław E.	Squier, John William
Debenham, Kenneth B. L.	Lane, Roy	Tower-Perkins, William
Dredge, Alan S.	Langham-Hobart, Neville	Turner, Guy
Duncombe, Raymond D.	Charles	Wells, Patrick
Fleming, John	Lock, Eric Stanley	

The majority of these pilots were on their first missions during the Battle of Britain, but some were older and had previously fought during the Battle of Dunkirk. The larger part of the men listed above were admitted with burn injuries after the Battle of Britain, and the East Grinstead Museum's records of the men provides additional information on who they were. When admitted, their age spans from 19 to 36 years old, where Joseph Lowe was the youngest, and Zdzisław Krasnodębski the oldest of McIndoe's first 'Guinea Pigs'. Since Lowe was an aerial gunner, as the records show, he was the only one of the early members that was not a pilot. In terms of nationality, they were all British citizens, except for other members from the Allied countries that were part of the GPC, like Zdzisław Krasnodębski (Polish), Joseph Koukall (Czechoslovakia), John Fleming (New Zealand), David Hunt (New Zealand) and Patrick H. C. Wells (South Africa). They were members of different squadrons in the RAF, and of different military rank, but nevertheless, they all ended up at the QVH and received treatment from McIndoe and his team. After their initial treatment, they went in and out of hospital and different convalescent homes in or near East Grinstead. After finalizing their treatment, some of the pilots went back to active service in the RAF, where one pilot lost his life after crashing his aircraft. Some of the pilots went into commercial flying after the war, while others retired from the RAF. Some of the men have written autobiographies, and there are also articles written about 'the Few' in the GPCM as a group and as individuals.

Emily Mayhew emphasises that the early members of the GPC were part of Fighter Squadrons, operating Hurricanes and Spitfires, but that this is not representative for the members of the Club, seeing that from 1942 on the largest patient group that ended up in East Grinstead came

from Bomber Command.¹⁶⁷ This has led to several false impressions of who the members of the GPC were since a common misconception has been that the members of the Club were all fighter pilots. But this does not mean that the members of the GPC, including its early members, were anything but extraordinary cases. What separates them from other contemporary veterans, are their injuries, their age, and the fact that they all underwent treatment from McIndoe and his team. In the following, the cases of Richard Hillary, Geoffrey Page, and Tom Gleave, will be looked at in greater detail.

3.2. Individual cases: Gleave, Page, and Hillary

The following section compares the cases of Gleave, Page and Hillary, so as to see how they are representative of the early members of the GPC. By looking at the background, the recollection of injuries and life after the hospitalisation of Gleave, Page and Hillary, a fairly typical picture of the early members of the GPC emerges.

Hillary and Page had similar backgrounds before the outbreak of the war since they were both members of the university air squadrons before the Battle of Britain.¹⁶⁸ They both attended prestigious colleges in the years before the outbreak of the war: Hillary was a student at Trinity College, Oxford, and Page was at Imperial College in London.¹⁶⁹ In other words, they were both part of the upper class in Britain, and they were familiar with this particular lifestyle. Gleave, on the other hand, had a different background since he was older than Hillary, Page, and other ‘Guinea Pigs’ in Ward III. According to Leonard Mosley, because of Gleave’s age, he was considered to be the father of Ward III.¹⁷⁰ Both Hillary and Page struggled to get their families’ support to join the army. Page’s uncle, who was a pilot, had died in an accident, leading to Page’s struggle of getting his parents approval to become a pilot in the first place, whereas Hillary’s parents wanted him to choose an academic path.¹⁷¹ Both of them would eventually get

¹⁶⁷ Mayhew, *The Reconstruction of Warriors*, 83.

¹⁶⁸ See Page, *Shot Down in Flames*, 5; Hillary, *The Last Enemy*, 9.

¹⁶⁹ See Page, *Shot Down in Flames*, 4; Hillary, *The Last Enemy*, first page.

¹⁷⁰ Mosley, *Faces from the Fire*, 101.

¹⁷¹ Page, *Shot Down in Flames*, 3.

support from their families, and this support was for Hillary, in particular, important for his rehabilitation.

Gleave was actually older than Hillary and Page at the time of the Second World War, he was married and had a newborn son waiting for him to return from duty. In Gleave's autobiography, he writes about how he missed his family and the joy of getting time off duty to visit them.¹⁷² Both Gleave and Page joined the army because this had been their plan all along. For Hillary, the exhilaration for adventure made him join the army. He explicitly states in his autobiography that the war solved all problems of a career, and that "[t]he war [...] promised a chance of self-realisation that would normally take years to achieve. As a fighter pilot I hoped for a concentration of amusement, fear, and exaltation which it would be impossible to experience in any other form of existence. I was not disappointed."¹⁷³ Hillary stands as a contrast to Page, who from the age of five had had an interest in aeroplanes.¹⁷⁴ But the war also solved some of Page's problems. He got an ultimatum from his parents of either continuing his studies without any disruption of flying, or otherwise leave university to make his way in the world. Since Page was somehow forced into university, he was pleased with the declaration of war in 1939: "Happily for me, or so I thought, Hitler overstepped himself."¹⁷⁵ But even if they had different backgrounds, family situations and different ways of how they joined the army and entered the war, they were all motivated to fight for their country against the Axis powers.

One by one, they were shot down by enemy aircrafts and found themselves in McIndoe's care at the QVH in East Grinstead. Page was shot down on the 12th of August, Gleave on the 31st of August and Hillary on the 3rd of September 1940. They all suffered from burn injuries: Page had severe burns on his face and hands, Gleave got severe burn injuries on his face, hands, and legs, and Hillary ended up with severe burns on his face, hands, and legs. They talked about going back to the RAF after they had recovered. In Page's autobiography, he writes about one conversation between him and Hillary where they discussed the dilemma of not going back to the RAF after being treated at the QVH.¹⁷⁶ Their concern was to be seen as something less of a

¹⁷² Gleave, *I Had a Row with a German*, 1.

¹⁷³ Hillary, *The Last Enemy*, 24.

¹⁷⁴ Page, *Shot Down in Flames*, 2.

¹⁷⁵ Page, *Shot Down in Flames*, 4.

¹⁷⁶ Page, *Shot Down in Flames*, 144.

man if they chose to leave the RAF. They had to go back to flying duty, to avoid being considered cowards by their superiors and peers in the army. Henceforth, after months of hospitalisation and going back and forth between the QVH and convalescent homes, they all went back to flying duty.

During the Great War, soldiers suffering from shell shock would be considered unfit for duty because of their mental issues. This was not recognised as an illness until after the Great War and they would be either shot or dismissed in dishonour because of what was considered cowardice behaviour.¹⁷⁷ The fact that shell shock was later recognised as an actual mental illness, shows how discourse changes over time. Being a coward has always been something soldiers have wanted to avoid, and this was no exception during the Second World War. Whereas cowardice behaviour during the Great War was linked to the soldiers' mental health, being a coward during the Second World War was more of the soldiers' moral judgement, since pilots that were unable to fly because of their mental state were considered to have 'low moral fiber'.¹⁷⁸ Because of the fear of being considered someone with 'low moral fiber', Page took risks with the possible cost of being injured or killed: "However pride and the fact that the two men behind might mistake the action of stopping for one of fear, kept me going."¹⁷⁹ Perhaps this fear to be seen as scared and mentally damaged was the reason why they kept going.

Regardless of their injuries, Hillary, Page, and Gleave would return to flying duty.¹⁸⁰ They all contributed to the GPC in different ways. Gleave was the GPC's Vice President from the Club's birth in 1941, and he became Chief Guinea Pig after McIndoe passed away in 1960.¹⁸¹ Both Gleave and Page contributed to the Club's magazine with several articles. Hillary on the other hand contributed to the GPC's publicity with his autobiography. After his death in 1943, the money kept pouring in through hundreds of letters with cheques and money, contributing to the hospital and the GPC.¹⁸² Yet, according to Hugh McLeave, it is doubtful if Hillary would have become an active member of the GPC since he was too much of an outsider in Ward III.¹⁸³ But

¹⁷⁷ Hunt & McHale, "Memory and Meaning", 49.

¹⁷⁸ Hunt & McHale, "Memory and Meaning", 55.

¹⁷⁹ Page, *Shot Down in Flames*, 182.

¹⁸⁰ How they actually coped with their mental and physical injuries will be discussed in chapter 4: "Approaches to rehabilitation."

¹⁸¹ Bishop, *McIndoe's Army*, 4.

¹⁸² McLeave, *McIndoe: Plastic Surgeon*, 97–98.

¹⁸³ McLeave, *McIndoe: Plastic Surgeon*, 97.

even if he did not become an active member of the Club, the GPC surely benefited from the publicity and awareness of war veterans provided by *The Last Enemy*. The book opened the door into Ward III and depicted the early members of the GPC, McIndoe, and other members of the staff at the QVH, and he gave the pilots under McIndoe's care recognition. Through Hillary's contribution to publicity with his autobiography, the GPC surely benefited from having Hillary in their inner circle of acquaintances.

Hillary was an interesting character, and many have expressed their opinions on how he was as a person, and also why he did not fit in with the other patients in Ward III and later in the GPC. In David Ross's biography, Page describes Hillary as a person who looked down on his fellow human beings as a way to protect himself from the trauma of his own experiences.¹⁸⁴ In Page's opinion, Hillary created a barrier of cynicism as a defence mechanism, which made him come across as unpleasant.¹⁸⁵ According to Mosley, Hillary "[...] was not greatly loved by anyone."¹⁸⁶ Hillary was particular about how things should be done, and Ross writes that Hillary was unhappy with the cleanliness of Ward III.¹⁸⁷ This, and Hillary's pleasure of waking up resting nurses in Ward III, are examples of why Hillary was not very much liked by his fellow pilots at the QVH.¹⁸⁸ Hillary got himself into trouble on several occasions by speaking his mind, like one time when he made a comment of the hospital when the matron of the Ward was present: "Hillary rose in his bed. 'Jesus Christ,' he said, 'what a hospital! It stinks like a sewer, it's about as quiet as a zoo, and instead of nurses we've got a bunch of moronic Irish amazons! [...].'"¹⁸⁹

Hillary's rehabilitation process was somewhat different from the other 'Guinea Pigs' in Ward III. Between operations at the QVH, Hillary spent time at the officers' convalescent home at Dutton Homestall just outside East Grinstead. Here, he would meet the woman that would provide him with his further rehabilitation, the author Lady Winifred Fortescue.¹⁹⁰ This was before Hillary wrote *The Last Enemy*, and his interest in writing created a nurturing friendship between the two. The company of Lady Fortescue was beneficial to Hillary's rehabilitation, since she

¹⁸⁴ Ross, *Richard Hillary*, 180.

¹⁸⁵ Page, *Shot Down in Flames*, 197.

¹⁸⁶ Mosley, *Faces from the Fire*, 99.

¹⁸⁷ Ross, *Richard Hillary*, 183.

¹⁸⁸ Mayhew, *The Reconstruction of Warriors*, 181.

¹⁸⁹ Mosley, *Faces from the Fire*, 100.

¹⁹⁰ Ross, *Richard Hillary*, 198.

nurtured, and challenged, him intellectually through their discussions and conversations. This shows us that he found another way towards rehabilitation. Through the support of Lady Fortescue, Hillary managed to compensate for the lack of support from his potential comrades in Ward III, which makes me believe that Hillary in fact did not need the GPC like his contemporaries in Ward III did. The same can be said for Hillary's friend Denise. According to Hillary, "[...] her visits did more to help my recovery than all the expert nursing and medical attention."¹⁹¹ Denise Maxwell-Woosnam was the fiancée of Hillary's comrade Peter Pease who had died during the war¹⁹², and for Hillary, her courage to live on after her betrothed passed away inspired him.¹⁹³ These friendships show that to Hillary, the GPC was obsolete since he found comfort and inspiration through friendships outside the Club.

The early members of the GPC were men of different age groups, different nationalities, and they had different outcomes when it comes to their rehabilitation. The nature of their injuries was the reason why McIndoe wanted them under his care at the QVH. As Gleave puts it in his autobiography: "We were all burnt to approximately the same extent and in the same places, and thus were of a kind."¹⁹⁴ But regardless of this, to become an accepted member of the GPC, you had to have support from several members of the Club, similar to what how the British Legion had operated in the interwar years.¹⁹⁵

As stated by Mosley, Page and Gleave were two of the original organisers of the GPC, but does this mean that they are representative of the early members of the Club?¹⁹⁶ They were British citizens, so was the vast majority of the early members of the Club.¹⁹⁷ Page and Gleave are mentioned in multiple articles in the GPCM, and they contributed with articles to the magazine, too. Their backgrounds and experiences from the war made them much appreciated members of the GPC, where they were both active members, even though they were most active in the Club's earlier years. This becomes clear in Ross' biography, when Page recalls the time he

¹⁹¹ Hillary, *The Last Enemy*, 122.

¹⁹² Ross, *Richard Hillary*, 152.

¹⁹³ Hillary, *The Last Enemy*, 122.

¹⁹⁴ Gleave, *I Had a Row with a German*, 90.

¹⁹⁵ Barr, *The Lion and the Poppy*, 65.

¹⁹⁶ Mosley, *Faces from the Fire*, 136.

¹⁹⁷ There were members from the Allied countries that were part of the GPC, but the literature and sources on these men's lives are either rather scarce or non-existent other than the occasional mentioning in the secondary literature and some articles in the GPCM.

spent with Hillary during the war, and says “I don’t know the majority of people that attend [the annual reunion], as there had been so many patients by the end of the war that our particular time at East Grinstead did not coincide”¹⁹⁸ referring to the years after the Second World War.

The members of the GPC were of different nationalities, and the early members of the Club had differences when it came to their injuries. The majority of the early members suffered from injuries related to burns, but some of the early members, as with the case of Brian Kingcome, were invited to the Club even though their injuries differed from the norm. Fully accepted members would have to have suffered from burn injuries, but they also needed to be active member of the Club, contributing to the spirit of the GPC.

When attempting to present a coherent picture of the early members of the GPC, it becomes clear that to become a member with support from your comrades required a certain way of behaving. Page and Gleave did fit the accepted norm to become members of the Club, whereas Hillary did not. Hillary did not find support in potential comrades in Ward III, nor did he, apparently, want to. Even though the GPC is portrayed as a club which accepted any pilot who fit the Club’s criteria, there seem to have been certain behavioural expectations that Hillary did neither fulfil nor wanted to adjust to. Whilst Hillary was representative of the Club in terms of social stakes, on a more personal level he was anything but.

Gleave and Page are representative for ‘the Few’ in the GPC since they suffered from similar injuries, they underwent the same rehabilitation process under McIndoe’s supervision, they represent different age groups, and they represent different members of the GPC. Page and Gleave were very involved with the Club, whereas Hillary was formally a member, but as stated by McLeave, it is doubtful if Hillary could have become an active member of the GPC since he was too much of an outsider in Ward III.¹⁹⁹

¹⁹⁸ Ross, *Richard Hillary*, 181.

¹⁹⁹ McLeave, *McIndoe: Plastic Surgeon*, 97.

4. Approaches to Rehabilitation

To see how the ‘Guinea Pigs’ benefited from the rehabilitation they underwent during and after the Second World War, one needs to analyse approaches to rehabilitation on different levels. In three subchapters I will analyse how the medical staff contributed to their rehabilitation, how the ‘Guinea Pigs’ ability to accept themselves played a role, and how their respective friends and family contributed to their rehabilitation. There will be a distinction between physical and mental rehabilitation.

By looking into how these men coped with their mental and physical wounds, a fuller picture will be presented on what was available for the ‘Guinea Pigs’ regarding rehabilitation. According to Karen J. Burnell, Peter G. Coleman and Nigel Hunt, one can argue that “[f]rom a clinical perspective, [...] veterans who manage and reconcile their traumatic memories experience fewer post-traumatic symptoms.”²⁰⁰ The factors that contributed to the ‘Guinea Pigs’ reconciliation, and what seems to have been conducive to their rehabilitation, will be analysed and discussed in the following chapter.

4.1. The Scientific Approach to Rehabilitation

According to Kwang Chear Lee, Kavita Joory, and Naiem S. Moiemmen, “[b]urn injury damages the skin which is the primary barrier to infection.”²⁰¹ Eventually, topical therapies were implemented in different treatment regimes, as its advantages were raised through awareness over the years. In 1940, however, there was no agreed method on how to treat burns. The tannic acid spray was one of the substances that gained popularity in burn treatment during the Second World War. The goal was “[...] to prevent the release of ‘toxins’ from the burn wound and to

²⁰⁰ Burnell, Coleman & Hunt, “Coping with traumatic memories: Second World War veterans’ experiences of social support in relation to the narrative coherence of war memories”, 58.

²⁰¹ Lee, Joory & Moiemmen, “History of burns”, 170.

dry out the wound to allow formation of a hard coagulum to minimise fluid loss.”²⁰² Tannic acid was used with the idea that it would produce a cleaner wound after being applied. But, on the contrary, it was banned when it was found to be damaging the patients’ liver cells.²⁰³

The use of tannic acid was also the standard treatment for the pilots who fought during the Battle of Britain. Early members of the GPC all suffered from the side effects and the devastating pain it caused, and McIndoe saw the long-term consequences it had: “God damn and blast this tannic acid. It shouldn’t be used. We’ve got to stop them using it.”²⁰⁴ One of the reasons why tannic acid was used in the treatment of burns was the absence of a better alternative. Lee, Joory and Moiemmen write that the Second World War brought about a tremendous increase in burn victims, and the most important goal was to help the patients to recover quickly, not only to make them ready for further combat but also to free up space for other patients in the hospitals in Britain.²⁰⁵ The increase in burn victims was also noticed by McIndoe, who wrote: “There had until then [the Second World War] been no substantial series of cases published and none in which a rational plan of repair had been proposed.”²⁰⁶ So seeing that the number of burned victims increased, the need for an adequate way to treat burns was very much needed. McIndoe argued against the usage of tannic acid, but there were also surgeons who saw positive results from using this method of treatment. Surgeon S. M. Cohen argued for the usage of tannic acid in his article “Experience in the Treatment of War Burns” from August 24, 1940.²⁰⁷ He claimed that the application of tannic acid to a wound, “[...] is unquestionably the method of choice.”²⁰⁸ He described his experience with the tannic acid, and how “[a]n immediate tan [cover of tannic acid] is undoubtedly a great advantage [...] and proved most satisfactory.”²⁰⁹

Seeing the consequences of the usage of tannic acid, how it caused sepsis instead of preventing it, McIndoe quickly started his war against tannic acid. Together with plastic surgeon Harold D. Gillies, he was leading a sub-committee on burns on behalf of the British War Office’s War

²⁰² Lee, Joory & Moiemmen, “History of burns”, 170.

²⁰³ Lee, Joory & Moiemmen, “History of burns”, 171.

²⁰⁴ Macnamara & Metcalfe, “Sir Archibald Hector McIndoe (1900–1960) and the Guinea Pig Club”, 226.

²⁰⁵ Lee, Joory & Moiemmen, “History of burns”, 173.

²⁰⁶ McIndoe, “Total reconstruction of the burned face.”, 410

²⁰⁷ Sol. M. Cohen, “Experience in the Treatment of War Burns”, *The British Medical Journal*, vol. 2, no. 4155 (August 1940): 251–254.

²⁰⁸ Cohen, “Experience in the Treatment of War Burns”, 251.

²⁰⁹ Cohen, “Experience in the Treatment of War Burns”, 252.

Wound Committee, where they investigated the results from using tannic acid. It was eventually banned after a testimony by McIndoe, who at this point had over 20 seriously burned patients under his care.²¹⁰ But even if the committee banned tannic acid from being used, there was still dissent between surgeons in Britain.²¹¹ Nevertheless, McIndoe and Gillies managed to change the course of the treatment of wounds for the benefit of their patients' rehabilitation.

During the years of the Second World War, the usage of a coagulant treatment method was replaced by other treatments. McIndoe, using saline baths in his treatment regime, was under the impression that this was a much better way of treating his patients since it caused less pain to them than the tannic acid did.²¹² Talking about experimental surgery during the Second World War can be misleading since experimental surgery in war periods is frequently related to horrific surgical procedures conducted on prisoners of war or individuals in labour camps in Europe.²¹³ But in this case, one must say that McIndoe's methods for treating burn injuries were experimental, since he used different methods than his contemporaries and other Burns Units in Britain. If not creating a precedent in the treatment of burned soldiers, McIndoe certainly provided his patients with a much more comfortable treatment regime than the application of tannic acid could have done. The benefits of McIndoe's methods are also emphasised in Mark Harrison's *Medicine & Victory*:

The most severe cases [of burned soldiers], which had been evacuated to the larger hospitals, were sometimes treated further with the saline bath method developed by A. H. McIndoe. In this treatment the patient was immersed in a bath of continuously flowing saline solution for one hour, at a constant temperature. The burns were then dusted with sulphonamide or penicillin, and covered with a light dressing that was floated off in a subsequent bath. Although this method was used with great success in several centres, it was not suitable for most hospitals on account of the special facilities it required.²¹⁴

²¹⁰ Mayhew, *The Reconstruction of Warriors*, 61.

²¹¹ Mayhew, *The Reconstruction of Warriors*, 65.

²¹² Mayhew, *The Reconstruction of Warriors*, 63.

²¹³ For further reading see Peter Fritzsche, *Life and Death in the Third Reich* (Cambridge, Massachusetts: The Belknap Press of Harvard University Press, 2008), especially chapter 3 "Empire of Destruction, Holocaust"; Henry Friedlander, *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* (Chapel Hill, North Carolina: The University of North Carolina Press, 1995); Harold Marcuse, *Legacies of Dachau: The Uses and Abuses of a Concentration Camp, 1933–2001* (Cambridge: Cambridge University Press, 2001).

²¹⁴ Mark Harrison, *Medicine & Victory: British Military Medicine in the Second World War* (Oxford: Oxford University Press, 2004), 158.

The treatment McIndoe's 'Guinea Pigs' underwent at East Grinstead makes them stand out. Ward III at the QVH received the first Saline Bath Unit in the country, and it stands as an example where experimental treatment during the Second World War benefited the patients.²¹⁵

The element of mental or psychological rehabilitation is important to address as well. How can you rehabilitate a person's mind? Peter Williams and Ted Harrison mention one way of looking at plastic surgery as a way to treat a person's mental issues, stated by John P. Bennett, Consultant Plastic Surgeon at the QVH in the 1980's: "[...] [He] prefers to think of plastic surgery as the surgical branch of psychiatry. If there is a patient with a psychiatric problem, instead of giving him a pill it is sometimes possible to operate."²¹⁶ In some cases, Bennett might have been correct saying that certain problems can be solved with surgery, but as we can see in studies like Frances C. MacGregor, Albert M. Abel, Albert Bryt, Edith Laues and Serena Weissmann's book, plastic surgery cannot fully substitute psychiatric treatment.²¹⁷ To see plastic surgery as a substitute for psychiatric treatment can be a dangerous view of plastic surgery, and I believe we are looking at a fine line between what can be treated with surgery and what requires other methods of treatment in relation to mental issues. Plastic surgery cannot be seen as a shortcut to one's rehabilitation, but it can certainly motivate the patients who receives such treatment to work with their mental issues.

The atmosphere of the Ward was something McIndoe strongly emphasised as important for his patients' rehabilitation:

Of no less importance than the standard of physical comfort is the atmosphere which pervades the hospital. This indefinable quality must radiate from the staff. It is generated by enthusiasm for work, by satisfaction born of being a member of an efficient team, by anxiety for the patients' welfare and by devotion to duty tempered by optimism, tact, understanding, and good humour. [...] the injured, disfigured and depressed patient reacts strongly to his environment.²¹⁸

Not only does this show what McIndoe expected from his staff, it also gives indications to how McIndoe micromanaged and tutored his staff. Then again, the quote reveal how McIndoe went beyond what would have been expected from a physician during the Second World War. To be responsible for the full picture of patient rehabilitation was strongly emphasised, but it must be

²¹⁵ Dennison, *A Cottage Hospital Grows Up*, 91.

²¹⁶ Williams & Harrison, *McIndoe's Army*, 150.

²¹⁷ MacGregor, Abel, Bryt, Laues, and Weissmann, *Facial Deformities and Plastic Surgery*, 48.

²¹⁸ McIndoe, "Rehabilitation in a Maxillo Facial and Plastic Centre", 163–164.

said that to have expectations of the staffs' optimism and good humour is to expect a lot. Having said that, through the optimism from the staff, the goal was for the patients to imitate this behaviour, and eventually adopt the spirits of their surroundings.

To treat a person's mind as well as his body was important to McIndoe. Along with his contemporary surgeons, McIndoe emphasised the correlation between treating a person's mind as well as his body a person was not fully rehabilitated even though his body was rehabilitated. A sudden change in appearance was evidently hard to handle for the burned pilots at the QVH, and the medical staff would have to deal with the patients' mental and physical scars and wounds. Regarding the physical injuries, as McIndoe said in *The Bradshaw Lecture of 1958*, the goal was to produce a symmetrical face in its separate parts.²¹⁹ In addition to this, another burden lay on the surgeons' shoulders, according to McIndoe's colleague at the QVH, Russell M. Davies: "As a profession, we must be prepared to continue to be involved in the whole picture of patient care."²²⁰ The goal to achieve a perfect external appearance is not only something burn victims have fought for. To alter facial deformities and change facial features is something that men and women have done for many hundreds of years. Some have done this for the pure necessity of living a normal life, and others purely because of the social pressure of what is considered as beautiful.

McIndoe stressed that they could manage to live normal lives even though their appearance was different to people who had not been operated on. The same goes for Max Factor's involvement with the 'Guinea Pigs'. Seeing that McIndoe was working as a plastic surgeon, appearance and beauty was something he was concerned about, and even though he made it clear that they could live fulfilling lives, there was evidently an underlying assumption that the 'Guinea Pigs' needed to improve their appearances. This is also contradictory to the fact that the medical staff and the hospital's job was first and foremost to patch the pilots together and try to get them back into flying duty.

²¹⁹ McIndoe, "Total reconstruction of the burned face", 419.

²²⁰ Davies, "McIndoe Lecture, 1976: Relationships", 367.

The medical professionals who treated the ‘Guinea Pigs’ also provided safety for their patients. This can be seen in Williams and Harrison’s book, when they emphasise the degree of protection the ‘Guinea Pigs’ had inside Ward III and the GPC, when a group of ‘Guinea Pigs’ attended a garden party at Buckingham Palace in London:

On the way back, they [the ‘Guinea Pigs’] were all very subdued. After persistent questioning Blackie got to the root of the problem. It seemed the Guinea Pigs had been left for the afternoon with a group of veterans from the First World War [...]. Many of them were badly injured, but in their day, there had been no McIndoe to save them or their self-respect. They had been ‘tucked away’ in a home where the public would not see them again. The Guinea Pigs had sensed that their own future might be in doubt if this was the public attitude towards them.²²¹

This episode gives us indicators on how the ‘Guinea Pigs’ saw McIndoe. He was there for the ‘Guinea Pigs’ to protect them, and he was seen as something like a father figure. By seeing what might lay ahead for them, the ‘Guinea Pigs’ might have become even closer to McIndoe after this incident, since he gave them reassurance and hope for the future. This also shows us that even though McIndoe made arrangements with the people living in East Grinstead, there was another world the ‘Guinea Pigs’ were not yet prepared for: the world outside East Grinstead.

For the patients at the QVH to recover from their injuries and work towards the rehabilitation of their minds, McIndoe stressed the need for achievement, and how the pride of achievement played a crucial part in their rehabilitation. McIndoe emphasises that even though there were activities available for the patients, there needed to be a certain kind of activities, because “[t]he existence of a multitude of facilities does not in itself maintain that state of mental alertness which is so desirable.”²²² In other words, there was a need for activities that did not only give the patients a certain feeling of productivity, but it had to be relevant for them as well.²²³ So by providing the patients with work that mattered was important for the patients to feel proud of their work, and thus accomplish a feeling of achievement.

Research done after the Second World War argues that “[...] veterans who manage and reconcile their traumatic memories experience fewer post-traumatic symptoms.”²²⁴ Nigel Hunt

²²¹ Williams & Harrison, *McIndoe’s Army*, 36.

²²² McIndoe, “Rehabilitation in a Maxillo Facial and Plastic Centre”, 164.

²²³ McIndoe, “Rehabilitation in a Maxillo Facial and Plastic Centre”, 164.

²²⁴ Burnell, Coleman & Hunt, “Coping with traumatic memories”, 58.

and Sue McHale write that “[t]here were many psychiatrists in the Second World War who helped thousands of men recover from battle shock.”²²⁵ McIndoe sought to rehabilitate soldiers with mental issues, without the help of the psychiatric branch. What they managed to do would later be described as a treatment with elements from psychiatry, but at the time the treatment they underwent was purely based on the knowledge of McIndoe and his common sense. Can one ever be fully mentally rehabilitated after such a trauma? The literature used in this thesis indicates that it is almost impossible. The disfigured soldiers in this project would always carry their scars from the past, but steps in the right direction were taken – which tells us that the scientists and medical professionals were central in the contribution to rehabilitate injured soldiers.

McIndoe and Blackie contributed to their patients’ rehabilitation process through what they considered a better form of treatment and rehabilitation process. They also motivated the ‘Guinea Pigs’ to reintegrate back to society, starting with the town of East Grinstead. Their initial goal was to prepare the ‘Guinea Pigs’ for life after being hospitalised. But in terms of their rehabilitation, one can only say that they succeeded rehabilitating their physical injuries, and not necessarily their mental wounds since there are issues related to the closeness between the medical professionals and the patients at the QVH which will be discussed in the next subchapter.

The scientific approach to rehabilitation was more related to the intended plans for the patients’ rehabilitation than what the physicians and the staff at the QVH managed to achieve. McIndoe’s managed to rehabilitate the ‘Guinea Pigs’ bodies through experimental surgical procedures and innovative methods like the saline bath, and he presented a different scientific concept of maintaining the full picture of patient rehabilitation. But in terms of the patients’ mental rehabilitation, which was only planned well on paper, this was something the medical staff in the QVH did not manage to achieve. Even though McIndoe stressed the need for achievement and an atmosphere suited for rehabilitation, the ‘Guinea Pigs’ had to find the tools for their mental rehabilitation elsewhere.

²²⁵ Hunt & McHale, “Memory and Meaning”, 50.

4.2. The Importance of Self-Acceptance

In order to accept yourself, you have to know yourself and your limitations. Regardless of the ‘Guinea Pigs’ limitations related to their injuries, they had the opportunity to achieve what they wanted to do with their lives, with the GPC’s financial and social support close by. An example here would be ‘Guinea Pig’ Jimmy Wright, who built a movie business as the director of Film City Productions, despite the fact that he was blind.²²⁶ Another example is ‘Guinea Pig’ Bertram Owen Smith, who trained to be a plastic surgeon after the war, and proved wrong those who doubted his abilities.²²⁷ Both ‘Guinea Pigs’ stand out as examples of how the GPC and McIndoe contributed as door openers to future careers. How the ‘Guinea Pigs’ managed to come to terms with their disabilities is closely related to whether they managed to accept what they had become, and the limitations that followed their physical disabilities – and the prejudices of what war veterans were capable of.

One can see that both the staff at the QVH and the GPC contributed to the ‘Guinea Pigs’ rehabilitation process by creating buffers which would prevent these men from dealing with their traumatic memories. So how did the ‘Guinea Pigs’ manage to accept what they had become? Williams and Harrison emphasise the importance of preventing the patients from feeling disabled and as a result feeling like second-class citizens, because nobody ever asked to be disabled.²²⁸ It is important to stress this point, but this was counteracted by the GPC, McIndoe and other supporters of the ‘Guinea Pigs’, and not necessarily something the ‘Guinea Pigs’ had to do by themselves. But how important was the GPC for the member’s self-acceptance? The GPC played a bigger role in the rehabilitation for the later members than the early members. ‘The Few’ had to deal with their disfigurements and changes in appearance by themselves. For the later members, they had the opportunity to draw inspiration from the early members of the Club, which must have been important for the individual ‘Guinea Pigs’ self-acceptance. By doing this, they could more easily cope with their disabilities and disadvantages, and ‘the Few’ can, therefore, be considered as role models, inspiring the later members of the GPC. Another factor was being constantly exposed to how they were different. The GPCM and the annual dinner

²²⁶ Bishop, *McIndoe’s Army*, 27.

²²⁷ Williams & Harrison, *McIndoe’s Army*, 63–70.

²²⁸ Williams & Harrison, *McIndoe’s Army*, 89.

would be constant reminders that they were not in an absolutely unique situation, there were others dealing with a new life situation due to similar injuries, which would give the injured pilots a feeling of normality.

Annelie Ramsbrock writes about the idea of normality, how people strive towards it, and what humans consider as normal and how this changes over time. The chance of being considered as “normal” was small for the ‘Guinea Pigs’, meaning they had to find other ways to articulate their ordinariness. But regarding their vanity and youthfulness, they had to accept that they would have to work with themselves from a different starting point. Looking at the both Hillary and Page, vanity was something that the burned pilots were concerned with. Page describes the shock of seeing his face after he was injured, and he describes it as a “[...] hideous mass of swollen burnt flesh that had once been a face.”²²⁹ This shock was obviously related to the injuries, but also how his face had turned into something unrecognisable and grotesque.

We need to address gender and masculinity here as well since the ‘Guinea Pigs’ masculinity was compromised after being injured. The stereotypes of masculinity did not change during the Second World War, and it was based upon “[...] the nature of man’s body.”²³⁰ A man was considered masculine “[...] built upon an ideal of bodily beauty, symbolizing the attributes that a true man ought to possess.”²³¹ These attributes were considered to be a balance between the body and the soul, where both parts were considered to in harmony and in control. But just as important as what was considered masculine was a counterpart of what was considered masculine, strengthening the image of a masculine body.²³² How a man looked contributed strongly to whether a man was considered masculine or not. George L. Mosse stresses the importance of good looks, and how this correlates to prejudices towards a man’s virtue – the uglier a man is, the less virtuous a man is.²³³ The masculine stereotype was created during a period of war, so military virtue was closely linked to masculinity, meaning that weakness and fear was not something that fitted what was considered as manly.²³⁴ According to Mosse, “[h]ysteria had previously been confined to women as a sign of their tender nerves and barely controllable

²²⁹ Page, *Shot Down in Flames*, 97.

²³⁰ George L. Mosse, *The Image of Man: The Creation of Modern Masculinity* (Oxford: Oxford University Press, 1996), 5.

²³¹ Mosse, *The Image of Man*, 77.

²³² Mosse, *The Image of Man*, see chapter 4, “The Countertype”.

²³³ Mosse, *The Image of Man*, 25.

²³⁴ Mosse, *The Image of Man*, 50.

passions.”²³⁵ And it is stressed that nervousness was very opposite of the image of masculinity since it showed a lack of control. Similarly, ugliness was seen as something of an opposite of masculinity: “[...] it was accidental, without harmony, nothing was in its place.”²³⁶

Everyone has an imagined picture of what they look like, but what happens when this changes dramatically in a short period of time? Both Page and other ‘Guinea Pigs’ reacted strongly to their new appearances, seeing that their faces were burned and severely disfigured after being shot down. According to Ramsbrock, the significance of having a beautiful appearance serves as a guarantee of certain advantages.²³⁷ In Hillary’s autobiography, we can read about his encounter with his mother after being burned and hospitalised, where his mother said “[y]ou should be glad this has to happen to you. Too many people told you how attractive you were and you believed them. You were well on the way to becoming something of a cad [a man who behaves dishonourably]. Now you’ll find out who your real friends are.”²³⁸ According to Ramsbrock, “[...] conceptions of beauty have always adhered to aesthetic standards [...]”²³⁹ In relation to Hillary’s injuries, he had to make peace with his injuries and also manage his own expectations and change his view of himself and the world he lived in, in order to rehabilitate from his injuries. He did not have the advantage of his good looks anymore.

To accept themselves, the ‘Guinea Pigs’ had to find a new way of defining normality due to their injuries, and they also had to redefine masculinity to fit them and their comrades in order to achieve a feeling of normality. To some extent, they managed to do this, and by mastering this redefinition, they would lay the important groundwork towards rehabilitation.

4.3. Friends and Families Approach to Rehabilitation

Humour and sarcasm were ways for the ‘Guinea Pigs’ to get through the days in Ward III. Mosley describes the humour as “[...] vulgar, often obscene, and sometimes unkind in Ward

²³⁵ Mosse, *The Image of Man*, 83.

²³⁶ Mosse, *The Image of Man*, 59.

²³⁷ Ramsbrock, *The Science of Beauty*, 2.

²³⁸ Hillary, *The Last Enemy*, 119.

²³⁹ Ramsbrock, *The Science of Beauty*, 2.

Three. There was a tendency for the others to laugh when a graft went wrong or a nose turned out to be the wrong shape.”²⁴⁰ This was a way for the ‘Guinea Pigs’ to cope with difficult situations in Ward III, and, as pointed out by McIndoe, good humour was one of the important factors to create an atmosphere for camaraderie and rehabilitation in the Ward. Good humour would here be the equivalent to what we today would label as locker room talk. Hillary writes about one difficult day in Ward III, where “[a] somewhat grim sense of humour helped us to pass this day.”²⁴¹

What kind of humour we are talking about here, can be illustrated through Page’s retelling of how the rehabilitation process amongst the ‘Guinea Pigs’ were: “If someone was incredibly ill, you didn’t disturb them. It was an unwritten law that you left him alone and if the ward sister or nurse said, ‘Look he’s having a rough time’, we tiptoed around. But the moment he was all right, we’d pour beer over him.”²⁴² As pointed out by Page and Leonard Mosley the humour in Ward III was described as rather unkind, but this was a way of the ‘Guinea Pigs’ to communicate and interact with one another.²⁴³ Page recalls that sympathy was reserved for genuine cases, and whether it was a genuine case or not was decided by the ‘Guinea Pigs’ in the Ward. To feel sorry for yourself was not tolerated, and whoever felt sorry for himself was “[...] quickly brought into line.”²⁴⁴ But how can this way of treating each other be seen as helpful for the ‘Guinea Pigs’ rehabilitation? How the ‘Guinea Pigs’ treated each other varied from person to person, but what we can see is that they treated soldiers from other divisions than the RAF quite differently than their comrades. Hillary writes about one incident in the Ward, where an RASC officer complained about the conditions in the hospital:

An R.A.S.C. officer who had been admitted to the hospital with the painful but unromantic complaint of piles [haemorrhoids] protested at the amount of favouritism shown to me merely because I was in the R.A.F. A patriotic captain who was in the same ward turned to him and said: “At least he was shot down defending his country and didn’t come in here with a pimple on his bottom. The Government will buy him a new Spitfire, but I’m damned if it will buy you a new arse.”²⁴⁵

²⁴⁰ Mosley, *Faces from the Fire*, 103–104.

²⁴¹ Hillary, *The Last Enemy*, 154–155.

²⁴² Williams & Harrison, *McIndoe’s Army*, 31.

²⁴³ Williams & Harrison, *McIndoe’s Army*, 31; Mosley, *Faces from the Fire*, 103–104.

²⁴⁴ Williams & Harrison, *McIndoe’s Army*, 31.

²⁴⁵ Hillary, *The Last Enemy*, 118.

The RASC officer did not complain about his medical condition, but the incoherent way patients in the same ward were treated. In this case, Hillary was recovering from severe burns, so the ‘patriotic’ captain’s comment stands as an example of the protectiveness the RAF pilots had towards each for other. This episode indicates how the different divisions in the British Army were treated, because Hillary does not deny that he, in fact, was treated better than the RASC officer at the QVH. That being said, Hillary suffered from severe burn injuries, which would have required more attention and care than painful haemorrhoids. Page also writes about how the RAF was treated differently from other parts of the army after he went back to being operative in the RAF. On their way to fight in North Africa, the pilots from the RAF managed to get excused from morning exercise with the other soldiers, with the excuse that physical training could be bad for the lungs of the RAF pilots.²⁴⁶ This made the RAF pilots unpopular amongst the other soldiers on the ship, illustrating how they as a group managed to have things their way.

In another case, also recounted by Hillary, we find the patient Neft, who was at the QVH due to a motorcycle accident: “Neft showed a tendency to complain, which caused Eric Lock [a ‘Guinea Pig’] to point out that some of us had been fighting the war with real bullets and would be infinitely grateful for his silence.”²⁴⁷ This statement by Eric Lock illustrates how the pilots at the QVH saw themselves in the hospital: above all other patients, especially civilians. But this could also be an indicator on how the ‘Guinea Pigs’ suffered. If the pilots from the RAF did not complain in the hospital wards, then surely no one else should be allowed to express their complaints and grief either.

The distinction between the RAF and other parts of the army becomes clear in several stories told by ‘Guinea Pigs’, and this is something we can trace in the available literature. An episode in Page’s autobiography shows the humour in Ward III, and how this, ultimately, affected how the men from the RAF treated a captain from the Royal Navy:

He [the Royal Navy Captain] was suffering from a contracture of two fingers caused, as one Sergeant Pilot would have it, ‘by wanking too often in his youth!’ [...] He was number four on the operation list the next day, which meant he would be dealt with in the afternoon. First on the list was Group Captain Tom Gleave,

²⁴⁶ Page, *Shot Down in Flames*, 157.

²⁴⁷ Hillary, *The Last Enemy*, 154.

who had undergone several previous operations to graft a new nose onto his face. Tomorrow's operation was to be a minor one, merely to allow him to breathe more freely.²⁴⁸

After Gleave's operation, the idea of pranking the Royal Navy Captain came to Page, and the following happened:

[...] Jill [a nurse in the ward] produced a bottle of mercurochrome, a disinfectant the colour of blood. Pouring a generous amount onto a swab, she covered all of Tom's [Gleave] face until he looked as if he were bleeding to death. [...] [W]e pushed the trolley alongside Tom's empty bed. A pair of very horrified naval eyes took in the evident state of the patient's face. "O.K., chaps," I [Page] called from underneath my mask. "Usual procedure to get the bastard into bed, but try and not drop him on the floor again." I could both feel and hear the gasp from the next bed.²⁴⁹

The normal procedure, which Page describes, was for four attendants to each take their corner from the rubber sheet underneath the patient and lift the patient carefully onto the bed. This time, however, Page and the other patients took the four corners and swung Gleave's body as if he were in a hammock:

Having swung him from side to side several times, at my order, we let go. Tom sailed through the air over and past his bed [...] and landed on the floor on the far side and finally stopping under the Captain's bed, from which his voice emerged. "Bloody hospital! The treatment gets worse each week!" Last seen was the figure of a Royal Navy Captain heading rapidly for the lavatories.²⁵⁰

This episode shows the type of humour the men in Ward III filled their days with. This way of treating others can be seen as, if not humorous, a way to keep a distance to people you do not want to include in your inner circles, preserving a desired atmosphere with comradeship within the Club. One cannot say that these episodes aided the rehabilitation of the 'Guinea Pigs', but these episodes show camaraderie and a bond that later would form the GPC, where members of the RAF worked together and protected each other, but the episode also shows a very immature behaviour, confirming that these young men acted their age. Supporting the idea that the 'Guinea Pigs' only wanted to be associated with comrades with similar backgrounds, Hunt and Robbins claim that "[s]ome veterans who find it difficult sharing their experiences with friends and family also find it difficult sharing reminiscences with veterans who belonged to different

²⁴⁸ Page, *Shot Down in Flames*, 140.

²⁴⁹ Page, *Shot Down in Flames*, 141.

²⁵⁰ Page, *Shot Down in Flames*, 141–142.

units.”²⁵¹ This strengthens the argument that the GPC was a distinctive and closed group by choice.

To communicate through humour, however, can be problematic when it comes to rehabilitation. According to Karen J. Burnell, Peter G. Coleman and Nigel Hunt, humour was something that was used by war veterans to avoid communication. This does not correlate with the way the ‘Guinea Pigs’ stressed how humour was a part of the rehabilitation process.²⁵² By understanding that the GPC used humour deliberately as a way to contribute to its members’ rehabilitation, we can say that Burnell, Coleman, and Hunt’s findings do not correspond with the way humour was used in the Club. Here, we have to understand what the ‘Guinea Pigs’ saw as their goal for the Club and the rehabilitation itself. The GPC’s goal was to promote good fellowship between the members and for them to be able to stay in touch.²⁵³ By providing these services for the GPC’s members, they would be able to capture the spirit amongst the members and how things were during the Second World War at the QVH. One can argue that the GPC could never have predicted the importance of the Club for its members, and therefore never prepared to deal with their traumatic memories in a beneficial way other than drinking and amusing themselves, because their behaviour did not create an atmosphere for therapeutic conversations.

A strong bond between the members can be seen within the Club itself. ‘Guinea Pig’ Brian Kingcome was made an honorary member of the GPC by McIndoe after the war, but he only attended one annual dinner, since he had the feeling of being an intruder.²⁵⁴ Kingcome was wounded in the leg after being shot down, and he did not suffer from burns like the other ‘Guinea Pigs’ who fought during the Battle of Britain.²⁵⁵ In his memoirs, he described the ‘Guinea Pigs’ as follows: “[...] they have a special bond, an intimacy, an invisible but almost tangible barrier that outsiders can never penetrate, how ever [sic.] warmly they may be welcomed. [...] I can be with them, I can never be of them.”²⁵⁶ Kingcome’s testimony presents how difficult it was, even for certain members of the Club, to penetrate its inner circles and be fully accepted.

²⁵¹ Hunt & Robbins, “World War II veterans, social support, and veterans’ associations”, 178.

²⁵² Burnell, Coleman & Hunt, “Coping with traumatic memories”, 66.

²⁵³ Bishop, *McIndoe’s Army*, 3.

²⁵⁴ Kingcome, *A Willingness to Die*, 65.

²⁵⁵ Kingcome, *A Willingness to Die*, 273–274.

²⁵⁶ Kingcome, *A Willingness to Die*, 65–66.

The support from the ‘Guinea Pigs’ friends and families were important for their rehabilitation, and this can be seen in relation to different coping strategies as a way to reconcile traumatic memories and distress, avoidance, and processing.²⁵⁷ According to Sheldon Cohen and Thomas Ashby Wills, there are mainly two ways one can show support to people who are experiencing stressful situations, and these two are both part of what is called the Buffering Hypothesis, separated into the “buffering model” and the “main-effect model”.²⁵⁸ The buffering model is based on a person’s well-being, where support is given in stressful situations only – if stress occurs, support is given. The main-effect model is based on giving support to a person regardless of whether this person is experiencing stress or not. The main-effect model is seen as beneficial, since this way of supporting someone creates a sense of “[...] predictability and stability in one’s life situation [...]”.²⁵⁹ The buffering model is different in the way that support is given in stressful situations, where support is given through intervening between the stressful event and a stress reaction.²⁶⁰

The hypothesis is based on how different kinds of support from different groups of people provide buffers, protection, to shield persons from “[...] the potentially pathogenic influence of stressful events.”²⁶¹ Whether the veterans decide to deal with their memories by avoiding or processing them, different outcomes are explained by Nigel Hunt and Sue McHale.²⁶² According to Hunt and Robbins, “[t]he buffering hypothesis may be effective if the person uses an avoidant strategy – recommended after World War II, where the general attitude taken by the military was ‘go home and don’t talk about your experiences’[...]”²⁶³, but this did not necessarily work with the veterans’ families, since the families often were in a situation where they did not understand the veterans’ problems.²⁶⁴ This is something that is common amongst veterans, to never tell their families about what had happened. This can be related to the fact that they wanted their homes to be a safe space, which could be compromised if their family

²⁵⁷ Burnell, Coleman & Hunt, “Falklands War veterans’ perceptions of social support and the reconciliation of traumatic memories”, 283.

²⁵⁸ Cohen & Wills, “Stress, Social Support, and the Buffering Hypothesis”, 310.

²⁵⁹ Cohen & Wills, “Stress, Social Support, and the Buffering Hypothesis”, 311.

²⁶⁰ Cohen & Wills, “Stress, Social Support, and the Buffering Hypothesis”, 312.

²⁶¹ Cohen & Wills, “Stress, Social Support, and the Buffering Hypothesis”, 310.

²⁶² Hunt & McHale, “Memory and Meaning”.

²⁶³ Hunt & Robbins, “World War II veterans, social support, and veterans’ associations”, 175.

²⁶⁴ See Hunt & McHale, “Memory and Meaning”, 54. “[...] [T]he veterans were told after the war to forget what had happened.”

knew about their experiences but could not bring the subject up. According to Hunt and Robbins, this is a strategy of avoidance.²⁶⁵

The camaraderie within the GPC was strong since there was an underlying understanding between the comrades. Hunt and Robbins point out a distinction between friendship and comradeship. Among comrades there is an underlying understanding, since they often share training and battle experience. They emphasise that groups who have shared such life-threatening situations often become closer with each other than with other friends.²⁶⁶ Here, the GPC comes in, when, according to Hunt and Robbins, “Veteran’s associations validate the main effect model, where the veterans actively process traumatic information. Wives and families validate the buffering model, where veterans avoid direct discussion of their traumatic recollections and rely on general emotional and practical support.”²⁶⁷ But this does not seem to have been the case if we look at how the GPC operated. For the ‘Guinea Pigs’, the annual gathering the ‘Lost Weekend’ could have been arenas where the ‘Guinea Pigs’ could share their memories and reminisce about the past. But through humour and alcohol, traumatic memories were not discussed, and buffers were created.

As we can see from the above, the families could have a buffering effect on the war veterans, and not necessarily help the ‘Guinea Pigs’ process their memories, since support only was given in times of stress. But with the ‘Guinea Pigs’, we can find several examples when it is explicitly stated that their wives and families did indeed help them in the rehabilitation process. With the case of one ‘Guinea Pigs’, when, supposedly, interests and troubles were shared with his wife as a way to overcome the difficulties by being injured during the war, we see an example of how families could help veterans process instead of creating a buffer. As the ‘Guinea Pig’ said: “I couldn’t have done it without my wife.”²⁶⁸ This example is of course very vague. We do not know which troubles exactly were shared between the ‘Guinea Pig’ and his wife. We can also find examples of other pilots who fought in the Second World War, not being part of the GPC, who relied on avoidance as the way of interacting with their closest families. In a study done by Hunt and McHale, they show how one unnamed Polish pilot used sex with his wife to protect

²⁶⁵ Hunt & Robbins, “World War II veterans, social support, and veterans’ associations”, 180.

²⁶⁶ Hunt & Robbins, “World War II veterans, social support, and veterans’ associations”, 180.

²⁶⁷ Hunt & Robbins, “World War II veterans, social support, and veterans’ associations”, 180.

²⁶⁸ Williams & Harrison, *McIndoe’s Army*, 104.

himself from the haunting memories of being captured by the Russians at the beginning of the war. This imprisonment, and later having to cling to a life raft for over two weeks, because the ship who was going to take him to Canada for pilot-training, was sunk, was the source to his traumatic memories.²⁶⁹ This shows that family members did provide support in different ways, either to protect the war veterans from reliving their traumatic experiences, but also, in some cases, to help them process them.

The GPC's approach to contributing to the individual 'Guinea Pigs' rehabilitation is unique in the way that they gave the impression of actually processing memories through shared experiences and activities, but they did, in fact, create several buffers to avoid talking about their traumatic memories. This can be seen in the way they used humour inside the Ward but also after the war. Hunt and McHale claim that: "World War II veterans fought in an era where it was not generally acceptable to break down, where the stiff upper lip remained fixed in British soldiers. If one was upset by one's experiences one did not show it, one did not share emotions with others."²⁷⁰ This indicates that signs of weakness were not given, and this is closely linked to the expectations of a soldier's manliness and masculinity.

Instead of dealing with their traumatic memories, the 'Guinea Pigs' projected this onto others, like the grieving after McIndoe's passing in 1960. This projection of feelings adds another important aspect to how close McIndoe and the members of the GPC were. This closeness is problematic, when it comes to dealing with traumatic memories. McIndoe claimed that the surgeon had to deal with the full picture of patient treatment and rehabilitation. His common sense methods were used as a way to process traumatic memories, but he was in fact too close to his patients for them to talk freely about their memories and thus to deal with their traumatic experiences. So, in some ways, McIndoe contributed to his patients' buffering of their memories instead of doing the desired opposite thing, actually processing and contributing to the rehabilitation of his patients' minds.

Humour can be seen as a way or a technique to avoid dealing with traumatic memories. The same can be said about drinking alcohol, which was an important part of the 'Guinea Pigs' daily

²⁶⁹ Hunt & McHale, "Memory and Meaning", 53.

²⁷⁰ Hunt & McHale, "Memory and Meaning", 54.

life before, during and after the Second World War. According to Burnell, Coleman and Hunt, the use of alcohol can be interpreted as a way of encouraging avoidance, since the alcohol draws attention away from the traumatic memories.²⁷¹ The contradiction here is that McIndoe wanted the patients in Ward III to have access to alcohol in the Ward. Hence, the patients always had access to beer in the Ward. This was also supported by McIndoe's contemporaries, as H. Osmond Clarke does in an article in *The Lancet*, arguing for a moderate quota of alcohol to benefit the social interchange between patients.²⁷² Page makes a point out of consuming beer as a reason to feel normal, which is an important element here: "For a brief moment I felt that once again I was a normal human being participating in everyday affairs."²⁷³

Humour and alcohol were not only activities to pass time; they were a way of avoiding troublesome memories, but they also helped to foster a feeling of normalcy. This way of channelling their energy to activities that did not have the purpose of contributing positively to their rehabilitation was a way for them to avoid their traumatic memories. In order for the 'Guinea Pigs' to be considered normal, interacting with pilots with the same types of injuries could have been a beneficial factor for their rehabilitation. Because even though we can see that they relied on avoidance, the camaraderie was unquestionably strong between the 'Guinea Pigs' even though they did not process their memories of the Second World War together. Is this an indicator for the need of avoidance strategies as a way to manage life? They did not manage to process their traumatic memories within the Club, related to their way of interacting with each other. By relying on humour and alcohol in interaction with each other, they actually created buffers which protected them from their memories. This would certainly create issues when we are looking at the long-term effect of the avoidance of dealing with their traumatic memories and shows that the GPC and McIndoe did not manage to contribute to the 'Guinea Pigs' mental rehabilitation as intended.

²⁷¹ Burnell, Coleman & Hunt, "Coping with traumatic memories", 69.

²⁷² Clarke, "Orthopædic and Rehabilitation Service of the Royal Air Force", 722.

²⁷³ Page, *Shot Down in Flames*, 110.

4.4. Failed Mental Rehabilitation?

Through the support from the ‘Guinea Pigs’ network, they found a way to accept that they could have a meaningful life despite their injuries, physical and mental scars. Whether the ‘Guinea Pigs’ managed to process their traumatic memories is different from ‘Guinea Pig’ to ‘Guinea Pig’, but the benefits of processing the memories rather than creating barriers which contributed to further repression of memories is beneficial considering recent research. That is why it is surprising that the GPC contributed to the barriers between the ‘Guinea Pigs’ and their memories by using humour as a way of communication and consuming alcohol. We can also see the consequences of the alcohol consumption, when there were incidents of abuse of nurses done by the ‘Guinea Pigs’, whereas McIndoe ends up protecting the ‘Guinea Pig’ being accused of the abuse, saying that in the grand scheme of what these men had been through, they deserved the best treatment and not being troubled with trivialities. McIndoe stressed the importance of maintaining these men’s morale no matter what. Mosley writes about one of these incidents, which certainly contributes to a different picture of the atmosphere at the QVH, and the otherwise romanticised telling of the GPC and the spirit of Ward III.²⁷⁴ In relation to the concept of masculinity, “[...] the female was a step below the male [...] [and a] woman was an object of male power.”²⁷⁵

We can see that ‘the Few’ had to find a different way of processing and to deal with their experiences from the Second World War than the later member of the GPC since the early members did not have any to compare themselves to, in contrast to the later members of the Club. The element of being normal can be seen as more important for the GPC’s earlier members than the later ones. The later ones had other ‘Guinea Pigs’ to compare themselves to; the early members did not.

It is difficult to measure the effect of the success of the rehabilitation of ‘the Few’, but no member of the GPC ever committed suicide.²⁷⁶ Creating these barriers between the men and their mental scars shows a way of coping that supports the buffering model rather than facing the difficulties the men lived through. This repression was supported by McIndoe, since he over

²⁷⁴ Mosley, *Faces from the Fire*, 92.

²⁷⁵ Mosse, *The Image of Man*, 55.

²⁷⁶ Bishop, *McIndoe’s Army*, 146.

the years became very close to his patients. This close relationship was counteractive in order to help the ‘Guinea Pigs’ to process their traumatic memories. The men continued to live their lives, but as pointed out, one cannot measure to which extent they were rehabilitated.

Are we looking at a failed system of rehabilitating the ‘Guinea Pigs’ mental scars? If we take McIndoe’s initial goal for his rehabilitation regime into consideration, his common-sense methods did in fact not work for his patients. Instead of contributing to the processing of traumatic memories, McIndoe contributed to his patients’ repression of their memories. This can be seen in a passage in Geoffrey Page’s autobiography, where he clearly is showing signs of distress being back in the RAF after being hospitalised at the QVH under McIndoe’s care: “[...] a blind gripping fear took possession of me again: What if the engine failed now over these houses? We were too low to bale out. In a matter of seconds we would be charred and smelly corpses burning amongst the rubble of what once had been a Cardiff house.”²⁷⁷

But even though McIndoe’s plan for the ‘Guinea Pigs’ mental rehabilitation did not work, McIndoe’s reputation would still benefit from being associated with them. From an outsiders’ perspective, and by McIndoe’s contemporaries, the ‘Guinea Pigs’ would be seen as rehabilitated, since they managed to work and provide for themselves. By support the ‘Guinea Pigs’ through providing high-end jobs like we have seen in several cases, McIndoe’s patients would be living proof of how the success of his common sense methods. For McIndoe, his patients’ lives after being hospitalised would stand as a testimony of how his plan for rehabilitating them had worked, which would reflect on him as a physician and a pioneer within his field: allegedly, McIndoe mastered the maintaining of the full picture of patient rehabilitation – he managed to treat their bodies as well as their minds. But, on the contrary, this thesis has proven this to be wrong.

²⁷⁷ Page, *Shot Down in Flames*, 151.

5. Conclusion

The physical and mental rehabilitation following burn injuries among pilots during the Second World War was the beginning of the creation of a coherent rehabilitation plan in applied medical science in the UK. McIndoe's methods for mental rehabilitation still have some relevance today, and there are several similarities between the current psychosocial care and McIndoe's methods of treating burns.²⁷⁸ The surgeon stressed the importance of social support as an important element for his patients' rehabilitation, which is stressed in rehabilitation of burn injury patients today as well. According to Menedimos Geomelas, Mojtaba Ghods, Andrej Ring, and Christian Ottomann, "[t]oday, it is known that social support is very significant not only during the rehabilitation phase but also during the resuscitation phase of survival for patients with burn injury and that it may actually have an impact on patient's survival after a major burn injury."²⁷⁹

Even though McIndoe's methods for mental rehabilitation are still relevant, did the methods, at the time, manage to contribute to the 'Guinea Pigs' rehabilitation? Through this project, we can see that the early members of the GPC were less coherent than the later members, seeing that pilots who did not suffer from burn injuries were invited to join the Club. It is difficult to present a coherent picture of the early members of the GPC, on account of the available material on who they were, even though the early members are mentioned in available literature. The GPCM does provide us with some information, but it is a challenge to conclude and present one of the early members of the GPC which is representative for them all.

What we can say with certainty is how exclusive the GPC was. The characterisation as exclusive is particularly clear when compared to the Goldfish Club and the Rookdown Club, since these were clubs with similar agendas but different rationales when it came to membership. As stated in Bishop's book, "[o]ur Club [... is] more exclusive than Boodle's, Buck's, White's and the

²⁷⁸ For further reading, see Menedimos Geomelas, Mojtaba Ghods, Andrej Ring and Christian Ottomann, "The Maestro: A Pioneering Plastic Surgeon – Sir Archibald McIndoe and His Innovating Work on Patients With Burn Injury During World War II", *Journal of Burn Care & Research*, vol. 32, no. 3 (May 2011), 367–368.

²⁷⁹ Geomelas, Ghods, Ring and Ottomann, "The Maestro", 367–368.

Royal Yacht Squadron rolled into one.”²⁸⁰ Here, the members of the GPC are comparing themselves to exclusive, British gentlemen’s clubs founded several hundred years ago, and the Royal Yacht Squadron, one of the most prestigious yacht clubs in the world also located in Britain. This shows that the GPC members were aware of their own exclusiveness, and that this was an important factor for the Club. With a club that was inaccessible for those who did not fit the criteria, we can say that the GPC was exclusive merely because of the nature of its exclusion of other injured aircrews in hospitals around Britain.

Furthermore, one factor mentioned throughout the literature is that rank and class did not exist. Even though the GPC and literature on the subject have emphasised the absent of class in the Club, this project gives indications of something on the contrary. Class did indeed exist, but not in the conventional way of ordinary upper class superiority, for example, but rather as a separate, more exclusive class defined by shared experience – in fact, meritorious to some extent. This backs the general dynamics of association as depicted by Joan Abbott in the case of students – how people with the same interests comes together and work towards the same goals, and how this with the GPC led, in my opinion, to the birth of a new class of members of the RAF that were allowed to join the GPC. The ‘Guinea Pigs’ created a class for themselves, a class much more exclusive than what the GPC’s members could have worked towards outside the club.

The Club’s elitism was also strengthened by the ‘Guinea Pigs’ manners and behaviour. Looking at the written language in the GPCM, we can see a clear tendency of upper class and quite posh language. The quote “‘Let’s have a party and form a grogging club,’ suggested some bright clot [...]”²⁸¹ shows an attempt to fit the category of upper class boys. The language can also be seen as a way to create a distinct group of war veterans with a preferred upper class language. Furthermore, their way of distancing themselves can be related to their battle against war veteran stereotypes and their attempt to counteract the loss of their good looks and possibly their masculinity. The ‘Guinea Pigs’ were fighting the stereotypes together by redefining the concept of masculinity to fit them as a way to survive in a world where beauty symbolised masculinity and male virtue.

²⁸⁰ Bishop, *McIndoe’s Army*, 137.

²⁸¹ Page, “The Origin of the Species”, 6.

Perhaps the most important factor, was for the men to be considered as normal by their environment. War casualties were usually labelled as disfigured, which clearly stood as a contrast to the opposite of the considered 'normal' figure. Even though they would never regain their former looks, the reconstructive surgery they received from McIndoe and his staff was done to prevent the men from ending up with miserable lives. In other words, they redefined the norm of normality. The 'Guinea Pigs' battle for normality has several dystopian predictions of the future in terms of both masculinity and normality. The idea that a man is defined by his looks and how these looks contributes to being considered 'normal', predicts that men with facial injuries and other abnormalities will never be fully accepted as someone with a 'normal' physique. Nevertheless, what the GPC provided was a place for the 'Guinea Pigs' to belong, with a group where a disfigured body was the normal physical attribute.

Even if a pilot fulfilled the criteria for membership, to be a member of the GPC he had to become accepted by other members of the Club. Whereas the British Legion tried to recruit new members in the interwar years, this was not the case for the GPC. Another way the GPC stands out compared to the British Legion is how successful it was. This is also the case when you compare both the Goldfish Club and the Rooksdown Club to the GPC. Niall Barr points out that due to the British Legion's unfulfilled goals and wishes for its members, it appears to be a study of failure. The GPC on the contrary appears to be a success story, which is clear through the Club's wealthy benefactors who contributed to the publicity the GPC got. The 'Guinea Pigs' became famous Second World War veterans, and through their autobiographies and other public appearances, they added to the Club's publicity, giving war veterans a face.

The early members of the GPC worked towards becoming rehabilitated after their injuries, both during and after the Second World War, and they had the support to do so from various circles of acquaintances. But every individual of the early members had to find their own ways of rehabilitation. The GPC, their families and friends and the staff at the QVH contributed to this, but they did not have the benefit of having role models in the same way the later members of the GPC had. Since 'the Few' came into the Club with backgrounds of highly hierarchical and masculine environments, they saw the need for, and the necessity of, redefining masculinity to fit them as a group. Thus, their work of redefining masculinity was very important for their mental rehabilitation. McIndoe's legacy is that he certainly contributed to the 'Guinea Pigs'

physical rehabilitation, through an experimental rehabilitation scheme and experimental surgical procedures. McIndoe's experimental rehabilitation scheme, along with his war against tannic acid was a success. Nevertheless, his plan for mental rehabilitation through his common sense methods did not contribute to their rehabilitation to the extent he would have wanted. In many ways, researching the 'Guinea Pigs' rehabilitation have made me realise that not only was their physical treatment experimental, McIndoe's mental rehabilitation scheme was experimental as well.

McIndoe's common sense methods included a strict, paternalistic regime where he had the final say in most cases. More trivial elements of his methods would be the involvement of the make-up company Max Factor, but perhaps the most essential element of McIndoe's common sense methods was to allow his patients to drink alcohol in the Ward. Since alcohol consumption with comrades was a big part of their backgrounds in the army, the intention was for the men to feel normal. But, on the contrary, the alcohol contributed to an environment where traumatic memories and experiences stayed untouched and unprocessed. McIndoe's methods were unsuccessful and counterproductive due to his common sense methods. The close bonds he had to his patients, and how this contributed to buffers which contributed to the individual 'Guinea Pigs' suppression of their traumatic memories also adds to this. McIndoe tried to juggle the roles as a physician and a psychiatrist, but, unfortunately for the 'Guinea Pigs', he did not juggle it very well. Nigel Hunt and Sue McHale comment on how psychiatrists in the Second World War helped thousands of men with mental issues, which makes McIndoe stand out even more.²⁸² He did the opposite of what many of his contemporaries did by not having a psychiatrist available for his patients. For the well-being of the early members of the GPC, not having a psychiatrist present at the QVH was a mistake.

During the Second World War, hospital treatment was in an explorative phase, where there was no coherent way of treating burn victims' mental and physical scars, which this project has presented. If not for the patients' benefit, the physicians had the opportunity to explore their methods of what they thought to be good, beneficial treatment. Due to the close bonds between McIndoe and his patients, we have seen how these bonds could have been unproblematic if

²⁸² Hunt & McHale, "Memory and Meaning", 50.

there had been a psychiatrist present at the QVH, helping McIndoe and his staff to achieve the best possible treatment for the 'Guinea Pigs'.

McIndoe has been given almost full credit for the 'Guinea Pigs' rehabilitation, but is this an accurate description of the complex dynamics at play? The social bonds between McIndoe and the 'Guinea Pigs' and also the bonds among the 'Guinea Pigs' were too closely tied so that they did not manage to process their memories and work with their mental rehabilitation. As for Richard Hillary, who was not very much liked by the other members of the GPC, he had to find social support benefiting his rehabilitation elsewhere, which he found through friends outside the GPC, the QVH and the RAF. The sources used in this project gives indicators of how they almost have been written within an Echo Chamber, where the idea of McIndoe as the 'Guinea Pigs' saviour and the GPC's crucial importance for its members rehabilitation and well-being have been repeated and where contradictory views are almost non-existing. This project, on the other hand, pokes holes into how important McIndoe and the GPC were for the Club's early members, presenting a different view of the matter.

McIndoe revolutionised the way burn victims were treated in the hospitals with the banishment of tannic acid. Although his contribution to the recovery of the 'Guinea Pigs' was significant, his contribution to their mental rehabilitation was, despite his appreciating its central significance to recovery, far less successful as I have shown in this project. With counterproductive methods for mentally restoring their lives, the early members of the GPC were forced to take a more individual approach of rehabilitation. McIndoe had to and often managed to navigate through the jungle of opinions from his contemporaries on how to treat injured pilots during the Second World War. In some areas he became a pathfinder, in others he missed the right direction.

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7. Appendices

7.1. Appendix 1

The McIndoe Statue.

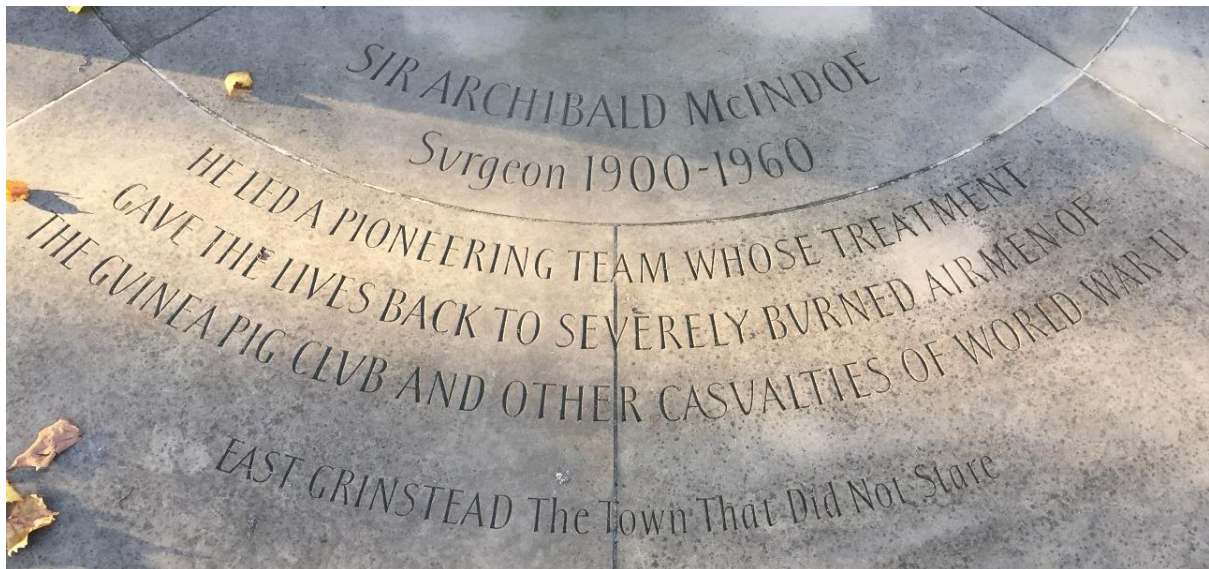
Photo taken in East Grinstead, Magnus Aune © 2018.



7.2. Appendix 2

The pavement in front of the McIndoe Statue.

Photo taken in East Grinstead, Magnus Aune © 2018.



SIR ARCHIBALD McINDOE

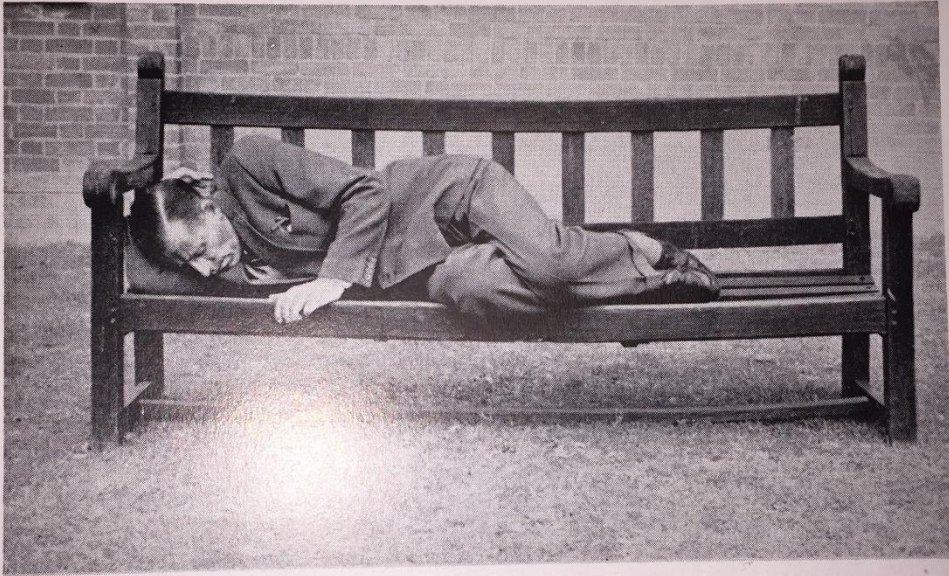
Surgeon 1900–1960

HE LED A PIONEERING TEAM WHOSE TREATMENT
GAVE THE LIVES BACK TO SEVERLY BURNED AIRMEN OF
THE GUINEA PIG CLUB AND OTHER CASUALTIES OF WORLD WAR II

EAST GRINSTEAD The Town That Did Not Stare

7.3. Appendix 3

The Guinea Pig, Summer, 1962.



Before - At the Guinea Pig Pub