

**ROOKSDOWN HOUSE AND THE ROOKSDOWN CLUB: A STUDY
INTO THE REHABILITATION OF FACIALLY DISFIGURED
SERVICEMEN AND CIVILIANS FOLLOWING THE SECOND
WORLD WAR**

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PhD

Abstract

Rooksdown House was the private wing of Park Prewett Mental Hospital, Basingstoke, which was converted into a plastic surgery unit in 1940 to treat service and civilian casualties from the Second World War. The Rooksdown Club was formed at the unit c. 1945-1947 after a patient experienced negative reaction to his disfigurement by members of the public while travelling home on a train. The work carried out by both institutions to aid patients in their psychological rehabilitation, particularly service casualties, is the principle focus of this thesis.

In order to place their work in context, the thesis first discusses the work of plastic surgeon Harold Gillies and his colleagues at the purpose-built Queen's Hospital, Sidcup, during and after the First World War. In particular, it examines how the patients were helped in their psychological rehabilitation. It then discusses the establishment of plastic surgery units during the Second World War, again highlighting the work of Gillies who, in his role as Consultant Advisor to the Ministry of Health, travelled around the country inspecting units and writing reports.

Following on, the thesis examines the work undertaken at Rooksdown House from 1940 until its transfer to Queen Mary's Hospital, Roehampton, in 1959. In particular, it focuses on the war years until c. 1948 and includes the testimonies of patients and staff at the unit. It also discusses how patients were affected by depression in the early days and what was done at the hospital to try to counter it. It then describes the formation and work of the Rooksdown Club and examines to what extent it carried out its three aims, namely to keep patients and staff in contact with one another, to help members with welfare matters, and to try to educate the public about disfigurement. The thesis finally discusses the factors behind

the success of the unit and club, and suggests possible reasons why the club was not particularly successful with more recent plastic surgery patients.

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remain forever on record. Special thanks to Pat Short for putting me up in Cornwall while I visited those members who lived in the area, and also for giving me her collection of club magazines which were essential in gathering information about the club and its members; the personal photographs of Harold Gillies playing in goal in a hockey match in front of Rooksdown House were also very special. Special thanks also to Martha Vickery for putting me up in Somerset when I visited members there. Thanks also to Steve Evans, editor of the club magazine, for his help and loan of those early editions of the magazine that I did not have. I would also like to thank my colleagues at St James's Catholic High School, Barnet, who helped me in different ways, especially Loraine Núñez and John Gardner for their support and gentle encouragement, Julie Foley for scanning all the images and printing the final drafts, and Manny for the printer and positive vibes! Thanks also to the sixth formers at St James's, namely Hayley Flanagan, Stephen Kelly, Laura Kelly and Oluseun Alabi, who helped me with typing up, creating tables, and arranging the various images and photographs into some kind of order. I would also like to express my thanks to the following for granting me permission to reproduce illustrative material: Andrew Bamji, the BAPRAS Archive, London Metropolitan Archive, Hampshire Record Office, Imperial War Museum, London, The National Archives, the Royal College of Surgeons, Basingstoke Heritage Society, St Albans Museums, English Heritage, Nursing Times, Penguin Books, LexisNexis, Nationalgalerie Staatliche Museen zu Berlin, and Greene King. Last but not least, I would like to thank my family and friends for their love, support and encouragement throughout, as always, especially my mum, dad, Richard, Lainey, Nicky, Jason and Brian. Thank you so much.

Abbreviations

AGM	Annual General Meeting
AMSM	Army Medical Services Museum
BAPS	British Association of Plastic Surgeons
BAPRAS	British Association of Plastic, Reconstructive and Aesthetic Surgeons
BLESMA	British Limbless Ex-Service Men's Association
CM	Committee Meeting
EMS	Emergency Medical Service(s)
FRCS	Fellowship of the Royal College of Surgeons
HRO	Hampshire Record Office
IWM	Imperial War Museum
LFI	Let's Face It support network for people with facial disfigurement
LMA	London Metropolitan Archive
LWFA	Lest We Forget Association
NFA	Not Forgotten Association
OT	Occupational Therapy
PRO	Public Record Office (London)
RADC	Royal Army Dental Corps
RAMC	Royal Army Medical Corps
RCCS 1953	Rooksdown Club Coronation Souvenir 1953
RCM	Rooksdown Club Magazine
RCN	Rooksdown Club Newsletter
RCR	Rooksdown Club Records
RCS	Royal College of Surgeons

TNA	The National Archives
UNRRA	United Nations Relief and Rehabilitation Administration
VAD	Voluntary Aid Detachment



1. 'Die Skatspieler' by Otto Dix. Courtesy of Nationalgalerie Staatliche Museen zu Berlin-Preussischer Kulturbesitz.

INTRODUCTION

This thesis is an institutional history of Rooksdown House during the Second World War and the immediate post-war years when it served as a plastic surgery unit. In less detail it discusses the years that followed until its transfer to Queen Mary's Hospital, Roehampton, in 1959. It examines the experiences of patients, staff and, where possible, family members. It also studies treatment regimes, with a particular focus on the psychological rehabilitation of service casualties and the efforts made to counter the onset of depression and prepare them for reintegration into society following their disfigurement. It is also an institutional history of the Rooksdown Club formed at the unit c.1945, discussing how and why the club was formed, its early years, and examining how successful it was throughout its lifespan at achieving the three aims with which it set out. To place the work of both institutions in context, the thesis also examines the psychological rehabilitation of disfigured servicemen treated at the Queen's Hospital, Sidcup, during and after the First World War, and the work of Harold Gillies, the father of modern plastic surgery, who was centrally involved with both units and the establishment of other plastic surgery units during the Second World War. The important work of Gillies, Rooksdown House and the Rooksdown Club has been neglected, and the psychological rehabilitation of disfigured servicemen from the First World War has not been studied in any detail. This thesis highlights this work and explores in depth the previously untold stories of British war-time casualties and their experience of facial disfigurement before, during and after surgery. The thesis is not a study of the history of plastic surgery as a medical specialism which has been examined elsewhere (see pp. 20-22).

In 1920, the German soldier and artist, Otto Dix, devoted much of his energy to a series of three disturbing 'war-cripple' paintings. One of the paintings, 'Die Skatspieler' (Skat Players) (illus. 1), caricatured three very badly maimed German war veterans playing

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cards.¹ The most noticeable feature of the painting was how hideous the three war veterans looked, suggesting that the German wounded were stitched up and ‘fixed’ very crudely and without much care and attention. This point was reiterated by Cork when, on describing the three protagonists in ‘Die Skatspieler’, he stated: ‘Their faces are more grotesque than any of the cripples Dix had depicted out on the pavement, and each crudely stitched set of features amounts to an indictment of the hasty cosmetic surgery inflicted on the injured soldiers.’² British servicemen facially wounded in the First World War appear to have received far better care, as depicted in the water colour paintings of surgeon-turned-artist, Henry Tonks (1862-1937). These images show the injuries before and after surgery and also appear to indicate superior skill (illus. 2-5).³ Tonks had worked with Gillies during the First World War, and his artwork had played an important part in the pioneering plastic surgery that developed in Britain as a result of the war. Due to the sheer volume of casualties treated by Gillies and his colleagues, firstly at the Cambridge Hospital, Aldershot, in 1916 and then at the purpose built Queen’s Hospital, Sidcup, which opened in 1917, new surgical techniques were pioneered and modern plastic surgery was born.

¹ I was introduced to the issue of war-time facial disfigurement by a reproduction of ‘Die Skatspieler’ in R. Cork, *A Bitter Truth – Avant-Garde Art and the Great War*, (Yale, 1994), p. 254. The book accompanied an exhibition of the same name held in 1994 at the Altes Museum in Berlin from 4th June to 28th August, and at the Barbican Art Gallery in London from 29th September to 11th December. www.amazon.co.uk/The-Bitter-Truth-Avant-garde-Great/dp/0300057040

² Cork, *A Bitter Truth*, p. 254. To view ‘Die Skatspieler’ and other ‘war-cripple’ paintings by Dix, go to www.ottodix.org/index/catalog-paintings and www.ottodix.org/index/catalog-paintings?&offset=10

³ Tonks is discussed further on p. 48 of this thesis and Appendix 2.

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2. Portrait of Gunner John Dyson, by Henry Tonks, 1916-1918. Object number: RCSSC/P 569.13A



3. Portrait of Gunner John Dyson, by Henry Tonks, 1916-1918. Object number: RCSSC/P 569.14

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4. Portrait of Private Walter Ashworth by Henry Tonks, 1916-1918. Object number: RCSSC/P 569.50



5. Portrait of Private Walter Ashworth by Henry Tonks, 1916-1918. Object number: RCSSC/P 569.52

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The images by Dix and Tonks are extremely powerful and poignant. 'Die Skatspieler' is particularly striking and, although a caricature, gives an indication of what happened to a number of disfigured German servicemen after they were injured and had received surgery. The images by Tonks, on the other hand, were painted for medical purposes and fulfilled their aim; however, they only inform the viewer of the surgical side of rehabilitation and on a limited number of subjects. Also, exceptional as the work at Sidcup was, there was only so much that plastic surgery could do to rectify the horrendous damage inflicted. The images therefore only tell half the story of what happened to the men at Sidcup and raise questions concerning their psychological rehabilitation: how did these men cope, and how were they helped to cope, with their injuries; how, if at all, were the men integrated into society; did they find wives or loved ones who accepted their injuries? These questions led to a Masters dissertation: 'The Almost Forgotten Men of the Great War: Facially Wounded British Servicemen and their Psychological Rehabilitation' (University of London, 2005). Some work from the dissertation appears in Chapter One of this thesis.

The above research uncovered the existence of the Rooksdown Club, formed in 1945 by patients and staff at Rooksdown House, Park Prewett Hospital, Basingstoke. The club was the first patient support group in Britain, arguably in the world, for both service *and* civilian facially disfigured people. Many of the research questions concerning the casualties from the First World War applied to Rooksdown House also: how British war-time plastic surgery patients were helped in their psychological rehabilitation, both inside and outside hospital; how patients dealt with depression and whether counselling was available; how patients fared in the early days of rehabilitation and in their later lives regarding relationships and employment? More specific to the Rooksdown Club was how and why the club was formed, what problems it faced over the years and whether or not it was successful in accomplishing its three aims: to help patients keep in contact with one another, to assist the welfare of ex-

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patients, and to educate the public to accept disfigured people without discrimination. The club has lasted for over 65 years which suggests that it was successful. So what explains its success, and in what ways, if any, was the club limited/unsuccessful? One final question was to what extent the club made a difference to its members' lives and to those of more recent plastic surgery patients.

The subject matter and research for this thesis forms a natural progression from my previous research. There is continuity in comparing/contrasting the work of a plastic surgery unit in Britain during the Second World War with that of the Queen's Hospital during and after the First World War. Although the medical history of plastic surgery is not the focus of this thesis, it was important to highlight further the work of Harold Gillies, examined in the MA dissertation, who was so important in the establishment of Rookdown House and the other plastic surgery units during the Second World War. Gillies was also the first President of the Rookdown Club. This thesis builds significantly on the previous study in the primary sources used, notably the unofficial records of the Rookdown Club and the club magazines, neither of which have previously been used for academic research. The club records contain a substantial collection of correspondence and the minutes of meetings dating back to 1952.⁴ The magazines were printed annually from 1947 to 2010, with some gaps during the 1950s and 1960s, and include many first-hand accounts from ex-patients and staff, as well as other relevant information about the club and hospital.⁵ The early issues were particularly important, offering insight into how the club was formed and describing events at the hospital and within the club at this time.

⁴ The records were obtained from the Rookdown Club Secretary and are still in my possession. For some unknown reason, apart from some correspondence c. 1947 regarding the formation of the club, the records from 1947-1952 are missing.

⁵ I received most copies of the club magazine from a member called Pat Short whom I visited in Cornwall. Short was a nurse at Rookdown House during the 1950s and transferred with the unit to Queen Mary's Hospital, Roehampton in 1959. She was also a prominent committee member of the club during the 1980s and Membership Secretary, 1990-1999.

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I also obtained the written and oral testimonies of a number of surviving ex-patients/members of staff/spouses, many of whom were original members; they were contacted as early as possible in the research, since the average age of original members was mid-eighties (at least seven have died since the interviews), informing them of the proposed research, asking for any personal memoirs and whether they were willing to be interviewed. They were selected from the membership list in the 2005 club magazine, with advice from club stalwart and original member, Ray 'Flash' Gordon on whom to contact i.e. surviving original members and very early members of the club. Approximately sixty people were approached, of whom about thirty replied, leading to oral testimony from twelve original members and five later members. Everyone who agreed was interviewed in their own homes spread through Somerset and Cornwall, West Sussex, Hampshire, and the Greater London area, although not all the testimonies were used in the thesis (see pp.19-20 and Appendix 10).

Some members did not reply to my letter. I was informed that some had died very recently. Others were too old to reply for themselves, while one reply was incoherent. Others stated that they were sorry but felt they had nothing of note to contribute. Only one member felt it inappropriate to offer information about other people without their permission. In general, the response was positive, with a few stating that they were pleased that at last someone was showing an interest in their club. Inevitably, some replies were more informative than others, and some recollections more vivid than others. The letters and interviews also provided access to previously unused personal letters, photographs and other information about Rookdown House and Rookdown Club members.⁶

I used the oral testimony of service patients, their wives and staff who had worked at the unit during the war and in the immediate post-war years. Some also sent written testimonies which corroborated their oral testimony. Some had also written articles for the

⁶ I retain all the correspondence and taped interviews.

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magazine years before which again provided corroboration. Although the interviewees were in their eighties, their long term memories were generally very good and their accounts were mostly lucid. Only John Hearn sometimes struggled; he informed me that he had the onset of dementia. Diana Creasey, former Rooksdown nurse and Hearn's personal friend, was on hand to prompt where necessary and support Hearn's testimony. All servicemen and civilians were open to any questions about their injuries/condition⁷ and were very forthright with their answers. Only one ex-serviceman, the aforementioned Ray Gordon, broke down when showing me a video of himself being interviewed for a documentary at the point where he started talking about the other members of his tank crew who had all been killed in the attack in which he was very badly burned. He warned that this might happen, and revealed that until the mid-1990s he had never spoken of these events; it had taken 'one whiskey too many' to make him break his silence and since then he had been able to speak openly about his experiences.⁸

The service casualties who were interviewed discussed how they were injured, their experiences at the hospital, particularly in the early days and in relation to their psychological rehabilitation, and how they fared in later life. They also discussed the club and its impact on their lives. Similarly, the members of staff who were interviewed reflected on their work and experiences at the unit, and their perspectives on the psychological impact of the injuries. They also discussed the formation of the club and its role in later years. The wives of James Russell and Ivor Wilson discussed their initial reactions to their husbands' injuries and their experiences while their husbands were receiving treatment at Rooksdown. Marjorie Wilson also recounted the later life and achievements of her husband (Ivor died in 2002), and the negative reactions he sometimes received because of his disfigurement. Her long term

⁷ One member interviewed, Rosemary Johnson, was a child patient at Rooksdown House and had operations to remove a red birthmark on the right side of her face.

⁸ Interview with Ray Gordon, October 2005.

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memory was excellent and her testimony concerning later years was corroborated by her daughter, Karen, who was present at the interview.

The oral testimonies were particularly important because members of the Rooksdown Club had not been interviewed before, with the exception of Ray Gordon, and there were not many surviving original members as most had died before work on the thesis began. It was therefore vital to hear and document their stories. A few of the recordings have been passed to family members following the death of their loved one. The interviews were also a way of verifying their earlier written testimonies published in the magazines. The oral testimony of those who had not produced articles for earlier magazines was even more important because it was their sole testimony. This was the case with Archie Day and Joan Gordon, although the latter also provided a written testimony. Archie Day did not respond in writing for personal reasons, probably the same reasons why he did not write for the magazine. As a service casualty and one of the few remaining original members of the club, who had been an active committee member, his testimony was very important as it offered another personal perspective, as well as adding to the collective memory of Rooksdown House and the Rooksdown Club.

The oral testimonies that were not used in the thesis were less relevant because most of the interviewees were patients/staff at Rooksdown in the 1950s, and not during the war or the immediate post-war years. In some cases, earlier accounts/testimonies provided enough information; for example, Bill Holdsworth provided enough information garnered from magazine articles in earlier years, one in particular which appeared in the 1986 magazine and is used extensively in Chapter Three, such that material from his interview was not required. He was also ninety four years old at the time of the interview and although his long term memory was excellent and his interview informative and engaging, the earlier accounts contained sufficient detail. Rosemary Johnson also gave an informative account which

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appeared in *Rooksdown News 2001* which again provided the required detail. The testimony of Denis Flanders was not used because, as well as attending Rooksdown in the 1950s, he received an injury to his leg; his treatment and rehabilitation were therefore different from that of patients who had been facially wounded. Considering the selection criteria, the testimony of Brigadier David Stileman, a serviceman shot in the face in 1944, should have been included in the thesis. However, although his interview was forthright, where he spoke of the remarkable spirit and the lack of self-pity at Rooksdown, and his story was very interesting,⁹ his testimony concerning his days at Rooksdown lacked the detail of other interviews with ex-service casualties. As it was my first interview, the questioning was perhaps not rigorous enough. He was also at the unit for only ten months, a relatively short period.

The written and oral testimonies have to be approached with a degree of caution as they were produced many years after the event or period. For example, based on their interviews, which were approximately sixty years after they were injured, it initially appeared that there was less depression at Rooksdown than at Sidcup; the service patients were very philosophical and humble about their injuries and the unit seemed more upbeat and positive. This was also the case with the vast majority of testimonies/articles which appeared in the club magazines from the 1970s onwards, again, a relatively long time after they were injured. In contrast, most of the sources concerning Sidcup were newspaper articles from the time which often referred to depression at the unit. According to Noakes and Pattinson, memories are shaped by time and place and other factors 'that form the worlds in which we live'.¹⁰ They also write that 'Individual personal memories of an event or period are shaped by public

⁹ After leaving the army in 1979, Stileman became Deputy to Black Rod at the House of Lords. Interview with David Stileman, April 2006.

¹⁰ L. Noakes and J. Pattinson, 'Introduction: 'Keep calm and carry on' – The cultural memory of the Second World War', in Lucy Noakes and Juliette Pattinson (eds.), *British Cultural Memory and the Second World War*, (London, 2014), p. 4.

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representations of the same, while public representations equally draw on individual memories for recognition and validation.’¹¹

Nevertheless, the testimonies of the injured servicemen and other club members add to the cultural memory of the Second World War and help paint a clearer picture of how casualties initially reacted to their disfigurement and about life at Rookdown House. They also revealed the experiences of a number of patients in later life. The stories of the Rookdown Club members are interspersed throughout the thesis. Chapter Three, for example, includes the parts of their testimonies which describe when and how they were injured, and their initial impressions of Rookdown House; Chapter Four includes the sections referring to depression and the early period of rehabilitation, including photographs to underline the severity of the injuries; and Chapter Five and the Appendices include references to later life.

The testimonies have added significance because they provide an opportunity to challenge the rather unbalanced historiography of plastic surgery and the experiences of patients during the Second World War which is discussed shortly. Apart from those associated with Rookdown House or the Rookdown Club, relatively few people have heard of these institutions. This is in stark contrast to the Queen Victoria Hospital, East Grinstead, another plastic surgery unit formed during the Second World War, and the Guinea Pig Club, formed in 1941 by severely burned Royal Air Force (RAF) men receiving treatment at the unit.¹² The Guinea Pig Club has enjoyed considerable publicity and much has been written about its members, the hospital and chief surgeon, Archibald McIndoe; a number of

¹¹ Ibid. p. 5. See also Robert Perks and Alistair Thomson (eds.) *The Oral History Reader*, Second Edition (Oxon, 2006; first published in 1998), pp. 211-322.

¹² The Guinea Pig Club was formed a year after the Battle of Britain of July-September 1940. The Luftwaffe's failure to gain air superiority was Germany's first major defeat and prevented Hitler's proposed invasion of Britain. See Richard Overy, *The Battle of Britain: Myth and Reality*, (London, 2010).

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television programmes and documentaries have also been made about the club.¹³ An aim of writing about Rooksdown House and the Rooksdown Club has been to offer an alternative and arguably more balanced view of how people with facial disfigurement lived and coped with their injuries in the years and decades after the Second World War.¹⁴ Although the thesis focuses on service casualties who were at Rooksdown from the war up to c. 1948 (when most of their treatment was completed), the treatment of non-combatants, including children, and the work of the unit post 1948 until its transfer to Queen Mary's Hospital, Roehampton, in 1959 is also briefly discussed. The latter period presents a different story – the experience of plastic surgery in peacetime among a very different cohort – but provides an extended picture of the unit and its patients. A number of those later patients and staff became members of the Rooksdown Club.

Historiography

Numerous textbooks have been written about plastic surgery and specialized areas within the discipline.¹⁵ A number of the older textbooks, such as Gillies' *Plastic Surgery of the Face* (1920), John Staige Davis, *Plastic Surgery: Its Principles and Practice* (1919), and Gillies' later publication, *The Principles and Art of Plastic Surgery* (1957), discuss the history of plastic surgery, both ancient and modern,¹⁶ as do reference books such as *The McDowell*

¹³ A museum at the Queen Victoria Hospital, East Grinstead, was dedicated to the hospital and in particular to the Guinea Pig Club. Its collection included much memorabilia, local and national press clippings about the club and its members, and a full set of Guinea Pig Club annual magazines. The museum's curator, Bob Marchant, a former theatre technician at the hospital and Secretary to the club, had also compiled a list of numerous book publications that he was aware of (25 at the time) written by and about members of the Guinea Pig Club. The museum was closed and the collection acquired by the East Grinstead Museum in 2009.

<http://www.eastgrinsteadmuseum.org.uk/guinea-pig-club/> Bob Marchant is a trustee of the East Grinstead Museum and still heavily involved. He has been of great assistance to this research also.

¹⁴ For a brief comparison between the Rooksdown Club and Guinea Pig Club, see Appendix 8.

¹⁵ In January 2008, a search of the Wellcome Library online catalogue under 'Books and journals' revealed 304 items relating to 'plastic surgery'; a search of the 'Entire Catalogue' revealed 429 items.

¹⁶ Harold Gillies, *Plastic Surgery of the Face*, (Facsimile Reprint of Original London Edition, 1983; first published in 1920); John Staige Davis, *Plastic Surgery: Its Principles and Practice* (Philadelphia, 1919); Sir Harold Gillies and D. Ralph Millard Jr., *The Principles and Art of Plastic Surgery* (London, 1957). In *Plastic Surgery of the Face*, Gillies refers to the ancient beginnings of plastic surgery before giving an account of his

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Indexes of Plastic Surgery Literature and *The Converse Reconstructive Plastic Surgery*.

However, the only books that I am aware of specifically about the history of plastic surgery are George Bankoff, *The Story of Plastic Surgery* (1952), Antony Wallace, *The Progress of Plastic Surgery* (1982),¹⁷ and a recent publication by Paolo Santoni-Rugiu and Philip J. Sykes, *A History of Plastic Surgery* (2007).¹⁸

The Story of Plastic Surgery is divided into two parts: ‘Part One - The First Four Thousand Years’, and ‘Part Two - Plastic Surgery Now’. Bankoff stated that the book is ‘neither a systematic history of plastic and reconstructive surgery nor a detailed description of technical procedures’. Its aim was rather ‘to set out the picture of the enormous resources of modern plastic surgery against an historical background that stretches back into the days of prehistory’. The book was written ‘for the intelligent member of the public’ who wanted to know the facts about plastic surgery and ‘see them set out plainly, without frills and without sensationalism, as also without puzzling and obscure technicalities’.¹⁹ The chapters most relevant to this thesis are Chapters IV, ‘The School of War’; Chapter V, ‘Decline and Rise’; and Chapter VI, ‘Wartime Revolution’.²⁰

The Progress of Plastic Surgery – An Introductory History discusses the evolution of one specific technique in each chapter rather than covering all topics in a continuous history. Writing in 1982, Wallace stated that ‘no inexpensive history book (about plastic surgery) is available. A single author balanced short history, in which effort has been made to be

experiences during and after the First World War, firstly at the Cambridge Hospital, Aldershot, and then at the Queen’s Hospital, Sidcup; in *Plastic Surgery: Its Principles and Practice*, Davis discusses early developments in the opening chapter, ‘Historical Review – The Development of Rhinoplastic and other plastic operations’; in *The Principles and Art of Plastic Surgery*, Gillies recounts his experiences of the First World War and also those of the interwar period, the Second World War and thereafter.

¹⁷ George Bankoff, *The Story of Plastic Surgery* (London, 1952); Antony F. Wallace, *The Progress of Plastic Surgery: An Introductory History* (Oxford, 1982). Also written from an historical perspective is Herbert Conway, M.D. and Richard B. Stark, M.D. *Plastic Surgery at The New York Hospital One Hundred Years Ago* (New York, 1953). Although not directly relevant to my work, it is another example that ‘modern’ plastic surgery had its origins some time before the First World War.

¹⁸ Paolo Santini-Rugiu and Philip J. Sykes, *A History of Plastic Surgery* (New York, 2007).

¹⁹ Bankoff, *The Story of Plastic Surgery*, p. 7.

²⁰ *Ibid.* pp. 68-95.

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accurate and to exclude national bias, is overdue'.²¹ Although Wallace's book is not particularly relevant to this thesis, he, like Bankoff, was a plastic surgeon with an interest in the history of the discipline; as well as writing on the history of technical advancements, he wrote on other historical aspects of plastic surgery and founded the BAPRAS (British Association of Plastic, Reconstructive and Aesthetic Surgeons) Archives that was originally housed at his private practice in Harley Street in the 1980s.²²

A History of Plastic Surgery studies plastic surgery throughout the ages but again concentrates on how the various techniques developed over time and by different surgeons. Written by two retired plastic surgeons, one a former Professor of Plastic Surgery in Pisa and Past President of European Association of Plastic Surgeons, the other a former Consultant Plastic Surgeon in Wales and Past President of BAPRAS, the book does not give a detailed account of the work carried out in Britain during the First and Second World Wars.²³

Brief histories have been written about plastic surgery during the two World Wars and the interwar period; for example, Gillies gave an overview in his and Millard's textbook, and more recently two chapters were included in *The History of the British Association of Plastic Surgeons: the First Forty Years* (1987).²⁴ More comprehensive histories appear in Reginald

²¹ Wallace, *The Progress of Plastic Surgery: An Introductory History*, p.vii. There are also a number of articles about the longer history of plastic surgery that are useful in explaining the phases of the discipline's development, and describing available studies of it including J.P. Bennett, 'Aspects of the history of plastic surgery since the 16th century', *Journal of the Royal Society of Medicine*, 76 (1983), pp. 152-156; Daniel J. Hauben, 'Plastic Surgery – Historical Aspects', *Koeth*, 8, (1-2) (1981), pp. 71-75; and Jerome P. Webster, 'The Story of a Plastic Surgery Library (The proceedings of the Charaka Club)', 12 (1985), pp. 14-24.

²² The BAPRAS Archives are known as the Antony Wallace Archive.

www.bapras.org.uk/about_us/our_archives. Wallace's historical articles include: A. F. Wallace, 'Joseph: The father of plastic surgery. The First Joseph Lecture, April 1983', *British Journal of Plastic Surgery* (thereafter *BJPS*), 37 (1984), pp. 412-420, about Jacques Joseph, the German surgeon whose work predated that of Gillies by twenty years; A. F. Wallace, 'The early history of clinical photography for burns, plastic and reconstructive surgery', *BJPS*, 38 (1985), pp. 451-455; Antony F. Wallace, 'The first decade of the North East Thames Regional Plastic Surgery and Burns Unit', *BJPS*, 38 (1985), pp. 422-425.

²³ For the work of Gillies and his contemporaries at Sidcup, and a reference to the four major units established around London during the Second World War, see Santini-Rugiu and Sykes, *A History of Plastic Surgery*, pp. 97-104. These pages include illustrations of Gillies, Tonks and some case studies from the Gillies and Macalister Archives. A number of other images from the case notes appear throughout the book to demonstrate a certain plastic surgery technique, for example, nasal reconstruction. *Ibid.* pp. 210-211.

²⁴ Charles W. Chapman, 'Two World Wars and the years between' and Michael N. Tempest, 'The "Big Four"', in Honorary Archivist (ed.), *The History of the British Association of Plastic Surgeons: the First Forty Years*

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Pound's 1964 biography, *Gillies Surgeon Extraordinary*,²⁵ and a recent publication about Gillies, Richard Petty's *In Pectore Robur: The Life and Works of Sir Harold Gillies 1882 – 1960* (2012).²⁶ These were all useful in providing context about the interwar period, as was an article by Richard Battle, 'Plastic surgery in the two world wars and in the years between'.²⁷ A number of other articles by the surgeons themselves and their colleagues were also useful for gaining an insight into their personalities and movements during and after the interwar period.²⁸ Of particular interest was the relationship between Gillies and his colleague at Sidcup, Thomas Pomfret Kilner. The work they undertook during the interwar period and their relationship is again relatively unknown. Pound's biography and Gillies and Millard's textbook provide many recollections and thoughts about the early days, as does an article by Kilner in 1960 following Gillies' death.²⁹ More recent articles by their younger colleagues proved particularly valuable in building up a more personal picture of their relationship.³⁰

Although there are discrepancies in some of the dates in the different accounts, such details

(London, 1987), pp.1-11 and 26-40. Chapman gives a thorough account of the period, while Tempest discusses in detail the work and lives of Gillies, McIndoe, Kilner and Rainsford Mowlem.

²⁵ Reginald Pound, *Gillies Surgeon Extraordinary* (London, 1963). For a comprehensive list of Pound's other works, go to www.amazon.co.uk/Books/s?ie=UTF8&field-author=Reginald%20Pound&page=1&rh=n%3A266239%2Cp_27%3AReginald%20Pound#/ref=sr_pg_1?rh=n%3A266239%2Cp_27%3AReginald+Pound&ie=UTF8&qid=1377677301

²⁶ Richard Petty, *Pectore Robur: The Life and Works of Sir Harold Gillies 1882 – 1960s* (Hereford, 2012). For a comparison with the work at the Queen's Hospital, Sidcup, see B. Haeseker, *Dr. J. F. S. Esser And His Contributions to Plastic and Reconstructive Surgery* (Rotterdam, 1983), which discusses the treatment of facially wounded German and Hungarian servicemen during and after the First World War. Esser, a Dutch surgeon, is referred to in textbooks and articles regarding techniques that he devised, and seems to have been the German army equivalent of Harold Gillies. Like Gillies he was greatly influenced by the work of Hyppolite Morestin, a surgeon from Martinique who operated in France during the First World War. *Ibid.* pp. 32-33. Morestin is discussed in Appendix 1 of this thesis.

²⁷ Richard Battle, 'Plastic surgery in the two world wars and in the years between', *Journal of the Royal Society of Medicine*, 71 (1978), pp. 844-848. Battle trained under Kilner at St Thomas's Hospital, London, Queen Mary's Hospital, Roehampton, and at the Queen Elizabeth Hospital for Children, Hackney Road. *Ibid.* See also Maurice M. Kinmonth and Raoul Sandon, 'Obituary: Richard John Vulliamy Battle, MBE, MCh, FRCS', *BJPS*, 36 (1983), p. 129-133. Battle also wrote a text book about plastic surgery. Richard John Vulliamy Battle, *Plastic Surgery* (London, 1964).

²⁸ See Archibald H. McIndoe, 'Sir Harold Gillies, C.B.E. F.R.C.S. President, British Association of Plastic Surgeons, 1946-47', *BJPS*, 2 (1949), pp. 75-76; Jerome P. Webster, 'In Memoriam: Sir Harold Delf Gillies 1882-1960', *Plastic and Reconstructive Surgery*, 27 (1) (1961), pp. 1-6; D.N. Matthews, 'Gillies: Mastermind of Modern Plastic Surgery', *BJPS*, 32 (1979), pp. 68-77.

²⁹ Thomas Pomfret Kilner, 'The Late Sir Harold Gillies', *BJPS*, 13 (1960), pp. 193-194

³⁰ Kernahan, D.A. M.D. Battle, R. Calnan, J. F.R.C.P. F.R.C.S. Stark, R.B. M.D. 'As I remember: T.P. Kilner', *Annals of Plastic Surgery*, 4 (4) 1980, pp. 328-336. See also Richard Battle, 'As I Remember: T.P. Kilner', *Annals of Plastic Surgery*, 4 (1980), p. 332.

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are far outweighed by the positive aspects of the articles and add colour and originality to the story of the interwar years and beyond.

Concerning the establishment of plastic surgery units during the Second World War, published work tends to mention only briefly the four main units at Basingstoke, Roehampton, East Grinstead, and St Albans; the work of the smaller units such as in Newcastle, Leeds, Birmingham, Manchester and Liverpool is less well known. A detailed chapter about the various units was included in the 'Surgery' edition of *Medical History of the Second World War* (1953), a reference book edited by English physician and surgeon, Sir Zachary Cope. Gillies contributed the first part of the chapter, 'Plastic Surgery: Introduction', concerning the setting up of plastic units in Britain during the Second World War, while Richard Battle contributed the second half, subtitled 'War History of Plastic Surgery in the Army', which gives a comprehensive account of the six mobile plastic units attached to the Army in the various theatres of war that were trained for the most part at the Home units.³¹ The histories of the smaller units, and also those at Roehampton/Stoke Mandeville, East Grinstead and St Albans, but strangely not Rooksdown House, also appeared in a series of 21 articles in the *British Journal of Plastic Surgery (BJPS)* from 1985-1996.³² These articles are not fully referenced and some dates slightly differ, but as a series they are very useful for piecing together a general history of plastic surgery at the time of the Second World War. Rooksdown House is also discussed in two local publications held at Basingstoke Library,

³¹ Sir Harold Gillies, C.B.E., F.R.C.S., 'Plastic Surgery – Introduction', and R.J.V. Battle, 'War History of Plastic Surgery in the Army', in V. Zachary Cope (ed.), *Medical History of the Second World War – Surgery* (HMSO, 1953), pp. 321-359.

³² All 21 articles are listed in the Bibliography although seven are not relevant because the plastic surgery units they refer to were formed years and sometimes decades after the Second World War. These are the units at North-East Thames, (1973), Nottingham and Derby (1955), Wexham Park, Windsor (early 1950s), Dublin (1950s), Cork and surrounding Province of Munster (1960s), Tayside Region of Scotland (1956), Hull (1971).

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Park Prewett Hospital, The History 1898-1984, (1986) by Dilys Smith,³³ and *Taking the Pulse of Basingstoke* (2005).³⁴

Until recently, not much had been written about the psychological rehabilitation of disfigured servicemen at Sidcup during the First World War, nor are there any thorough first-hand accounts by the servicemen recounting their experiences and torment. Gillies' textbooks and Pound's biography both cite specific cases and include Gillies' thoughts on the matter,³⁵ while Andrew Bamji has discussed the surgery and psychological implications of the patients' injuries.³⁶ The most detailed contemporary account of facial injury during the First World War is Ward Muir's *The Happy Hospital* (1918), written about the 3rd London General Hospital, Wandsworth. Muir, a corporal in the Royal Army Medical Corps (RAMC), wrote the final chapter, 'Masks and Faces', about the facially wounded at the hospital. He describes the devastation and impact of such injuries on the patients and those who came into contact with them and the work of sculptor, Francis Derwent Wood, in the 'Masks for Facial Disfigurements Department'.³⁷

In the past ten years, more has been written about the rehabilitation of injured servicemen following the First and Second World Wars. Some of this work focuses specifically on the rehabilitation of disfigured servicemen from Britain and the Dominions, other publications discuss it as part of a wider rehabilitation process concentrating on orthopaedic cases in particular but also spinal injuries and blindness, while others contain

³³ Dilys M. Smith, *Park Prewett Hospital, The History 1898-1984*, (Basingstoke, 1986).

³⁴ *Taking the Pulse of Basingstoke*, (Basingstoke, 2005). This was published as part of the Basingstoke Talking History Project and jointly produced with the Basingstoke Archaeological & Historical Society.

³⁵ Pound's biography also includes extracts from letters written to the biographer from patients and medical staff recounting their experiences at Cambridge and Sidcup. There are also extracts of letters from patients and staff who were at Rookdown House during the Second World War.

³⁶ A. Bamji, 'Facial Surgery: The Patient's Experience', in Peter H. Liddle and Hugh P. Cecil (eds.), *Facing Armageddon: The First World War Experienced* (London, 1996), pp. 490-501; Andrew Bamji, 'The Queen's Hospital, Sidcup: Physical and Psychological Rehabilitation After Facial Injury, 1917-1925' (no date or page numbers). I obtained a copy through correspondence with Bamji. Andrew Bamji and Brian Morgan, 'The Man behind the Myth', Gillies Memorial Lecture 2007. The lecture has not been published. I obtained a copy through correspondence with Morgan, Honorary Archivist of BAPRAS.

³⁷ Ward Muir, *The Happy Hospital*, (London, 1918), pp. 143-155.

nothing about facial disfigurement. Those who have written specifically about facial disfigurement include Kerry Neale who recently completed a PhD thesis, ‘Without the Faces of Men’: Facially Disfigured Great War Soldiers of Britain and the Dominions’, which examined the medical, social and personal experiences of disfigured British and Dominion servicemen from the First World War, following their journey from when they were wounded, time spent in hospital, to their return home.³⁸ Most of the post-war records used for her thesis were the repatriation/pension files held by the National Archives of Australia – approximately just over 200. She was also contacted by twelve families who were keen to share the stories of their ancestors,³⁹ and used interviews, a memoir, and private papers held at the Imperial War Museum (IWM).

Suzannah Biernoff has written about art and disfigurement in the First World War, discussing the work of Henry Tonks and Francis Derwent Wood, the sculptor referred to above by Muir.⁴⁰ She has also examined how facial disfigurement was portrayed in the press and propaganda during the First World War, asking why it was never represented outside clinical medicine and medical history and comparing the treatment of the facially wounded to that of amputees treated at Queen Mary’s Hospital, Roehampton.⁴¹ Ana Carden-Coyne’s *Reconstructing the Body – Classicism, Modernism, and the First World War* (2009) examines

³⁸ Kerry Neale, ‘Without the Faces of Men’: Facially Disfigured Great War Soldiers of Britain and the Dominions’, University New South Wales, Canberra, PhD thesis, 2015. Neale also gave a lecture at Manning Clark House, Canberra, on 26th May 2014. ‘Poor devils without noses and jaws’: facial wounds of the Great War. http://honesthistory.net.au/wp/wp-content/uploads/Neale_Honest-History-MHC-paper.pdf

³⁹ Neale published notices on family history and genealogy websites asking to be contacted by family members of former Sidcup patients. Email from Kerry Neale, 9th October 2015.

⁴⁰ S. Biernoff, ‘Flesh Poems: Henry Tonks and the Art of Surgery’, *Visual Culture in Britain*, 11 (1) (2010), pp. 25-47; S. Biernoff, ‘The Face of War’ in Andrei Pop and Mechtild Widrich (eds.), *Ugliness: The Non-Beautiful in Art and Theory*, (London, 2014), pp. 34-48; S. Biernoff, ‘A Necessary Humanity,’ *War, Art and Surgery* Royal College of Surgeons exhibition catalogue (London, 2014). For information about the exhibition, see Roger Kneebone, ‘The art of war’, *The Lancet*, 384 (2014), pp. 1662–1663. [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(14\)62021-3.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)62021-3.pdf) S. Biernoff, ‘The Rhetoric of Disfigurement in First World War Britain’, *Social History of Medicine*, 24 (3) (2011), pp. 666-685. Published online, February 2011. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3223959/> See also S. Biernoff and J. Tynan, ‘Making and Remaking the Civilian Soldier: The First World War Photographs of Horace Nicholls,’ *Journal of War and Culture Studies*, 5 (3) (2012), pp. 277-292.

⁴¹ Biernoff, ‘The Rhetoric of Disfigurement’, pp. 666-685. Biernoff has also written a soon-to-be published book, *Portraits of Violence: War and the Aesthetics of Disfigurement* (Michigan, forthcoming).

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the impact of war on the body and culture, and the body's transformation and reconstruction in institutions across Britain, the United States, and Australia which looked to classicism and modernism as the means to rebuild broken individuals and their societies. 'Mutilation and Restoration', in the chapter 'Culture Shock', discusses the use of clinical art and medical photography in helping to restore the body to its pre-war state, and the work of the 'reconstruction' surgeon, Gillies in particular, who had a medical and social role in trying to return these men back into society.⁴² Carden-Coyne argues that at times, 'the focus on clinical results and new procedures diminished (the patients') humanity'.⁴³ She also points out that many Australian patients could probably not afford to return to Sidcup for a check-up or adjustment of apparatus, and were unable to find similar specialist care once they returned home.⁴⁴

Sandy Callister examines New Zealand's photography of the First World War in *The Face of War – New Zealand's Great War Photography* (2008), emphasizing its importance to the history of war and demonstrating how photographs have 'shaped, and continue to shape' our visual memories of the war. The photographs taken by New Zealand's soldiers, officials, journalists and medical staff give a visual history of New Zealand's First World War experience. A chapter dedicated to the facially disfigured, 'Broken Gargoyles': Photographic Representation of Severely Wounded New Zealand Soldiers', discusses the work of Gillies and his colleagues at Aldershot and Sidcup, and Derwent Wood at Wandsworth, and refers to examples of their work on New Zealand casualties. It also compares how the British/Dominion and German disfigured were represented in photography and art after the war, referring in particular to the work of Ernst Friedrich in Germany.⁴⁵ The work also

⁴² Ana Carden-Coyne, *Reconstructing the Body – Classicism, Modernism, and the First World War*, (Oxford, 2009), pp. 93-109. See also Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*, (Oxford, 2014).

⁴³ Carden-Coyne, *Reconstructing the Body*, p. 103.

⁴⁴ *Ibid.*, p. 105.

⁴⁵ Sandy Callister, *The Face of War – New Zealand's Great War Photography*, (Auckland, 2008), p. 85-101.

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includes an account from a soldier who discusses the long-term effects of his wound, which Callister refers to as ‘exceptional’ as it is the ‘only correspondence from any of the New Zealand wounded that has been preserved within the file notes’.⁴⁶ Callister argues that the recovery of the file notes ‘requires us to rethink what is included in the Allied Great War historiography and how, as nations, we represent war’.⁴⁷ I do not agree with her assertion, however, that the images are also disturbing because, ‘in their charting of progress, healing and recovery, they reveal that the skills of the plastic surgeon were complicit in the process of forgetting and of the repression of wounds and mutilation.’⁴⁸ A recent novel about the First World War, Louisa Young’s *My Dear, I Wanted To Tell You* (2011), also involves disfigurement after one of the protagonists is badly disfigured on the Western Front. Some of the action takes place at the Queens Hospital, Sidcup, and refers to real-life characters at the unit, such as Harold Gillies and dental surgeon, William Kelsey Fry.⁴⁹

In France, there has been writing specifically about the plight of French servicemen facially disfigured in the First World War. English translations of Henriette Rémi’s *Hommes Sans Visage* (1942) and Marc Dugain’s *The Officers’ Ward* (2002) give a vivid, poignant glimpse of the torment and anguish that these men experienced daily, and how they coped with their desperate situations.⁵⁰ Sophie Delaporte’s *Gueules Cassées de la Grande Guerre* (2004) also gives an insight into the plight of the facially maimed servicemen in France, and discusses the relationships between the injured and the medical staff, the injured and their families, and the role played by the various associations of ‘Suffering Brothers’ which helped the injured at all levels. Delaporte felt compelled to write her book because she believed that

⁴⁶ Ibid., p. 91.

⁴⁷ Ibid., p. 101

⁴⁸ Ibid.

⁴⁹ Louisa Young, *My Dear, I Wanted To Tell You*, (London 2011). See also the sequel. Louisa Young, *The Heroes’ Welcome*, (London 2014).

⁵⁰ Henriette Rémi, *Hommes Sans Visage*, (Lausanne, 1942). The English translation of the title is: ‘Men without Faces’. I am not aware of this book being translated into English but Andrew Bamji translated a chapter and sent me a copy. Marc Dugain, *The Officers’ Ward*, translated into English by Howard Curtis, (London, 2002; first published in France in 1998). A film based on the book was made in 2002. See Bibliography for details.

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facially wounded French servicemen, whose horrifying presence in the cities and villages represented one of the worst legacies of the Great War, had been forgotten in recent years.⁵¹

The only published material specifically about facially wounded servicemen from the Second World War in Britain concerns members of the Guinea Pig Club and chief surgeon, Archibald McIndoe. This includes Leonard Mosley, *Faces from the Fire, The Biography of Sir Archibald McIndoe* (1962), Emily Mayhew, *The Reconstruction of Warriors, Archibald McIndoe, the Royal Air Force and the Guinea Pig Club* (2004), and Edward Bishop, *McIndoe's Army – The Story of the Guinea Pig Club and its Indomitable Members* (2001).⁵² Many memoirs have also been written by members of the Guinea Pig Club, such as Richard Hillary's *The Last Enemy* (1942) and William (Bill) Simpson's *The Way of Recovery* (1944) and *I Burned My Fingers* (1955).⁵³ Mayhew discusses McIndoe's work and the evolution of the Guinea Pig Club and its role within the RAF. It also examines the role of the therapeutic community within the hospital and in the town of East Grinstead where the local people played an important role in integrating the wounded airmen back into society. It was used in this thesis as a reference point for the town and people of Basingstoke who performed the same role for the patients at Rooksdown House. It was also useful for comparing and contrasting the work of the clubs, though Mayhew is clearly mistaken in stating that the Guinea Pig Club 'had no equivalent in either the British Army or the Royal Navy, or in any of the other Allied armed forces, before or since'.⁵⁴

⁵¹ Sophie Delaporte, *Gueules Cassées de la Grande Guerre*, 3rd edn., (Paris, 2004; first published in 1996). The English translation of the title is: 'Broken Faces of the Great War'. The book has not been translated into English but a French acquaintance wrote out a translation for me.

⁵² Leonard Mosley, *Faces from the Fire, The Biography of Sir Archibald McIndoe* (London, 1962); E.R. Mayhew, *The Reconstruction of Warriors, Archibald McIndoe, the Royal Air Force and the Guinea Pig Club*, (London, 2004); Edward Bishop, *McIndoe's Army – The Story of the Guinea Pig Club and its Indomitable Members* (London, 2001). Mayhew's work was originally 'The Guinea Pig Club: reconstructing the hero in World War II', Imperial College London, PhD thesis, 2003.

⁵³ Richard Hillary, *The Last Enemy* (London, 1997; first published in 1942); William Simpson, *The Way of Recovery* (London, 1944); William Simpson, *I Burned My Fingers* (London, 1955).

⁵⁴ Mayhew, *The Reconstruction of Warriors*, p. 201.

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The major weakness of the publications, and indeed documentaries and articles about the Guinea Pig Club, is that they almost entirely ignore the work of other rehabilitative institutions, and therefore only offer a narrow viewpoint and the experience of relatively few individuals. They also seriously underplay the work of Gillies in establishing plastic surgery during the First World War, the interwar years and the Second World War. Much of the published work, with the exception of that of Mosley and Mayhew, mentions fleetingly that there were four plastic surgeons at the time of the Second World War but does not explain why only four, if and how they were connected and how they were introduced to plastic surgery. Having all assisted him in the interwar period, the surgeons were all connected through Gillies. It is also understandable that in a book about the Guinea Pig Club, the relationship between Gillies and McIndoe is most relevant, and therefore discussed in greater detail. However, it is also important, and of genuine interest, to understand the lives and relationships of the other surgeons, and to know how and why they became interested in plastic surgery.⁵⁵

The Guinea Pig studies are also not comprehensive accounts of the experience of facial disfigurement because, unlike this thesis, they do not discuss the men's initial reaction to their injuries or their fears for the future in their early days at the unit, nor do they discuss depression in any detail, or the negative reactions experienced early on and in later life. Although the role played by the people of East Grinstead in reintegrating the men into society is examined in depth, other recreational activities at the hospital to keep the men occupied between operations are not discussed. Finally, the specific, 'behind the scenes' work of the club/committee in aiding particular members in welfare matters, in early and later years, is not discussed in any detail.

⁵⁵ The interwar years are discussed in Appendix 3.

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More recent publications about facial disfigurement include three autobiographical accounts by Simon Weston, the Welsh Guardsman severely burned aboard the *Sir Galahad* during the Falklands War in 1982.⁵⁶ Although his injuries occurred relatively recently, he was a British serviceman severely injured in a war zone who experienced dreadful torment similar to servicemen from the First and Second World Wars. His accounts are forthright and honest, and offer another insight into the psyche of servicemen who were facially wounded all those years ago. James Partridge's *Changing Faces, the challenge of facial disfigurement* (2003) also provides an insight into the acute psychological torment and fears for the future that a facial injury brings. Partridge suffered severe facial wounds in a car accident in 1970 at the age of eighteen and formed Changing Faces as a registered charity in 1992 to help create a better future for all people who have suffered disfigurement to their face, hands or body. While autobiographical, his book offers support and guidance for people as they undergo the physical and psychological process of rehabilitation.⁵⁷ The most recent publications about dealing with facial disfigurement are by Katie Piper, an ex-model who was the victim of a rape and acid attack in 2008 which left her with severe facial burns. Her story and early recovery were shown on Channel Four in 2009. Her book, *Beautiful* (2011), tells the story of the attack and the early stages of her recovery while the follow up, *Things Get Better* (2012), discusses the factors that led to her recovery.⁵⁸

As stated previously, the rehabilitation of facially wounded servicemen is part of a wider historiography on rehabilitation involving servicemen from both wars who were helped to recover from different types of injuries. Recent works about rehabilitation during and after the First World War, which do not discuss the treatment of the facially wounded, include Jeffrey Reznick's *Healing the Nation – Soldiers and the culture of caregiving in Britain*

⁵⁶ Simon Weston, *Walking Tall, An Autobiography* (London, 1989); Simon Weston, *Going Back* (London, 1992); Simon Weston, *Moving On* (London, 2003).

⁵⁷ James Partridge, *Changing Faces, the challenge of facial disfigurement*, 4th edn. (London, 2003; first published in 1990).

⁵⁸ Katie Piper, *Beautiful* (London, 2011); Katie Piper, *Things Get Better* (London, 2012).

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during the Great War (2004) and Beth Linker's *War's Waste – Rehabilitation in World War I America* (2011).⁵⁹ Reznick examines the various stages and sites of recovery administered by military and voluntary-aid authorities for soldiers injured on the Western Front. These included rest huts, general military hospitals, and specialised rehabilitation centres, the aim of which was to return men to the front and support the war effort, while also providing places where soldiers, caregivers and the public could reflect on the conflict and its devastating impact. Reznick argues that the wounded were bound as much by a comradeship of healing as by a comradeship of the trenches.⁶⁰ The work focuses on three institutions in particular, the First Eastern General Hospital, Cambridge, the King George Hospital, London, and the Shepherd's Bush Military Hospital.

Linker discusses how the American war-disabled were entered into programmes of rehabilitation, primarily to avoid paying the huge cost of war pensions to injured soldiers as had been done since the civil war which had exceeded the cost of the war, but also because there was a considerable change in the thinking of political and medical reformers who saw rehabilitation as a way of making disabled soldiers productive wage-earners again. Rehabilitation 'symbolised a dream that handicap, pauperism and defects of manhood could all be defeated on the homefront'.⁶¹ This was fuelled by the patients themselves who wanted better treatment, longer stays in hospital, and greater technological effort. Although they only represented five per cent of the war-wounded population, Linker focuses on the treatment of amputees, explaining how and why they became 'the gold standard of rehabilitation'.⁶² She also discusses the significant role played by orthopaedic surgeons and female physical therapists, and the workshops where disabled soldiers learned to repair cars and their own

⁵⁹ Jeffrey S. Reznick, *Healing the Nation – Soldiers and the culture of caregiving in Britain during the Great War*, (Manchester, 2004); Beth Linker, *War's Waste – Rehabilitation in World War I America*, (Chicago, 2011).

⁶⁰ Reznick, *Healing the Nation*, p. 137.

⁶¹ Linker, *War's Waste* Ibid., pp. 2-3.

⁶² Ibid., p. 7.

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artificial limbs. Her work offers a comparison between the treatment of British and American war-disabled during the First World War.⁶³

Two major works concerning the British war-disabled during the First World War and the interwar period also concentrate on men who lost limbs rather than those who suffered facial disfigurement. Joanna Bourke's *Dismembering the Male* (1994) examines the impact of the war on the male body and the shifting position of the war-disabled with regard to gender, while Deborah Cohen's *The War Come Home – Disabled Veterans in Britain and Germany 1914-1939* (2001) compares the treatment of the British war-disabled with their German counterparts.⁶⁴ Cohen concentrates mainly on the financial aspects of provision by the state and private charities, rather than the physical and psychological aspects. Wendy Gagen also focuses on the relationship between gender and the body in the context of masculinity and physical disability during the First World War in Britain in a PhD thesis, 'Disabling masculinity: ex-servicemen, disability and gender identity, 1914-1930'.⁶⁵ Gagen examines whether physical ideals were supported by the medical profession in the recreation of the disabled body, and to what extent the individual had a say in recreating their own bodies.⁶⁶

Julie Anderson's *War, disability and rehabilitation in Britain – 'Soul of a nation'* (2011) examines the culture of rehabilitation in Britain during both wars and some of the institutions which practiced it.⁶⁷ In particular, it focuses on servicemen who were physically injured and blinded rather than those with psychiatric disorders. Anderson discusses the formation and work of St Dunstan's for the blind during the First World War and the work of

⁶³ See also Ana Carden-Coyne, 'Ungrateful Bodies: Rehabilitation, Resistance and Disabled American Veterans of the First World War,' *European Review of History*, 14 (4) (2007), pp. 543-565.

⁶⁴ Joanna Bourke, *Dismembering the Male*, (London, 1994); Deborah Cohen, *The War Come Home – Disabled Veterans in Britain and Germany, 1914-1939* (London, 2001).

⁶⁵ Wendy Gagen, 'Disabling masculinity: ex-servicemen, disability and gender identity, 1914-1930', University of Essex, PhD thesis, 2004.

⁶⁶ See also Wendy Gagen, 'Remastering the Body, Renegotiating Gender: Physical Disability and Masculinity during the First World War, the Case of J. B. Middlebrook', *European Review of History* 14 (4) (2007).

⁶⁷ Julie Anderson, *War, disability and rehabilitation in Britain – 'Soul of a nation'*, (Manchester, 2011)

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the Star and Garter Home for Disabled Soldiers and Sailors which opened in 1916 and was the first institution to provide homes for disabled ex-servicemen. She also examines rehabilitation at the Spinal Unit at Stoke Mandeville during the Second World War, and at the RAF's orthopaedic and burns rehabilitation units, with a particular focus on McIndoe and the burns patients at East Grinstead. Anderson argues that the experiences of men and women disabled during the Second World War was profoundly different from that of the First World War and that the positive shift 'in cultural, social and State attitudes' meant that 'disabled people moved into the post-1945 era in a radically new environment'.⁶⁸

Martin Francis also discusses the rehabilitation of disabled and disfigured RAF flyers in *The Flyer – British Culture and the Royal Air Force, 1939-1945* (2008), as part of a wider study examining the lives of RAF personnel and their contrasting representations and experiences in British culture during the Second World War.⁶⁹ Francis focuses on five 'broken flyers', two who lost limbs, and three severely burned Guinea Pigs treated by McIndoe at East Grinstead, as they attempted to restore their masculinity. He describes how the three disfigured patients came to terms with their 'ghastly facial dilapidation' in relation to their early experiences with women which, for two of them, initially had a demoralising effect on their psychological recovery.⁷⁰

Other relevant works which discuss the rehabilitation of injured servicemen from the First and Second World Wars include David Castleton's *In the Mind's Eye – The Blinded Veterans of St Dunstan's* (2014), Susan Goodman's, *Spirit of Stoke Mandeville*, (1986), and Joan Scruton, *Stoke Mandeville: Road to the Paralympics*, (1998).⁷¹ Castleton's work is a history of St Dunstan's, (known as Blind Veterans UK since 2012) charting its foundation in

⁶⁸ Ibid., p. 11.

⁶⁹ Martin Francis, *The Flyer – British Culture and the Royal Air Force, 1939-1945*, (Oxford, 2008).

⁷⁰ Ibid., pp. 141-145.

⁷¹ David Castleton, *In the Mind's Eye – The Blinded Veterans of St Dunstan's* (2014); Susan Goodman, *Spirit of Stoke Mandeville*, (London, 1986); Joan Scruton, *Stoke Mandeville: Road to the Paralympics*, (Cambridge, 1998).

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1915 as a long-term training centre for blinded servicemen and its work through two world wars to the present day.⁷² Although rehabilitation at their units was specialised, it was similar in a number of ways to that at Rooksdown and East Grinstead and presumably many other wartime hospitals and offers a good comparison. The patients received physiotherapy and took part in recreational activities; sport and the local community also played an important role in their rehabilitation. Vocational training, however, was far superior for St Dunstaners than for patients at Rooksdown. Similarly, the two works about the Spinal Unit at Stoke Mandeville, in conjunction with Anderson's work, offer a good comparison with the rehabilitation at Rooksdown and other wartime hospitals, particularly in the areas of physiotherapy and camaraderie.

Sources

As well as the personal testimonies and club magazines/club records which were used extensively in Chapters Three, Four and Five, other key sources were used. The most important source for Chapter One was a scrapbook containing press cuttings about the Queen's Hospital, Sidcup, held at the London Metropolitan Archive (LMA).⁷³ The numerous cuttings are generally in chronological order from early 1917, when they refer to the impending opening of the Queen's Hospital for facially wounded soldiers and sailors, to 1930 when the hospital was bought by the London County Council for use as a convalescent hospital.⁷⁴ Although one has to be a little cautious of bias in some of the reporting, the reader is not only given a glimpse of the atmosphere of the hospital and the remarkable work that took place there, but also of the attitudes of the time about the treatment of these men. There

⁷² For more information, go to www.blindveterans.org.uk/about-us/

⁷³ 'The Queen's Hospital, Sidcup, Kent: newspaper cuttings', London Metropolitan Archive (thereafter LMA): H02/QM/Y/01/005.

⁷⁴ Not many exact dates appear on the newspapers; rather, a number of articles are placed on the same page with the heading, for example, 'July 1917' or 'March/April 1918'. I have tried to be as accurate as possible in this regard.

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are occasional, poignant examples of how the injuries affected the men's self-confidence, and of the camaraderie among them. The newspaper cuttings provided an informal montage of life for the men at Sidcup and how they were helped in their rehabilitation. To this end, the patients attended workshops and classes within the hospital grounds, and were also greatly helped by members of the British public and high profile figures, such as Queen Mary, who were generous with their time and money.

Another important source for Chapter One was the Gillies Archives which at the time of my original research was housed at Queen Mary's Hospital, Sidcup, the original site of the Queen's Hospital. The archive contained over 2500 case notes of British, Australian and New Zealand servicemen from the First World War, including photographs at various stages of surgery. It also held copies of seven essays written in an English class at Sidcup in 1922.⁷⁵ However, due to a hospital reorganization in October 2011, the archives were decommissioned and have been dispersed. The British and New Zealand case notes, known as the Gillies and Macalister Archives, are now housed at the Royal College of Surgeons (RCS), London,⁷⁶ while the material and images concerning plastic surgery are held at the BAPRAS Archives, also at the RCS.⁷⁷

⁷⁵ There are no similar first-hand accounts from the patients. The essays are discussed on pp. 76-78.

⁷⁶ The case notes are listed alphabetically and record the contents of the notes. The two are also cross-referenced and list whether other material is held elsewhere. 'Macalister' refers to Sandy Macalister, Professor of Oral Surgery at the Dental School in Dunedin, who rescued the notes from 'imminent destruction' and subsequently donated the notes to the Queen Mary's Hospital in 1989. The Canadian records have disappeared.

<http://gilliesarchives.org.uk/archives.htm> The Australian records are now deposited in the archives of the Royal Australasian College of Surgeons, Melbourne. An extensive World War One medicine and surgery library is now housed at the Brotherton Library, Leeds University, while other general military medical material has been donated to the Army Medical Services Museum, Aldershot. The patient records from Rookdown House during the period 1942-1960 (military to 1946 and civilian to 1960), previously held at the Gillies Archives, are also now held at the RCS. The records have been sorted and catalogued, and although a large proportion of the 3500 are civilian records, there are still some case notes of servicemen of which a number were Rookdown Club members. <http://gilliesarchives.org.uk/index.htm>

⁷⁷ Most photographs held at the BAPRAS Archives are of 'plastic surgery personalities' from the 1930s and Second World War, including glass lecture slides and reprints taken from Harold Gillies' own collection. It also holds several reels of cinefilm showing Gillies operating (now converted to video), and a collection of plastic surgery instruments. For more information, go to www.bapras.org.uk/about_us/our_archives. A recent addition to the archives are a 'substantial' collection of Gillies' papers and records donated by his granddaughter, Susie Winters, who inherited them through her father, Michael, who was Gillies' son.

<http://gilliesarchives.org.uk/archives.htm>

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Andrew Bamji, former curator of the Gillies Archives and now Gillies Archivist to BAPRAS, possesses numerous postcards from the Queen's Hospital at this time, some of which are shown in Chapter One.⁷⁸ He also sent me a useful unpublished article, 'The Queen's Hospital, Sidcup: Physical and Psychological Rehabilitation After Facial Injury, 1917-1925'.⁷⁹ It contains similar information to a chapter he contributed to *Facing Armageddon: The First World War Experienced* (1996),⁸⁰ but includes a personal reference to Otto Dix, in answer to some of my early questions. A number of published articles about the hospital also helped create a broader picture of the unit and its patients. Although I had no call to use them, dental records and maxillo-facial case histories from the First World War are held at the Army Medical Services Museum (AMSM), Aldershot. It also holds the service and career file of Charles Valadier, a major early influence on Gillies.⁸¹

An important source for Chapter Two was a report by a committee of which Gillies was a member, and published by the War Office in June 1935, *Report to the Army Council of the Army Advisory Standing Committee on Maxillo-Facial Injuries*.⁸² This is held at the AMSM and to my knowledge has never been used in academic research before. It was particularly useful for showing how preparations began a number of years before the outbreak of the Second World War, and how the plans changed once war was imminent. Another particularly important source for Chapter Two was file MH 76/116 at The National Archive (TNA), entitled 'Organisation of facio-maxillary centres', which contains official correspondence relating to all the plastic units established at the time of the Second World

⁷⁸ To view the Queen's Hospital postcards in their entirety and also the Tonks pastels, go to www.gilliesarchives.org.uk/qmcards/content/Qhpc412_large.html and <http://gilliesarchives.org.uk/Tonks%20pastels/index.html>

⁷⁹ Bamji, 'The Queen's Hospital, Sidcup', no page numbers.

⁸⁰ Bamji, 'Facial Surgery: The Patient's Experience'.

⁸¹ 'Separate – Valadier's Service and Career File' (1914-1918), Army Medical Services Museum (thereafter AMSM): RADC (Royal Army Dental Corps)/1914/1918/39. This was the file's original catalogue name and number when I first had access to it in 2007. Unfortunately, after an extensive search by a member of staff c. August/September 2013, it could not be located.

⁸² 'Report to the Army Council of the Army Advisory Standing Committee on Maxillo-Facial Injuries (HMSO) – War Office Official Copy', (His Majesty's Stationary Office, 1940; first published in 1935). (His/Her Majesty's Stationary Office thereafter HMSO), AMSM: RADC/CF/3/3/4/15/MAXI.

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War.⁸³ Much of the correspondence was written by Gillies and refers to how and why the various units were chosen, or not, how surgeons were earmarked for different hospitals, what apparatus was required to make the unit workable, and how the necessary apparatus was transported to the new units. It also refers to the problems encountered at certain units and the tensions that sometimes existed, particularly early on, between the Ministry of Health and the Ministry of Pensions. Again, to my knowledge, the correspondence and reports have never been used before in academic research. Hampshire Record Office also granted permission to show photographs and postcards of Park Prewett Hospital and Rooksdown House before it was taken over by the Emergency Medical Service in 1938.

Chapter summary

Chapter One discusses the birth of modern plastic surgery during and after the First World War. As well as highlighting the work of Gillies, and providing a sense of chronology and context to plastic surgery during the Second World War, it enabled me to compare the psychological treatment of patients carried out during both wars. A particular focus is the work at Sidcup to counter the onset of depression which was prevalent at the unit. This aspect of the patients' rehabilitation has not been covered in any detail in previous histories of the Queen's Hospital.

Chapter Two discusses the preparation and establishment of plastic surgery units throughout Britain at the time of the Second World War. Most noteworthy, and again something that has not received the credit it deserves, is the diligence and hard work of Gillies, organizing/directing the fledgling plastic service throughout the period, assisted by his colleague from Sidcup, dental surgeon, William Kelsey Fry. Such detailed information has never been included in previously published work.

⁸³ 'Organisation of facio-maxillary centres', The National Archive (thereafter TNA): MH/76/116. There are no page numbers but the file is in chronological order for the most part.

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Chapter Three is a case-study of Rooksdown House which uses the written and oral testimonies of club members to add depth and colour to the official sources used in Chapter Two. The interviews, correspondence, and magazine articles from club members are complemented by Gillies' own account of Rooksdown House, as told in his and Millard's textbook. The injuries and pioneering surgical procedures are referred to but not discussed in detail as the focus of the chapter is the hospital itself. Although the chapter concentrates on the period during and shortly after the Second World War, it also refers to the work that went on up to 1959 when the unit left Rooksdown for Queen Mary's Hospital, Roehampton. Such a detailed account of a Second World War plastic surgery unit, other than that housed at the Queen Victoria Hospital, East Grinstead, is long overdue.

Chapter Four discusses depression at the unit and the early concerns of a number of Rooksdown patients as they came to terms with their disfigurement. It examines how patients were aided in their rehabilitation by hospital staff, loved ones and members of the public. Recreational activities and outings were organised at the hospital to keep the patients occupied between operations and counter the onset of depression, and offer a good comparison to those available at Sidcup. Recreation for children and activities organised post-1948 are also briefly discussed. The final part of the chapter focuses on the formation of the Rooksdown Club, discussing why the club was formed, the difficulties encountered by the first committee when trying to get it legally established, and the early years of its existence.

Chapter Five looks at the three aims of the club and examines how successful it was at achieving them, not only in the early years when there was much enthusiasm and possibly a greater need for the club, but throughout its existence. Interspersed within the chapter are references to key moments in the club's history which help to give more of an overview of the club during its lifespan. This chapter highlights the efforts and remarkable work that was

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carried out by the Rooksdown Club over a prolonged period of time. Chapter Six is the concluding chapter and examines the reasons behind the success of the unit and club, and offers possible reasons why the club was not very successful in certain areas.

CHAPTER ONE

The birth of modern plastic surgery and the struggle for professional recognition during the interwar period

It is a misconception that modern plastic surgery began during the Second World War. This has much to do with the publicity generated over the years by the Guinea Pig Club, which has almost completely overshadowed the pioneering plastic surgery during and after the First World War at the Queen's Hospital, Sidcup, and also the work undertaken at other plastic surgery units during the Second World War. Similarly, little is known, not only in general terms but within the profession itself, of the struggle during the interwar period to get plastic surgery recognized as a speciality.¹

On 16th February 2007, a letter appeared in the *Daily Telegraph* trying to redress the balance. Written in response to the BBC Radio 4 programme, *A Point of View*, and headlined 'The true founder of plastic surgery', David Tolhurst pointed out that it was Gillies who was the true founder of modern plastic surgery and not his distant relative, McIndoe, as had been suggested by the programme.² Like Tolhurst, himself a retired consultant plastic surgeon,³ Gillies' contemporaries from the First and Second World Wars were well aware who the real father of modern plastic surgery was. According to Sir Heneage Ogilvie, 'Gillies invented plastic surgery. There was no plastic surgery before he came. Everything since then, no matter whose name be attached to it, was started by Gillies.'⁴ Writing in 1949, McIndoe stated that, 'Apart from creating a speciality, Gillies's scientific contributions have been

¹ Kernahan, 'As I Remember: T.P. Kilner', p 329. See also Tempest, 'The "Big Four"', p. 26.

² <http://www.telegraph.co.uk/opinion/main.jhtml?xml=/opinion/2007/02/16/nosplit/dt1601.xml#head5>

³ David Tolhurst is listed as a 'Senior Member' in the *British Association of Plastic Reconstructive and Aesthetic Surgeons List of Members and Associates 2007*, p. 34.

⁴ Pound, *Gillies Surgeon Extraordinary*, p. 109. Ogilvie was Consulting Surgeon to the Army in the Middle East. *Ibid.*, p. 168.

many....On the purely technical side of reconstructive surgery he has been prolific in ideas, and he has enriched every subject he has attacked'.⁵ Jerome P. Webster, an American plastic surgeon who came under the influence of Gillies during the 1920s and wrote the foreword to Gillies and Millard's 1957 book, *The Principles and Art of Plastic Surgery*,⁶ also referred to Gillies as 'a man who almost single-handedly developed a branch of surgery during two world wars and in civilian practice, training a school of followers who spread over the world to carry on the precepts of this pioneer in the budding speciality of plastic surgery'.⁷

Likewise, Thomas Pomfret Kilner, Gillies' longest associate and chief assistant at Sidcup and at many other hospitals and nursing homes from 1919-1930, stated that Gillies 'must be given credit for introducing so many of those things which no modern plastic unit would dream of being without', such as dental collaboration which was provided on the spot, clinical photography and of 'continuation of treatment' beds which 'relieved the nursing staff, increased operation output, and above all, gave a sense of freedom to patients well enough to be up and about between stages of treatment'.⁸

It should be noted that Gillies was not the first or only surgeon to be performing this kind of surgery during and after the First World War. Others were doing similar work, and like Gillies had their work published. It should also be noted that 'a good deal of literature' existed on the subject prior to the war, although, according to Gillies, 'It was confused in its principles, and though overflowing with diagrams and mathematical formulae, was rendered unconvincing by lack of systematical photographic recording.'⁹ The three major works of the period therefore were Gillies' *Plastic Surgery of the Face* (1920), John Staige Davis's *Plastic Surgery: Its Principles and Practice* (1919) and Vilray Papin Blair's *The Surgery and*

⁵ McIndoe, 'Sir Harold Gillies', p. 76.

⁶ Gillies and Millard, *Principles and Art*, p. x.

⁷ Webster, 'In Memoriam: Sir Harold Delf Gillies', p. 6.

⁸ Kilner, 'The Late Sir Harold Gillies', p. 193. Kilner arrived at Sidcup in March 1919 as a Captain in the RAMC, keen to obtain his Fellowship of the Royal College of Surgeons (FRCS) but knowing nothing about plastic surgery. Pound, *Gillies Surgeon Extraordinary*, p. 57.

⁹ Gillies and Millard, *Principles and Art*, p. 10.

Diseases of the Mouth and Jaws (1912).¹⁰ According to Webster, ‘these were the foundation stones upon which the structure of twentieth-century plastic surgery was built’.¹¹ It was Gillies, however, based on his experiences from the First World War, who took the work to a new level with innovative ideas and techniques and developed it into a speciality in its own right.¹²

At the outbreak of war, Gillies was an Ear, Nose and Throat (ENT) surgeon at St Bartholomew’s (Bart’s) Hospital, London, but after arriving in France with the British Red Cross in early 1915, attached to the Army as a general surgeon, he became interested in the surgery that was to make his name.¹³ Greatly influenced by the work of two surgeons, Charles Valadier, and in particular Hippolyte Morestin, and also by a textbook on jaw fractures and wounds by a German surgeon, August Lindemann, Gillies returned to England ‘bursting with enthusiasm about plastic surgery’ and keen to start a plastic unit.¹⁴ Gillies convinced the British Army authorities, and in particular his immediate superior Colonel Sir William Arbuthnot Lane, that specialist units were required for the treatment of facial wounds, and was allocated 200 beds at the Cambridge Military Hospital, Aldershot, in early 1916. As the Battle of the Somme began to take its toll in the summer of 1916, however, and facial cases awaited treatment in their thousands, this accommodation proved inadequate and larger, more suitable premises were required.¹⁵ ‘Quiet, good air and ample space’ were

¹⁰ Gillies, *Plastic Surgery of the Face*; Davis, *Plastic Surgery*; V. P. Blair, *The Surgery and Disease of the Mouth and Jaws: A Practical Treatise on the Surgery and Diseases of the Mouth and Allied Structures* (London, 1913).

¹¹ Gillies and Millard, *Principles and Art*, foreword p. x.

¹² From very early on, Gillies was aware of the aesthetic aspect of plastic surgery as well as function, noting that ‘The German books revealed a greater interest in getting their soldiers back to the front. Appearance was of secondary interest, and like a duelling scar, an ugly war wound in the enemy camp was a mark of honour. What little I could see from my inspection of the French centres suggested a similar lack of aesthetic interest in reconstruction, which to me was a disappointment, considering their artistic history and character.’ *Ibid.*, p. 10.

¹³ Gillies was 32 years old when war broke out, b. 17th June 1882. Pound, *Gillies Surgeon Extraordinary*, p. 11.

¹⁴ Gillies and Millard, *Principles and Art*, pp. 6-7. For a brief description of Gillies’ encounters with Morestin and Valadier, see Appendix 1. For more examples of their influence on early modern plastic surgery, see B. Haeseker, *D. J. F. S. Esser And His Contributions to Plastic and Reconstructive Surgery* (1983), pp. 32-33; and J.E. McAuley, LDS, ‘Charles Valadier: A Forgotten Pioneer in the Treatment of Jaw Injuries’, *Proceedings of the Royal Society of Medicine*, 67 (1974), pp. 785-789.

¹⁵ Bamji, ‘Facial Surgery: The Patient’s Experience’, p. 494.

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requisites for ensuring a greater chance of success, and these were found at the Frognal Estate, Sidcup. Plastic surgery work was also done in London at 74 Brook Street and 24 Norfolk Street from May 1916 until February 1919. Another hospital, known as the Maxillo-Facial Hospital, had accommodation for 50 beds and was intended for men discharged from the services due to severe facial wounds. It opened in October 1916 but was turned into an auxiliary hospital affiliated to the King George Hospital for army patients, with only six beds reserved for discharged men. The hospital closed on 31st December 1918.¹⁶

¹⁶ *Joint War Committee Reports of the British Red Cross Society and The Order of St John of Jerusalem in England 1914-19*, (HMSO, n.d.), pp. 259-260.



6. 'Gillies as a medical officer, working with the Red Cross, 1915.' Pound, *Gillies Surgeon Extraordinary*, opposite p. 41. Courtesy of Penguin Books.

The Queen's Hospital, Sidcup

Situated in 100 acres of Kent countryside and close to the main rail line to Dover, thus ensuring a good direct link to France, the site was acquired through generous grants provided by the National Relief Fund and the committees of the British Red Cross Society and Order of St John.¹⁷ According to Charles W. Chapman, Frogmal House and the grounds at Sidcup were taken over by a committee and bought for £16,000 by the Prince of Wales Fund.¹⁸ Specifically designed as a plastic surgery unit, building work began in February 1917 and the hospital – referred to as 'The Queen's Hospital for sailors and soldiers suffering from facial and jaw injuries' – opened in August 1917. Within days of opening, over three hundred men were transported from the Cambridge Hospital.¹⁹ Both Gillies and Arbuthnot Lane played leading roles in establishing the hospital at Sidcup, as did Charles Kenderdine, a Red Cross

¹⁷ Ibid.

¹⁸ Chapman, 'Two World Wars and the years between', p. 2.

¹⁹ Bamji, 'Facial Surgery', p. 495.

administrator who had been one of the founders of Queen Mary's Convalescent Auxiliary Hospital, Roehampton, for limbless sailors and soldiers. Kenderdine was heavily involved in the planning and organization of the scheme at Sidcup and became the hospital's honorary secretary and treasurer.

Gillies also had much to do with the design and planning of the hospital, stating that it received the same attention to detail as a plastic operation itself.²⁰ The mansion in the grounds housed the medical and nursing staff and also provided a studio for Henry Tonks, who, as discussed in the Introduction, sketched and painted many of the patients.²¹ A hutted hospital containing 320 beds was also built among the trees.²² According to Gillies,

The admission block was connected to a large circular open-air ramp from which the wards projected like the spokes of an oval wheel. Each ward-sister's station was on the ramp and the other end of the ward opened out on to a veranda. Wards for septic cases were on the right, and rotating counter-clockwise each ward became progressively less septic (or did it?). Inside the ramp circle were two large plastic operating rooms, a dental theatre with six chairs, and recording, photographic, X-ray and examining rooms.²³

Due to the number of Dominion troops arriving at Sidcup, Colonial units were established. An extension was built with wards for 200 additional beds and the hospital was divided into five self-contained units; the British occupied two units treating two fifths of the patients, while the Canadian, Australian and New Zealand contingents occupied one unit each. Each section had its own team of dental technicians, artists, photographers, and modelers. When

²⁰ Gillies and Millard, *Principles and Art*, p. 30.

²¹ For a brief summary of Tonks' career, see Appendix 2. For more biographical information, see J. Hone, *The Life of Henry Tonks* (London, 1939). Regarding his association with Gillies and the pastel portraits of the wounded soldiers, see pp. 127-129. There is also a copy of a drawing of Gillies operating; the caption underneath states: 'Sir Harold Gillies operating (wash drawing)'. Tonks gave the sketch to Kelsey Fry as a gift. *Ibid.*, opposite p. 297. See also Pound, *Gillies Surgeon Extraordinary*, pp. 29-30. There is a photograph of Tonks in his room at the Queen's Hospital with the pastel portraits of the wounded men behind him. *Ibid.*, opposite p. 65 (this image is shown in Appendix 2.) See also Emma Chambers, *Henry Tonks: Art and Surgery* (London, 2002); Pat Barker, *Life Class* (London, 2008; first published in 2007), a novel centred around Tonks and the Slade School at the time of the First World War, and its sequel, *Toby's Room* (London, 2012). See also the works of Biernoff listed in the Introduction, p. 28.

²² Gillies and Millard, *Principles and Art*, p. 31.

²³ *Ibid.*

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the American casualties began to arrive, they and their medical teams were divided equally among the existing units.

November 1917 - December
Toronto Star Weekly

A WONDERFUL HOSPITAL FOR INJURIES TO FACE

Mrs. William Carruthers of Toronto Describes Another Feature of War Work in Which Britain is Leading the World—Soldiers From Every British Dominion and Colony Benefit.

By M. IDLA FLARTON

AMONG the most recent wonderful achievements of medical science during the war is the skilled manner in which the soldiers and sailors suffering from facial and jaw injuries are being treated.

According to Mrs. Wm. Carruthers of Toronto, who has recently returned from England after having spent a number of months in France at the American Ambulance Hospital in Paris, where a specialty is made of such cases, also the Queen's Hospital in England, hundreds of soldiers who would otherwise be non-combatants for the remainder of their lives are undergoing marvelous cures, and many are being made almost normal in appearance again.

As the war continues the number of men incapacitated in this manner is rapidly growing, and the need for increased accommodation is most apparent. In the early stages of the war these cases were handled much as other cases, the men being distributed among the various hospitals. Through the long course of treatment required, however, to restore limbs grievously wounded soldiers and sailors, it was deemed most advantageous to the men to remove acute cases of facial and jaw injuries from the crowded hospitals into fresh country air.

As a result of this growing need one of the finest hospitals in the world, and in fact, the only one of its kind, has been established.

The house chosen for the purpose is known as Fregnal Cottage, East, the residence of the late Earl Grey. Adjacent to Fregnal the primary and auxiliary hospitals are being completed to accommodate near 200 cases, with operating theaters for plastic and facial surgery constructed and equipped on the most modern and scientific principles. A number of the worst cases will thus be concentrated for treatment, and will remain during their long convalescence in delightful surroundings and in the country air.

Each Colony Has Wing

Extensive gardens and a farm of 100 acres are attached to the house, where the men, with a view to their future employment, will be occupied in outdoor occupations,

such as market gardening, dairy work, poultry keeping, forestry, etc. In addition, workshops are provided for practical instruction in estate carpentry and other handicrafts and work in connection with electricity, agricultural machinery, and motor traction.

Probably one of the most interesting features in connection with the hospital is the fact that all the British colonies are represented by the various wings which have been added to the main building. While the central building is kept for the exclusive use of the officers and officers of the executive, N.C.O.'s, and men from the overseas Dominions are received and cared for equally with those of the Mother Country, and everything that surgical skill and common sense is being done for them before they return home.

Among the wounded soldiers and sailors perhaps none deserves our sympathy and compassion more than those who have suffered grievous facial injuries. In many cases of such a nature as to render them at first almost unrecognizable.

The best surgical skill is heretofore applicable to relieve men suffering, but cases of this character require confidence and special care during a long period of convalescence.

The marvels of present-day surgery can do effect cures in 80 per cent of the cases if sufficient time and careful nursing are available, but experience shows that frequently a period of from one to two years is required to build up and restore the features of men who would otherwise be permanently disfigured.

Most of these patients suffer from acute depression, and some are so conscious of their affliction that they refuse to return to their homes and friends until they are convinced that everything possible has been done for them.

Best in World

THERE is a great need for giving these men—many of them mere boys—great interest and new start in life, and make them realize that they are not useless wrecks, but aroused widespread interest, and already help are being donated by prominent women from the different colonies,

who by sending the sum of \$200 are enabled to share in this great work by maintaining a bed for a year which is named after the donor.

At the present time only 200 patients are being cared for, but it is anticipated that when the building is completed the accommodation will allow for at least 1,200 beds.

The cost of the building is estimated at \$1,000,000 and is considered the finest and best equipped of its kind in the world. Although great interest has been taken in the hospital by the committees of the National Relief Fund and the British Red Cross Society and Order of St. John, who have all donated liberal grants, the various wards are largely to be cared for by their own countrymen. Each ward is being manned by nurses and doctors from the colleges and training schools of their home country.

Mrs. Carruthers, who has been interested in this branch of hospital work for over ten years, states that wonderful cures are being made, and the men are most enthusiastic in the efforts that are being put forth by the clearest surgeons, who through the most skillful operations in grafting portions of bone and flesh and the most scientific electric treatment, faces which have been badly mutilated are made presentable again. It is one of the most wonderful things medical science is doing for maimed soldiers, according to Mrs. Carruthers, who has made a close study of conditions, also the special sufferings of the men, as to her opinion, if this is not done, many of the men would drift to the tavern on their discharge from the services only to become more objects of pity and frequently the recipients of mis-directed charity.



The Hatted Hospital Below Fregnal House, Described in the Accompanying Article

December 1917
Morning Post.

Chronicle.

The Queen, accompanied by Prince George, and Prince George, the greatest benefactor of the Queen's Hospital, the actress being the opening of a concert of "A Star for Christmas," and the presence of the performance going to the Queen's Hospital at Fregnal for relief and welfare suffering from facial and jaw injuries. This "charitable play" by the James H. Booth, it will be remembered, was originally produced at St. Andrew's in March, 1915, and was followed last Christmas by Mr. Harry Hutchinson, who took over the control of the hospital, and the performance for the Queen's Hospital, which has since then been the main fund-raiser. The Christmas 25th production and the "charitable play" were the first of important public and private acts they have given their own money into their hands. The same character really continues and a "charity" and through all are well done the only ones to work the way was the 1915. With their, whose several thousands in charity were certainly secured. The launch appears to be a few instances of the Queen's Hospital at Sidcup, but some of the best of the performance. Between the second and

THE QUEEN AND CHARITY.

The Queen, accompanied by Prince George, and Prince George, the greatest benefactor of the Queen's Hospital, the actress being the opening of a concert of "A Star for Christmas," and the presence of the performance going to the Queen's Hospital at Fregnal for relief and welfare suffering from facial and jaw injuries. This "charitable play" by the James H. Booth, it will be remembered, was originally produced at St. Andrew's in March, 1915, and was followed last Christmas by Mr. Harry Hutchinson, who took over the control of the hospital, and the performance for the Queen's Hospital, which has since then been the main fund-raiser. The Christmas 25th production and the "charitable play" were the first of important public and private acts they have given their own money into their hands. The same character really continues and a "charity" and through all are well done the only ones to work the way was the 1915. With their, whose several thousands in charity were certainly secured. The launch appears to be a few instances of the Queen's Hospital at Sidcup, but some of the best of the performance. Between the second and

7. All newspaper articles (including photographs) about the Queen's Hospital, Sidcup, courtesy of the LMA.



The Hutted Hospital Below Frogmal House, Described in the
Accompanying Article

8.



B.F. BROWN

QUEENS HOSPITAL, FROGNAAL, from the Air

No. 1000

9. http://gilliesarchives.org.uk/qmcards/content/qhpc403_large.html

All postcards of the Queen's Hospital, Sidcup, courtesy of Dr Andrew Bamji.

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10. http://gilliesarchives.org.uk/qmcards/content/qhpc406_large.html



11. http://gilliesarchives.org.uk/qmcards/content/Qhpc506_large.html

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THE QUEEN'S HOSPITAL, FROGNAL: Frognal, from South-East.

12. http://gilliesarchives.org.uk/qmcards/content/qhpc204_large.html



THE QUEEN'S HOSPITAL, FROGNAL: New Hospital, from Terrace and House.

13. http://gilliesarchives.org.uk/qmcards/content/Ohpc208_large.html

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In Britain at the time of the Great War, it was recognised that a severe facial wound deserved more sympathy and compassion than almost any other injury.²⁴ As can be seen by the swiftness with which the Queen's Hospital was designed and built, no expense was spared in ensuring that the patients received the best possible care and attention. Another example is given in *The Joint War Committee Reports of the British Red Cross Society and The Order of St John of Jerusalem in England, 1914-19* which stated that

the majority of the patients were living on 'tube feeds' or upon a diet of fresh milk and eggs at a period when both these foods were scarce and costly. In the case of the Queen's Hospital must be added the fact that during the period when its existence and, moreover, its constant enlargement was of the first importance, the cost of all materials was abnormally high, and tended constantly to increase.²⁵

The operating theatres and treatment rooms were also equipped with 'every modern appliance' and updated where necessary.²⁶ According to Chapman, the total spent on buildings and equipment at Queen's was about £149,000.²⁷

With all the casualties and medical teams in the same place, a healthy rivalry ensued which improved results. In December 1917, *The Lancet* reported:

At this hospital the rapid evolution of the successful remedy of apparently hopeless facial injury has largely been the result of friendly rivalry between a number of active intelligences brought to bear upon collected material of an unusual character. Such an intensive culture of scientific method under the stimulus of collective interest and criticism is here seen to produce results which could hardly have been attained by a generation of sporadic individual effort.²⁸

According to Major H. P. Pickerill, officer-in-charge of the New Zealand unit, 'Although each section was self-contained and autonomous there was a common record office open to all; so that if the officer-in-charge of one section was too busy to go along and see how the

²⁴ *Manchester Chronicle*, May/June 1918, LMA: H02/QM/Y/01/005.

²⁵ *Joint War Committee Reports*, p. 261.

²⁶ *Ibid.*

²⁷ Chapman, 'Two World Wars and the years between', p. 3.

²⁸ *The Lancet*, December 1917, LMA: H02/QM/Y/01/005.

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officer-in-charge of another section dealt with some particular case, he could read all about it in the record office, and adopt the new method himself if he wished on the day following.

Thus was progress speeded up.²⁹ Referring to his Colonial counterparts, Gillies remembered:

This was indeed an impressive array. Clinics were held for open discussion of immediate problems and for presentation of difficult cases. Out of many a heated meeting floated a symphony of accents, the Canadian North Irish brogue, the New Zealand Fiji twang, the Australian cockney, a Midwestern drawl, a Philadelphia bark and a New York Oxford accent. It made it more difficult to hide a bad case than to get a good one, and consequently our standards rose.³⁰

²⁹ H.P. Pickerill, 'The Queen's Hospital, Sidcup', *BJPS*, 6 (1953), p. 247.

³⁰ Gillies and Millard, *Principles and Art*, p. 31.

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14. The Plastic Theatre, Queen's Hospital, Sidcup, 1917. Gillies is seated on the right.

<http://gilliesarchives.org.uk/>



15. 'The Queen's Hospital for Facial Injuries, Frognal, Sidcup: the operating theatre'.

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H.R.H. THE DUKE OF CONNAUGHT'S VISIT TO THE QUEEN'S HOSPITAL, SIDCUP, 4TH JUNE 1918.



First Row.—Capt. K. Russell, Capt. E. O. Watson, Capt. G. Johnson, Capt. T. M. Terry, Lieut. R. Wade, Capt. E. F. Lafitte,
Capt. G. Secombe Hett, Major W. J. Scruton, Capt. C. E. Aumsey, Capt. V. Macdonald, Capt. E. G. Robertson, Capt. G. M. Hick,
Capt. E. F. Risdon.

Second Row.—Capt. P. Ashworth, A.D.C., Capt. J. C. Clayton, Capt. A. L. Fraser, Capt. W. Kelsey Fry, M.C., Capt. G. C. Birt, Lieut. J. J. Ogden,
Capt. J. M. Turner, Capt. R. Montgomery, Capt. H. W. Brent, Lieut. H. M. Johnston, Major Rea P. McGee, Capt. J. M. Waugh,
Capt. A. W. L. Campbell, Capt. B. Mendleson.

Third Row.—Major T. C. Stellwagen, Major H. P. Pickerill, Major G. M. Dorrance, Lt.-Col. J. R. Colvin, H.R.H. The Duke of Connaught,
Lt.-Col. H. S. Newland, D.S.O., Major H. D. Gillies, Major A. Wheeler, Major C. W. Waldron.

Fourth Row.—Capt. H. C. Malleison, Capt. H. L. Whale, Lieut. E. J. Kelly, Lieut. J. W. Edwards.

16. Pickerill, 'The Queen's Hospital, Sidcup', p. 248.

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In contrast, and this will be discussed further later in the chapter, plastic surgery in France was based at different centres around the country, and lacked the continuity that was such a factor in the success of the Queen's Hospital. Sophie Delaporte has also suggested that treatment was often left unfinished in France.³¹ This was not the case at Sidcup where the vast majority of patients underwent the stages of treatment from beginning to end. There were exceptions, such as those who initially opted for masks as an alternative to the painful, protracted process of surgery (although they eventually came back for surgery),³² and others who refused further surgery or were asked to leave after quarrelling with the staff.³³ Bamji refers explicitly to a Private Reid who refused further surgery after four years of treatment because he had had enough.³⁴ Before Sidcup, masks were made for the wounded soldiers by Tonks at the Slade School of Fine Art, by electrolytically depositing silver on plaster casts and painting them. The tin masks, however, were unpopular with the wounded soldiers who, according to Pickerill, stated: "“These blankety tin faces are no good to us. Can't you give us something that we can wash and shave and won't fall off in the street?”"³⁵

Convalescence was also crucial to attaining better results. At the Cambridge Hospital, Gillies found that he was operating too soon and too often, urged into surgery by the injured servicemen who grew impatient waiting for their next operation. Such hasty surgery caused irrevocable tissue waste. Longer intervals between operations were desirable but the facilities

³¹ S. Delaporte, *Gueules Cassées*, p. 187.

³² Pound, *Gillies Surgeon Extraordinary*, p. 50.

³³ Bamji, 'The Queen's Hospital, Sidcup', no page numbers.

³⁴ Bamji, 'Facial Surgery', pp. 498-499.

³⁵ Pickerill, 'The Queen's Hospital, Sidcup', pp. 247-249. As stated in the Introduction, masks were also made by Francis Derwent Wood, an English-born sculptor who established The Masks for Facial Disfigurement Department at the 3rd London General Hospital in March 1916. By June 1917, his work had warranted an article in *The Lancet*. www.smithsonianmag.com/history-archaeology/mask.html?c=y&page=2# By the end of 1917, Wood had also got the attention of an American sculptor, Anna Coleman Ladd, who set up the Studio for Portrait Masks in the Latin Quarter of Paris, administered by the American Red Cross. Ladd treated American and French casualties there. Ibid. The article discusses the work of both sculptors during the war in more detail. To view a silent film of Ladd and one of her assistants fitting wounded soldiers for masks at her Paris studio, go to www.smithsonianmag.com/multimedia/videos/About-Face.html

and environment at Aldershot were not conducive to the longer term rehabilitation Gillies had in mind:

Convalescence between stages was the answer to this problem, but the War Office stubbornly refused to allow a military patient to leave the hospital until he could take his place in the trenches again. At Aldershot arrangements were made for an occasional afternoon outing for the convalescing soldiers. As it was their only form of recreation they came to look forward to it as much as the tough sergeant-major hated it. This crew of wobbly jaws and half faces, often with their dressings partly hanging off, gaily lined up in fours, but with the slightest suggestion of a cloud in the sky the sergeant immediately dismissed them and the sad column of bandages found its way back into the dismal wards.³⁶

Convalescent beds were found at various auxiliary hospitals within a ten mile radius of the Queen's Hospital, in addition to regular Dominion convalescent hospitals.³⁷

Parkwood, a mental hospital at Swanley Hill, was the first to be visited by Gillies and his dental colleague, Captain William Kelsey-Fry, and remained the headquarters, providing 200 beds.³⁸ The other auxiliary hospitals were Red Cross Hospitals affiliated to the Queen's Hospital by the Assistant Director of Medical Services (ADMS) Woolwich Area, and included Oakley at Bromley (60 beds), Abbey Lodge and The Gorse at Chislehurst (60 and 40 beds respectively), and Southwood at Bickley (40 beds).³⁹ The Sir John Ellerman Hospital, St John's Lodge, Regent's Park, was also made available from July 1918 until March 1919 and provided a further 76 beds for officers.⁴⁰ At its peak, the Queen's Hospital had 1000 beds available for facial injuries.⁴¹

³⁶ Pound, *Gillies Surgeon Extraordinary*, p. 36.

³⁷ Pickerill, 'The Queen's Hospital, Sidcup', p. 247.

³⁸ Gillies and Millard, *Principles and Art*, p. 31.

³⁹ *Bexley Heath Observer*, November 1921, LMA: H02/QM/Y/01/005. See also Honorary Archivist (ed.), *The History of the British Association of Plastic Surgeons*, p. 3.

⁴⁰ This unit was donated by the shipping magnate, Sir John Ellerman. Pound, *Gillies Surgeon Extraordinary*, p. 49.

⁴¹ *Ibid.* See also Chapman, 'Two World Wars and the years between', p. 3.

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17. http://gilliesarchives.org.uk/qmcards/content/Qhpc504_large.html

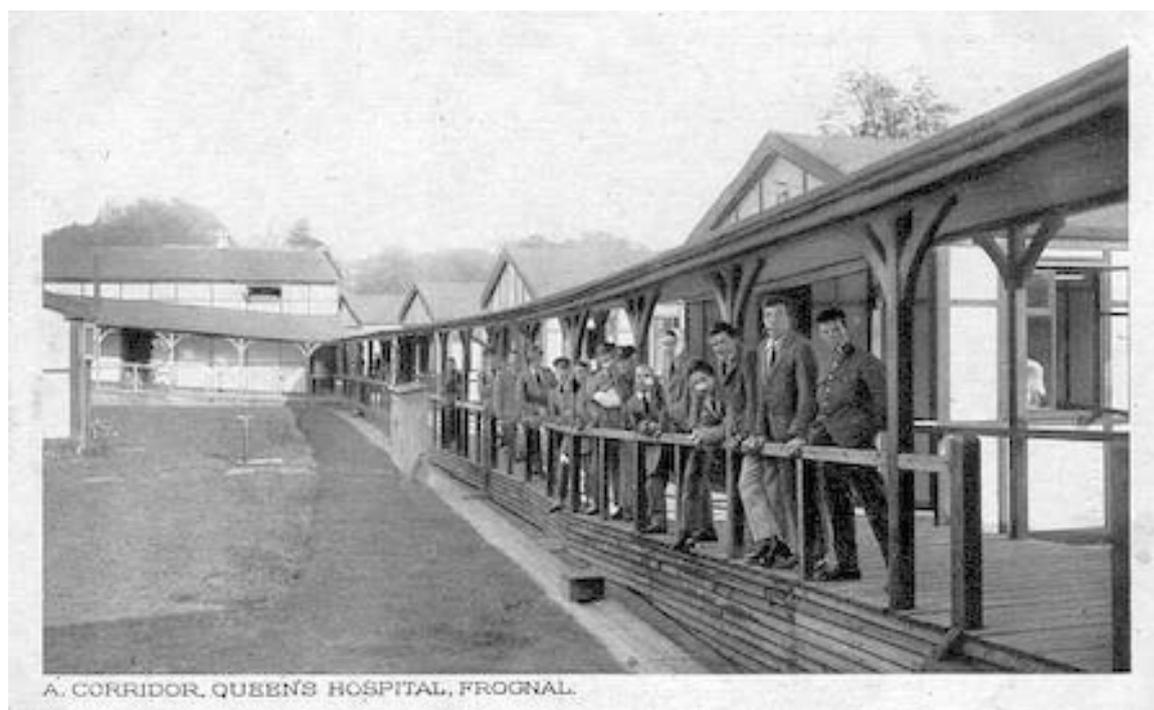


18. http://gilliesarchives.org.uk/qmcards/content/Qhpc602_large.html

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19. http://gilliesarchives.org.uk/qmcards/content/qmpc03_large.html



20. http://gilliesarchives.org.uk/qmcards/content/qhpc303_large.html

Depression and Rehabilitation

Another major feature of the hospital were the many workshops set up within the grounds. These and the wide range of classes and recreational activities organized were intended to keep the patients occupied during their long rehabilitation. Most of the men were young and, apart from their facial injuries, healthy and mobile; a healthier environment was considered an important factor in both the psychological and physical rehabilitation of the patients.⁴² The *Sportsman* at the time stated: ‘With spacious ground they will be removed from the public gaze from which they naturally shrink, and will be able when approaching convalescence to pass the time in farm work or workshops, where they will receive practical instruction in estate carpentry, electric work and so forth.’⁴³ This aspect of rehabilitation was crucial in countering the onset of depression, particularly acute in men with these kinds of injuries, and helping prepare them for life after Sidcup. Before discussing the various activities that took place, it is necessary to look at the psychological impact of such devastating injuries.

Unfortunately, there are no known first-hand accounts from any of the patients at Sidcup describing their longer-term anxieties and fears but we are given an insight from a more recent British service casualty. Simon Weston was a British soldier badly burned during the Falklands War between Britain and Argentina April-June 1982. He received 46 per cent burns to his body when the ship he was aboard, the *Sir Galahad*, was hit.⁴⁴ A series of BBC documentaries subsequently followed his progress, surgically and in life generally, along with three instalments of his autobiography.⁴⁵ In the third instalment, *Moving On*, he stated:

⁴² H. G. Bingham and C. E. Moore, ‘Farewell to Queen’s Hospital, Sidcup’, *BJPS*, 29 (1976), p. 297.

⁴³ *Sportsman*, July 1917, LMA: H02/QM/Y/01/005.

⁴⁴ <http://www.simonweston.com/about-simon/> Weston gives a first-hand account of when the *Sir Galahad* was hit in S. Weston, *Walking Tall: An Autobiography* (London, 1989), pp. 105-118. For other detailed accounts, see M. Hastings and S. Jenkins, *The Battle for the Falklands*, (London, 1997), pp. 315-322; M. Middlebrook, *Task Force: The Falklands War, 1982*, Revised Edition (Harmondsworth, 1987; first published in 1985), pp. 299-310; and D. Brown, *The Royal Navy and the Falklands War*, (London, 1987), pp. 302-303, 307.

⁴⁵ <http://www.simonweston.com/about-simon/> For more information about the documentaries and a brief description of how Weston first came to the public’s attention, see Appendix 26. See also www.simonweston.com/books/

‘After I got injured, one of the greatest fears of my life was that I would never find another girlfriend, never find a girl I would want to settle down with and enjoy the life that most people take for granted – marriage, home, kids, work, just the ordinary things people do.’⁴⁶

Weston was engaged to be married before he went to the Falklands but, after sustaining his injuries, the relationship ended as it became clear that, as well as changing outwardly, he had changed within.⁴⁷

Many casualties from the First World War suffered the same kind of torment and psychological changes as Weston; some suffered worse. Referring to the first swathe of victims that greeted Gillies and his medical team at Aldershot, Pound stated:

Theirs were more than wounds; in some instances, facial obliteration. The patients lay encased in bandages, unable to speak, eat, taste, many unable to see, nearly all unable to sleep. Some lost the will to live and begged for easeful death. More than once Gillies heard the cry: ‘Kill me! Kill me!’ He said that ‘a few undoubtedly willed themselves to death’. There were broken hearts and suicides. Others sought to isolate themselves from the world, dreading the impact of their changed appearance on those who knew them best.⁴⁸

Gillies recounted the story of a once handsome corporal he operated on at the Cambridge Hospital in 1914-15 who was terribly disfigured. The corporal had talked in the ward of a girl called Molly who had written to him regularly but whom he refused to see until his bandages had been removed. Although mirrors were banned from the ward, the corporal managed to catch a glimpse of his face in a shaving glass that he kept in his locker. Devastated by his appearance, even after surgery, he never allowed the girl to visit him again. According to Gillies, ‘All hope of allowing his girl to visit him died with that forbidden glimpse. From then on he insisted on being screened from the rest of the ward patients. When at long last he went home it was to lead the life of a recluse.’⁴⁹

⁴⁶ Weston, *Moving On*, p. 39.

⁴⁷ Ibid.

⁴⁸ Pound, *Gillies Surgeon Extraordinary*, p. 34.

⁴⁹ Pound, *Gillies Surgeon Extraordinary*, pp. 34-35. See also Gillies and Millard, *Principles and Art*, pp. 8-9.

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Newspapers at the time referred to depression at Sidcup. The *Evening Standard*, for example, stated:

Not every one of the sailors and soldiers who have been severely wounded in the face or jaw at Frognaal suffer from depression: but most of them do so... There are tragic meetings with mothers, sisters, brothers, wives and bairns that leave men doubly depressed when silence holds them as they clasp hands. Sentiment if you will; but sentiment that is turned up from the deeps of human nature and scorns a critical outlook on it'.⁵⁰

Another report from the *Pall Mall* newspaper compared the difference in atmosphere between the Queen's Hospital and the Queen Mary's Hospital for the limbless. It observed that

An atmosphere very different from that of Frognaal prevails at the Queen Mary Auxiliary Hospital, instilled in Roehampton House where men with amputations sufficiently healed and fitted with, and learn the use of, their artificial limbs. There is none of that depression which, however well diverted, attends in more or less degree the fear of permanent disfigurement.⁵¹

It is not surprising that there was no 'red tape' at Sidcup. According to an unnamed surgeon quoted in the *Daily Mirror* in November 1921, nearly all the men managed to smoke – the worst cases inhaled through their noses – and every man 'does as he likes'.⁵² Many also kept pets, such as rabbits, guinea pigs, chickens and dogs.⁵³ Socialist campaigner, journalist and author, Robert Blatchford, gave a more positive description of the atmosphere in a lengthy report which appeared in both the *Sunday Chronicle* and the *Sunday Herald* in June and July 1918 respectively:

I saw some of the patients. I did not look at them, but I saw them.... And I understood. And the nurses and dressers understood. Everybody understands at Frognaal. And it is because they all understand so well that the "note" of the place is a gentle, cheerful sympathy. Not Pity. One does not pity these men. One feels more like standing to attention and saluting... it is impossible for

⁵⁰ *Evening Standard*, June 1918, LMA: H02/QM/Y/01/005.

⁵¹ *Pall Mall*, December 1917, LMA: H02/QM/Y/01/005.

⁵² *Daily Mirror*, November 1921, LMA: H02/QM/Y/01/005. Although the atmosphere at Sidcup was undoubtedly more relaxed than at Aldershot, it is not known whether War Office regulations, referred to on p. 60, applied at Sidcup from the hospital's opening in August 1917 until the end of the war in November 1918.

⁵³ *Empire News*, June 1918, LMA: H02/QM/Y/01/005.

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sympathy and gratitude to do enough. This also is understood at Frognal, where the men display the tenderness and tact of women, and the women give more than any man has to give.⁵⁴

This last line refers to the work of the nurses at the hospital who saw the men at their lowest ebb shortly after surgery and during the long periods of convalescence between operations. At Sidcup, an average of seventy nurses were in attendance,⁵⁵ one of whom was Gillies' wife, Kathleen, who, 'Knowing the mental effects of the worst facial wounds...was often seen in the wards, helping to restore the men's self-confidence. She knew that when the repair work failed, as it occasionally did, the patient was liable to lapse into deep depression. Her experience as a nursing sister, and her unremitting faith in 'Gile's' healing power, enabled her to revive hope in despairing hearts.'⁵⁶

Similarly, Nurse Catherine Black, who worked under Gillies at the Cambridge Hospital, remembered: 'In all my nursing experiences those months at Aldershot in the ward for facial wounds were, I think, the most harrowing. Sadder even than the casualty clearing stations to which I went afterwards, for there death was swifter and more merciful....Hardest of all was the task of trying to rekindle the desire to live in men condemned to lie week after week smothered in bandages, unable to talk, unable to taste, unable even to sleep, and all the while knowing themselves to be appallingly disfigured.'⁵⁷ Ward Muir, a nursing orderly at the 3rd London General Hospital, referred to the 'embarrassment' of looking at the facially wounded in the ward, in case he caught their eye and they knew what he was thinking – that they were 'hideous'.⁵⁸ He stated:

⁵⁴ *Sunday Chronicle*, June 1918, and *Sunday Herald*, July 1918, LMA: H02/QM/Y/01/005. For more information about Blatchford, see Lawrence Thompson, *Robert Blatchford: Portrait of an Englishman* (London, 1951).

⁵⁵ *Joint War Committee Reports*, p. 261.

⁵⁶ Pound, *Gillies Surgeon Extraordinary*, pp. 46-47. Gillies married Kathleen Jackson, sister in charge of the newly opened ENT department at Bart's, in November 1911. The couple were married for forty five years and had two sons and two daughters. *Ibid.*, pp.18-19, 132. 'Giles' was Gillies' nickname from his university days that stayed with him for the rest of his life. *Ibid.*, p. 14.

⁵⁷ Gillies and Millard, *Principles and Art*, pp. 8-9.

⁵⁸ Muir, *The Happy Hospital*, p. 143.

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To talk to a lad who, six months ago, was probably a wholesome and pleasing specimen of English youth, and is now a gargoyle, and a broken gargoyle at that – the only decent features remaining being perhaps one eye, one ear, and a shock of boyish hair – is something of an ordeal... Suppose he is married, or engaged to be married... Could any woman come near that gargoyle without repugnance? His children... Why a child would run screaming from such a sight. To be fled from by children! That must be a heavy cross for some souls to bear.⁵⁹

Henriette Rémi's 1942 book, *Hommes Sans Visage* (Men Without Faces), gives a first-hand account of the situations that she and other nurses had to face in France, and again highlights the anguish and torment facially wounded servicemen endured. One episode, echoing Muir's sentiment above, tells the story of a victim named Lazé who waits apprehensively to see his young son for the first time since his injury. The outcome ends in tragedy with Lazé committing suicide after being rejected by the boy: "That's not my daddy! That's not my daddy!" Lazé fled. He ran the length of the field as if he could see it but when he arrived by the path he hesitated and I was able to catch up with him. "It's over," he sobbed, "it's over. He will never become accustomed to me. It would be better if he never saw me again".⁶⁰

There must have been other stories which ended more positively, such as the one which appeared in the *Daily Mail* in 1918 describing the first visit of a Mrs Bates, whose husband had been wounded in October 1916. Sergeant Bates had written to his wife, informing her of the injury but not stating its severity. When his wife arrived, the matron sat her down and told her 'in a few words what Sergeant Bates in his agony of mind could not write'. The ward sister told Bates that his wife now knew everything and prepared him for her visit:

The door opened and shut – steps came towards the screens, and Bates still gripped the sister's hand as first matron appeared and then his wife. "Well, Bates –" began Matron, but the little woman was past her. She took one searching glance as involuntarily he turned his 'good' side to

⁵⁹ Ibid., pp. 144-145.

⁶⁰ Rémi, *Hommes sans Visage*, English translation, no page numbers. Sophie Delaporte also discusses the relationship between the patient and nurse in France. Delaporte, *Gueules Cassées*, pp. 155-163.

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her and then, deliberately choosing the other, she went right up to the bed, and with a hand on each shoulder, kissed him – ever so lightly – on the worst scar of all.⁶¹

The severity of the injury dictated the length of treatment which was usually a drawn out process entailing various stages. Many of the cases required two, three or four years to help restore the men's features;⁶² some required longer. According to Bingham and Moore, operations 'came at intervals of 4 to 8 weeks and more'.⁶³ Gillies was well aware that much depended on his and the other surgeons' work. He noted: 'If our plastic plans went wrong, a patient without great moral fibre would drift into a state almost of delinquency'. He also noticed that the only patients who managed to keep their spirits up throughout their ordeal were blind.⁶⁴ He later admitted that, 'Of the 11,000 cases that went through Sidcup after August 1917, and all those before at Aldershot, there were many in which our results fell far short of the ideal. We noticed that if we made a poor repair for a wretched fellow the man's character was inclined to change for the worse. He would be morose, break rules and give trouble generally. Conversely, if we made a good repair, the patient usually became a happy convalescent and soon regained his old character and habits. This seems to emphasise again the powerful influence that our physical appearance wields over our character.'⁶⁵ Andrew Bamji has no doubt that the reaction to severe disfigurement is a form of post-traumatic stress disorder, 'albeit with an obvious and physical cause', and has suggested that it manifested itself in different ways among the patients at Sidcup; while some of them experienced personality changes and stayed on at the hospital to work as porters or groundsmen (the mortuary technician was also an ex-patient), others became 'unbearably cheerful – "copers", easy to manage, but abnormal nevertheless'.⁶⁶ Bamji refers explicitly to one patient, a Private

⁶¹ Bamji, 'Facial Surgery', p. 498. See also *Sunday Chronicle*, May/June 1918 (reprinting earlier *Daily Mail* article), LMA: H02/QM/Y/01/005.

⁶² *Daily Sketch*, January 1930, LMA: H02/QM/Y/01/005.

⁶³ Bingham and Moore, 'Farewell to Queen's Hospital', p. 300.

⁶⁴ Pound, *Gillies Surgeon Extraordinary*, p. 35.

⁶⁵ Gillies and Millard, *Principles and Art*, p. 45.

⁶⁶ Bamji, 'The Queen's Hospital, Sidcup', no page numbers.

Anderson, who celebrated his fiftieth operation by getting drunk and smashing all the ward windows.⁶⁷

Most patients were willing to undergo numerous operations to improve their appearance and become recognisable again to their family and friends.⁶⁸ Haiken has linked the patient's willingness to undergo so many operations with their need for economic independence, stating that, 'Although surgeons emphasized that function, rather than appearance, was their primary goal, appearance was part of the equation from the beginning: it was widely recognized that a man who did not look like a man, to himself and to others, would not be able to live as one'.⁶⁹ For many at Sidcup, the surgery eventually produced excellent results. One such patient, Horace Sewell from Dunmurray, Belfast, wrote to Gillies' biographer in 1963, stating:

I underwent well over twenty operations, covering four and a half years. I have never regretted it. We who are left today have been able to go about all this time and not feel any embarrassment. As far as I am concerned, my nose is as good today as when he grafted it on. People never give me a second glance. So you can see what a God-send he was to us in World War One.⁷⁰

There were also stories at the time similar to that of a patient who, after seeing his mutilated face in a mirror, broke off his engagement immediately and refused to see his friends.

According to the report, 'Plastic surgery had taken the part of the good fairy of romance and made things all right again', and he ended up marrying his sweetheart after all.⁷¹ For others, the surgery did not perform the miracles that some newspapers suggested because the damage was too severe.⁷²

⁶⁷ Bamji, 'Facial Surgery', pp. 498-499.

⁶⁸ Statistics for the hospital are given on p. 96.

⁶⁹ B. Haiken, 'Plastic Surgery and American Beauty at 1921', *Bulletin of the History of Medicine*, 68 (1994), pp. 443-444.

⁷⁰ Pound, *Gillies Surgeon Extraordinary*, p. 58.

⁷¹ *Daily Despatch*, June 1918, LMA: H02/QM/Y/01/005.

⁷² See p. 97.

Help from within

Training in activities such as estate carpentry and poultry farming had been available at the hospital from its opening in 1917 but by the early 1920s, seemingly due to the arrival in 1920 of Mr. W.G. Baker as Superintendent of the workshops, the list had become considerably longer. According to the *Bexley Heath Observer*, the classes and training available included ‘toy-making, woodwork, commercial subjects, beadwork, poultry farming, boat repairing, French, dentistry, hair-dressing, cinema operating, book binding, horticulture, draughtsmanship, watch and clock repairing, photography, motor engineering, and coach building’.⁷³ Toys from Sidcup, including elephants, bears, camels and ‘agile monkeys’, were sold in ‘The Brownies’ Shop in Orchard Street, off Oxford Street, London.’⁷⁴

Bingham and Moore later asserted that ‘croquet, gardening, athletics, a business school, a canteen and an amateur theatre, were all introduced’ at Sidcup.⁷⁵ Many patients also received instruction in other foreign languages. Baker was awarded an OBE for his work at the hospital and at previous institutions, and was highly regarded by the patients at Sidcup who attended the classes. Referring to the presentation of a gift in appreciation of his services to the hospital, the *Kentish Gazette* in May 1921 stated that he possessed ‘a rare knowledge of what was most required to both instruct and interest “the boys” while still under treatment in hospital’.⁷⁶ By this stage, over 5,000 patients had attended the classes and Baker had received thousands of letters from them since they had left the hospital. It had been ‘a great joy and pleasure to him to be able to help men who had tried to help themselves, and judging from the results obtained, his efforts had not been in vain’.⁷⁷ He later took charge of the

⁷³ *Bexley Heath Observer*, November 1921, LMA: H02/QM/Y/01/005.

⁷⁴ *Daily Telegraph*, 1920, LMA: H02/QM/Y/01/005. The shop’s founder, Mrs C. Bulteel, had taken over the premises the previous September and stocked it with ‘artistic goods’ made by injured servicemen. The report stated: ‘All that is to be seen there is the product of the hands and skill of soldiers and sailors disabled in the war, and their widows and dependents.’

⁷⁵ Bingham and Moore, ‘Farewell to Queen’s Hospital’, p. 300.

⁷⁶ *Kentish Gazette*, May 1921, LMA: H02/QM/Y/01/005.

⁷⁷ *Ibid.*

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Recreation and Comforts Fund at the hospital but remained at the service of his old students when required. Such was his interest in the patients at Sidcup that when the final cases moved to Roehampton Hospital, he still kept in touch visiting them once a month.⁷⁸

⁷⁸ *Kentish Express*, November 9th 1929, LMA: H02/QM/Y/01/005.

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21. 'J Hodgson Lobley: The Carpenters' shop'. Copyright IWM ART 3728

www.iwm.org.uk/collections/item/object/16909



22. 'J Hodgson Lobley: The Toymakers' shop'. Copyright IWM ART 3756

www.iwm.org.uk/collections/item/object/16913



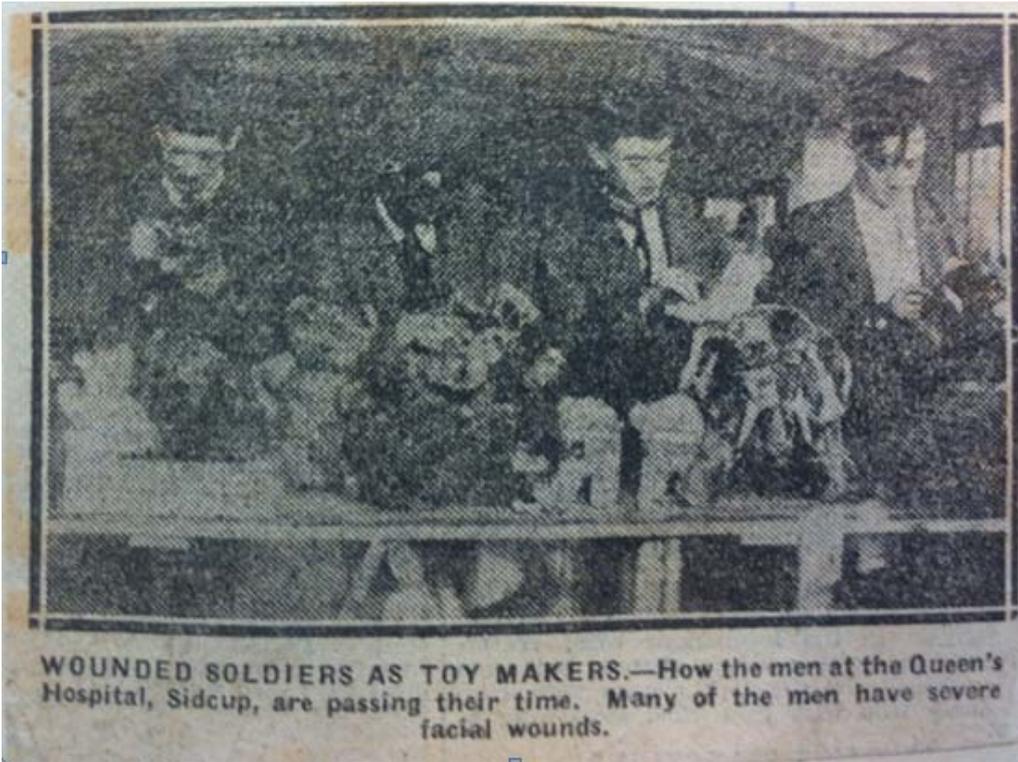
23. *Daily Mirror*,
December 1919.



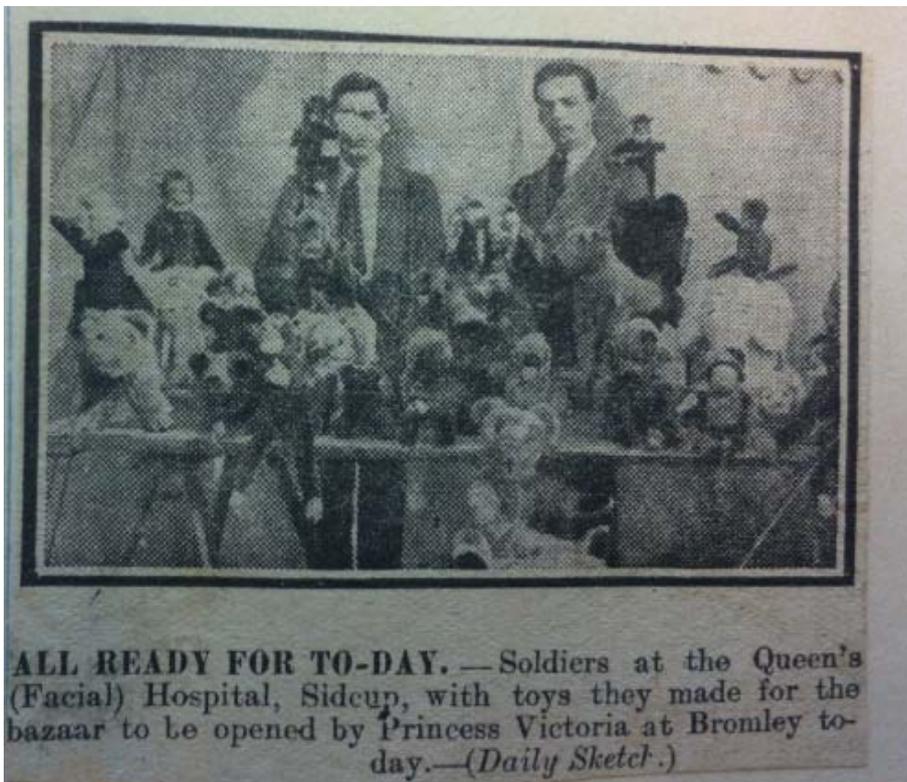
AN ALL-BRITISH INDUSTRY.—Many of the wounded soldiers at the Queen's Hospital, Frognal, Sidcup, have become craftsmen at making toy animals of the "woolly plush" variety. [*Weekly Dispatch* Photograph.]

24. *Weekly Dispatch*, December 1919.

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25. *The Daily Herald*, December 1919.



26. *Daily Sketch*, January 1920.

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27. 'J Hodgson Lobley. The Queen's Hospital for Facial Injuries, Froggnal, Sidcup: the commercial class'.

Copyright IWM ART 3767 www.iwm.org.uk/collections/item/object/16917



28. http://gilliesarchives.org.uk/qmcards/content/qhpc201_large.html



29. http://gilliesarchives.org.uk/qmcards/content/ghpc206_large.html

‘Mr Baker’ is also mentioned in an essay written by a Private Murray in an English class at Sidcup in 1922. Murray simply states that he had been ‘a member of this class since the first day it opened, under the supervision of Mr Baker with Mr Mockett as instructor and now Mr McKie’. This essay and six others that are held as part of the Liddle Collection at Leeds University are of greater significance, however, because, although they only constitute a tiny percentage of the total number of patients attending Sidcup, they offer glimpses into the men’s state of mind at this time.⁷⁹ Four or five years had elapsed since the men sustained their injuries, so apart from Privates Murray and Wordsworth who voice some concern over their job prospects and pension respectively, there are no signs of regret or despair. Private

⁷⁹ ‘Wounds, Item 34: 6 Narratives by Badly Wounded Soldiers “My Personal Experiences and Reminiscences of the Great War,” Collected by Lady Gough at Sidcup Hospital, 1922. Written for an education class’. Leeds University Library, Liddle Collection. Richard Davies, archivist of the Liddle Collection, informed me that the envelope containing the Sidcup narratives indicates that they were received from Lady Gough’s grandson, John Pym. Email from Richard Davies, 19th August 2013. Lady Gough was therefore Dorothea Agnes Gough (née Keyes) (1874-1962), the widow (by then) of Brigadier-General John Edmund Gough, VC (1871-1915), who was knighted posthumously, at which point his wife became Lady Gough. <http://www.thepeerage.com/p22694.htm#i226934>. I am still unsure of what Lady Gough’s association with the hospital was.

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McGowan wrote, 'To summarise my whole experience in the Army, I must confess that I enjoyed soldering (sic) which was a very clean life to those who adapted to it in the proper manner. When I look back and think things over which has happened during my service I feel proud, I also feel proud to think that I was wounded fighting in such a famous regiment as "The Black Watch".' Similarly, Private Best of the 2nd Battalion Royal Scots stated: 'I cannot say I am sorry I joined the army, as it has broadened my outlook on life, and given me many friends, whom I otherwise would never have known. So after all, I lost little, and gained much, through the Great War.' Private Faragher was also positive about his time in the army, stating that the five or six years' service had not been in vain: 'Apart from the physical well-being I enjoyed whilst serving with the colours, it has given me a broader outlook on life, and brought out qualities hitherto unsuspected in men'. He also referred to the 'splendid work done by women in the Great War' which was 'especially noticeable' in the hospitals.⁸⁰

The essay of Private Gillimore gives an insight into the immediate concerns caused by a severe wound and the practicalities and long-term repercussions of such an injury. He stated: '...and for a fortnight afterwards I was racked in torment (sic)...It was several months after leaving that hospital before I regained my speech, and not for a couple of years later could I speak plainly or to eat solid food. My health suffered greatly through being unable to masticate my food properly'. Finally, we are given a brief description by an officer named Colonel J.G.H. Holtzapfel – referred to as 'Budd' – regarding his reaction to seeing the results of his surgery for the first time. Again, it gives an idea of the time and patience these operations required. He wrote: 'When I first got a chance to examine myself in the looking glass I got a bit of a shock, for my beautiful new nose looked more like a short piece of cucumber slapped on my face, and I didn't realise that in consequence of the cutting and manipulation which had taken place the flesh of course had swollen up and would duly

⁸⁰ 'Wounds, Item 34: 6 Narratives by Badly Wounded Soldiers'.

resume its normal size in time. It took a long time'. Budd's essay is also noteworthy because it refers to Gillies' 'remarkable personality', and how 'he got one so interested in what was to happen that...one got quite impatient for him to start away, and never gave a thought to the possible discomfort one might be going to suffer'.⁸¹

Gillies played an integral part in the patients' physical and psychological rehabilitation and there are a number of examples that demonstrate his concern for them and their future well-being.⁸² His comments referring to the psychological impact that 'our' surgery had on patients would suggest that the other surgeons and staff at Sidcup shared a similar empathy. The nurses also played a major part in the patients' rehabilitation from both a practical and psychological perspective, particularly in the early days after admission and surgery. Similarly, although little is known about the non-medical staff at Sidcup apart from Mr Baker, it is clear that he and the workshops and classes played a significant role in the hospital's success and were a crucial part of the patients' psychological rehabilitation.

Help from outside

The combination of medical and holistic care within the hospital grounds would certainly not have been the success it was without help and support from outside sources; again, these came in a number of forms. Firstly, the hospital enjoyed the patronage of Queen Mary who was particularly active supporting the cause. She donated money on a number of occasions, once giving a £6,000 birthday present to the hospital,⁸³ and on another, contributing £500 to aid the Women's Legion to inaugurate a school in the grounds for teaching gold embroidery.⁸⁴ She was also generous with her time, visiting the hospital and attending fund-raising functions, such as matinee performances of theatre and opera, and sales of toys, bead-

⁸¹ Ibid.

⁸² See Pound, *Gillies Surgeon Extraordinary*, pp. 34-35, 37-39, and 58.

⁸³ *Sunday Chronicle*, May/June 1918, LMA: H02/QM/Y/01/005.

⁸⁴ *The Times*, November 1918, LMA: H02/QM/Y/01/005.

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work and wood-work made by the men at Sidcup.⁸⁵ These functions were also well attended by other members of the Royal family and high profile figures. The patients were also among a number of wounded ex-servicemen who were regularly entertained at garden parties held by the King and Queen at Buckingham Palace and organized by the Not Forgotten Association (NFA) and the Lest We Forget Association (LWFA).⁸⁶

Another major factor in the success of the hospital was the role of the local and national press. There was a massive contribution in conveying to the British public the plight of the men at Sidcup and the sensitive nature of their injuries. Gillies later acknowledged the work of the press, referring to ‘the helpful way in which the great newspaper chiefs, and other public-spirited men, banged the drum for our cause in the early days. It did a great deal of good’.⁸⁷ Although some newspaper reports were a little too simplistic and gave a false sense of hope – one stated that, ‘The boredom and depression which especially afflict such cases will be swept away by the ideal surroundings at the Queen’s Hospital’,⁸⁸ and another that, ‘Occasionally it happens that a patient is more beautiful after treatment than ever he looked in his life before’⁸⁹ – others, like Robert Blatchford’s, were more sombre and honest, and not only educated the public but induced them to give generously to the various appeals. Some appeals were for recreational material, such as books, magazines, playing-cards, gramophones, and indoor and outdoor games;⁹⁰ others were for donations of money to provide outdoor accommodation for the men, and to ‘provide for their upkeep’.⁹¹ Possibly the most successful appeal was by the *London Evening Standard* which opened a fund in

⁸⁵ *Westminster Gazette*, December 1919, LMA: H02/QM/Y/01/005.

⁸⁶ *Daily Telegraph*, September 1922, LMA: H02/QM/Y/01/005. The NFA was founded in 1920 and has assisted disabled ex-service men and women from the two world wars and subsequent conflicts. For more information, go to www.nfassociation.org/ The LWFA was founded in 1922 and also assists in the welfare of physically and mentally disabled veterans. For more information, go to <http://opencharities.org/charities/200390>

⁸⁷ Pound, *Gillies Surgeon Extraordinary*, pp. 39-40.

⁸⁸ I am not sure exactly which paper stated this, as not all of them have their names accredited to the particular article but the date was definitely July 1917, LMA, H02/QM/Y/01/005.

⁸⁹ *Pall Mall*, December 1917, LMA: H02/QM/Y/01/005.

⁹⁰ *Westminster Gazette*, July 1917, LMA: H02/QM/Y/01/005.

⁹¹ *Kilkenny Moderator* and *Leinster Advertiser*, July 1917, LMA: H02/QM/Y/01/005.

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May/June 1918, with the intention of providing ‘recreation and comforts, arranging concerts and theatricals, cinema exhibitions, reading, games, picnics, summer outings, etc’.⁹² This appeal was mentioned in all the newspapers of the time and many of them used their own prose to gain the public’s sympathy and money. For example, the *Manchester Evening Chronicle* stated:

There is a vast and growing number who have sworn in their hearts that they will not play false the men who have gone down under the rudest blow that war can deal and yet let its victim live – the loss of their face, or some fell injury to a distinguishing feature that has laid waste and wrecked the visible proof of their identity.⁹³

Similarly, the *Daily Sketch*, in June 1918, stated:

But there are other wounded that the mind instinctively avoids contemplating. These are men who come from battle still walking firmly, still with capable hands, unscarred bodies, but who are the most tragic of all war’s victims, whose endurance is to be tried in the hardest of days, who are now half-strangers among their own people, and reluctant even to tread the long-wished-for paths of home.⁹⁴

This appeal finished with the rallying cry: ‘The nation is giving them every possible medical care, but their entertainment is not the business of authority. It is a matter for the public. To be colloquial, it is up to you.’⁹⁵ The public reaction was such that even after the fund was closed in July 1918, having reached its intended target of £10,000, money still continued to come in. The total eventually reached over £11,000 with subscriptions received from all over the country.⁹⁶ Other funds associated with the hospital included the Frognal Comforts Fund and the Ladies Recreation and Comforts Fund which paid for such things as the theatre,

⁹² *Manchester Evening Chronicle*, May/June 1918, LMA: H02/QM/Y/01/005.

⁹³ *Ibid.*

⁹⁴ *Daily Sketch*, June 1918, LMA: H02/QM/Y/01/005.

⁹⁵ *Ibid.*

⁹⁶ *Evening Standard*, June 1918, LMA: H02/QM/Y/01/005.

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cinema, billiards room, games and excursions, and the concerts that were held in the hospital hall.⁹⁷

⁹⁷ *Evening News*, May 1921, LMA: H02/QM/Y/01/005.



30. Daily Sketch, July/August 1917.



31.



32. *Daily Mirror*, November 1917.



33.



34.



35.



A patient who is well enough to be out of bed.

The Queen has just paid a visit to a wonderful institution at Sidcup, which has been called the Queen's Hospital, in honour of her Majesty. Here men who have been facially disfigured in the war are treated, and many marvels of healing have already been accomplished.

36.

The Queen And A Young Hero



The Queen, visiting a Sidcup hospital, where miracles of healing are being wrought in the reparation of facial injuries and disfigurements, chats with Pte. L. Ripps, Rifle Brigade, a young hero of 19, who has seen three years' active service.

37.



38. Gillies is third from left on the back row.

Equally important was the time given by members of the British public. A story that appeared in the *Daily Mirror* in April/May 1919 describes how the 'girl employees of Messrs Webb and Baker', a milliners firm in London, were so touched after reading about the plight of the patients that they decided to go to the hospital and entertain the men themselves. Approximately thirty of them put aside a small sum of money each week and drew up a programme of entertainment. They then visited the hospital and treated the wounded inmates to 'the most enjoyable time they had had since being in hospital'.⁹⁸ Another story that appeared in the spring of 1921, under the heading, 'The Men Behind the Curtain', referred to

⁹⁸ *Daily Mirror*, April/May 1919, LMA: H02/QM/Y/01/005.

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a Mrs Wray who took it upon herself to take some of the patients out for a night in London. She promised that if she took one of the men and seven of his companions out for the evening they would not be seen by the public; the man referred to had no nose and was so conscious of his appearance that he refused to see his own mother let alone go out in public. The newspaper stated that Mrs Wray ‘took him everywhere in cabs and had a box at the Hippodrome at night, where with seven companions he sat with the curtains drawn...To George Robey, who was playing, Mrs Wray sent eight pieces of paper, with the request that he would give his autograph to as many wounded men’.⁹⁹

Mrs Wray also took many of the patients on a river trip along the Thames near Shepperton where the local people lent their boats and provided food for the picnics. After seeing the men enjoying themselves on their own patch of grass, the locals joined together and gave a party to the 118 who were present. According to Wray, the men liked being on the river because nobody saw them there, and they particularly liked her way of entertaining because she left them alone. She stated: ‘I give them cigarettes and some papers, and they play clock-golf’. Wray did all the cooking for her parties and incurred no service costs; however, money was needed to pay for the food as the men ate so much, and to cover the cost of their train fares from Sidcup.¹⁰⁰

The publicity surrounding both trips triggered another appeal in the press which led to another trip for the men along the Thames in July 1921, this time from Hampton Court to Staines. This story is noteworthy for a number of reasons; firstly, it was only their second trip that summer on ‘a collective scale’, and there was concern among some of the 300 men still receiving treatment at Sidcup, that they were being forgotten. Referring to the men as ‘The Men Behind The Veil’, *The African World* stated:

⁹⁹ *Evening News*, May 1921, LMA: H02/QM/Y/01/005. This story appeared in other newspapers at the time. George Robey was a well-known music hall performer.

¹⁰⁰ *Ibid.*

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In the early days of their going out again among men they were so hypersensitive that they insisted on screened vehicles and curtained boxes if they were taken to a place of entertainment. They are somewhat hardier today, but what makes them heartsick is the realisation forced on them that they are being forgotten.¹⁰¹

This story also gives an example, again perhaps exaggerated, of the men's changing demeanour from when they first boarded the boat until they started feeling more comfortable with the civilians around them. It noted that the men arrived

with devoted sisters and nurses in attendance. As they came quietly on board there was a difference to be noted from the taking possession of a boat by the usual large party, which fills the air with the hum of conversation and the light ripple of laughter. It was not that the horrors of modern warfare were made apparent – and they were – but that these men were subdued and silent. They looked – those who had eyes – hesitatingly at newcomers as if they feared to find something on their faces. But all that was changed ere the day was over.¹⁰²

Although initially very quiet and self conscious, their confidence grew as the day progressed and, according to the report, they were soon singing English, Scottish and Welsh songs as an alternative to the on-board entertainment provided by Mr and Mrs Wray and their friends.

When they were taken back to Sidcup at 8pm, they could be seen standing, shouting and waving caps and hands in the air. Another touching aspect of this story is that it is one of the few examples which explicitly demonstrates the strong camaraderie that existed among the men: '...for one cannot remain with these soldiers a whole day without appreciating not only their past sacrifices, but their solicitude and care of the more badly wounded among them'.¹⁰³

It is hard to gauge exactly how much the public did to alleviate depression among the men at Sidcup because while there are some excellent examples, there is also evidence of concerns among the men that they were being forgotten more easily as the years went by. In

¹⁰¹ *The African World*, 16th July 1921, LMA: H02/QM/Y/01/005. The newspaper had organised the trip with Mr and Mrs Wray.

¹⁰² *Ibid.*

¹⁰³ *Ibid.*

1921, the *Westminster Gazette* quoted a patient from Sidcup as saying: ‘We are tucked away in a corner with our smashed faces....and few people seem to know or care that many of us are likely to be here for years.’¹⁰⁴ A similar letter from ‘A Grateful Patient’ appeared in the *Daily Express* in 1923, stating: ‘The public have no idea of the numbers of men still undergoing treatment, and it is a pity we hear so little of the marvellous work going on day by day at Sidcup’.¹⁰⁵ It is perhaps not that surprising that as the end of the war became more distant, less appeared in the press about what was happening at Sidcup; as so often happens today, when a major story stops being headline news it can easily be forgotten. Concerts and entertainment did continue at the hospital, courtesy of funds provided by the public,¹⁰⁶ although one can only assume that they were far less regular. It is also not that surprising that some members of the public made thoughtless remarks about the men out loud,¹⁰⁷ or were insensitive in other ways. Horace Sewell, again in his letter to Pound, alluded to one such instance:

One of the things that come back to my mind from the horrors of that time is that they used to send us to a convalescent home at Burnham-on-Crouch, Essex. The people of that place requested the matron to keep us indoors, as it gave them “the shivers” to see us out walking.¹⁰⁸

However, such instances, of which there were probably many, should not detract from a tremendous effort by the British public. They, along with the press and public figures, were crucial in aiding the psychological rehabilitation of the men at Sidcup and their efforts complemented the excellent work done within the hospital grounds.

On a local level, the community of Sidcup also played its part in helping reintegrate the men back into society. This again must have been a slow, gradual process because, as is clear from newspaper articles and reports of the time, the patients, understandably very self-

¹⁰⁴ *Westminster Gazette*, November 1921, LMA: H02/QM/Y/01/005.

¹⁰⁵ *Daily Express*, June/July 1923, LMA: H02/QM/Y/01/005.

¹⁰⁶ *Advertiser*, June/July 1923, LMA: H02/QM/Y/01/005.

¹⁰⁷ *The African World*, 16th July 1921, LMA: H02/QM/Y/01/005.

¹⁰⁸ Pound, *Gillies Surgeon Extraordinary*, p. 52.

conscious of their wounds, preferred to be kept away from the public.¹⁰⁹ Bamji has also stated that ‘The public were shielded from the worst of the disfigurements’, and that ‘Although soldiers were encouraged to ‘take the air’ some of the benches along the road from the Queen’s Hospital to Sidcup, were painted blue for wounded soldiers only, so that local residents would know that the occupant of such a bench was likely to have some hideous facial injury.’¹¹⁰ However, according to Bingham and Moore, ‘Although not initially well accepted in Sidcup High Street the ubiquitous soldiers, with their tube pedicles hanging like sausages, were soon made welcome, and there remain still a number who married local girls and have remained in the district ever since.’¹¹¹ One such patient, Corporal Bob Davidson of the RAMC, stayed on at the hospital in a working capacity and married a local girl. According to Bamji, ‘Davidson was sent into Sidcup with the hospital mail as part of his rehabilitation and met, and married, the girl behind the counter’.¹¹² Bingham and Moore’s account is the only one, of which I am aware, which refers to the patients going out locally in Sidcup and integrating with the public as they did later at East Grinstead and Basingstoke, and presumably in the other town centres where plastic surgery units were established during the Second World War. Unfortunately there is no reference as to where they obtained this information. Similarly, there is no reference as to where Bamji obtained the information regarding the benches.¹¹³ The early example at Aldershot, however, demonstrates that if the men had to confront the public – in this case, for exercise – they did.¹¹⁴ The examples of the

¹⁰⁹ Ibid., pp. 27-30.

¹¹⁰ Bamji, ‘Facial Surgery: The Patient’s Experience’, p. 498.

¹¹¹ Bingham and Moore, ‘Farewell to Queen’s Hospital’, p. 300. A ‘tube pedicle’ was an innovative surgical technique first knowingly performed by the Russian surgeon, Filatov, who published a paper on the subject in 1917. Gillies was acknowledged with developing the idea independently, and it was certainly he who made the procedure popular. Pound, *Gillies Surgeon Extraordinary*, pp. 62, 109, and 127.

¹¹² Andrew Bamji has a photograph of Davidson taken in the 1950s at a hospital fete. The photograph was obtained, as were other facts about Davidson’s life after Sidcup, through personal correspondence between Bamji and Davidson’s daughter, Shelagh. Bamji, ‘The Queen’s Hospital, Sidcup’, no page numbers. See also Bamji, ‘Facial Surgery: The Patient’s Experience’, p. 498.

¹¹³ Bamji has said that this particular information is ‘local legend’ reported by ‘some of the locals related to old patients’. Email from Andrew Bamji, 27th October 2015.

¹¹⁴ Gillies and Millard, *Principles and Art*, p. 30.

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men being taken on various trips also demonstrate that over time, although still very self-conscious, they became 'somewhat hardier' and hesitantly ventured out.¹¹⁵

It is very likely that the most effective form of counselling at Sidcup was the camaraderie that existed among the men, not only because of their similar situations but because of the sheer number of casualties attending the hospital for such long periods at a time. This was certainly the case with the units at Basingstoke and East Grinstead during the Second World War,¹¹⁶ and, although there are very few specific references to it at Sidcup, it can be deduced from the information available; for example, the boat trip on the Thames where the men were particularly conscious of looking after the worst affected among them; the same trip shows them singing and shouting and having a good time among themselves. There are also descriptions of the men enjoying themselves at concerts held at the hospital, while newspaper photographs taken in the hospital grounds also hint at the camaraderie.¹¹⁷ The hospital football team, the Queen's Hospital F.C., also seems to have benefited from a strong camaraderie as it won the Bromley Wednesday League, the Bromley Mid-Week Hospital Cup, and the Eltham Thursday Hospital Cup in the 1921-22 season. There were also tennis and bowls teams within the hospital, and a Queen's Hospital Cricket Club.¹¹⁸

¹¹⁵ *The African World*, 16th July 1921, LMA: H02/QM/Y/01/005.

¹¹⁶ See pp. 275-281 and 368-375.

¹¹⁷ These photographs can be found towards the end of LMA: H02/QM/Y/01/005 and are shown on pp. 93-94 of this thesis.

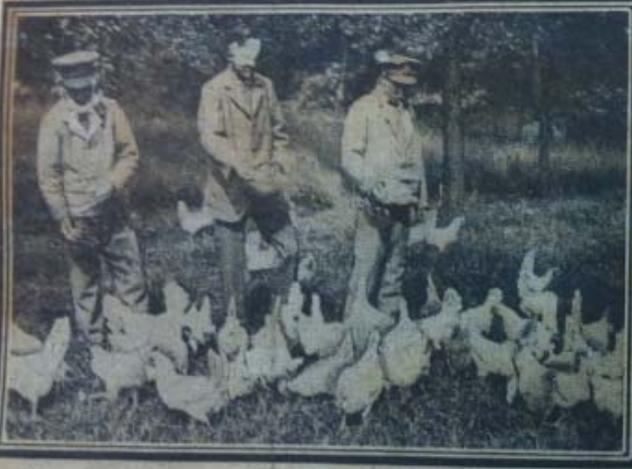
¹¹⁸ *Sidcup Times/Bromley Times*, 31st August 1929, LMA: H02/QM/Y/01/005.

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39. Sidcup patients playing cards in a ward which again hints at the camaraderie. Courtesy of the BAPRAS Archives.

NEW FACES FOR OLD: WONDERFUL WORK FOR DISFIGURED SOLDIERS.



The patients find pleasure in feeding the poultry.—(Daily Sketch Photograph.)



Enjoying a game of bowls, in which they display considerable skill.—(Daily Sketch Photograph.)

Soldiers and sailors who have received facial wounds in the grounds of the Queen's Hospital, Frogna, Sidcup. This hospital is entirely devoted to these cases, and wonderful new facial surgery is being perfected there, disfigured men being given new eyelids, jaws and noses. A fund has been opened to provide recreation for the patients, who are often reluctant to appear in public during their long and tedious treatment. What will you give? See page 2.

40.



Petting before potting—the men take much interest in the rabbits.—(D.S. photo.)

41.



42.

40, 41 and 42, *Daily Sketch*, June 1918.

Unfortunately, such camaraderie never developed into something more concrete at Sidcup as it did in France after the First World War with the formation of a patient support group.¹¹⁹ The French experience is interesting because, as can be seen by Gillies' initial introduction into plastic surgery, they and the Germans were far better prepared for facial wounds than the British at the start of the war.¹²⁰ The French had a specialized medical centre at the front from the end of 1914 until the Battle of the Somme in July 1916,¹²¹ and other centres were subsequently built away from the front in Vichy, Lyon and Paris.¹²² Unlike Sidcup, however, there was a lack of coordination between the centres which led to lack of

¹¹⁹ Delaporte, *Gueules Cassées*, p. 238.

¹²⁰ Gillies and Millard, *Principles and Art*, pp. 6-10. See also Pound, *Gillies Surgeon Extraordinary*, pp. 22-29.

¹²¹ Delaporte, *Gueules Cassées*, pp. 63-64.

¹²² *Ibid.*, pp.81-82.

continuity in treatment, and, as stated earlier, some men were left with their surgery unfinished.¹²³

Although it is likely that such factors played a part in the formation of a patient support group, it seems that the main reason the Union de Blessés de la Face was founded in 1921 was to ensure that the financial and social plight of facially wounded men in France was not forgotten. Formed by the maimed French servicemen themselves, and named Les Gueules Cassées – The Broken Faces – by its chairman, Colonel Picot, the Union de Blessés de la Face fought constantly to obtain the ‘Right of Compensation’ from the Government and offered support to the handicapped men who felt isolated within their families. Along with the other associations, it played a major role in bringing the desperate plight of the facially wounded servicemen to the attention of government authorities. Among other things, the men and their families received the use of several convalescent homes and an increase in their allowances. A national lottery was also created to help raise money for them.¹²⁴ Significantly, Les Gueules Cassées carried on their association for decades afterwards and the infrastructures that were set up helped later generations of injured French servicemen from the Second World War, the 1954 Indochina War and the 1958-60 Algerian War. Even the Gulf War had its Les Gueules Cassées.¹²⁵

It is not known why the French were so advanced in this regard or why a similar organisation was not set up in Britain offering support to the facially wounded men in the interwar period and beyond. Over twenty five years later, Gillies suggested inviting the men who were treated at Sidcup to join the newly-formed Rooksdown Club. In his first address as President of the club, which appeared in the first edition of the club magazine, *Rooksdown Pie*, in 1947, he stated: ‘I think it is a good thought also to remember that there were some eleven thousand badly shot-away faces in the last war that came through a similar unit at

¹²³ Ibid., p.187.

¹²⁴ Ibid.

¹²⁵ Ibid., p. 238.

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Sidcup...Should we invite them, too, to join the club?’¹²⁶ Bamji has argued that a British self-help group ‘simply wasn’t necessary’ because the surgical work in Britain was not left unfinished.¹²⁷ However, the formation of Les Gueules Cassées in France was borne more out of financial necessity and went far beyond the surgery itself. Cultural and political differences between the two countries are possibly relevant, particularly considering that a delegation of facially wounded French servicemen attended the Congress of the Treaty of Versailles in June 1919. There was no political motivation behind the formation of the Guinea Pig Club or the Rooksdown Club. Perhaps the British men felt well enough supported without an organisation, whereas the French did not.

For the men who were treated at Sidcup during and after the First World War, the lack of a patient support group seems to have been a missed opportunity in what was otherwise an exceptional model. It is no exaggeration to say that the facially wounded servicemen from Britain and the Dominions received the best medical care available, and genuine attempts were made to address the psychological repercussions of their injuries. The excellent work done within the hospital grounds at Sidcup was complemented by the efforts outside. In this respect, the press, with its local and national appeals and reporting about the hospital, played a major role alongside members of the British public who contributed much time and money to the cause. Similarly, the work of organizations, such as the NFA, and the patronage of Queen Mary contributed to the success of the hospital.

The results at Sidcup are particularly noteworthy considering the horrific nature and unprecedented scale of facial injuries in the First World War. During the hospital’s busiest period, from its opening in August 1917 to 30 June 1921, 11,752 major operations were performed. In total, 714 officers and 8,035 other ranks were treated at Sidcup for facial wounds, of which 73 officer patients and 1,260 other ranks came from the Dominion

¹²⁶ *Rooksdown Pie*, June 1947, pp. 2-3. I am aware of only one patient from Sidcup who joined the Rooksdown Club. See pp. 379-380 of this thesis.

¹²⁷ Bamji, ‘The Queen’s Hospital, Sidcup’, no page numbers.

contingents. There were also 647 officers treated at the John Ellermore Hospital in Regent's Park. By 1920, facial cases had diminished to such an extent that arrangements were made for the Queen's Hospital to admit general medical and surgical cases; neurasthenia cases followed in 1924 due to the closing of the Ministry of Pensions hospital at Richmond. The remaining seventy facial patients were transferred to the Ministry of Pensions hospital at Roehampton where Gillies and Kilner continued to look after them.¹²⁸ The number of remaining patients varies according to different reports. Gillies, one would assume the greatest authority on the matter, has asserted that there were seventy, as have Bingham and Moore, while Bamji has suggested that no more than thirty.¹²⁹ A report in November 1921 also stated that 'only 10 or 15 men' out of the thousands operated on were regarded as 'incurably disfigured'. The Ministry of Pensions was understood to be considering 'the purchase...of a country house as a home for them'.¹³⁰ Of the men themselves, it is known that some committed suicide due to their injuries, some underwent personality changes, and some, after undergoing all the rigours of surgery and rehabilitation, returned to service and were killed on the battlefield.¹³¹ It is also known that many men were returned to civilian life with vastly improved faces,¹³² and that amid the tragedy and depression, there were stories of hope and triumph.

The Queen's Hospital closed in October 1929, one of a number of Ministry of Pensions and allied hospitals throughout the country that closed due to the diminishing number of patients. It was sold in the New Year to the London County Council for £29,000 for use as a convalescent hospital for post-operative patients, and renamed Queen Mary's Hospital. On 30th August 1929, the *Daily Mail* referred to the 'many letters of regret from old

¹²⁸ *The Times*, 3rd January 1930, LMA: H02/QM/Y/01/005.

¹²⁹ Gillies, 'Plastic Surgery', p. 325; Bingham and Moore, 'Farewell to Queen's Hospital', pp. 300-301; email from Andrew Bamji, 10th April 2007.

¹³⁰ *Overseas Daily Mail*, November 1921, LMA: H02/QM/Y/01/005.

¹³¹ Pound, *Gillies Surgeon Extraordinary*, p. 53.

¹³² *Overseas Daily Mail*, November 1921, LMA: H02/QM/Y/01/005.

patients' regarding the imminent closure of the hospital. One old patient wrote: 'Surely a noble institution with such stirring war memories deserves a better fate than the scrap-heap? The nation's gratitude might easily be put into effect by raising funds and allowing Queen's ex-patients to send their mite through a national appeal'.¹³³ The term 'scrap-heap' was an overstatement because the institution that the Queen's Hospital became – the Queen Mary's Hospital – still exists.¹³⁴ From another point of view, the ex-patient was more prophetic than anyone at the time could have imagined. The remarkable case histories that now reside at the RCS and elsewhere,¹³⁵ and which are testament to the pioneering work and scale of the horrors that confronted the various medical teams, could easily have vanished without trace along with the memory of these men. Andrew Bamji recalled how 'quite by chance' he found, firstly, the New Zealand notes which were 'rescued from destruction in Dunedin by the former Dean of Dental surgery, Professor A.D. Macalister', who '(r)ather than see them go on a skip...kept them in his garage'; and, secondly, the English records which had found their way to Roehampton Hospital and 'were languishing in two filing cabinets in the photography department, where no one quite knew what to do with them'.¹³⁶

Due to the work of Bamji, in particular, and volunteers at the Gillies Archive, many of the Sidcup patients' surgical histories live on, as does the legacy of the hospital. An exhibition at the National Army Museum between November 2007 and August 2008 at last brought the work carried out at the unit to the British public.¹³⁷ Project Façade was conceived by artist Paddy Hartley who felt compelled to tell the stories of some of the servicemen to a wider audience after visiting the Gillies Archive. In collaboration with Bamji, Hartley created

¹³³ *Daily Mail*, 30th August 1929, LMA: H02/QM/Y/01/005.

¹³⁴ A new Queen Mary's Hospital was built in 1974 on the site of the old hospital which had been demolished. <http://news.bbc.co.uk/1/hi/health/1790898.stm> For more information about the hospital today, go to www.nhs.uk/Services/hospitals/Overview/DefaultView.aspx?id=1226

¹³⁵ See p. 38.

¹³⁶ Bamji, 'Facial Surgery', p. 495.

¹³⁷ The original sites at www.national-army-museum.ac.uk/pages/facesOfBattle.shtml and www.projectfacade.com are no longer live.

uniform sculptures telling the stories of some of the Sidcup patients, based on their medical notes. His sculptures were displayed in the Project Façade exhibition, 'Faces of Battle', alongside archive material from Sidcup which provided 'context, background and personal narratives for each individual soldier represented'.¹³⁸ Through contact with family members, Hartley obtained biographical and anecdotal information, and also later photographs, regarding a few of the men after they left Sidcup.¹³⁹ This number has risen considerably in recent years. Bamji now has information concerning the later lives of approximately eighty Sidcup patients. Some of the information was gained through family members who lived locally; some through his work with Hartley; others from plastic surgeons and the media; and some through his own website. He also received information about a number of the New Zealand patients through another researcher. The most significant source, however, was genealogy website, *Findmypast*, which produced 'a wave of enquiries', after the patients were listed on it.¹⁴⁰ Such information, along with Kerry Neale's recent work,¹⁴¹ adds significantly to our knowledge of how Sidcup patients fared after leaving hospital. Sandy Callister has also brought to light the only correspondence from a New Zealand patient contained within the Sidcup case notes. Second Lieutenant Buddle, New Zealand Rifle Brigade, responded to an inquiry from his surgeon, Pickerill, as to his well-being nine years after his treatment ended. Buddle had received shrapnel wounds to his face and skull, and at the time of writing to Pickerill, the skin graft was still in place and doing the job it was intended to. However, he suffered badly from headaches, and the impression one gets from his account is that he did not work and was not married:

¹³⁸ www.wellcome.ac.uk/Funding/Public-engagement/Funded-projects/Awards-made/Highlights/WTDV030203.htm For further information about Project Façade, go to Hartley's website at <http://paddyhartley.com/introduction/#>

¹³⁹ Ibid.

¹⁴⁰ Email from Andrew Bamji, 26th October 2015. Bamji intends to publish a book about the hospital and its patients. <http://www.findmypast.co.uk/>

¹⁴¹ Neale, 'Without the Faces of Men', University New South Wales, Canberra, PhD thesis, 2015.

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I cannot say I am free from headaches as unfortunately I am not but one must expect to have to put up with something. I find that I have to go slow in all things and pursue as even a course as possible as otherwise I pay for it with headaches. I seldom go out at nights – and prefer my own fireside and enforce strict moderation in all things. My health generally is quite good and so long as I take things easy I can carry on alright. Any extra worry or excitement are to be avoided – the former is of course difficult to avoid in our business...On the whole my health is good and I have much to be thankful for and I trust I am thankful. I do realise by plugging up the hole for me you no doubt enabled me to carry on as I am doing and that otherwise I should probably have been of little use and I am grateful accordingly.¹⁴²

Although such work contributes greatly to the extended story of Sidcup and offers a rare insight into life beyond the hospital, we will probably never know what happened to the vast majority of men after Sidcup: how many settled down and married, or were able to maintain the relationships they had left behind, or quite simply were able to lead normal lives. Arguably, if a patient support group had been formed at Sidcup, there would be much more archival information available regarding the patients' personal experiences there and afterwards. Also the medical records might not have been discarded. Such a group might also have ensured that the legacy of the Queen's Hospital, Sidcup, 1917-1924, was passed on to a far wider audience, and not just a select few from the world of plastic surgery or the family members of facially wounded servicemen who were treated there. Most importantly, a patient support group could have made a genuine difference to a number of patients and possibly aided longer-term recovery. This was not to be and, as Pound has lamented, due to the impact of the Guinea Pig Club on the 'mass mind' during the Second World War, 'A generation had risen that knew not Sidcup'.¹⁴³

¹⁴² Callister, *The Face of War*, pp. 90-91. Buddle to Pickerill, 16th May 1927, Item One, 24334, Pickerill Medical Papers 1917-1956, Medical Library Historical Collection, Hocken Library Te Uareo Taoka, Archives and Manuscripts, Dunedin.

¹⁴³ Pound, *Gillies Surgeon Extraordinary*, p. 61.

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Pound and Bamji have both argued that the importance of the Queen's Hospital has definitely been under-acknowledged.¹⁴⁴ Pound has suggested that, while the Cambridge Hospital was the pre-natal clinic of modern plastic surgery, the Queen's Hospital was its birthplace.¹⁴⁵ J. R. G. Edwards, who worked at the plastic surgery unit in Gloucester with Emlyn Lewis during the Second World War, and received limited training from Gillies and Kelsey Fry, also stated: 'After coming under the very intense teaching of these two giants totalling, in all, only some ten hours, I was able to appreciate a little of their genius and to realise that Sidcup during and after the first World War must have been one of the greatest surgical centres of all time.'¹⁴⁶ Pound also stated that the patients at Sidcup from 1917 were the real 'guinea pigs' of plastic surgery, and argued that, 'The triumphs at the Queen Victoria Hospital, East Grinstead, in the Second World War, owed more to them and to Gillies and his co-workers than has been acknowledged'.¹⁴⁷

¹⁴⁴ Bamji, 'Facial Surgery', p. 499, and Pound, *Gillies Surgeon Extraordinary*, p. 48

¹⁴⁵ *Ibid.*, p. 41.

¹⁴⁶ J. R. G. Edwards, 'Personal Memories of the Gloucester unit 1943-1950', *BJPS*, 38 (1985), p. 59.

¹⁴⁷ Pound, *Gillies Surgeon Extraordinary*, p. 48. Leonard Mosley, for example, acknowledges Gillies' expertise and credits his innovative work, stating that, 'Gillies's (sic) work on bashed, blasted and burned faces and bodies of the mutilated men and women of the first world war was largely pioneer work...He was an innovator of genius'; however, although the Cambridge Hospital is mentioned, the only time Sidcup is specifically referred to is when Mosley quotes Gillies' *The Principles and Art of Plastic Surgery*, and it is only referred to as 'Sidcup' rather than the Queen's Hospital. Mosley, *Faces from the Fire*, pp. 56-59.

Sunday Herald

NEW FACES FOR OLD : A WONDER OF THE WAR.



An artist at work on a mask at the Sidcup institution where our heroes disfigured in the war are receiving "new faces" before being sent out into civil life.




Taking a plaster cast of a patient's face. Ready to leave the institution after the wonderful transformation.—(Exclusive.)

43. *Daily Mail*, November 1921.

Daily Mail

NEW FACES.

PLASTIC SURGERY WONDERS.

10,000 DISFIGURED SOLDIERS CURED.

What has become of the men who had terrible facial wounds in the war?

The foreign visitor to Britain often asks this question and finds it hard to believe that great numbers of their men are not still dragging out hopeless and dreary existences in sad homes and hospitals. *The Daily Mail* learns that of some 10,000 cases of this kind which passed through the main concentration hospital for bad facial injuries, the Queen's Hospital at Sidcup, only 10 or 15 men are regarded as incurably disfigured. The Ministry of Pensions is understood to be contemplating the purchase for these men of a country house as a home for them.

This wonderful number of cures is due largely to the skill of Major H. D. Gillies, R.A.M.C., chief plastic surgeon at the Sidcup hospital. He has grown for the disfigured new lips, chins, and cheeks, mended and replaced shattered jaws, and even replaced faces that had been literally burned away by terrible explosions. In mending wrecked faces his principle is "bone for bone, cartilage for cartilage, and fat for fat." He has built jaws with bits of bone from the leg, cheeks with fatty tissue covered with strips of skin taken from the body, and noses with cartilage from the ribs.

To a *Daily Mail* reporter yesterday, Major Gillies paid a high tribute to the skill of his fellow plastic surgeons at Sidcup. "Their success in making good the wreckage of the war is practically complete," he said. "The maimed men are to be found sitting alongside you in omnibuses and trains, working in shop and office, on the land, or back in the Navy and Army again. You would not have an inkling of what had happened to them."

"I can tell you of one case, a petty officer in the Navy who had his face burned off at the battle of Jutland. He has had a new face built, is back in the Navy, and recently passed his gunnery tests. There have been other cases as remarkable who are back in civil life again."

"Are the results permanent?" Major Gillies was asked.

"They are," he replied.

44. *Sunday Herald*, 1918.

staff with remarkable success. Chester Alderton is a general hospital but specialist treatment is readily available. The number of hospitals occupied by the Ministry has been reduced from 67 in 1920 to 20, and the number of patients under treatment from 132,000 in 1921 to 11,300, more than half of whom are mental cases.

Evening News (London)

**HOSPITAL TO CLOSE.
Famous War Institution Ends
Its Work.**

One of the most finely equipped hospitals in the country is to be closed down in October.

It is the Queen's Hospital at Sidcup, Kent, which at present accommodates 80 patients by arrangement with the Ministry of Pensions. There are already 470 vacant beds in its 20 wards.

It was made famous during the war (says a medical correspondent) by the work of Dr. H. D. Gillies and his team, who repaired tragic disfigurements by a patient series of operations.

Nearly 19,000 patients have passed through the hospital since its opening in August, 1917. There are 94 acres of ground, which include a football field, tennis court, a theatre, and a cinema.

A medical official of the Ministry of Pensions said:

"The solution would be to hand it over to some hospital or public body. Otherwise, the sale of all the valuable equipment there would fetch only the price of old iron.

"The Ministry of Pensions rents it in the same way as it does other hospitals, but war pensioners are necessarily a diminishing class."

The Times

**THE QUEEN'S HOSPITAL,
SIDCUP**

TO BE CLOSED IN OCTOBER

The Queen's Hospital, Sidcup—one of a group of three hospitals which, although belonging to a trust fund and administered by a committee, are, for all practical purposes, Ministry of Pensions hospitals—will be closed in October. The other two hospitals in the group are the Roehampton Hospital and the Highbury Hospital at Birmingham.

During the War, the Queen's Hospital was well known for the successful facial operations which were performed there by Major H. D. Gillies and his assistants. With a progressively decreasing number of cases there is now felt to be no necessity to maintain the three hospitals, and the Ministry of Pensions are concentrating on the Roehampton and Highbury institutions. There are some 600 beds at Sidcup, but during the last 12 months it has been only necessary to accommodate 80 patients there. Roehampton is, of course, the biggest of the three hospitals, having 500 beds for men and 25 beds for officers or nurses.

Daily Mail (Continental)

*Aug
27th
1929*

FAMOUS WAR HOSPITAL.

**INSTITUTION THAT REBUILT
FACES TO ULCERS**

By The Medical Correspondent.

One of the most finely equipped hospitals in Britain is to be closed down in October.

It is the Queen's Hospital at Sidcup, Kent, which at present accommodates 80 patients by arrangement with the Ministry of Pensions. There are already 470 vacant beds in its 20 wards.

It was made famous during the war by the work of Dr. H. D. Gillies and his helpers who repaired tragic disfigurements by a patient series of operations.

The site, in one of the loveliest rural parts of Kent, was specially selected because the patients were naturally so sensitive of their disfigurements that they would not walk abroad in any town.

Dr. Gillies literally rebuilt their faces. As many as 30 successive operations were sometimes involved for a single case.

Nearly 19,000 patients have passed through the hospital since its opening in August, 1917.

Sidcup Times

*Aug 31st
1929*



Colonel J. R. Colvin, Commandant of the Queen's Hospital, Sidcup, which is to close down in October.

45. Articles from various newspapers regarding the closure of the hospital, August 1929.

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A generation had also emerged that knew nothing of the struggle during the interwar period to try to get plastic surgery established as a speciality. Despite the remarkable work at Sidcup, by international standards, the future of plastic surgery in Britain was far from assured; the fact that there were only four plastic surgeons in Britain at the start of the Second World War, and between two and six registrars in training, according to different accounts, tells its own story.¹⁴⁸ The effort and impact of Harold Gillies and Thomas Pomfret Kilner as his chief assistant in the early days, when the future was so unsure, cannot be overstated. With most of the surgeons returning to their pre-war positions after Sidcup, Gillies and Kilner decided to remain in the new speciality which they had done so much to develop. The two men worked together successfully for eleven years and Gillies often referred to Kilner as his partner. According to Pound, this was ‘an amiable exaggeration’ on Gillies’ part and the two had no formal partnership agreement.¹⁴⁹ They parted company in 1930, somewhat under a cloud, but their impact was massive. By the time Archibald McIndoe and Rainsford Mowlem arrived on the scene in 1931, the foundations for the future of plastic surgery in this country had already been laid.¹⁵⁰ As Pound has suggested, the two men ‘carried the banner of the new surgery through the years of professional indifference. They had founded the school of British Plastic surgeons; for the greater part of a decade they *were* the school’.¹⁵¹

It took the onset of the Second World War to finally get plastic surgery recognized as a specialty. The period ended as it had begun, with Gillies organizing war-time plastic surgery in Britain. Over a period of about twenty years, from the early days during and after the First World War, through the interwar years of professional indifference, coming full circle with the onset of the Second World War, Gillies was at the vanguard and his influence can be felt throughout. It was Gillies who had the foresight and determination to convince the British

¹⁴⁸ The sources are cited on p. 109.

¹⁴⁹ Pound, *Gillies Surgeon Extraordinary*, p. 91.

¹⁵⁰ For more information about the interwar period, see Appendix 3.

¹⁵¹ Pound, *Gillies Surgeon Extraordinary*, p. 98.

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Army authorities to establish a plastic unit during the First World War; Gillies, with Kilner, took a chance on plastic surgery and carried it on into civilian life; Gillies was a major influence on both McIndoe and Mowlem choosing plastic surgery as a career; and, as will be discussed in Chapter Two, Gillies played a significant role in establishing plastic surgery units nationwide during the Second World War in what can be considered the peak of his non-surgical work.

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46. Harold Delf Gillies (1882-1960) c. 1916. Courtesy of Dr Andrew Bamji.



47. William Kelsey Fry (1889-1963). © National Portrait Gallery, London.



48. Ivan Whiteside Magill (1888-1986), *BJPS*, 6 (1953), p. 151. Magill was a pioneering anaesthetist at Sidcup. See Appendix 3.

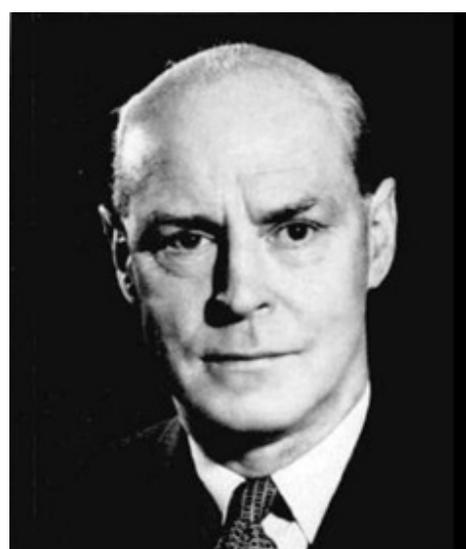
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49. Thomas Pomfret Kilner (1890-1964), *BJPS*, 2 (1949), p. 149.



50. Archibald Hector McIndoe (1900-1960), *BJPS*, 41 (1988), p. 423.



51. Arthur Rainsford Mowlem (1902-1986), *BJPS*, 41 (1988), p. 83.



52. The 'Big Four' (date unknown but after the Second World War). From left to right: Mowlem, Kilner, Gillies and McIndoe. Rogers, 'British Plastic Surgeons Who Contributed to the Revue de Chirurgie Plastique', p. 214.

CHAPTER TWO

The Second World War and the establishment of plastic surgery units nationwide

It has been well documented that at the start of the Second World War there were only four fully trained plastic surgeons in Britain – the ‘Big Four’ – and each was allocated one of the plastic surgery units situated within the vicinity of London.¹ Gillies went to Rooksdown House, the private wing of Park Prewett Mental Hospital, Basingstoke; McIndoe to the East Grinstead Cottage Hospital/Queen Victoria Hospital, East Grinstead;² Mowlem to Hill End Mental Hospital, St Albans; and Kilner to Queen Mary’s Hospital, Roehampton. Less well known is the work Gillies and Kelsey Fry did during this period in establishing the units and the plastic service as a whole. As stated in the Introduction, Gillies provided a chapter for a book in 1953 which discussed the organisation of the plastic units;³ however, although more detailed than other accounts, it still greatly underplays the work he and Fry undertook. They visited numerous hospitals up and down the country to assess their suitability to house plastic surgery units, and wrote reports of their findings. After the work had been done to convert the units, and get them up and running, Gillies put in much effort in the years that followed into unifying the service, establishing other units and organising the training of service and civilian personnel. Chapter Two examines the establishment of the various units in more detail and discusses the problems and challenges that were faced throughout the war years.

¹ Mayhew, *The Reconstruction of Warriors*, p. 55. See also Pound, *Gillies Surgeon Extraordinary*, p. 131. Gillies suggested there were actually five or six surgeons in Britain at this time. Gillies and Millard, *Principles and Art*, p. xiii. Mosley has stated that there were ‘six at the registrar level of training’. Mosley, *Faces from the Fire*, p. 79. Reidy has suggested there were only 2 junior surgeons. J.P. Reidy, ‘The formation and early history of the Stoke Mandeville Plastic Surgery Unit’, *BJPS*, 39 (1986), p. 85.

² Although referred to as the East Grinstead Cottage Hospital in the correspondence, by the 1900s the hospital had become the Queen Victoria Cottage Hospital, in memory of the queen who had recently died. This was later shortened to the Queen Victoria Hospital. J.P. Bennett, ‘A History of the Queen Victoria Hospital, East Grinstead.’ *BJPS*, 41 (1988), p. 422.

³ Gillies, ‘Plastic Surgery – Introduction’, pp. 321-340.

The Army Advisory Standing Committee on Maxillo-Facial Injuries

Preparations for another possible war had begun as early as 1932 with the appointment by the Army Council of the Army Advisory Standing Committee on Maxillo-Facial Injuries. The committee's first meeting took place on 20th May 1932, consisting of Colonel J. P. Helliwell as Chairman, Gillies, Fry and W. Warwick James as Members, and Major S.H. Woods as Secretary.⁴ Early meetings were also attended by Lieut.-Colonel J.M. Wardell, FRCS, Professor of Surgery at the Royal Army Medical College, until he departed for duty overseas, and then by his replacement at the college, Lieut.-Colonel B. Biggar, FRCS. The committee's findings, based on knowledge from their experiences during and after the First World War, were first published by the War Office in June 1935 in a report, *Report to the Army Council of the Army Advisory Standing Committee on Maxillo-Facial Injuries*. Its Terms of Reference were:

To investigate and report on the treatment of maxillo-facial injuries and to make recommendations in regard to:-

- (i) the provision and equipment of special hospitals or departments for these cases;
- (ii) general methods of treatment, and
- (iii) the training of dental officers in the principles of preliminary treatment in the field'.⁵

The committee believed that a hospital based on similar lines to the Queen's Hospital, Sidcup, should be reserved solely for the treatment of maxillo-facial injuries, in preference to special departments in general hospitals. The hospital needed good transport links for visiting surgeons and other consultants, and to be situated on the outskirts of a large town. Adequate grounds were recommended, as was an auxiliary hospital or annex attached to the special hospital, so that patients could convalesce between operations. The auxiliary hospital had to

⁴ While Gillies and Kelsey Fry attended the Queen's Hospital, Sidcup, during the First World War, Helliwell and Warwick James were at Millbank and the 3rd London General Hospital respectively. 'Report to the Army Council of the Army Advisory Standing Committee on Maxillo-Facial Injuries', (HMSO, 1940; first published in 1935), p. 9, AMSM: RADCF/3/3/4/15/MAXI.

⁵ *Ibid.*, p. 2.

be within 'easy ambulance distance from the special hospital and situated in the country or preferably, by the sea'.⁶ The committee also recommended that the main hospital have a capacity of 200 beds with the capability of expansion to 500 if necessary. Personnel and equipment would increase accordingly, as would the capacity of every auxiliary hospital involved. For a small war, it was thought that only one such unit with an auxiliary hospital 'might be sufficient for the reception and treatment of all cases'. However, if it was a larger campaign, 'more than one might be required, and it might then be desirable to reserve each special hospital for a particular type of case'.⁷

The design of the Queen's Hospital had also proved 'very satisfactory and convenient' with regard to concentrating all the departments into one small area. The committee had obtained the original plans of the hospital from the architects and had them reproduced at the War Office at a reduced size for easy reference. It recommended that any new hospital be designed along similar lines, and consist of a Dental Department, a Preliminary Treatment Operating Theatre, a Record Room, an Ear, Nose and Throat Department, and a Plastic Operating Theatre. Modifications to the Sidcup model were put forward and included the allocation of an eye examination room and waiting room, a modern operating theatre in line with 'the standard pattern Army operating theatre', an X-ray Treatment Room which should form part of an Electro-therapeutic Department, and a Plastic Operating Block based on similar modern principles to the operating theatre.⁸ Adequate open space and verandahs to the wards were also considered essential in the main hospital so that cases that could be moved out of the wards could obtain the maximum sunlight and fresh air. Similarly, 'bright and airy wards and facilities for recreation' were requisites at the auxiliary hospital or annex, along

⁶ Ibid., p. 4.

⁷ Ibid., p. 5.

⁸ Ibid., pp. 6-8.

with a dental surgery and separate office, a dental laboratory, a massage room, and a small emergency operating theatre.⁹

The committee was also keen to emphasize the close cooperation between medical and dental officers that was necessary in the preliminary treatment of these cases. The report states that personnel from both the Royal Army Medical Corps and the Army Dental Corps ‘would have to act in the closest liaison...in order that the best possible cooperation should be effected between the surgical and dental sides’.¹⁰ It therefore recommended that personnel from both units receive further training. For officers of the RAMC such instruction would be included on courses, while dental officers would have to undertake a special three month course in their sixth or seventh year of service. This would include both the principles of preliminary treatment in the field and also the principles of subsequent treatment.¹¹ Although the report refers to the possibility of a ‘larger campaign’, it would seem that the committee’s planning at this early stage did not envisage such a large-scale conflict and the need for as many maxillo-facial and plastic units that were eventually established.

The Emergency Medical Service

In June 1938, the Ministry of Health assumed responsibility for organising an emergency hospital scheme in England and Wales, known as the Emergency Medical Service (EMS), while similar schemes in Scotland and Northern Ireland were taken on by the Department of Health for Scotland and the Ministry of Home Affairs in Northern Ireland respectively.¹² At the end of February 1939, the Ministry of Health outlined plans for the care of air-raid

⁹ Ibid.

¹⁰ Ibid., p. 9.

¹¹ Ibid., pp. 23-24.

¹² Sir A.S. MacNalty, ‘Foreword by the Editor-in-Chief – The Emergency Medical Services’ in C.L. Dunn, *History of the Second World War, The Emergency Medical Services, Volume I, England and Wales* (London, 1952), p. v. The EMS was originally referred to as the Emergency Hospital Service and although formed in mid-1938, the seeds were first sown for such a department as early as 1923. For an overview of the developments that led to the formation of the EMS, see ‘Review of the E.M.S. 1923-May 1940 – Sir John Hebb’s Report’, TNA: MH 101/1.

Chapter Two

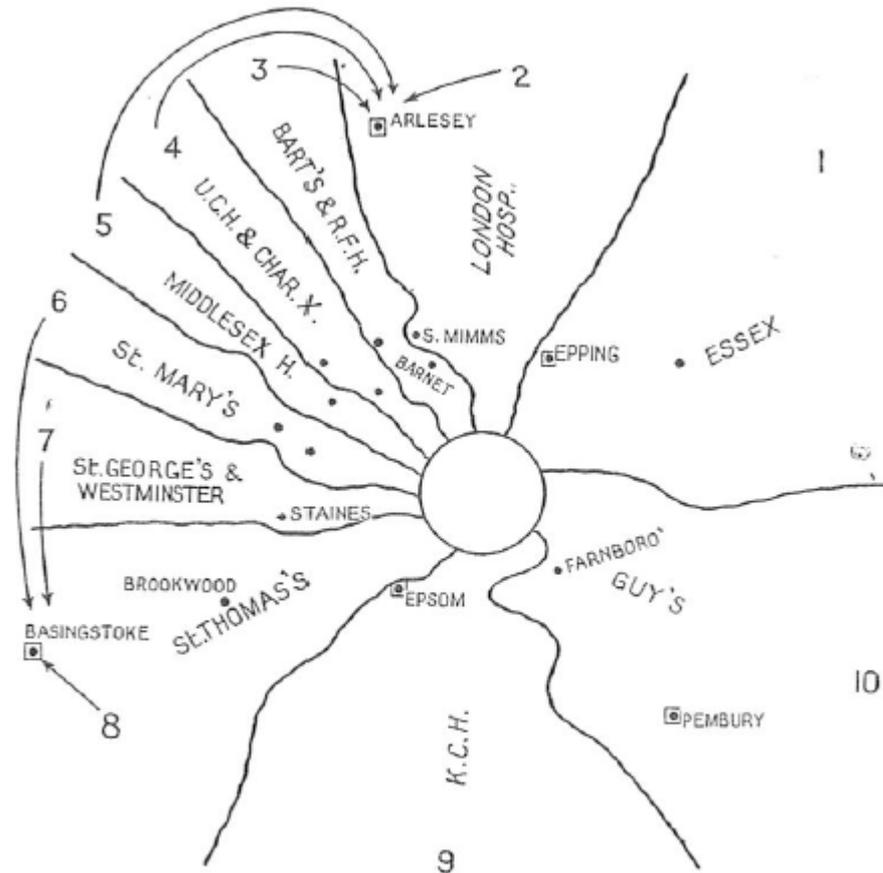
casualties in large cities.¹³ In London and other heavily populated centres, casualty hospitals in the centre were to be affiliated with one another and with casualty hospitals in outer areas where the wounded could be quickly evacuated.¹⁴ Further plans for London were issued in March 1939. Although ‘subject to modification’, London was to be divided into ten sectors that ‘radiated’ from the centre with each sector containing a variety of hospitals, including voluntary and municipal hospitals, the great teaching hospitals, mental hospitals, specialised hospitals, cottage hospitals and local-authority institutions. The hospitals were to be adapted where necessary to care for the casualties. Normal patients would be cleared and the institutions upgraded with the necessary apparatus and personnel. The hospitals that could not be upgraded were to be kept for convalescent purposes, chronic cases and for cases that required inpatient treatment but no special facilities.¹⁵ Each sector also had a ‘group officer’ who was appointed to represent the group of hospitals within the sector. The scheme referred to three types of hospital: casualty hospitals or stations – the word ‘Clearing’ had been abolished by this stage –¹⁶ advance base hospitals, and base hospitals. The casualty hospitals were closest to the centre and were to be used as far as possible for emergency treatment only; the wounded would then be transferred at the earliest opportunity to the affiliated advance base hospitals in the outer regions of each sector or direct to the base hospitals.

¹³ Anon., ‘Hospitals in Emergency – The Scheme for London’, *The Lancet*, 233 (1939), p. 723. Hereafter, ‘Ministry of Health’ and ‘EMS’ refer to the same thing.

¹⁴ *Ibid.*

¹⁵ *Ibid.*

¹⁶ Letter, Hebb to Gillies, 23rd March, 1939, TNA: MH 76/116.



Map showing approximate distribution of the ten sectors. The black circles show the position of advance-base hospitals; the circles in squares are the base hospitals.

53. 'Hospitals in Emergency', p. 723.

According to a basic early map showing the approximate distribution of the ten sectors (illus. 53), there were five base hospitals that covered the London region. Each base hospital was affiliated to its own sector and also to a number of neighbouring sectors. Due to the 'unpredictable nature of air attack' such a scheme required flexibility and on occasion it might be necessary for casualties to receive initial treatment at one of the hospitals in the outer regions before being transferred to hospitals nearer the centre. According to *The Lancet*, 'Elasticity and freedom of interchange between hospitals are the essence of the scheme, which is designed to distribute the weight of casualties falling suddenly at any given point. It is intended that, as soon as an emergency threatens, equipment and staff will be redistributed

among members of the group so as to use material and skill to the best advantage.’ Referring to a speech given by Walter Elliot, the Minister of Health, on Tuesday 21st March 1939, *The Lancet* also reported that ‘The Ministry of Health would pay for the casualties received and reimburse the hospitals for salaries paid for whole-time casualty work’.¹⁷

The establishment of the plastic surgery units

Correspondence concerning the establishment of plastic surgery units for the anticipated air raid casualties began in March 1939 between the Ministry of Health, and Gillies and Kelsey Fry in their roles as Consultant Advisers to the Ministry of Health. In the months leading up to the war, and also in the first six months after war had been declared, Gillies and Fry dealt mainly with Dr John Hebb – later Sir John Hebb, CB (Companion of the Order of the Bath), CBE (Commander of the Most Excellent Order of the British Empire) – Director-General of Emergency Medical Services (EMS).¹⁸ In 1941, Hebb was forced to retire due to ill-health, and was succeeded by Sir Francis Fraser, MD (Doctor of Medicine), FRCP (Fellowship of the Royal College of Physicians), who remained in charge for the remainder of the war.¹⁹ After February 1940, Gillies dealt directly with Fraser and F. Murchie MB (Bachelor of Medicine) at the Ministry of Health. Murchie’s position is not clear, although it would seem that he was Fraser’s assistant as he occasionally wrote on Fraser’s behalf.²⁰ Early points of discussion were the roles of the casualty stations, advance-bases and base hospitals. The first piece of available correspondence is a letter from Hebb to Gillies in March 1939, in which he recommended that in addition to three junior surgical teams at each casualty hospital, a senior man act as ‘sorting officer’ and discharge the cases as quickly as possible to the advance

¹⁷ ‘Hospitals in Emergency’, p. 725.

¹⁸ MacNalty, ‘Foreword by the Editor-in-Chief’, p. vi. For more information about Honours awarded by the monarchy, go to www.royal.gov.uk/MonarchUK/Honours/Honoursnomination.aspx

¹⁹ ‘Review of the E.M.S. 1923-May 1940 – Sir John Hebb’s Report’, TNA: MH 101/1, p. vi. It is unclear what Hebb did from 1940 until his retirement. Letters written by Fraser in July 1940 state his title as ‘Acting Director General’, so presumably Hebb was off sick.

²⁰ For example, see letter, Murchie to Hodgson, 15th July 1940, TNA: MH 76/116.

bases. He intended that the sorting officer segregate the special cases and send them to the advance base that was handling that type of case; unless there were 'quite unexpected' numbers, Hebb saw 'no insuperable difficulty in getting the cases across'. He also wanted details of the personnel involved so that they could be 'earmarked', and quickly gathered as soon as the work began. Once agreed, the personnel and site of the maxillo-facial centres would be discussed between Gillies and the Group Officers in whose sectors the centres were to be placed.²¹

Gillies and Fry, however, were keen to omit the transfer of casualties from casualty stations to advance bases, stating that it would be just as easy to transfer them from casualty stations direct to base hospitals. The more serious cases could be held at the advance bases where a mobile team could attend immediately where their services were required. The base hospital would give them 'a central place at which to work and elasticity to vary our plans according to circumstances'. Gillies thought that Hebb's scheme 'would work pretty well' but hoped that Hebb would agree to what he and Fry were recommending.²² Concerning personnel, although there were only four recognised full-time plastic surgeons and two trainees at the time, the list sent by Gillies to Hebb, under the heading 'Surgeons With Plastic and Jaw Experience', included the names Kilner, McIndoe, Mowlem, Wardill, Bentley, Grocott, Battle, Underwood, Langhorne and Rank. Riddell was added afterwards. At the bottom of the list, it states 'ex house-surgeons – Dollis Hill. Bart's. & St. Thomas's'. At this early stage, nothing was added under the headings, 'Doubly Qualified Surgeons With Experience of Jaw Injuries', 'Dental Surgeons With Experience of Maxillo-Facial Injuries', or 'Anaesthetists'.²³

In a scheme submitted by Gillies in early April 1939, much emphasis was placed on the importance of medically qualified dental surgeons in the treatment of facial wounds, as

²¹ Letter, Hebb to Gillies, 23rd March 1939, TNA: MH 76/116.

²² Letter, Gillies to Hebb, 5th April 1939, TNA: MH 76/116.

²³ Ibid.

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recommended in the *Report to the Army Council of the Army Advisory Standing Committee on Maxillo-Facial Injuries* in 1935. Gillies proposed that young medically qualified dental surgeons also act as anaesthetists 'or assist the casualty station officers in any bony lesion of the face' as this would be more suitable than using 'an ordinary un-dentally qualified medical officer'.²⁴ The scheme therefore recommended that 'a medically qualified dental officer be attached to each of the main casualty stations and a more experienced medically qualified dental officer be attached to each of the advanced bases'.²⁵ As well as the appointed personnel, it was recommended that men living in the district of the casualty stations also be 'earmarked'. Provision was made for two schemes of evacuation as it was anticipated there would be two categories of facial injury. 'Scheme One' would take care of 'Simple upper and lower jaw fractures without serious complications' which could be left for at least twelve or twenty four hours before receiving treatment at a special jaw and face injury unit located within a special base hospital. 'Scheme Two' was for the more serious cases which could not be evacuated to a base hospital immediately due to distance, and were evacuated to an advance base hospital initially, then to a base hospital. The classification of maxillo-facial injuries was as follows: 'Grade A – Severe bony and soft tissue lesions' - and 'Grade B – Simple jaw fractures'. The casualty station officer would decide which hospital each case was sent and they would be labelled accordingly.²⁶

Gillies proposed two base hospitals for London, one in the North and one in the South, but no interchange of staff between the two. Each surgical team would be headed by a surgeon with jaw and plastic experience and consist of a second surgeon with similar experience as his immediate assistant, four younger surgeons with experience in this field, a senior medically qualified dental surgeon, a second medically qualified dental surgeon and

²⁴ 'Ministry of Health. Emergency Hospitals Scheme. Maxillo-facial Injuries.' 11th April 1939, TNA: MH 76/116.

²⁵ Ibid.

²⁶ Ibid.

two dental surgeons. Each base hospital would also need two senior anaesthetists, preferably with ‘special knowledge of intratracheal work’, and it was recommended that the junior officers be chosen where possible from those with experience in this form of anaesthesia.²⁷ Gillies wanted his two base hospitals ‘attached to the St. Albans Group in the north’ and ‘Horsham in the south’. These were in the EMS Sectors 3 and 9 respectively (illus. 53). The exact location of the units within the sectors would be decided by Sir Girling Ball, joint Group Officer of Sector 3 (Bart’s and Royal Free), and John Hunter, Group Officer of Sector 9 (King’s), in consultation with Gillies. The report also suggested that each base hospital should have 100 beds, and that ‘special equipment, dental laboratories and fitment’ should be on the same scale as at Sidcup.²⁸ At this early stage, Gillies also considered having two mobile teams consisting of a senior plastic surgeon, senior dental officer and an anaesthetist who would travel to an advance base hospital when required to treat severe cases. After completing their ‘immediate duty’ at the advance base hospital, they would return to their base hospital so that they were available to attend to other severe cases at other advance base hospitals if required. As well as the two base hospitals for London, Gillies proposed a main plastic centre similar to Sidcup. The first mention in the correspondence of such a centre is when the scheme put forward by Gillies recommended a ‘Correlation between the civil and military forces injuries’. It states:

It would seem very desirable that, in addition to the base hospitals so provided for the air raid casualties of London, a central plastic and maxillo-facial hospital should be established in some such area as Basingstoke or Oxford so that the cases *requiring prolonged treatment*, whether from civil or military service would be segregated as they were at Sidcup. A Mid-Western site is suggested on account of the railway and other facilities, from ports, from the Midlands and North of England, and from London and southern areas. It is not proposed that this hospital should be

²⁷ Ibid. This was a method whereby a tube was inserted into the patient’s trachea (windpipe) enabling the anaesthetic to be administered and monitored from a short distance away, thus allowing the surgeon more freedom to operate around the face while also reducing the risk of the surgeon being affected by the anaesthetic.

²⁸ Ibid.

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put in full working order until the first emergency rush of air raids has been coped with....It is contemplated that only the primary treatment would be given the Grade A patients at the Base hospitals, north and south of London respectively, and that these cases would then be transferred to the central maxillo-facial hospital, or to convalescence awaiting further treatment.²⁹

Hebb agreed that Basingstoke (Park Prewett Mental Hospital) be made the main facial centre for subsequent treatment and, if met with general approval, arrangements could be made to provide for this. He also proposed that the necessary equipment for the two base hospitals in Sectors 3 and 9 be earmarked immediately so that cases could be dealt with at both hospitals as soon as possible.

Although compliant with the scheme as a whole, Hebb was concerned that the early segregation of special cases would unnecessarily increase difficulties. He also had reservations about 'stationing a dental surgeon in the Main Casualty hospitals' because although he could see the benefit of utilising the dental surgeon's services for anaesthetics, he felt that the neighbourhood of the advanced base hospital was the proper place to deal with all cases subsequently. It was here that surplus staff was required, while the incidence of any particular type of special case remained 'quite unknown till the event.'³⁰ Hebb was keen that general information regarding the 'initial and temporary treatment to be accorded to casualties' be distributed to the relevant receiving hospitals – those hospitals 'acting more or less in the capacity of Main Dressing Stations and First Aid Posts' – and that Gillies offer his advice on the particular type of case that he was interested in if he thought it would be advantageous.³¹

²⁹ Ibid.

³⁰ Ibid.

³¹ Letter, Hebb to Gillies, 18th April, 1939, TNA: MH 76/116.

The 'London' units

Gillies and Fry started visiting the proposed units in April/May 1939, first the East Grinstead Cottage Hospital (Sector 9) in April, followed by Hill End (Sector 3) in May, then the various units in the north of England in June. Although Park Prewett was to be the central plastic unit, it was not visited until September 1939. The unit at Queen Mary's Hospital, Roehampton, was not dealt with by Gillies or Fry as it was a Ministry of Pensions hospital, but is discussed in the correspondence as early as April 1939. Indeed, while Gillies and Fry were dealing with the units at East Grinstead and Hill End c. April/May 1939, there was much discussion about Queen Mary's between Dr. H. Lightstone, Acting Director General of Medical Services, Ministry of Pensions, General W. P. MacArthur at the War Office, and Hebb at the Ministry of Health. The unit at Queen Mary's had been established since 1925 when the final Sidcup patients were transferred there and where Gillies and Kilner had continued to treat them.³² Presumably, the two men already knew Queen Mary's well but although they refer to the unit at different times, there is no reference to them visiting it as they did the other units.

It is clear from early correspondence that although Hebb was keen to stress that there should be no differentiation between hospitals and the casualties they accepted, whether civilian, service or pensioner, the Ministry of Health placed a greater emphasis on the treatment of civilian casualties from air raids. The Ministry of Pensions, on the other hand, was concerned from the outset with the treatment of service casualties, and in particular, those who would not be returning to duty and would therefore be long term liabilities on the Ministry of Pensions. Queen Mary's was one of three Ministry of Pensions hospitals under

³² Gillies and Millard, *Principles and Art*, p. 43. See also Reidy, 'The formation and early history of the Stoke Mandeville Plastic Surgery Unit', p. 85. Although established as a plastic unit since 1925, Queen Mary's was renowned for its limb-fitting and rehabilitation centre which had been established since 1915 and provided training and help for maimed servicemen trying to return to work.
<http://www.wandsworthpct.nhs.uk/about/short%20history.asp>

discussion at this time among the Ministry of Pensions, Ministry of Health and the War Office.³³

The EMS units were each visited a couple of times, firstly to check suitability, then to check progress, which was reported back to Hebb. The conversion of each unit required much organisation and transportation of equipment. The procedure for moving all the dental equipment to East Grinstead and St Albans, for example, entailed Guy's Hospital (where the equipment was held) submitting to the Ministry of Health an estimate of the cost of the transport and Messrs. Claudius Ash organizing the removal and transport. If there were problems with the availability of the vehicles to carry out the transportation, it was suggested that this be mentioned when submitting the estimate and the Ministry of Health would use 'its influence with the Ministry of Transport for the use of the vehicles for this limited purpose'. The Ministry of Health offered to supply extra beds and standard equipment, and was considering the need for special equipment for special units at this time.³⁴ Understandably, Hebb was cautious in his use of Ministry of Health funding; for example, special kitchens at East Grinstead and Hill End were not considered a priority, while the operating theatres at both would have to be contained within the buildings; he was also not proposing 'to authorise any precautionary work in the way of splinter-proofing in hospitals which are outside the obviously vulnerable areas.'³⁵ Referring to a plan of the proposed dental huts at East Grinstead and Hill End that he sent to Fry, Hebb questioned whether there was 'any real necessity' for movable glass screens. Instead he recommended 'ordinary canvas four-fold screens'³⁶ to which Fry agreed.³⁷

³³ Letter, MacArthur to Lightstone, 26th April 1939, TNA: MH 76/116.

³⁴ Letter to Professor T.B. Johnson, Superintendent at Guy's Hospital, 4th May 1939, TNA: MH 76/116. Johnston was also the Group Officer for Sector 10.

³⁵ Letter, Hebb to Gillies, 19th June 1939, TNA: MH 76/116.

³⁶ Letter, Hebb to Fry, 29th June 1939, TNA: MH 76/116.

³⁷ Letter, Fry to Hebb, 30th June 1939, TNA: MH 76/116.

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By May 1939, a substantial list of personnel was earmarked for East Grinstead and Hill End. At East Grinstead, McIndoe was placed as Plastic Surgeon in Charge with D.N. Matthews as his Assistant Plastic Surgeon; at Hill End, it was Mowlem and Benny Rank respectively. A number of oral and dental surgeons and anaesthetists were also in place at both hospitals.³⁸ On 1st June, Hebb sent Gillies and Fry a memorandum, 'Cases of persons suffering from Maxillo-facial injuries', regarding the evacuation and transfer of facial wound casualties.³⁹ The memo confirmed that three maxillo-facial centres would serve London and the South-East of England at Hill End in Sector 3, Queen Mary's in Sector 8, and The East Grinstead Cottage Hospital in Sector 9. All three centres were made available for civilian and service cases, although Roehampton was 'primarily for Service cases and as far as possible' reserved for those cases. Mobile units were to be organised to give assistance whenever necessary to any of the advanced base hospitals. The memo also confirmed that for geographical reasons, Park Prewett would be the central plastic unit based on the model at Sidcup to which serious cases could be transferred from the centres in England and, in the case of service casualties, direct from abroad.⁴⁰

By July 1939, Gillies was keen for Hebb to grant him and Fry permission to notify the personnel 'unofficially' of their positions. Gillies had found that all the 'most desired anaesthetists' had been placed on several lists and suggested that the Anaesthetists' Association appoint one man to do a similar job to Fry's in placing dental surgeons.⁴¹ Gillies and Fry presumed that Hill End and Roehampton were 'adequately staffed' in relation to

³⁸ 'Memorandum on Maxillo-facial Injuries', 8th May 1939, TNA: MH 76/116.

³⁹ Memorandum, Hebb to Gillies and Fry, 1st June 1939, TNA: MH 76/116. The memo again discussed Category A and Category B patients and their evacuation from first aid posts. Category A cases would be transferred to an advanced base hospital as soon as their condition allowed, while Category B cases would be evacuated to the special jaw centres direct, by-passing the advanced base hospitals. In response to the memo, Hebb and Fry collaborated on a scheme at the beginning of June regarding the early treatment of wounds. After a number of 'alterations and omissions', it appeared that they were 'working on the same lines' and Fry was happy for Hebb to combine their notes. Letter, Fry to Hebb, 1st June, 1939. See also letter, Fry to Hebb, 2nd June, 1939, TNA: MH 76/116.

⁴⁰ Memorandum, Hebb to Gillies and Fry, 1st June 1939, TNA: MH 76/116.

⁴¹ Letter, Gillies to Hebb, 13th July 1939, TNA: MH 76/116.

radiography whereas at East Grinstead there was good equipment but only a visiting radiologist.⁴² The unit at Roehampton was short on dental equipment with only enough for one dental surgeon. Kilner had been asked to contact Fry and apply for equipment for four dental surgeons. For special instruments and materials that the dental and plastic surgeons required, Gillies suggested that 'each man take his own private stores, has an inventory made, and compensation given him subsequently'.⁴³ Hebb was concerned that Gillies and Fry might have misinterpreted the allocation of personnel, and pointed out to Fry that the personnel would not be available for the units immediately but rather they would be earmarked so that they could be ready as soon as the centres were brought into use.⁴⁴

All the senior members of staff at the London units were in place by the early afternoon of 3rd September 1939,⁴⁵ with the exception of Rooksdown House which did not open until February 1940.⁴⁶ Work carried on at the units once the senior members of staff were in place; for example, at Hill End, within less than a month, operating rooms had been improvised and operations begun.⁴⁷ It is quite clear at this early stage that priority lay firmly with the unit at Rooksdown. The three other centres, in particular Hill End and East Grinstead, were not expected to take on the importance they eventually did and become specialist centres in their own right. This is clear from Gillies' proposal to implement a unified plastic service within the four units which, although each unit was to be run autonomously, would allow flexibility and interchange between staff and hospitals. It was also necessary because, according to a memo from Gillies c. December 1939, there were only three experienced senior men available – Kilner, McIndoe and Mowlem – and their experience needed to be maximised.⁴⁸

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Letter, Hebb to Fry, 17th July 1939, TNA: MH 76/116.

⁴⁵ Gillies, 'Plastic Surgery – Introduction', p. 327.

⁴⁶ Hereafter, 'Rooksdown House' and 'Rooksdown' refer to the same place. Similarly, Gillies and Hebb occasionally refer to 'Park Prewett' rather than 'Rooksdown House'.

⁴⁷ Gillies, 'Plastic Surgery – Introduction', p. 327.

⁴⁸ Memo from Gillies, 'Maxillo-Facial Injuries'. The memo is not dated, nor does it state whose attention it is for, but it is referred to in a letter, Lightstone to Hebb, 11th December 1939, TNA: MH 76/116.

Gillies intended therefore that such experience be placed at the disposal of all maxillo-facial cases requiring treatment. The three surgeons would be required 'to deal with all severe cases of maxillo-facial injury' regardless of unit or whether the casualties were service or civilian, because:

Under the present arrangements

- (1) If civilian casualties became great and military minimal – Mr. Kilner's ability would be in abeyance.
- (2) Conversely if Overseas Army cases became numerous and civilian minimal the ability and experience of McIndoe and Mowlem would lie unused.
- (3) If Air Force casualties were great and the others not important McIndoe would get them and the other two would be comparatively idle.⁴⁹

Gillies proposed that all severe facial injuries be dealt with at the headquarters, Park Prewett, with Kilner as the Senior Surgeon and McIndoe and Mowlem as surgeons. Each would have their own team of assistant surgeons, dental surgeons and anaesthetists. As well as their work at Park Prewett, each surgeon would be responsible for the treatment of casualties at their own hospitals – Kilner at Roehampton, McIndoe at East Grinstead, and Mowlem at Hill End.⁵⁰ 'Adequate' permanent staff would be kept at the four hospitals but each team would vary according to its specific needs; for instance, it might happen that 'during a strafe only a skeleton staff would be at the central hospital while the rest of the teams were up at the Clearing Hospitals dealing with emergencies'.⁵¹ Simple jaw fractures would be admitted and treated at Roehampton and the EMS special jaw hospitals, and under normal circumstances would not be sent to Park Prewett.⁵² Gillies also believed that if the Army Medical Service required a Maxillo-facial hospital established in France, it could be organised more readily if the Maxillo-Facial Unit was operating as a unified service. It would

⁴⁹ 'Maxillo-Facial Injuries', TNA: MH 76/116.

⁵⁰ Ibid.

⁵¹ A 'strafe' is an attack by low-flying aircraft on ground targets using automatic weapons, such as machine guns.

⁵² 'Maxillo-Facial Injuries'. TNA: MH 76/116.

also mean that the work of the whole unit, including those working in France, 'could be correlated and selectively examined from time to time. Useful points could be noted and disseminated in the right quarters. In this respect a medical magazine or other type publication of the work done is contemplated'.⁵³

According to Gillies, the Directors General of the Navy, Army, Air Force, Ministry of Health, and Ministry of Pensions agreed with the scheme as it satisfied their own commitments and provided 'for an elastic service for the general good'.⁵⁴ Lightstone and his colleagues at the Ministry of Pensions, however, did not totally agree with Gillies' scheme and were concerned that the plastic unit at Roehampton would be undermined. In a letter to Hebb, dated 11th December 1939, referring to Gillies' memorandum, Lightstone reiterated the position of Roehampton from the Ministry of Pensions standpoint:

In considering the proposals so far as it affects the Ministry of Pensions, it is necessary to bear in mind the intention to concentrate Service cases at Roehampton as far as is possible and this intention is recognised in Ministry of Health instructions and had previously been agreed between the War Office and the Ministry of Pensions. This arrangement was largely based on the fact that at Roehampton there still existed the residuum of the Unit which had dealt with these special cases during and ever since the Great War. The Surgeon, Dental Surgeon and Nursing Staff were still functioning at the beginning of the present war and the Unit, as such, was probably the most experienced in the country. This Unit has now been expanded.⁵⁵

The Ministry of Pensions had no objection to Gillies' scheme as long as the staff at Roehampton remained at the unit and the work at Roehampton was their first priority. Lightstone also asked Hebb whether he agreed with the scheme, to which Hebb responded that it was 'the outcome of the combined work of my consultant adviser and myself. Naturally I do not disagree with it'.⁵⁶ Furthermore, it had been

⁵³ Ibid.

⁵⁴ Ibid.

⁵⁵ Letter, Lightstone to Hebb, 11th December 1939, TNA: MH 76/116.

⁵⁶ Letter, Hebb to Lightstone, 18th December 1939, TNA: MH 76/116.

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generally agreed by the Central Medical War Committee and all those who have any interest in the special treatment of casualties, that the personnel and equipment available for the treatment of the special cases is so limited that there must be a unified scheme throughout the country.

All that Gillies is aiming at is that the same surgeons shall carry through their work from beginning to end on any individual case, and as we know from experience that in many of the cases this is a matter of years, it is of importance that the main centre, which at any rate for the time being will be at Park Prewett because of its potentialities, should be linked up directly with the three units which will probably do most of the initial work.⁵⁷

Hebb attempted to allay Lightstone's concerns further by stating that, after initial treatment and once the patients had returned home for a while, they would probably be sent straight to Park Prewett rather than readmitted to one of the three maxillo-facial centres; this would, however, depend entirely on circumstances. The staff employed at the centres would remain part of the staff at that hospital, particularly in the case of the EMS hospitals, and at this early stage, Hebb foresaw closing down the units at Hill End and East Grinstead at some point and 'passing the whole of their strength on Park Prewett or some comparable institution'. The staff at Roehampton would 'naturally continue to function as a part of that hospital', but, in the meantime, the EMS offered the staff, and the Ministry of Pensions, the facilities at Park Prewett 'gratis and for nothing'. He hoped that this was appreciated.⁵⁸

⁵⁷ Ibid.

⁵⁸ Ibid.

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54. Courtesy of East Grinstead Museum.



55. Queen Victoria Hospital, East Grinstead. Courtesy of East Grinstead Museum.
www.eastgrinsteadmuseum.org.uk/pages/display/qvh_collection

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56. Hill End Asylum, St Albans, c. 1904. Copyright St Albans Museums.
<http://www.stalbansmuseums.org.uk/Media/Images/Hill-End-with-railway>



57. Hill End Asylum, c. 1904. Copyright St Albans Museums.
<http://www.stalbansmuseums.org.uk/Media/Images/Hill-End-Postcard>

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58. Reproduced by permission of English Heritage.
www.english-heritage.org.uk/discover/people-and-places/disability-history/1945-to-the-present-day/disability-rehabilitation-and-work/



59. Courtesy of Queen Mary's Hospital, Roehampton.

Park Prewett/Rooksdown House

Gillies and Fry first visited Park Prewett in September 1939. It was a large psychiatric hospital which, compared to the other ‘old, large, psychiatric hospitals’ of the time, was a ‘comparative new-comer’ opening in 1921.⁵⁹ By the time Gillies and Fry visited, it had been evacuated and taken over by the EMS.⁶⁰ The plan was to provide 2000 beds for civilian and service casualties and for people who were already sick, with special wards for children and obstetric cases. London teaching hospitals were offered wards which they could staff and use for their own patients under the direction of the EMS.⁶¹ These hospitals were St. Mary’s, St. Thomas’s, Westminster, the West London and Tite Street.⁶² Eighteen years later Gillies remembered his and Fry’s first visit to the hospital:

One Sunday in 1939, several days after war was declared, Kelsey Fry and I went commandeering for the final positioning of our country plastic and jaw units. It was reminiscent of the Sunday in 1917 when we had driven up Swanley Hill looking for convalescent beds for Sidcup. We came through Basingstoke to Park Prewett Hospital, and Mr Tivey, the engineer, presented us with a blueprint of the entire grounds. I was especially attracted by the little unit set off by itself with lawns, gardens and encircled by a pine spinney. Rooksdown House, as it was called, had been the private block of the mental hospital but was temporarily being used by the St. Mary’s and Westminster nurses evacuated from London. On this hot summer afternoon we went up to have a look. The door of one of the large central rooms.....was shoved open, and there in somewhat off-

⁵⁹ Smith, *Park Prewett Hospital*, p. 6. Building began c. 1912 and progressed well up to the outbreak of the First World War. Understandably, it slowed thereafter. In 1916, it was decided that the building would be completed ‘as rapidly as possible for use as a military hospital’. By 1917, it was equipped as a 150 bed unit for the Canadian contingents and known as Number Four Canadian General Hospital. The Canadians remained there for just over two years, leaving in June 1919, after which the process of preparing Park Prewett for its original purpose began. *Ibid.*, pp. 8-14.

⁶⁰ According to Smith, all but eighty of the fourteen hundred patients at Park Prewett had been evacuated to hospitals in the West Country, and some as far as Gloucester and Wales, a week before the outbreak of war. *Ibid.*, pp. 28-29. Some stayed and did jobs; for example, the men worked in the bakery and fields, while the women worked in the laundries and as maids. Correspondence from Kay Lawrie (née Waddy), March 2006. Lawrie was a physiotherapist at the hospital. A copy of the manuscript also appeared in *Rooksdown Club Magazine* (thereafter *RCM*), 2007, pp. 15-17, ‘Memories of Rooksdown House Kay Lawrie (nee Waddy) – 1939 to 1945’. Some of the Park Prewett nurses also remained at the hospital and worked under the new EMS arrangements; four male and four female nurses stayed to look after the remaining psychiatric cases, while others worked on the wards. Smith, *Park Prewett Hospital*, p. 29.

⁶¹ *Ibid.*, pp. 28-29.

⁶² *Ibid.* Lawrie also named the London hospitals with the exception of Tite Street. *RCM*, 2007, p. 16.

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duty costume was a bevy of lovely nurses. They looked up and one young lady was heard to sigh, “Ye Gods! A man at last!” Obviously this was the place for our unit.⁶³

By mid-January 1940, Rooksdown was ready to receive cases ‘and except for some minor details’ was ‘fairly well equipped’.⁶⁴ Gillies wrote to Hebb enclosing a list of cases awaiting treatment by surgeons attached to the plastic service. These cases would normally have been treated at Bart’s, St Andrew’s (Dollis Hill), or St James’s but, due to the restriction of beds, it was now impossible to use any of these hospitals. Also, due to the dispersed nature of their work, now that they were attached to the EMS, the surgeons were not so readily available at these hospitals; similarly, the necessary equipment for the work had been ‘earmarked’ or transferred to special hospitals.⁶⁵ Gillies was therefore keen that Hebb consent to allowing civil patients into Rooksdown and, where necessary, to East Grinstead and Hill End. He believed that there was ‘a considerable need to carry on with this civil work while we can; there is need to keep the senior surgeons employed; there is urgent need to train the younger surgeons in this class of work before the rush comes; and finally and particularly there is need to get Park Prewett into working order which can best be done through the admission of actual patients’.⁶⁶ According to Dilys Smith, the unit opened in February 1940 with eight civilian patients.⁶⁷

⁶³ Gillies and Millard, *Principles and Art*, p. 431. Rooksdown House had opened as a private patient block in 1930. It was elegantly furnished and had a recreation hall, billiard rooms and reading rooms. In the grounds outside were tennis courts, croquet lawns and a bowling green. The level of accommodation depended on the price paid per week, the minimum charge being two guineas, but according to Smith, ‘A lot of thought had been given to the division and arrangement of the rooms to suit the various categories of patient according to their mental state so that the less ill were spared the sight of the more seriously ill’. Smith, *Park Prewett Hospital*, p. 27.

⁶⁴ Letter, Gillies to Hebb, 14th January 1940, TNA: MH 76/116. The conversion of Rooksdown House is discussed in detail in Appendix 4 and gives a better understanding of how the units were visited, the correspondence that took place between Gillies, Fry and the Ministry of Health, and the amount of work required to transform the hospital into a plastic surgery unit.

⁶⁵ *Ibid.*

⁶⁶ *Ibid.*

⁶⁷ Smith, *Park Prewett Hospital*, p. 32.

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60. 'Park Prewett Hospital: front entrance, nd [c1915]' HRO (Hampshire Record Office): HPP38/0402



61. 'Park Prewett Hospital: montage of 6 separate shots nd [c1915]' HRO: HPP38/0410

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62. 'Park Prewett Hospital: general view, nd [c1915]' HRO: HPP38/0399



63. 'Park Prewett Hospital: view from Rooksdown, nd [c1915]' HRO: HPP38/0401

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64. 'Park Prewett Hospital: Rookdown House south front, nd [c1915]' HRO: HPP38/0412



65. 'Park Prewett Hospital: Rookdown House entrance, nd [c1915]' HRO: HPP38/0413

All photographs by Terry Hunt (T.H.), courtesy of Hampshire Arts and Museums Service.



66. 'Photograph of the billiard room, Rookdown House 1930s?' HRO: 279M87/F2/8. Courtesy of Hampshire Arts and Museums Service.

The other units

By the end of November 1939, it was confirmed that, as well as the maxillo-facial units covering the London area, units would be established at Shotley Bridge (Newcastle), St James's Hospital, (Leeds), Winford Orthopaedic Hospital (Bristol), Barnesley Hall (Birmingham), Baguley Sanatorium and Broad Green Sanatorium (Manchester and Liverpool).⁶⁸ The first mention of establishing plastic units nationwide appeared in a letter by Fry to Hebb in April 1939. Fry believed that jaw injuries falling into Group B – 'simple jaw injuries' – would far outnumber those in Group A – 'jaw fractures plus extensive soft tissue loss' – and further provision should be made.⁶⁹ As long as the schemes put forward by Gillies and Fry for London were carried out, Fry was 'quite satisfied with the accommodation but...very concerned with the provision made for other parts of the country'. He therefore

⁶⁸ Unsigned memo to Dr. Johnstone, 29th November 1939, TNA: MH 76/116.

⁶⁹ Letter, Fry to Hebb, 28th April 1939, TNA: MH 76/116.

suggested that similar centres be established at Newcastle, Manchester and Liverpool, Birmingham, Leeds, and Bristol; these centres were suitable because they contained dental schools 'which could provide the necessary nucleus for staffing the Hospitals'. Fry earmarked the personnel that could work at the various centres.⁷⁰ If the recommendations were approved by the Ministry of Health, Fry intended to visit seven of the 'larger provincial towns' to sort out arrangements. Hebb was wary of the expense that establishing such units might incur. He stated:

I was only proposing that such organisations as you or the other Specialists thought were necessary should be set up within existing institutions utilising available facilities. I do not want the idea to get abroad that we propose in any way to set up elaborate special units in connection with all big towns, and I do not think that this is your idea either....In principle, of course, the treatment of all civilian casualties is in the hands of existing hospitals to be carried on much the same as in peace-time. In the case, however, of London it is a different problem because we have had to wholly or partly shut down so many central institutions as to make it necessary for us to have the special arrangements which have been designed. This of course does not preclude any big towns modelling out of their existing facilities a scheme which is comparable to the larger one in London.⁷¹

Fry spent a week in June 1939 visiting the units at Newcastle, Leeds, Manchester (the Liverpool authorities were also present at the Manchester visit as arranged by the Manchester Hospital Officer), and Birmingham. He found that each centre had tried to put together a scheme but was waiting for the Ministry of Health to take the lead before proceeding. It was proposed that each town allocate 50 beds at one base hospital and ' earmark a staff of one plastic surgeon, one dental man with a medical qualification and three dental surgeons, all of whom have had previous experience in this particular type of work and who would be prepared to place their services at the disposal of the Ministry of Health should a national

⁷⁰ Ibid.

⁷¹ Letter, Hebb to Fry, 8th June 1939, TNA: MH 76/116.

emergency arise'.⁷² Having advised on the most suitable men in the various districts, Fry assisted in making contact with them. At each centre, plans were afoot to utilise existing facilities and for the necessary equipment to be loaned by the dental schools, and for expansion if necessary. Fry was 'quite satisfied' that the towns were 'prepared with schemes for use in case of emergency and would after a short interval be ready with adequate jaw centres'.⁷³ Referring to the proposed unit at Birmingham, Hebb again pointed out that no specialty could take priority in the allocation of beds. He stated that it was not 'desirable that any specific number of beds should be set aside for any specialty, since this always means a waste of beds, which we could not afford. Cases would normally be admitted, and when there were sufficient, they would be segregated in wards in the same way as will happen in all other types of cases'.⁷⁴ There was also no question of setting up a special theatre in the hospital; instead there would be 800 beds in huts and 'a theatre with at least five tables'. The special staff would be built up as and when required and the requirements for the dental work would have to be a part of the adaptation of the institution.⁷⁵

The units were visited again in November/December 1939. Gillies visited Shotley Bridge, Newcastle, on his own in November and submitted a letter/report of his findings to the Ministry of Health.⁷⁶ In mid-December, Gillies and Fry visited the Regional Hospital Officers of the other units, travelling by car to Birmingham on the Friday, Manchester on the Monday, Leeds and Nottingham on the Tuesday, and Cambridge on the Wednesday before returning to London in the evening.⁷⁷ A nine page report was submitted by Fry in January 1940 regarding the various units/ regions that were visited. Outposts were also suggested at a number of the regions; for example, in Region 3, outposts were suggested at Nottingham,

⁷² Letter, Fry to Hebb, 30th June 1939, TNA: MH 76/116.

⁷³ Ibid.

⁷⁴ Letter, Hebb to Colonel A.B. Ward, 4th August 1939, TNA: MH 76/116.

⁷⁵ Ibid.

⁷⁶ Letter/Report, Gillies to Hebb, 23rd November 1939, TNA: MH 76/116.

⁷⁷ Letter, Gillies to Hebb, 5th December 1939, TNA: MH 76/116.

Derby, Leicester, Northampton and Peterborough, rather than having a central Maxillo-Facial Centre in the area. Similarly, in Region 7, they were suggested at Exeter, Weymouth and Plymouth if suitable personnel could be found.⁷⁸

As the units and plastic service as a whole began to get established in 1940, Gillies was keen that all the units receive the same training in radiology, and that a unified form of record taking be used throughout.⁷⁹ The Medical Research Council (MRC) wrote to Fraser in June 1940 enclosing a specimen form, the M.R.C.200, for Gillies and his colleagues to record maxillo-facial cases;⁸⁰ these were in addition to the standard M.P.C.47 forms. Gillies informed Fraser that each unit should be supplied with the MRC forms and the ‘cellophane gadgets’ used to file them. When cases were complete, the records were to be filed at Rooksdow House and cross indexed to facilitate research.⁸¹ All x-ray films had to be sent to Rossall with the M.P.C. 47 forms, as the Ministry of Pensions wanted the x-rays to remain part of the full records of the injured servicemen for pensions purposes.⁸² Gillies and McIndoe were keen for the films to be retained at Rooksdow but despite their pleas and those of Murchie at the Ministry of Health who argued that it was ‘essential for the research work’,⁸³ the Ministry of Pensions felt that the x-rays should remain part of the normal records (MPC 47 forms). They would lend them to Park Prewett or any other unit if required.⁸⁴ Other issues being discussed c. 1940 were the transfer of ‘normal sick’ patients from civil hospitals and who was responsible for covering the costs of such transfers, and the use of ‘distinctive

⁷⁸ Report, Fry to Hebb, 10th January 1940, TNA: MH 76/116.

⁷⁹ Letter, Dr. Graham Hodgson to Fraser, 26th June 1940, TNA: MH 76/116.

⁸⁰ Letter, MRC to Fraser, 17th June 1940, TNA: MH 76/116.

⁸¹ Letter, Gillies to Fraser, 16th July 1940, TNA: MH 76/116.

⁸² Rossall was a public school that was requisitioned by the government during the Second World War. Departments of the Ministry of Pensions were placed on the campus along with those of the Office of Works and Board of Education. http://en.wikipedia.org/wiki/Rossall_School

⁸³ Letter, Murchie to Ely, 21st August 1940, TNA: MH 76/116. For an example of Form M.R.C. 200, see photograph of James Russell’s case notes on p. 166 of this thesis.

⁸⁴ Letter, Ministry of Pensions to Murchie, 24th August 1940, TNA: MH 76/116.

labels', according to injuries, for those service casualties evacuated from overseas, to ensure they arrived at the correct hospital.⁸⁵

The work of Gillies and Fry at this early stage is clearly evident and, except for a few cases, such as an 'apathetic' surgeon at Leeds and the appointment of regional dental officers to advise Hospital Officers on dental matters which had led to difficult situations, there is a sense that people within the burgeoning service were cooperating.⁸⁶ As the war progressed, the plastic service continued to develop under the supervision of Gillies and Fry. Despite the obvious progress that was made throughout the period, one also senses the urgent need to keep on top of things as more and more casualties required treatment. Gillies appears initially to have seen his role as overseeing the whole plastic organisation, but, with the increasing number of casualties, he spent more time at Rooksdown 'where, besides the occasional burned airman, the wards were filled with Marine, Navy and Army wounded. There was also the growing toll of civilian casualties'.⁸⁷

The distribution of casualties

A particular concern throughout the war was the uneven distribution of casualties to the units. As early as May 1940, Gillies was concerned that East Grinstead was receiving too many Air Force cases and recommended that casualties be admitted to Park Prewett or Hill End.⁸⁸ He was keen to 'get a smaller stock to evacuate' from East Grinstead, and to free up the hospital 'for the immediate treatment of air raid or invasion casualties'.⁸⁹ Similarly, in October 1941, the 'old question' of accommodation for maxillo-facial cases in the London area was still acute at East Grinstead. It had been suggested that a further ward could be opened at

⁸⁵ Letters, Hebb to Gillies, 10th February 1940, and Major W. Ross to all service heads, 27th May 1940, TNA: MH 76/116.

⁸⁶ Report, Fry to Hebb, 10th January 1940, TNA: MH 76/116.

⁸⁷ Gillies and Millard, *Principles and Art*, pp. 432-433.

⁸⁸ Note, Gillies to Fairbank, 10th June 1940, TNA: MH 76/116.

⁸⁹ *Ibid.*

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Basingstoke which ‘On paper’ would have provided the necessary beds, but by this stage, East Grinstead had made ‘such a name for itself’ and was ‘so strongly supported by the Services’ that cases were frequently referred there.⁹⁰ According to Fry, it was a case of ‘The old problem....of a ‘popular staff collecting a big clientele’’.⁹¹ The centre had become the post graduate school for all the services with ‘continual classes consisting of 4 Navy, 4 Army and 4 RAF Officers’. In such circumstances, the staff at East Grinstead were ‘naturally anxious for plenty of clinical material’.⁹²

Rooksdown House		Operations, Sept. 1940 to Feb. 28th 1941 East Grinstead		St Albans.	
H.D.G.....	180	A.H.M.....	405	R.M.	436
Oldfield.....	125	Eckhoff.....	164	Rank.....	106
Converse.....	76	Matthews.....	89	Baron.....	57
McIndoe.....	6			Grocott.....	26
Mowlem.....	9				
Cuthbert.....	112				
Jayes.....	25				
Keating.....	32				
Murchison.....	23			Murchison.....	15
Other surgeons..	20				
(Roy, Wallace, Gordon, Champion Gaborro &c)					
TOTAL PLASTIC OPNS	586	TOTAL PLASTIC OPNS	658	TOTAL PLASTIC OPNS	640
Major Dental	32			Major Dental	43
Minor Dental	35			Minor Dental	42
Total Dental Opns	67			Total Dental Opns	85
TOTAL OPNS	653			TOTAL OPNS	725

67. ‘Operations Sept. 1940 to Feb. 28th 1941’, TNA: MH 76/116. All photographs of correspondence from TNA: MH 76/116, courtesy of TNA, UK.

⁹⁰ Letter, Fry to Fraser, 20th October 1941, TNA: MH 76/116.

⁹¹ Ibid.

⁹² Ibid.

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It was also agreed that of the 10 plastic and maxillo-facial centres listed in the EMS Red Book (the EMS directory), only the four London units and those at Shotley Bridge (Newcastle) and Baguley (Manchester) were capable of dealing with both plastic and jaw cases.⁹³ The concern was that the four London centres which were kept ‘fully occupied in quiet times’ would be unable to meet the increased work with the onset of ‘active warfare’. The proposed increase of 100 beds at Park Prewett and the ‘fuller use’ of Shotley Bridge and Baguley would possibly meet the demands but the other four provincial centres, although well-staffed for jaw work, were not suitable for plastic work.⁹⁴ The provincial hospitals were also ‘in the habit’ of sending all ‘difficult plastic cases’ to Rooksdown. A better distribution of patients would be ‘more economical in beds’ and provide more experience for the plastic surgeons at Shotley Bridge and Baguley, thus increasing ‘the skill of the surgeons there’. It was agreed that casualties be more evenly distributed through Hospital Officers and Mr Francau, joint Group Officer of Sector 7, checking the method of direct transfer, the first step being to find out how many beds were occupied at the various centres. It was also suggested that a concerted effort be made through Hospital and Group Officers to find young surgeons keen to be trained in plastic surgery. These would then be posted for training at one of the four London units.⁹⁵

Understandably, with the growing number of casualties, there were waiting lists at some of the units. In November 1941, a print-out, ‘Waiting Lists at Facio-Maxillary Centres’, showed the categories and numbers of patients awaiting treatment at the three London units (illus. 68). Gillies tried to counteract this at Rooksdown through discharging patients to their homes or convalescent accommodation to make beds available for more urgent cases. A note from Gillies to Fraser in January 1942, reflecting ‘a typical day at Rooksdown’, gives an idea of how beds were freed up at the unit (illus. 69). For Fraser, the casualty waiting lists

⁹³ Memo from Fraser, 31st October 1941, TNA: MH 76/116. It does not state who the memo is to.

⁹⁴ *Ibid.*

⁹⁵ *Ibid.*

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indicated that not enough men were being trained in plastic surgery to a high standard. Gillies pointed out to Fraser that progress had been made in this area since the start of the war.

Although polite in his reply, one can sense his annoyance. He felt that Fraser had ‘not quite got the situation clear... We start the war with five experienced surgeons, namely Wardill, Kilner, McIndoe, Mowlem, Gillies. You may now safely add to these Oldfield, Sankey, Grocott, Barron, Cuthbert, Battle, Jeyes, Eckhoff, Champion, Heanley’. Gillies referred to the Battle of the Somme when two thousand severe jaw and face injuries arrived in Southampton for two hundred beds. In his opinion, ‘all the plastic surgeons in the world could not have dealt with that kind of casualty list’. The final repairs of the more serious cases during the present war would have to be postponed until quieter times. Gillies had always visualised this ‘as the practical way of dealing with the war situation’. He informed Fraser that the burn situation was well under control, and referred to those surgeons who, by attending clinics and lectures given by the units, had ‘learnt enough to look after the primary graftings and to see the problems from the plastic point of view’.⁹⁶ He added in a post-script that many of the dental surgeons attached to the units were also ‘perfectly capable’ of taking on the primary treatment of injuries, particularly when the jaw was fractured, which added ‘very materially to our personnel’.⁹⁷ It was felt that a fairer distribution of cases would also ease the problem.

⁹⁶ Letter, Gillies to Fraser, 10th February 1942, TNA: MH 76/116.

⁹⁷ *Ibid.*

Mr. Hunter go with the papers on Kelsey Day's
proposals and the minutes of our discussion here
M.B.

Waiting Lists at Facio- Maxillary Centres.

Hospital.	Service cases.	Air raid casualties.	Civil Sick.	Total beds available.
Hill End	0	0	27	148
Rooksdown House	1	4	22*	200
East Grinstead [♠]	39	17	29	170

* 11 are awaiting for the return of Sir H. Gillies.

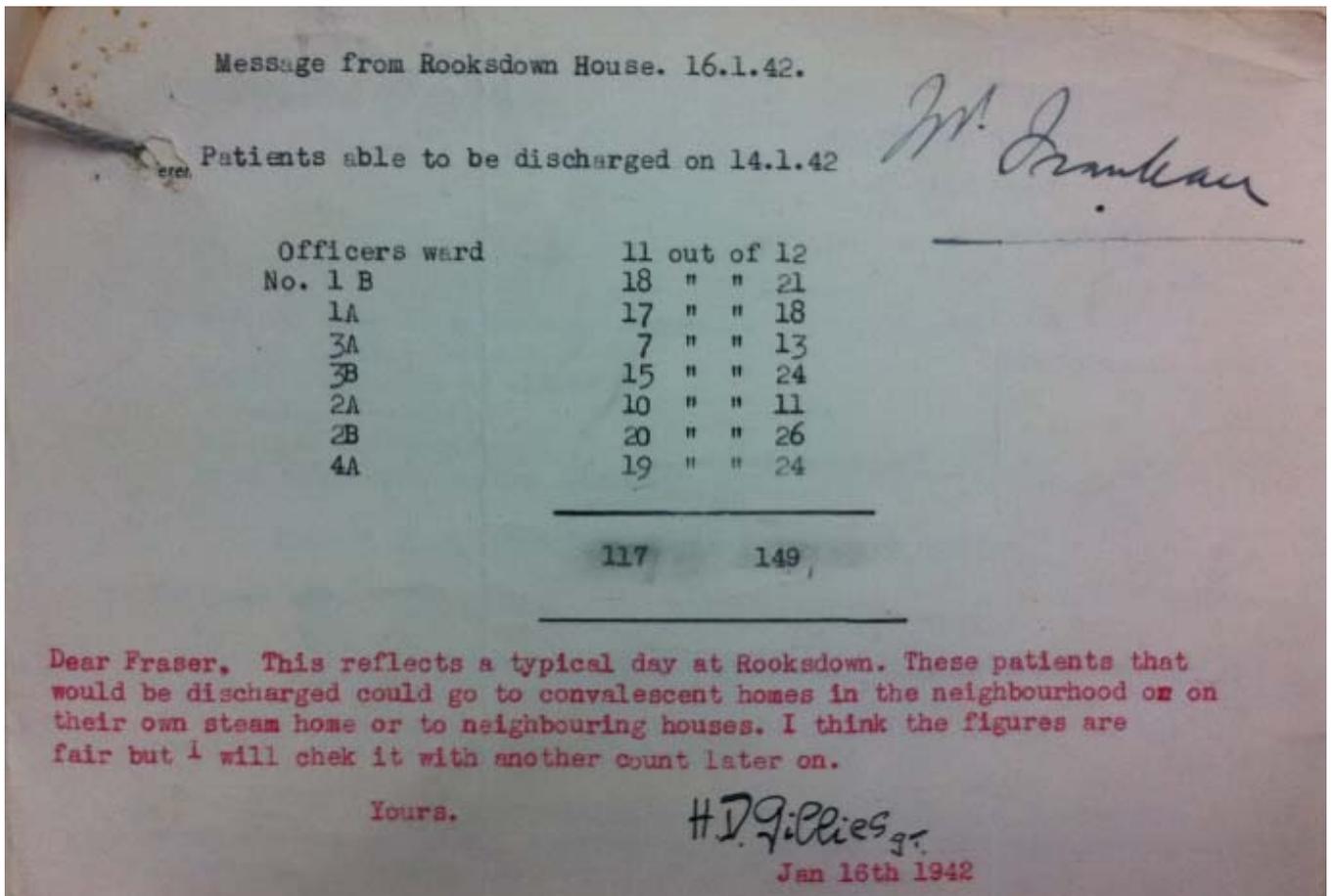
♠ A considerable proportion of these cases are waiting for re-admission for second stage operations etc.

G. 18/11/41

Dr. Hunter is trying to find an annex to East Grinstead where cases still undergoing active treatment may be housed. Alternatively it may be possible to build further ward accommodation in the hospital grounds by means of local material & labour that is not available for work in other parts of the country. Dr. Hunter is to report on this.

R.J. 18.11.41

68. 'Waiting Lists at Facio-Maxillary Centres', TNA: MH 76/116. Hand-written note states date as 18/11/41.



69. Letter, Gillies to Fraser, 16th January 1942, TNA: MH 76/116.

In April 1942, Fraser sent Gillies and Fry a draft of a proposed instruction on the ‘altered arrangements for admission to the Special Centres for Plastic Surgery and Jaw Injuries’. He was keen that the distribution of cases now be supervised through the Ministry of Health at Whitehall rather than by the ‘Regional people’.⁹⁸ Fry wanted clarification from Fraser as to whether Commanding Officers (C.O.s) of service units would be able to continue sending cases to a special centre that was not necessarily the nearest ‘without first referring to headquarters’. He again referred to the ‘very close liaison’ between East Grinstead and the RAF, to whom he and McIndoe were consultants, which had been built up largely by the post graduate classes taking place at East Grinstead over the previous two years. According to Fry,

⁹⁸ Letter, Fraser to Gillies and Fry, 16th April 1942, TNA: MH 76/116.

it was 'only natural' that men who had attended the classes wanted to send their cases back to the hospital. During the 'lull' of the previous six months, East Grinstead, owing to its geographical position, had received very few cases from the adjoining sectors and been dependent on patients received through men who had attended the classes.⁹⁹

Following the D-Day campaign in June/July 1944,¹⁰⁰ Gillies again suggested diverting work to less busy places, such as Stoke on Trent (where there was 'a first class plastic surgeon doing very little'), Broad Green and possibly St Albans and Stoke Mandeville.¹⁰¹ He also felt that at Rooksdown they were still 'quite able to deal with the heavy cases from Airvac' but the situation in all the other units would be greatly relieved if the heavy cases, unlikely to be of use to the Army for some considerable time, could be sent home after preliminary treatment. Although this was 'a pet hobby' of Gillies, which had 'worked admirably in the last war', he had failed to get any support for it this time. He could make 'an extremely good case for it' and had been trying to get the War Office to agree; a push from the Ministry of Health to the War Office at this time 'might possibly influence them'. In Gillies' opinion, if the same number of casualties occurred in the next three months as since D Day, the 'heavy cases' would have to be put 'into cold storage'. He again referred to the Battle of the Somme where the two thousand cases, admitted over ten days, 'took about three years to collect for their definitive treatment'.¹⁰² The following statistics accompanied the letter:

⁹⁹ Letter, Fry to Fraser, 20th April 1942, TNA: MH 76/116.

¹⁰⁰ For detailed accounts of the D Day landings and Normandy campaign, see A. Beevor, *D-Day: The Battle for Normandy* (London, 2012; first published in 2009). See also M. Hastings, *Overlord – D Day and the Battle for Normandy* (London, 1984). 'Overlord' was the overall codename for the allied invasion of occupied north-west Europe.

¹⁰¹ Letter, Gillies to Murchie, 're Bed states in Units', 15th September 1944, TNA: MH 76/116. The unit at Stoke Mandeville is discussed on pp. 147-148 of this thesis.

¹⁰² *Ibid.*

14D, HARLEY STREET,
LONDON, W. 1.

TELEPHONE: WELBECK 4444. TELEGRAMS AND CABLES:
"PLASTISURG," LONDON.

September 15th 1944

The number of patients in the various units is shown from recent returns to be as follows:-

	TOTAL	Army	Navy	RAF
SHOTLEY BRIDGE	105	89	3	2
LEEDS.....	100	73	4	2
BARNESLEY HALL.	157	149	3	2
BAGULEY.....	138			
BROAD GREEN...	35	18	3	0
STOKE On TRENT	25	13	0	0
EAST GRINSTEAD	162	45	5	66
ST ALBANS.....	103	32	3	0
ROOKSDOWN.....	150	109	24	7
STOKE MANDEVILLE	no return received.			
GLOUCESTER.....	no return recently.			

70. Enclosed with letter, Gillies to Murchie, 15th September 1944, TNA: MH 76/116.

Murchie appears to have conveyed Gillies' thoughts to another employee in the Ministry of Health, as he received an undated reply, although it does not state the name or department of the sender. The writer felt that Murchie's letter was 'not easy to understand' and did not see how the cases could be diverted easily, as the normal clearance circuit of

trains from the coast and the airfields could not be varied to suit individual cases. Also, other ranks still on the active list could not be given indefinite leave to their homes under existing rules, and the writer was doubtful whether 'this Ministry could persuade the War Office to make any variation'. He did feel that the transfer of ambulant cases to hospitals near their homes, which was about to be reinstated, might help to distribute cases more fairly.¹⁰³

More units

Another possible solution to the problem of overcrowding was the establishment of more units and the development of existing units. The most notable new unit was at Stoke Mandeville. Statistics of the work carried out at Queen Mary's, Roehampton, were not given for the period September 1940 to February 1941, as they were with the other units,¹⁰⁴ but during October/November 1940, plans were discussed between the Ministries of Health and Pensions regarding the hospital's evacuation in case of emergency and a possible transfer to Stoke Mandeville in Aylesbury. It was felt that Roehampton was too close to London, and as there were no other Ministry of Pensions hospitals in the London Region, there was concern that 'many complications would arise' if Ministry of Pensions staff were transferred to a hospital that was not under their own administration. It was suggested that Stoke Mandeville be earmarked as the hospital to which the Roehampton staff and equipment be evacuated. The hospital was also recommended as a suitable replacement for Roehampton if evacuation became necessary as it already had dental rooms 'and would provide good alternative accommodation'.¹⁰⁵ Murchie agreed to both proposals.¹⁰⁶ The unit at Stoke Mandeville

¹⁰³ Letter to Murchie, c. September 1944. It is difficult to decipher but in pencil it states something along the lines of: 'Discussed at (morning) meeting and agreed that further discussions could await the D.G.'s return/ Sir Harold Gillies is away about 10.10.44'. TNA: MH 76/116.

¹⁰⁴ Letter, Gillies to Fraser with figures enclosed, 3rd April 1941, TNA: MH 76/116.

¹⁰⁵ Letter, J.F.E. Prideaux, Ministry of Pensions, Medical Services Division, Norcross, Blackpool, to Murchie, 30th October 1940, TNA: MH 76/116.

¹⁰⁶ Letter, Murchie to Prideaux, 5th November 1940, TNA: MH 76/116.

opened in January 1941, although it did not start functioning as a proper plastic unit until May 1942.¹⁰⁷

Gillies and Fry continued to visit the other units, and potential new units, across Britain throughout the war and submitted reports of their findings. Their advice was generally acted upon by the Ministry of Health. For example, a new Plastic and Jaw Injury Centre opened at Gloucester City Hospital in September 1943,¹⁰⁸ replacing the Jaw Centre at Cheltenham Emergency Hospital which was deemed inadequate.¹⁰⁹ Similarly, following visits to the units at Manchester and Liverpool and subsequent report in October 1943, it was decided that Broad Green, Liverpool, be upgraded to a plastic and jaw centre.¹¹⁰ It would seem, however, certainly post D-Day, that progress in the development of some units was restricted due to a shortage of full-time plastic surgeons. Fry visited the units, with the exception of Gloucester, in October 1944, accompanied by the Army's newly appointed Consulting Dental Surgeon, Brigadier Broderick. In his report, Fry stated that it was 'a great pity that all the Centres have not got a full time plastic surgeon, as it was obvious that the work was being held up on this account'.¹¹¹ Following a meeting in November to discuss Fry's letter and report, it was agreed to explore the possibility of increasing the beds at Stoke by around 40 (as suggested by Gillies earlier) by reallocating EMS beds rather than encroaching on civilian beds. It was also agreed to explore the question of opening further plastic surgery units as there would be an increasing demand, although this could only be

¹⁰⁷ Letter, Boldero to Fry, 27th March 1942, TNA: MH 76/116. The letter states that the Ministry of Pensions had agreed to the centre opening on 1st May 1942. From November 1941, it was acknowledged that the unit was not working to anywhere near its full capacity and much discussion followed as to how to maximise its potential. Since its opening, it had not admitted any Ministry of Pensions cases and throughout the year had struggled to admit any civilian cases. Letters, Murchie to Prideaux, 5th November 1940, and Graham Humby to Murchie, 30th November 1941, TNA: MH 76/116. Humby's letter is written on headed paper from 'The Hospital for Sick Children, Great Ormond Street' where he was an EMS Surgeon and Surgical Assistant to the hospital. G. Humby, 'A one-stage operation for hypospadias', *British Journal of Surgery*, 29 (1941), p. 84. The hospital was designated a Casualty Clearing Station for all ages on 3rd September 1939.

<http://adc.bmj.com/content/82/1/84.full>

¹⁰⁸ 'Memorandum regarding amendment to Section X, Para.36 of E.M.S. Instructions, Part I (Plastic and Facio-maxillary Special Centres), 7th September 1943, TNA: MH 76/116.

¹⁰⁹ 'Minute Sheet', September 1943, TNA: MH 76/116. It does not state who the minute sheet is written by.

¹¹⁰ Letter, Fraser to Gillies, 15th November 1943, TNA: MH 76/116.

¹¹¹ Report of tour to plastic surgery units, 23rd October 1943, TNA: MH 76/116.

done if more experienced surgeons were found. It was suggested that Barron at Hill End and Jayes at East Grinstead were 'quite fit to have Centres of their own', and that Ronkswood would be a good place for a new centre.¹¹² It was also felt that at Broad Green, the surgeon, Osborne, was not being fully used; if he could give more time to the unit, he was 'quite able to have charge of beds and cases on his own' which would increase the work there. Finally, it was agreed that East Grinstead and Hill End be warned that they would be receiving battle casualties and should be prepared to cut down their admissions of civilian cases other than traumatic.¹¹³ From late 1944, there is much correspondence about the proposed unit at Ronkswood Ministry of Pensions Hospital, near Birmingham, but after consultation, particularly from early 1945, the Ministry of Pensions decided that setting up another plastic unit for the treatment of pensioners was not justified, although if there was a future change of policy, it would 'reconsider the question'. The unit never opened. The Ministry explored the position with Kilner and estimated its 'future requirements' in the light of its experience after the First World War.¹¹⁴ Presumably, as the war in Europe had just ended, it was felt that there was no need for another unit.

The training of service personnel

Although there was a shortage of full-time plastic surgeons, accentuated by the increasing number of casualties, much training of service and civilian personnel still took place. This was another means of alleviating pressure on the home units as well as increasing the number of plastic surgeons within the specialty. These were trained early on at Rooksdown, Hill End

¹¹² Minutes, 'Facio-maxillary Centres', November 1944, TNA: MH 76/116. There is no date but the minutes refer to a meeting which took place on 8th November to discuss 'Mr. Fry's letter of October 23rd' and report on his visit to the Special Centres.'

¹¹³ Minutes, 'Facio-maxillary Centres', November 1944, TNA: MH 76/116. Broderick also wrote a report of his tour with Fry which gives an indication of what the three main centres were doing. For example, he commented that Hill End had no battle casualties due to its geographical position, although it was expected to receive some soon; he also referred to the teaching at East Grinstead. Report by Brigadier Broderick, Consulting Dental Surgeon to the Army at Home, 19th October 1944, TNA: MH 76/116.

¹¹⁴ Letter, Prideaux to Fraser, 28th May 1945, TNA: MH 76/116.

and East Grinstead, and this continued for the duration of the war and thereafter. Although there is a considerable gap in the correspondence from late July 1940 to May 1943 regarding training, the available information provides an idea of the logistics of such arrangements, including how contact was initially made and by whom, which departments were involved, how long courses were and how accommodation was arranged. Training of naval personnel, for example, was first discussed in December 1939 when the Medical Department of the Navy enquired whether the 'Ministry of Health Special Centres' would receive naval cases, as it did not anticipate the number of maxillo-facial cases to justify the establishment of specialist centres in its own hospitals.¹¹⁵ Hebb confirmed that 'it had been generally anticipated under the Ministry of Health scheme that the three Services would use the facilities' afforded by the centres and that the offer was open to Royal Navy Hospitals to transfer any naval cases of maxillo-facial, head, chest, or orthopaedic cases to one of the EMS special centres.¹¹⁶ In July 1940, Gillies informed Murchie that he had written to the Medical Director General Royal Navy suggesting that surgical and dental Navy personnel be chosen by the Navy to be attached to Rookdown House for two reasons: '(1) to receive training at our hands so that the regular Naval personnel would be of use to the Navy after hostilities, and (2) that this same personnel could treat naval cases under our direction'.¹¹⁷ Surgeon-Captain Tarley from the Royal Navy Medical Department replied in July 1940 confirming that Dr E.H. Murchison would be available for training in plastic surgery in August.¹¹⁸ Tarley also enquired what facilities Murchison, who had spent the last three months training in orthopaedic surgery, could expect and who would be training him. The letter also stated that other medical officers could be selected in due course at a later date. Gillies outlined the training available to naval personnel in a letter to Murchie:

¹¹⁵ Letter, Medical Department of the Navy to Hebb, 7th December 1939, TNA: MH 76/116.

¹¹⁶ Letter, Hebb to the Medical Director of the Navy, Admiralty, 14th December 1939, TNA: MH 76/116.

¹¹⁷ Letter, Gillies to Murchie, 24th July 1940, TNA: MH 76/116.

¹¹⁸ Letter, Surgeon-Captain Tarley to Gillies, 25th July 1940, TNA: MH 76/116.

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The facilities which we can grant him are that he should attend the main operative periods on Mondays at St Albans, Wednesdays at East Grinstead, and Fridays at Rooksdown House; that he should base himself at Rooksdown House and all Naval cases requiring this work should be placed under him at that hospital, that he should have control of them with the advice and assistance of the surgeon in charge; that as much assisting and performance of operations that is available should be given to him with the idea of giving him types of operations to undertake. If Professor Fraser is agreeable that we should train this Naval Officer in plastic surgery perhaps he would be so good as to send an official acceptance of the proposal to the M.D.G.¹¹⁹

Gillies also felt that the attachment of a similar army section to the unit was 'the best way to further the cooperation which has been recently advocated in Memoranda'.¹²⁰

Referring to the temporary attachment of Major Oldfield to Rooksdown, Gillies stated that it had 'borne fruit, and if desired his appointment might be used as the thin edge of a wedge for creation of an Army section'.¹²¹ Again, although there is much correspondence about arrangements for such training from 1943, it clearly took place earlier. Indeed, as British forces became involved in overseas campaigns in the early 1940s, it became necessary to organise Maxillo-Facial Service Units (MFSU) to serve at the various fronts. Surgeons were trained at Rooksdown and other hospitals before taking units to the battle zones. MFSU No.1, for example, worked in France, Alexandria and later on the east coast of Italy treating Yugoslav partisans and victims of ammunition ship explosions at Bari; MFSU No.2 went to Cairo. Both units treated casualties injured in the desert fighting and sent back to Rooksdown those who could not be returned to battle. MFSU No.3 went to India to receive casualties from the Burma front; MFSU No.4 to North Africa in 1942 to treat Tunisian casualties before

¹¹⁹ Letter, Gillies to Murchie, 29th July 1940, TNA: MH 76/116.

¹²⁰ Letter, Gillies to Murchie, 24th July 1940, TNA: MH 76/116.

¹²¹ Ibid.

moving to the west coast of Italy to treat the many wounded in the fighting through Cassino.¹²² Gillies kept in contact with the surgeons through letters,

not only to cheer them up with interesting plastic thoughts, but in order that their needs could be acted upon immediately at Headquarters. For instance, Clarkson wrote about the condition of wounds that were being left open when they should be grafted. This precipitated a brochure for the early closure of war wounds and Clarkson was later able to report that out of 3000 face and jaw cases, 82 per cent were returned to the battle theatre without having to return to England. About the same percentage of burns returned to duty, as only 20 per cent had to be evacuated to the home units.¹²³

Gillies eventually persuaded the War Office to let them train personnel from the RAMC as teams, consisting of 'surgeons, anaesthetists, nurses and orderlies'.¹²⁴ The first unit to be trained in this way was MFSU No. 5 which joined the British Liberation Army and saw service from D-Day onwards.¹²⁵ MFSU No.6 was also initially trained at Rooksdown before continuing with Mowlem at Hill End. Both units went to the D-Day beaches and, according to Gillies, were sending casualties to Rooksdown from Normandy twelve hours after the landing.¹²⁶ Of the six Foreign Plastic Service Units formed, Units 2, 4, and 5 were formed at Rooksdown in 1940, 1942 and 1944 respectively, while Units 1, 3 and 6 were formed in Alexandria (1941), Aldershot (1942) and Hill End (1944) respectively.¹²⁷ The work of these units had a huge bearing on the surgery that casualties received at the home units. As is evident from some of their testimonies, a number of Rooksdown Club members received

¹²² Gillies and Millard, *Principles and Art*, pp. 433-434. For a detailed account of British and US involvement in the North African campaign, see James Holland, *Together We Stand - Turning the Tide in the West: North Africa 1942-1943* (London, 2005).

¹²³ Gillies and Millard, *Principles and Art*, pp. 433-434.

¹²⁴ *Ibid.*

¹²⁵ *Ibid.* See also Bowen, 'Rooksdown House, Basingstoke', pp. 7-9. For a nurse's account of what it was like working with M.F.S.U. No. 5, see Brenda McBryde, *A Nurse's War* (London, 1980), pp. 137-143.

¹²⁶ Gillies and Millard, *Principles and Art*, pp. 434-435. For a detailed account of the foreign plastic service units during the Second World War, see Battle, 'War History of Plastic Surgery in the Army', pp. 342-359.

¹²⁷ *Ibid.*

treatment at the different battle zones before being sent home which certainly aided their recovery.¹²⁸

Overall, although there were still officers' wards, the medical treatment for service patients was the same at the plastic surgery units. As stated previously, the Medical Directors General of the three armed forces were happy with the scheme submitted by Gillies c. December 1939, whereby casualties from the three services received the same treatment at the EMS hospitals.¹²⁹ Surgical and dental personnel from all the services were also trained at the main units, so that they could look after their own patients under the direction of Gillies and other surgeons. However, that that was as far as the relationship between the different services went. Similarly with rehabilitation, which is discussed in Chapter Four, responsibility fell with the unit and not the service, with the exception of most RAF casualties.

The establishment of the plastic service during the Second World War was a major success and finally got plastic surgery recognised as a specialty on a national scale. The work of Gillies and Fry deserves special mention because of their commitment and effort, at the start of the war and throughout. Arguably, Gillies was on something of a crusade and possibly had his eye on the bigger picture beyond the Second World War, seeing this as an opportunity to get plastic surgery established after such a struggle during the interwar period.¹³⁰ Nevertheless, the correspondence gives a real sense of the work and effort that he

¹²⁸ See pp. 169, 172-173 and 176 of this thesis.

¹²⁹ See p. 125. According to Anderson, although the RAF 'embraced the centralised system of care that became a hallmark of British military medical treatment during the war...those in the RAF were moved to special hospitals as soon as they transferred, usually within ten days.' Anderson, *War, disability and rehabilitation in Britain*, p. 104. It should be noted that not all RAF patients were moved to RAF hospitals/rehabilitation units. At Rookdown, for example, as discussed in Chapter Four, Gillies refers to 'burned pilots and soldiers' sunning themselves on the front lawn. See p. 276; see also illus. 148 which shows Gillies talking with RAF patients in the grounds of Rookdown.

¹³⁰ One gets an idea of Gillies' excitement in a letter to Murchie in July 1940 regarding the training of service personnel. Although concerned that casualties were not being evenly distributed at this time, he was clearly enthused by the way the plastic service was growing and at last getting established in Britain. In a post script at the end of the letter, he stated: 'What fun we shall have with all these different Services and we only want to add the East and West of Scotland to have a real good party!' Letter, Gillies to Murchie, 24th July 1940, TNA: MH

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and Fry put in and the challenges they faced with the increasing number of casualties. They were certainly supported by the Ministry of Health who, although cautious at times with the allocation of funding, was generally sympathetic to the requests of its two Consultant Advisors. Understandably, the service was not without its issues/problems; for example, staff at the Ministry of Pensions were not particularly cooperative as they pushed hard for their surgeons and medical staff to deal only with service casualties; there was also an unacceptable lowering of standards in the dental treatment of service casualties which was a major concern for Fry c. 1941.¹³¹ Rehabilitation could also have been improved and was not as good as at Sidcup.¹³² Regardless of such issues, exceptional work took place at the units, particularly around London, which helped re-build thousands of shattered lives, both service and civilian.

76/116. Gillies visited Scotland in 1940 and 1942. The report concerning his visit in 1940 has no title but is dated 8th November 1940. His 'Report on visit to Scotland' in 1942 is not dated but specific dates given on an itinerary state that the visit took place from 10th-15th March 1942, TNA: MH 76/116.

¹³¹ Memorandum, 'E.M.S. Dental Arrangements', with covering letter from Mahoney to Fraser, 31st October 1941, TNA: MH 76/116.

¹³² This is discussed further on pp. 230-239 of this thesis.

CHAPTER THREE

Rooksdown House: A case-study

Although few patients were admitted to Rooksdown House when it opened in February 1940, more staff were transferred there and the unit gradually grew busier, receiving service casualties from the various theatres of war and civilian casualties from the Blitz. Civilians injured in accidents and with congenital defects were also treated there. The unit reached its peak after the D-Day landings in 1944 with staff sometimes contending with a twenty four hour service for the reception of battle casualties. In such circumstances, much pioneering work took place there. Despite constant rumours that the hospital would be returned to the mental patients after the war, it remained a leading plastic surgery unit and teaching hospital until the remaining patients and staff transferred to Queen Mary's Hospital, Roehampton, in early 1959.

Judy Slater (née Simmims) was one of several Westminster nurses sent to open Rooksdown in early 1940. When she and the other nurses arrived, the hospital was 'quite empty'.¹ Early jobs included arranging and making up the beds, knitting long white operation stockings and cutting up rolls of gauze. The Sister in charge at this stage was Sister Green who, according to Simmims, was already of retiring age and very unhappy because 'wards without patients went against her nature'. The nurses even had time to take baths on duty 'to avoid the long queue in the villa at night'.² Slater was moved out of Rooksdown shortly after her arrival but returned several months later to find that Sister Green had left and the wards were full, mostly with service personnel although there were 'still a few civilians'. Marjorie Clayton had taken over as theatre nurse and James Cuthbert had taken up the role of Resident

¹ *RCM*, 1997, p. 17.

² *Ibid.*, p. 18. The villas were wards.

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Surgical Officer.³ Gillies had been impressed with Cuthbert, a South African who had been Gillies' house surgeon at Bart's and was currently on the staff at Hill End, and recommended him despite his relative youth (31 years).⁴



71. Rooksdown House (date unknown), courtesy of Robert Brown. www.bas-herit-soc.org/oct_2011.html

³ Clayton had been working for Gillies in London since 1938. She was supposed to go to Hill End, St Albans, but was transferred to Rooksdown to 'help run the theatres, with Sister Holmes from Westminster Hospital'. *RCM*, 1978, p. 7. According to Dorothy Rushton (née Whiteside), after the first bombing of West London and Marylebone, Gillies went to London and brought Clayton and two civilian patients back to Rooksdown. *RCM*, 1992, p. 12. Clayton married Gillies in 1957 after his first wife died in 1956. *RCM*, 1978, p. 7. After Gillies' death, she worked for Rainsford Mowlem until he retired, and then Richard Dawson, another plastic surgeon, until 1978, before retiring to Brighton and Hove. She was also elected president of the British Association of Plastic Nurses when it was formed and visited various hospitals in the country, as well as travelling to Zagreb and Prague. *RCM*, 1992, p. 12. According to the website for the British Association of Plastic Surgery Nurses (BAPSN), the association had existed for fifty years but was dissolved in 2013 due to lack of members and support. www.bapsn.info/

⁴ Report, Gillies to Hebb, 10th November 1939, TNA: MH 76/116.

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72. *RCM*, 1980, opposite p. 1.



73. 'Photograph of Rooksdown House entrance 1940s?' HRO: 279M87/F2/4, courtesy of Hampshire Arts and Museums Service.

Cuthbert was sent to open the unit as soon as Rooksdown was equipped and ready to serve as a plastic unit, i.e. 'its lounge converted into theatres and its wings turned into wards...'⁵ In 1947, he recalled: 'One's impression of these early days was empty wards, a plethora of cats, and the skeleton medical and dental staff perambulating the chilly wards in overcoats.'⁶ With Cuthbert came the dental surgeon, Martin Rushton, physician-anaesthetist, Patrick Shackleton, and 'fresh out of Westminster Nursing School', Dorothy Whiteside who became the matron.⁷ Whiteside had been asked by the Matron of Westminster Hospital in July 1940 to take charge of Rooksdown, which at the time was staffed almost entirely by nurses from Westminster. Although initially reluctant, having heard reports from nurses who had been there that it was not 'a particularly congenial place', she agreed to go for three months and 'see what happened'.⁸

Whiteside recalled being met on arrival by one of the 'Mental Hospital staff' who showed her to her rooms near the Dental Department which was kept locked. She was given a 'huge' key for her rooms and another for the bathroom. She stated:

The window would only open two inches and the mattress on the bed was about the same width - no springs; about three pieces of ugly furniture, and the same in the sitting room: one easy chair, one table and one straight chair. I was told I might be able to get other things if I went to the upholsterers. The longer I lived at Rooksdown the more I learned to avoid a direct request for anything and to have good relationships with the Heads of the various Departments. I also discovered that one had to have a special key to turn on the bath taps.⁹

Another problem, arising from the hospital's former incarnation, was that the doors of all the small rooms were bolted from the outside; thus, if a door was closed from the outside, the

⁵ Gillies and Millard, *Principles and Art*, p. 431.

⁶ *RCM*, December 1947, p. 3.

⁷ Gillies and Millard, *Principles and Art*, p. 431.

⁸ *RCM*, 1978, p. 8. Whiteside wrote this article many years later when she was married and using her married name of Rushton. Her husband, Martin Rushton, was the dental surgeon of the unit. The couple were married in April 1949. According to the 1949 magazine, the marriage, which took place locally in Sherborne St. John, 'was indeed a Rooksdown occasion, since Mr Rushton was the earliest of the newly assembled staff to cross its threshold in 1939 and he first met Miss Whiteside when she came as Matron in 1940.' *RCM*, 1949, p. 12.

⁹ *RCM*, 1978, pp. 8-9.

person inside was locked in. This happened to Whiteside who was once ‘stranded for three quarters of an hour’ after someone had closed the door while sweeping the corridor. It also happened to Gillies when he stayed overnight; according to Whiteside, it was not unusual ‘to see a pair of pyjama trousers being energetically waved from a window, to show he'd been locked in. This, oddly enough, seemed to make him start the day in excellent humour.’ One of her first tasks therefore was ‘to get those doors seen to’.¹⁰ Another of Whiteside’s earliest requests was to have the two padded cells on wards 1A and 2B ‘pulled to pieces’. These were cleaned and painted and used as side wards.¹¹ When James ‘Rusty’ Russell arrived at the unit four years later and looked around his room, one of the first things he noticed was that there were no knobs or handles on the inside of the doors: ‘I said to the sister, “Why is that?” Then she said, because this was a mental home. I said, “Was or is?”, because I wasn’t quite sure whether I was sane or not.’¹² The unit had no sterilisers and very few instruments in the early days, so primus stoves were used and re-boiled after each dressing. There was very little hot water as the tank was too small for the amount of water required. Whiteside recalled that ‘it was a regular occurrence for the Medical Superintendent of Park Prewett and the Chairman of the Board of Governors visiting Sir Harold, Mr. Cuthbert and myself for our requests to be considered. They were so unused to the problems with which they were confronted, and so it was a case of stamina and sticking to our guns to get the things we required.’¹³

Norman Warnecke was one of the earliest casualties admitted to Rooksdawn, arriving on 19th May 1940 after his nose was shot off and his scalp mutilated during action in the

¹⁰ *Ibid.*, p. 9. Although Dilys Smith does not refer to Rooksdawn, she does discuss the wards at Park Prewett in this respect. She states: ‘Not all the wards were locked, in 1939 there were eight open wards out of a total of thirty-two; the open wards were mainly villas.’ Smith, *Park Prewett Hospital*, p. 26.

¹¹ *RCM*, 1978, p. 9.

¹² Interview with James Russell, April 2006. Russell was one of the first D-Day casualties to arrive at the unit c. June/July 1944. He is discussed further on pp. 164-166.

¹³ *RCM*, 1978, p. 9.

channel just after Dunkirk.¹⁴ He was possibly the first Navy man to arrive at Rooksdown, possibly even the first man. He recalled that ‘as the ambulance arrived (I don't know why I was in the ambulance as I was ambulatory) the nurses, who had no patients at that time, were supposed to have exclaimed to one another “Look - a MAN!” I had a right royal reception!’¹⁵ Within a few days of his arrival, Gillies asked for a photograph of Warnecke taken before the war. When he showed him, Gillies proceeded to sketch Warnecke’s nose on a piece of paper and then asked: “How would you like to look like that when I’ve finished with you?”¹⁶ Referring to how the unit filled up, Warnecke recalled that there were soon ‘lots of other officers having plastic parts fitted, indeed, two survivors from the *Hood* altered the percentage of brown jobs and of course it wasn't long before the RAF outnumbered all the other services at Rooksdown, that is until McIndoe got cracking at East Grinstead’.¹⁷ Aside from Gillies’ civilian patients, and cases such as Norman Warnecke, the first patients to arrive at Rooksdown were air raid casualties from London and then Plymouth.¹⁸ Civilians burned in the Blitz arrived at the front door in ambulance convoys.¹⁹ According to Whiteside, ‘suddenly we had lots of patients’. Although still short of equipment, the staff managed to cope and ‘the things we needed were gradually accumulated’.²⁰

Archie Day described the lay-out of the hospital which, together with the plan of the unit shown in Appendix 4 and the testimonies of other patients and members of staff, gives a

¹⁴ This refers to the retreat and evacuation of the British Expeditionary Force at Dunkirk from 26th May - 4th June 1940. P. Wilson, *Dunkirk: From Disaster to Deliverance* (Yorkshire, 1999); see also J. Thompson, *Dunkirk – Retreat to Victory* (London, 2008).

¹⁵ *RCM*, 1982, p. 9.

¹⁶ *Ibid.* According to Warnecke, the operations were successful and he featured in Gillies and Millard’s textbook on plastic surgery. However, I have looked through the book on a number of occasions and cannot locate the photograph. It is very likely that it is there but there are numerous images and many do not give the patient’s name.

¹⁷ *Ibid.* Warnecke is referring to RAF pilots who were injured during the Battle of Britain in 1940. *Hood* refers to *HMS Hood* which was sunk on 24th May 1941, off the west coast of Iceland, by the German battleship, *Bismarck*. A. Norman, *HMS Hood – Pride of the Royal Navy* (Kent, 2002).

¹⁸ *RCM*, 1978, p. 9. Rooksdown had an air raid shelter which was used for the first time after Whiteside’s arrival ‘the night Coventry was bombed’. *Ibid.* I assume Whiteside is referring to 14th November 1940. The bombing of Coventry during the Second World War is examined in David McGrory, *Coventry’s Blitz* (Stroud, 2015).

¹⁹ *RCM*, 1973, p. 14. The information is from a newspaper article, ‘The Hospital of Many Memories’, *News of the World*. It states ‘Date unknown’ but it was c. March 1959. See also p. 211 of this thesis.

²⁰ *RCM*, 1978, p. 9.

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better idea of how Rooksdowm functioned as a plastic unit. Day was admitted to Rooksdowm in October 1944, and, although some changes seem to have taken place from when the unit opened in early 1940, possibly as a result of the D-Day campaign, one can assume that for the most part it stayed the same.²¹ The main entrance to the hospital was on the ground floor with a corridor leading to the wards. Along the corridor were the bathrooms where the patients took saline baths. James Russell, who was in the officers' ward, recalled entering 'into the routine of saline baths, for which we were taken down those bloody awful stairs by a couple of sweaty orderlies and bunged into the saline bath and back again. You don't half get sick of that, I can tell you.'²² The purpose of saline baths will be discussed shortly. The operating theatres were also located on the ground floor in what had been the Recreation room/lounge. There were a total of eight wards, 1A, 1B, 2A, 2B, 3A, 3B, 4A, and 4B, and also side wards that are sometimes referred to in the personal testimonies. The wards were located at each end of the hospital, two downstairs and two upstairs. We know from the various testimonies that categories of patients/injuries were allocated to specific wards. For example, ward 4B was the officers' ward, 3A was for jaw cases, and, by the time Archie Day arrived at Rooksdowm, 1A was a burns ward. Joyce Powell, a VAD at Rooksdowm, alluded to the jaw cases when she stated that, 'the noise round the table on 3A, all slurping up their soup...was all taken in their stride.'²³ There were male and female wards for civilians, and a ward for children with congenital defects, such as cleft palate.²⁴ Margaret Dodds (née Matheson), a nurse, made particular reference to working on the children's ward, an experience, she stated, she 'will never forget. The bravery and cheerfulness of those young patients amazes me to this day'.²⁵ Warnecke also recalled decorating the children's ward at Christmas 1940.²⁶ It is

²¹ Interview with Archie Day, September 2006

²² Interview with James Russell, April 2006.

²³ *RCM*, 1982, p. 7.

²⁴ Interview with John Hearn, June 2006. Diana Creasey was also present at the interview.

²⁵ *RCM*, 1992, p. 18. Dodds was a student nurse at the Victoria Hospital for Children in Chelsea and was sent to Park Prewett before the outbreak of war.

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not absolutely clear which floor the wards were on, but certainly the officers' ward was located upstairs, as was 4A which, according to Archie Day, was for Gillies' patients. Another area upstairs was used for dining.²⁷ Diana Creasey worked as a nurse in the officers' ward but also worked 'downstairs' for a while in a civilian ward.²⁸ Ward 1A was downstairs and, according to Fred Mercer, was 'dismal' with green paint on the walls, dim electric lights high on the ceiling, and 'a red brick blast wall built to the top of the tall windows, shutting out all daylight'.²⁹ This was a feature of all the ground floor wards and operating theatres at this time.³⁰ Mercer was an early casualty, admitted to Rooksdown after being seriously injured in an accident on 13th June 1941 at the RAF station at Warmwell, Dorset, when he was struck in the face by a handle while starting an aircraft engine. He arrived at Rooksdown on 12th August 1941 for reconstruction work to his face and jaw, and was admitted to 1A.

Archie Day recalled that 1A was 'noted as the dirty ward...because of the burns. I never realized that until about Christmas, which was my first time out of bed. I went into the toilet to comb my hair, and when I went back into the room there was the most vile smell of burns. Skin used to drip all the time...The first nurse who really impressed me was Dicky Richards. She was the staff nurse. How the devil she stood the aroma, I do not know. She worked hard on me.'³¹ Ray Freeman, who was burned in July 1944 when his tank was hit, also described the smell on the burns ward as being 'awful, as always with third degree burns'.³² Although Freeman did not name the ward, he was referring to 1A. The blast walls had evidently been knocked down by this stage, as Freeman recalled a hot day on the ward in August 1944 when a 'bright spark – could have been the late Geordie Reay or Flash Gordon, both on the ward at that time – suggested that our beds should be moved outside, into the

²⁶ *RCM*, 1982, p. 9.

²⁷ Interview with Archie Day, September 2006.

²⁸ Interview with John Hearn, June 2006.

²⁹ *RCM*, 1984, p. 14.

³⁰ *Ibid.*

³¹ Interview with Archie Day, September 2006.

³² *Rooksdown News 2001*, p. 24.

fresh air'.³³ It is not known when 1A became a burns ward but wards changed over time, as the situation dictated. As James Cuthbert commented, 'nothing was stable, and whole wards of patients were often distributed to other parts of the hospital to accommodate a sudden influx of burn cases or facial injuries'.³⁴ This was particularly the case when Rooksdown was at its busiest during the D-Day campaign, when the wards and corridors were filled with patients.³⁵ Patients were placed on different wards depending on availability which explains why some patients, such as Day, referred to being on different wards at different times.

D-Day – June/July 1944

In preparation for D-Day, Park Prewett was cleared of patients and became a Transit Unit – where patients stayed only forty eight hours before transfer to a base hospital. According to Kay Lawrie, the hospital was 'eminently suited' for this as it was near Southampton and had its own railway line which had brought coal to the hospital when it was an asylum.³⁶

Rooksdown carried on as normal. An article in *News of the World* c. 1959 stated that wounded service casualties were carried ashore at Southampton, Portsmouth and Plymouth and transported to Rooksdown by a special railway which stopped outside the back door.³⁷

Gillies recalled that the first casualty from D-Day was 'a sergeant who had gone in ahead to demine the beach and cut any wire not already broken by bombardment. Shot in the face while in the water, he was dragged to shore and arrived at Rooksdown the next day'.³⁸

Thereafter, casualties were usually brought in convoys, either by ambulance from R.A.F.

Wroughton, having been labelled and flown in from Europe, or by train where they would be sorted 'in the admission bay beside the railroad tracks.' The wounded usually arrived in small

³³ Ibid. Both Reay and Gordon were injured during the D-Day landings and are discussed elsewhere in the thesis. For example, see pp. 166-168, 282-284, 346-347, and 360-361.

³⁴ *RCM*, 1947, p. 3.

³⁵ Correspondence from Ray Gordon, April 2006.

³⁶ *RCM*, 2007, pp. 16-17.

³⁷ *RCM*, 1973, p. 14.

³⁸ Gillies and Millard, *Principles and Art*, p. 435.

groups with the exception of casualties of Dunkirk and D-Day.³⁹ The mode of transport that delivered casualties to Rooksdown during this particularly busy period depended on availability and the severity of the injury. The casualties who were interviewed, or to whose testimonies I had access, were flown from France and arrived at Rooksdown by ambulance (they are discussed shortly).

The number of casualties admitted to Rooksdown after D-Day was so high that a twenty four hour service was necessary. James Cuthbert recalled: ‘After Dunkirk the flow of new patients began and increased steadily during the years that followed, to reach a climax during the period of the Battle of Normandy, when a full twenty-four hours’ service was provided for the reception of battle casualties.’⁴⁰ An example of the kind of pressure that the members of staff were under during this period was given by Gillies when he recalled a particularly ‘memorable’ night in July 1944 when they worked through the night after ‘a minesweeper which had just picked up the survivors of a crew of another mine-sweeper, struck a mine itself. At 1 A.M. 21 acute burns arrived. Bob Langston and Shackleton spent the rest of the night doing haemtocrits, haemoglobins and getting the plasma started so that the 8 A.M. shift, Cuthbert and Kay Langston, could begin the burns toilet.’ After D-Day there was a constant flow of casualties. Chief Anaesthetist, Patrick Shackleton, went through the new admissions ‘making up the immediate theatre list for the most anoxic and would order suction and postural drainage for the jaw cases’.⁴¹

Most of the original members of the Rooksdown Club who were interviewed were injured during the D-Day campaign and their testimonies provide a sense of what it was like at this particularly busy time. Some state when and how they were injured and give the initial treatment they received before arriving at Rooksdown. James Russell, for example, was badly

³⁹ Ibid. According to Lawrie, casualties were also flown into nearby RAF Odiham, Hampshire. *RCM*, 2007, pp. 16-17.

⁴⁰ *RCM*, 1947, p. 3.

⁴¹ Gillies and Millard, *Principles and Art*, p. 435. The word ‘anoxic’ refers to the absence of oxygen.

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burned when his tank was hit and set on fire on 27th June 1944 during a major British offensive, Operation Epsom. After finding himself in a burning wheat field, Russell was picked up by a Daimler Scout car, put on a stretcher and taken to the regimental aid post. He was then taken by ambulance through Cheux to a forward dressing station and onto a large tented field hospital near Bayeux where he spent one or two nights before being flown back to England. After landing at RAF Lyneham, he spent a few hours at a hospital near Swindon before being taken by ambulance to Rooksdown.⁴² As he was one of the first Normandy casualties to arrive, he was 'privileged' to be in a side ward for a while and have a room to himself. At this early stage, he was not sure whether Rooksdown was a place for burns because he could barely see as he was still wearing his initial bandages; within approximately three or four days, he was taken to the operating theatre where they were removed. When he had been cleaned up, he was taken back to the side ward where they brought in his mother who had travelled from North Wales; his girlfriend, Dorothy, who was stationed in the army at Camberley, Surrey, arrived on the same day. Russell had sent a message to her through one of the nurses.⁴³

⁴² Interview with James Russell, April 2006.

⁴³ Ibid. Russell also referred to Operation Epsom and his experiences leading up to when he was injured. For other accounts by Russell, see *RCM*, Fiftieth Anniversary 1945-1995, pp. 18-22, and to a lesser extent *RCM*, 2004, pp. 21-24. For further information about Operation Epsom, see Beevor, *D-Day*, pp. 228-235, 263 and 274.

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FORM M.R.C.200

MAXILLO-FACIAL SERVICE

M. F. UNIT Rookdown. UNIT'S FILE NO. 3378A.

NO. 285447. RANK Lieut.

NAME RUSSELL. James. Age 23.

Unit, Corps or Police Division 23rd. Hussars.

ADDRESS Mnys Cottage, Bennleeh Bay, Dynyngogl, Anglesey.

Occupation

ADMITTED FROM St. Margarets Hospital, Swindon. 1.7.44.

TRANSFER TO _____

15.12.47
CONVALESCENCE 16.8.44. 30.4.47 13.12.44. 25.4.46.

19.9.47
READMISSION 24.3.45. 24.5.45. 22.8.45. 7.9.45.

9.9.46. 20.5.47. 14.2.45. 23.4.45. 23.7.45. 10.2.47

FINAL DISCHARGE (or death) 5.9.45. 27.3.46. 17.9.47.

CENTRAL FILING NO. 3378A.

SURGEON Mr. J.B. Cuthbert.

DENTAL SURGEON _____

INJURY Burns face and limbs.

DATE _____

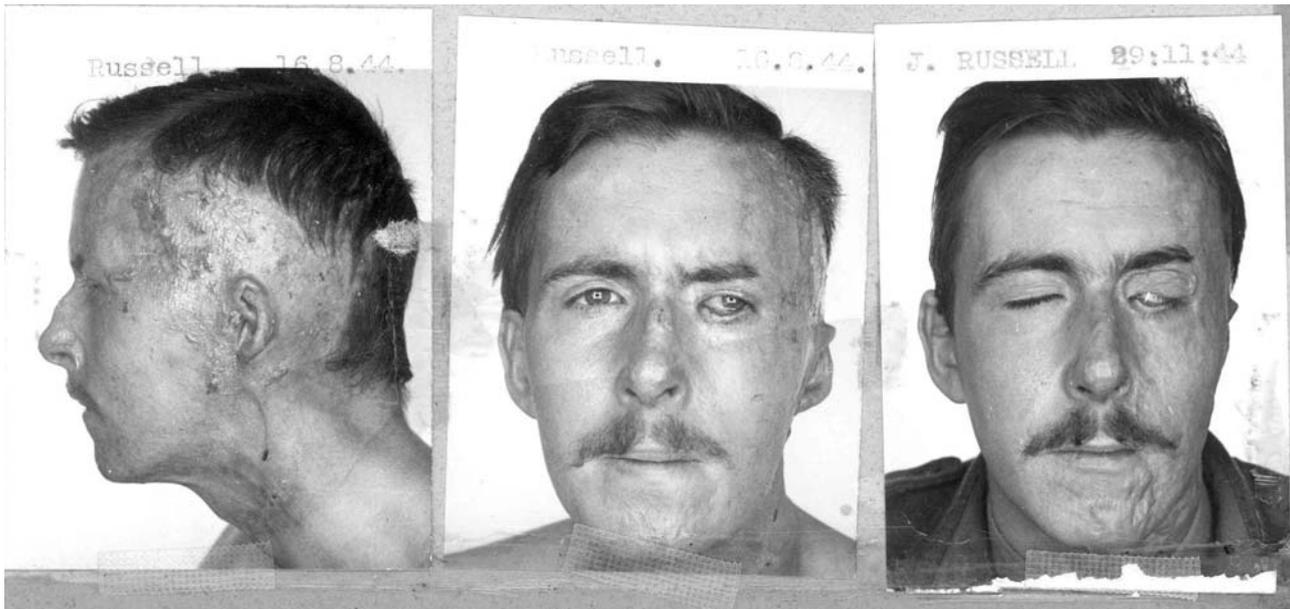
CAUSE E.A.

FILING CLASSIFICATION.

DIAGNOSIS	TREATMENT
<u>A2/13456</u>	<u>4a(I,2,3,5,) 3b.</u>

Surgical

Dental



74 and 75. James Russell's medical record and photographs at various stages of reconstruction. Courtesy of the RCS. See also www.gilliesarchives.org.uk/refind.htm

Ray Gordon was also burned in a tank on 10th July 1944 near Maltot, France, the only survivor of a crew of five. Gordon was a wireless operator in a Churchill tank involved in

Operation Jupiter. In an account in *Tank Tracks: 9th Battalion Royal Tank Regiment at War, 1940-1945*, Gordon described the immediate impact of his injuries:

My face became swollen and very tight making it difficult to see and the skin of my left hand hung down in black strips from an arm which was bloodless and white. Lt. Shep Douglas, my troop leader, crawled along the field. "Who are you?" he said, not recognising one of his own troop to whom he had given orders earlier that morning. I followed him across the field of rape, crouched low because we could hear gunfire, to a gap in the hedgerow where infantry were in position. The look of horror on their faces, which changed to looks of pity when they saw me, will remain forever in my mind. It is a look which I would never want to inflict on another human being. I was helped to a medical truck, given an injection and that was the end of 10th July for me.

Memories after that are mixed – "You are being flown home" someone said. The sound of the aircraft taking off but no memory of landing. A sudden shout by me, "I can see!" (I had been blind for over a week due to my swollen face), then a transfer to the Burns and Plastic Surgery Hospital in Basingstoke which, little did I realise at the time, was to become my second home, on and off, for the next four years.⁴⁴

In a personal correspondence, Gordon described his arrival and early days at the unit. He stated:

My first memory of Rooksdown was a long wide corridor filled with beds close together with just room for each bed to have a locker. It turned out that all the Wards (eight of them) were full of injured men and so that (it) meant that corridors had to be used. The following day a Doctor sat on my bed (Dr. Shackleton, the chief Anaesthetist) asking me if I was worried or had any nightmares of my experience. I said 'No' and it was only thirty years later that I started having the occasional nightmare.

The daily treatment which each burns patient had was a bath in saline water. You looked forward to the soothing relaxed feeling of the warm water but dreaded the two or three Nurses

⁴⁴ P. Beale, *Tank Tracks: 9th Battalion Royal Tank Regiment at War, 1940-1945*, (Stroud, 1995), p. 117. The extract also appeared in *RCM*, 1998, pp. 22-23. Gordon described when the tank was hit and the immediate aftermath. Beale, *Tank Tracks*, p. ix. He also referred to the demise of the tank in articles for the club magazine, notably *Rooksdown Magazine 2000*, p. 13. For a description of the battle that Gordon and his crew were involved in, see Beevor, *D-Day*, pp. 274-278.

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leaning over you and gently pulling off all the dressings on the burnt areas of your body. Once this was completed fresh dressings of 'Tulle Gras' (fine mesh overlaid with soothing cream) was placed on the burnt areas. How comforting that was. With so many patients requiring this initial basic treatment before any surgery took place, these baths (one per Ward) were in use for more than twelve hours a day.

Then came the time of being in bed and talking to those who were near you and to a number of walking wounded who helped bringing round meals for you. I had been in Rooksdown for several days sitting in bed with a bandaged head and arms when my parents and brother arrived. You will understand that we were all in tears for it was a very emotional time. I had not realised that the Army had notified them of my injuries... For several weeks the daily routine was baths and fresh dressings and visits to the Physiotherapists to ensure that you responded to retaining movements of all the joints in the burnt hand. I also had treatment to my eyelids (very soothing) to prevent any shrinkage and possible loss of shutting the eyes completely when sleeping.⁴⁵



76. *The Daily Mirror*, Monday 21st August 2006, p. 29.

⁴⁵ Correspondence from Ray Gordon, April 2006.

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Ken 'Curly' Curtis was shot in the face on 16th July 1944. The wound destroyed the whole of his lower jaw, the under-surface of his tongue, part of his tongue, and caused considerable damage to his palate. He was kept at the base hospital in France for one week where he was operated on by Major Fitzgibbon who was in charge of Maxillo-Facial Service Unit (MFSU) No. 5,⁴⁶ the mobile unit set up at Rooksdown in early 1944. Describing the day he was injured, and the period before evacuation to England, Curtis recalled:

At about 2.30 that Sunday afternoon, I received a severe gunshot wound to my face. Immediately I was wounded, I experienced perception without objective reality. Difficult to explain other than I saw a picture of my mother exactly as portrayed in a large photograph at my home, but she was enveloped in turbulent white cloud. From this moment I knew I must fight to survive.

My corporal assisted me originally back about 200 metres to a rather deep ditch, every step was an agonising jolt and I was profusely bleeding, then on to a First Aid post where my wounds were professionally dressed. Semi-conscious from a large morphine injection, I was laid face down on a stretcher and hurriedly moved by a waiting ambulance. I recall very little that night.

On Monday morning, the ambulance arrived at Base Hospital, which was a large marquee displaying huge red crosses. This was to be my home for a week and where I was relieved of many pieces of shrapnel, stitched up and transfused. The following Sunday I was evacuated by air to the UK. My war had ended, my many years as a plastic surgery patient were just beginning...⁴⁷

Curtis was flown back to England with other casualties on 23rd July 1944 and landed at R.A.F. Wroughton, where the Women's Institute and Salvation Army were waiting for them. He 'fancied a Sunday roast dinner' but could not speak and still did not know the extent of his injuries. The casualties with leg and arm injuries were given their dinner of choice and cigarettes and drink but Curtis was taken away and put in a two-bed ward where he was

⁴⁶ Interview with Ken Curtis, April 2006.

⁴⁷ *RCM*, 2003, p. 22. The article includes Curtis's arrival in France at 0015 am on 6th June 1944 and events leading up to his injury. Curtis was part of a small independent group of paratroopers which was an advance party flown in to prepare for the main assault by the 6th Airborne Division. *Ibid.* pp. 19-22. The full article appeared in French in 1995 'in the municipal bulletin of the town of Ambares-et-Lagrave under a regular feature – Chronique de la Memoire – on the occasion of the 50th anniversary of the Liberation'. *Ibid.*, p. 22. For more information about the Airborne Assault, see Beevor, *D-Day*, pp. 51-73.

joined by another casualty who did not speak or move. An R.A.F. doctor came in about an hour later with a little feeder and long rubber tube and topped him up with some kind of juice.⁴⁸ Curtis was admitted to Rooksdown the next morning, 24th July. He recalled:

The doctor said that I would be going to another hospital, where they will soon put me right. He said that they did wonderful things there. I arrived at Rooksdown House reception ward, all bandaged up. I had a lot of bits of paper on which I made requests. About 20 other people were doing the same, so I was equal. I had no priority. I was bandaged up and did not feel anything. I was assessed by two young doctors and sent to admissions A ward, which was upstairs. I was worried about my mother coming to see me. I could not say hello; I could not kiss or hug her. I knew what she was going through because at the time my brother was missing in Greece, while another who was a pilot in India had been shot in the foot. It was not life threatening, but when you put all such things together you think about what your poor mother would be going through.⁴⁹

One of Curtis' earliest requests was to have a bath because he felt 'so filthy'. He recalled possibly having his hands and face washed at the previous hospital 'but that was about it'. Someone returned with a bowl of water and gave him 'a blanket bath'; he was also given a shot in the arm. A couple of days later, Gillies came around 'with about 10 others'. According to Curtis, it was like 'a showground. They said, "We can do this; we can do that."' Curtis was also asked if he smoked; when he confirmed that he did, a mask was made for him with a hole in it. A problem arose, however, as there were two different diameters of cigarettes, Woodbines, which were small, and Senior Service and Players which were larger. Curtis recalled, 'They made the hole the size of the larger diameter, but we were issued with a small diameter cigarette so we had to pack it around with cotton wool. By the time we had pressed our faces to make the hole airtight, it finished me. It was painful.' Curtis went to theatre about ten days later where they made a start on his surgery by bringing up the skin

⁴⁸ Interview with Ken Curtis, April 2006.

⁴⁹ Ibid.

from his double chin. Curtis also recalled that there were no mirrors in the bathrooms, just the holes in the wall where they had been.⁵⁰



77. Ken Curtis shortly after he was injured in July 1944. (personal collection)

⁵⁰ Ibid.



78. 'A Cheerful Group in 3B', *RCM*, 1948, p. 2. Ken Curtis also gave me a copy of this photograph. Curtis is on the right.

John Hearn was a battery captain injured in June 1944, a day or so after the first D-Day landings. He recalled that on the morning he was injured, he went around in his jeep checking all the batteries. The country was 'absolutely full' with 'guns, hospitals and god knows what', and shells were dropping everywhere. Hearn recalled driving along 'quite peacefully' until his jeep was suddenly hit. When he was wounded, he did not feel anything but was blown out of the vehicle. He remembered the driver and two others in the jeep saying: "Cor, he's had it" but Hearn 'was perfectly compos mentis and, for some reason...could talk. I said, "No, I haven't. Get me out of here."' Although the shell took the whole of Hearn's upper jaw and nose, he was conscious most of the time. He was carried to a field hospital which was only 200-300 yards away; it was also fortunate that a well-known plastic surgeon was there who said that Hearn must go straight back to England.⁵¹ Curiously,

⁵¹ Interview with John Hearn, June 2006.

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although he lost his upper jaw and nose, his chin remained intact and the surgeon stitched up the wound so that the flesh received a blood supply and was kept alive. Hearn was ‘shovelled’ onto a plane and flown to Oxford before being taken to Rooksdown.⁵² He did not recall arriving at Rooksdown but remembered that staff nurse, Pat Gill, put him to bed on the first night and sat up with him through most of it. The next morning he was taken to the operating theatre.⁵³ Photographs of the different stages of Hearn’s reconstruction are shown in illus. 79-84.



79. John Hearn after he arrived at Rooksdown. Gillies and Millard, *Principles and Art*, p. 94. Reproduced by permission of Reed Elsevier (UK) Limited, trading as LexisNexis, original publishers and product owner.

⁵² Ibid.

⁵³ Ibid. John Hearn married Pat Gill c. 1965.



80-84. John Hearn during the various stages of surgery and at the end of treatment. Gillies and Millard, *Principles and Art*, Plate III opposite p. 231 and p. 344. Reproduced by permission of Reed Elsevier (UK) Limited.

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Don Clegg was injured in Normandy on 18th July 1944. Like Ray Gordon, he was a radio operator in a tank that was hit by a shell from a German tank. He and his crew were part of 'Operation Goodwood', the Allied attempt to capture Caen.⁵⁴ Clegg recalled the tank lurching to the left, 'a blinding flash, then complete darkness and choking acrid fumes'. He had no recollection of escaping from the turret, but only he and 'Dickie' were alive from a team of five. After being helped out of his burning denim overalls by Dickie, they walked towards the rear where they hoped 'HQ troop' would be. Clegg felt no pain or emotion, even when he looked at his hands and saw what appeared to be 'about six inches of dark tan silk stocking hanging down pierced with corn stalks'.⁵⁵ He soon realised that he was still wearing his headset – in his haste to escape, he must have ripped the headphone lead from its socket but the headset with the thick rubber earpieces had remained in place (some weeks later in hospital, he noticed a chunk of his right ear was missing, presumably caused by the smouldering rubber earpiece). A group of escaped crews, some wounded some not, were gathered round HQ tanks trying to find out what was happening. Clegg had to wait with others who were badly injured for the Medical Officer to take them to a first aid station. By 11 o'clock, he was having difficulty focusing his eyes, and experienced 'peculiar sensations' as though he was on 'a roller-coaster'. It was eventually decided to place three of the most seriously wounded men on the back of a Crusader tank with someone lying across the top of them to keep them in place; the driver was to head back the way they had come in the hope of finding a first aid station. Clegg remembered getting on the back of the tank but blacked out after a few hundred yards. He was unaware of how long it took from that point to reach Rooksdown, although he suggested that it must have been a day or two; he also had 'vague recollections' of being on a boat and complaining he was getting wet. According to Clegg,

⁵⁴ *RCM*, 1980, pp. 8-11. The article, 'Seven Hours to Rooksdown', gave a detailed account of the day Clegg was injured and his journey to Rooksdown. Clegg was an original member. *Rooksdown Pie*, p. 15. For a detailed account of Operation Goodwood, see Beevor, *D-Day*, pp. 305-324.

⁵⁵ *RCM*, 1980, p. 8.

‘So began a period of about three years association with the most wonderful and courageous group of people that I have ever met - but that is another story.’⁵⁶

Jim Smith, an Engineer Officer in the Navy, received flash and steam burns when his ship was torpedoed and sunk in March 1942. He was initially treated in Alexandria, what he referred to as ‘running repairs’ (presumably carried out by MFU No.1), then sent to Rooksdawn where his face and hands were operated on at the same time by Gillies and Cuthbert respectively. Smith returned to Rooksdawn in 1946 for approximately 3-4 weeks to have ‘some final tidying up’ on his hands. In another reference to the vast number of post D-Day cases at Rooksdawn, Smith referred to the ward being ‘so full...compared with my earlier sojourn’.⁵⁷

Staff at Rooksdawn

There are no specific statistics relating to the number of staff at Rooksdawn or the other units. We can, however, estimate the staff to patient ratio at Rooksdawn as there are many references to the various members of staff there (although it is hard to calculate exactly how many worked at the unit at the same time) and we know it was a two hundred bed unit.⁵⁸ An article written by Ray Gordon and Roy Barber in 1947, referring to the many staff changes at Rooksdawn, suggests that there were five or six plastic surgeons, three anaesthetists, three dental surgeons (plus one who came in once a week) and a theatre artist. It also refers to a new member of staff in ‘the recently innovated eye clinic’.⁵⁹ According to the Rooksdawn medical staff photographs (illus. 86, 87, 90 and 91), there were approximately eleven to fourteen members on the medical staff in 1945 and the immediate post-war years. Presumably, these were senior members and do not include trainee surgeons, civilian and

⁵⁶ Ibid., p. 11.

⁵⁷ RCM, 1993, p. 16.

⁵⁸ See Appendix 4.

⁵⁹ Rooksdawn Pie, p. 4.

from the services, or other trainees – as discussed in Chapter Two and pp. 193-195, much training took place at Rooksdown and the other main plastic units which added to numbers of staff – or auxiliary staff. For example, the photographs do not include the two or three physiotherapists that worked at the unit (illus. 85) or the two occupational therapists.⁶⁰ There were also many nurses employed, both as theatre staff (illus. 92) and ward sisters, and dental and theatre technicians. One of the photographs c. 1948 (illus. 90) shows an increase in the number of medical staff, possibly due to the unit being taken over by the NHS and becoming the regional centre for plastic and jaw surgery, serving the eastern area of the South West Metropolitan Region, or simply because more staff were available on the day for the photograph. For example, it is the only photograph in which Catherine Pollock, the British Red Cross administrator who organised all recreational activities at the unit throughout the war years and until 1951, appears. Conversely, no matron is present in the 1947 photograph.

The medical team at East Grinstead consisted of similar numbers, although the unit had slightly fewer beds than Rooksdown (170 – see illus. 68). According to annual reports of the unit, there were three plastic surgeons, a Resident surgeon, a House surgeon, three dental surgeons, four anaesthetists, a consulting ophthalmist, a consulting Ear, Nose and Throat surgeon, a consulting orthopaedic surgeon, a consulting radiologist, four physiotherapists, one occupational therapist, one photographer and one welfare officer.⁶¹ Again, nurses, theatre technicians and other auxiliary staff should be added to this number. At Hill End, there were four plastic surgeons (two permanent surgeons and others who stayed for six months), three dental surgeons (one a service appointee), a senior anaesthetist and a number of young doctors who joined him to learn his trade. As well as the permanent surgical staff, a succession of house surgeons were appointed from Bart's who worked at the unit for six months (Hill End was the base hospital for Bart's). There were also three dental technicians

⁶⁰ Ibid.

⁶¹ *Queen Victoria Hospital, Plastic Surgery and Jaw Centre, East Grinstead, Sussex, Fifty-Seventh Annual Report for the Year Ending December 31st, 1945*, p. 4. East Grinstead Museum.

for the dental laboratory and presumably other auxiliary staff for the operating theatre and photographic department. There is a discrepancy over the number of beds at the unit.

According to Richard Dawson, appointed trainee specialist at Hill End in 1949, the unit was made up of two large wards each with 33 beds. Each ward had 18 nurses and a sister, provided by Bart's. The total number of beds was 66 but, during its busiest periods, the beds were moved closer and the unit could take up to 80 bed patients.⁶² According to illus. 68, however, the total number of beds available at Hill End c. 1941 was 148.

Nurses

Due to the severe nature of the injuries, the work was very different from what many nurses were used to. Judy Slater offered an insight as to the kind of injuries that had to be treated and the methods of treatment used in the early days at the unit:

Our patients were mostly servicemen with burns, we had not yet started treating burns with total immersion in a bath, but we did some with limbs encased in Bunion Bags. Some wards looked very peculiar, patients with arms raised and attached to their noses, or cross legged with a leg attached to their stomach, or perhaps a metal scaffolding on their faces to stabilise a fractured jaw.⁶³

Pat Mackintosh Grant, who was a patient on 4B, the officers' ward, recalled that the Ward Sister, 'Sister Pat' (Gill), would go down with a patient into surgery to see 'exactly what was done and what treatment should be given in the ward.'⁶⁴ Ray Page (née Stenning), a nurse at Rooksdawn from 1942, recalled putting ice packs and saline packs frequently throughout the night on the patients' 'newly-raised pedicles or flaps' and watching for haematomas

⁶² R.L.G. Dawson, 'The history, antecedents and progress of the Mount Vernon Centre for Plastic Surgery and Jaw Injuries, Northwood, Middlesex 1939-1983', *BJPS*, 41 (1988), p. 84.

⁶³ *RCM*, 1997, p. 18.

⁶⁴ *Ibid.*, p. 9.

forming.⁶⁵ Similarly, Diana Creasey, who was at Rooksdown from 1946-1949, was the night sister responsible for administering an 'ice drip' to a 'young lad' who had a new nose. According to Creasey, it required 'one a minute throughout the night to keep it alive.'⁶⁶ As alluded to earlier by Ray Gordon, nurses also had the task of picking off the dead skin of burns patients on a daily basis after they had been immersed in saline baths. Bill Clay was a sailor first admitted to Rooksdown in March 1944 after his ship, the 'Warwick', was torpedoed off the coast of Cornwall. He spent three weeks at a hospital in Bodmin being treated for exposure and shock; he was then flown to Rooksdown. He was totally blind and covered 'from head to foot' in black crude oil. He recalled being 'continually taken to the saline bath to soften the skin, then afterwards a Sister Miller would spend long periods peeling the burnt skin off my body'.⁶⁷

Judy Slater's testimony also gives an idea of the standards that Gillies expected of the nurses, and the less than ideal working conditions at Rooksdown:

One evening about 8 pm Sir Harold came to the ward to see some patients, looking at one of them said, "Take the stitches out," which was quite a reasonable request, except that I had only a small light above the bed, and the stitches of which there were many went right up inside his nostrils.

Later on we had a small duty room with better overhead lights'.⁶⁸

Fred Mercer also referred to the 'primitive' conditions in which the nurses worked, carrying on 'their exacting work with the patients when they were returned from the operating theatres. There were no recovery or "intensive" care (sic) wards in those days.'⁶⁹ It was a steep learning curve for many of the nurses who, according to Mercer, were 'wonderful'.⁷⁰

As at Sidcup, they also had to deal with the psychological repercussions brought on by such

⁶⁵ *RCM*, 1978, p. 12. A hematoma is 'a mass of usually clotted blood that forms in a tissue, organ, or body space as a result of a broken blood vessel'. www.merriam-webster.com/medical/hematoma

⁶⁶ Correspondence from Diana Creasey, April 2006.

⁶⁷ *RCM*, 1988, p. 8.

⁶⁸ *RCM*, 1997, p. 18.

⁶⁹ *RCM*, 1984, p. 14.

⁷⁰ *Ibid.*

injuries.⁷¹

Physiotherapists

Physiotherapy, along with other therapies, developed greatly during the Second World War and played a major role in rebuilding the injured. This was due to the sheer number of casualties, the extreme nature of many of the injuries, and the need to return servicemen, active or discharged, to the war effort as quickly as possible.⁷² Due to the various types of injury and surgical procedures, there was a need for physiotherapists (physios) at Rooksdawn, and the other wards at Park Prewett where they were based.⁷³ There were eighteen physios at Park Prewett who used a large converted ward as a department, working there for half a day and in the wards for the other half. As well as the Plastic Surgery and Burns Unit housed at Rooksdawn, there were a variety of wards at the main hospital, including Medical and Surgical, Orthopaedic and a Chest Unit.⁷⁴ According to Ken Curtis, the physiotherapy department at Rooksdawn was in one of the bathrooms.⁷⁵ The physios changed wards every three months, although it seems that they could apply to stay in a ward when a vacancy came up; this was certainly the case with Joan Gordon who will be discussed shortly.

Kay Lawrie and Joyce Morris trained as physios at St. Mary's Hospital, Praed Street, London, and qualified in November 1940. They received telegrams in February 1941 about physiotherapy posts at Park Prewett and arrived at the hospital at two o'clock on a Sunday

⁷¹ See pp. 219-220.

⁷² Anderson, *War, Disability and Rehabilitation*, pp. 76-77.

⁷³ Although I have used the term 'physiotherapists' or 'physios', and will continue to do so throughout this section, the term was not actually used until 1944 when the Chartered Society of Massage and Medical Gymnastics, formed in 1920, became the Chartered Society of Physiotherapy (CSP). Ana Carden-Coyne, 'Painful Bodies and Brutal Women: Remedial Massage, Gender Relations and Cultural Agency in Military Hospitals, 1914-18', *Journal of War and Cultural Studies*, 1 (2) (2008), p. 140.

<http://www.scribd.com/doc/18760828/Journal-of-War-and-Culture-Studies-Volume-1-Issue-2>

⁷⁴ Correspondence from Kay Lawrie, March 2006.

⁷⁵ Correspondence from Ken Curtis, April 2006.

afternoon where they were told to find accommodation. According to Lawrie, the hospital was three miles out of town and by this time ‘Basingstoke was full of evacuees and London firms had filled all the hotels – it was still snowing! As it got dark we started stopping people in the street to ask for a bed and finally someone helped.’⁷⁶

For the next three years, Lawrie and Morris, and presumably all the physiotherapists at Park Prewett, worked on a rota of three months on each ward – ‘medical, surgical, orthopaedic, Rooksdown and the Villas.’ During her time at Park Prewett, Lawrie recalled treating a variety of injuries ‘never seen before in my generation...’, such as gunshot wounds treated with ultra violet light, fractures combined with wounds, and applying special bandaging for amputations. She also referred to gunshot wounds of the spine which produced paraplegia – ‘a desperate state for young men’. Recalling the treatment of men who had been shot in the jaw – what Lawrie referred to as ‘the dreadful GSW of the jaw’ – she stated, ‘they couldn’t speak or eat, they could hardly breath and their families did not recognise them. With all this mental and physical trauma, we had to drain their chests. There was also much rehabilitation. We saw incredible courage and endurance.’⁷⁷

According to Morris, it was Chief Anaesthetist, Patrick Shackleton, who had the idea in 1942-43 of using physiotherapy to clear a patient’s chest which was full of mucous after surgery. Referring to it as a ‘stroke of genius’, she remembered Shackleton informing her that the patient would die if Morris did not succeed. She stated: ‘I sensed the desperate situation. “Don’t just treat her once a day but every hour of the day.” With horror I saw the extent of her injuries which included complete skin loss over the whole of her back. This made our task much more difficult – but we succeeded and she lived.’ As far as Morris was aware, it was the first time such treatment had been prescribed for a surgical patient and it became routine at Rooksdown before and after operations. Writing in 1975, she stated, ‘today it is

⁷⁶ Ibid.

⁷⁷ Ibid.

normal procedure in all surgical wards for selected patients, everywhere'.⁷⁸ Morris also watched as much surgery as she could 'so that she knew how much to expect in the range of movement following the operations'.⁷⁹

When Park Prewett became a Transit Unit, following the D-Day landings in June 1944, there was no immediate work for the physios, and they were told they could either stay and do whatever was needed, or go to a base hospital and continue practising physiotherapy. They all agreed to stay and were divided into two groups by Dr. Morley from the 'Path Lab' (Pathology Laboratory); half were trained to carry out blood transfusions and formed the Blood Transfusion Unit which included Joyce Morris; the other half formed a Penicillin Unit which included Lawrie.⁸⁰ Lawrie recalled working 12 to 16 hours a day for the next six months with every fourth night on call for convoys of new arrivals.⁸¹ When Park Prewett reverted to being a base hospital, Lawrie continued to work 'very long hours' before returning to Rooksdown. According to Dilys Smith, from 6th June to the end of October 1944, when Park Prewett reverted, 'twelve thousand-odd battle casualties (had been) received plus other admissions and transfers to other hospitals. The hospital was congratulated by the Ministry of Health on its efficiency'.⁸² In early 1945, Lawrie decided to specialise in 'Peripheral Nerve Injuries' and returned to Park Prewett where she remained until June 1945.⁸³ Joyce Morris was put in permanent charge of physiotherapy at Rooksdown until she left c. 1946/1947 to become Superintendent Physiotherapist at Hammersmith Hospital.⁸⁴ She was later a member of the Rooksdown Club committee c. 1974-1975.⁸⁵

Joan Gordon (née Clegg) worked as a physiotherapist at Rooksdown from 1945-1948.

⁷⁸ *RCM*, 1975, p. 5. The article is entitled 'A Physiotherapist's Appreciation of Dr. Shackleton' and signed J.M. It is fair to assume that it was written by Joyce Morris.

⁷⁹ *RCM*, 1997, p. 10.

⁸⁰ Correspondence from Kay Lawrie, March 2006.

⁸¹ *RCM*, 1997, p. 10.

⁸² Smith, *Park Prewett Hospital*, p. 37.

⁸³ Correspondence from Kay Lawrie, March 2006.

⁸⁴ *RCM*, 1997, p. 10.

⁸⁵ The name 'Miss J. Morris' is included on the inside of the 1974 and 1975 Rooksdown Club magazines as a member of the committee.

When she first arrived in November 1945, she worked under Morris, whom she referred to as ‘an inspired and dedicated physiotherapist, committed to giving the highest standard of treatment to each and every patient’.⁸⁶ Gordon had trained as a physiotherapist at King’s College Hospital, London, just as the Second World War broke out. Her first job was at Cossham Hospital, Bristol, where she worked for two years followed by a year at Bridgwater Hospital, Somerset, where she worked mainly for an orthopaedic specialist.⁸⁷ Her interest in plastic surgery began after attending a lecture by Emlyn Lewis, a doctor who had taught her Anatomy at King’s, who was working at a plastic surgery unit in Wales.⁸⁸ She ‘felt it would be interesting to hear him’ and was ‘very impressed and intrigued by the thought of moving tissue from one area of the body to replace where some had been lost’. The lecture discussed ‘making noses’ and ‘carrying pedicles’, and convinced her that it was time she ‘moved to a more exciting job’.⁸⁹ Although there were no vacancies at Lewis’s unit in Wales, he suggested that she write to Gillies at Park Prewett to discover if there were any vacancies there. Gordon applied and received a letter from Gillies informing her that if she was willing to work at the main part of the hospital to begin with she could ask for a transfer to the plastic surgery unit when there was a vacancy.⁹⁰ She initially worked at the Spinal Fractures Unit which she found difficult: ‘If anything is dispiriting, it was to see those lovely lads lying in bed with no hope of getting better. It was tough going.’⁹¹ After working at the main hospital for three months, she moved to Rooksdown:

I always remember my first day on the wards. There was a senior tip-top physio, a lovely person (Joyce Morris). She asked me to do ward round with her to see everybody. Sir Harold was on the round. We went to one ward where there were a lot of jaw cases. A boy had a pink plastic shield

⁸⁶ *RCM*, 1997, p. 10.

⁸⁷ Correspondence from Joan Gordon, April 2006.

⁸⁸ Lewis opened the unit at Gloucester c. September 1943, mentioned in Chapter Two, which also covered the region of South Wales.

⁸⁹ Correspondence from Joan Gordon, April 2006.

⁹⁰ *Ibid.*

⁹¹ Interview with Ray and Joan Gordon, October 2005. Joan was present when Ray was interviewed.

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with a lip made on it so that he could smoke and sip drinks. They took off the plastic shield; I am a pretty tough girl – I had done nursing before – but there was nothing below his tongue. That was all there was: the tongue hanging out. They built him up a pedicle on to his wrist; they put the angle of the rib; you have two spare ribs. They did that to give him the shape of his chin and the dental people got to work on building up the jaw. He was able to talk again...It was a real thrill from a physio point of view. I was so lucky to be there at the right time.⁹²

The physiotherapists had a variety of tasks which, according to Gordon, contributed ‘to a more rewarding challenge’. Tasks included giving exercises to patients after bone grafts, massaging pedicles to increase circulation, gently massaging skin grafts, and, as discussed earlier, often having to turn chest cases – some whose jaws were wired together – upside down to drain their lungs. The Physiotherapy Department had a heated paraffin wax bath in which patients could dip their hands several times when their burns were healed, thus creating a wax ‘glove’ which would be wrapped in a small blanket for about half an hour then peeled off, often making movements much easier. Due to the patients requiring daily treatments, the physios worked at weekends.⁹³

James Russell’s injuries resulted in thirteen operations on the left side of his face and head. Most of his left ear was burnt off and his eyelids disappeared. The first thing the surgeons did was to construct eyelids so that he could close his eyes, and for a while he wore a black patch. His left hand was also burned, but due to intensive physiotherapy he did not have surgery on it. He recalled: ‘I could not move those fingers at all. The tendons were burnt. I had no graft on this; it was done entirely by physio.’⁹⁴ Another reason why Russell was able to regain the use of his fingers was that he was admitted to Rookdown very soon after being injured; the physiotherapists were able to get working on it ‘in a flash’. This was in contrast to a fellow patient in Russell’s ward who was injured in the desert: ‘I went

⁹² Ibid.

⁹³ Correspondence from Joan Gordon, April 2006.

⁹⁴ Interview with James Russell, April 2006.

through bloody hell, being forced to make these fingers move, whereas dear old Maurice Thompson...had his injuries out in the desert where they did not do anything. His fingers stayed completely like that. My left hand is weaker than my right but I am right-sided anyway.'⁹⁵

It seems that physiotherapists could take up permanent residencies within Rooksdown after they had worked at Park Prewett. As stated above, Joyce Morris was put in permanent charge of physiotherapy at Rooksdown when Park Prewett returned to normal after the D-Day campaign, and Joan Gordon moved permanently to Rooksdown in November 1945 after working at Park Prewett for three months. The correspondence also suggests that there were two or three resident physiotherapists at Rooksdown at one time, certainly by the end of the war and possibly before D-Day. Joan Gordon stated that there were 'Two very special Physios in charge'.⁹⁶ An article in the Rooksdown Club's first magazine, *Rooksdown Pie*, in 1947, stated: 'In the Physio or "The Pull and Push" section, Miss Morris and Mrs. Grass are no longer with us, but we presume that our loss is the gain (and pain?) of Hammersmith and Toronto. Miss Clegg and Miss Wright continue the good work in their new headquarters upstairs.'⁹⁷ James Russell stated that Joan Gordon was 'the kind one and the other one was the tough one'.⁹⁸ There was also an Occupational Therapy department at Rooksdown, and a British Red Cross Welfare Officer who organised recreational activities and outings for the patients, as discussed in Chapter Four.⁹⁹

Much innovative work took place at Rooksdown in the field of physiotherapy, some of it life-saving but probably all of it life-enhancing as it increased the quality of life for many patients. This was also the case at East Grinstead and presumably the other plastic surgery units where so many injuries were of an extreme nature. See also the pioneering

⁹⁵ Ibid.

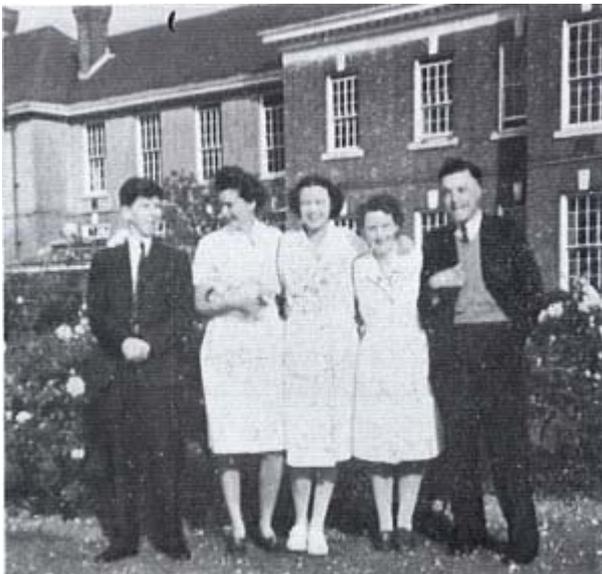
⁹⁶ Correspondence from Joan Gordon, April 2006.

⁹⁷ *Rooksdown Pie*, p. 4.

⁹⁸ Interview with James Russell, April 2006.

⁹⁹ See pp. 244-262.

physiotherapy that took place on paralyzed servicemen at the Spinal Unit at Stoke Mandeville under Dr Ludwig Guttmann.¹⁰⁰ Before Guttmann's arrival at the unit in February 1944, the outlook for paraplegics was grim, as were the experiences of physiotherapists treating them, similar to Joan Gordon's experience at the Spinal Fractures Unit at Park Prewett discussed earlier. According to Anderson, the outlook for servicemen with spinal injuries at the start of the Second World War was as poor as it had been in 1918.¹⁰¹ It is interesting to note that many blind ex-servicemen were trained at St Dunstan's to become physiotherapists during and after the Second World War.¹⁰²



85. 'Roy Barber & Archie Day with the "physios" 1948', *Rooksdown Club Coronation Souvenir 1953*

(thereafter *RCCS 1953*), June 1953 (no page numbers). Joan Gordon is second on the right.

¹⁰⁰ Anderson, *War, Disability and Rehabilitation*, pp. 136-138; Goodman, *Spirit of Stoke Mandeville*, pp. 113-115, 123-124; Scruton, *Stoke Mandeville: Road to the Paralympics*, pp. 12-13.

¹⁰¹ Anderson, *War, Disability and Rehabilitation*, p. 132.

¹⁰² Castleton, *In the Mind's Eye*, pp. 143-147. Regarding physiotherapy during the First World War, see Carden-Coyne, 'Painful Bodies and Brutal Women', pp. 139-158; Beth Linker, 'Strength and Science: Gender, Physiotherapy and Medicine in Early Twentieth Century America', *Journal of Women's History*, 17 (3) (2005), pp. 105-132.

https://www.academia.edu/334004/Strength_and_Science_Gender_Physiotherapy_and_Medicine_In_Early_Twentieth_Century_America See also Linker, *War's Waste*, pp. 61-78, which discusses the significant role played by women in the rise of physical therapy during the First World War in America, whom she refers to as 'A New Female Force'.

It is clear from the various testimonies that conditions at Rooksdown were far from ideal for a surgical unit, the situation compounded by the number of casualties admitted to the hospital. In the opening line of his written address as president of the Rooksdown Club, Gillies himself referred to Rooksdown House as being an 'ill-adapted building for a surgical hospital' with operating theatres that were 'almost a joke'.¹⁰³ James Cuthbert also referred to the operating theatres when alluding to the temporary nature of the unit, stating that 'For more than seven years Rooksdown remained an Emergency Hospital. Improvisation was the order of the day...Some improvisations, alas, remained only too stable. In particular, the small temporary operating theatres, with home-made lighting hurriedly constructed by the hospital engineer were never abandoned'.¹⁰⁴ According to Ray Gordon, the two operating theatres were set in what had been an extension from the corridor for the residents to sit in. Gordon remembered walking passed with a food trolley to get lunch from the kitchen 'and seeing them operate on someone's head'. Joan Gordon thought it was a miracle that there was no cross-infection.¹⁰⁵ Dilys Smith also referred to the 'slightly ramshackle, temporary air about the wartime arrangements at Rooksdown. Sir Harold's operating theatre was a partitioned corridor, the doctor's (sic) dining room was a partitioned section of the entrance hall, the wards and side rooms, never smart, were by the time the unit left, extremely, indeed depressingly, shabby'.¹⁰⁶ Smith also made the point that 'It was the quality of the work done, not the surroundings which was important to him (Gillies) and, of course, to his patients.'¹⁰⁷

¹⁰³ *Rooksdown Pie*, p. 2.

¹⁰⁴ *RCM*, 1947, p. 3. An interesting aside, and another example of improvisation at the unit, is given by Judy Slater regarding an original Park Prewett nurse called Stanley. Stanley and several others decided to stay and work with the evacuated London nurses 'which usually involved some downgrading as the Londoners had priority.' Simmims recalled that the theatre was divided into two by a wooden partition so that surgeons could operate at the same time. Stanley had possibly started as 'a sort of theatre porter' but had 'other abilities', and while the anaesthetist attended to one patient, he watched the other and became 'a pioneering anaesthetic nurse'. He was also reported to have shown Gillies the best places to fish at the weekend. *RCM*, 1997, p. 18.

¹⁰⁵ Interview with Ray and Joan Gordon, October 2005

¹⁰⁶ Smith, *Park Prewett Hospital*, p. 32.

¹⁰⁷ *Ibid.*

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Indeed, despite the hospital's obvious structural shortcomings, much pioneering work, both surgical and non-surgical, went on at Rooksdowm during the war and in the years that followed. Bill Holdsworth, a plastic surgeon at the unit from 1947 and a president of the club in later years, referred to the great surgical work that went on in the 'Far from purpose-built' operating theatres, stating: 'In this unlikely setting new operations of breathtaking scope were being carried out with unrivalled skill.'¹⁰⁸ The staff had no choice but to get on with the work in hand. In the 'cramped quarters' of the temporary theatres, over 11,000 operations took place from when the unit opened in 1940 through to 1947.¹⁰⁹ The report by Kelsey Fry in October 1944 referred to the 'magnificent work' being done at Rooksdowm which, in his opinion, was 'taking the brunt of the attack'. He noted:

During my visit to the North the following points concerning this centre became obvious:-

- 1) That some of the centres would not have been able to deal with the special cases which are being sent from St. Margarets to Rooksdowm direct, and
- 2) The cases Rooksdowm had sent to the North after early treatment are arriving in such good condition that no further specialist treatment is necessary for some time. This has been a great help to the provincial centres.¹¹⁰

The following statistics were given by Gillies for the years 1939-46:

	Patients Admitted	Operations Performed
Rooksdowm House	4,665	10,128
East Grinstead	10,683	9,181

Ministry of Pensions Unit at Roehampton and Stoke Mandeville during the period September 1939 to August 1948

Patients Admitted	Operations Performed
5,300	8,577

¹⁰⁸ *RCM*, 1994, p. 2.

¹⁰⁹ *RCM*, 1947, p. 3.

¹¹⁰ Report of tour to plastic surgery units, 23rd October 1943, TNA: MH 76/116. This report is referred to on p. 148 of this thesis.

According to Gillies, ‘These figures speak for themselves.’¹¹¹ It is fair to say that, at first glance, these figures do not speak for themselves. Taking Rooksdow House, and to a lesser extent Roehampton, for example, the figures suggest that on average the patients there had two operations; however, this was certainly not the case with the patients who were interviewed (see Appendix 10) or whose testimonies I had access to who required multiple operations. Stranger still seem the statistics for East Grinstead where the number of operations is less than the number of admissions. Andrew Bamji has found a similar problem with the statistics for the patients at Sidcup during and after the First World War, concluding that ‘the different sets of figures do not match up’. Bamji has not seen other statistics for the Second World War plastic surgery units but sees no reason to question the official statistics quoted by Gillies, suggesting that the disparity between admissions and numbers of operations has more than one explanation. Firstly, the figures may represent admissions as recorded in the admissions book, whereby men appeared more than once and were double-counted – as Bamji also encountered with the WW1 Canadian records – or they represent individuals treated, and therefore repeat admissions were not counted. In Bamji’s opinion, the Rooksdow figures represent individuals, the East Grinstead figures admissions. Also, although some patients had more than one operation during an admission, others had none, having been admitted only for review or being unfit for surgery.¹¹² Former BAPRAS archivist and plastic surgeon, Brian Morgan, also made the point that many patients, burns cases in particular, would have required treatment rather than operations. He therefore saw no reason to question the data.¹¹³

¹¹¹ Gillies, ‘Plastic Surgery – Introduction’, p. 340.

¹¹² Email from Andrew Bamji, 29th July 2015.

¹¹³ Telephone conversation with Brian Morgan, July 2015.

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Confusing as they are, the statistics quoted by Gillies – and he can be regarded as the leading authority on such data – are the only specific ones available.¹¹⁴ Statistics exist for East Grinstead, compiled by the Senior Theatre Technician in December 1951, but these combine general (non-plastic surgery) and plastic surgery operations and do not differentiate between them.¹¹⁵ The totals for the years 1939-1946 are as follows:

Year:	Total number of operations:
1939	560
1940	1082
1941	1647
1942	1673
1943	1781
1944	1983
1945	2312
1946	2777

The total number of operations at East Grinstead is 13,815, 4,634 more than Gillies quoted for the same period. Jones probably took the figures from the annual reports of the hospital that were published in booklet form, as some of the figures correspond. There seem

¹¹⁴ Although Gillies published in medical journals such as the *British Journal of Plastic Surgery (BJPS)*, he did not publish prolifically. For example, a search of the website of the *Journal of Plastic, Reconstructive and Aesthetic Surgery*, formerly the *BJPS* (the title changed in 2006 ‘to reflect its international audience and content’ (<http://www.bapras.org.uk/professionals/jpras>), shows that Gillies published only five articles, in collaboration with other plastic surgeons.

<http://www.jprasurg.com/action/doSearch?searchType=quick&searchText=harold+gillies&occurrences=author&journalCode=pras&searchScope=fullSite> A search of the website for Science Direct shows the same five articles. <http://www.sciencedirect.com/science/search> Similarly, in *The Lancet*, there are five articles published by Gillies, three in collaboration with other plastic surgeons, and only one was published after the Second World War.

<http://www.thelancet.com/action/doSearch?searchType=quick&searchText=harold+gillies&occurrences=author&journalCode=lancet&searchScope=series&seriesISSNFltraddfilter=0140-6736&journalCode=lancet> A possible reason why Gillies did not publish more articles in the *BJPS* is because it was first published in April 1948 and he died in 1960. He was quite old at this time and possibly did not have as much energy or time to contribute articles. During the 1950s, he was also working on his text book with Ralph Millard which must have taken up much of his time. It should also be noted that the articles Gillies did publish were about plastic surgery procedures rather than statistics concerning the war.

¹¹⁵ ‘Totals of operations performed at the Queen Victoria Hospital from 1933 until 1951. Both years inclusive’, compiled by C. G. Jones, Senior Theatre Technician, 10th December 1951.

to have been two annual reports published, one for the hospital in general which also provided a Statement of Accounts and includes statistical tables for in-patients, out-patients, average costs, income and expenditure, and one for the plastic surgery unit itself which provided some statistics, although these are included as part of a narrative rather than in detailed table form. For example, the *Annual Report for 1940* states: 'During 1940, 577 operations were performed in the unit. The majority of these occurred in the latter part of 1940, following Dunkirk, and they therefore give a poor indication of the volume of work which is actually passing through the Hospital at the moment.'¹¹⁶ The total number of operations in 1940 was 1082, meaning that 505 general operations took place. The total statistics for the period 1939-1946 may verify those quoted by Gillies, the difference between the two consisting of the general operations.¹¹⁷

Presumably, the 'volume of work' at East Grinstead c. 1940 refers to the out-patient admissions whereby patients did not necessarily require surgery but attended follow-up appointments for check-ups or other procedures, such as saline baths and dressing changes. This is another indication that not all patients admitted had operations. This was certainly the case with members of the Guinea Pig Club, a number of whom, perhaps surprisingly, did not require surgery.¹¹⁸ A 'Discharge Register, August 1943 - June 1945' from East Grinstead also shows multiple admissions for a number of patients, and that their stay in hospital was not long, sometimes days, sometimes a week, again suggesting that they were not undergoing surgery which usually required approximately a three-four week stay in hospital.

¹¹⁶ *The Maxillo Facial Unit of Queen Victoria Hospital East Grinstead, Annual Report for 1940, Supplementary to the 52nd Annual Report, Year Ended 31st December, 1940*, p. 4.

¹¹⁷ East Grinstead Museum only holds copies of annual reports for the years 1939-1942, and 1945, hence the sources do not provide full statistics; nevertheless, they are very useful and offer the most detailed information concerning all the units.

¹¹⁸ A team led by Bob Marchant at the East Grinstead Museum, in collaboration with the RAF, has compiled a spreadsheet containing information about every Guinea Pig, such as name, date of birth, rank, when they were injured, when they were admitted, and the number of operations each received. It is still a work in progress as not all the information has been gathered but it is an excellent resource and demonstrates clearly that not all Guinea Pigs needed surgery.

Unfortunately, there are no similar statistics for the other main plastic surgery units during the Second World War. There are certainly no such records held at the Wellcome Trust,¹¹⁹ The National Archive or the British Library.¹²⁰ Similarly, there are no relevant statistics held at the archives/museums/hospitals associated with the units. Hampshire Record Office holds some records for Rooksdown House in the collection for Park Prewett Hospital but they do not include the type of statistics held at East Grinstead.¹²¹ As stated earlier, the Royal College of Surgeons hold medical records of Rooksdown patients, previously held at the Gillies Archives,¹²² but not lists of admissions or the number of operations carried out. According to an article in the *News of the World* in 1959, 20,000 patients passed through Rooksdown, including over 6,000 servicemen, but no other details are given.¹²³

All statistical records and documents of Queen Mary's Hospital, Roehampton, are now kept at the London Metropolitan Archives.¹²⁴ However, no printed or published statistics of the hospital have been deposited there.¹²⁵ Hertfordshire Archives and Local Studies do not hold any records for Hill End Hospital, St Albans. During the Second World War, Hill End served as a military hospital run by St Bartholomew's. After the war, Barts continued to control about a quarter of the beds - for acute patients – while the rest of the hospital was devoted to mental patients (its role prior to the outbreak of the Second World War). This

¹¹⁹ Email from Edward Bishop, Library Assistant, Wellcome Library, 13th July 2015.

¹²⁰ Enquires and catalogue searches at TNA and the British Library have proved fruitless.

¹²¹ The catalogue descriptions can be viewed online using the search page at HRO's website by typing 'Rooksdown' into the 'any text' field and clicking search; to view the whole collection, type 279M87 into the 'finding number' field and click search. The collection includes the postcards and photographs shown in chapters Two and Three.

¹²² See p. 38. These can be checked at TNA hospital database.

<http://www.nationalarchives.gov.uk/hospitalrecords/details.asp?id=2563&hospital=rooksdwn&town=&searchdatabase.x=119&searchdatabase.y=16>

<http://www.gilliesarchives.org.uk/> Email from Steve Hynard, Archives and Local Studies Assistant, Hampshire Record Office, 14th July 2015.

¹²³ This article is shown on p. 211 of this thesis. Presumably, many more service casualties from the Second World War were admitted to Rooksdown after the war, as well as service casualties from Palestine and the Korean War. See pp. 198 and 207 of this thesis. This possibly explains the discrepancy between the 6,000 quoted in the article and the 4,665 quoted by Gillies.

¹²⁴ Email from Linda Lamb, Administrator QMH Archive and Museum Group, 13th July 2015. To access the records, quote reference: Queen Mary's Hospital Roehampton H02/QM.

¹²⁵ Email from M. Arnold on behalf of London Metropolitan Archives, 22nd July, 2015.

arrangement continued until c.1962. Hertfordshire Archive and Local Studies suggested contacting Barts for the relevant records.¹²⁶ Unfortunately, according to St Bartholomew's Hospital Archives and Museum, there are very few surviving records in the hospital's collection relating to the evacuation of the hospital to Hill End, how services were managed there, or the treatment of patients. The archives do not hold records of patients who were admitted there, under the auspices either of Barts or Hill End, and the annual high-level statistical report published by the hospital before and after the war does not seem to have been produced for the war years. According to Kate Jarman, Deputy Archivist, St Bartholomew's Hospital Archives and Museum, if patient records or statistics of this kind are not held by Hertfordshire Archives, or by St Albans Museum (and they are not), then it is likely that they have been lost or otherwise disposed of. The plastic surgery unit remained at Hill End until 1953 when it moved to Mount Vernon Hospital, Northwood. The clinical notes from the end of the war were transferred to Mount Vernon and, when plastic surgery moved from Mount Vernon to the Royal Free Hospital, they were destroyed. It seems likely that the wartime records met the same fate.¹²⁷

Teaching at Rooksdown

As discussed in Chapter Two, Rooksdown, along with the units at East Grinstead and Hill End, was at the forefront of teaching plastic surgery during this period. As well as training civilian staff for the new plastic units at home, training of service personnel took place from August 1940, and three of the six Foreign Service Units were formed at Rooksdown.¹²⁸ Many foreign plastic surgeons also visited Rooksdown for instruction. Gillies referred to 'surgeons

¹²⁶ Email from Paula Mumford, Archive/Library Assistant, Hertfordshire Archive and Local Studies, 22nd July 2015.

¹²⁷ Email from Kate Jarman, Deputy Archivist, St Bartholomew's Hospital Archives and Museum, Barts Health NHS Trust, 30th July 2015. Brian Morgan confirmed that while working at Mount Vernon in the late 1960s, he was unable to find the Second World War patient records from Hill End. Telephone conversation with Brian Morgan, 11th August 2015.

¹²⁸ See pp. 141-142, 149-153. See also Battle, 'War History of Plastic Surgery in the Army', pp. 342-344.

from the four corners of the earth. In the doctors' mess more than once attention was called to the fact that Martin Rushton was the only Englishman present, and when the Rooksdawn Club was formed in 1944-45, records of the staff who had served or observed revealed 34 nationalities represented, including the Russian surgeon Kotov, director general of Kiev'.¹²⁹ Judy Slater recalled a meeting 'of about 12 people crowded into a small room watching him (Gillies) drawing, I think in pencil, on a small piece of paper, just what he intended to do with the patient sitting beside him. Among the spectators was Mr. McIndoe. Later there was a group of Canadians taking a course of instruction'.¹³⁰

A unit predominantly made up of Rooksdawn staff was also sent by the United Nations Relief and Rehabilitation Administration (UNRRA) to Yugoslavia shortly after the war to help reconstruct the Yugoslav war-wounded. The first UNRRA plastic surgery team arrived in Yugoslavia in November 1945, consisting of surgical and nursing staff. The intention was to help establish a plastic surgery hospital in Belgrade and train Yugoslav personnel to carry on treating their own patients once the UNRRA team had left. According to Gillies, 'After some resistance this was agreed upon, and a British Plastic team, including surgeon Cuthbert, dental surgeon Rushton, anaesthetist Shackleton and matron Whiteside, went over to work and teach. Barron later replaced Cuthbert, and others carried on the unit.'¹³¹ The original team remained in Yugoslavia for three months before returning in February 1946. Freda Bowen also referred to the UNRRA team in an article about Rooksdawn which appeared in *The Nursing Times* in January 1954.¹³² At the time of her article, the hospital in Belgrade was 'an established part of the Yugoslav medical service'.¹³³ In his Chairman's Report in the 1990 magazine, Ray Gordon referred to the 45th anniversary

¹²⁹ Gillies and Millard, *Principles and Art*, p. 437.

¹³⁰ *RCM*, 1997, p. 18.

¹³¹ Gillies and Millard, *Principles and Art*, p. 441. This was also reported in *Rooksdawn Pie*, pp. 6-8.

¹³² Bowen, 'Rooksdawn House, Basingstoke', p. 41. Bowen was matron of the hospital at this time, appointed in 1951. *RCM*, 1951, p. 10.

¹³³ Bowen, 'Rooksdawn House, Basingstoke', p. 41.

of the establishment of the plastic surgery hospital in Belgrade. His report demonstrates further the work that went into establishing the unit: ‘All the equipment surgical, dental, medical, nursing, drugs, photographic, etc., had to be taken out by the team and a 200 bedded hospital was also shipped out by sea to be there on arrival of our team. Our team returned in February, 1946 being replaced by a new team from Hill End Hospital and they, in turn, by one from East Grinstead. Rooksdown certainly provided the pioneering team in this excellent project.’¹³⁴

Infection at Rooksdown

Although it could have been much worse, the unit was not without its problems and became infected at different times. Many Dunkirk burns cases, for example, treated with tannic acid became infected, which resulted in loss of fingers from gangrene and the death of patients from septicaemia.¹³⁵ Colonel Colbrook was called in from St Mary’s, Paddington, to form a team to counter infection. Colbrook was Director of Pathology for the Army ‘at home’ and a colleague of Professor Alexander Fleming who was working at Rooksdown at this time.¹³⁶

The unit became infected with the A-12 haemolytic streptococcus, brought in by a blind pilot called Charters.¹³⁷ Gillies recalled that it ‘ran rampant through the hospital’ for months, ‘with devastating effect on all the grafts and flaps.....’¹³⁸ After various tests, it was decided to cover all the floors with spindle oil to try to keep the dust down. According to Dorothy Whiteside, the staff hated it because ‘one slipped or got covered with solid dust and everything looked

¹³⁴ *RCM*, 1990, p. 3.

¹³⁵ Gillies and Millard, *Principles and Art*, p. 440.

¹³⁶ *Ibid.* Fleming lived at Rooksdown for two years, working with Dr. Morley in the Pathology Laboratory. *RCM*, 1978, p. 8.

¹³⁷ Gillies and Millard, *Principles and Art*, p. 440. Streptococci are bacteria that live in the human body and can destroy or damage red blood cells. For more information, go to www.humanillnesses.com/Infectious-Diseases-Sk-Z/Streptococcal-Infections.html

¹³⁸ Gillies and Millard, *Principles and Art*, p. 440.

dirty'.¹³⁹ It also resulted in the unit isolating its own streptococcus which it never managed to conquer.¹⁴⁰ A month later, Colebrook announced that A-12 had returned and was now resistant to sulfonamides.¹⁴¹ A-12 remained at Rooksdown until penicillin was introduced.¹⁴²

Rooksdown was one of the first hospitals to use penicillin. As stated above, Alexander Fleming, who, with Howard Florey and Ernst Chain, is credited with discovering penicillin,¹⁴³ worked at Rooksdown and was an early member of the Rooksdown Club.¹⁴⁴ Nora Hayes, a nurse at Rooksdown during the early to mid-1940s, recalled her first meeting with the 'unassuming' Fleming at Rooksdown:

Another day, again on the corridor, feeling hot and irritable, I left the Saline Bathroom and was leaning against the wall. Coming along the corridor was a rather shabby looking man. He appeared to be making his way towards the Operating Theatres. I pounced on him. "Who are you, and where do you think you are going?" Shrinking against the wall he said, "I'm Dr. Fleming and I'm going to the Path. Lab!"¹⁴⁵

Kay Lawrie, who worked in the Penicillin Unit, recalled how the drug was used in the very early days:

This was virtually the first time Penicillin had been used. It was sent in powder form from Eli Lilly in America and we made it up for injection using distilled water. We each had a section of the Hospital to cover and I had the Burns and Head Injuries Unit (200 beds). When a convoy of wounded arrived we went to the Reception Area and noted which men had already had Penicillin and the time of the last injection. We then had to note which ward they were sent to and to follow up the treatment. At the beginning a safe dose was injected every three hours. Professor Fleming (later Sir Alexander) was with us in the Lab and he decided the dosage. We had to keep meticulous notes which were kept for reference. All this took every moment of our Duty time. We

¹³⁹ RCM, 1978, p. 9.

¹⁴⁰ Ibid.

¹⁴¹ Gillies and Millard, *Principles and Art*, p. 440. A sulfonamide is one of a large group of drugs used to treat bacterial infection. <http://medical-dictionary.thefreedictionary.com/Sulphonamide>

¹⁴² Gillies and Millard, *Principles and Art*, p. 440

¹⁴³ Kevin Brown, *Penicillin Man – Alexander Fleming and the Antibiotic Revolution* (Stroud, 2004). For a brief account of those servicemen treated with Penicillin after D Day, see p. 142. Rooksdown House/Park Prewett is not mentioned by name but rather 'the base hospital at Basingstoke staffed by St Mary's doctors and nurses.'

¹⁴⁴ Fleming's name is included on the original list of members in *Rooksdown Pie*, p. 18.

¹⁴⁵ RCM, 1981, p. 4. Brown also referred to Fleming's quiet manner. Brown, *Penicillin Man*, p. 142.

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worked from 9am to 9pm and on call every 4th night. When we came off night duty we were back at Lunch time. Many of the convoys came in at night and twice my turn involved German POW's. (sic)

Six weeks after D-Day Sir Harold Gillies had to take a break after operating continuously. A Canadian Surgeon took his place for one week and during this time his hand became infected through a pierced glove. He volunteered to have an intravenous injection of Penicillin which was very brave because it was not known how much could be given safely. The infection cleared and we then found we could give Penicillin once a day instead of every three hours.¹⁴⁶

Ray Gordon was treated with penicillin after his hand started throbbing a day before he was due to have an operation. He recalled: 'Sir Harold looked at it in the evening and said, "Penicillin, an injection every three hours for three days." I could barely sit down at the end of the third day. I was told afterwards that the cost of penicillin then was £18 a shot. In those days, people perhaps earned £5 a week.'¹⁴⁷ Bill Clay was also treated with penicillin. After each operation, he was visited by Fleming who sat on his bed and chatted to him. Clay remembered that Fleming once told him: "Your face is your fortune." He told me the spray on my face would cost, if they could get it, at least £2,000, but I was a service casualty and it was available only for service wounded'.¹⁴⁸

After the war

The EMS units finally moved out of Park Prewett at the end of December 1947 and the psychiatric patients gradually returned. On 1st January 1948, Park Prewett reverted to being a psychiatric hospital, with the exception of Rooksdown House which remained a plastic

¹⁴⁶ Correspondence from Kay Lawrie, March 2006.

¹⁴⁷ Interview with Ray Gordon, March 2006.

¹⁴⁸ *RCM*, 1988, p. 8. Clay had a total of thirty-six operations, mostly carried out by Cuthbert and Gillies, but he was also treated by McIndoe who experimented with his eyelids. McIndoe requested that Clay allow him to continue the treatment at East Grinstead where all or most air pilots were being transferred in order to clear Rooksdown in preparation for casualties of the D-Day landings. Clay was driven back and forth to East Grinstead by a lady known as Chris who also drove patients from Rooksdown to auxiliary hospital, Moundsmere Manor. *Ibid.* See also *RCM*, 1987, p. 14. Moundsmere Manor is discussed further in Chapter Four.

surgery unit until 1959.¹⁴⁹ From as early as 1947, there were constant rumours that the unit would be leaving Rooksdowm but it remained there while the authorities looked for somewhere to re-house it. In an article, 'After the War', Bill Holdsworth described what happened to the unit in the early post-war years.¹⁵⁰ The article is extremely informative, although no dates are given, so it is difficult to ascertain exactly when certain things took place. Holdsworth appears to be referring mainly to the late 1940s/early 1950s. Although there are some discrepancies which are addressed shortly, it is an enlightening account from a plastic surgeon who worked at Rooksdowm throughout the period, and helps to fill gaps about the hospital during the post-war years.

The first priority was to inform doctors and dentists over a wide area about the services offered at Rooksdowm. Plastic surgery as a specialty was in a much better position than after the First World War, although many doctors still had 'little idea of the nature of the work'.¹⁵¹ Lectures were given at nearby hospitals to surgeons, dentists, and occasionally speech therapists and physiotherapists. According to Holdsworth, 'We were not above talking to Women's Institutes!'¹⁵² Despite being very busy, Gillies saw patients at Winchester and Southampton, as did Patrick Clarkson at St Charles' in London, and many of these were treated at Rooksdowm. Some soldiers with bullet wounds also arrived from Palestine due to the conflict there.¹⁵³ There was still much work to be done and beds remained occupied. The unit was run by Air Vice-Marshal Panter who, having assumed the duties of Deputy Medical Superintendent c. 1947,¹⁵⁴ 'kept the system working effectively'.¹⁵⁵

¹⁴⁹ Smith, *Park Prewett Hospital*, pp. 51 and 60. According to Smith, the EMS 'receded like a slow tide, little by little'. *Ibid.*, p. 37.

¹⁵⁰ *RCM*, 1986, pp. 7-9.

¹⁵¹ *Ibid.*, p. 7.

¹⁵² *Ibid.* The lectures are discussed in more detail on pp. 362-363 of this thesis.

¹⁵³ *Ibid.*, p. 8. Patrick Clarkson was a plastic surgeon at Rooksdowm and original member of the club. *Rooksdowm Pie*, p. 15. See also *Rooksdowm Club Newsletter* (thereafter *RCN*), February 1971, pp. 3 and 8. For information about the British handover of Palestine, see N. Bethell, *The Palestine Triangle – The struggle between the British, the Jews and the Arabs 1935-48* (London, 1980), and G. Webb, *Epitaph for an Army of Peacekeepers – British Forces in Palestine 1945-1948* (Fleet Hargate, 2005).

¹⁵⁴ Panter had taken over from Colonel Maugham who had retired due to ill health. *Rooksdowm Pie*, p. 4.

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Norman Rowe took over the dental work c. 1948, and with the help of Homer Killey who also worked at the Eastman Dental Hospital in London, set up an Oral Surgery Service.¹⁵⁶ With the advent of the NHS in 1948, Rooksdown became the regional centre for plastic and jaw surgery, serving the eastern area of the South West Metropolitan Region.¹⁵⁷ Approximately 120-130 surgical operations were carried out each month, and the Waiting List remained steady, with cases waiting two or three months, at most, for admission.¹⁵⁸ Gillies continued to operate twice a week, and patients from all over the country were referred to his clinics on Thursdays. The unit clearly continued to be a centre of excellence for teaching plastic surgery. Holdsworth remarked that Gillies' teaching was 'superb. He would devote limitless time to his patients and to the postgraduate students who flocked in to hear him. There was no similar teaching available anywhere else and junior posts were eagerly sought by keen young men. Many of these are now established in various corners of the globe, and they speak to their own trainees with interest and affection of matters learned at Basingstoke.'¹⁵⁹ Consultative clinics were also held by Rooksdown staff at hospitals over a wide area, and, when necessary, staff would visit patients who were too sick to attend Rooksdown.¹⁶⁰

¹⁵⁵ *RCM*, 1986, p. 8.

¹⁵⁶ *Ibid.* For more information about Rowe, see *RCM*, 1992, pp. 6-11. For more information about the Eastman Dental Hospital, see Anon., 'The Eastman at 60 – a history of the UCL Eastman Dental Institute', *British Dental Journal*, 203(9) (2007), pp. 551-554. Alternatively, go to www.ucl.ac.uk/eastman/about/history/eastman-60.pdf or www.uclh.nhs.uk/ourservices/ourhospitals/edh/pages/home.aspx

¹⁵⁷ Bowen, 'Rooksdown House, Basingstoke', p. 41. See also *RCM*, 1986, p. 8.

¹⁵⁸ *Ibid.*

¹⁵⁹ *Ibid.* Bowen also referred to Rooksdown continuing 'to attract a steady flow of medical and nursing staff from the Dominions, the United States of America, Latin America, Scandinavia and almost all the countries in Europe.' Bowen, 'Rooksdown House, Basingstoke', p. 41. See also *RCM*, 1978, p. 9.

¹⁶⁰ *RCM*, 1986, p. 8.



86. Rooksdown medical team c. 1945. (personal collection)

Back row: James Cuthbert is far left, Martin Rushton is second from left, Gillies is third from left, Patrick Shackleton is third from right. The woman standing between Gillies and Shackleton is most likely Greta Olsen (see pp. 310 and 325). Front row: Matron Dorothy Whiteside is far right. The other people are unknown.



87. 'Medical Staff 1947', *RCCS 1953*.



88. James Cuthbert c. 1947, *RCCS 1953*.



89. Bill Holdsworth c. 1948, *RCCS 1953*.

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90. 'Medical Staff 1948', *RCCS 1953*.



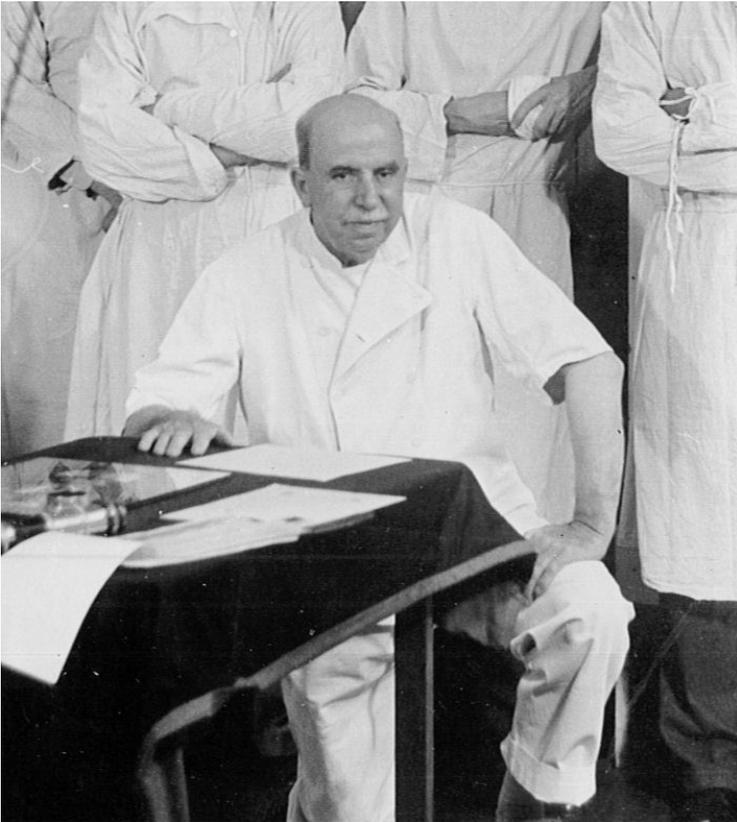
91. 'Medical Staff, 1948', *RCM*, 1976, p. 8.



92. 'Theatre staff 1948', *RCCS 1953*.



93. 'Taken in Sir Harold Gillies' clinic 1948', *RCCS 1953*.



94. Harold Gillies (date unknown). (personal collection)

The wards at Rooksdown were rearranged after the war, presumably when the vast majority of service casualties had finished their treatment and there was no longer a need for an officers' ward or separate service and civilian wards. The wards were rearranged as follows: '2A became an Outpatient Department; 2B was for children; 3B was for women, and 4A and 4B for men.'¹⁶¹ Ward 1A became a Burns Ward – 'and a busy one' due mainly to the flammability of 'pretty garments' that were available in the shops for the first time since the war.¹⁶² According to Holdsworth, 'too often their flammability was literally lethal. The corner room with eight beds was steadily occupied by a deplorable succession of little girls whose frocks or nightdresses had caught fire. In the course of giving a lecture I would

¹⁶¹ Ibid.

¹⁶² Ibid. Holdsworth's allusion to Ward 1A becoming a burns ward is confusing because a number of personal testimonies state that 1A had been a burns ward during the war. Possibly, he is differentiating between 1A being a burns ward for service casualties at the time of the war and in the immediate years that followed, and for civilian casualties thereafter.

sometimes put a match to a child's frock. The resulting conflagration was striking, and it was a great day when such garments became illegal'.¹⁶³

There are discrepancies between Dilys Smith's and Holdsworth's accounts regarding some of the other changes that took place at Rooksdown after the war. For example, according to Smith, 'the main theatre block was moved and the original theatres became an emergency ward: the dental department was resited, its old site became a library and physiotherapy department.'¹⁶⁴ Holdsworth, on the other hand, suggested that 3A became a library and lecture theatre that was 'used constantly'. He went on to explain that, because there was 'little teaching of Plastic Surgery', the unit was asked to provide instructional courses for postgraduates which occupied many weekends. Lectures were given for Registrars from local hospitals twice a year, and for surgeons studying for the FRCS examination. Regular visits were made by naval surgeons by arrangement with Gillies who was still Consultant to the Navy.¹⁶⁵ Holdsworth's account is more detailed, and because he worked at the unit during this time, his version of events is likely to be more accurate.

However, Smith's allusion to the 'considerable alterations' to Rooksdown in the late 1940s, in line with improvements to the building of Park Prewett and to the furnishing of the wards, nurses' rooms, day rooms and dining rooms of the main hospital,¹⁶⁶ is certainly correct and contradicts Holdsworth's assertion that 'so long as the future remained obscure no money was available for paint or redecoration'.¹⁶⁷ Indeed, the 1950 club magazine confirmed that, despite being 'still under notice to quit', the hospital had been redecorated. It remarked: 'We still remain in our old familiar surroundings – no longer quite so old and familiar for we have had a coat or two of paint right through the building and we look cleaner and brighter than at any time within the memory of the oldest inhabitant of "Plastic

¹⁶³ Ibid.

¹⁶⁴ Smith, *Park Prewett Hospital*, p. 54.

¹⁶⁵ *RCM*, 1986, p. 8.

¹⁶⁶ Smith, *Park Prewett Hospital*, p. 54.

¹⁶⁷ Ibid.

Rooksdown””.¹⁶⁸ By 1951, the unit had also received ‘some splendid new equipment’ which gleamed ‘opulently from the dental department’; there were fresh notices ‘here and there’ and ‘strange, weird devices’ which popped up ‘now and again’.¹⁶⁹ Despite the changes, the 1951 club magazine reported that ‘Rooksdown remains its individual self’.¹⁷⁰

Freda Bowen’s article, as well as giving a brief history of Rooksdown during the Second World War, also provides specific details about the work carried out c. 1951-1954. The work consisted ‘principally of the immediate skin replacement of traumatic injuries’ and facial injuries, including jaw fractures. There was a special department for the reception and treatment of severe burns, and a busy children’s ward which dealt with conditions such as congenital deformities, including cleft lips and palates, bat ears, birthmarks and hypospadias.¹⁷¹ The dental department had four surgeries, and as well as treating jaw fractures, received oral surgery cases ‘of special difficulty’ referred by dentists in the region. There was a laboratory attached to the department which constructed special prostheses for the replacement of eyes, ears and noses, in cases where surgery was not advisable. Two photographers and a medical artist played a vital role in the ‘teamwork characteristic’ of the unit, and were assisted by the physiotherapy department, pathological laboratory and the occupational therapy department.¹⁷² The following statistics give an idea of the amount of work, or what Bowen referred to as the ‘increasing demands’, put upon the medical staff at this time:

	1951	1952
Operations	1,423	1,603
Admissions	1,141	1,240

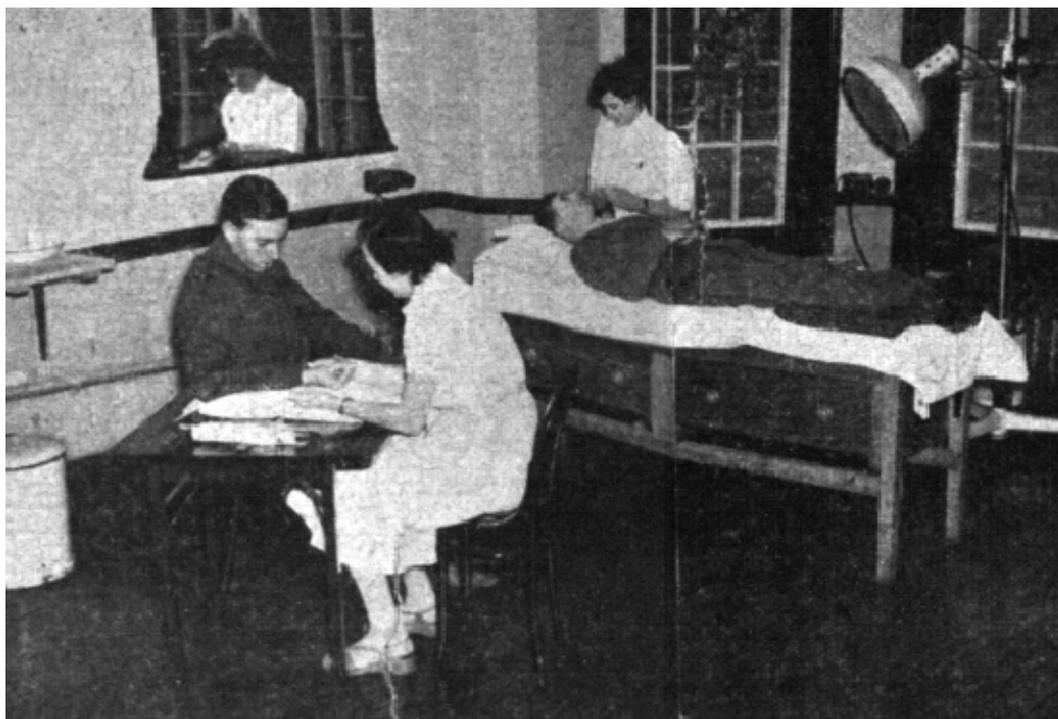
¹⁶⁸ *RCM*, 1950, p. 1.

¹⁶⁹ *RCM*, 1951, p. 4.

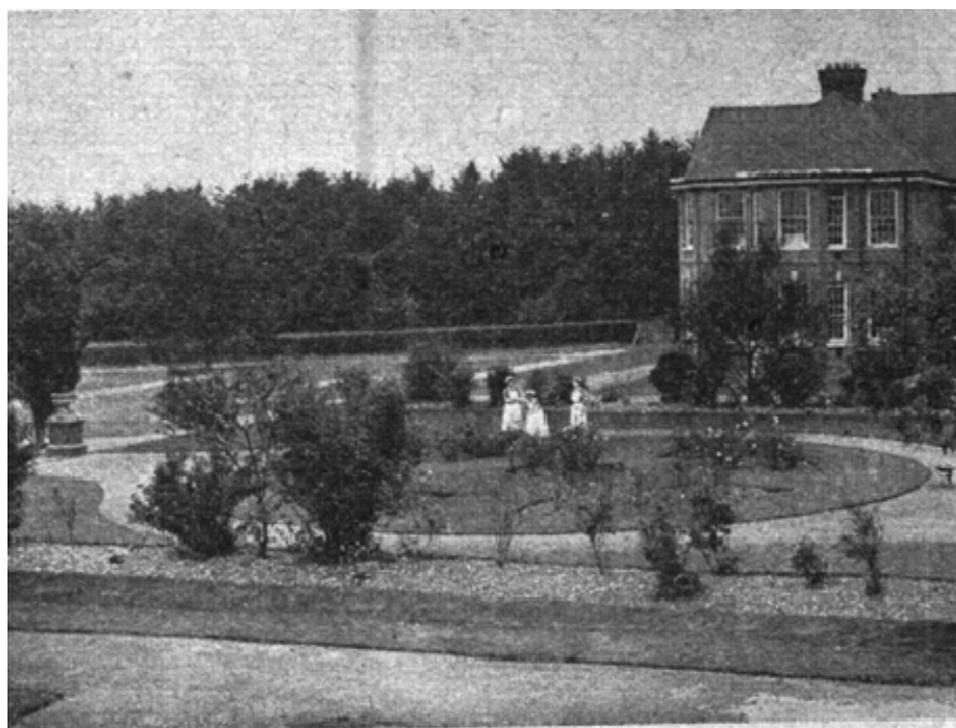
¹⁷⁰ *Ibid.*

¹⁷¹ Bowen, ‘Rooksdown House, Basingstoke’, pp. 41-42. According to BUPA UK, ‘Hypospadias is a condition that affects the development of the urethra - the tube that carries urine from the bladder to the outside of the body. It causes the opening of the urethra to develop in the wrong place.’ www.bupa.co.uk/individuals/health-information/directory/h/hypospadias

¹⁷² Bowen, ‘Rooksdown House, Basingstoke’, p. 42.



96. 'Patients receiving treatment in the physiotherapy department' (c. 1954). Bowen, 'Rooksdown House, Basingstoke', pp. 40-41.



97. 'part of the west wing of Rooksdown House, with staff nurses in the garden' (c. 1954). Bowen, 'Rooksdown House, Basingstoke', p. 39.



98. 'The front entrance of Rookdown House with Miss G. F. Bowen, matron and Air Vice-Marshal A. E. Panter C.B. medical superintendent' (c. 1954). Bowen, 'Rookdown House, Basingstoke', p. 40.

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The unit was transferred to Queen Mary's Hospital, Roehampton, in March 1959. Although no one wanted to leave Rooksdown, most of the patients were travelling long distances to get to the hospital and it made sense to find a more suitable location. As Holdsworth later stated, 'commonsense prevailed over sentiment', although very few staff could be persuaded to leave Hampshire.¹⁷⁷ Those members of staff who could, along with the twenty six remaining patients at Rooksdown, were transferred to Roehampton. It was not until 1961 that the psychiatric patients returned to Rooksdown due to all the work required to restore it to a psychiatric unit. In the intervening period it was used for other purposes, such as housing evacuees from a fire which started in the roof of one of the ward blocks in Park Prewett in 1959, and as an isolation unit when a typhoid epidemic broke out in the hospital.¹⁷⁸

Exceptional work took place at Rooksdown throughout the period 1940-1959, in particular during the Second World War and in the immediate post-war years. Although conditions were clearly unsuitable for a surgical unit, the staff, at times under immense pressure, carried out much innovative work and, as at Sidcup, produced excellent results. The unit remained busy and productive after the war and continued to be a centre of world renowned excellence, as demonstrated by the number of foreign plastic surgeons who attended training courses there. The transfer of the unit in 1959 was the end of an era and had a major impact on the Rooksdown Club. Things were never quite the same again because it had lost its base and spiritual home. Holdsworth summed it up best when he stated: '...though the same work continued in the new setting, we were among strangers, and little could remain of whatever it was that made Rooksdown so unusual.'¹⁷⁹

¹⁷⁷ *RCM*, 1986, p. 9.

¹⁷⁸ Smith, *Park Prewett Hospital*, pp. 58-61.

¹⁷⁹ *RCM*, 1986, p. 9. For information about what eventually happened to Rooksdown House and its grounds, see Appendix 5.

The Hospital Of Many Memories

From Our Own Reporter

BASINGSTOKE, Saturday.

IN a quiet corner of the rolling Hampshire countryside a red-brick hospital stands empty to-night for the first time in nearly 20 glorious years.

It is Rooksdow House where plastic surgery has achieved countless modern miracles.

It was here that wounded soldiers, sailors and airmen fought a new battle against pain while brilliant surgeons and devoted nurses literally stitched and patched them together.

It was here that thousands of ordinary men and women badly burned in the blitz, injured in road crashes or hurt at home slowly recovered.

Their scarred faces and limbs were restored by skin grafting.

Now the staff and the remaining patients have been transferred to Queen Mary's Hospital, Roehampton.

Memories

But Rooksdow House will for ever carry memories, shadows of great men like Sir Harold Gillies who pioneered plastic surgery.

When I met Sir Harold, now 76, he told me: "There has never been another hospital with the spirit of this place. It has always had a happy-go-lucky atmosphere. There has never been any bossing here."

He flicked through a handful of case histories.

"I performed the first operation at Rooksdow in 1940," he said. "I did the last one a few days ago."

While his former assistant, Sir Archibald McIndoe, sculpted new faces and limbs for the R.A.F.'s Battle of Britain heroes at East Grinstead, in Sussex, Sir Harold led another magnificent team here.

It included Mr. James Cuthbert, now at Johannesburg, anaesthetist Dr. R. P. W.

Shackleton, Professor Martin Rushon, Mr. Patrick Clarkson and Mr. Bill Holdsworth.

The patients' names are not well known. But their battlefields will never be forgotten.

—Dunkirk, North Africa, Arnhem, the Normandy Beaches.

The men were carried ashore at Southampton, Portsmouth and Plymouth. And, eventually, they went to Rooksdow by a special railway track installed from the main line to outside the back door.

Civilians burned beyond recognition in the blitz came in ambulance convoys to the front door.

Each case had its own problems. Every patient's reshaped face or limb has been a triumph of surgical artistry.

There was a soldier whose chin and jaw were blasted away in battle.

"We remember him because we had trouble finding spare skin to graft on his face," said a surgeon.

"His body was tattooed all over. We had to choose carefully or else we would have grafted part of a dancing girl tattoo on to his cheek."

Sir Harold's secretary at Rooksdow, Mrs. Marjorie Hurst, remembers Mary Chapman. As a child, Mary had terrible facial burns. Her treatment was completed only two years ago.

"Mary fell in love with another patient," said Mrs. Hurst. "They are married now and I've just had a postcard from them, saying they're on their way to Australia."

Altogether 20,000 patients have passed through Rooksdow, including 6,000 Servicemen.

99. *News of the World*, c. March 1959, no page number.

(personal collection) The article was reprinted in *RCM*,

1973, p. 14.

CHAPTER FOUR

Depression and rehabilitation at Rooksdown House, and the formation of the Rooksdown Club

As at Sidcup, depression was common at Rooksdown and affected a number of patients, particularly early on in their treatment. Many of the injuries were severe and rehabilitation was a long process involving numerous operations. As there was no official counselling, the patients were aided in their recovery by the staff and patients at the unit and by loved ones who visited them. There were also many activities and outings which helped keep them occupied between operations. Another significant factor in their rehabilitation was visiting local pubs and shops to slowly build confidence. In this respect, the people of Basingstoke were educated about the patients at Rooksdown and played a major role in reintegrating them into society. Unfortunately, it proved harder to educate and gain the acceptance of people away from the local area, which led to the formation of the Rooksdown Club.

Before discussing the issue of depression at Rooksdown, it is necessary to reflect on and have a better understanding of the severity of the injuries treated at all the units, which was the main cause of depression. Some of the injuries were referred to in the previous chapter in relation to the work of the nurses and physiotherapists but the reality of the patients' experiences can be obscured until one sees a photograph. The original members of the Rooksdown Club who were interviewed were used to their appearance some sixty years after being injured, and amazing work had made them look as normal as possible. James Russell stated: 'It is a fact that initially plastic surgery makes you look worse. It is only after several years that the surgeons' intention is fulfilled. I hardly notice now. You look awful at first—all the marks and everything. You get used to being in a ward when everyone looks

worse than you.’¹ Photographs of the patients as young men in hospital, freshly wounded, and images in Gillies and Millard’s textbook from service and civilian case studies bring back the reality. Some images from the textbook are of Rooksdown Club members, a number of whose stories follow. Words are most powerful and highlight the horror of the situation when they describe another person’s reaction to the disfigurement; the reactions of Ray Gordon’s brother and Ken Curtis’s sister described later are particularly poignant. Victor Price, who was fourteen years old c. 1944, gave a powerful description of the injuries he saw at Rooksdown in an interview in 1992:

When I went to Park Prewett Hospital to deliver the newspapers, I just couldn’t believe what I saw. The men there, they were young, the numbers of them with no faces, burned bodies.

I was allowed to go through the wards, no one bothered me. I was just a little school boy – ex-school boy, you might say, with my satchel of papers and they just let me meander through...I saw the people that were just injured by bullets and explosions. Many of the burns patients were pilots. And although I was 14, I realised. This is what you called war, what those men had gone through...

You saw people with their arms wrapped round their faces, and the nurses told me they were having skin grafts. Where their faces had been burnt off, they were getting the skin from their arm to grow onto their face. They took it from all parts of their bodies, and I think they were lucky, they were pleased to be alive, but they must have suffered in the initial stages of what happened.

I visited there for the next two years. And I saw people get better, people disfigured for life. I think it stuck in me, that I thought I was unhappy, but these men – their lives weren’t completely finished, but didn’t they have a struggle ahead of them! A lot of them being single, obviously their chances of getting married were a bit extinct.²

It has been possible with the aid of interviews, personal correspondence and articles from the club magazines, to glimpse the anxiety and concerns of some of the patients treated at Rooksdown during and after the Second World War as they began the long process of

¹ Interview with James Russell, April 2006.

² *Taking the Pulse of Basingstoke*, p. 38.

rehabilitation. The interviews and articles were obviously recorded many years after the events, and the impact of the injuries has lessened with time; indeed, the ex-patients tended to play down their injuries. Nevertheless, they still give a valuable new insight into the early thoughts and anxieties of a number of people facially disfigured during the Second World War. Although very philosophical about their injuries as much older men, this was not the case in the early days of their rehabilitation confronted with the realization that they were disfigured and would always look different. James Russell discussed this aspect of early rehabilitation about thirty years after his injury:

Rooksdown people belong to a rather special family which gives them warm feelings and a kind of strength. Old timers take this for granted, forgetting that it was not always so. Every patient had a beginning, when he (or she) was more or less lost, lonely and running short of courage - effed, fed-up and far from home, as some of us used to say...

I was in a small side ward and I was a rotten patient. I resented the pricks and the jabs and the drips and the dressings and the saline baths and being washed and fed and the rest of the miseries of that time...³

After Fred Mercer was injured in June 1941,⁴ he was taken to the sick bay but his injuries were so severe that he was sent to the Army Camp at Bovington. As there were no facilities there, he was sent to a military hospital in Shaftsbury. He recalled:

When I did awake - if that is the right word- all was quiet and very dark. I was in a warm bed with sheets and someone saying "Lie still, you are all right, you are safe." The voice was so far away and I had a terrible pain in my head which would not move. I was unable to speak. I could hear more voices but did not know they were Doctors and Nurses around me. I was to learn later I was in a Military Hospital in Shaftsbury. I had been in an accident. How did it happen? I did not know. All I could recall was getting on my bike.

After a few days the bandages were removed from my face. Everything was still very dim. As the days passed with the wonderful care of the Surgeon and nurses, I began to improve. I was

³ *RCM*, 1977, p. 5.

⁴ See p. 162.

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washed and sort of shaved by the orderly. I asked for a mirror which of course was forbidden, even the lads in the ward would not hand me one. One day I was wheeled down to the bathroom for a real bath. I was left by the nurse who had removed my dressing when she was called away by another admission. There was a mirror on the wall. I was horrified at what I saw. My face looked like pulp and I had no right eye. No wonder I was not allowed to have a mirror.⁵

When Mercer was transferred to Rooksdown in August 1941, he was put into a bed next to a Mr Green who was very badly burned in a factory in Southampton. Mercer recalled: ‘When I saw him I wanted to run away from the hospital. I was shattered. How could a human being still be alive after such burns?’⁶

Ray Gordon referred to the months of recovery and the many operations required:

This situation for the injured soldier is the other side of the penny from the successes of winning a war. Months for recovery, many operations - some of which result in further painful periods of recovery and for some unfortunate men it means a broken body for the rest of life and that life itself severely limiting what that person can finally achieve. For myself I was indeed fortunate that while my injuries were visible they were literally only skin deep - no amputation, no limping, no internal injuries or other restricting disability. In a sense the cross that a burns victim has to bear is the reaction of the public to the vivid scarring on the face and a disfigured and unsightly hand...⁷

Ken Curtis initially thought his face would ‘heal and grow’ but that he would need ‘an almost impossible miracle’ if he was ever to have teeth again.⁸ However, it was not long before he realized the ‘extent and severity’ of his injury. One of the things he missed most was washing and the simple experience of rubbing soap on his face: ‘You do not realize that, but you just imagine trying to wash your face when part of it does not exist anymore. You cannot feel

⁵ *RCM*, 1982, p. 10.

⁶ *Ibid.*, p. 11. Mercer went on to state that Mr Green ‘made a remarkable recovery with the help of the staff at Rooksdown’.

⁷ Beale, *Tank Tracks*, p. 117. Gordon had 23 operations over a four and a half year period. Interview with Ray Gordon, October 2005.

⁸ Correspondence from Ken Curtis, March 2006.

refreshed if you are only doing half a job.’⁹ Curtis’ testimony also alludes to the slow but steady progress of rehabilitation:

A year of operations followed before I was “waterproof” against the ever-incessant flow of saliva.

The limited speech which was only understood by fellow patients and nursing staff. During this time I gained mobility and took walks in the hospital grounds.

I could then help other patients with their basic and personal needs which included feeding patients who had lost or suffered burns to their hands.¹⁰

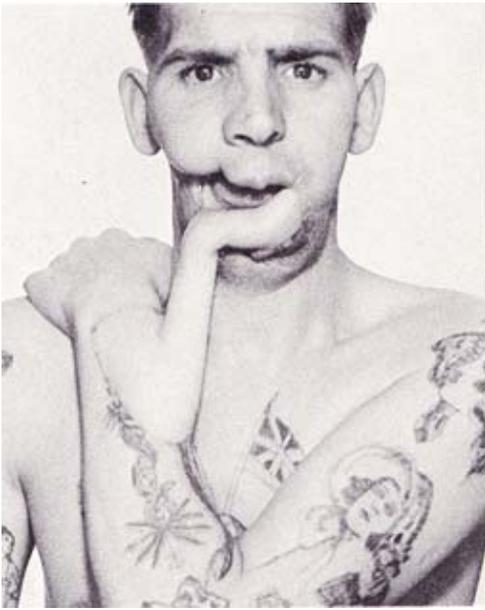
⁹ Interview with Ken Curtis, April 2006.

¹⁰ Correspondence from Ken Curtis, March 2006.



100. A painting of Tom Reynolds by War Artist, Mervyn Stuart, shortly after he was wounded in Italy in 1944.

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101 and 102. Reynolds after early surgery.



103. Later surgery.

Tom Reynolds received a gunshot wound to the jaw in Italy in 1944. Reynolds' many tattoos caused a problem as Gillies had to take skin grafts from areas that were not tattooed. His wounds and various stages of construction were included in Gillies and Millard, *Principles and Art*, pp. 622-23 and plates XIV and XV opposite p. 630. Reproduced by permission of Reed Elsevier (UK) Limited. A later photograph of Reynolds convalescing with three other patients at Rookdown appears on p. 262 of this thesis (illus. 132). I also think he is the last person on the left of the photograph on p. 260, with the caption: 'Miss Bowen with a group of patients' (illus. 128). Reynolds was an original member of the Rookdown Club. *Rookdown Pie*, p. 19.

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104-111. This patient was another D-Day casualty. His wounds and various stages of reconstruction were also included in Gillies and Millard, *Principles and Art*, pp. 436, 519 and plate XIV opposite p. 630. Reproduced by permission of Reed Elsevier (UK) Limited. His name is not given but I think he appears in a photograph from the 1950 reunion, standing second from left, on p. 301 of this thesis (illus. 165), so was most likely a member of the Rooksdown Club.

Many of these cases were extreme and posed massive challenges to the surgical and non-surgical staff.¹¹ Gillies' recollections about patients at Sidcup and Rookdown show his awareness of the need to try to counter the onset of depression among the patients, which he saw as part of the plastic surgeon's job, as well as a collective effort from other members of staff at the unit. In his address as president of the Rookdown Club in 1947, he admitted that the staff had made 'plenty of mistakes' with the surgery but added that 'disasters', or at least 'minor disasters', could not be avoided due to the nature of the work which was 'a fight between the blood supply of a part we are trying to make and the beauty of the result'. He suggested that if the blood supply had not been so important, the patients would have all been 'as beautiful as Robert Taylor and Hedy Lamarr'.¹² Gillies also discussed how a person's face impacted on their personality, and alluded to the slow process of reconstruction:

It is, I think, a little true that we react to a certain extent to the kind of face we have got, in contradistinction to the statement that our faces are the mirror of our souls. You know my bald head and lack of chin. Supposing I was to wake up with a large head of curly red hair and a big square jaw? Everyone would be so frightened of me and think me so fierce that I would begin to imagine I was the kind of character that one usually associates with such a virile type. To a certain extent some of you boys and girls are temporary failures, so you let your tails go down a little in keeping with the dud faces we have been able to give you.¹³

The surgeon continued to learn not only about general plastic surgery but about 'the particular individual in question' which turned 'these failures...into good results'. He warned that the surgeon who was content with his work 'can be labelled as one who is finished out of

¹¹ For a better understanding of the injuries and the remarkable reconstructions that took place, Gillies and Millard's textbook is informative and powerful. There are many case-studies, images and explanations of the injuries and surgical procedures used. It includes injuries sustained through war and also accidents and congenital defects. Although it is a medical textbook and uses medical jargon, it is very accessible for the non-medical reader. For more information about the surgical techniques, see Gillies and Millard's textbook or any reputable plastic surgery textbook.

¹² *Rookdown Pie*, p. 2. Taylor and Lamarr were Hollywood film stars of the era.

¹³ *Ibid.*

no use' but paid tribute to the surgeons who came to Rooksdown from Canada, Australia, New Zealand, South Africa, the Americas and Europe, in order to help or learn.¹⁴

The work of the non-surgical staff was also crucial in the patients' rehabilitation at Rooksdown and, presumably, all plastic units at this time. As well as carrying out their official duties, nurses and physiotherapists had to try and gently build up the confidence of the disfigured patients in the absence of psychological support. As at Sidcup, the nurses in particular saw patients at their lowest ebb, and had to offer emotional support – what Gillies referred to poignantly as 'the quiet help to the wounded mind that a Sister in a ward can give.'¹⁵ Judy Stokes, a Red Cross Voluntary Aid Detachment (VAD) nurse who worked at Rooksdown in the early days, referred to the patients having 'to be rebuilt, not just physically but emotionally, particularly the ones who were let down by wives, fiancées or girlfriends'.¹⁶ James Russell also made particular reference to the work of the nurses. By his own admission, he was not a good patient early on and had sometimes taken his frustration out on them. Following an incident where a nurse went 'beyond the strict call of duty' and removed a piece of metal from his backside, Russell came to appreciate their work and realised that the 'qualities of the ladies on the team' were just as important as the skill of the doctors. This was underlined when he could start walking again aided by his fellow patients. Looking around the whole ward for the first time, he saw how many other patients 'sister and the girls had to care for, some in worse shape but better spirits than myself. That about completed the first part of my Rooksdown education'.¹⁷

Joyce Wilson, a VAD at Rooksdown c. 1944-45, recalled spending 'a lot of off duty time with the patients in between operations to help their morale'.¹⁸ The nurses also played a

¹⁴ Ibid.

¹⁵ *Rooksdown Pie*, p. 2.

¹⁶ http://www.basingstokegazette.co.uk/memories/4491429.Gillies_the_genius_of_Rooksdown/

The interview appeared online on Tuesday, 14th July 2009

¹⁷ *RCM*, 1977, pp. 5-6.

¹⁸ Correspondence from Joyce Wilson, March 2006.

mediating role, allaying the fears and concerns of patients and family members who were meeting for the first time since the injury. Ken Curtis referred to this when he recalled the first visit of his mother and sister:

The thing that embarrassed me most and which was the most emotional scene was when my mother came. I tried by letter to say that I would be coming home on leave soon and that it was a difficult place to get to, but she was having none of it and wanted to come and see her little boy. My sister was about 13 or 14 and she came with my mother. My father had died some years before. I wrote down my fears for the nurse and she told me not to worry. She said that my mother would see the Sister first who would put her mind at ease. That hurt me quite a bit. My sister just put her head on the bed and said, "What on earth have they done to you, Ken?" I could see that my mother had tears in her eyes, but she did well to hold them for my benefit. She was a very brave lady.¹⁹

Physiotherapists also played an important role encouraging and gently building confidence through familiarity. Curtis described the physiotherapists as 'angels' and was a regular visitor to the physiotherapy department at coffee or tea time for 'a chat with Joan' (Gordon née Clegg).²⁰ Edna White, who was admitted to Rooksdown in 1947 after burning her face, hands and legs in an accident, recalled that, as well as getting her fingers and hands moving again, Joan Gordon accompanied her on her first trip to Basingstoke where they had afternoon tea at a café on the market square.²¹ At the time of the correspondence, White and Gordon still phoned each other, underlying the friendships that were formed at Rooksdown.²² Occupational therapists probably played a similar role to nurses and physiotherapists – what Gillies referred to as, 'the bursting optimism of the Therapeutic Department'.²³

Gradually, over time and with the support of the hospital staff, the patients built up their confidence. According to Russell, it was the 'Small but memorable happenings that marked

¹⁹ Interview with Ken Curtis, April 2006.

²⁰ Ibid.

²¹ Correspondence from Edna White, March 2006.

²² Ibid.

²³ *Rooksdown Pie*, p. 2.

the slow conversion into a social creature'. He stated: 'The miracle of Rooksdown was that everyone, yes, everyone - surgeons, doctors, sisters, nurses, physios, administrators, fellow patients, visitors, regulars at the "Mucky Duck", the paperman who doubled as bookie's runner - drew the newcomer into the family and gave him confidence to get back into the main stream of life.'²⁴ At 25, Russell went to Oxford University but continued his treatment at Rooksdown for a time, spending terms at Oxford and holidays at Rooksdown. One term, shortly after an operation by James Cuthbert, he was insulted by one of his tutors about his looks (his hair was cropped and he had a long fresh scar across his brow); by this stage, however, he was unaffected by such comments because he was now 'truly a member of the Rooksdown family, drawing from the connection warm feelings and a kind of strength. Those things we keep for the rest of our lives. But, like I said at the start, it was not always so'.²⁵

The reaction of family and friends when visiting their disfigured loved ones was also important in this gradual, delicate process of confidence building. This must have been particularly traumatic for all concerned especially in the early days, as described by Ken Curtis regarding his mother and sister's first visit. Nurse Nora Hayes paid tribute to the

...quite exemplary behaviour of family and friends who came to see their loved ones, who had once been so familiar and ordinary, and now were unfamiliar and quite extraordinary. Whatever their inner agony may have been, they bore it superbly. The general public, in the "outside" world, could be harsh indeed to disfigured strangers. Often it was a shock reaction, which they showed by hurting in return, and this presented an additional burden for our men and women to bear.

Remember, they were very young men and women.²⁶

Ray Gordon had been in Rooksdown for several days, sitting in bed with a bandaged head and arms, when his parents and brother arrived, having been notified by the Army. He stated: 'You will understand that we were all in tears for it was a very emotional time...Many years

²⁴ *RCM*, 1977, pp. 5-6. The 'Mucky Duck' was a local pub frequented by staff and patients which was actually called The Swan. It is discussed further on pp. 349-351 of this thesis.

²⁵ *Ibid.*

²⁶ *RCM*, 1981, p. 4.

later my brother told me that he was so horrified on seeing me that he left the Ward and was sick outside. He was fifteen at the time.²⁷

Girlfriends/fiancées/wives must have also had a major impact and influence on early recovery.²⁸ It is very likely that many disfigured men struggled to find girlfriends and wives accepting of their injuries. Martin Francis describes the encounters with woman of three Guinea Pigs – Richard Hillary, Bill Simpson and Geoffrey Page – following their injuries. Francis states that despite ‘his terrible wounds, Hillary’s sexual allure had not been extinguished’ and refers to three intimate relationships that he entered into.²⁹ The experiences of Bill Simpson and Geoffrey Page were not so positive early on. Simpson suffered severe burns when he was trapped inside the burning cockpit of his bomber after it crashed in France in May 1940. His first wife, whom he had married before the start of the war, struggled to come to terms with his injuries and ultimately rejected him. According to Francis, it was a ‘staggering blow’ to Simpson’s self-confidence which ‘was only finally exorcised when he later married Monica, one of the nurses in Ward Three’.³⁰ Francis also refers to Simpson’s candour in admitting how his new wife had to deal with his violent temper brought on by the day-to-day frustrations of not being able to complete household tasks due to his damaged hands. The birth of his two children in 1945 and 1949 strengthened his marriage and aided his psychological rehabilitation.³¹ Geoffrey Page suffered severe burns to his face and hands after his Hurricane received a direct hit by a German air-gunner in August 1940. Although he eventually married the daughter of Nigel Bruce, a Hollywood actor, he experienced ‘a series of setbacks associated with rejection by women.’ His autobiography, according to Francis, at

²⁷ Correspondence from Ray Gordon, April 2006.

²⁸ It is possible that female patients had boyfriends/husbands but I have found no record of this.

²⁹ Francis, *The Flyer*, p. 142. See also Lovat Dickson, *Richard Hillary* (London, 1950), pp. 100, 145; David Ross, *Richard Hillary* (London, 2000), pp. 225-231; Michael Burn, *Mary and Richard: The Story of Richard Hillary and Mary Booker* (London, 1988).

³⁰ Francis, *The Flyer*, pp. 142-143. See also Simpson, *I Burned My Fingers*, where his first wife, Hope, is discussed on pp. 46-57, and his second wife, Monica, is discussed on pp. 182-196.

³¹ Francis, *The Flyer*, p. 143.

times disclosed ‘the anger and bitterness which could accompany disfigurement’.³² Page referred to two pretty nurses (one certainly a VAD) who were unable to hide their ‘revulsion’ and ‘horror and loathing’ at the sight of his fleshy, swollen face and scorched flesh. The detached and aloof professional nurses were ‘no less upsetting’. On his first trip to London after leaving hospital, Page’s sister arranged for him to go on a date with a young woman who, at the end of the evening, attempted to seduce him at her apartment. As soon as they got into bed, however, an air raid began and he was unable to ‘raise an eyebrow, let alone any other part of (his) anatomy’. Page’s experiences with women did improve over time when he seems to have gained more confidence – for example, on a goodwill lecture mission to America.³³

Ken Curtis recalled cases at Rookdown similar to those at Sidcup where relationships ended as a result of the injuries. He stated: ‘One of the most traumatic things was when boys and girlfriends split up. We would see a chap with great expectations whose girlfriend was to come and see him. Then five minutes after, she had gone, and never be seen again. The chap would never be the same for a couple of months. He thought that he was young and debonair, but the next thing his world is smashed.’³⁴ There were others like John Hearn whose marriage continued through the early part of his rehabilitation but ended shortly after because his wife struggled to cope with his disfigurement, similar to the experience of Bill Simpson.³⁵ Amid such heartache, there were stories of genuine love. Of the original members that I was able to gain knowledge of, most were married for a considerable period, some over fifty years. James Russell met his wife, Dorothy, at a party in Aldershot c. March 1944, about three months before he was injured. According to Russell, Dorothy ‘had every opportunity to walk away,

³² Ibid.

³³ Ibid., pp. 143-144. See also Page, *Shot Down in Flames*, pp. 82-83, 86, 113, 160-168.

³⁴ Correspondence from Ken Curtis, March 2006.

³⁵ Hearn had married in 1939, a week before war was declared, and had two sons at the time he was wounded in June 1944. Interview with John Hearn, June 2006. I was unable to ascertain exactly when he and his wife broke up.

but she did not. Some men, their wives left them, sometimes quite amicably, but they just could not take it, like John Hearn. His first wife was a lovely girl, but she just could not take it.³⁶ Ivor Wilson, a fighter pilot with the Fleet Air Arm, received 60 per cent third and fourth degree burns when his plane crashed in a training exercise in December 1944. He was 20 years old and engaged, having met his fiancée, Marjorie, at Sheffield Training College where they were both training to be teachers. Wilson survived against the odds and he and Marjorie married three months after the crash.³⁷ Their marriage entered Rooksdown folklore as it took place at the hospital in ward 4B. They had planned to marry at St Martin's Church, Hull, at Christmas 1944 but following the crash and the severity of Ivor's injuries, it was postponed indefinitely. Shortly after his arrival at Rooksdown, Marjorie sat by Ivor's bedside with a nurse and told her that the banns had been published at St Martin's but 'there wasn't much prospect of a wedding there for a long time to come'. 'Nurse Kennard' suggested having the wedding at Rooksdown so that everyone could have a party.³⁸ After telling Ivor what the nurse had suggested, Marjorie recalled: 'I was so touched, because he said, "If you'll still have me."' When asked whether she had thought about breaking off the engagement and leaving Ivor because of his injuries, Marjorie was unequivocal in her response: 'I did not think there was any option. I was in love with Ivor and he was in love with me. It never struck me not to marry him. I was only too glad that he was alive.'³⁹

Such devotion is also evident in the case of Dougie Martin, a Lieutenant in the 9th Battalion, Parachute Regiment, who was severely wounded in Normandy on 12th June 1944. Martin was admitted to Rooksdown three days later but his wounds were so complex,

³⁶ Interview with James Russell, April 2006. James and Dorothy Russell were married over sixty years. I attended their sixtieth wedding anniversary celebrations in 2007.

³⁷ *RCM*, 2002, pp. 14-15. One of the tributes to Wilson was an article which appeared in *Hull Daily Mail*, Tuesday, 5th February 2002, p. 9.

³⁸ Interview with Marjorie Wilson, August 2006. See also article, 'Rooksdown Wedding 1945', in *RCM*, Fiftieth Edition 1945-1995, pp. 12-14.

³⁹ Interview with Marjorie Wilson, August 2006. When Marjorie was told that plastic surgeons could do 'marvelous things', she was 'so naïve' that she expected Ivor to look the same. Correspondence from Marjorie Wilson, August 2006. Ivor and Marjorie Wilson were married for nearly sixty years.

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particularly around his head and neck that he was moved to nearby Hackwood, the Canadian Neurological Hospital. Against the odds he survived, and returned to Rooksdown a few weeks later, where he began a long series of skin and bone grafts.⁴⁰ James Russell recalled that Martin looked about fifteen years old and his wife, Eileen, even younger, but that she looked after him ‘for all those years’ until his death in 2002.⁴¹ In 2003, Russell, Gordon and Curtis, paid tribute to the courage of Dougie and Eileen:

Any medical expert – surgeon, doctor, sister nurse - who treated Dougie so successfully will agree that he would not have survived without the enduring devotion of his wife, Eileen. They met in April 1941 while Dougie was a lance corporal in The Queen’s Royal Regiment. Next year he was commissioned into the Devonshire Regiment and they became engaged. In 1943 he transferred to the Parachute Regiment and in February 1944 they were married. Thereafter from June 1944 when he was wounded, to August 2002 when he died, Eileen cared for Dougie day in, day out with unfailing love and devotion.

Their life was particularly taxing during the early post-war period as it took Dougie six or seven years to learn to walk and talk. Eileen will tell you with a smile that their son Graham could do both before his Father could.⁴²

Roy Hilton, injured during the D-Day landings, expressed gratitude to his wife in the form of a poem. Titled ‘A Tribute’, it stated:

...but I woke up in Rooksdown and started to chat to all the grand lads and nurses who are now my dear friends, who saved my poor mind from going round the bend, with the help of my sweetheart who became my wife and gave me a meaning to my wasted life. She helped me and dressed me and made life worth living and I can never stop saying thanks to her for giving me two lovely children, a boy and a girl...I do not apologise for going on about my wife; she really is my inspiration, my love and my life...⁴³

In his address as president in *Rooksdown Pie*, Gillies also told the story of a patient at Rooksdown who ended his engagement after being injured but later married

⁴⁰ *RCM*, 2003, p. 11.

⁴¹ Interview with James Russell, April 2006.

⁴² *RCM*, 2003, p. 11.

⁴³ *RCM*, 1973, pp. 10-11.

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his ex-fiancée.⁴⁴ The story was retold in more detail by Gillies in 1957, giving the name of the patient, Augustus Lowe, who was a member of the Rooksdawn Club:

Faith has to be very secure in one of these injuries when the cure takes so long. Take, for instance, a case reminiscent of Molly and the corporal of 1916. In February, 1944, Bettine and Captain Augustus Lowe had become engaged. Then came D-Day and in Normandy the captain's face was badly wounded. He arrived at Rooksdawn 5 days after injury and his reconstruction began. Against Bettine's most desperate entreaties by letter, the captain broke their engagement and refused to see her. He felt that his injuries were such that it would be unfair to hold her to her promise.

Time passed and the captain's face gradually took shape. A tube pedicle freed the nose and made the lip, two tiny fan flaps at the mouth corners gave animation to the upper lip and, in fact, he began to look normal again. Reluctant to face Bettine after all this, he made no attempt to renew contact with her.

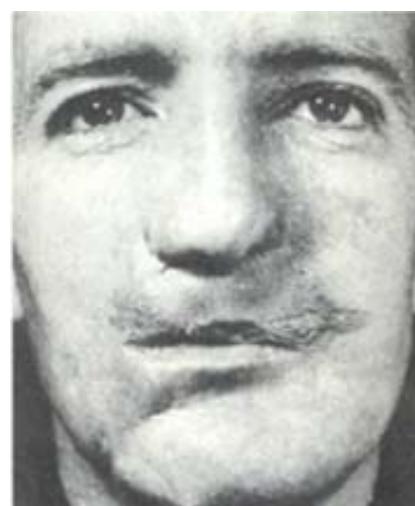
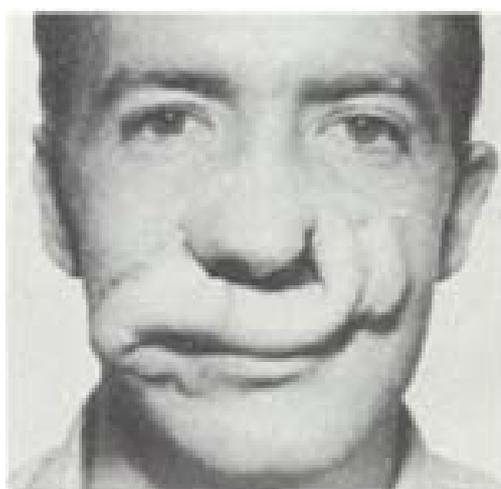
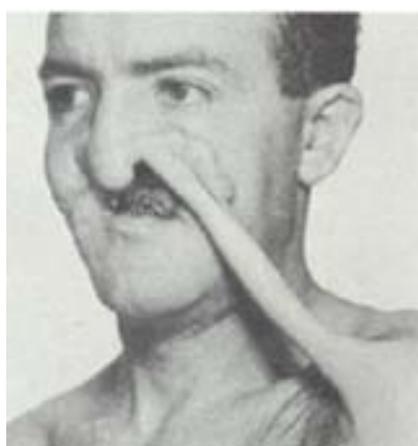
Then, just before Christmas, 1946, and quite by chance, they ran into each other in Harvey Nichol's department store in Knightsbridge. To his amazement and joy he found her feelings were unaltered.

"You got away from me once, Gus," she said, catching hold of his hand, but "you'll not do it again!"⁴⁵

⁴⁴ *Rooksdawn Pie*, p. 2.

⁴⁵ Gillies and Millard, *Principles and Art*, pp. 438-439. Lowe also appears in a photograph with three other club members at a pub on p. 259 of this thesis (illus. 125). He is also mentioned in the second club newsletter in 1968 which states that Lady Gillies had met and had dinner with him whilst in Edinburgh. The newsletter confirmed that Lowe was 'a Captain and in the Officers' Ward at Rooksdawn about 1943'. *Rooksdawn Club Newsletter No. 2*, 1968, no page numbers, Rooksdawn Club Records (thereafter RCR). More recently, Membership Secretary, Rosemary Johnson, informed readers that a member had written and 'enclosed news of Gus Lowe'. *RCM*, 2002, p. 11.

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112-119. Augustus Lowe shortly after he was injured and at the end of treatment. Gillies and Millard, *Principles and Art*, pp. 438-439. Reproduced by permission of Reed Elsevier (UK) Limited.

‘Quite a number’ of Rooksdown patients also married members of staff.⁴⁶ Allan ‘Geordie’ Reay married theatre sister, Eileen Richards on 27th December 1947, a few days before his final discharge;⁴⁷ Ray Gordon married physiotherapist, Joan Clegg;⁴⁸ and ‘Alex Powell of 3A’ married a nurse, Joyce “Blondie” Labarte.⁴⁹ Danny Wilson, who was in the same tank crew as Geordie Reay, also married a nurse called Joyce Younger. According to Reay, she ‘did some very fine nursing at Rooksdown and did an even better job in looking after Danny all through their married life.’⁵⁰ Ron Cunningham also met his wife, Margaret, while he was a patient in 1944 and she was a secretary at Park Prewett.⁵¹ Such relationships must have helped build the patients’ confidence and acted as a diversion during rehabilitation. This must also have been the case with the ‘Rooksdown House romances’ referred to by Gladys White (née Waters), an early air raid victim, though she had her ‘heart broken often’.⁵²

Rehabilitation for orthopaedic, blind and neurotic war casualties

Before discussing rehabilitation at Rooksdown, it is worth looking briefly at who was responsible for providing rehabilitation for service and civilian casualties in Britain at the time of the Second World War, and what rehabilitation constituted for patients with different types of war injury. Until May 1919, provision for the training and re-employment of all

⁴⁶ *RCM*, 1981, p. 8.

⁴⁷ *Southern Evening Echo*, July 1970, p. 8. Geordie and Eileen Reay were married for over forty years until his death in 1990. Eileen was also known as ‘Dicky’, as referred to by Archie Day on p. 162.

⁴⁸ Ray and Joan Gordon were married for nearly sixty years.

⁴⁹ *RCM*, 1982, p. 7.

⁵⁰ *RCM*, 1981, p. 8. Danny Wilson died suddenly c. 1980-81. The couple were married for 33 years and had three children and six grandchildren. Ibid. In 2006, Joyce Wilson (née Younger) confirmed that she was a nurse at Rooksdown c. 1944-45 and that she married a patient who suffered ‘multiple burns’ but ‘eventually did well, keeping a job.’ Correspondence from Joyce Wilson, March 2006.

⁵¹ *RCN*, April 2013, p. 7. The newsletter contained a letter from Cunningham to Membership Secretary, Rosemary Johnson, informing her that his wife, Margaret, had died. They were married for 61 years, had three children, nine grandchildren and three great grandchildren. Cunningham was a founder member of the club and ‘one of the original war patients’. Letter from John Hearn to Ray Gordon, 1st February 2001, RCR.

⁵² *RCM*, 1975, p. 16. The stories of other patients who married after leaving Rooksdown are discussed in Appendix 23.

classes of disabled ex-servicemen was the responsibility of the Ministry of Pensions. Most of these powers were transferred to the Ministry of Labour with the passing of the Ministry of Labour (Transfer of Powers) Order, 1919. The Ministry of Pensions retained the duty of training officers and men who, on account of their war disability, needed medical treatment and were unfit to return to their pre-war occupations.⁵³ The problem of who paid for such training at the time of the Second World War was referred to in the 'Draft Report of Inter-departmental Conference on the Rehabilitation of Persons injured through Enemy Action', in November 1940. This stated that the Treasury had not yet agreed that the treatment of civilians after the war would continue to be a Government responsibility, and that the Ministry of Pensions did 'not accordingly regard themselves as having an interest in the treatment of civilians equal to their interest in the treatment of Service Casualties.'⁵⁴ For most Army cases and civilians, the standard of medical treatment and the scheme of hospitalisation was the same. The Army had about 15,000 beds of its own in military hospitals, and the Ministry of Health agreed that a further 9,000 beds be provided in hutted hospitals entirely for military purposes. Military casualties admitted to military hospitals were 'outside the E.M.S. and subject to the Army's hospital scheme'.⁵⁵

According to A. Clow Ford, Honorary Secretary of the London Regional Committee for Education Among His Majesty's Forces, rehabilitation fell into three categories:

- (a) A preliminary stage, when the aim is simply to relieve boredom;
- (b) An intermediary stage during which the patients' minds might be more practically stimulated, e.g. might be brought to bear on possible hobbies and other means of recreation;

⁵³ 'Ministry of Pensions Convalescent Centres for Concurrent Treatment and Training', 29th August 1940, in file 'Rehabilitation following war injury', TNA: MH 76/157.

⁵⁴ 'Draft Report of Inter-departmental Conference on the Rehabilitation of Persons injured through Enemy Action', no page numbers, 22nd November 1940, TNA: MH 76/157. The word 'Draft' has been added in pencil.

⁵⁵ Ibid.

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- (c) A final stage, when the patient, if he is unfit for further military service, might be encouraged to think of his return to civil life and the problem of earning a living either by returning to his old profession or, if that is out of the question, by learning a new one.⁵⁶

Schemes were organised by the EMS, Ministry of Labour and Ministry of Pensions for the different categories of war casualty. As well as the scheme for maxillo-facial casualties discussed in Chapter Two, there were schemes for orthopaedic, blind and neurasthenia cases. In the correspondence concerning orthopaedic cases, much emphasis was placed on vocational training (re-training or re-employment) and occupational therapy. There were 19 orthopaedic centres in England and Wales, including Hill End and Queen Mary's Hospital, Roehampton. Approximately 12,000 beds were available at the 19 centres. On Cabinet instructions, the Ministry attempted to provide for a possible total of 300,000, and although this figure was considered to be an over-estimation for civilians, the Ministry of Health thought it was a 'reasonable figure' allowing for military casualties also.⁵⁷ As the Army had only 15,000 beds in its own hospitals, it was 'almost wholly dependent on the civilian provision'.⁵⁸ Orthopaedic centres were also established in Scotland, along with other 'Special Units for the Treatment of Specialised Injuries'. Some of the orthopaedic centres had been established in pre-war orthopaedic hospitals, others in hospitals which 'had previously no orthopaedic connection'. In every hospital designated as an orthopaedic centre, the Ministry provided special orthopaedic instruments, a room for a 'physio-therapy' department, and 'workshop accommodation' which included 'metal shop, carpentry, bootmaking, paint, handicrafts etc'.⁵⁹ In a few cases, instead of providing workshop training within the hospital, the Ministry made arrangements with 'an existing therapeutic centre' to take the EMS cases; for example, cases in the Exeter Hospital were treated in the St Loyes Cripples Training

⁵⁶ Letter from A. Clow Ford, Honorary Secretary of the London Regional Committee for Education Among His Majesty's Forces, to Captain Sharp, E.M. Department, Ministry of Health, 31st July 1940, TNA: MH 76/157.

⁵⁷ 'Ministry of Health. Orthopaedic Centres.' Undated but the correspondence is c. 1940, TNA: MH 76/157.

⁵⁸ Ibid.

⁵⁹ Ibid.

Centre.⁶⁰ The Miners' Rehabilitation Centre at Berry Hill Hall, Mansfield, which had 'developed the occupational side...quite a lot' was also recommended as a rehabilitation centre for service cases.⁶¹ Orthopaedic and fracture services were also established in the RAF hospitals covering over 5,000 beds. The final stage of treatment and rehabilitation was carried out at 'two special centres on the seaside, one for men and one for officers'. In addition to ordinary convalescent treatment, 'organised recreational and rehabilitational activities' were arranged.⁶²

The importance of vocational training was underlined in the 'Draft Report of Inter-departmental Conference on the Rehabilitation of Persons injured through Enemy Action'. The report stated that the Inter-Departmental Committee on the Vocational Training of War Casualties, set up by the Minister of Labour, had already recommended that immediate provision be made 'for the vocational training and placing in employment of war casualties, both Service and civilian, and that the responsibility should be entrusted to a special branch of the Ministry of Labour and National Service'.⁶³ It was 'vitaly important' that close co-ordination be established between the EMS orthopaedic centres and the vocational training centres, and it was recommended that 'the precise method of securing this should be a subject of immediate discussion between the Health Departments and the Ministry of Labour...'.⁶⁴

The report also referred to an EMS scheme for casualties who were blind or likely to become blind as a result of the war. Service casualties were to be sent to St Dunstan's from English and Welsh hospitals, and to special units in five Scottish hospitals.⁶⁵ At St Dunstan's

⁶⁰ Ibid.

⁶¹ Letter from Mr E. A. Nicoll to Captain Sharp, 4th September 1940, TNA: MH 76/157. Nicoll was a surgeon who worked at Mansfield General Hospital. Letter from Chairman, Executive Committee, Central Council for the Care of Cripples, to Fraser, 24th September 1940, TNA: MH 76/157.

⁶² 'Extracts from a Report on the Organisation of Orthopaedic and, (sic) Fracture Service in R.A.F. Hospitals', August 1940, TNA: MH 76/157.

⁶³ 'Draft Report of Inter-departmental Conference on the Rehabilitation of Persons injured through Enemy Action', 22nd November 1940, TNA: MH 76/157.

⁶⁴ Ibid.

⁶⁵ Ibid. Robert Baker has suggested that it is very likely that servicemen who required plastic surgery and were blinded attended both Rookdown and St Dunstan's centres. This was certainly the case with blinded burns

they would receive surgical treatment, rehabilitation and eventually training. Arrangements for service cases were considered 'satisfactory'.⁶⁶ The service departments also arranged for blind civilian casualties to be referred to St Dunstan's and to the special units in Scotland for surgical treatment 'and for such preliminary rehabilitation as requires medical supervision'. It was proposed that for subsequent rehabilitation, civilians should be 'handed over to ordinary blind agencies'.⁶⁷

Vocational training was also recommended for cases suffering from neurosis, although, according to Aubrey Lewis, treatment differed 'in important details from that of the physically disabled'.⁶⁸ Whereas treatment for the physically disabled did not begin 'until the stage of acute damage, needing active surgical or other intervention' was over, in 'neurotics' it had to be 'instituted from the outset of treatment'.⁶⁹ Rehabilitation for neurosis cases also differed for those returning to military duty and those aiming at industrial rehabilitation. A potential third group were those who might be retained to do 'non-military work under military conditions – e.g. agriculture, in "neurotic colonies" or "labour camps"'.⁷⁰ Military needs determined the occupation for those in 'group 1'. Recommended occupations included 'Training in Small Arms, Fire Drill, Stretcher Drill, Carpentry, Bricklaying, Upholstery and other leatherwork, Signalling, First Aid, Elementary motor-car repairing and Fitting'. It was

patients at East Grinstead such as Jimmy Wright and Ken Revis.

<http://www.independent.co.uk/news/people/obituary-jimmy-wright-1499215.html> and

<http://www.telegraph.co.uk/news/obituaries/1392211/Ken-Revis.html> Unfortunately, it has been more difficult to locate members of the Rooksdown Club. Email, Robert Baker, Information and Archives Officer, 1st September 2015.

⁶⁶ 'Draft Report of Inter-departmental Conference on the Rehabilitation of Persons injured through Enemy Action', 22nd November 1940, TNA: MH 76/157.

⁶⁷ Ibid. Throughout the war, many St Dunstaners were trained in various skills/professions including braille, typewriting, shorthand, telephony, joinery, basketry, rug-making and physiotherapy. Castleton, *In the Mind's Eye*, pp. 85-95. See also Lord Frazer of Lonsdale, *My Story of St Dunstan's*, (London 1961), pp. 247-262.

⁶⁸ 'Rehabilitation of patients with neurosis', Aubrey Lewis, 3rd January 1941, pp. 1-11, in 'Psychiatrists for the forces', TNA: MH 76/157. Aubrey Lewis was a leading psychiatrist at the time and is credited for getting British psychiatry established after the Second World War. For more information about Lewis, see M. Shepherd, 'Lewis, Sir Aubrey Julian (1900 - 1975)', *Australian Dictionary of Biography*, 15 (2000), pp.91-92. Alternatively, you can find the article on the internet at <http://adb.anu.edu.au/biography/lewis-sir-aubrey-julian-10823>

⁶⁹ 'Rehabilitation of patients with neurosis', Aubrey Lewis, 3rd January 1941, p. 1, TNA: MH 76/157.

⁷⁰ Ibid., p. 2.

felt that these occupations were ‘at once interesting and obviously useful’. It was also felt that carpentry and bricklaying should be directed towards army work, such as ‘building incinerators, boarding trenches, knocking together camp-latrines etc’, which was required by the pioneer regiment.⁷¹ Patients should avoid making ‘knick-knacks’, and the upholstery class should be devoted to making and repairing medicine balls for their physical training, and mending their own boots and hospital chairs and stools.⁷² Occupations such as basket-work, rug-making, painting and sign-writing – occupational therapy – should be ‘eschewed as remedial training for military cases, or else left as optional activities to be pursued as pastimes or hobbies after the regular day’s work is finished’.⁷³ The staff and accommodation were recommended accordingly and included a carpentry shop, upholstery shop and a demonstration room or shop for first aid, motor car and other instruction.⁷⁴ Sports facilities and equipment were also recommended for the men, including a playing field for football and basketball, and a large indoor room for wall bars.⁷⁵

There were three categories of patients in ‘group 2’: those who could be discharged from the army immediately (if they needed help they could get it from Out-Patient Clinics), those needing further hospital treatment, and those who would benefit from vocational training. If they did not receive rehabilitation, according to Lewis, they could become ‘social liabilities’. It was therefore recommended that rehabilitation be started early and separate from military cases (group 1) as it was considered ‘undesirable’ to place men who were not improving and being released from military duty alongside men who were to be made fit for army service again. Although they could benefit during their stay in the neurosis centre by attending the carpentry, upholstery and other shops, it was recommended that they either

⁷¹ *Ibid.*, p. 3. The ‘pioneer regiment’ refers to the Royal Pioneer Corps which was used for light engineering and construction tasks during the Second World War. www.royalpioneer corps.co.uk/rpc/index.htm and www.royalpioneer corps.co.uk/rpc/history_main2.htm

⁷² ‘Rehabilitation of patients with neurosis’, Aubrey Lewis, 3rd January 1941, p. 3, TNA: MH 76/157.

⁷³ *Ibid.*, p. 4.

⁷⁴ *Ibid.*, pp. 5-6.

⁷⁵ *Ibid.*, pp. 7-8.

have shops of their own (which would be too expensive and ‘scarcely justifiable’) or attend at other times from the men in group 1. This also applied to ‘P.T.’ (physical training). However short their stay, the men had to be occupied and given exercise, or they would become ‘a corrupting and demoralising influence’, and, although it should take place ‘quite separately from the military cases’, it still had to be ‘equally disciplined and exacting’. Suggested work included ‘Gardening, under good supervision’ and ‘hospital work (e.g. painting, repairing fences, paths and gates) under the hospital engineer’. A shop to accommodate activities such as sign writing, carpentry, and basket work was also considered sufficient for those in group 2 ‘during their usually short stay’.

It was also thought preferable that rehabilitation for cases in group 2 be given at special rehabilitation centres, identified with vocational training rather than with remedial training and illness. Remedial training in hospital, according to Lewis, scarcely had ‘direct relevance’ to what a man would do when he returned to civilian life; therefore, before instituting remedial training in the neurosis centre, it was necessary to ascertain whether the man was likely to return to his previous work or to a known job, or whether he would receive any vocational training. If the latter applied, his remedial training should, where possible, lead up to this vocational training; in all circumstances, his hospital occupation ‘should demand some effort and willingness to learn and should not be directed to letting him do whatever...occupation he fancies’. It was also recommended that vocational training, like remedial training, be conducted under ‘some psychiatric supervision’ that was not ‘close or obvious’, to ensure that the patient was carrying out his training properly. ‘Social supervision (and perhaps some form of pressure)’ was necessary to ensure that when the man had finished his remedial and vocational training, it was utilised.⁷⁶

⁷⁶ Ibid., pp. 9-11

Rehabilitation for maxillo-facial casualties

The various reports and correspondence referred to above demonstrate how important rehabilitation, and in particular vocational training, was for orthopaedic, blind and neurotic patients. In contrast, despite the time and effort that went into establishing the plastic units during the Second World War, there is very little mention of rehabilitation for maxillo-facial casualties. Indeed, the only references to depression/rehabilitation in file MH 76/116 were in the report by Brigadier Broderick, the Army's Consulting Dental Surgeon, who referred to visiting the 'Diversional Therapy Department' at Rooksdown in September 1944 (presumably another name for the Occupational Therapy department),⁷⁷ and in a report/plan written by the surgeon J.N. Barron, about the plan of a proposed unit at Ronkswood in 1945 which did not materialize. The report discussed the various departments, and under the heading 'Rehabilitation', it stated:

This is an essential part of treatment and accommodation is provided for it in the workshop, recreation hut and lecture theatre. Plastic patients need some sort of accommodation for the purposes of recreation and diversional rehabilitation. Many of them have long periods in hospital and very often are acutely sensitive about their appearance during the early days of treatment. Unless adequate provision is made for them under conditions where they can be segregated, the problems of anxiety and introversion may become difficult to solve. The answer to this is a well equipped recreation hut for amusement and for part of the occupational therapy routine.⁷⁸

As will be seen shortly, there was a very active recreation hut at Rooksdown from 1940 which played a significant role in the patients' rehabilitation, as well as an Occupational Therapy (OT) department. There is no mention of either facility at other units, although they probably existed. There is also no reference to vocational training for plastic surgery patients;

⁷⁷ Report by Brigadier Broderick, Consulting Dental Surgeon to the Army at Home, 19th October 1944, TNA: MH 76/116.

⁷⁸ 'The Design of a Plastic Unit - Proposed plan for Ronkswood, Worcester', J.N. Barron, TNA: MH 76/116. The plan is undated but enclosed with the report and a slip of headed paper from the 'Plastic and Jaw Unit' at Hill End, dated 30th May 1945. Presumably, it had been in Barron's possession and he had returned it to either the Ministry of Health or Ministry of Pensions when it was agreed that the proposal would not be going through. Barron is mentioned in this thesis on pp. 142, 149 and 194 and discussed further on p. 333.

similarly, when discussing the various types of injury attributable to war, the Draft Report of Inter-departmental Conference on the Rehabilitation of Persons injured through Enemy Action refers to the treatment of orthopaedic cases, service and civilian cases who were blinded, and service casualties suffering from neurosis, yet there is no mention of maxillo-facial cases. The lack of vocational training for maxillo-facial cases at Rooksdown was confirmed by a number of ex-patients who were interviewed. When asked if they had attended classes or workshops, as patients had at Sidcup during and after the First World War, they all stated that they had not, nor were they aware that such classes or training existed.

It is therefore confusing that Gillies referred to patients working in factories as part of their rehabilitation in the chapter he wrote in 1953, 'Plastic Surgery – Introduction'. This described the plastic surgery carried out during the Second World War, in relation to technical developments.⁷⁹ Under the heading 'Rehabilitation', it stated that from 1942, with the number of cases at the plastic units increasing 'steadily' and the work going 'smoothly', it became obvious that there was a need for patients to do 'some useful job' between operations, or after the operations had been completed but before the affected part was fully restored. Contact was made with industrial firms and it was arranged that 'certain patients' be allowed to work in the factories at jobs considered to be within their power. Thus, men who had been disabled, either from accidents which had occurred in the factory or in other civilian or service occupations, were employed. The surgeon ensured that the work helped re-educate and restore the affected part. This development, according to Gillies, 'was clearly related to the later institution in the hospitals themselves of a rehabilitation and re-settlement department'. The officer in charge contacted the war factories from where many of the civilian casualties had come and rehabilitation workshops were set up in the factories, while

⁷⁹ Gillies, 'Plastic Surgery – Introduction', pp. 321-340.

the surgeon kept closely in touch. Injured workmen and others worked on machines producing war materials, and modifications were made to assist in the re-education of damaged hands and legs. The value of such work was ‘immediately apparent’ and the scheme was enlarged to bring ‘real work’ to men in hospital who could not yet attend the factory. In this way, the patient was able to do useful work from a day or so after his injury which meant production was increased and ‘the duration of disability...materially shortened’. It was hoped that the scheme would be adaptable to post-war conditions.⁸⁰

The key term seems to be ‘certain patients’, which suggests that the number who actually worked at these firms was limited. Gillies also places more emphasis on civilian casualties and those patients whose limbs were affected. He was also discussing the plastic service as a whole, so possibly this type of re-training took place at factories near some of the units. However, although such a scheme *may* have helped a number of casualties who passed through Rooksdown from the early 1940s, none of the service patients interviewed, or whose testimonies were used in this study, discussed doing such work. Almost certainly, such training did not reach Rooksdown until the appointment of a Rehabilitation Officer c. 1948-1949 and the establishment of the ‘rehabilitation and re-settlement department’ discussed in Chapter Five of this thesis.⁸¹ Even then, it does not explicitly state that patients were trained in this kind of work. It is difficult to understand why there was no vocational training at Rooksdown which would have been far more beneficial for the likes of Ken Curtis who, understandably, was quite dismissive of OT. As will be seen shortly, occupational therapy had its merits, particularly in keeping the patients busy, but had limited potential in training them for jobs.

⁸⁰ Ibid., pp. 334-335.

⁸¹ See pp. 333-335.

Convalescence and rehabilitation at Rooksdwn

In the spring/summer of 1947, although the war had been over for about two years, the patients at Rooksdwn consisted mainly of post-D-Day cases ‘with a fair sprinkling of “old timers”’.⁸² An article in *Rooksdwn Pie* referred to the slow process of reconstruction, and the naivety of some of the new arrivals at Rooksdwn. It stated:

Rooksdwn faces change very slowly, but change they do. The majority of patients are here for considerable periods – much more considerable than many had ever dreamed – but believe it or not, new patients come shyly into the wards in time for their Rooksdwn soup and confidently announce that they are to be fixed up on the morrow and back in circulation in a week or two. Of course, six months later they are busily weaving their scarves or working on some mammoth tapestry, having become resigned to Rooksdwn’s peculiar idea of time. Occasionally, to our astonishment, some fortunate individual tears into a ward clutching his blue slip of paper, his final discharge. However, the temptation usually proves too strong and within three months he is seen, back once more, in the queue for the clinic ready to begin a new cycle of ops. Still, there does come a time when even the most persistent client is absolutely finished and takes away his grafts and flaps to be seen no more in Rooksdwn, except, we hope, at reunions.⁸³

Bill Clay was one such patient who, after a year of surgery, thought he was ready to leave. He later referred to the bitter disappointment of being told that he needed three more years of plastic surgery:

After about a year I was of the opinion that I was fit for the outside world. I was to go to Sir Harold Gillies’ clinic to be considered for the next form of treatment. This was to be my biggest shock. After many surgeons attended me I was told by Sir Harold that after about three years of plastic surgery I would be fit enough to leave. I must admit my wife, who was waiting outside, saw me cry like a baby for the first time at such terrible news.⁸⁴

Convalescence at Rooksdwn seems to have depended on factors such as the availability of beds, the severity of the injury, whether the individual felt comfortable going

⁸² *Rooksdwn Pie*, pp. 4-5.

⁸³ *Ibid.*

⁸⁴ *RCM*, 1988, p. 8.

home to recuperate – again linked to the severity of the injury – and the success of the surgery. As discussed previously, Gillies was keen for long-term army patients to be sent home after preliminary treatment as it freed up beds for more urgent cases.⁸⁵ Archie Day, John Hearn and James Russell were operated on and sent home to recuperate before returning for further operations.⁸⁶ Russell recalled staying in for a couple of weeks for each operation depending on how they went, although sometimes the operation did not turn out as expected.⁸⁷ Fred Mercer was sent on leave four weeks after his first operation before returning to Rooksdown for his next; he then rejoined his Squadron in Chelveston, Northants, before returning to Rooksdown for further treatment. This pattern continued until 1944 ‘when more urgent cases tested the Rooksdown team’.⁸⁸ Ken Curtis was sent to convalesce at Moundsmere Manor, an auxiliary hospital about twelve miles from Rooksdown, which had all the necessary facilities, such as medicines and masseurs, to cater for about thirty patients. It also had recreational facilities, including croquet lawns and miniature golf. Curtis recalled that, after a period of operations, patients would be sent there for perhaps three to four weeks; the minimum period between operations was approximately three weeks.⁸⁹ It is not clear why some patients went home to recuperate after their early operations, while others went to auxiliary hospitals or remained at Rooksdown. It is possible that it was pension-related or that patients like Curtis, who it took many years to become less self-conscious, preferred to stay at local hospitals rather than return home.

As time went on, patients were more inclined to go home or return to jobs they had

⁸⁵ See pp.145-147.

⁸⁶ Interviews with Archie Day, September 2006; John Hearn, June 2006; and James Russell, April 2006.

⁸⁷ Ibid.

⁸⁸ *RCM*, 1982, p. 12.

⁸⁹ Correspondence from Ken Curtis, April 2006. Moundsmere Manor was designed in 1908 by Reginald Blomfield and is situated in the Hampshire village of Preston Candover.

www.gardenvisit.com/garden/moundsmere_manor_garden There is confusion over who owned it at this time. Ken Curtis believed it belonged to a Greek millionaire banker and that it was requisitioned by the military (Curtis, April 2006), while Jim Pembury, who was at Rooksdown c.1944-45, stated that it was the home of the Earl of Portsmouth and run by Lady Portsmouth. *RCM*, 2008, p. 13. I was unable to find any information regarding its role during the Second World War.

done before the war. Ray Gordon had worked at Nestlé, the confectionary company, before joining the army, and returned to work there between operations.⁹⁰ From January 1946, James Russell attended Magdalene College, Oxford, between operations, although he ended his treatment at Rooksdwn before the end of his study.⁹¹ Circumstances also dictated the pattern of their stay. In the build-up to D-Day, mobile patients such as Neville Wildgust were sent on indefinite leave, ‘with the instruction to get in touch when “things had quietened down”’.⁹² Similarly, Ray Freeman’s first stay at Rooksdwn ended in September 1944 because beds were needed for new patients; he was therefore sent to convalesce at a hospital in Barnsley, Yorkshire. He returned to Rooksdwn in 1948 for what was meant to be a small graft that would require three weeks to recover. In the event, he remained in hospital for eleven months, again demonstrating the length of time reconstruction could take.⁹³

Understandably, for those who convalesced at Rooksdwn or an auxiliary hospital, the time between operations could be very boring. We are given an insight into the boredom of hospital life by Ivor Wilson from extracts of letters to his wife, Marjorie, from 1945 to 1947. After a year of operations, it became clear that Wilson needed much more plastic surgery.⁹⁴ According to Marjorie, the contents of the letters ‘are a mixture of homesickness, despair at his wrecked hands and descriptions of the various aspects of hospital life – all told with his wry sense of humour and cynical observations.’ Marjorie kept all of the letters – ‘hundreds of them’ – written during Ivor’s ‘sojourn on Ward 4B’.⁹⁵

It’s raining like old socks; Rooksdwn looking more like a jail than ever and the inmates have faces longer than ever as a result.

⁹⁰ Interview with Ray Gordon, October 2005.

⁹¹ Interview with James Russell, April 2006.

⁹² *RCM*, 2008, p. 23.

⁹³ *Rooksdwn News 2001*, p. 24.

⁹⁴ Interview with Marjorie Wilson, August 2006.

⁹⁵ *RCM*, 2003, p. 16. The exact dates of the letters are not given. The title of the article simply states: ‘Letters from Rooksdwn – 1945-1947’.

Chapter Four

If this letter is cheerful it will be a miracle for in front of me lies Jordan, to the left Trevor and to the right John Buckland; all more or less; blood-stained and snoring; the air full of stale anaesthetic. It is hardly the atmosphere to encourage an epic.

For all my complaints I know that without Rooksdown I would have been dead or, if by some freak of fortune I had survived, my hands, legs and face would have been an almighty wreck. So though I resent the wasted time and grumble continuously, I'm really grateful for all they've done. I shudder to think of what I was like when we got married and am thankful that they have patched me up so well.⁹⁶

Time doesn't really mean much when one is parked in bed. The day is merely a series of interludes between sleeping, eating and washing, but today one of the interludes got all jammed up. They decided that a look at the poor be-mangled fingers would add to the fun and games. Well, I won't drag out the gory story, just tell you that for two hours afterwards, my language, (silently of course), was choice, but definitely choice.⁹⁷

Ken Curtis alluded to the boredom caused by the drawn-out process of rehabilitation when he referred to the gramophone at Moundsmere Manor as 'the saviour of everyone'.⁹⁸ He also referred to the pranks that took place there, both an allusion to the camaraderie and a possible means of relieving the boredom.⁹⁹

It was therefore important that the patients were kept as active as possible during the long periods of convalescence between operations. The various activities at the hospital, as well as trips away from Rooksdown, were again a vital means of countering the onset of depression. Joan Gordon noticed early on that there was a special atmosphere at Rooksdown but also a particular need, due to the nature of their injuries, for the patients to be occupied. She stated: 'There was a different feeling about the whole Unit, everyone was friendly and

⁹⁶ Ibid., pp.16-18.

⁹⁷ *RCM*, 2004, p.16. Similarly, the title of the article states: 'More letters from Rooksdown – 1945-1947'. For more extracts, see Appendix 21.

⁹⁸ Interview with Ken Curtis, April 2006.

⁹⁹ Ibid.

caring - almost like a large family...The majority were all young people needing something to keep them occupied and interested, hence a vital Occupational Therapy Department - a room where table tennis etc. could be played.'¹⁰⁰

Help from within – Occupational Therapy

Although there are numerous references to occupational therapy in EMS file 'Rehabilitation after war injuries', the only reference to it in EMS file 'Organisation of facio-maxillary centres' is John Barron's mention, referred to earlier. According to a report concerning the rehabilitation of casualties in Scotland, 'Occupational therapy, not to be confused with vocational training, has been defined as "that form of treatment which includes the use of any occupation, mental or physical, prescribed for the performance of hastening recovery from disease or injury".'¹⁰¹ The OT department at Rooksdown seems to have been contained within the unit, although it is not clear whether the therapists were attached to the main hospital or arrived separately after the unit opened in 1940.¹⁰² There are a number of references in club magazines and personal correspondence to the OT department at Rooksdown and to patients making different items, such as 'rugs, hand-bags, toys and woven articles'.¹⁰³ Susan Mackley, a child patient at Rooksdown during the 1940s, recalled that the 'Occupational Department...kept us all occupied in or out of bed, making scarves, wallets,

¹⁰⁰ Correspondence from Joan Gordon, April 2006. The OT department and the Rec, the room where table tennis, etc. was played, were separate entities, although the main purpose of both was to keep the patients occupied/entertained.

¹⁰¹ 'Emergency Hospitals Scheme – Scotland – Rehabilitation of casualties', 11th July 1940, TNA: MH 76/157, no page number.

¹⁰² There was certainly an occupational therapy hut at Park Prewett which was being enlarged when war broke out as it had proved very successful in raising the number of employed patients at the hospital. According to Smith, the 'tentative beginnings of occupational therapy' occurred when a Mistress of Arts and Crafts was appointed in 1930 to work only on the women's side of the hospital with help from the nurses. Smith, *Park Prewett Hospital*, p. 26.

¹⁰³ *RCM*, 1948, p. 7.

purses, belts, etc.’¹⁰⁴ Ken Curtis also recalled making ‘a few teddy bears or stuffed elephants as a sort of therapy in hospital’.¹⁰⁵ James Russell recalled making a soft toy early in his rehabilitation which he gave to his mother as a present. He stated:

Looking back I recall with a shock that at a fairly early stage in my incarceration I actually made a soft toy - a giraffe to be precise. It was brown on top, yellow underneath and spotless all over.

Helped by a spirited lady from occupational therapy, I joined the pieces of felt together with crude stitches and filled the pathetic creature with some kind of fibre stuffing. Only a fool would have chosen to make a giraffe which everyone knows has four very long legs and a monstrous neck which are difficult, nay, impossible, to stuff to the point of stiffness. My giraffe finished with a crick in his neck and legs so wobbly that he never could stand unaided.¹⁰⁶

There was also the physical aspect of the work for those with burned hands. Edna White, who was admitted to Rooksdown in 1947 after burning her face, hands and legs in an accident, suggested that OT activities, such as leather work and weaving, were ‘mainly linked to physiotherapy requirements.’¹⁰⁷ Despite its limitations, it was also seen as an initial way of helping patients get back into employment. Joan Coast referred to this aspect of occupational therapy in a letter to the Rooksdown Club. Coast had worked in the OT department at Rooksdown and been one of the club’s ‘most energetic officials’, writing committee minutes, organising interviews and helping launch the first magazine.¹⁰⁸ She left suddenly c. 1947 to work in Bad Pyrmont, Germany, as one of a team of nine sent by the British Red Cross ‘to do welfare work amongst the refugees and D.P.s, and to demonstrate British methods of rehabilitation’.¹⁰⁹ Her prime motive for accepting the job was ‘curiosity – to know the

¹⁰⁴ *RCM*, 1983, p. 17. Mackley was about fourteen years old when she arrived at Rooksdown. She had had an accident at nine months old and first met Gillies when she was five years old. It does not state exactly what her injury was or when she was at the hospital but it was at the same time as the servicemen.

¹⁰⁵ Interview with Ken Curtis, April 2006.

¹⁰⁶ *RCM*, 1987, p. 12. I do not think that any items made at Rooksdown were sold in the same way as the toys, beads, etc. made at Sidcup were.

¹⁰⁷ Correspondence from Edna White, March 2006.

¹⁰⁸ *RCM*, 1947, p. 1.

¹⁰⁹ *Ibid.*, p. 6. Presumably, D.P. stands for ‘Displaced Persons’.

Germans better and to see for myself what they are doing about their own country'.¹¹⁰ Coast's account provides an interesting comparison between the rehabilitative work being undertaken in Britain and Germany at this time. She stated: 'The standard of surgery in Germany is very high, and they have made sporadic efforts to organise schemes for retraining the disabled, but as of yet they have not realised, as we do, the value of making patients work-conscious as soon as they start coming round from their first anaesthetic.'¹¹¹ I can only assume that Coast is referring to occupational therapy activities due to the absence of vocational training at Rookdown. Occupational therapy certainly carried on into the 1950s, as referred to earlier by Bowen¹¹² and in a poem written for the 1955 magazine:

Down to the workshop we wend our way each day

Where we work with leather and wood and make a basket tray

For women folk they are always doing knitting¹¹³

It is likely that it carried on until the unit moved to Roehampton in 1959.

¹¹⁰ Ibid.

¹¹¹ Ibid.

¹¹² See p. 206. See also illus. 122.

¹¹³ *RCM*, 1955, p. 10.

Chapter Four



120. The Occupational Therapy hut (c. 1951). (personal collection)



121. Inside the Occupational Therapy hut (c. 1951). (personal collection). I am sure that the man on the left of the picture is John Hearn.



122. ‘...the patients’ lounge, with an occupational therapy session in progress.’ Bowen, ‘Rooksdown House, Basingstoke’, p. 42. The caption also states that there was a separate department for this work where patients could go when they were fit enough.

Recreational activities at Rooksdown

Numerous recreational activities and social events took place at Rooksdown, particularly during the 1940s. The early club magazines provided most of the information about the activities and trips during 1946-48,¹¹⁴ although it should be noted that many were probably taking place well before the club was formed, most likely when the Alexandra Pavilion was opened in 1940.¹¹⁵ Nora Hayes, for example, who left the unit in 1944-45, two years before the first magazine was printed, referred to the fortnightly dances and ‘the inter-ward rivalry regarding the provision of “refreshments” etc.’ She stated: ‘I have a vivid memory of the first one – my astonishment at seeing the bare walls of the Pavilion transformed by green leaves

¹¹⁴ Although the first magazine, *Rooksdown Pie*, is dated June 1947, it refers to activities/events that have already taken place; one can assume therefore that a number of these took place during the previous year.

¹¹⁵ When discussing the various activities, the magazines do not differentiate between club members and patients. This was probably because when the club was formed c. 1945-1947, most patients and staff within the unit became members. Correspondence from Ken Curtis, March 2006. See p. 285 of this thesis.

and willow branches, arranged by the men, and Miss Pollock squirreling around, looking very happy. As usual, Sir Harold was ahead of us all, realising that there had to be a Social, as well as a Surgical future. The patients had been down to the “Mucky Duck”, to Basingstoke, and many had been to London.’¹¹⁶

Most activities and outings were organized by Catherine Pollock, the British Red Cross Welfare Officer who established Red Cross headquarters at the Alexandra Pavilion, more commonly known as the ‘Rec’. The Rec was a hut constructed out of sandbags and cement donated in 1940 by the Free Danes living in England, in return for Gillies’ work on severely burned Danish sailors involved in the *Geyser* explosion in 1923.¹¹⁷ Pollock was assisted by George Hewlett and a number of ‘charming ladies’ who entertained the patients and made them realise ‘that there was a world again to live for’.¹¹⁸ Marjorie Hurst, Gillies’ Secretary at Rooksdown who remained at the hospital when it reverted to a psychiatric unit, recalled that parties at Rooksdown

always bore the sign “Everybody welcome” and anyone and everyone joined in. We saved our pennies throughout the year, and managed to put on a very professional and lavish spread, including a bar as well as tea and coffee, and the “do” went on for several hours like the “loaves and fishes” until every single person had had a chance to join us as their duties permitted. The few patients who were confined to bed had an interesting plateful taken up to them.¹¹⁹

¹¹⁶ *RCM*, 1981, p. 4.

¹¹⁷ Gillies and Millard, *Principles and Art*, p. 440. The *Geyser* was a Danish cruiser on which a naval phosphorous bomb exploded on board, ‘killing several, blinding 2 and wounding 60’. Gillies spent a fortnight in Copenhagen in early 1924 treating the worst of the casualties. The sailors received further treatment in England. In appreciation of his work, Gillies was awarded the medal of the Commander of the Dannebrog by the King of Denmark. The Free Danes of London also collected £3000 and built a recreation hut at Rooksdown in 1940. The opening of the hut was attended by Lady Louis Mountbatten, the Countess of Malmesbury, the Danish Ambassador, and contributors. It was named after the Danish Queen. *Ibid.*, pp. 446-447. According to Ken Curtis, the Danes also donated the ambulance that took patients to football matches at Portsmouth Football Club and the aforementioned gramophone at Moundsmere Manor. Interview with Ken Curtis, April 2006.

¹¹⁸ *Rooksdown Pie*, pp. 2 and 4. Hewlett is referred to in *Rooksdown Pie* and is also in a number of photographs c. 1948-49 which appear in *RCCS 1953* and in this thesis. For example, see illus. 130, 133, 141 and 142.

¹¹⁹ *RCM*, 1974, pp. 7-8.

Concerts also took place at the Rec, organized by members of staff, some of whom sang and danced and played musical instruments.¹²⁰ Susan Richmond, the Medical Superintendent's secretary in the EMS, recalled the 'marvellous pantomimes at Rooksdown' which were 'a great take-off of all the things going on in the hospital'.¹²¹ As well as the social events, other activities, such as table tennis and darts, were played there on a daily basis. Indeed, the Rec was a place where people could congregate and socialize. There was also a bar which must have been used for the various social functions, although it is not clear whether staff/patients used it regularly in the evenings as they often frequented the local pubs. Gladys White recalled that prior to the Rec, there was 'a sort of big sitting room', with possibly a piano and a dartboard, which became the Children's Ward. White was there when the Rec was opened, referring to it as 'a haven'.¹²²

Marjorie Snelling (née Rumboldt), a patient c. 1946, recalled that there were 'so many things to do at Rooksdown', including leatherwork, weaving, tap dancing classes, concerts and going to the 'Mucky Duck'.¹²³ There was also a library and a stamp club formed in 1945.¹²⁴ Betting was also popular, referred to as a 'pastime for all seasons' by James Russell who described how bets were placed for patients:

Rooksdown newspapers were delivered every morning on the button by the faithful Mr. Guppy, a kindly man who was always willing to accommodate the punter. Ignoring the law as it then stood (off-course betting was illegal unless on credit) he took small cash bets to an unknown bookie and returned next day with the winnings - if any.¹²⁵

Some patients were also involved with forming the club and putting together the early magazines which must have occupied time.¹²⁶

¹²⁰ *RCM*, 2007, p. 20.

¹²¹ *Taking the Pulse of Basingstoke*, p. 37.

¹²² *RCM*, 1975, pp. 15-16.

¹²³ *RCM*, 1988, p. 20.

¹²⁴ *RCM*, 1948, p. 2; *Rooksdown Pie*, pp. 5 and 8.

¹²⁵ *RCM*, 1987, pp. 10-11.

¹²⁶ For examples, see pp. 285, 290 and 322.

Sporting activities

Various sporting activities also took place within the grounds and away from the hospital in the case of away fixtures or swimming. Sport was an important part of rehabilitation and had been since the First World War, where, according to Anderson, it had given the disabled servicemen ‘a space to renegotiate their position, restoring their masculine identity’.¹²⁷

Numerous sporting activities were organised at St Dunstan’s, while residents of the Star and Garter Home formed their own sports club in 1920.¹²⁸ Another reason that sport was taken up so keenly by residents of both institutions during and after the war was to show the public that ‘disability did not diminish sporting prowess or enjoyment.’¹²⁹ By the Second World War, sport had become more important in the overall recovery of wounded servicemen. It was fun, helped keep up morale, and occupied the patients’ time, as well as offering psychological benefits. It was considered ‘a vital part of Service life’, although each service ‘had a different way of dealing with its injured, and operated its individual rehabilitation centre in keeping with its own agenda.’¹³⁰ At RAF orthopaedic rehabilitation centres, for example, playing in group sports ‘instilled a sense of camaraderie that reinforced teamwork, essential to being part of a military unit...with everyone ‘doing their bit’ to help their side achieve victory.’¹³¹ Sport and games were also vital at the Spinal Unit at Stoke Mandeville, although their main function was to minimise disability and improve fitness rather than prepare the patients for employment.¹³² At plastic surgery units such as Rooksdown and East Grinstead, due to the nature of the injuries and the need for ‘social rehabilitation’ – more psychological than physical – patients did not engage in activities that were too vigorous or competitive. As Anderson has noted, ‘For aircrew who had suffered burns, the typical round

¹²⁷ Anderson, *War, Disability and Rehabilitation*, pp. 55-56.

¹²⁸ *Ibid.*, pp. 58-62.

¹²⁹ *Ibid.*, p. 65.

¹³⁰ *Ibid.* p. 83.

¹³¹ *Ibid.* p. 106.

¹³² *Ibid.*, pp. 140-144.

of rehabilitative therapy was not suitable, as the delicate medical condition of burns patients did not allow them to participate in the rough and tumble of the rehabilitation centres established for those with orthopaedic injury. Instead, parties and outings replaced PT and sports.¹³³ This was also the case at Rooksdown where sports and games were clearly played for fun, exercise and to occupy the time, although outside fixtures aided reintegration into society.

The various sports on offer at Rooksdown during 1946/47 included football, cricket, table-tennis, darts and hockey. Geordie Reay seems to have organised most of the sporting activities and arranged fixtures against teams from within and outside the hospital. According to his report in *Rooksdown Pie*, there had been ‘a revival of activity by the patients in all forms of sport’, and, although there had not been many fixtures, there had been ‘much enthusiasm’ and ‘considerable success’ among the Rooksdown teams.¹³⁴ The football team had won all its matches, playing twice against Villa 6 and Kelvins Works;¹³⁵ there had also been a match between ‘Downstairs’ and ‘Upstairs’.¹³⁶ As practice had been limited to ‘odd moments’ on the lawn in front of Rooksdown House, Reay was unsure whether the team’s successes had been ‘due to good football, or the reluctance of opposing teams to use force on such apparent crocks’.¹³⁷ Ivor Wilson played in at least one game. In a letter to his wife, he stated: ‘Geordie has got the football team going, but so far I have managed to keep out of it (he has his eye on me, though)’.¹³⁸ Another letter shortly after confirms that Geordie got his man after all:

My Darling Madge. Oh woe, death and disease; blast and damn ad infinitum. Geordie persuaded me, gullible as ever, that a nice seven a side game of football on a full size pitch at the Main

¹³³ Ibid., pp. 123-124.

¹³⁴ *Rooksdown Pie*, p. 3.

¹³⁵ Ibid. The villas were part of the main hospital. In 1939, eight out of thirty two wards at Park Prewett were open wards i.e. wards that were not locked, and these were mainly the villas. Smith, *Park Prewett Hospital*, p. 26. In 1946-47, the villas would have been filled with EMS patients.

¹³⁶ Presumably, the teams were made up of patients from the wards upstairs and downstairs.

¹³⁷ *Rooksdown Pie*, p. 3.

¹³⁸ *RCM*, 2003, p. 17.

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would make me twice the man I am, so, apprehensive and trembling, Russell, Chapman and Wilson took the field. Marge! It was agony; I must have run twenty miles in the hour and a half we played. This morning I got out of bed and nearly fell down. My thighs and calves positively creak and what is worse I'm down to play Monk Sherborne's best on Saturday. I'm so wrecked that I'm glad that our weekend is still a week off. The vigour of a passionate night would inevitably bring on "rigor mortis".¹³⁹

Norman Warnecke also recalled being 'roped in to play soccer against the Park Prewitt (sic) inmates'.¹⁴⁰ Although Warnecke was admitted to Rooksdown in May 1940, he returned several times during and after the war for further surgery; it is likely that he was also 'roped in' by Reay.

The cricket team only played two fixtures in 1946, what Reay referred to as 'a small and leisurely programme', and won both against Hartley Wintney and Fairfax School. Reay described both fixtures as 'very enjoyable'.¹⁴¹ James Russell, however, remembered that, although the game against Hartley Wintney started friendly enough, it did not remain so. Russell's account is humorous and uses poetic license but it is useful because it highlights that a number of patients were comfortable facing the public by this stage; it also indicates how Rooksdown patients could be perceived by members of the public:

One summer we played a few games of cricket, Geordie and I and nine other madmen.

After a trial match or two around the hospital we bravely acquired an away fixture at or near Hartley Witney (sic). All seemed set for a great afternoon - super weather, good pitch on a village green, and the pavilion adjoining a pub whose cheerful landlord kept up a steady flow of ale. Unfortunately, expecting to play a team of cripples, the home club had kindly picked a side of OAPs. Whereas our team in fact included some big strong cricketers who were not much handicapped by skin grafts and damaged jaws. This misunderstanding led to a certain lack of cordiality as the day wore on.

Rooksdown batted first and no-one minded as we knocked up a huge score around 190 for 2 - the

¹³⁹ Ibid.

¹⁴⁰ *RCM*, 1982, pp. 9-10.

¹⁴¹ *Rooksdown Pie*, p. 5.

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home team were quite pleased to see the lads doing so well. But when we declared and began to bowl the atmosphere rapidly changed. We had a master bowler whose name I forget - a big man from Geordieland who played in the style of a hardened northern league professional. He bowled like the great Bill Voce, Harold Larwood's Nottinghamshire and England partner, left arm over the wicket dug in short on the line of the batsman's feet. Not the stuff for OAPs, who were frequently struck on hips, thighs and knuckles. One old boy, who wisely stepped aside to let the ball knock his leg stump out of the ground, threw down his bat in anger and shouted: "Hey up, he's bloody chucking!" That was the end of the game and the home side left the ground at once, muttering darkly – they were all out for 25.¹⁴²

A hockey team was also formed c. 1947 and played three matches. This was considered quite an achievement 'owing to the ever-shifting population of Rooksdown. No sooner is a patient up than he's "down" again, or "out," as the case may be'.¹⁴³

Table tennis was 'probably the most popular' sport at Rooksdown, with inter-ward tournaments contested between staff and patients in the Rec. The Rooksdown team had also played 'several very successful outside games' against Lasham Aerodrome, Reading University and Basingstoke Youth Club. Darts was also popular, with the board in 'continual use' and an individual tournament held in 1946. The Rooksdown darts team had also won most of its matches.¹⁴⁴ Swimming was another popular activity with most patients during the hot summer of 1947 and seems to have taken place at allotted times away from the public. Sir Alexander Roger gave permission for the patients to swim in the lake at Ewhurst once a week and several parties drove there in the Red Cross car.¹⁴⁵ The club also received season tickets from the Auto Tyre Service Sports Committee, permitting patients to use their swimming

¹⁴² *RCM*, 1987, p. 10. *Rooksdown Pie* reported the scores as follows: 'Rooksdown v Hartley Witney (sic) (organised by Toc H), Rooksdown 120 for 8, J. Hill 80, beat Hartley Wintney 65, J. Russell 5 for 21.' *Rooksdown Pie*, p. 5.

¹⁴³ *RCM*, 1947, p. 8.

¹⁴⁴ *Rooksdown Pie*, p. 5.

¹⁴⁵ *RCM*, 1947, p. 8. 'Ewhurst' refers to Ewhurst Park, Hampshire, which was owned by Roger, a 'leading figure in British industrial and financial circles.' For more information about Alexander Roger and Ewhurst Park, go to <http://ieeexplore.ieee.org/stamp/stamp.jsp?arnumber=05324356> and www.gardenhistorysociety.org/post/forum/ewhurst-park-hampshire/

bath at Worting two nights a week with the ‘added attraction’ of the White Hart pub across the road. The Rehabilitation Officer at Park Prewett also negotiated with Basingstoke Council for the patients of Rooksdown and Park Prewett to be allotted an hour at the Town Baths every Wednesday where they were taken there and back in a special bus.¹⁴⁶ Allotted times at the various swimming baths possibly allowed the patients to be less self-conscious about showing their scarred bodies, although the reference to the White Hart pub again suggests that patients were comfortable about going out locally.

Help from outside - hospitality from different organizations

As at Sidcup, the unit/club received hospitality from many sporting organizations. In 1947, such trips included 14 grand stand seats for the Derby at Epsom, tickets for the Gold Cup at Ascot and the third day at Goodwood. Four parties went to Ascot, three to Sandown Park, and one each to Hurst Park, Kempton Park, and Salisbury. A party watched tennis at Wimbledon; two parties watched football matches involving Southampton and Portsmouth Football Clubs who extended their hospitality for 1947-48; tickets were also received for Hampshire Cricket Week.¹⁴⁷ Non-sporting trips included ‘a party of 14 to the “Lest we forget” Association’s Garden Party in London; several visits to Friary’s Brewery at Guildford; two car-loads to the Hampshire Police Sports at Eastleigh; trips to the Isle of Wight, Southsea, Bognor and Milford-on-Sea, and several visits to kind friends at Camberley for tea, television and supper’.¹⁴⁸ Frederick Hall, who was injured in 1945 and spent the whole summer at Rooksdown, referred to the Red Cross and ‘other voluntary organizations putting on many shows and outings.’¹⁴⁹ He particularly remembered when he and others went

¹⁴⁶ *RCM*, 1947, p. 8.

¹⁴⁷ *Ibid*.

¹⁴⁸ *Ibid*. It is unclear whether patients who recuperated at auxiliary hospitals, such as Moundsmere Manor, were allowed to go on the various trips/outings that were organised at Rooksdown.

¹⁴⁹ *RCM*, 1979, p. 13. Hall was blinded in one eye as he stated that his remaining eye got stronger and more in focus by playing table tennis. He did not state how he was injured nor the full extent of his injuries, but he was

to the BBC in London, saw a rehearsal of ITMA and were introduced to members of the cast. They also spent time in the BBC bar afterwards ‘at their expense’.¹⁵⁰ John I. Thornycroft and Co. of Basingstoke, which was advertised in early club magazines, was also benevolent to the patients of Rooksdown, arranging boat trips and other trips.¹⁵¹

A party from Rooksdown also went on a five week holiday to Switzerland in 1947 at the invitation of the Swiss Red Cross who had organised an appeal for funds to provide convalescent holidays for British service and ex-service patients still in hospital. When the appeal closed, the Swiss people had donated enough to provide accommodation and pocket money for four hundred men. It was decided that the men should travel over a period of two years, in parties of forty and twenty, and stay for five weeks, either near Lake Lucerne or Lake Geneva. The first party left London for Switzerland on 1st May 1947. All were from plastic surgery units, six from Rooksdown, and fourteen from East Grinstead. The party also included a British Red Cross Liaison Officer and ‘an experienced courier from Cook’s to smooth the path’. They stayed in a house equipped with two balconies, ‘perfect for sunbathing’, with a garden leading to a private beach. Among the highlights of the holiday were shopping and trips to places of interest.¹⁵²

certainly in the army as he referred to ‘the disturbing thought’ that his disablement would end his army career – ‘a problem that has faced many disabled career servicemen’. Ibid.

¹⁵⁰ Ibid. ITMA was an abbreviation for ‘It’s That Man Again’, a weekly comedy radio show launched in July 1939. The show was named after the phrase that newspapers were using at the time to describe Hitler: “It’s that man again!” It ran throughout the 1940s, the last show being aired on 6th January 1949. For more information, go to www.bbc.co.uk/liverpool/localhistory/journey/stars/tommy_handley/itma.shtml www.bbc.co.uk/programmes/b00lnhq6

¹⁵¹ Interview with Ken Curtis, April 2006. John I. Thornycroft and Co., Limited was a motor works company in Basingstoke which entertained service patients from Park Prewett during the war. It produced commercial and military vehicles, although its main industry was shipbuilding which was first based at Chiswick, London, from 1871, and then at Woolston, Southampton, from 1904 where it remained until 2003.

www3.hants.gov.uk/thornycroft.htm www.dailyecho.co.uk/heritage/hampshire100/100residents/1485662.print/
¹⁵² *RCM*, 1947, pp. 9-10. The report was written by Ivor Wilson who attended the trip. The trips to Switzerland continued over the next four years. Air Vice-Marshal Panter is credited for arranging them. *RCM*, 1949, p. 11, and *RCM*, 1951, p. 15. The party in 1949 consisted of four Rooksdowners who spent five weeks in Switzerland. *RCM*, 1949, p. 11. In 1951, two Rooksdowners took the trip. *RCM*, 1951, p. 15.

The trips further afield than Basingstoke seem to have taken place when the patients were of a stronger disposition and more comfortable confronting the public.¹⁵³ As well as being recreational, the trips were an important part of the patients' reintegration into society. This was a gradual process starting early with the patients going out locally, accompanied by members of staff.¹⁵⁴ This aspect of rehabilitation is discussed further in Chapter Five in relation to the club's third aim, educating the public.¹⁵⁵

As with their medical treatment, rehabilitation for all service casualties while they were in hospital was probably the same, with the exception of the Guinea Pigs at East Grinstead and those RAF casualties who attended RAF hospitals and rehabilitation centres,¹⁵⁶ and was the responsibility of the unit – surgeons, physiotherapists, occupational therapists and such personnel as Catherine Pollock who organised recreational activities and trips – rather than the service. It should also be noted that although members of the Guinea Pig Club received, in many ways, exceptional treatment in their rehabilitation and there is much emphasis on their assimilation into the local community, the same recreational activities were available to them and other patients at East Grinstead as at Rooksdown and presumably the other units.¹⁵⁷

¹⁵³ With the very early trips away from Basingstoke, it is not known whether, in some circumstances, patients were shielded from members of the public as in 1921 when seven Sidcup patients went to the Hippodrome in London. See p. 87.

¹⁵⁴ Correspondence from Diana Creasey, April 2006.

¹⁵⁵ See pp. 349-353.

¹⁵⁶ For a detailed report on the nature of rehabilitation, physical and social, in the RAF, see Anderson, *War, disability and rehabilitation in Britain*, pp. 104-124. By the end of the Second World War, the RAF had nine rehabilitation centres nationwide. *Ibid.*, p. 109. It is fair to say that the RAF looked after its personnel better than the other services. As discussed in Chapter Five, the RAF was the only branch of the armed services which insisted on looking after its own people – a major difference between the RAF and other services – which included better pensions. See pp. 330-331. Injured airmen also received financial donations from the RAF Benevolent Fund. See Appendix 8. It is interesting to note, however, that despite the RAF's commitment to its injured, McIndoe 'steadfastly remained a civilian to avoid being hamstrung' by the RAF's regulations: 'He realised early that to get what he wanted meant cutting through red tape and pushing aside petty administrators who might obstruct his important objectives.' Bennett, *A History of the Queen Victoria Hospital, East Grinstead*, p. 424.

¹⁵⁷ This is an area that has certainly been neglected in the historiography of the Guinea Pig Club. Bob Marchant has stated that he might recommend a trainee plastic surgeon write a paper on this aspect of rehabilitation as part of their training. Conversation with Marchant, 14th August 2015.

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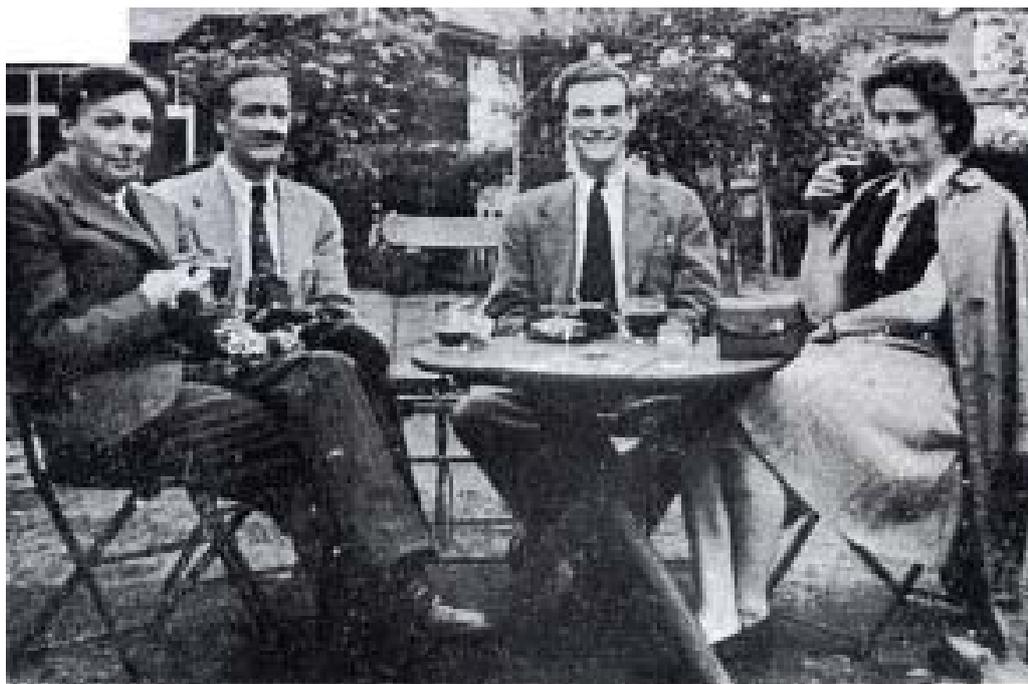


123. 'An outing to the sea' (c. 1947), *RCCS 1953*.



124. 'A party at Aldershot' (c. 1947), *RCCS 1953*.

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125. 'Wilson, Lowe, Mortimer and Sister Gill' (c. 1947), *RCCS 1953*. It does not state where this photograph was taken but it was probably one of the local pubs. 'Wilson' is Ivor Wilson, 'Lowe' is Augustus Lowe, and 'Sister Gill' is Sister Pat who later married John Hearn.



126. 'Well-known Rooksdowners' (c. 1947), *RCCS 1953*. Archie Day is second from the left.



127. 'An early group of nursing staff and patients' (c. 1947), *RCCS 1953*.

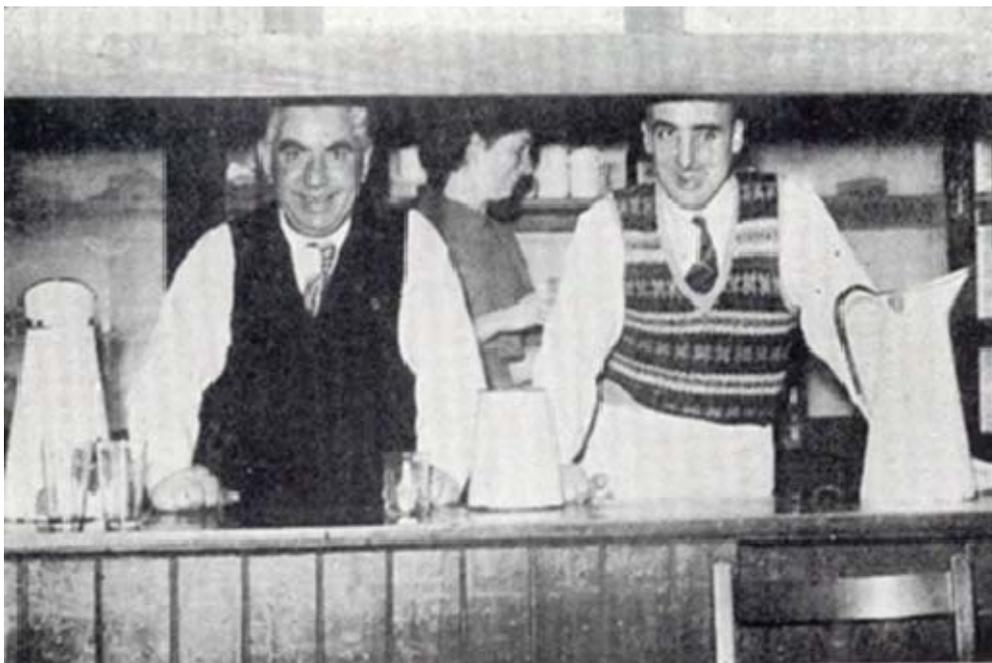


128. 'Miss Bowen with a group of patients' (c. 1947), *RCCS 1953*.

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129. 'Miss Pollock with some of her "boys"' (c. 1947), *RCCS 1953*. Pollock is second from the right.



130. 'Opening time "George" & "Seth"' (The Rooksdown Bar c. 1948 – "Seth" is Ray Setherton), *RCCS 1953*.



131. 'Outside the "Rec"' (c. 1949), *RCCS 1953*.



132. "'Scottie,' Reynolds, Cowton & Tolley' (c. 1949), *RCCS 1953*.

Recreational activities carried on at Rooksdown and continued to be reported in club magazines up to 1955 which was the last edition of the decade. In many ways, they were the same as in previous years; many trips and outings were still organized for patients and the

Rec remained busy.¹⁵⁸ From 1953, the Lest We Forget Association is mentioned more often in relation to entertaining ex-service patients, in particular organizing a Christmas meal at Surbiton. There were also additions and improvements to existing equipment; for example, the club assisted in the purchase of instruments for the Rooksdown Club Dance Band formed in 1950;¹⁵⁹ the sports equipment was ‘overhauled and brought up-to-date’ around the same time;¹⁶⁰ and a tennis court was built in the grounds in 1951.¹⁶¹ A television was also purchased with some of the proceeds from the Derby Sweep in 1953.¹⁶²

Although much effort still went into organizing activities, it is noticeable that the 1949 magazine was the last occasion that ‘News From The Alexandra Pavilion’ had such large coverage (illus. 131). Thereafter, up to and including the 1955 edition, coverage decreased considerably due to there being fewer activities/outings listed. At the 1955 AGM, the Chairman reported that, socially, the club had ‘not had a very busy year’, but that it was ‘in the forefront of our mind at all times and we shall be quick to seize any opportunity which presents itself’.¹⁶³ Similarly, Catherine Pollock’s successor, Joan Grant stated that social activities had been ‘somewhat restricted this year’ by ‘force of circumstances’.¹⁶⁴ The lack of organized events, however, had been ‘set-off against the many outings and functions’ provided by the LWFA and other ‘outside friends’. The Rec was also still ‘very much alive’ and used by those who enjoyed table tennis, darts or a session on the piano.¹⁶⁵ In her article about the unit c. 1954, Bowen stated that as well as the sporting facilities available (football and hockey pitches, a tennis court and netball ground), recreation was provided ‘by the

¹⁵⁸ For examples, see *RCMs* 1949, p. 7; 1950, p. 2; 1951, pp. 4-5; 1953, p. 3; 2002, p. 3 (although I am not in possession of the 1952 magazine, the Editorial was reprinted in the 2002 edition); 1953, pp. 14, 17 and 22; and 1954, pp. 19-20.

¹⁵⁹ *RCM*, 1950, p. 2 The Rooksdown Club Dance Band is also referred to on p. 7 of the magazine.

¹⁶⁰ *Ibid.* p. 7

¹⁶¹ *RCM*, 1951, p. 4.

¹⁶² *RCM*, 1953, pp. 2 and 13.

¹⁶³ *RCM*, 1955, p. 8.

¹⁶⁴ *Ibid.*, p. 5.

¹⁶⁵ *Ibid.*

thriving staff social club at Park Prewett Hospital’, although this is the only time I have come across such a club.¹⁶⁶

There are a number of possible reasons for the falling number of events. The retirement of Pollock in 1951 was undoubtedly a major blow to the unit/club,¹⁶⁷ although this is not to undermine the work of Joan Grant.¹⁶⁸ It may have also followed Grant taking on the position of Club Secretary in 1953, and the two roles taking their toll. Another blow to the club in 1954 was the loss of the Red Cross car which had to be returned. It is not known why the car was returned but ‘football activities’ were curtailed, and there is no sign that other arrangements were made.¹⁶⁹ Another noticeable omission from club activities after 1948 was the sports fixtures involving patients playing outside opposition. These probably stopped after Geordie Reay was discharged, as there is no mention of them in the magazines after 1948.¹⁷⁰ Due to the last magazine being printed in 1955, there is no further information about recreational activities at the unit post-1955, although it is likely that they continued in a similar way until the transfer to Roehampton in 1959, possibly decreasing as the move approached. Once the unit moved to Roehampton, recreational activities probably no longer took place.

Recreational activities for child patients

Although the early club magazines c. 1947-48 do not refer explicitly to social events/activities/trips available to the child patients at Rooksdowndown, they certainly took place, or at least the children accompanied the adults on trips. Mary Skinner (née Chapman), who

¹⁶⁶ Bowen, ‘Rooksdowndown House, Basingstoke’, p. 42.

¹⁶⁷ *RCM*, 1951, p. 5. For more information about Pollock’s contribution to the rehabilitation of patients, see Appendix 11.

¹⁶⁸ Patients clearly appreciated Grant’s work, as demonstrated by the letters of appreciation. *RCM*, 1954, p. 20. The club/patients also thanked ‘‘old faithful’ George who retained his position as chief tea tender’. Ibid.

¹⁶⁹ Ibid.

¹⁷⁰ I am in possession of photographs of a hockey match played in the grounds of Rooksdowndown c. 1954 among staff and possibly patients (illus. 144-147). The photographs were donated by Pat Short (see p. 16).

arrived at Rooksdown in 1941 when she was eleven years old, recalled trips to the theatre in London and to 'the beach'.¹⁷¹ Susan Mackley recalled that Miss Pollock 'got me on as many of the arranged trips that she could, although most of them were naturally for the Servicemen, but I was there if one seat was available'.¹⁷² There were also Christmas parties organized for the children who had been under care during the year. They were sent for to be reviewed and photographed, then met by Pollock at the station in the Red Cross bus. After a brief consultation, there was entertainment, games and a party tea in the Rec. The parties were well attended but stopped when the hospital board stopped paying the children's rail fares.¹⁷³

The children must have also been kept occupied at the Rec on a daily basis, as suggested by a photograph of George Hewlett and a number of children of different ages outside the Rec c. 1949 (illus. 133). A number of older child patients, such as Chapman, Paul Evans, and Mary Coombs (née Westley), also mentioned playing table tennis in the Rec.¹⁷⁴ In the early days at Rooksdown there was also a school mistress for the children who were in hospital for a long time. According to Dilys Smith, 'two women held the position in the course of less than a year, after which the authorities gave up and engaged a nursery governess instead'.¹⁷⁵ Rosemary Johnson, who was at Rooksdown 1951-1958, was on the women's ward but was sent to the children's ward to read to those who were in bed. Johnson recalled that she was 'not too enthusiastic about lessons and most mornings managed to get

¹⁷¹ Correspondence from Mary Skinner, May 2006. See also illus. 123 which shows a child in the group at 'An outing to the sea'. Mary Skinner had fallen into the fire as a young girl and suffered burns to her nose, cheeks, forehead and lips; she also burnt her left arm and breasts. According to Pound, 'Local hospital doctors saved her life.' Pound, *Gillies Surgeon Extraordinary*, p. 140. A case study of her injuries and reconstruction is described in Gillies and Millard, *Principles and Art*, pp.466-467. She is referred to as Mary Chapman in both accounts.

¹⁷² *RCM*, 1983, p. 17.

¹⁷³ *RCM*, 1986, p. 9.

¹⁷⁴ Correspondence from Mary Skinner, May 2006. Paul Evans first attended Rooksdown in 1940 when he was nine months old for a congenital cleft palate; most of his subsequent treatment during the late 1940s and early 1950s consisted of dental work. *RCM*, 1983, p. 9. Mary Coombs was seventeen when she attended Rooksdown in the early 1950s for a cleft palate. *RCM*, 2005, p. 29.

¹⁷⁵ Smith, *Park Prewett Hospital*, p. 37. A file held at Hampshire Record Office confirms that children were educated at Rooksdown. The file 'concerns arrangements for the education of children in the plastic and jaw unit of Park Prewett Hospital and includes detailed reports on the progress of individual children'. The file also states that access to information in this item may be restricted until 2060. 'Rooksdown House, Basingstoke 1948-1959', HRO: H/ED 1/2/162.

lost on the way'.¹⁷⁶ The 1955 magazine also reprinted an essay by Barry Walker, aged thirteen, who described his time at Rooksdow. Walker was the youngest patient in a male ward.¹⁷⁷ Regarding recreation, he stated that Rooksdow boasted 'a television set, wireless, a centre for occupational therapy, and young patients attend school for two hours daily. I did not find time in which to be bored.'¹⁷⁸

Other child patients arranged their own recreation, such as John Brockelbank who proved too 'lively' for the children's ward in 1946 and was sent upstairs to the men's ward. There he proved to be a 'great distraction and...got spoilt rotten'. He was given sweets to run errands, encouraged to do somersaults on his bed when the nurse was not looking, and allowed to play with the glass eye of a patient called 'Ray'.¹⁷⁹ Brocklebank recalled that 'the same Ray' ran him round the back lawn on a sledge for about an hour one morning when it snowed heavily during his stay in 1946: 'We both came back covered in snow to much applause from the other patients.' He also remembered two of the young nurses, one male and one female, 'maybe courting', taking him out with them for a long walk through the snow in their own time.¹⁸⁰ Another teenager regularly played cards with the soldiers before he went to bed. Judy Slater remembered once taking him back to the ward 'by his collar. Now, I suppose it could be considered common assault, but I was more concerned with Night Sister's imminent appearance'.¹⁸¹ A common thread throughout the testimonies is how well

¹⁷⁶ *Rooksdow News 2001*, pp. 21-22. Johnson, mentioned on p. 18 of this thesis, first attended Rooksdow in April 1951, when she was 10, to have treatment for a birthmark on the right side of her face. She returned for further treatment in 1952 and thereafter until 1958. She had her final operation at Roehampton when she was 22. She did, however, have 'a few adjustments to the work done over forty years ago' c. 2000 at Salisbury Hospital by Mr Rossi, a later member of the club. Ibid. Rossi is referred to on p. 371 of this thesis and Appendix 16.

¹⁷⁷ *RCM*, 1955, p. 14.

¹⁷⁸ Ibid.

¹⁷⁹ Correspondence from John Brocklebank, April 2006. Brocklebank first attended Rooksdow in 1942 aged five, to have a red birthmark treated on the left side of his face. He returned in 1946 when he was nine, and thereafter when he was eleven, fifteen and seventeen. 'Ray' was probably Ray Setherton, a service casualty and original member whose name appeared on the list of members in *Rooksdow Pie*, p. 19. See also illus. 130.

¹⁸⁰ Correspondence from John Brocklebank, April 2006.

¹⁸¹ *RCM*, 1997, p. 18. Slater recalled seeing him once after the war working as a bus conductor. She stated: '...no one would have known he had an artificial chin. I believe that in his case it was like a set of teeth which could be taken out and put back again!' Ibid.

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the children were looked after and, under the circumstances, how much they enjoyed their stay.



133. “George” and some young “Rookies” (c. 1949), *RCCS 1953*.



134. ‘Children’s Christmas party’ (c. 1950), *RCCS 1953*.

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A group in the children's ward. Some of these children are receiving treatment following burns and other accidents, while others are undergoing surgical treatment for cleft lip and palate.

135. The Children's Ward c. 1954. Bowen, 'Rooksdown House, Basingstoke', p. 41.

ADVANCE ROOKSDOWN!

This club of ours stands for much that is good in life. Its heritage and its aspirations show up in sharp contrast in a world torn by dissension and strife. There is a tremendous potential power in the fellowship of the patients of Rooksdown, a power which is ever increasing as our numbers expand. The welfare of disabled people is a noble cause, and underlying the spirit of the club is a driving force which can be utilized to the benefit of present and future Rooksdowners to an incalculable degree. This spirit depends upon

the support given by our members and, if this support is forthcoming and is equal to the demands made upon it, an organization can be built up which will cover all the problems of rehabilitation and resettlement which beset the disabled person.

Scissors are afloat for extending the amenities of the club, and when the time comes for help, in one form or another, let us give all we can to this cause for which Rooksdown lives its life.

JOHN BARRON.

The Last Operation

What does it feel like to be told this is your last op? Well, this happens to be my pleasure, and I must say, I feel very excited. The great day arrives; 6 a.m. nurse arrives with your breakfast, two slices of toast and a cup of tea. Yes, I've had the same before, many times, but somehow this time it's different; you really enjoy it, then you try to have a nap; but it's impossible, your nerves are all on edge and tingling.

It seems ages before you get your pre-ana; ah! here it comes; you watch the nurse, or sister, whoever has the honour, push the point of the needle in your arm, the way you're feeling on this great day, you don't care if it's a bit sore; that finished, you lie back and wait for the theatre orderlies to take you down.

Your mind goes back to the very first day you came into Rooksdown. Just think, this is your last ride! All the friends you have made, things you have done, you're part of Rooksdown itself, and inside you get a funny feeling, as if you are losing part of yourself forever.

On one occasion (I shall always remember it) when I went down for my op, I took out my teeth and put them in a mug on my locker. In a semi state of regaining consciousness I asked for a drink, on being given it, I remarked "Not out of that one, my teeth are in it," but the prompt reply was "you've got them in your mouth?" How they got there is a mystery to this day, probably jumped in while my mouth was open, I guess. The things you say sometimes on coming round would make you blush. Another time I was coming to... Not just that one. Anyway, it's all in the life of Rooksdowners; they are memories I shall always cherish. Reunion day, they all come back to life, old faces, and memories, of your days at Rooksdown.

One final thing I can say; that is for the excellent work our surgeons have done, in giving us back that something we lost. My most grateful thanks, always.

J. W. HONEYSETT.

THE STAMP CLUB

With the kind help of Miss Farmer (and not forgetting many others in and outside the "Rooft"), we have managed to form a "Swap Club," now on an even basis.

Not having the British Red Cross source of supply, we had to find others, and by the time of your reading this, we should be doing fairly well.

Being a free-lance club, as it were, we are now able to incorporate the "Messrs." Who

was there whenever new stamps were heard of but not seen? Who used to worry the doctors and patients from other countries?—Sister Rowell. Well, she has taken an active part in helping the Club forward, and will do so in the future.

Mr. Risdon Lowe, as you earlier members will know, paid us a few visits in the past, and he has consented to pay us another in the near future. From the great master-mind of

philately, we hope to acquire some words of wisdom.

In closing we must not take up too much of the magazine, I would like to remind all members outside and in the "Rooft," that Lt. Chapman, S. Hill and Miss Duggitt are the

Club Secretaries. Miss Duggitt will only represent if we are not present.

To the Rook Club, many thanks for listening, and for your great help to our appeal.

JOHN HILL.

NEWS FROM THE ALEXANDRA PAVILION

My best wishes to all my friends, past and present. Now for our activities since last issue.

INVITATIONS—from the following—

Racing

Grand stand seats for Derby Day (Epsom), Gold Cup Day (Ascot).

Goodwood.

Football

Seats reserved for 1947/48 through the kindness of H. Belgrave, Esq., Southampton Club and Secretary of Portsmouth Club.

Invitations have again been received from both these Clubs for 1948/49.

Cricket

Hampshire Cricket Club—tickets for 1947/48.

Nine Elms Canteen, London, Southern Rail-

way.

"Lest We Forget Association," London.

River trip by "Gratitude Club," London.

Drill Hall, Winchester—for dances, etc.

By invite—Lord Roderic Gordon and later by S./Sgt. Williams & Mrs. Williams.

Social Clubs of "Five Bells," Beriton, Hants.

The British Legions of Basingstoke & Tadley.

Social Clubs of Queen's Club, Basingstoke and Camberley.

Dances, Socials—Mrs. Powers and the "Aldershot Gang."

"Garden Party," Congregational Church, Basingstoke (for Women).

Outings

To the Witney Factory, Oxford.

To Windsor & Eton (Women).

To the Wedding Film, Camberley (Women).

To the Speedway, Southampton.

To H. Belgrave's Stud Farm, Newbury.

To Bognor—organized by Mrs. Powers of the "Aldershot Gang."

To Brighton—organized by Mrs. Powers.

Concerts

Army Welfare, Salisbury "Stars in Khaki."

Concert Party, Caversham.

Rose Leaf Club concert (Baughurst).

Cinema once a week, in Recreation Room.

Good luck and best wishes,

C. H. POLLOCK.

Slapstick and Sawdust

Would you like your nasal organ trimmed to look more like a tail?

Would you care to have a useful arm converted to a tail?

Would you get around much quicker if your feet were unshod?

Do you enjoy your food much better with your naso-pharynx closed?

Do you sometimes feel that two eyes spell redundancy, and waste?

When one would serve you just as well—and show less vulgar taste?

Do you realize the benefit of cutting off your toes?

In the furtherance of progress and economy in home?

Have you thought of the advantage of a double set of lips?

A pair to use for kissing and pair for eating chips?

Or the truly vast improvement of a garter LOVER'S NOSE

Which rolled up off the face when the contingency arose?

Have you carefully considered all the things that could be done

To restore your faded beauty; or, failing that—for fun?

Then, with due respect and modesty, we beg to take a bow.

We're the Rooksdown Kipper-Uppers—and our motto:

"GRAFT IT NOW!"

E. D. RATSUM.

136. RCM, 1948, pp. 3-4.

NEWS FROM THE ALEXANDRA PAVILION

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Cinema once a week, in Recreation Room.

Good luck and best wishes,

C. H. POLLOCK.

137. RCM, 1948, p. 4.

News From The Alexandra Pavilion

To past and present members good luck to you all.

Since our last issue the following were our activities for 1948-49.

INVITATIONS from the following

"GRATITUDE CLUB" - per Mr. Cheesman.

Seven seats to Drury Lane.

Seven seats to the Stoll Theatre.

River outing for twenty Windsor-Marlowe.

MR. LENNARD—Aldershot.

Twenty-six to Olympia Circus. All expenses were paid by Mr. Lennard.

A SOCIAL PARTY AT ALDERSHOT.

Party of twenty invited by Mrs. Powers and her "Gang."

THE NAVY LEAGUE.

Twenty-five invited to the big re-union at the Albert Hall.

BRITISH LEGIONS.

Winchester, Basingstoke and Tadley for darts, billiards, etc.

Basingstoke British Legion gave eighteen tickets for a concert at the Grand Theatre in November.

THORNYCROFTS.

Twenty-six tickets for their performance of "Ruddigore."

SPORTS CLUB, LUDGERSHALL.

A party of seven to see a match and were entertained by the Club. This was through our friend Tottle.

ARMY CUP FINAL, ALDERSHOT.

Seven tickets were kindly sent for this event.

YEOMANRY HEADQUARTERS, READING.

Entertained a party of seven one evening.



RACING.

Once more our racing friends from Ascot, Epsom and Goodwood remembered us and gave super seats for Derby Day, Gold Cup Day and one day at Goodwood.



FOOTBALL.

Southampton and Portsmouth again renewed their hospitality for the season. We are truly grateful to them.



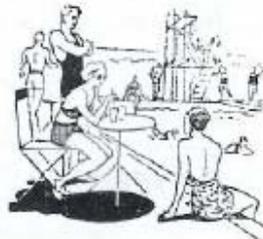
OUTINGS.

All these were in charge of our faithful "George." For races: Hurst Park; Newbury; Sandown.

SPEEDWAY.

Several evening runs to Southampton to see same.

BATHING.



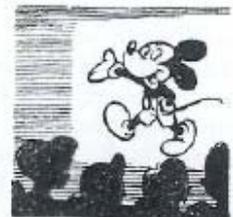
To Mill House, Aldermaston and several trips to Ewhurst and to Southsea.

A trip for children was arranged and they went to Hayling Island. From all accounts they had a grand time.

CINEMA.

Weekly show in Recreation through the winter and up to the end of May.

We hope to resume same for the coming winter.

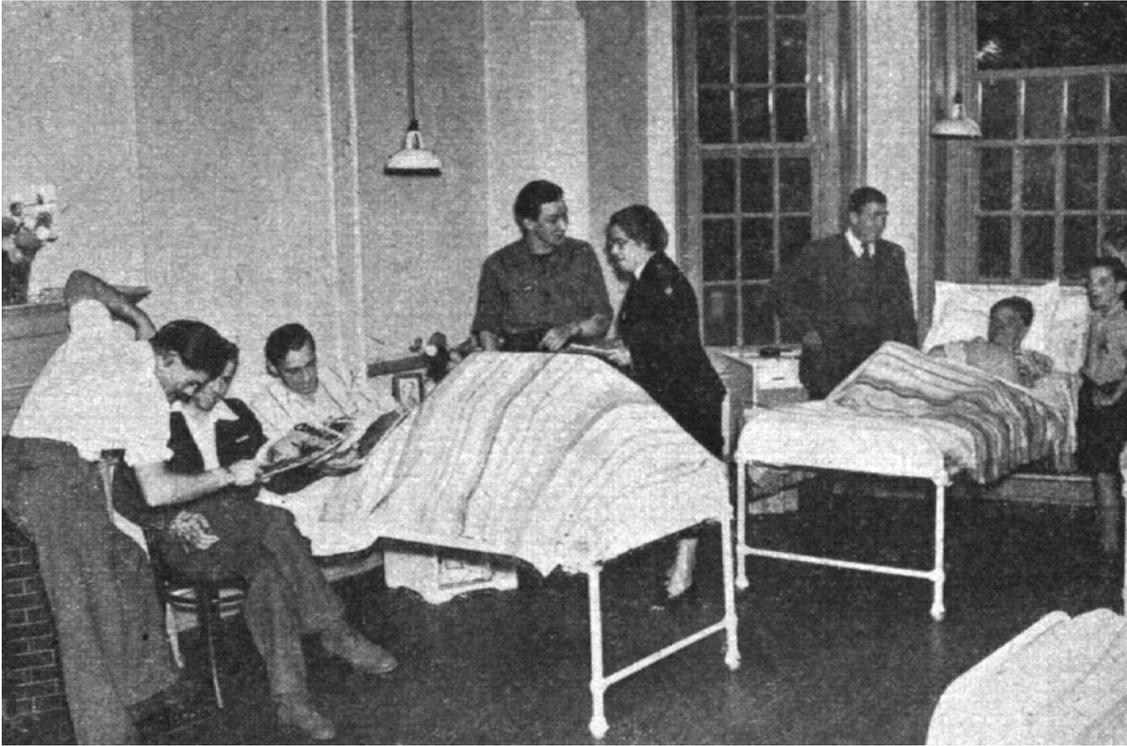


Note.—Miss Pollock is sure that everyone who enjoyed the Aldershot socials will be sorry to hear that Mrs. Powers has been very ill and will wish her a speedy recovery.

My very best wishes to everyone.

C. H. POLLOCK.

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139. 'A Red Cross welfare officer talking to patients in the men's ward' (c. 1954). Bowen, 'Rooksdown House, Basingstoke', p. 41. The Welfare Officer is Joan Grant.



140. 'Sir Harold being presented with the key to Rooksdown on his return after illness in 1949', *RCCS 1953*.

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141.



142. “George “ and the “boys” outside Rooksdown’ (c. 1950). *RCCS 1953*.

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143. A concert organised for the patients c. 1951. (personal collection)



144.

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145.



146.



147.

144-147. Gillies and members of staff playing hockey in the grounds of Rooksdown c. 1954 (Gillies is in goal).
(personal collection)

The 'spirit' of Rooksdown

Possibly the most important factor in the early rehabilitation of these patients, inextricably linked to the work of the hospital staff, was the relaxed atmosphere at the unit, and what many have referred to as the 'spirit' of Rooksdown. Gillies referred to this in his address as president of the Rooksdown Club in 1947.¹⁸² Although expressed 'somewhat jocularly', the address highlights the reasons behind the success of the unit and the approaches that helped the patients in the early days of their rehabilitation. He noted that the success was largely due to the staff and patients pulling together and creating 'what one might call the spirit of this place', which not only meant the 'courage, hope and confidence of the patient, but also a little

¹⁸² *Rooksdown Pie*, p. 2

something else. It means a knowledge that everyone in the place from Elaine to James is out to serve you, and you are quick to evaluate the surgical efforts'.¹⁸³

He reiterated this sentiment in 1957 in an account which also gives an idea of the variety of patients and nationalities attending the unit. He wrote: 'Sunning on the front lawns of this rambling country hospital even during the most difficult days, would be found burned pilots and soldiers, a harelip baby, a bombed housewife, half a dozen Army gunshot wounds of the face, several German prisoners of war and surgeons from the four corners of the earth...' Rooksdown was 'no ordinary place'; it was therefore 'little wonder (that) it was pervaded by an aura of its own'. Despite the constant changes in staff, the spirit carried on, taken on by new members 'who were soon imbued with the high morale'. In such an 'atmosphere of informality and tolerance there developed an unspoken understanding that no one was looked upon as better than another as long as all took part and did their best...The spotlight was on the patient, not the surgeon, and there was a close personal relationship between both which encouraged confidence. The surgical plan, its possible shortcomings and the probable result – all were discussed with each case, and there was always an ear to listen to a patient's request.'¹⁸⁴

¹⁸³ Ibid. 'Elaine' refers to Elaine Orchard, head cook at Rooksdown during the war years - see *RCM*, 1978, p. 16. 'James' refers to Cuthbert, the Surgical Officer first discussed on pp.155-156 and 158 of this thesis.

¹⁸⁴ Gillies and Millard, *Principles and Art*, pp. 437-438.



148. 'Gillies with R.A.F. patients in the grounds of Rooksdown House'. Pound, *Gillies Surgeon Extraordinary*, opposite p. 128. Courtesy of Penguin Books.

In an article, 'Reminiscences', in the second issue of the magazine in 1947, James Cuthbert also described the early days at the unit and attempted to explain what made Rooksdown special, placing much emphasis on the influence of Gillies:

Rooksdown has always possessed an individuality, which in many ways is almost unique. The individuality is no artificial thing. It has evolved naturally from the workaday life of the place, from its many crises, its moments of humour, and its tragedies; but above all, from the fact that there was job to be done, and that there were always people ready and willing to do it...

Why, then, in an environment with so many limitations has Rooksdown exemplified to such a degree the team spirit? The answer is easy to those who know the place intimately. The kindly genius of Sir Harold in inspiring enthusiasm and encouraging original thought with a patient tolerance, coupled with his healthy hatred of complacency in any form, has resulted in a happy and enthusiastic cooperation of a large band of surgeons, dental surgeons and ancillary helpers, not forgetting the tireless physiotherapists. Truly, "Giles" has much to be proud of in the Rooksdown which he has inspired.

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Again and again one has heard visitors comment on the friendliness of the patients and the enthusiasm of the medical and nursing staff.¹⁸⁵

There are numerous other references to the ‘spirit’ and special atmosphere at Rooksdowndown contained in the testimonies. Marjorie Hurst, Gillies’ secretary at Rooksdowndown, recalled that ‘Pity and sadness had no part in this place – it abounded with brave jollity, harmless pranks, hilarious escapades, trips for the mobile patients to the “Mucky Duck” where staff also went in the evening and they all met together and had fun.’¹⁸⁶ Ivor Wilson’s wife, Marjorie, referred to the ‘courage, will-power, patience, humour and comradeship’ underlined at Rooksdowndown, and particularly to Geordie Reay’s ‘unfailing cheerfulness supported by his wife, Dickie Richards and Jimmy Russell, that master of racing form, who once backed over a dozen winners in a row’.¹⁸⁷ Ray Freeman recalled Reay’s first walk down the ward to speak to a member of his tank crew called Danny; although it was forbidden and not done in a straight line, ‘...the cheers and support he received was akin to the demonstration to be witnessed when the winning goal is scored at the Wembley Cup Final’.¹⁸⁸ Frederick Hall described Rooksdowndown as ‘a grand place – the Staff were absolutely wonderful, and the lads, although their injuries were usually painful and disfiguring, and sometimes handicapped for life, were the happiest, most cheerful bunch of lads I have ever been lucky enough to serve with.’¹⁸⁹ Pat Mackintosh Grant referred to ‘the warm friendly atmosphere of the Ward (4B). Although there seemed to be no “red tape” Sister Pat (Gill) had it running on oiled wheels and maintained it so that going for an op seemed to me like a real holiday!...One remembers, too, her “morale boosting”’.¹⁹⁰ Therese Van Ingelgem, a patient from Belgium who attended Rooksdowndown during the 1950s, referred to ‘the good times past at

¹⁸⁵ *RCM*, 1947, p. 3.

¹⁸⁶ *RCM*, 1974, p. 8.

¹⁸⁷ *RCM*, 1995, p. 13.

¹⁸⁸ Letter, Ray Freeman to Ray Gordon, 9th January 1987, RCR. ‘Danny’ probably refers to Danny Wilson who is discussed on p. 230 of this thesis.

¹⁸⁹ *RCM*, 1979, p. 13.

¹⁹⁰ *RCM*, 1997, p. 9.

Rooksdown' where she had the chance to meet 'so many, many friends'. She also referred to the 'marvellous spirit, you don't find anywhere else', and described Rooksdowners as 'one great family'. She attributed this to Gillies who gave the patients 'the chance and the courage to face the world – and people'.¹⁹¹

Matron Dorothy Whiteside also stated: 'We made many lasting friendships and it makes memories of Rooksdown happy, forgetful of the many really trying and frustrating ordeals of the first two years, in which were laid the foundations and spirit of Rooksdown which we all remember.'¹⁹² Marjorie Snelling recalled an incident when 'the Canadians' were admitted after an assignment went wrong, and because of their injuries their morale was at its lowest. According to Snelling, 'it didn't stay like that for long, for we soon got them back to sanity. I remember well the "Hill-Billy" music in the recreation room and the visits they made to the female patients.'¹⁹³ Diana Creasey found it difficult to adjust to the 'relaxed atmosphere' at the unit compared to the 'very strict training school' she had attended. She recalled that the patients on her ward were 'mostly young service boys who, in spite of their injuries, were not the easiest patients for young nurses to control!'¹⁹⁴ Creasey also stated that Gillies was a 'wonderful "confidence booster"' and that his patients and nurses trusted him 'implicitly'. Although she did not name them, she referred to Ivor and Marjorie Wilson's wedding, stating that 'they married on the ward, from his bed. We decorated his bed with streamers and bows made from bandages, and flowers from the garden, and everyone joined in the party'.¹⁹⁵

Joyce Powell, a young VAD sent from Park Prewett about to do her first night duty at

¹⁹¹ *RCM*, 1975, p. 9. Therese Van Ingelgem first saw Gillies in Brussels c. 1935 and then at the London Clinic c. 1936 where she continued to be operated on until 1940. In the late 1940s when it was safe again to travel after the war, she had further operations before attending Rooksdown. Correspondence from Therese Van Ingelgem, August 2006. Her letter does not state what her medical condition was but I would suggest she was treated for a cleft palate.

¹⁹² *RCM*, 1978, p. 9.

¹⁹³ *RCM*, 1988, p. 20.

¹⁹⁴ Correspondence from Diana Creasey, April 2006.

¹⁹⁵ *Ibid.*

Rooksdown, recalled that as she walked up the long drive, she was ‘very apprehensive’ wondering whether she would be ‘good enough to nurse those very severely burnt and wounded patients with all their queer contraptions. I need not have worried, the comradeship, the escapades and leg pulling that went on soon put me at my ease’.¹⁹⁶ According to Powell, the patients were ‘wonderful’ and soon requesting to go to the theatre again, and demanding that their dinner be saved for when they came round. She stated: ‘They took all the Postral (sic) Draining, Penicillin Shots, Indignities of Pedicles, Skin Flaps, Buckle Inlays, Scaffolding and the wiring up.’¹⁹⁷ Nora Hayes’ ‘abiding memory’ of Rooksdown was of shock.¹⁹⁸ Although she had worked at casualty hospitals and seen many air-raid injuries, she had not seen so many severely injured men and women who were ‘not only living, but lively!’ One example in this regard was the treatment of patients with Tracheostomies.¹⁹⁹ She stated:

To Nurses of my age and background such patients, with open windpipes, breathing through tubes, were always kept under continuous observation, 24 hours a day emergency equipment always to hand. Here, at Rooksdown, chaps were walking about, backwards and forwards to the magicians in Dental surgery - as if their tubes were a new style of beard, or a new fashion! There was time only for work. Too much work, too little time. In my confused state I was aware of “Giants at Work” in the building - Sir Harold Gillies, Dr. Patrick Shackleton, and their teams. Dr. Morley and his team of beautiful young ladies who gave the impression of keeping barrels of blood in the basement, bottles of which they would bring up at any time of the day or night wherever it was needed.²⁰⁰

Judy Slater recalled that despite the variety of injuries that had to be treated, the patients, on the whole, were ‘a cheerful group’, although there was nearly a ‘mutiny’ when pilchards were

¹⁹⁶ *RCM*, 1982, p. 7.

¹⁹⁷ *Ibid.*

¹⁹⁸ *RCM*, 1991, p. 4.

¹⁹⁹ A tracheostomy is ‘a surgical procedure where the surgeon creates an opening in the neck at the front of the windpipe (trachea). A tube is inserted into the opening and connected to an oxygen supply to assist with breathing. Fluid that has built up in the throat and windpipe can also be removed through the opening.

www.nhs.uk/conditions/Tracheostomy/Pages/Introduction.aspx

²⁰⁰ *RCM*, 1991, p. 4.

served up night after night and the patients became ‘really browned off’.²⁰¹ Judy Stokes also had ‘fond memories of the comradeship’.²⁰²

Such camaraderie was also evident in the younger patients. Marjorie Hurst held ‘vividly’ in her mind ‘a young lad with his head bandaged and one eye covered, pushing a small friend from the Burns Unit in a wheelchair – just a simple thing, but even the very young learned that they should help each other.’²⁰³ Another particularly poignant example of the special atmosphere at Rooksdowm is given by Susan Mackley who was thrown a surprise 21st birthday party on the ward. After being sent on various ‘errands’ around the hospital, she returned to the ward to find the long table had been decorated with cherry blossom which also surrounded the cake made by the chef. At her place at the table was the camera she had always wanted. She wrote: ‘When I did get back to the ward I was overcome, and sat on my bed crying. I could not remember anything so nice being done for me before.’²⁰⁴

The relaxed environment at Rooksdowm was in stark contrast to the discipline of a military hospital attended by Fred Mercer before arriving at Rooksdowm. He recalled that, when the CO’s inspection took place, all the beds were lined up by the Sergeant Major, the ‘Hospital Blues’ were folded on top of the lockers, and knife, fork, spoon and mug were laid out. All personal belongings, such as writing pads and food, were pushed into the beds. Patients lay at attention, with charts in their right hand and on the large scrubbed table in the centre were all the utensils used in the ward. The inspection was carried out by the Senior Officer with the Matron, followed by Medical Officers, who were all in ‘full dress’. At the end of the line was the Ministry of Defence Clerk, looking out of place dressed in a civilian suit and bowler hat.²⁰⁵

²⁰¹ *RCM*, 1997, p. 18.

²⁰² http://www.basingstokegazette.co.uk/memories/4491429.Gillies_the_genius_of_Rooksdowm/

²⁰³ *RCM*, 1984, p. 8.

²⁰⁴ *RCM*, 1983, p. 17.

²⁰⁵ *RCM*, 1982, p. 11.

The special atmosphere at Rooksdown was possibly helped by the beautiful grounds, evident in photographs of the time and one of the main reasons that Gillies chose the hospital, just as he had chosen Frognaal for the Queen's Hospital. In echoes of those early reports of Sidcup, Smith referred to the patients being able to 'take the air in the still beautiful grounds; from a little terrace steps led down to lawns studded with fine trees'.²⁰⁶ James Russell also referred to the 'marvellous' grounds.²⁰⁷ Nevertheless, the patients still had to venture away from the relative sanctity of Rooksdown on their own and contend with members of the public who at times were very insensitive.²⁰⁸ The negative reaction experienced by Geordie Reay while travelling on a train led to the formation of the Rooksdown Club.

Formation of the Rooksdown Club

Reay was admitted to Rooksdown in the summer of 1944, another of the D-Day casualties. He was a sergeant in the 3rd Royal Tank Regiment, injured at Caen, on 29th June, 1944, when his tank was hit by German anti-tank guns and caught fire. While being transported overnight by ambulance to the Royal South Hants Hospital, he was wounded again by shrapnel which led to the amputation of his left hand. He arrived at Rooksdown in early July 1944 and was discharged, over 50 operations later, on 1st January 1948.²⁰⁹ According to Ray Gordon, who was admitted a few weeks later, Reay was one of the most severely burned patients ever admitted to the hospital. Gordon commented that 'The reaction of the general public to his disfigurement was mixed – some accepted him without comment, his character was such that his facial scars were overlooked but for others expressions of distress were observed. This was often so when he traveled away from the hospital...in the early days of his recovery.'²¹⁰

On one such journey, when Reay was on leave and travelling by train to Newcastle, no

²⁰⁶ Smith, *Park Prewett Hospital*, p. 33.

²⁰⁷ Interview with James Russell, April 2006.

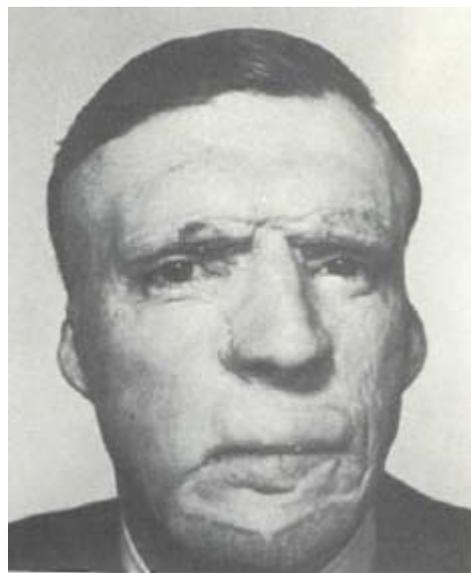
²⁰⁸ For examples of negative reaction by members of the public, see pp. 343-349.

²⁰⁹ *Southern Evening Echo*, Monday 13th July, 1970, p. 8.

²¹⁰ *RCM*, 1991, p. 6.

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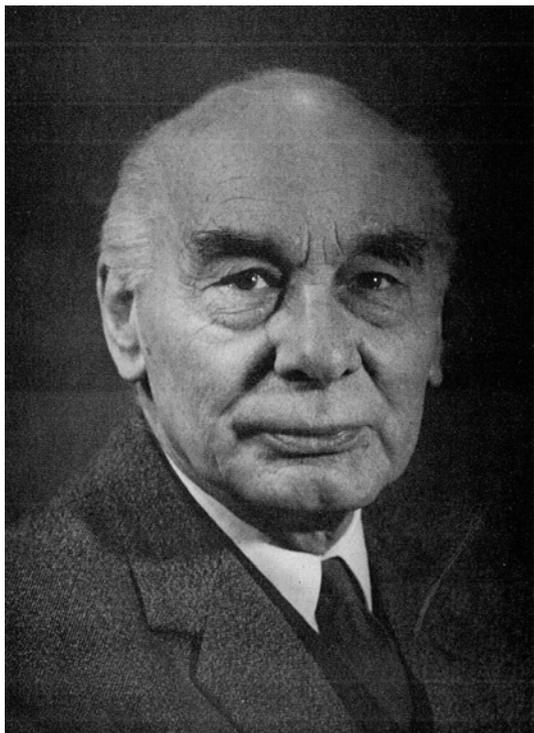
passengers entered the compartment where he was sat. On his return journey to hospital for the next series of operations he experienced a similar reaction. Once back at Rooksdown, he discussed the situation with Chief Anaesthetist, Patrick Shackleton, and proposed forming a club. The main aim was to try to educate the public to accept people without comment or victimization, whether their disfigurement was natural, as in the case of cleft pallet or hair lip, or due to other causes, such as war time injuries. The idea was put to Gillies who agreed to be the club's first President.²¹¹



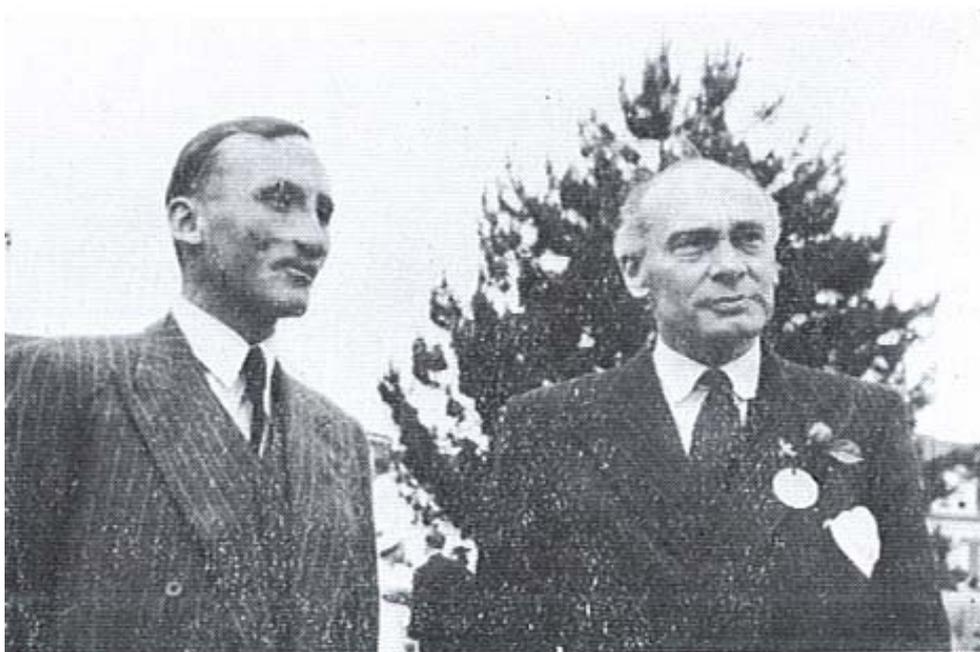
149 and 150. Allan 'Geordie' Reay shortly after he was injured and at the end of his treatment. Gillies and Millard, *Principles and Art*, p. 93. Reproduced by permission of Reed Elsevier (UK) Limited. For more photographs of Reay's reconstruction, see p. 360 of this thesis.

²¹¹ Correspondence from Ray Gordon. This is a copy of his speech for the club's 60th anniversary Dinner in 2005.

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151. 'Dr. Patrick Shackleton, C.B.E. F.F.A.R.C.S.' (Fellow of the Faculty of Anaesthetists of the Royal College of Surgeons). *RCM*, 1975, P. 4.



152. Major John Hearn and Dr Patrick Shackleton at the 1950 reunion. *RCCS 1953*.

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The formation of the Rooksdown Club spanned from summer 1945 to March 1947.²¹² There was a token fee and membership was open to all patients and staff, including those based at Moundsmere Manor. According to Ken Curtis, there was ‘an immediate response from everyone’ and most patients and staff became members.²¹³ James Russell recalled that when the club was first formed, he had no interest in joining and ‘was trying not to be a plastic patient, but just like everyone else’; he was forced to join, however, when Pat Gill became the Ward Sister on his ward. According to Russell, Gill ‘was the greatest wheedler’ who ‘could talk you into anything. She decided that I would become a serious member of the club and write bits for the magazine.’²¹⁴ Other patients, such as Fred Mercer and Jim Smith, were treated as early as 1941 and 1942 respectively but were also on the membership list in the first issue of the magazine in June 1947, presumably becoming members after returning to Rooksdown for further treatment.²¹⁵

By summer 1946, the club had formed its first committee and organized its first annual reunion which took place on 18th September.²¹⁶ A letter followed in March 1947, written by Reay, in his role as Honorary Secretary, confirming that the Rooksdown Club had been formed legally under the War Charities Act 1940 and all the aims of the club had ‘been preserved as originally planned’ (illus. 153).²¹⁷ Once established, it was hoped to make the club known to the public through ‘the press and other means’. It was also hoped that a full-time, active secretary would be employed who would ‘voice the individual needs of members to the responsible authorities, as well as keep the aims of the Club before the public’.²¹⁸ Reay

²¹² As stated on p. 16, the club records for 1947-1952 were lost or destroyed, as confirmed in two letters in 1990. Joan Gordon to the Charity Commissioners, 21st January 1990; Ray Gordon to ‘My dear Ken’ (probably Ken Curtis), 22nd February 1990, RCR.

²¹³ Correspondence from Ken Curtis, March 2006.

²¹⁴ Interview with James Russell, April 2006.

²¹⁵ *Rooksdown Pie*, pp. 18-19.

²¹⁶ The committee was elected in June 1946 and consisted of staff and patients. *Rooksdown Pie*, p. 3.

²¹⁷ Letter, A. Reay to prospective members of Rooksdown Club, March 1947, RCR. For more information about the War Charities Act, 1940, and to view it in its entirety, go to www.legislation.gov.uk/ukpga/Geo6/3-4/31/enacted

²¹⁸ Letter, A. Reay to prospective members of Rooksdown Club, March 1947, RCR.

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confirmed that there had been a 'very real response' to the original letter and the club already had over 600 members. The second reunion was to take place on 31st May, 1947, in the form of a garden party followed by a general meeting 'to discuss the affairs of the Club and elect a new committee'. It was hoped that as many members as possible would attend. Funds at this stage stood at £400 and annual subscriptions were 5s/- or £3:3s/- for life membership.²¹⁹

Prospective members were also asked to sign a seven year covenant at no extra cost, enabling the club to obtain a refund of income tax; since income tax was 9s in the pound, such a refund was expected to 'make a very real increase in the Club Funds'.²²⁰

²¹⁹ Ibid.

²²⁰ Ibid.

Chapter Four

ROOKSDOWN HOUSE,
PARK PREWETT HOSPITAL,
BASINGSTOKE, HANTS.

March, 1947.

Dear

The Rooksdowm Club has now been formed legally under the War Charities Act 1940, under which all the aims of the Club have been preserved as originally planned, as follows :—

- (1) The welfare of patients and ex-patients.
- (2) The maintenance of the fellowship begun at Rooksdowm.
- (3) The education of the public to accept the disfigured or maimed as normal.

Although listed as a War Charity, it covers everyone, past, present and future, whether military or civilian, whatever their disfigurement, who passed through Rooksdowm House.

Now that it has been established, it is hoped to make the Club known very shortly to the public through the press and other means. Later, it is hoped to employ a full-time active secretary who will voice the individual needs of members to the responsible authorities, as well as keep the aims of the Club before the public.

There has been a very real response to the original letter and we already have over 600 members. A Reunion was held at Rooksdowm House on 18th September, 1946, which was very successful, despite the inclement weather.

A Reunion Garden Party will be held this year at Rooksdowm House on Saturday, 31st May, 1947, when there will also be a General Meeting to discuss the affairs of the Club and elect a new committee. It is hoped that as many members as possible will come. Would you please fill in the attached slip if you think you will be able to come and we will send you full details.

Stories, articles, poems and cartoons are now being collected for the first issue of the Club Magazine, which will also include news of members and a list of names and addresses of all members. All contributions for this and subsequent issues are welcome and should be forwarded to :—

MISS J. COAST.
ROOKSDOWN HOUSE,
PARK PREWETT HOSPITAL,
BASINGSTOKE, HANTS.

who has very kindly consented to be the Honorary Editor. A limited number of advertisements will be accepted. It is hoped to produce the first issue of the Magazine before the Reunion and thereafter every six months.

At the moment the funds stand at about £400. It has been decided that the Annual Subscription be 5/- and it is hoped that you will sign the attached seven-year covenant, at no extra cost to you, to enable the Club to obtain a refund of Income Tax that you will already have paid. Now that Income Tax is 9/- in the pound, this will make a very real increase in the Club Funds.

If you do not wish to sign the covenant, perhaps you will subscribe 5/- annually, or £3 : 3s. for a Life Member.

If you have not already paid your Subscription, would you please forward it to :—

THE HON. SECRETARY,
ROOKSDOWN CLUB,
ROOKSDOWN HOUSE,
BASINGSTOKE, HANTS.

Yours faithfully,
(Signed) A. REAY,
Hon. Secretary, Rooksdowm Club.

R68.

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WAR CHARITIES ACT, 1940

It is hereby Certified

that the Charity called The Rooksdown Club

was on the 15th day of July 1947

registered by the Stampsfield
County Council

under the above-mentioned Act.

Signed,

G. P. Wheatley
Clerk of County Council
For and on behalf of
the above-named Council.

J.2583. M43032/1781. 9/45. 1,000. (1). MB(P)Ltd. 17-57-1

154. The Rooksdown Club's registration document, July 1947, RCR.

A REMINDER

Don't forget to join the Club,
And meet us once within the year.
It only costs a mere five bob,
That's not dear.

Don't forget to join the Club,
Five bob a year is all we ask,
To help us, in our task
Of educating those who shudder
At the sight of us.

Don't forget the magazine,
Send us all your news and views,
What you do and where you've been,
All is welcome, don't be shy,
Find pen and ink and have a try!

D. GAY.

155. An early recruitment drive. *RCM*, 1947, p. 5.

Rooksdown Club Magazine

A MAGAZINE FOR AND BY MEMBERS OF THE ROOKSDOWN CLUB.

THE AIMS OF THE CLUB ARE :-

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

156. *RCM*, 1947, p. 1.

The Editorial of *Rooksdown Pie* refers to the problems encountered concerning the club's legal status and indicates the enthusiasm and optimism that the formation of the club generated:

The Birth of the Rooksdown Club has in the true tradition been a long and arduous one. For many months the committee have held forth on regular occasions in the murky gloom of Rooksdown's Museum, striving to bring the Club into the light of day before the enthusiasm first aroused should disappear. So, plunging into the obscurity of editorial plurality, we will attempt to give you some idea of the current situation.

"First," we hear you say, "tell us what has been going on since the first circular hinted darkly at a 5/- sub." Well, for some time the committee, in league with Mr. Albury (ex-ward 4b), of Lincoln's Inn, wrestled with a Deed of Trust that would allow us the greatest scope in the activities of the club. Satisfied at last, we passed the bulky document to our Basingstoke Solicitor for the final check. At least that is what we thought!

Time passed. Out-patients asked in-patients, who asked the committee, who asked the solicitor, who asked the – but at that high altitude a fog of legal technicalities descended, impervious to all enquiries! At last it was lifted, and we find ourselves in the arms of the County Council. And there we are now, with the club legal and established at last.²²¹

It was felt that because of the 'inevitable movements' of the committee, presumably due to the sporadic nature of surgery/convalescence, and also staff members leaving, there had been 'great difficulty in maintaining the thrust and initiative first shown'.²²² An article in *Rooksdown Pie*, 'Rooksdown Reporting – Staff News by Roy Barber and "Flash" Gordon', described the significant turnover of staff within the various departments of the hospital, and gives an indication why such movements might have caused concern for those who wanted the club legally established as soon as possible. Barber and Gordon reported that since the end of the war there had been 'wide-spread changes' at Rooksdown. Many of the faces had 'disappeared from the offices, theatres and wards of the hospital' and been replaced by

²²¹ *Rooksdown Pie*, p. 1.

²²² *Ibid.*

others. Such were the changes, Barber and Gordon could only give ‘a brief outline’ of the staff situation at this time. Surgeons such as Gillies, Cuthbert, Schejelderup and Clarkson remained but other members of the theatre staff had left.²²³ The story of the nursing staff was one ‘mainly of depletion’ with work on the wards ‘continuing under great difficulties’.²²⁴ Some nurses had taken up different roles within the hospital while others had left to work elsewhere. Changes in the nursing staff were ‘far too numerous to mention’ but the ‘small company’ left carried on in ‘true Rooksdown tradition’.²²⁵ Both physiotherapists had also left and been replaced. The article also referred to the OT Department, which continued to keep ‘the flow of rugs, handbags, scarves, etc., swirling out of Rooksdown’, and the Alexandra Pavilion where Pollock and Hewlett provided ‘entertainment and recreation’ when the surgeon’s work was done.²²⁶ Possibly a greater concern regarding the movements of the committee was the turnover of patients. James Russell was in 4B which contained ‘about 30 or 40 people’. He recalled that, although most of the casualties in the ward were from the army, there were also merchant seamen with severe burns, casualties from the Fleet Air Arm, and casualties who had been recently blinded or who had lost their sight sometime before, such as air raid victims. People were ‘coming and going all the time. We got to know some blokes very well, but then never saw them again’.²²⁷

The legal establishment of the club also offered the patients some stability and continuity at a time when there was uncertainty regarding the future of the hospital. There had been ‘a number of rumours and counter-rumours’ that Rooksdown was to be ‘handed back to the Mental Patients’ and the unit was to be transferred elsewhere. Alternatively, Rooksdown was to be made the plastic centre ‘for this part of the world’ and have the

²²³ Ibid., p. 4.

²²⁴ Ibid.

²²⁵ Ibid. By spring/summer 1947, when *Rooksdown Pie* was issued, many of the EMS units had probably moved out of Park Prewett which must have had a significant impact on the nursing situation at Rooksdown. See pp. 197-198 of this thesis.

²²⁶ *Rooksdown Pie*, p. 4.

²²⁷ Interview with James Russell, April 2006.

necessary building work carried out to facilitate such a function.²²⁸ This had been ‘very unsettling for everyone’, but it was decided that, in the ‘unlikely event’ that the unit did transfer, it would move with the patients as a whole, and the club would be unaffected.²²⁹

At the 1947 reunion, Patrick Shackleton outlined the progress of the club, remarking that it was ‘now legally recognised and gaining in strength and scope’. A ‘general debate’ took place in which the committee resigned and a new committee was appointed for the following year. The resigning members were thanked for helping ‘initiate’ the club. The new committee consisted of Gillies as President, Cuthbert as Vice-President, Shackleton as Chairman, and Air Vice-Marshal Panter as Treasurer. Patients on the committee included Gordon, Hearn, Reay, Day and Wilson.²³⁰ By December 1947, less than six months since it was legally established, the club seemed ‘to have settled down to a permanent existence’ and was expected to have ‘a long and lusty life, following the uncertain turmoil of its birth’.²³¹ There were now 800 members and the total club funds were £622. The club still hoped to eventually employ a permanent paid secretary but in the meantime, the voluntary officials were doing their best to ensure the aims of the club were maintained.²³² By the third annual reunion in May 1948,²³³ membership had increased to 950, possibly a result of the club amalgamating with the Rooksdown Social Club,²³⁴ and the balance was £882 5s 9d., £500 of

²²⁸ *Rooksdown Pie*, p.1.

²²⁹ *Ibid.*

²³⁰ *RCM*, 1947, pp. 4-5.

²³¹ *Ibid.*, p. 1.

²³² *Ibid.* The club’s aims were actually stated in their entirety for the first time in *RCM*, 1947. See illus. 156.

²³³ *Ibid.*, no page number. The reunion is advertised between pp. 13 and 14.

²³⁴ *RCM*, 1948, p. 7. This is the first and only time that the Rooksdown Social Club is referred to in the club magazines. According to Kate Webb who was born in 1942 and interviewed in 1995, the club was started by ‘the nursing fraternity, or perhaps the Park Prewett community’ but it does not state when. It is not clear whether it was formed before or after the Rooksdown Club. Webb’s father was in the RAMC and worked at Rooksdown. The family home was close to Rooksdown and owned by Park Prewett. Webb recalled seeing the patients coming out for walks. She stated: ‘I remember, until I understood, being a little bit intimidated by these young men that would come out for walks, heavily bandaged, heavily, heavily scarred. They were recuperating and a Social Club had been started ...at that time it was just a little tin hut and as children we used to go banging on the back door, asking for bottles of lemonade or packets of crisps. These young men used to use this club, which is why they were walking down the terrace.’ At the time of the interview, the club was known as the Wellington Social Club and was by then ‘quite a big social club’. *Taking the Pulse of Basingstoke*, p. 40.

which had been invested in the Trustee Savings Bank.²³⁵ Although it had taken nearly two years to get legally established, the club was now structurally and financially sound, and had a high membership.

The Rooksdown Club was the embodiment of the Rooksdown 'spirit' stemming from the work and relationships of all those involved with the unit. The excellent surgery was matched by the aftercare. Such support and the various activities delivered the unofficial counseling/therapy at the unit and helped rebuild the patients psychologically. The one criticism of rehabilitation at Rooksdown is the lack of a Vocational Therapy department, or the same workshops and classes that were at Sidcup, which would have helped prepare more patients for work after leaving hospital. Nevertheless, it was still a considerable effort from everyone involved. The work and impact of the unit was possibly best summed up by Fred Mercer when he paid tribute to the 'Rooksdown team of surgeons, dental staff, matron, sisters and the whole nursing staff, V.A.D., Red Cross, St. Johns (sic) nurses, orderlies, kitchen staff and all the wonderful people who worked ceaselessly to rebuild the ravages of war on thousands of patients and only those who saw the work and were at Rooksdown can appreciate their dedication to the work.'²³⁶

²³⁵ *RCM*, 1948, p. 7.

²³⁶ *RCM*, 1982, p. 12.

CHAPTER FIVE

The aims of the Rooksdown Club

After a difficult early period, the Rooksdown Club had a long life and still exists over sixty five years later, though with few surviving original members and its activities at rather a standstill. As might be expected, concerns arose at different times throughout its lifespan; as early as 1950/1951, there was concern that interest in the club was waning; similarly, when the unit left Rooksdown House for Roehampton in 1959, members were worried that the ‘spirit’ would be lost. An extraordinary meeting was called in 1969 to discuss the future of the club, and as late as 1999, a number of members expressed their disapproval about a possible merger with contemporary support group, Changing Faces, which led to a new constitution being written for the club in 2001. Concerns over membership and finance, both of which were very important for the club’s survival, appear at different times in the club records. Nevertheless, the various committees always rallied, and members, young and old, ensured that the Rooksdown Club not only continued to exist but, wherever possible, adhered to its founding aims (illus. 156).¹ This chapter examines to what extent the club fulfilled these aims.

‘To help patients and ex-patients of Rooksdown House keep in touch with one another’

The club’s first aim was met by the annual reunion and club magazine. The reunion took place in the grounds of Rooksdown until the unit moved to Roehampton. There is little information about the first in 1946 except that it took place on 18th September and it was very

¹ Although there were slight changes to the wording over the years, in essence the aims stayed the same. The changes are discussed further in Appendix 7. In this chapter, ‘ex-patients’ refers to those who attended Rooksdown *and* other plastic surgery units.

wet.² In contrast, the 1947 reunion, held on 31st May, ‘heralded the beginning of the hottest summer’ that most could remember and took the form of a Garden Fete and Tea in the afternoon, followed by an AGM in the Rec, then a ‘grand Dance’ in the evening held in the great Hall at the ‘Main’.³ Approximately 500 people attended with members, their families and friends arriving from the Republic of Ireland, Scotland, Wales, and the North, East and West of England.⁴ The reunions in the late 1940s and 1950s followed the same format. For those who did not attend the evening dance, a bus took them to meet afternoon trains home.⁵ Every magazine from December 1947-1955 included a detailed report of the reunion and the club’s AGM. The 1953 Coronation souvenir album published photographs of the reunions up to 1952.⁶ Less information is available about the reunions 1956-1958 as no magazines were printed during this time and the minutes of meetings do not contain much information, with the exception of the 1957 reunion. One can assume they followed the same format.

As is evident from reports in the magazine each year, much effort went into organising the reunion and ensuring that it was memorable. The report of the 1949 reunion gives an idea of the preparation involved:

Reunion day this year fell on June 25th, but for many of us it is Reunion Week. The busy, humming note of Rooksdown starts gradually rising on the Monday before, as the telephone bell rings more and more with calls from caterers, bands, the Press, etc. Committee members arrive and are soon busily employed.⁷

Reports and photographs of the reunions up to 1955 give the impression that they were very well attended and successful. Although concern was expressed regarding the future of the

² *RCM*, 1947, p. 4.

³ The term, ‘Main’, refers to Park Prewett.

⁴ *RCM*, 1947, p. 4.

⁵ Minutes, committee meeting (thereafter CM), 14th May 1954, RCR. From the third reunion, the dance was held in the Alexandra Pavilion rather than the hall at Park Prewett.

⁶ *RCCS 1953*.

⁷ *RCM*, 1949, p. 5.

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club c. 1950-51,⁸ the evening dance at the 1950 reunion had ‘a record attendance’.⁹ Similarly, the 1951 reunion ‘proved as well attended as ever’.¹⁰ The reunions during the 1950s also seem to have attracted high profile guests, such as the Duke of Wellington and Lady Cynthia Colville in 1954,¹¹ and Mr Freeth MP, and the Mayor and Mayoress of Basingstoke in 1957. The last reunion at Rooksdown took place in June 1958.¹² It was suggested in 1961 to re-introduce a Garden Party at a venue in London, ‘something on the lines of the old Rooksdown ones’,¹³ but this never materialized, although a garden party was held at Rooksdown in 1966 to commemorate the club’s 21st anniversary.¹⁴

⁸ An AGM Report appeared in both the 1951 magazine and a local newspaper article at the time which stated that the club had been struggling the previous year. According to the chairman, Major Melville-Bell, the club had shown ‘a revival of interest and support. This time last year they were very concerned as to the future of the club...but they had survived the critical period’. *RCM*, 1951, p. 8. The article is in the possession of the author but its origin and exact date are unknown. This period was later referred to as ‘the doldrums in the early fifties’. *RCN*, No.2 1968, no page numbers.

⁹ *RCM*, 1950, pp. 4-6.

¹⁰ *RCM*, 1951, p. 1. For similar reports, see *RCM*, 1953, p. 9; *RCM*, 1954, p. 16; and *RCM*, 1955, p. 1.

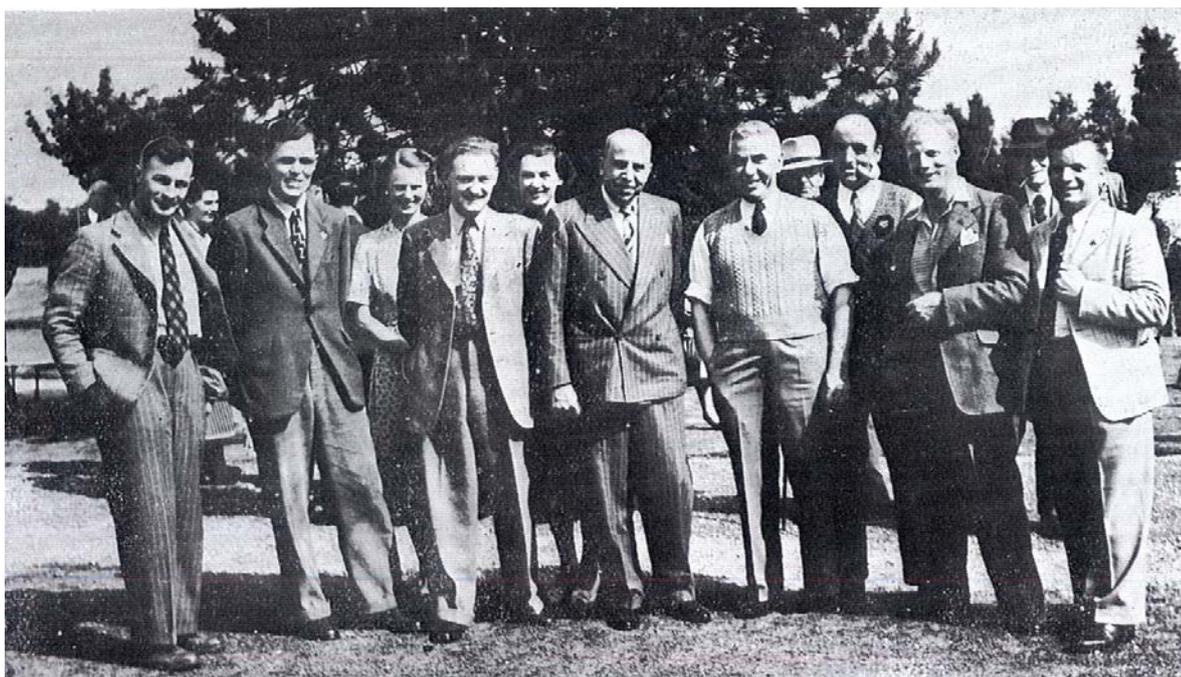
¹¹ Minutes, AGM, 26th June 1954, RCR.

¹² Minutes, Extraordinary Meeting, June 1958. The minutes state that the meeting took place on Wednesday 28th June prior to the Saturday reunion but I think the date should be 25th because the date on Saturday was 28th.

¹³ *RCM*, 1961, pp. 1 and 4.

¹⁴ *RCM*, 2005, p. 22.

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157. 1949 reunion. *RCCS 1953.*



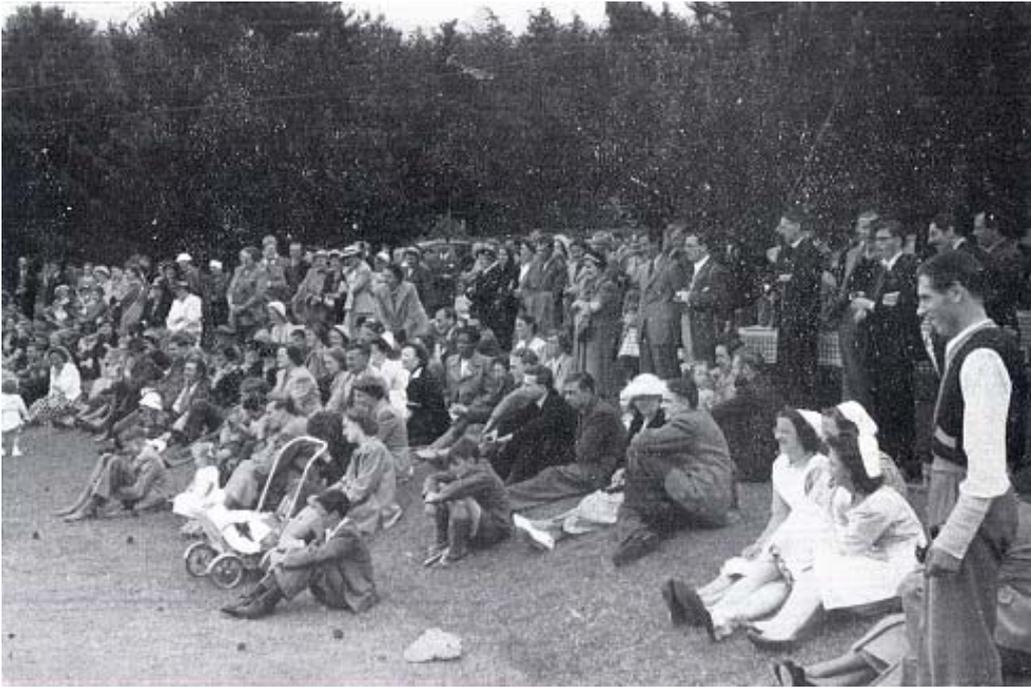
158. 1949 reunion. *RCCS 1953.*



159. 1949 reunion. *RCCS 1953*.



160. Gillies with the Matron of Rooksdown in 1949. *RCM*, 2009, p. 33.



161. 1950 reunion. *RCCS 1953*.



162. Sir Harold Gillies' birthday cake at the 1950 reunion.
(personal collection)

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163. Eileen and Geordie Reay and son at the 1950 reunion. *RCCS 1953*.



164. 1950 reunion. *RCCS 1953*. Mary Chapman is second from right.

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165. 1950 reunion. *RCCS 1953*.



166. 1951 reunion (personal collection)

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167. 1951 reunion. *RCCS 1953*.



168. Occupational therapy stall at the 1951 reunion. *RCCS 1953*. I also obtained a copy of this photograph from Nancy Robatham (née Heath) who is standing on the left of the picture. Correspondence from Nancy Robatham, May 2006.



169. Ralph Millard, Gillies' co-author, at the 1951 reunion. *RCCS 1953*.



170. 'Mary Chapman presenting Sir Harold with the silver salver on behalf of the Club' (1952 reunion).

RCCS 1953.

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171. 1952 reunion, *RCCS 1953*.



172. 1952 reunion, *RCCS 1953*.



173. 1952 reunion, *RCCS 1953*. Gillies is on the right.

The annual Dinner

From 1950 until the unit moved to Roehampton in 1959, an annual Dinner was held at the Eccleston Hotel, London, in early December. The first Dinner took place on 1st December 1950.¹⁵ Although there were early concerns about whether it would be popular, and occasional complaints,¹⁶ it proved very successful during the 1950s. When the unit moved to Roehampton, the annual Dinner moved from December to May/June and became the annual Dinner/Reunion. At a committee meeting on the afternoon of the 1960 reunion, the club's

¹⁵ *RCM*, 1951, p. 13. The report of the Dinner does not state how people travelled to the venue. Presumably, many made their own way; others may have travelled by bus from the hospital. Certainly for the 1953 Dinner, arrangements were made for a bus to go from the hospital to the venue. Minutes, CM, 4th November 1953, RCR.

¹⁶ A member, Edward Pearson, felt 'very strongly' about the second annual Dinner being on a Friday night which although 'quite all right' for the people who lived within easy distance of London, did not give people like Pearson 'much of a chance' as they would have to take both Friday and Saturday off work. He therefore could not attend the reunion but hoped that 'this unfortunate state of affairs (could) be rectified next year.' *RCM*, 1951, p. 5. Another member thought that more people would attend if the cost was lower, suggesting a buffet dinner which would not only be cheaper but also give members more of an opportunity to chat. *RCM*, 1955, p. 5.

social policy was discussed and it was suggested that the patients at the plastic unit at Roehampton be invited to the Dinner on the same terms as club members.¹⁷

The venue for the Dinner changed over the years for various reasons but remained in London until 1985. Due to continuing price rises, the committee proposed that the 1986 reunion be held in a hotel in Southampton.¹⁸ Although there were mixed feelings among committee members about moving to Southampton, as it was felt that fewer members would attend and the club might never get them back,¹⁹ it proved to be a great success in the first year and was the club's most successful reunion with 150 members and guests present, 45 more than had ever attended a London reunion.²⁰ The annual reunion remained in Southampton, albeit at different venues, until the final one in 2010.²¹

Attendances

The reunion was well attended over the years by members and family/friends, although numbers inevitably declined in later years as members died or were unable to attend due to ill health. Large numbers attended the early reunions/garden parties at Rooksdown because they took place at the hospital and current, as well as former, patients/staff could attend.

Attendances at the Dinner averaged about 100 during the 1950s-1970s and hit their peak in 1986 after the move to Southampton. During the 1990s, the reunions continued to be well attended for landmark anniversaries, such as the forty-fifth in 1990 (110-120),²² and fiftieth

¹⁷ Minutes, CM, 25th June 1960, RCR. This was confirmed in *RCM*, 1960, p. 5.

¹⁸ Minutes, CM, 14th October 1984, RCR

¹⁹ Minutes, CM, 10th March 1985, RCR. Before the move, members expressed how difficult travel to London was becoming. For example, see *RCM*, 1974, p. 6. Many members lived in and around Southampton, so it was more accessible, particularly as they grew older.

²⁰ Letter, Joan Gordon to Mr Campbell Reid, 4th June 1986, RCR.

²¹ A list of all the venues used for the annual Dinner is included in Appendix 17. In 2000, it was recommended that local dinner clubs replace the annual Dinner, again due to the expense for members travelling long distances, but this was not taken up. Minutes, CM, 4th February 2000, RCR.

²² 'Agenda for 1990 Reunion Dinner', 20th May 1990, RCR. The minutes of the AGM confirm that the reunion Dinner was on 19th May and that there were nearly 120 members and guests present. Minutes, AGM, 19th May 1990, RCR.

in 1995 (140).²³ Thereafter, numbers were generally lower. For example, 55 attended in 1996,²⁴ and 80 in 1997.²⁵ Numbers waned further in the last decade due to death and old age which prevented members from travelling. Apart from the 2005 reunion, which was the sixtieth anniversary,²⁶ the highest attendances of the decade were 63 in 2001 and 55 at the final reunion in 2010.²⁷

How members attended reunions at different times

Some members such as Ray and Joan Gordon attended regularly from the start, while others attended occasionally. Regarding the 1987 reunion, for example, Joan Gordon referred to some members who had not attended 'for over 40 years'.²⁸ One such member was Marjorie Snelling who said it was like 'returning to a family. So many faces I recognised and some didn't seem to have aged much after all these years.'²⁹ Margaret Dodds attended her first reunion in 1991, having not known that the club existed.³⁰ Gwyneth Brown attended her first reunion after reading an article about Geordie and Eileen Reay in the *Southern Evening Echo* in July 1970. Brown did not state the exact date of her accident, what she referred to as 'that dreadful night in November', although it was probably in the mid to late 1960s. Her account conveys the confidence that attending such reunions, and being in the company of so many people with similar injuries, could give:

The Reunion Dinner! Wow! Was that something. (sic) I never realized that people could stay in a

²³ Letter, Ray Gordon to Mr Baker, 19th January 1996, RCR. Numbers attending the other reunions in the first half of the 1990s are unavailable, as correspondence in the club records is missing for this period and there are no figures given in the club magazines.

²⁴ Letter, Ray Gordon to Douglas Campbell Reid, 22nd May 1996, RCR.

²⁵ Minutes, CM, 1st March 1998, RCR.

²⁶ 63 attended. *RCM*, 2006, p. 9.

²⁷ Letter, Ray Gordon to Alan Mayhew, 22nd May 2001, RCR; *RCN*, 2011, p. 8. The attendance figure for 2010 is not given but the names of those who attended are listed. For a list of attendance figures, see Appendix 17.

²⁸ Letter, Joan Gordon to Miss J. Hobden, 11th June 1987, RCR.

²⁹ *RCM*, 1988, p. 20.

³⁰ *RCM*, 1992, p. 18. Dodds, mentioned on p. 161 of this thesis, had worked as a student nurse at Park Prewett and then at Rooksdown House when the unit opened but had moved on by the time the club was formed. *Ibid.* pp. 17-18.

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Club for so many years and be so friendly that everyone there feels just so relaxed! I have been to quite a few Dinners now, but the biggest surprise at one Dinner was to meet the ambulance driver who had put me on a stretcher after the accident that fateful night! I just couldn't believe it. It was quite a night!³¹

Members also travelled long distances to attend, some from the north of England, some from abroad; Therese Van Ingelgem, for example, travelled from Ghent, Belgium, nearly every year,³² while Pasa Kavazovic travelled from Slovenia for the 2001 reunion.³³ Reunions were not necessarily appealing to everyone including Ivor and Marjorie Wilson who attended only a few; although the expense of travelling to London and staying in a hotel was a factor, the main reason was that Ivor was not a 'reunion person' and did not like public events.³⁴

According to Marjorie, he wanted to forget that time in his life.³⁵

Opportunities

Although the main purpose of the reunion was to give members the opportunity to meet socially once a year, it also allowed former patients and staff to note the progress that had been made aesthetically from year to year. Writing in his role as Treasurer in 1960, Ray Gordon described the Dinner as 'the one occasion during the year where we all meet on common ground, to reminisce on old times and to compliment each other on how well we look!³⁶ Joan Gordon also described the annual reunions as 'special occasions not only for meeting good friends but rewarding to find how grafts (had) improved'.³⁷ Referring to her physiotherapy colleague, Joyce Morris, she commented: 'When attending the annual Garden

³¹ *RCM*, 1986, p. 14. Brown is discussed further in Appendix 16.

³² Correspondence from Therese Van Ingelgem, August 2006.

³³ *RCM*, 2002, p. 10. Pasa Kavazovic was born in Bosnia and Herzegovina c. 1937 and had her jaw blown away in 1942 when she was five years old by German soldiers who destroyed her village. Her parents were also killed. For more information about her life and connection with Rookdown, see Appendix 24.

³⁴ Interview with Marjorie Wilson, May 2006.

³⁵ *Ibid.*

³⁶ *RCM*, 1961, p. 7.

³⁷ Correspondence from Joan Gordon (née Clegg), April 2006.

Party or Rooksdawn Dinner it gave Joyce (and I) real pleasure to see how much improvement patients had made as each year went by.³⁸ Pat Hearn, formerly Sister in charge of the officers' ward, also 'derived great satisfaction and pleasure' when meeting men and women in later years at reunions, and seeing how their initial disfigurements had healed and how they had coped with returning to life in the community.³⁹ Gillies also used it as an opportunity to check on progress. According to Ken Curtis, 'he would come to the reunion dinners, and pat you on the shoulder. He would say, "Come here, let's have a look at you."⁴⁰ The benefit of the annual reunion in this regard was highlighted in 1981 by then president of the club, Jim Evans:

A distinguished American surgeon was visiting us at Roehampton recently and over a cup of coffee after the ward round he mentioned a colleague of his in the States who had been extremely lucky in being able to "follow-up" no fewer than six patients who had undergone plastic surgery for facial injuries ten years previously. When I said that once a year I met about 50 or 60 men and women, at a conservative estimate, who had undergone extensive plastic surgery up to 35 or more years ago he nearly choked over his coffee.

It made me realise that we tend to take the Rooksdawn Club for granted, but if you look around you will realise what a unique organisation we are. To the best of my knowledge there is nothing wholly comparable in the entire field of medicine and surgery. I certainly feel privileged to belong to the Club and to have the opportunity to meet so many of you at our annual dinner.⁴¹

Guest speakers

Guest speakers were a regular feature of reunions from the mid-1960s. The committee mainly chose someone with connections to the club or with plastic surgery. Kilner in 1963 and

³⁸ *RCM*, 1997, p. 11.

³⁹ *Ibid.*, p. 8.

⁴⁰ Correspondence from Ken Curtis, April 2006.

⁴¹ *RCM*, 1981, p. 1.

Wallace, President of BAPS, in 1964,⁴² are described as Guests of Honour but it is unclear whether they were guest speakers since there is no mention of their speaking.⁴³ Greta Olsen, Guest of Honour in 1965, was certainly a guest speaker as she ‘spoke at length of her arrival in this country and her introduction to Rooksdown and of her pride and gratitude to Rooksdown’.⁴⁴ Godfrey Melville-Bell, Guest of Honour in 1967, ‘spoke of his introduction to Rooksdown, his days there and of the club today.’⁴⁵ In 1970, Tom Faulkner, a plastic surgeon in charge at St Charles’ Hospital, London, spoke about the work there.⁴⁶

Ex-patients were also guest speakers occasionally. Roy Hilton was the first and spoke at the 1975 reunion;⁴⁷ Dennis ‘Happy’ Gay and James Russell, both founder members, were guest speakers in 1987 and 1990 respectively.⁴⁸ At the final reunion in 2010, there were two guest speakers: Ray Gordon, founder member and one of the last remaining original members, and Alan Mayhew, a dental surgeon at Rooksdown during the 1950s and former president of the club.⁴⁹ Other speakers associated with Rooksdown included surgeons, family members of surgeons, nurses and the theatre artist ‘Tidy’ Wood. In later years, guest speakers provided an opportunity to educate/inform members of contemporary issues regarding plastic surgery. Surgeons such as John Clarke in 2001, Robert MacDowell, 2002, and Nick Baker, 2009, compared modern techniques with the surgery at Rooksdown,⁵⁰ while James Partridge,

⁴² Minutes, CM, 6th October 1963, RCR.

⁴³ Often there was more than one Guest of Honour at reunions.

⁴⁴ Minutes, AGM, 8th May 1965, RCR. The year stated on the minutes is 1966 but this is wrong. Olsen was Guest of Honour in 1965 as stated above. *RCM*, 1965, p. 5. Olsen had worked at Rooksdown during the war, notably on Ivor Wilson. See p. 325 of this thesis.

⁴⁵ Minutes, AGM, 29th April 1967, RCR. Melville-Bell was the club’s Rehabilitation Officer from 1948-1959 and is discussed further on pp. 320 and 337-339.

⁴⁶ *RCN*, 1971, p. 4.

⁴⁷ *RCM*, 1976, p. 3.

⁴⁸ *RCMs*, 1988, p. 3, and 1991, p. 8.

⁴⁹ *RCN*, April 2011, p. 8.

⁵⁰ *RCM*, 2002, p. 10; *RCM*, 2003, p. 8. McDowell was a Plastic Surgeon at Odstock Hospital. *Ibid.* *RCM*, 2010, pp. 7-8. Nick Baker is a consultant oral and maxillofacial surgeon at Southampton University Hospitals Trust.

a more recent victim of disfigurement and Director of Changing Faces, discussed his own experiences at the 1998 reunion.⁵¹

How the annual Dinner was subsidized

The annual reunion/garden party at Rooksdown from 1946-1958 appears to have been free for members and financed by the club; costs included catering, photography, the hire of the band, bus hire, and an 'entertainer'.⁵² From 1951, when the Derby Draw was introduced to raise funds for the club, the reunion was paid for by ticket sales.⁵³ At the AGM in June 1955, the Treasurer thanked the members for their effort in selling tickets which enabled them 'to put up such a good show for the re-union'.⁵⁴ The annual Dinner was not subsidized until 1959, following the unit's move to Roehampton, when it became the annual reunion.⁵⁵ According to Ray Gordon, writing in his role as Treasurer in 1960, the Dinner was the one occasion for which he did not mind paying from the club's funds if it enabled more members to attend.⁵⁶ Ticket prices increased over the years but the club continued to subsidize the Dinner, particularly for landmark anniversaries.⁵⁷ In 1995, 2005, and for the final Dinner in 2010, there was no charge.⁵⁸

As well as subsidizing the Dinner, the club paid the cost of the meal and train fare for a number of members who could not afford it. Travel expenses stopped in 2000, although individual members could apply and receive a subsidy.⁵⁹ Others were invited as guests of the

⁵¹ Minutes, CM, 4th October 1998, RCR. For a list of guest speakers, see Appendix 17.

⁵² Minutes, sub-CM, 3rd June 1953, RCR.

⁵³ The Derby Draw and other means of fund-raising are discussed in detail in Appendix 14.

⁵⁴ Minutes, AGM, 25th June, 1955, RCR.

⁵⁵ Minutes, CM, 25th Feb 1959, RCR.

⁵⁶ *RCM*, 1960, p. 7.

⁵⁷ For example, for the club's forty-fifth anniversary in 1990, it was suggested that the price remain at £10 as in 1989, and the club pay the difference between this and the actual cost. Minutes, CM, 24th September 1989, RCR. For the club's fiftieth, members were not charged while guests paid £15. *RCM*, 1995, p. 7. For the Millennium Dinner, the club reduced the cost to £5 for members and partners. Minutes, CM, 3rd October 1999, RCR.

⁵⁸ *RCM*, 2010, p. 11.

⁵⁹ Minutes, CM, 13th May 2000, RCR.

club for different reasons. For example, following the death of Welfare Officer, Tom Griffiths, in 1968, the committee agreed that his wife and son be invited as guests to the 1969 Dinner.⁶⁰ Vickey (sic) Taylor, who helped organize the convalescent holidays to Switzerland 1947-51,⁶¹ was a guest at the 1970 reunion and travelled from Switzerland to attend.⁶² Invitations were sent to the Guinea Pig Club on different occasions and its members sometimes attended. Bill Simpson was a guest at the 1960 reunion;⁶³ Bill Warman and Vic Hobbs attended with their wives in 1980;⁶⁴ and Sid McQuillan and Bill Hobbs with their wives in 1981.⁶⁵

A number of more recent plastic surgery patients were invited, including a casualty from the Falklands War who attended in 1983,⁶⁶ and Christine Piff, the founder of Let's Face It (LFI), a support network for facially disfigured people, who attended with her husband in 1991.⁶⁷ The committee also invited Sister Bond, from the Burns and Plastic Surgery Unit at Odstock, to the 1991 reunion.⁶⁸ Some guests had nothing to do with plastic surgery but were connected with the interests of the club in some way, such as Terry O'Connor who was invited in 1986 to represent the British Limbless Ex-Service Men's Association (BLESMA).⁶⁹ Employees of the Not Forgotten Association were also invited,⁷⁰ in response to the Association's hospitality to Rooksdown's ex-service members.⁷¹ In 1968, the committee

⁶⁰ Minutes, CM, 8th December 1968, RCR.

⁶¹ See p. 256.

⁶² Minutes, AGM, 9th May 1970, RCR.

⁶³ RCM, 1960, p. 4.

⁶⁴ RCM, 1981, p. 2.

⁶⁵ Minutes, AGM, 9th May 1981, RCR.

⁶⁶ RCM, 1984, p. 3. See also Appendix 17.

⁶⁷ Letter, Christine Piff to Joan Gordon, 10th April 1991, RCR. Piff had suffered from a rare facial cancer ten years before which had resulted in her having to sacrifice a large part of her face in order to survive. As a result, she had to wear a prosthesis to hold out her face, an obturator in her mouth to form an artificial palate with artificial teeth, and another prosthesis with an artificial eye that formed her cheek and covered the exposed hole. RCM, 1988, pp. 25-26. LFI are discussed further on pp. 340 and 382-384 of this thesis.

⁶⁸ Letter, Sister C. Bond to Joan Gordon, 28th December 1990, RCR.

⁶⁹ RCM, 1987, p. 13. O'Connor was Secretary of the local branch of BLESMA and on their National Executive Council. Notes, AGM, May 1986, RCR. No exact date given.

⁷⁰ For example, see letter, Ray Gordon to Mrs Giles, Secretary, NFA, 4th April 1988, RCR.

⁷¹ See illus. 184-187 and Appendix 18.

proposed that a vacant place be set at the Dinner and the cost of the meal sent to Shelter, the homeless charity founded in 1966.⁷²

The annual reunion has undoubtedly been a major success and a very important event for the club and its members over the years. In his Chairman's report for 1989, Ray Gordon summed up its importance when he stated: 'There is no doubt that this annual opportunity of mainly ex-patients and staff to meet again is a great boost to all of us whatever the date that you "were in for treatment" either at Rooksdow House, Queen Mary's Hospital, Roehampton, or at any other Plastic Surgery Centre. The important aspect of it is that the ex-patients have shared a common experience, as indeed have the staff who cared for us, and as one gets older such occasions somehow become more precious.'⁷³ In earlier years, there were other social events, though on a smaller scale, that fulfilled the club's first aim, such as the Derby Draw and events organised by the Southampton branch of the club.⁷⁴ In later years, as alluded to above, ex-service members of the club met occasionally at events organized by the NFA.⁷⁵

⁷² Minutes, CM, 25th February 1968, RCR. For more information about Shelter go to: http://england.shelter.org.uk/about_us/who_we_are/our_history

⁷³ RCM, 1990, p. 3.

⁷⁴ See Appendix 18.

⁷⁵ Ibid.

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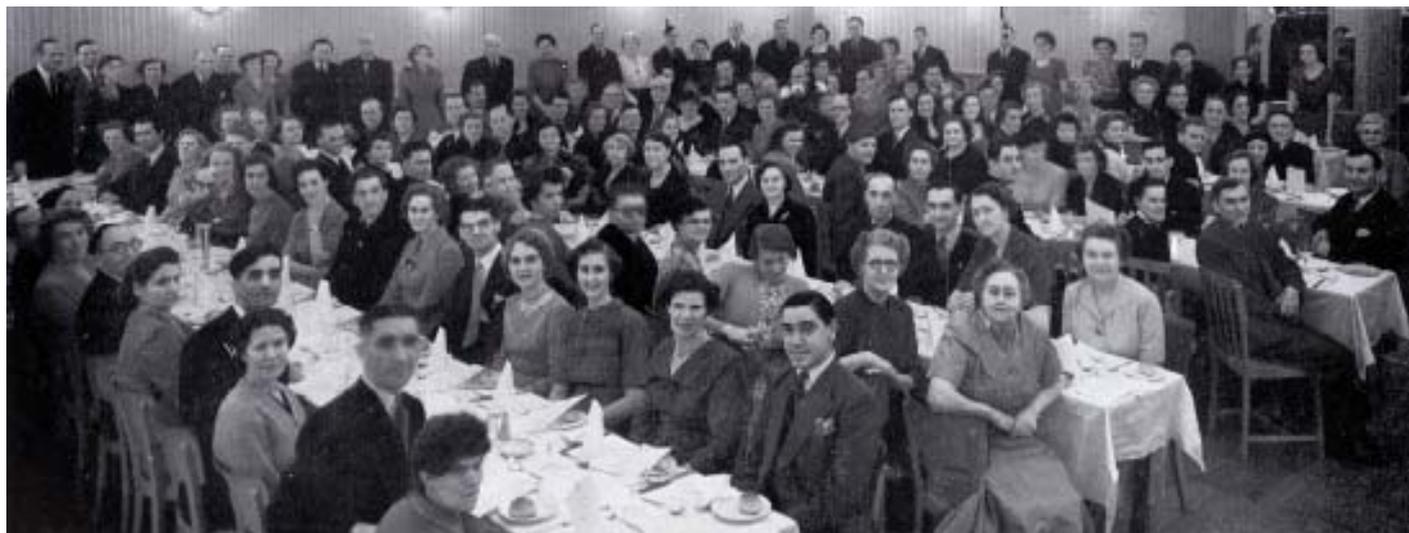


174. 'The First Dinner, 1950'. *RCCS 1953*. In the row of men facing the camera, Gillies is third from left, Kilner is second from left, Kelsey Fry is fourth from left, and McIndoe is the man with glasses on the right.



175. 'The First Dinner, 1950'. *RCCS 1953*.

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176. 1951 Dinner. *RCCS 1953.*



177. 1952 Dinner. *RCCS 1953.*



178. 1952 Dinner, *RCCS 1953.*



179. Geordie Reay talking at the 21st reunion in 1966. Lady Gillies is to his right and Patrick Shackleton to his left. (personal collection)

Surgeons and Patients met once again at Rooksdown Re-union



Some of the guests braved the rain to try their luck on the tombola stall. Below: Lady Gillies (widow of the late Sir Harold Gillies), who opened the 21st anniversary garden party.



MANY of the country's leading plastic surgeons were at Rooksdown House, Basingstoke on Saturday, for the 21st anniversary garden party of the Rooksdown Club, an association comprised of doctors, staff and patients of the former Plastic and Jaw Unit.

The unit was formed at Rooksdown in 1939 primarily to deal with severe injuries, particularly facial wounds, suffered by British and allied servicemen.

Altogether over 20,000 patients were treated at the unit which remained at Rooksdown until 1959 when it was moved to Roehampton.

On Saturday, more than 500 former patients turned up to meet old friends. They came from all over the country and one, Miss Therese van Ingelgem, arrived in England from her home in Belgium only a few hours before the garden party.

Miss Ingelgem, who was a patient at Rooksdown in 1951, then joined the staff as a nursing assistant, returned to Belgium on Monday.

In spite of the enthusiasm of the members of the Rooksdown Club, the weather decided to put a damper on the afternoon's entertainment and it was a case of "all-in-the-tea-tent" for much of the afternoon with the outdoor sideshows and competitions coming only a poor second best.

AN APPEAL

The function was opened by Lady Gillies, widow of the late Sir Harold Gillies, recognised as the "father" of modern plastic surgery.

During the afternoon an appeal came from the secretary of the Rooksdown Club, Mr. Ron Cunningham of 17 Weldon Avenue, Bear Cross, Bournemouth, for local support for the Rooksdown Club.

Said Mr. Cunningham, "There must be many people living in and around Basingstoke who are former staff or patients of Rooksdown House.

"They are probably unaware that the Rooksdown Club exists. I would like to hear from anyone in the area who is interested in our activities."

During the evening the club held a dance in the social club building.

180. Local newspaper article c.
1966. (source unknown)
(personal collection)



181. 'Flash' Gordon cutting the club's fiftieth birthday cake. *RCM*, 1996, p. 11.



182. The fiftieth reunion. *RCM*, 1996, p. 11. Membership Secretary Pat Short is in the middle of the picture.

John Hearn is the man standing on the right.

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183. Bill Holdsworth, President of the club at this time, is third from left. Pat Hearn (née Gill) is second from right. *RCM*, 1996, p. 10.



184. Geordie Reay cutting the Christmas cake at Buckingham Palace with the Duchess of Kent c. 1988, *RCM*, 1989, p. 9. Reay was asked to cut the cake by Mrs Giles, Secretary of the NFA. The Duchess of Kent was the Royal Patron of the NFA until 2000. www.nfassociation.org/our-history/

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185. John Hearn is presented to the Duchess of Kent at St James's Palace c. 1998, *RCM*, 1999, p. 8. This was another event hosted by the NFA.



186. A Rooksdown group attending a garden party at Buckingham Palace, 22nd July 1999. *Rooksdown Magazine* 2000, p. 11.



187. Therese Van Ingelgem and Flash Gordon being presented to HRH Princess Alexandra. *Rooksdown Magazine 2000*, p. 11.

The Rooksdown Club Magazine

The club magazine/newsletter was the others means by which members kept in contact with each other. The Editorial in the 1955 magazine pointed out: ‘To many of you, the magazine is the only link which binds you to the memory of those times you were here at Rooksdown, it brings you memories of people you met and perhaps one day will meet again, it enables you to feel you are one of a family of people who have an ideal, and last but not least, it is the means of our keeping in direct touch with you’.⁷⁶ Similarly, in 1977, the magazine was referred to as the ‘life-blood of the Club’.⁷⁷ At times, the magazine was not printed or was produced as a newsletter, notably during the late 1950s and the mid to late 1960s/early 1970s,

⁷⁶ *RCM*, 1955, p. 1.

⁷⁷ Minutes, CM, 6th March, 1977, RCR.

due to a lack of material and expense.⁷⁸ From 1972, however, the magazine was produced continuously until the last edition in 2010. From 2011 to the present, a newsletter has been produced.

The early magazines were a means of informing members about the next annual reunion and recreational activities at the hospital. They also provided a chance for members to contribute stories, articles and poems.⁷⁹ Ivor Wilson was a member of early club committees and had much to do with putting together the first magazine. His letters give an insight into the work involved:

I've had a rather busy day (for Rooksdown) as they palmed off the Club Magazine on me and I spent a few hours re-writing an editorial, rejecting ridiculous articles and generally trying to create a little order out of the chaos – not very successfully either. I'm afraid I haven't much idea about editing a mag, but everyone else here has none at all, so when it eventually gets published you'll see the signs of genius for the first time. I must admit though, I would have been very glad of your assistance.⁸⁰

Rooksdown Pie arrived from the printers on the morning of the second reunion.⁸¹ The second magazine followed in December 1947, called *Rooksdown Club Magazine*, and was printed annually thereafter until 1955. Responsibility for its production during this time fell on the club Secretary, Joan Farmer, 1947-1952, and Joan Grant, 1953-1955.⁸² The 1955 magazine was considered 'somewhat of a milestone' as it was the tenth issue,⁸³ it also proved to be the last of the 1950s, probably due to lack of contributions.⁸⁴ It was hoped that a magazine would be printed in 1958 but, due to a lack of interesting material, the committee was unwilling to

⁷⁸ Lack of contributions was a major issue for editors throughout the years. For examples, see *RCMs*, 1947, p. 1, 1955, p. 2, 1976, p. 2, and minutes, CM, 23rd February 1986, RCR.

⁷⁹ Letter, A. Reay to prospective members of Rooksdown Club, March 1947, RCR.

⁸⁰ *RCM*, 2003, p. 18. Wilson also designed the cover of the first magazine, organized the printing (*ibid.*) and contributed articles. *Rooksdown Pie*, pp. 9 and 12. See also *RCM*, 1947, pp. 9-10.

⁸¹ *RCM*, 1947, p. 4.

⁸² There is no record that Joan Farmer produced the magazine but I am sure that she did.

⁸³ *RCM*, 1955, p. 1.

⁸⁴ *Ibid.*, p. 2.

waste money on a sub-standard magazine.⁸⁵ The lack of a magazine at this time also possibly had something to do with the unit's impending move to Roehampton in 1959. It was later decided that the best option was to prepare two newsletters a year – one at Christmas and one to be sent with Draw tickets in May/June.⁸⁶ The magazine returned in December 1960 with new club Secretary, Ron Cunningham, in charge of production.⁸⁷ Four magazines were printed between December 1960 and early 1965,⁸⁸ but, again, not enough material was submitted and the 1965 magazine was the last of the decade. After 'lengthy discussion', the committee again proposed that two newsletters a year be distributed instead of a magazine to keep members informed of events.⁸⁹ Newsletters were issued until 1971, before the magazine returned in February 1972.⁹⁰

The format of the magazine remained similar throughout, containing reports, including the previous year's AGM, the annual reunion and the Derby Draw, and letters and articles sent in by members. Many articles were personal testimonies, while others were about various aspects of plastic surgery and rehabilitation, in keeping with the ethos of the club.⁹¹ Articles concerning pensions and welfare issues appeared in later years.⁹² Articles indirectly related to the club include those by British service personnel involved in the Falklands War,⁹³ and by Terry O'Connor discussing his work with BLESMA.⁹⁴ From 1953, the magazines included a full balance of accounts. In recent years, more obituaries have appeared, understandably.

⁸⁵ 'The Rooksdown Club', November 1958, RCR, p. 1.

⁸⁶ Minutes, CM, 20th June 1959, RCR.

⁸⁷ Minutes, CM, 25th June 1960, RCR.

⁸⁸ Editions of December 1960, December 1961 and (early) 1965 have been located. There was one more magazine printed in late 1962/early 1963. This was confirmed by Geordie Reay in his Chairman's Report in the 1965 magazine, in which he stated that it had been two years since he last reported. *RCM*, 1965, p. 3.

⁸⁹ Minutes, CM, 7th March, 1965, RCR.

⁹⁰ Responsibility for producing the newsletters changed a couple of times during this period. Members of the committee took it in turns, before John and Pat Hearn took over in 1971. Minutes, CM, 21st February 1971, RCR. For a list of magazine/newsletter editors, see Appendix 19.

⁹¹ For examples, see *RCM*, 1950, pp. 20-21; *RCM*, 1980, pp. 6-8; and *RCM*, 1988, pp. 25-26.

⁹² See pp. 335-336.

⁹³ *RCMs*, 1984, pp. 9-13, and 1985, p. 7-11.

⁹⁴ *RCM*, 1987, p. 13.

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Most importantly, in line with the club's first aim, membership lists were included at the back of the magazine, although irregularly early on. *Rooksdown Pie* included a full list of members' names and addresses, whereas the magazines that followed, up to and including December 1955, included 'Changes of Address' and 'New Members'. Membership lists were printed more frequently in later years, particularly from 1984. From 2001, production costs were considerably reduced when Gordon Johnson took over as Treasurer which enabled the magazine to print a full list of members in every edition;⁹⁵ previously, it had been suggested that a full list be printed every three years to save money.⁹⁶

Through the lists of names and addresses, the magazine carried out its foremost duty of keeping members in contact with each other. Mair Jenkins referred to the arrival of the magazine and Derby Draw tickets as contributing to 'a measure of continuity in one's life' despite the changes that retirement brought. Similarly, the printing of 'all known names and addresses of Club members was another refreshing boost to continuity'. At the time of writing, Jenkins lived in Snowdonia; her article demonstrates how the magazine enabled members in the same area to keep in contact. Jenkins wrote to the five other club members living in Wales, as listed in the magazine, and three responded, one of whom she hoped to meet in the 'new year'.⁹⁷ Informal mini-reunions also took place, presumably due in part to the magazines' list of contact details.⁹⁸

Another poignant example of how the magazine enabled contact between members occurred in May 2001. Ivor Wilson wrote to Ray Gordon informing him that he had been contacted by 'Sister Brooking'.⁹⁹ Raine Brooking had been the Sister of the Officers Ward (4B) for six years and, according to Wilson, ran the ward 'with a rod of iron...through all the

⁹⁵ Production of the magazine 'by the computer method' that year cost £102.20 compared to the 'traditional method' which cost £604.00 in 2000. Minutes of meeting, 18th March 2001, RCR.

⁹⁶ Minutes, CM, 30th September 2001, RCR.

⁹⁷ *RCM*, 1982, pp. 13-14.

⁹⁸ See Appendix 18.

⁹⁹ Letter, Ivor Wilson to Ray Gordon, Sunday 13th – , RCR. It does not state the month or year but it is May 2001.

turmoil (of) the war – and almost certainly was responsible for keeping me alive to write this today.’¹⁰⁰ Wilson explained that when he and Marjorie married in the hospital in 1945, Marjorie took one of his ‘wings’ to Greta Olsen, the plastic surgeon who had worked on him, ‘as a small token of thanks...Grete (sic) as honest as ever, said “thank Sister Brooking – she was the one who kept Ivor alive”’.¹⁰¹ Wilson wrote an article, ‘Musings of an old gent’, for the 2001 magazine in which he discussed his life after Rooksdown.¹⁰² Brooking wrote to Wilson in response, enquiring how he and Marjorie had fared since his time at Rooksdown. Clearly, there had been no contact since Rooksdown, and Brooking, similar to the Wilsons, had probably not attended any reunions. She wrote: ‘I have thought of you both so often over the years and wondered how you have fared. You now have a family, wonderful!...Fortunately I have a very good memory and I can remember and visualize all the good folk you mentioned...the only thing is I can only remember them as they were then, very young 20-30 yr old. I probably would not recognize them now.’¹⁰³ At the time of her letter, Brooking was 92 years old. Her husband had died two and a half years before, aged 91, after 64 years of marriage. She had moved into residential care and was ‘very well looked after’. Brooking was very keen to attend the Reunion Dinner on 19th May that year, but, after much thought, decided that, as well as being tiring, transport would be too complicated.¹⁰⁴

¹⁰⁰ Ibid.

¹⁰¹ Ibid. Wilson’s ‘wings’ probably refer to the Fleet Air Arm badge which was sewn onto the uniform.

¹⁰² *Rooksdown News 2001*, pp. 14-17.

¹⁰³ Letter, Raine Brooking to Ivor Wilson, 8th May 2001, RCR.

¹⁰⁴ Ibid.

Rooksdown Club Magazine

A MAGAZINE FOR AND BY MEMBERS OF THE ROOKSDOWN CLUB.

THE AIMS OF THE CLUB ARE 1-

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

Editorial

With the dawn of the appointed day, Mr. Aneurin Bevan brought into being a National Health Service for the whole country, and a revolution in Rooksdown House.

True, on July 5th, the usual dried eggs at breakfast were as wet as usual, the usual patient group sat on the old garden seat outside Sir Harold's Clinic, Miss Whiteside put forth her usual Monday morning dose of energy, whilst Miss Pollock, in every ward, announced entertainments as she usually does. We in our editorial office, dreamed tranquilly on, still three months distant from getting the magazine to press.

Nevertheless, the revolution had happened: Rooksdown House, which for the last eight years had been dandled experimentally on the lap of the Emergency War Organization, with all three Services exercising the right to change its nappies, was from now on formally adopted as a child of the nation, and at its new baptism christened, not N or M, but the Plastic and Jaw Unit of the South West Metropolitan Region.

This transition, or demilitarization, places new responsibilities on the Rooksdown Club. No longer will the majority of the patients have the various Service organizations to turn to during their convalescence and return to ordinary life. The emphasis is now rather on return to the job rather than the Unit, and it is in shaping a community that fits a patient for private life that the Club can play an important part to support the new Rehabilitation Department. This department is being formed under the direction of a newly appointed full-time Rehabilitation Officer, part of whose job it will be to enlarge the Club's activities within the hospital, as well as to extend its influence into industry and the country in general.

This last year has marked the loss of some bright jewels from the Rooksdown diadem. You will all have heard of Mr. Cuthbert's departure to South Africa, where amid sub-tropical splendour, he is carving and sewing in great content.

Commander Schjelderup, after a lengthy visit to America has returned to Norway to found a new 3B in the West of his mountainous homeland; whilst in the East, Major Loennecken, has carried the Rooksdown tradition back to Oslo.

Miss Clegg, our valiant Secretary, has left us for the more royal environment of Windsor and has handed her file and minute book to a worthy successor in the person of Miss Farmer.

Need we say that the good wishes of the Club follow these migrants?

To coin a phrase; our loss is others' gain: And to reverse the phrase we coined, the loss to Hill End, of Mr. Barron, has gained us a new Surgeon, a new leader, and an already active new Vice-President. To have available to us all the experience and wisdom which have already earned Mr. Barron an international reputation in more than one field, augurs well for the new Rooksdown.

We urge you now to turn to the following pages, where a powerful team of writers, artists, has set forth for you this year's highlights.

Before, exhausted, we fall back into the editorial chair, it occurs to us to ask each one of you why you are not among our contributors? We want to hear from all of you, at home or abroad. This is your magazine:—

Write for it.
Now, read it.

1

ROOKSDOWN REPORTING

We Congratulate:—

Dr. & Mrs. G. Ennis, on the birth of a son.
Lt. & Mrs. "Jock" Chapman, on the birth of a son.

Mr. & Mrs. K. Broughton, on the birth of a son.

Dr. & Mrs. J. C. Mustardé, on the birth of a daughter.

We extend our good wishes on the occasion of their marriage to:—

Miss B. Hancock and Major E. G. Hollis.

Miss D. Harris and Mr. J. Farrell.

Miss E. Richards and Mr. "Geordie" Reay.

Miss J. Smythe and Mr. R. Beer.

Miss J. Beasley and Flt./Sgt. Cobb.

Miss M. Rees and Mr. D. Krill.

Miss Coogan and Mr. Barnes, R.A.M.C.

And to the engagements of:—

Miss M. Williams and Mr. J. Gilson.

Miss C. Pratt and Mr. H. Christoffersen.
Miss N. Baumeler and C.P.O. Ronald Mather.

ROOKSDOWNERS ABROAD:—

Sister J. Wagstaffe, in North Canterbury, New Zealand.

Staff Nurse S. Stewart, in Natal, South Africa.

Four successful parties went to Switzerland again this year, under the auspices of the Swiss Red Cross.

NEWS FLASH:—

We regret to announce that Mrs. Alexander is giving up her post as Rooksdown librarian, she will be much missed. Our good wishes go to Miss Robey, who is taking over from her.

MISS CLEGG

It was with much regret we said goodbye to Miss Clegg, who left us early in July, to take up a new post as Physiotherapist, at the King Edward VII hospital, Windsor.

Her cheerful personal interest in Rooksdown

and its inhabitants, and the hours of hard constructive work as club secretary will be very much missed.

We wish her the very best of good luck in her new surroundings.



A Cheerful Group in 3B

2

188. RCM, 1948, pp. 1-2.

ROOKSDOWN PIE



NUMBER 1

JUNE 1947

ROOKSDOWN CLUB MAGAZINE

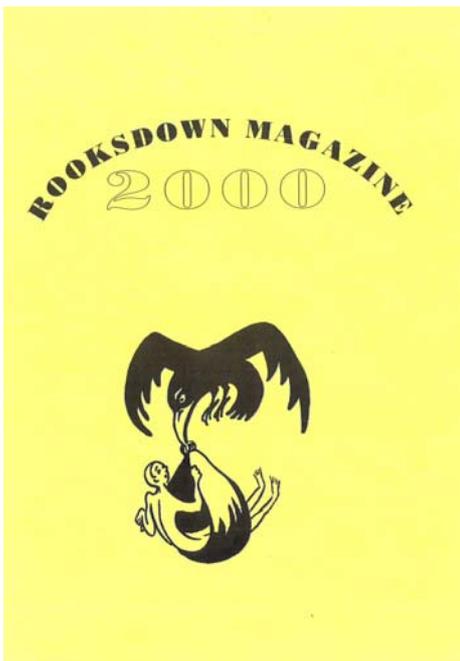
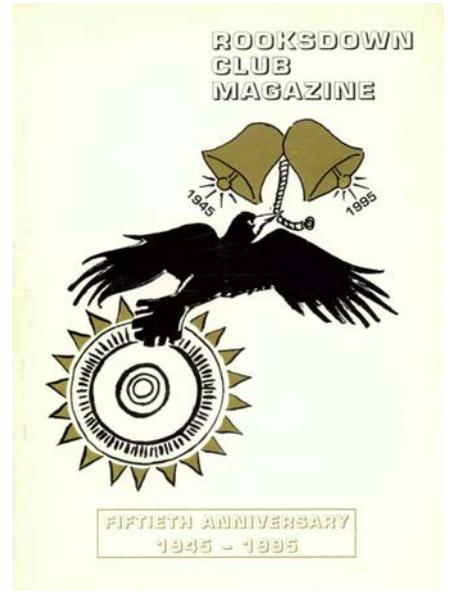
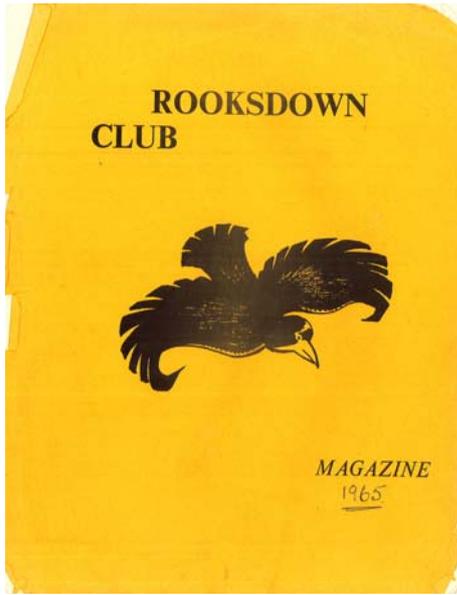


NUMBER 3 ONE SHILLING DECEMBER 1948

ROOKSDOWN CLUB MAGAZINE



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189-196. A selection of Rooksdown Club Magazines.



197. *Rooksdawn Magazine* 2000, back cover. Underneath the image, it states: 'Reproduced from an original drawn by Joan Farmer for the 1947 "Rooksdawn Pie." Joan was Sir Harold Gillies' artist, recording his surgical operations. Joan was dedicated supporter of the Rooksdawn Club for many years.' This image did not actually appear in *Rooksdawn Pie* but rather *RCM*, 1949, p. 18. Farmer also designed the various covers for the magazine over the years.

'To aid ex-patients who may be hindered in re-establishing themselves in life owing to injury or mutilation'

The club's second aim was more challenging than the first because there were so many members, and welfare covered such a wide area, including employment, housing and finance. The editors of the second magazine in December 1947 were pleased that the club was fulfilling some of its aims, such as 'providing the Annual Reunion, taking part in the social activities of present patients, and publishing a magazine';¹⁰⁵ these were expected to continue and improve over time. However, the other two aims were proving harder to achieve.

Regarding the second aim, the Editorial stated:

The other aim as yet unfulfilled is that of helping patients and ex-patients to settle down to a suitable and happy life after treatment is finished. It is felt that there will be many people who may need advice or help in taking up their normal life, and the Club funds and officials are ready for that purpose. Possibly there may be difficulty in finding suitable employment in a suitable place, or there may be personal troubles. Anyone in this situation, or any other, who requires help is invited to apply to the Secretary. All communications will be treated in strict confidence, and strong efforts will be made to help. In addition, the editors of the magazine will allow ample space for any small notices that a member may desire to publish. Applications for employment, or offers of the same, and any similar advertisement, can and will be published in the Magazine. This is one way in which help can be offered in a material form, and any member is entitled to avail himself or herself of it.¹⁰⁶

A particular grievance early on among service casualties was their treatment by the Army regarding pensions. According to Archie Day, the Army 'threw us out six months after we were wounded'.¹⁰⁷ The AB 64 form which kept records of treatments did not state that

¹⁰⁵ *RCM*, 1947, p. 2.

¹⁰⁶ *Ibid.* There was also a Toc H branch at Park Prewett which had shown 'a very keen interest in the welfare of patients and ex-patients of Rooksdown.' Members in the Walthamstow district were asked to contact Toc H who would give them as much help as possible. *Rooksdown Pie*, p. 3. According to its website, 'Toc H is an international charity and membership movement that emerged from a soldiers' club in Poperinge, Belgium, during World War I.' For more information about its work, go to www.toch-uk.org.uk/index.html

¹⁰⁷ Interview with Archie Day, September 2006.

Day had been discharged due to war wounds, but rather than he “no longer ceases to fulfil Army medical requirements.”¹⁰⁸ After six months, Day received a pension of £2 per week. He was allowed 10 shillings per week while in hospital and the rest was withheld. If patients needed clothes, they had to ask Air Vice Marshal Panter, the Medical Superintendent. Day had only his ‘demob’ (demobilization) suit and had to ask Panter for money to buy new clothes. He received £20 from the money that had been withheld.¹⁰⁹ Ken Curtis also referred to the poor treatment of service personnel, stating: ‘They did a cruel thing to us.’ He recalled that while members of the Forces were in hospital, they received their pay, but after being discharged and receiving a lump sum, which for Curtis was approximately £60, their pay stopped and they received a pension of £2 per week of which 19 shillings was kept back for treatment. The patients received 7 shillings pocket money and the balance was credited to them. According to Curtis, ‘instead of getting a free railway warrant to go on leave when you were in the Forces, the pension people said that there was enough in our credit to pay for our fare home. That was how they treated us. I thought that it was disgusting. That is how all the disabled people were treated’.¹¹⁰

This contrasts markedly with the treatment of members of the Guinea Pig Club by the RAF. According to Mayhew, ‘Above all, it was the settling of the pension and invalidity arrangements for severely injured aircrew that showed most strongly the RAF’s commitment to its burns casualties. Members of the Air Council and senior civilian officials of the Air Ministry were prepared to go to great lengths in taking on the Treasury as well as the other branches of the armed services to secure the financial and professional futures of McIndoe’s

¹⁰⁸ Ibid. The ‘AB 64’ stood for ‘Army Book 64’ and was the ‘Soldier’s Service and Pay Book’. This was a summary of the soldier’s service, including information such as ‘training, postings, inoculations, injuries sustained, illness etc.’ Email from Rob McIntosh, AMSM, 20th November 2013. For more information about the AB 64, and photographs, go to www.warrelics.eu/forum/docs-paper-items-photos-propaganda/soldiers-service-pay-book-ab64-6953/

¹⁰⁹ Interview with Archie Day, September 2006.

¹¹⁰ Interview with Ken Curtis, April 2006.

patients.’¹¹¹ Mayhew also stated that ‘There was no reference whatsoever to the civilian state assuming responsibility for these men, indeed it was seen as preferable that the RAF should look after its own, even after the war was ended.’¹¹² McIndoe also got the period for a burns patient to be rendered fit or invalided, extended from six months to about two and a half years in selected cases, and fought for the retention of acting pay.¹¹³

Employment

It was therefore even more important for the Rooksdown Club to help get the men back to work following their discharge from the services. With around 800 members, it was ‘difficult to record the achievements of any particular members’ but, according to *Rooksdown Pie*, the ‘vast majority’ had ‘returned to full or part-time civilian employment, being established in all walks of life from Whitehall to the coalfields’.¹¹⁴ None of the founding members who were interviewed, or about whom there is sufficient information, required specific help from the club in gaining employment. Some continued in jobs or careers they had started before the war; some started new careers.¹¹⁵ Other members must have received help but it is not recorded. Ray Gordon recalled a burns victim who, after losing both his ears and suffering other burns, was sacked when he returned to his job as a baker because customers complained when he delivered the bread. He attended a government scheme which trained him to estimate the cost of buildings, and, according to Gordon, ‘...made a smashing job out of that, so the fact that someone had complained about his looks was to his benefit financially and in every way. But it does not always work that way’.¹¹⁶ Gordon knew of only one person who

¹¹¹ Mayhew, *The Reconstruction of Warriors*, p. 173. See also pp. 174-176.

¹¹² *Ibid.*, p. 202.

¹¹³ R.F. Brown, C.W. Chapman and B.C. McDermott, ‘The continuing story of Plastic Surgery in Britain’s Armed Services’, *BJPS*, 42, (1989) pp. 707-708.

¹¹⁴ *Rooksdown Pie*, p. 5.

¹¹⁵ For information about the jobs patients did after leaving Rooksdown, see Appendix 22.

¹¹⁶ Interview with Ray Gordon, October 2005.

seemingly gave up on life, a man with a badly burned face whose pre-war occupation had been as a lead singer in a band:

No one employed someone to stand up in front of a band looking like that, and he never got over it. We got him to the club and interviews for jobs, but he would not go. We could never get in touch with him. I do not know whether he survived. That was the only one; everyone else coped with disability and returned to civilian life. They adjusted themselves to do the job that they did before or, if not, took on another job that they could cope with.¹¹⁷

James Russell recalled that one patient who had a pedicle operation ‘disappeared’ and was found working in a side show in Blackpool where people paid to see him. The man eventually returned to Rookdown to complete his treatment.¹¹⁸

At the 1948 AGM, Gillies referred to problems with some patients taking jobs for which they were not properly trained. In his role as President, he asked members

to persuade their more diffident friends to join the Club, which would help them in rehabilitation, particularly with legal problems. Some patients were going back to jobs for which they were not properly trained, and they had to stir the administration on, so that the patients might be trained while the surgeons were doing their best for their faces. They also had to increase the influence of the Club in the neighbouring towns and to keep in contact with London patients.¹¹⁹

It is not exactly clear who is meant by the ‘administration’, presumably the hospital board, but Gillies’ request was granted at the end of the year with the establishment of a Rehabilitation Department. By the time the Rehabilitation Department was introduced, the club was starting to deliver on its second aim. According to a report of the 1948 Annual Reunion, ‘Several patients had asked for help, particularly with housing problems. One had asked for a loan to start him in his own business. The Club was now in a position to give this

¹¹⁷ Ibid.

¹¹⁸ Interview with James Russell, April 2006. J.R.G. Edwards recalled a similar incident where two patients from the plastic surgery unit at Gloucester ‘were found displaying their pedicles for public gaze.... They were apparently collecting money from the public and, I believe, doing very well!’ Edwards, ‘Personal Memories of the Gloucester unit’, pp. 60-61.

¹¹⁹ *RCM*, 1948, p. 7.

type of assistance where it was justified.’¹²⁰ John Barron, then Surgical Officer of the unit and Vice-President of the club, also referred to schemes that were ‘afoot for extending the usefulness of the club’.¹²¹ The advent of the NHS earlier that year had also apparently brought with it ‘a revolution in Rooksdown House’. Although little had changed outwardly, it was felt that the transition, or demilitarization, placed new responsibilities on the Rooksdown Club. Most patients would no longer have the various service organizations to turn to during their convalescence and return to ordinary life. The emphasis was now on a return to work rather than the service unit, and the club could play an important role ‘in shaping a community that fits a patient for private life’ by supporting the new Rehabilitation Department. This department was formed under the direction of a newly appointed full-time Rehabilitation Officer, whose role was also to enlarge the club’s activities within the hospital and ‘extend its influence into industry and the country in general’.¹²² The Rehabilitation Officer was Major G. Melville-Bell, T.D. (Territorial Decoration). His appointment was made after the magazine had gone to print, so a separate letter of introduction to all members past and present was included at the front of each magazine. Bell stated that his job was to help the members/patients, and to do this effectively, he had to get to know those he was working for personally. Members were asked to write to him if they needed any advice or help with a problem. Similarly, if they wanted a temporary or permanent job, help to get

¹²⁰ Ibid.

¹²¹ Ibid., p. 3. Barron replaced James Cuthbert as Surgical Officer at Rooksdown in 1948 when Cuthbert returned to his native South Africa. Barron was also unanimously elected as Vice-President of the Rooksdown Club in succession to Cuthbert. *RCM*, 1948, p. 3. Before arriving at Rooksdown, Barron worked at Hill End. Ibid., pp. 1 and 7. He was also part of the UNRRA team that was invited to go out to Yugoslavia at the end of the war to set up a plastic surgery unit. He left Rooksdown in 1949 to form the Plastic Surgery unit at Odstock, Salisbury, where he became Director and Senior Plastic Surgeon. He became President of the British Plastic Association and the British Society of Surgery of the Hand. *RCM*, 1993, p. 7. He remained in contact with the club and was Guest of Honour in 1968, making a brief speech about Rooksdown and stating how impressed he was with the membership of the club after twenty years. Minutes, AGM, 4th May 1968, RCR. He also offered advice on the club’s future direction prior to the Extraordinary Meeting in 1969. Letter from John Barron to Ray Gordon, 7th January 1969, RCR. Brian Morgan, Honorary Archivist of BAPRAS, also informed me that Barron was President of BAPS in 1953 and 1975. Telephone conversation with Brian Morgan, August 2013.

¹²² *RCM*, 1948, p. 1.

training, or assistance with ‘Physio-Therapy, Speech-Therapy, or Occupational-Therapy’, they were again asked to contact him.¹²³

According to the 1949 AGM, the appointment of Melville Bell was ‘By far the most important event of the year’. He was immediately co-opted as Assistant Secretary of the club and dealt ‘with the personal difficulties and problems of members.’ Since taking on the role nine months before, ‘well over 100 members had applied, seldom in vain, for help in some problem. Advice and assistance was open to all, and help was available before admission, during the stay in hospital, and after discharge. He was really doing a first class job, and making the Club’s second aim a very real thing’.¹²⁴ Bell introduced himself at the 1949 AGM,¹²⁵ and addressed the membership again in the 1949 magazine, under the heading ‘Rehabilitation’. Many patients had asked what rehabilitation was, so Bell attempted to give his ‘ideal’. He wanted to see a department established that was

so well equipped with all sorts of apparatus, mechanical as well as all the usual occupational equipment, a department where we can put a patient at the earliest moment after an accident or injury and get the injured limb into action in such a way that the manipulation will be done by maintaining an interest and so by diverting the patients mind from the actual injury, banish all thoughts of incapacity, restore confidence in the use of the limb and ultimately defeat the usual long periods of inactivity, loss of wages, boredom and growing lack of will. It can be done and today we owe it to ourselves and our country to see that anything which can be done to avoid breakdown of production is worth doing.¹²⁶

There is no further mention of rehabilitation, in relation to employment, in the magazines of the 1950s; similarly, there is no reference to welfare issues in the minutes of committee meetings during this period. Bell was unanimously elected as Chairman in 1950

¹²³ Letter included with *RCM*, 1948.

¹²⁴ *RCM*, 1949, p. 7.

¹²⁵ *Ibid.*

¹²⁶ *Ibid.*, p.10. The magazine also refers to the club’s ‘happy relations’ with the Round Table organization who had organized a scheme, whereby any member of the club in any town or district in which they operated, was invited to contact them; they were happy to help members in any possible way. *Ibid.*, pp. 7 and 9. The Round Table was formed in 1927 for philanthropic and community work.

following Shackleton's resignation.¹²⁷ He probably continued as Rehabilitation Officer while the unit remained at Rooksdown. The role is certainly referred to in Bowen's article in January 1954, in which she stated: 'Where patients require advice and help during or after their treatment, which may cover a period of many months, a rehabilitation and a British Red Cross welfare officer are always at hand to give assistance and guidance.'¹²⁸ The British Red Cross Welfare Officer was Catherine Pollock's successor, Joan Grant. In this respect, Pollock was the club's first Welfare Officer, although she was referred to as such for the first time in the 1951 magazine which confirmed her retirement.¹²⁹ Melville-Bell was formally the club's first Welfare Officer, similar to the role later taken on by Geordie Reay, Ken Foster and others, after the move from Rooksdown House. His role and theirs were concerned with the patients' welfare after they left hospital, as distinct from Pollock and Grant whose concerns were for the patients while they were in hospital.¹³⁰

Other welfare work

After the unit moved to Roehampton in 1959, the club helped a number of members with short and long-term donations, although it was limited in this respect as it did not have the same financial resources as the Guinea Pig Club. Long-term commitments included sending Christmas gifts to older and infirm members, while short-term donations were given to members who were struggling financially at the time. The club also started arranging small loans for members in the early 1970s.¹³¹ Although there was an obvious financial aspect to the club's second aim, it also involved offering advice and support. A number of articles concerning pensions and welfare appeared at different times in club magazines, more often in

¹²⁷ *RCM*, 1950, p. 7.

¹²⁸ Bowen, 'Rooksdown House, Basingstoke', p. 42.

¹²⁹ *RCM*, 1951, p. 1.

¹³⁰ The club's Welfare Officers, after the unit moved to Roehampton, are discussed in Appendix 12.

¹³¹ For more information about how the club helped members financially, see Appendix 15.

later editions as members aged.¹³² Members were encouraged to contact the Welfare Officer or advised who they should contact for pension enquiries.¹³³ Geordie Reay felt that, in later years, what most people wanted was to be visited or to receive telephone calls, to let them know they had not been forgotten by the committee and other members of the club. In his role as Welfare Officer in 1987, Reay contacted members who had been ill over the previous couple of years and encouraged any member requiring advice about pensions or other issues to write to him; if he could not help, he would contact someone who could.¹³⁴

All of the club's Welfare Officers deserve credit for their efforts over the years but special mention should be given to Ken Foster who took on the role in 1988 and continues to the present, although with minimal duties. Foster retired as a War Pensioners Welfare Officer at the end of November 1987. He was based in Bristol where he was Deputy Chief Welfare Officer for the South Western Region 'with a special responsibility for the Dorset area'.¹³⁵ Through association with Ken Curtis, he offered his services to the club.¹³⁶ By 1989/90, members were benefitting from Foster's work. Although details remained confidential, Ray Gordon confirmed that one member's War Disability Pension was increased to 100%, while another and his wife, who had both been unwell, moved from a house into a bungalow. Gordon urged members to use Foster's services, stating: 'Ken is in a unique position in that he has so many contacts with the Welfare Services throughout the country. If you have a problem do please write to him, his address is in the front pages of this magazine, and see if

¹³² Two articles appeared in 1973 under the headings 'Welfare I' and 'Welfare II'. 'Welfare Reports' then became a regular feature from 1987-1991 (in 1988, it went under the heading: 'Help for disabled Ex-servicemen and women') but did not appear again until 1998-2000. Thereafter, welfare reports appeared in 2002, 2004, 2007 and 2009. There are also references to 'welfare' and 'welfare officer' during the 1960s. See minutes, CMs, 25th June 1960, and 7th March, 1965, RCR; and *RCM*, 1961, p. 1.

¹³³ For example, in 1973, members with disability pensions were encouraged to contact the DHSS (War Pensions dept.), which was responsible for all awards for disabilities, for reassessment, or the War Pensions Welfare Service whose staff would visit them to discuss problems and help with issues concerning pension, medical treatment or social welfare. *RCM*, 1973, p. 5. A later article gave a comprehensive summary of weekly rates of 'War Pensions and Allowances', 'Widows Pensions' and 'National Insurance Benefits'. *RCM*, 1980, pp. 16-18.

¹³⁴ *RCM*, 1987, p. 5.

¹³⁵ *RCM*, 1988, p. 5.

¹³⁶ *RCM*, 2007, p. 7.

he can help you or at least he will be able to point you in the right direction for the help that you require.¹³⁷ In his Chairman's Report for the following year, Gordon again outlined the work of Foster and urged members to seek his help.¹³⁸ Foster himself reported that throughout 1990, he had received 'quite a few enquiries' from members. He hoped that his 'advice and any subsequent action gave satisfaction to those members'. Although it was not always possible to achieve the desired result, perseverance often provided 'an unexpected answer. During 1990 this happened once or twice!'¹³⁹ Members also spoke of his excellent service in 1996 and the chairman thanked him and Wing – CDR George Minnigan for the invaluable support given to members where necessary.¹⁴⁰ More recently, Foster's only function has been to keep in touch with members by telephone. He still enjoyed 'having a chat' with Rooksdown members and hoped that any advice he offered was useful.¹⁴¹ It was also through Foster that ex-service members of the club attended trips organized by the NFA.¹⁴²

How the club attempted to help later plastic surgery patients

Following the extraordinary meeting to discuss the club's future in February 1969, it was decided that it should remain a social club and continue its benevolent work while trying to expand to other parts of the country,¹⁴³ although there is no sign of such expansion. The club

¹³⁷ *RCM*, 1990, pp. 2-3.

¹³⁸ *RCM*, 1991, p. 4.

¹³⁹ *Ibid.*, p. 11. For more information about the work of Ken Foster, see Appendix 12.

¹⁴⁰ Minutes, CM, 6th October, 1996, RCR.

¹⁴¹ *RCM*, 2007, p. 7.

¹⁴² Foster was the representative for the Western Counties of NFA. Letter, Ray Gordon to Mrs Giles, NFA, 4th April 1988, RCR.

¹⁴³ Minutes of AGM, 9th May 1970, RCR. The club had become more inclusive after the unit's move to Roehampton in 1959, as demonstrated by asking patients at Roehampton to join in 1961. It also considered joining the League of Friends at Roehampton as it was thought that the club could 'further assist' at the hospital by joining. Minutes, CM, 8th March 1964, RCR. The committee even considered arranging its annual Dinner to coincide with the 1969 Conference of Plastic Surgeons in Brighton to seek advice on how the club could be better used to help more recent plastic surgery patients. Letter, Ray Gordon to Dr. Shackleton, 6th May 1968, RCR. This was ruled out, however, as a Thursday was offered as a possibility and the reunion was always on a Saturday. Letter, J. Watson to Ray Gordon, 20th May 1968; see also letter, Gordon to Ann and Fred Harris, 27th May 1968, RCR.

opened its membership to anyone who had received plastic surgery at any unit, as confirmed in two local newspaper articles about Geordie Reay in the 1970s. The first, 'The man with a new face', appeared in the *Southern Echo* in 1970 and told the story of Reay's injuries and his subsequent treatment at Rooksdown.¹⁴⁴ It stated that the club was in its 25th year and was 'widening its range and is open to anyone who has undergone plastic surgery and who need help and companionship'. The article recounted the negative reactions that Geordie and Eileen experienced, and underlined the benefits of the Rooksdown Club in such situations:

Experiences like these can make rehabilitation even harder for the maimed and mutilated. And this is where the Rooksdown Club can help. At their meetings there is complete acceptance by members of each other. For some of the women members the annual dinner in London is the one big social occasion they will attend because they know their scars will not be stared at.¹⁴⁵

The other article appeared in *Link*, the Wessex Regional Health Authority's staff newspaper, in January 1978. Titled 'Overcoming the rejection barrier', it again told the story of Reay's injuries, rehabilitation, and the negative reactions from members of the public. It also encouraged new members to join or at least form their own self-help group.¹⁴⁶ Reay confirmed that in recent years the club had extended its membership to any plastic surgery patient 'who may require assistance in any form, to re-establish his, or herself within the community'. He stated:

The war...has been over for a long time, but the need is still very much with us. There are still victims of car crashes, fires, criminal assaults, and so on, who need the same sort of support we all needed after war.

But for some reason, disfigurement just isn't given any sort of priority.

There are associations all over the place for the limbless, the blind, the deaf and dumb, but apart from the Rooksdown Club, and another association specifically for RAF personnel, there is nothing at all for disfigured people.

¹⁴⁴ *Southern Evening Echo*, July 1970, p. 8.

¹⁴⁵ *Ibid.*

¹⁴⁶ *Link*, January 1978, p. 4.

Chapter Five

It's odd, because these people suffer terrible psychological effects when they are injured in this way, and it's 100 times worse for the women victims.¹⁴⁷

One of the 'prime aims' of the club was to expand and persuade plastic surgery units throughout the country to put patients in touch with the club because

something like 75 per cent of people with serious disfigurement lead a very limited life. They go out when they have to, but for the rest of the time, they bury themselves away at home so that they don't have to face people.

We don't just want to educate the public...we also want to help patients to fight back. The public can only do so much...it is the patients themselves who have to find the guts to go out and face the world again.¹⁴⁸

In peacetime, one of the most important aspects of the club's work was arranging visits by ex-patient members to new patients in hospital undergoing plastic surgery to repair facial or body burns. It was hoped that members could help them face the community again, as 'only someone who has experienced a similar personal tragedy can ever fully understand the feelings of the patient, and can be capable of giving the right kind of psychological support. We are here to be used – we only wish that more people, and more plastic surgery units would use us, or at least follow our example'.¹⁴⁹

There are numerous examples over the years of the committee trying to help later plastic surgery patients who were not members. These include a man with a severe facial deformity in 1976, a Belfast policeman who was badly injured by a bomb in 1981, casualties of the Falklands War in 1982 (in particular Simon Weston), and the victims of a fire in May 1985 at Bradford City Football Club. Although success was limited with these later patients, such examples demonstrate the intent and effort made by the club to carry out its second aim.¹⁵⁰

¹⁴⁷ Ibid.

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

¹⁵⁰ These and other examples are described in Appendix 16.

The club also attempted to form links with more recent support networks for disfigured people, such as LFI which was made known to the Rooksdown Club through Ron Cunningham who had received some of their newsletters through his work as a dental technician.¹⁵¹ According to Cunningham, the organization had ‘quite a following’ and was the subject of a TV programme being aired on Wednesday, 27th August 1986.¹⁵² An article about its founder, Christine Piff, had also appeared in the *Daily Telegraph* on 26th August, presumably in conjunction with the programme.¹⁵³ Gordon contacted Piff and congratulated her on her work and support she had given to disfigured people. He gave a brief history of the Rooksdown Club and invited her and her husband to the 1987 reunion.¹⁵⁴ Piff was ‘delighted’ to learn of the club and accepted the invitation.¹⁵⁵ She later thanked Gordon for the evening and enclosed details of LFI, explaining how its members worked to help and support each other. Rooksdown Club members were ‘more than welcome’ to join and Gordon’s address was added to LFI’s mailing list.¹⁵⁶ At a committee meeting in September 1987, it was suggested that the club keep in contact with LFI and Piff be asked to join the club.¹⁵⁷ In her article for the 1988 magazine, she again invited members to contact her and find out more about LFI.¹⁵⁸ Piff and Joan Gordon remained in contact during the late 1980s/early 1990s.¹⁵⁹ Her name stopped appearing in membership lists at the back of club magazines from 2005.¹⁶⁰ It is not known whether any members contacted Piff or joined LFI.

¹⁵¹ Letter, Ray Gordon to Christine Piff, 26th March 1987, RCR.

¹⁵² Letter, Ron Cunningham to Joan and Ray Gordon, 18th August 1986, RCR.

¹⁵³ Letter, Ray Gordon to Cunningham, 26th August 1986, RCR.

¹⁵⁴ Letter, Ray Gordon to Piff, 26th March 1987, RCR.

¹⁵⁵ Letter, Piff to Gordon, 30th March 1987, RCR, The full title of the organization, according to the headed paper that the letter is written, is: *Let’s Face It – Network for the facially disfigured*.

¹⁵⁶ Letter, Piff to Ray Gordon, 1st June 1987, RCR.

¹⁵⁷ Minutes, CM, 27th Sept 1987, RCR.

¹⁵⁸ *RCM*, 1988, p. 26.

¹⁵⁹ Letter, Piff to Joan Gordon, 10th April 1991, RCR.

¹⁶⁰ The Membership Secretary’s Report confirmed that her magazine had been returned. *RCM*, 2005, p. 10. The LFI website states a different address to the one in the Rooksdown Club magazines; presumably, Piff moved without informing the club. www.lets-face-it.org.uk/

Ray Gordon also contacted Alan Pearson, a burns victim who had founded the Billericay Burns Club. Pearson had come to the club's attention following an article in *The Sun* in 1987. The headline stated: 'Pictures that give hope to tube victims,' and referred to Pearson who, six years before, had suffered severe burns to his face and hands in a fire caused by liquid gas in the oil refinery where he worked.¹⁶¹ At the time of the article, Pearson had had 35 operations at St Andrew's Hospital, Billericay, but wanted more work done. It was hoped that photographs of his face which, according to the report, had been 'miraculously rebuilt by plastic surgeons', would give hope to victims of the Kings Cross fire which had occurred the week before.¹⁶² While he was a patient at St Andrew's, Pearson offered to help victims of another oil refinery blaze, which led to the formation of the Billericay Burns Club.¹⁶³ Pearson was sure that his club could help rebuild some of the victims of the King's Cross tragedy. Readers were invited to write to the club, c/o St Andrew's Hospital.¹⁶⁴ Gordon wrote to Pearson, stating that he had read the article, and explained what the Rooksdown Club was and why it had been formed. He felt that the two organisations could be of 'mutual help' and suggested meeting up with Pearson after Christmas.¹⁶⁵ Pearson and Gordon remained in contact over the next few years but there is no record of him joining the Rooksdown Club.¹⁶⁶ Also, according to the agenda for the 1990

¹⁶¹ *The Sun*, Monday, 23rd November 1987, p. 9.

¹⁶² *Ibid.* The Kings Cross fire occurred on the evening of 18th November 1987 and killed 31 people. Over 100 people were taken to hospital. www.bbc.co.uk/news/uk-20383221 For more detail and data, see Nick Bracken and Sue Black, 'King's Cross Underground Fire, November 18, 1987', in S. Black, G. Sunderland, L. Hackman, X. Mallet, (ed.), *Disaster Victim Identification – Experience and Practice* (Florida, 2011), pp. 61-76.

¹⁶³ *The Sun*, Monday, 23rd November 1987, p. 9

¹⁶⁴ *Ibid.*

¹⁶⁵ Letter, Ray Gordon to Alan Pearson, 1st December 1987, RCR.

¹⁶⁶ Pearson sent Gordon an anniversary card in May 1988. Letter, Gordon to Alan and Ann Pearson, 1st June 1988, RCR. Pearson and his wife also attended the 1990 annual reunion. Letter, Gordon to Alan and Ann Pearson, 29th March 1990, RCR.

annual reunion, Pearson's club had not been supported 'as well as he had hoped' and was 'in abeyance'.¹⁶⁷ There is no further mention of it in the club records.

A possible merger with Changing Faces was also mooted among members in 1999.¹⁶⁸ At this time, there was much uncertainty about the club's future due to leading committee members resigning;¹⁶⁹ however, such a collaboration, as well as being an attempt to prolong the life of the club, was clearly to assist the welfare of recent plastic surgery patients. Indeed, concern was expressed in 1995/1996 about the age of the committee and how the club might continue to help more recent patients. The Editors of the 1996 magazine referred to the 'many civilian as well as military casualties requiring prolonged plastic surgical treatment' who would continue to need encouragement and support throughout their lives.¹⁷⁰ The club did not wish to become 'a political force or crave for publicity from the media' but wanted to be there for those people.¹⁷¹ The merger with Changing Faces never took place because members did not want the club to lose its identity.¹⁷² Younger members also took on committee roles at this time which extended the life of the club.¹⁷³

¹⁶⁷ The correspondence which refers to Pearson has no title but is an agenda/running order for the reunion, referring to speeches, the AGM and the auction and raffle. The Dinner took place on 19th May 1990. *RCM*, 1991, p. 11.

¹⁶⁸ Minutes of AGM, 15th May 1999, RCR.

¹⁶⁹ John Hearn initially wrote to Partridge, Director of Changing Faces, to discuss a possible merger of the two associations. Letter, Hearn to Partridge, 3rd February 1999, RCR.

¹⁷⁰ *RCM*, 1996, p. 3.

¹⁷¹ *Ibid.*

¹⁷² Minutes of AGM, 15th May 1999, RCR.

¹⁷³ *Rooksdown Magazine 2000*, p. 6.

'To educate the public to accept the injured and mutilated without comment or victimization'

The club's third aim was always the most challenging. As we have seen, the catalyst for the club's formation was the public's reaction to Geordie Reay when he was travelling on a train;¹⁷⁴ there was also the member who was sacked as a baker when customers complained about his disfigurement.¹⁷⁵ These were not isolated incidents and certainly challenge James Partridge's assertion that those facially disfigured during the war 'were all accorded public respect without question.'¹⁷⁶ Before examining how the club attempted to fulfil its third aim, these negative reactions will be explored.

Negative reactions

When interviewing the octogenarians it is sometimes easy to forget that these men, now aged and philosophical about their wounds, were once young, in the prime of life and faced a very uncertain future. All the original members interviewed, or about whom there was information, experienced some negative reactions from members of the public. This must have been a regular occurrence for many Rooksdown patients. Ken Curtis was one of fourteen 'war-scarred men' from Rooksdown asked to eat a meal in a private room in a hotel in Petersfield, Hants, c. 1944-45. A local newspaper article carried the headline 'THE FOURTEEN WAR-SCARRED MEN, TOLD DINING ROOM IS FULL, WALK OUT OF HOTEL' (illus. 198).¹⁷⁷ The manager of the hotel was quoted as saying that there had been a 'misunderstanding' and the men had been given their own room because the dining room was

¹⁷⁴ See p. 282.

¹⁷⁵ See p. 331.

¹⁷⁶ Partridge, *Changing Faces*, p. 120.

¹⁷⁷ The article has been cut out and is not dated, nor does it state which newspaper it is. It is likely to be local c. 1944-45.

full.¹⁷⁸ Curtis, however, denied this, stating that the manager knew exactly what he was doing.¹⁷⁹

**THE FOURTEEN WAR-SCARRED
MEN, TOLD DINING ROOM IS
FULL, WALK OUT OF HOTEL**

198. Local newspaper article, source unknown (personal collection)

FOURTEEN disfigured Servicemen and ex-Servicemen walked into a Petersfield (Hants) hotel, were told that the public dining-room was full and were asked to eat a meal, ordered in advance, in a private room.

"Naturally they walked out," Air Vice-Marshal A. E. Panter, Medical Superintendent of Rooksdown House Hospital Basingstoke (Hants), where the men are plastic surgery patients, said yesterday.

"They had been on a Red Cross outing to Goodwood, and a meal was booked for them on the way back.

"Many of them are badly marked. We are trying to get them to go about and stop feeling self-conscious. A thing like this sets them right back."

The manager of the hotel—the Red Lion—said yesterday: "It was all a misunderstanding.

"The dining-room was full. We thought they'd enjoy themselves better on their own in a room where there is a piano.

"But they seemed to have the wrong idea of what we were trying to do for them."

"Apologise? No, I don't see we've any reason to."

Air Vice-Marshal Panter and the Red Cross Commandant at the hospital yesterday sent a protest to their local M.P., Squadron-Leader P. W. Donner, and to the Red Cross and British Legion.

On his first trip home from hospital in October 1944, the reaction Curtis encountered from members of the public was awkward rather than negative. He described it as

¹⁷⁸ Ibid.

¹⁷⁹ Interview with Ken Curtis, April 2006.

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‘innocence’, but it demonstrates how difficult facing the public was, particularly early on. Curtis recalled boarding the train at Basingstoke for Reading to return home to Bath. He still had a plaster and bandage on his face which occasionally bled, leaving a spot of blood on the bandage. When a mother and young child (approximately three years old) boarded the train, the child kept asking: ‘What is that funny man?’ The mother did her best to distract the child’s attention but the more she tried, the louder the child shouted. Curtis could not say anything as he was unable to speak. When he reached Reading, he was ‘in two minds’ whether to go back to the hospital, as he still had to go all the way to Bath. He changed at Reading and waited on his own at the furthest end of the platform. As the train was full, Curtis stood in the corridor looking out of the window. A man tapped him on the shoulder and told him to sit down (Curtis was wearing a blue suit, white shirt and red tie – the hospital ‘blues’ – so was very noticeable). He sat down, unaware that he was bleeding, and was asked by a lady if he was alright. When he reached Bath Station, he waited until everyone had disappeared, and was then approached by a couple of ‘red caps’ (military police) who asked to see his papers. As the war was still on, they were checking whether members of the military were going AWOL (Absent Without Leave). Curtis could not answer them, so they took him downstairs to a Nissen hut where he was asked why he was dressed improperly (he was not wearing his stripes as they were on his khaki uniform). The policeman gave Curtis ‘a bit of a lesson’ until he saw from his papers that he and Curtis were the same rank; he then organized for Curtis to be taken home in a military taxi. When Curtis arrived home, he and his mother embraced for a little while; he then had a bath and put on his ‘civvies’ (civilian clothes). Above all, he wanted to sleep.

Curtis went back and forth a couple of times after that and with each visit became ‘a little braver’. One method he used to conceal his face was to blow his nose regularly while on the train. He stated: ‘I should have gone down in the Guinness Book of Records for blowing

my nose from Basingstoke to Reading and from Reading to Bath...I did that for years, after my bandages had gone, if I were with people who did not know me.' At home, it was 'not too bad', as people waved and acknowledged him; as he said, 'They knew that it was not my fault.'¹⁸⁰ In our interview in 2006, he stated that some people still looked at him curiously. His response to such reactions was acceptance and understanding of the human condition: 'I just smile. People are inquisitive. There is no malice in it'.¹⁸¹

Although Geordie Reay had a remarkable outlook and upbeat attitude, he too recalled the early days of his disfigurement and later attitudes:

Education of the public...was one of the most important aims in the beginning.

I know only too well how difficult it is to be accepted when you are disfigured. If a thousand people accept you, and a hundred people reject you, it is that hundred that do the damage.

I can well remember what it felt like to get into a railway carriage, and watch as people immediately got up and left. They were frightened by what they saw or they were embarrassed. Whatever they felt, it hurt when their rejection was so obvious.

Even after 30 years, I can still sense the embarrassment of some people when I walk into a room. But one gets used to it, and there's no point in being aggressive – it doesn't help. Strangely enough, children don't seem to be so affected as adults – they accept you much more quickly.¹⁸²

Eileen Reay recalled other incidents of negative reaction to her husband's disfigurement, reporting that on one occasion, when she went into a large store to buy some lingerie, the salesgirl looked up, saw Geordie waiting at the department entrance, and said to Eileen:

“Look at that awful looking man. People like that shouldn't be allowed out.”¹⁸³ The Reays also had problems finding accommodation after the war when they went to live in

Northumberland and Geordie returned to the coalmines. On several occasions, Eileen arranged to rent a house 'but as soon as the landlord saw Geordie he changed his mind and

¹⁸⁰ Ibid.

¹⁸¹ Ibid.

¹⁸² *Link*, January 1978, p. 4. Ray Gordon also referred to the 'special rapport' Geordie had with children, recounting the story of when a small child knocked on his house one day and asked Eileen if the 'Bionic Man' could come out to play. *RCM*, 1991, p. 6.

¹⁸³ *Southern Evening Echo*, July 1970, p. 8.

made some excuse'.¹⁸⁴ Geordie and Eileen also recalled how a woman sitting opposite them in a railway carriage 'took one look at Geordie – and got out'.¹⁸⁵

Ray Gordon recalled that it was not uncommon for people to suddenly stop talking when he entered a shop, and, similar to Geordie and Eileen Reay's experience in the department store, people sometimes asked: "Why do they let people out looking like that?" Gordon recalled an incident at Lyons Corner House when he was back at work, where people got up and walked out, leaving their meals, as he was directed to a table. He stated: 'I had got over the hard part and just thought that they were silly buggers.'¹⁸⁶ Another incident occurred years later at a coffee morning at the local United Reform Church, when a woman asked Gordon why he looked as he did. After explaining to her what had happened, the lady was so embarrassed that she left the room.¹⁸⁷ Gordon gradually built up a wall around himself to cope with people looking at him. He commented:

You have to grit your teeth and build a barrier around you. You learn to ignore or cope with public reaction and I found that when you meet someone for the first time to make the opening remark (A pity it is raining again or what a lovely day) they reply and because you have started the conversation they don't seem to notice your appearance so markedly.¹⁸⁸

He realized that he and others like him had to compete with 'normal' people for the rest of their lives.¹⁸⁹

Marjorie Wilson recalled when her husband, Ivor, was insulted because of his appearance many years after he left hospital. The incident occurred when a group of boys were throwing snowballs at a shop window; when Ivor stopped them, one of the boys said, "Oh, shut up scar face".¹⁹⁰ According to their daughter, Karen, Wilson had his own way of

¹⁸⁴ Ibid.

¹⁸⁵ Ibid.

¹⁸⁶ Interview with Ray and Joan Gordon, October 2005.

¹⁸⁷ Ibid.

¹⁸⁸ Correspondence from Ray Gordon, 13th April 2006.

¹⁸⁹ Ibid.

¹⁹⁰ Interview with Marjorie Wilson, August 2006.

educating the public; he would say that he was perfectly normal and hold people's hands for a long time. He was very physical with everyone. She noticed the same thing when they visited 'Dougie' (Martin).¹⁹¹ After her father died, she realized that it was one of his ways of saying, "Okay I might look strange, but..." Marjorie remembered that Ivor would try to put people at ease when he first met them by putting his arm around them. She recalled that a former boyfriend returned from Canada and met Ivor for the first time, and because he knew about Ivor's injuries, the reaction was fine. However, the reaction was not always positive, and Marjorie recalled another incident when Ivor put his arm around one of her singing teachers and the teacher recoiled. Marjorie had to tell him to stop doing it because some people did not like it. When he was first burned, 'before going into something fresh', Marjorie 'used to drop a hint' that her husband had been injured in the war. She stated: 'I dragged him round all over to meet people. I did a lot of singing in those days in Hull and I would drag him with me. He was all right about it. He had to meet people. He had a terrific sense of humour.'¹⁹² She also reiterated Reay's comments about children's reactions, in relation to her grandson who once commented that 'grandpa would not be grandpa if he had a different face'. Karen used to warn her friends that they might be shocked when they first saw him; however, because of his great warmth, they accepted him quickly. She remembered hearing a radio discussion, when she was aged around eight, about people injured during the war, and recalled being thankful that her father had not been injured. Although he was badly burnt, it never occurred to her that he was injured because he never made anything of it.¹⁹³

Archie Day recalled that people were sometimes insensitive about his scars. He returned home for the first time earlier than he should, after being visited by his brother (a Sergeant Major on a month's leave) who wanted him to go home. Day went the next day, the

¹⁹¹ Dougie Martin is discussed on pp. 226-227.

¹⁹² Interview with Marjorie Wilson, August 2006.

¹⁹³ Ibid. Ivor and Marjorie Wilson's daughter, Karen, was also present at the interview.

first time he confronted the public.¹⁹⁴ In contrast to Geordie Reay, Day found children ‘difficult’, and recalled an incident when he was walking through a train carriage and was stared at by a group of boys and girls. He stopped and asked if they wanted to ask him a question; they asked him what was the matter with his face and when it had happened.¹⁹⁵

The people of Basingstoke

The education of the public started with the local people of Basingstoke. Assimilation into the local community was an integral part of rehabilitation, particularly as there was no counselling available at this time. The patients were accompanied by doctors and nurses to the local shops, pubs and cinemas and, in this way, the local people learned to accept them.¹⁹⁶ Judy Stokes recalled that when the patients went into town, they would understandably attract attention: ‘They’d have a nurse to go along with them holding their hands – sometimes literally... The people of Basingstoke were absolutely wonderful in the way they opened their arms, hearts and doors, asking the patients to come in and have tea with them – they rallied round beautifully... These men were always being invited to parties and picnics and dances. I think in a way it was gratitude for what these men had done and suffered.’¹⁹⁷ Ken Curtis described Basingstoke as a ‘town in a million’ and suggested that if two or three lads were badly disabled or burnt, people would look at them, but if they turned around quickly they would never see the people having a second look.¹⁹⁸

From very early, mobile patients were encouraged to venture out to the local pubs with members of staff. According to James Russell, drinking ‘came high on most popularity lists’ and a visit to the ‘Mucky Duck’ was ‘a favourite evening sport, followed by a slow

¹⁹⁴ Interview with Archie Day, September 2006. The ‘big house not far from Basingstoke’ is probably Moundsmere Manor.

¹⁹⁵ Ibid.

¹⁹⁶ Correspondence from Diana Creasey, April 2006.

¹⁹⁷ www.basingstokegazette.co.uk/memories/4491429.Gillies_the_genius_of_Rooksdown/

¹⁹⁸ Interview with Ken Curtis, April 2006.

stagger back up the hill with bawdy songs carried far on the night air. This was only partly a sport. In his infinite wisdom Sir Harold encouraged everyone to get out and mingle - part of the treatment - no moping around in corners because you aren't pretty anymore. Get down to the pub for a pint, boy!¹⁹⁹ Recently, Russell, referring to the 'Rooksdown community', recalled: 'You were absolutely not allowed to sit and sulk in a corner...As soon as you could walk that far, we were more or less ordered to go down to the pub...Harold prepared the ground; he went to see them and made arrangements so that they realised who we were and...not to treat us differently and not to be absolutely upset when we walked in.'²⁰⁰ Gillies paid tribute to the various pubs - 'all gallant conveners of good fellowship' - to whom the staff and patients 'owed much rehabilitation of mind and body'.²⁰¹

Marjorie Hurst remembered trips for the mobile patients to the 'Mucky Duck' 'where staff also went in the evening and they all met together and had fun'.²⁰² Ivy Kneller, wife of the estate manager at Rooksdown, helped out with the patients. She recalled that those with skin grafts and long basket chairs to support them would be taken out every Sunday, sometimes into town, sometimes to the pub for tea, and then taken back. According to Kneller, 'They were terribly burned, some of them, terribly scarred.'²⁰³ Marjorie Duckett, who worked at the 'Mucky Duck', recalled that it was a 'pleasure...to be able to look after you all, not only the Doctors, Sisters and Nurses, but the lovely crowd of chaps that through all your pain and long suffering there was always a smile and such cheerfulness. Terrific courage which to us was overwhelming (sic)'.²⁰⁴

The reaction at the 'Mucky Duck' was not always positive. Dick Ward, who suffered a wound to his lower jaw in Italy in October 1943, remembered one night when the patients

¹⁹⁹ *RCM*, 1987, p. 10.

²⁰⁰ Interview with James Russell, April 2006.

²⁰¹ Gillies and Millard, *Principles and Art*, p. 438.

²⁰² *RCM*, 1974, pp. 7-8.

²⁰³ *Taking the Pulse of Basingstoke*, p. 37.

²⁰⁴ *RCM*, 1978, p. 15. See also *RCM*, 1982, p. 13, and

www.basingstokegazette.co.uk/memories/4491429.Gillies_the_genius_of_Rooksdown/

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‘cleared the main bar...of all Yanks and English girls by just walking in’.²⁰⁵ He later stated: ‘Our private room had a door leading to the main bar where the Yanks and their female party were having a real noisy party. One of our lot opened the door and when they saw us, I’m afraid it put a damper on their evening.’²⁰⁶ Dilys Smith also described how some locals were not keen on the patients being allowed out, and their appearance, ‘in both senses of the word, outside the grounds, caused some controversy among the local inhabitants. Some people’s sensibilities were so offended by the admittedly bizarre look of the patients that a number objected to the hospital letting them out; others, more truly sensitive, welcomed them and invited them to their homes.’²⁰⁷



199. The Swan, Sherborne St John. Photo supplied by Greene King, pub retailer and brewer.

²⁰⁵ *RCM*, 1983, p. 13.

²⁰⁶ *RCM*, 1994, p. 6.

²⁰⁷ Smith, *Park Prewett Hospital*, p. 33. See also Pound, *Gillies Surgeon Extraordinary*, p. 172.

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There are a number of examples to suggest that over time, the patients became more comfortable facing the public, locally and further afield. Jim Pembury recalled that on V.E. Day, the patients managed to get into Basingstoke to celebrate, ‘with the walking wounded pushing wheel chairs, and some with wire frames holding their faces together, but the local people were used to seeing us around’.²⁰⁸ Eventually, patients went to the pub unaccompanied by staff. Some even went when they should not, such as Norman Warnecke who visited The Grapes the night before he was scheduled for an operation:

Our Theatre Sister, now Lady Gillies, used to get very cross with us sometimes. She knew, none better, that even when an op was scheduled for first thing in the morning, that we would creep out to ‘The Grapes’ at night through the back door and breathe alcohol over her in the operating theatre the following morning.

We seemed to think it clever to break the rules - what children we were. Sir Harold loved to hear of these escapades. He did not approve of Army discipline. We carried one sister - I wonder if it was Pat Hearn before she was married, down to the pub. Another Sister stood in for her... “A good job I didn't know about it,” he said, “or I'd have joined in.”²⁰⁹

The fact that the grand dance in the evening of the 1947 reunion was ‘thrown open to members of the public’, which ‘doubtless accounted for a crowded hall on such a warm evening’, also suggests that by then, and probably much earlier, many patients were comfortable with facing the local community.²¹⁰

This clearly extended to the wider area with the various trips and sports fixtures away from Basingstoke (although presumably opposing teams were informed beforehand of who they were playing). Undoubtedly, the work of Pollock in achieving this was immense. On her

²⁰⁸ *RCM*, 2008, p. 13.

²⁰⁹ *RCM*, 1982, p. 9.

²¹⁰ *RCM*, 1947, p. 5. Later patients described going to the cinema in Basingstoke unaccompanied by staff. Ann Pearce Boby recalled going ‘with Mary (Skinner née Chapman) and Daphne’, one afternoon in 1949, and walking down the road ‘in hysterics’, realising that they only had three arms between them, the others being attached to pedicles and Daphne’s hidden by a recent skin graft. *RCM*, 1984, p. 16. Mary Skinner’s first date with her future husband, also a patient at Rooksdown, was to the cinema. Correspondence from Mary Skinner, May 2006. Paul Evans recalled how a queue at the cinema ‘gaped as we tumbled out of the taxi - a motley lot, one cross arm flap, one on crutches, and one toothless wonder!’ *RCM*, 1983, p. 10.

retirement, a patient wrote to express ‘a sincere appreciation’ for all her hard work over the years, for ‘the express purpose of ensuring that recuperating patients should gradually become accustomed to returning to everyday life’. She had ‘carried out with great credit one of the main aims of the Club, namely “to educate the public to accept the injured and mutilated without comment or victimisation.” It was by arranging the various outings...that we could go out in a party known to each other and yet have the opportunity of meeting other people without the embarrassment of being on one’s own for the first time.’²¹¹

By the time Ray Gordon and others visited Switzerland with the Red Cross in 1947, they were certainly more comfortable facing the public:

Once on holiday in Switzerland...with a party of men with serious facial burns we walked down the main road together when several ‘locals’ came towards us. The look of horror on their faces was, to us, comic. They passed us, turned round and hurried back so that they could turn and have another look!! Those in our party just laughed - we had learnt to accept the public’s reaction and ignore it. If you didn’t you would be unlikely to be able to go out on your own for a long time.²¹²

Some patients organized their own trips away from Rooksdown, such as John Hearn and Ivor Wilson who went to Bournemouth; again, clearly comfortable going out in public by now, they stopped at a pub for a meal on the way there and back and ended the evening at the ‘Mucky Duck’ celebrating someone’s birthday.²¹³ Russell and others also went horse racing independently.²¹⁴

Unsurprisingly, there were varying responses by the patients to their disfigurements. Some patients were more stoical than others when facing the public, and more philosophical about negative reactions. This was true of Russell, Hearn and Wilson. This may have been affected by the fact that they were officers or that they were married/engaged at the time they were injured, or by personality traits. In 2006, Russell said:

²¹¹ *RCM*, 1951, p. 2.

²¹² Correspondence from Ray Gordon, April 2006.

²¹³ *RCM*, 2003, p. 17.

²¹⁴ *RCM*, 1987, pp. 10-11.

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I have always felt that people who do not like your being near them, if that is how they feel, I do not resent that. Some people do not feel like that, but you can never be absolutely sure whether they are just being nice to you and whether they would rather not be there with you. That is always somewhere in the back of your mind, but you have to get used to that and just press on regardless...I suppose that different patients reacted differently, often according to what their wounds were because often the burn is not the only thing, there is something else, like the loss of an arm, a hand, or whatever.²¹⁵

As stated earlier, Russell studied at Oxford between operations in 1946-1947,²¹⁶ while Wilson became a teacher as soon as he left Rookdown in 1947. Hearn remained in the army until 1960. At his funeral, his grandson referred to his time at Rookdown: ‘...his wonderful lack of self pity and his strength of character were often remarked upon by those who nursed him and knew him at this difficult time.’²¹⁷

Geordie Reay seems to have had a similar attitude. Ray Gordon recalled an incident when he and Reay were waiting for a bus at the main hospital. While they were waiting, a nurse returning from leave was walking along with a suitcase; Reay asked if he could give her a hand, and unclipped his prosthetic limb and threw it across the road to her. According to Gordon, there were screams from visitors.²¹⁸ Russell, Wilson, Hearn and Reay were not insensitive about their disfigurements but their attitudes were noticeably matter of fact while at Rookdown and soon after they left. Understandably, not all patients were as comfortable facing the public. Of those interviewed, Ken Curtis was most sensitive about his injuries. He recalled that it took four years of surgery before he felt ‘easy in the outside world’.²¹⁹

²¹⁵ Interview with James Russell, April 2006.

²¹⁶ See pp. 223 and 242. See also Appendix 22.

²¹⁷ *RCM*, 2009, p. 13.

²¹⁸ Interview with Ray and Joan Gordon, October 2005.

²¹⁹ Correspondence from Ken Curtis, March 2006.

Early lectures and other publicity

In December 1947, the editors of the club's second magazine stated that educating the public (along with the club's second aim) was proving harder to achieve than the first aim:

We must acquaint the public with the facts of Plastic Surgery and disfigurement generally. It would be an achievement if we could do this, so that every person suffering from any disfigurement could take his or her rightful place in society, being accepted without surprise or comment, as a normal citizen doing a normal job. Unfortunately, this seems a difficult ambition to realise. There has been during the last few years a fair amount of publicity about Plastic Surgery and disfigurement: some "sensational" and some realistically sensible. Although at the moment the Club has not been able to help in this, it is sincerely hoped that some of the suggestions now in the discussion stage will in the end present the opportunity to publish some of the difficulties of disfigurement. Any relevant advice or offer of help from members or friends would be very welcome.²²⁰

Formal lectures were organised after the war. The first 'illustrated lantern lecture, on "Plastic Surgery,"' was by Patrick Shackleton and 'Mr. Dalling' on 7th March 1948. It had long been felt by the club committee 'that steps should be taken to bring Plastic Surgery to the notice of the public. The general feeling was that the average citizen was either totally ignorant of the work being done in this particular field or had only sketchy ideas gleaned mostly from newspapers and illustrated periodicals.'²²¹ Members of staff had previously given short illustrated talks to interested societies in and around Basingstoke but it was decided to hold lectures further afield, with members of staff immediately expressing 'their willingness to travel to any part of the country' where possible. The first lecture was postponed due to technical difficulties, so the next town on the list, Seaham, was chosen for 'the first experiment'. A local committee made the necessary arrangements for the lecture at the Theatre Royal, Seaham. Shackleton and Dalling spoke alternately showing sets of slides. In

²²⁰ Ibid.

²²¹ *RCM*, 1948, p. 6.

each set, the first available photograph of the patient was shown, with a short history of the case, followed by slides covering every aspect of plastic surgery, including gunshot wounds, burns, hare lips and cleft palates. The lecture ended with a talk by Shackleton about the aims, work and reasons for the formation of the club. The lecture was considered a 'huge success' and raised £130 for the club. The report was keen to stress that, although the money was welcome, the motive behind the lecture, and future lectures, was the education of the public. Care had to be taken when organizing the lectures to ensure that the real aim was 'not overshadowed by an over-eagerness to "make money."'”²²² Other lectures took place in 1949 at 'Ashington, Co. Durham...the Atomic Energy Research Station at Harwell...twice in Basingstoke; and...the Southern Railway'.²²³ The club Secretary, Joan Farmer, also spoke about the club's activities at two successful bridge drives organized for the club at Woking. Letters and articles were written to the press, 'all under some sort of plan for furthering this aim'.²²⁴

Two other lectures were given in 1950, although the magazine does not state where.²²⁵ A high point of the year was a broadcast in June by Gillies and Reay for the BBC series, 'In Town Tonight'.²²⁶ According to a report, the two men had gone to much trouble and undertaken much travelling to further publicity for the club. The broadcast was considered 'a great success, and put over very clearly the reason why the club came into being and its ideals and aims'.²²⁷ In his opening speech at the 1950 AGM, Gillies stated that they had further to go in educating the public, as disfigured people 'were still looked upon as not quite of this world'. He felt that members of the club could help greatly but the patients

²²² Ibid.

²²³ *RCM*, 1949, p. 7.

²²⁴ Ibid.

²²⁵ *RCM*, 1950, pp. 7-9.

²²⁶ The programme aired from 1933 to 1960 and combined studio and outside broadcasting, interviewing well known personalities and members of the public on different subjects. P. Donovan, *The Radio Companion* (London, 1992), pp. 133-34.

²²⁷ *RCM*, 1950, p. 3.

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also had to help themselves. He ended his speech with the words: ““Help yourselves more over your disfigurements, don’t try to hide them, the public would then find it easier to accept them””.²²⁸ The unit gained more publicity in 1951 when Richard Dimblely visited Rooksdown for his BBC radio ‘Down Your Way’ programme.



200. Richard Dimbleby in “Down Your Way”, *RCCS 1953*. Dimbleby is leaning against the car.

Throughout the years, the club/committee attempted to educate the public wherever possible; as well as the lectures and radio programmes, it tried to get coverage in the press, nationally and locally. The club records in 1959/1960 refer to Weston Taylor, a *News of the World* correspondent, writing about the club.²²⁹ Ray Gordon was appointed liaison between the committee and Taylor, as it was felt that ‘if handled diplomatically’, the club could ‘gain a lot of publicity’.²³⁰ As shown in Chapter Three, an article appeared in the *News of the World* c. 1959 but it does not mention the club.²³¹ An article about Gillies also appeared in

²²⁸ *Ibid.*, p. 7. A ‘by-product’ of the club’s third aim was the formation of a certificated training course at Rooksdown for student nurses. It lasted a year and covered work in the Children’s Ward, Burns Ward, Theatre department and in the general Adult Wards, ‘embracing...all aspects of Plastic and Jaw Surgery’. *Ibid.*, p. 1

²²⁹ Taylor wrote the society and music review pages for *News of the World* from around 1957 until his death in 1975 <http://991.com/Buy/TopItems/WestonTaylor/index.aspx>
See also http://eil.com/features/weston_taylor_archive_collection.asp

²³⁰ Minutes, AGM, 20th June 1959, RCR.

²³¹ A copy of the article, ‘The Hospital of Many Memories’, appeared in *RCM*, 1973, p. 14. It appears in this thesis on p. 211.

Today magazine and was reprinted in three of the club magazines in the early 1960s; again, there is no mention of the club.

The club received local publicity from the aforementioned newspaper articles written about Geordie Reay in the 1970s.²³² In the *Southern Echo* (1970), referring to why the public needed education, Reay stated: “‘It’s not been so bad for me...But for a girl, her face is her fortune. And people can be very thoughtless.’”²³³ Regarding the second article from *Link* (1978), the minutes of a committee meeting in October 1977 state that the Assistant Editor of *Link* was interested in writing an article on Reay and it was agreed that the club should obtain as much publicity as possible.²³⁴ In an earlier attempt to get publicity, the committee tried to contact the well-known personality, Mary Whitehouse.²³⁵ Whitehouse had figured in a *Daily Mail* article regarding a television programme, *Life by Misadventure*, involving the plastic surgeon, Ellsworth Laing.²³⁶ The Independent Broadcasting Authority had been testing a system to warn viewers of ‘disturbing’ programmes by showing a rectangle in a corner of the screen throughout such material. After a month of the year-long pilot scheme being run in the Midlands, only *Life by Misadventure* had been stamped with the rectangle. Whitehouse criticized the IBA for believing that ‘showing burns victims might upset viewers’. She referred to this as ‘A ridiculous decision,’ commenting: ‘This is the sort of programme people should be encouraged to see...Instead, viewers who might have been encouraged by advances in surgery, were put off the programme.’²³⁷ Vera Saxby, then club Secretary, wrote to Whitehouse, informing her about the club and its aims, and included the 1972 and 1973

²³² See pp. 338-339.

²³³ *Southern Evening Echo*, July 1970, p. 8.

²³⁴ Minutes, CM, 9th October 1977, RCR.

²³⁵ Whitehouse campaigned for years against sex and violence on television, founding the Clean Up Television campaign in 1964 which became the National Viewers’ and Listener’ Association in 1965.

²³⁶ Minutes, CM, 7th October 1973, RCR. Laing is referred to in Appendix 16.

²³⁷ *Daily Mail*, 1st September 1973, page unknown, RCR.

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magazines. She also invited her to the 1974 reunion.²³⁸ Whitehouse was unable to attend as she was going to be abroad.²³⁹ There is no further mention of her in the club records.

Committee member, Pat Short, also appeared on local radio during the 1980s to try and gain members through informing the public about the club and its aims.²⁴⁰ Other attempts were made to gain publicity/educate the public through local television. A committee meeting in October 1977 reported that 'Mrs Brown' had taken part in a BBC Radio Solent broadcast, and had been in contact with 'James Montgomery' from Southern Television. Despite their *Southern Report* programme being fully booked for the next few months, Montgomery intended to keep the subject (of the Rooksdown Club) in mind, although he considered it 'too serious a programme to put on Day-by-Day'.²⁴¹ There is no further mention of the programme. In 1987, Ray Gordon also wrote to Pamela Armstrong, a television presenter with her own chat show, *The Pamela Armstrong Show*, shown on BBC2 most afternoons at 4pm in 1986-1987.²⁴² The programme had requested information about patients who had undergone plastic surgery. Gordon's letter gave a brief history of the club and stated that it remained an 'ongoing Association' which still attracted members. He was not sure how the club could help but was keen to know Armstrong's particular interest.²⁴³ Again, there was no response.²⁴⁴

²³⁸ Letter, Vera Saxby to Mary Whitehouse, 26th October 1973, RCR.

²³⁹ Letter, Beryl Brown, on behalf of Mary Whitehouse, to Vera Saxby, 7th November 1973, RCR.

²⁴⁰ It is very likely that Bob Jago, referred to in Appendix 16, was one such recruit.

²⁴¹ Minutes, CM, 9th October 1977, RCR. 'Mrs Brown' is probably Gwyneth Brown discussed on pp. 307-308.

²⁴² www.tvcream.co.uk/?tag=pamela-armstrong

²⁴³ Letter, Ray Gordon to Miss P. Armstrong, 8th January 1987, RCR.

²⁴⁴ Minutes, CM, 8th March 1987, RCR.

members, and later plastic surgery patients, in welfare matters. Although limited in how it could help financially, the offer of advice and support was always there and carried on well into the 1990s and in more recent years. Unfortunately, in the case of later patients, the offer was rarely taken up and the club was not used to anywhere near the extent that it could have been. The club's first aim was undoubtedly its most successful; the annual reunion took place every year and only stopped in 2010 due to a diminishing membership, and, despite a few barren years, the club magazine continues to be printed and issued to the remaining members, though now in newsletter form. Certainly, through the work of the committee, the club stayed true to its aims and was relatively successful. Ray Gordon summed it up in his speech at the club's 50th anniversary Dinner in 1995: 'Our first aim has succeeded. Just look around you and see how many ex patients are here tonight. Indeed our second aim has been highly successful. Our third aim has taken longer, but the public reaction is now more favourable to the disfigured member than it was 50 years ago.'²⁴⁷

²⁴⁷ 'Welcome Speech – Rooksdown Dinner 1995', RCR.

Chapter Five

ROOKSDOWN CLUB COMMITTEE
1952



Back row, left to right : Archie Day, Ray Setherton, Air Vice Marshal Panter, Dr. Shackleton, Mr. Clarkson, "Geordie" Reay, Mrs. Dorph, "Flash" Gordon. Front Row : Miss Farmer, Mr. Holdsworth, Major Bell, Mrs. Griffiths, Sir Harold Gillies, Miss Chapman.

203. *RCCS 1953.*

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204 and 205. Committee c. 1980-81. *RCM*, 1981, opposite p. 1.

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206. Committee c. 1993-94. *RCM*, 1994, p. 18.



207. Committee c. 1999-2000. *Rooksdown Magazine* 2000, p. 10.



Allan (Geordie) Reay, D.C.M.

208. The founder of the Rooksdown Club, Allan
'Geordie' Reay (1916-1990). *RCM*, 1991, p. 3.

CHAPTER SIX

The success and legacy of Rooksdown House and the Rooksdown Club

Rooksdown House and the Rooksdown Club were both successful in their own right and produced great work. The club, like the Guinea Pig Club, was an extension of the unit during and after the Second World War and was a progression from the exceptional work that went on at Sidcup during and after the First World War. In 2010, it celebrated its sixty-fifth birthday. It has lasted much longer than anticipated; Ray Gordon noted in his speech for the 1984 Dinner: ‘Thought Club would last about 10 years.’¹ Although the catalyst for the club’s formation was the negative reactions from members of the public, the necessary elements needed to be present from the beginning which enabled the unit to thrive and to create a club atmosphere. Chapter Six examines the factors behind the success of the unit which led to the creation of the club. It also looks at the club’s legacy and limitations which prevented it from being as successful as it would have liked. This was certainly not due to lack of effort on the part of club committees but there seems to have been some underlying reason why the club failed to help on a larger scale.

The number of patients at Rooksdown

The most crucial factor in the success of the unit was the number of casualties in hospital at the same time – according to Ray Gordon, around two hundred at its busiest.² Had it not been for the mass influx of casualties resulting from the D-Day landings in 1944, the club would not have been formed. Arguably, the Normandy invasion was to the Rooksdown Club what the Battle of Britain was to the Guinea Pig Club. The short-term impact of so many patients

¹ ‘Rooksdown Club Dinner 1984’, RCR. The comment referred to the club’s 40th anniversary to be celebrated the following year.

² Letter, Ray Gordon to James Partridge, 2nd May 2000, RCR.

being together under one roof was their shared belief that the other casualties had worse injuries than their own. The longer-term impact was the special camaraderie fostered by the shared experience of the war (and in many cases of a particular battle zone) and disfigurement. Gillies referred to the former in his address as president published in *Rooksdown Pie*: ‘Then there is the mass psychology of a large number of humans with similar afflictions. You have seen it yourselves when one of you comes in with a comparatively minor condition who thinks it is the world’s worst. He soon finds his correct level and his mental poise.’³ Denis Gay, an original member of the club, also referred to this in an article in 1950:

The first realisation is always a shock. Then we look around and we can always find someone a lot worse than ourselves.

“Glad I’m not like that burns case – must be in terrific pain and doesn’t know if he’ll be able to see again.”

“Thank goodness I’m not a jaw case. I can eat.”

“Fancy being strung up like that by pulleys. He can’t move.”

So it goes on and we realise that, instead of our wounds being the most important, they are slight compared with others. At this stage a true practising psychologist comes along in the shape of Sir Harold. He has the happy knack of letting you know that yours is a small routine job and that you’ll soon be up and about. It doesn’t always work out that way, but what matter, the good work has commenced.⁴

The service casualties who were interviewed had a similar attitude to their injuries. Ray Gordon believed that he was ‘fortunate’ with his burns compared to those whose chins had been shot away, leaving them with no chin or lower jaw structure. Describing their course of treatment, he explained that in the early days of their recovery they could not eat food. Once the initial jaw surgery had been performed, a plastic ‘lower jaw’ was made from dental material and held in place by elastic loops over their ears. This created a closed mouth just

³ *Rooksdown Pie*, p. 2.

⁴ *RCM*, 1950, p. 23.

big enough to insert a straw to suck up liquid food and to hold a cigarette. These men spent many months having specialised dental work as well as bone grafts taken from their hips to make new jaw bones to replace the temporary plastic jaws. According to Gordon, ‘Theirs was a far more painful experience - they were really brave. Again, considering the many, many times each day we open our mouths to speak and to eat, these men have coped with remarkable courage.’⁵ Jaw patient, Ken Curtis, also stated: ‘We all thought that everyone else’s wounds were worse than our own’.⁶ Curtis pointed out, however, that although all mirrors were removed, ‘it was just by looking at each other that we knew how terrible we all were’.⁷ Susan Mackley also stated: ‘I am sorry to admit how relieved I was to see so many of you in the same boat as myself: until then, I had felt very much alone.’⁸

The number of plastic surgery patients at Rookdown and other plastic units at this time contrasts markedly with the number attending hospital in more recent years. In a letter to Nesta Pain, in response to an article she wrote about the Guinea Pig Club in 1990,⁹ Ray Gordon compared the experiences of wartime burns cases – ‘a group together, supporting each other through the various stages of our recovery’ – with more recent victims whose situation was much more difficult as they had ‘to cope with his/her condition usually on their own or with only one or two cases in their Hospital at the same time.’¹⁰ James Partridge also highlighted the distinction between those injured during the Second World War and more recently, stating:

Today those who are facially disfigured do not share a common cause. They have been injured or facially operated upon as a result of disparate accidents, disease or misfortune. It is impossible for

⁵ Correspondence from Ray Gordon, April, 2006.

⁶ Correspondence from Ken Curtis, March 2006.

⁷ Ibid.

⁸ *RCM*, 1983, p. 17.

⁹ ‘Brave Encounter’ describes her meeting with the Guinea Pigs when she was sent to the Queen Victoria Hospital during the Second World War to interview young airmen who had been badly burned in action. *Daily Telegraph Weekend Magazine*, 29th December 1990, pp. 18-24. The article is discussed further in Appendix 8 in relation to comparing/contrasting the Rookdown Club and Guinea Pig Club. The article is also held at the IWM. <http://www.iwm.org.uk/collections/item/publication/51162>

¹⁰ Letter, Ray Gordon to Nesta Pain, 31st December 1990, RCR.

the general public to identify a single cause for their disfigurement, as they had been able to with the war. After a major accident, a fire at a London Underground station or on a North Sea oil rig, for example, it is some considerable time before men and women who have suffered serious facial burns re-enter the public domain, and the people they meet will have little memory or understanding of their misfortune.¹¹

The length of time in hospital

The other major factor which contributed to the success of the unit was the length of time spent in hospital. As we have seen, the nature of the injuries meant that rehabilitation was prolonged and patients attended hospital, on and off, for long periods, often years. Although this must have been tedious for many patients, as described by Ivor Wilson in letters to his wife,¹² this process enforced familiarity and helped build confidence and camaraderie. Referring to ‘The Last Operation’, J.W. Honeysett wrote: ‘Your mind goes back to the very first day you came into Rooksdown. Just think, this is your last ride! All the friends you have made, things you have done, you’re part of Rooksdown itself, and inside you get a funny feeling, as if you are losing part of yourself forever.’¹³ As discussed earlier, some patients met their future wives while being treated in hospital – another example of how relationships developed over a long period.¹⁴

The length of time spent in hospital is another major difference between patients

¹¹ Partridge, *Changing Faces*, p. 120. Partridge does, however, refer to the benefits of ‘excellent’ television documentaries in the 1980s about Simon Weston and a ‘Brazilian boy’, David, whose face was rebuilt after being partially destroyed by a rare disease. Ibid., p. 121. David was actually Peruvian. The original documentary, ‘The Boy David’, and subsequent films were made by British film-maker Desmond Wilcox. www.bbc.co.uk/programmes/b01pm5cr/heroes/desmond-wilcox A film, ‘The Boy David Story’, was also made in 2003. <http://skymovies.sky.com/the-boy-david-story/review> For more information about David Jackson, as he was called after being adopted by his Scottish plastic surgeon, Ian Jackson, see www.thefreelibrary.com/I'm+not+The+Boy+David+any+more+.I'm+a+man+now+and+I+don't+want+to...-a0107603527 Partridge also referred to the BBC’s Children in Need programme in 1988 which included ‘a lengthy interview with a remarkable girl who had suffered disfiguring birthmarks.’ Partridge, *Changing Faces*, p. 121. Many of these programmes had huge audiences of ten million viewers in Britain and may also have been seen internationally. Ibid.

¹² See pp. 242-243.

¹³ *RCM*, 1948, p. 3. Oddly, Honeysett is not listed as a member in early or later magazines.

¹⁴ See p. 230.

treated during and after the First and Second World Wars and those involved in more recent conflicts and accidents. At the 2009 annual Dinner, the guest speaker, Nick Baker FRCS, discussed a new technique of surgery involving free tissue transfer, and compared the speed at which the surgery could now be done to that at Rookdown years before: surgical techniques had advanced so much that the wound healed quicker and patients spent considerably less time in hospital.¹⁵ Such progress, however, has not necessarily aided the psychological rehabilitation of more recent victims of disfigurement as the longer periods of recovery helped nurture special relationships and build confidence. Eileen Reay referred to this in 1978 when she said that the club was probably more important at that time than ever:

In the '40s, patients stayed with us for years, so we had plenty of time to help restore their confidence, and get them back on their feet, both physically and psychologically.

Sir Harold used to say to the nurses, "Right, we've done the surgery, now you take over and help the boys to live again."

Everyone worked very hard to do just that – there was tremendous team spirit in the unit. Today, of course, patients have a much shorter stay in hospital, so they find they have to fend for themselves much sooner than in the past.¹⁶

Anthony Rossi, a Consultant Plastic Surgeon at Odstock, also discussed the shorter stays in hospital in his speech at the 1991 reunion. Rossi stressed that due to the technical methods now in common use, there was little time for friendships to develop as they had 40 or so years before.¹⁷ James Partridge reiterated this sentiment in response to a letter from Ray Gordon about the possible merger of the Rookdown Club with Changing Faces. Gordon had stated that there was a different way of life in 1945, with the war recently ended and many disfigured people around, both ex-Forces and civilians. This explained why there were many patients wanting to join a club in 1945 which helped them to face and cope with the public.

¹⁵ Nick Baker's speech is referred to in a report about the 2009 annual reunion in *RCM*, 2010, pp. 7-8.

¹⁶ *Link*, January 1978, p. 4.

¹⁷ *RCM*, 1992, p. 4.

The situation in 2000 was ‘almost on a one to one basis’ with patients wanting advice on how to cope as individuals with the public but seemingly not needing a club atmosphere.¹⁸

Partridge felt that Gordon needed to understand that one of the big changes in hospital treatment over the last 50 years had been the ‘enormous reduction in the length of stay’ so that patients were very often discharged ‘within a week when in the past, they might have spent up to a couple of months there’. Hence, creating a club of any sort was ‘almost impossible’, although Partridge was not sure if this was for the best ‘in terms of psychological and social rehabilitation’.¹⁹ Alan Pearson’s Billericay Burns Club is a rare exception of a club formed in more recent times and its limited success demonstrates how difficult it was to keep the momentum going.²⁰ Christine Piff, who, as stated in Chapter Five, suffered from a rare facial cancer,²¹ gave a vivid insight into the psychological and social problems experienced by later plastic surgery patients:

Every year there are a large number of people who suffer irrevocable damage to their faces. Today's technology can save people who otherwise might have died. It can rehabilitate their looks with micro surgery and life saving spare parts called prostheses. These miracles of modern science are patched up and launched back into society again to carry on with their lives. It is at this point that a whole new set of problems begin.

However the face is damaged, the pain and distress caused to the person concerned and the disturbing effect it can have on their family and friends is incalculable. The shock of not being able to communicate in the way we used to; not being able to eat or drink; of losing the ability to express our emotions in the way we used to is something that none of us can prepare for, or even understand until it happens to us, or someone we love.

The resulting feeling of isolation and rejection can cause serious psychological damage, not helped by the continuing demand of treatment and the strain of daily contact with other people,

¹⁸ Letter, Gordon to Partridge, 2nd May 2000, RCR.

¹⁹ Letter, Partridge to Gordon, 31st May 2000, RCR.

²⁰ See pp. 341-342. Pearson’s club was registered as a charity on 25th July 1984 and removed from the charity register on 25th March 1991. <http://opencharities.org/charities/289847> See also <http://apps.charitycommission.gov.uk/Showcharity/RegisterOfCharities/RemovedCharityMain.aspx?RegisteredCharityNumber=289847&SubsidiaryNumber=0>

²¹ See p. 312.

however well meaning. With their confidence shaken they tend to shut themselves away, remaining cut off from society.²²

Jim Evans also compared the training of plastic surgeons in more recent years to that at the time of the Second World War. Writing in 1980/1981, Evans, then president of the club, stated that he was 'often conscious of something lacking' when training young plastic surgeons. Techniques were readily taught, a vast amount of published material was available, and there was no shortage of instruments or patients; however, there was 'no substitute for that feeling of being part of the team' which was his overwhelming impression when he first came to Rookdown in 1946. Moreover, it was a team 'in which the patient occupied the central position'. Evans made the point that 'In the Health Service of today the increasing influence of well-intentioned but impersonal bureaucracy makes it increasingly difficult for such old-fashioned concepts to survive.'²³ Robert McDowall, a plastic surgeon at Odstock, also referred to this aspect of aftercare in his speech at the 2002 reunion. He thought it noticeable that the rehabilitation of patients, an important part of the patient's recovery where problems could be discussed and anxieties eased, was now lacking.²⁴

A special camaraderie

A combination of the two factors discussed above resulted in a tremendous team spirit and camaraderie at Rookdown, as described in Chapter Four. The camaraderie in wartime hospitals, such as Rookdown and East Grinstead, and its importance to the patients' rehabilitation cannot be overstated. In the case of the Guinea Pig Club, for example, much has rightly been made of McIndoe's unique methods that were so instrumental in the

²² *RCM*, 1988, p. 25.

²³ *RCM*, 1981, p. 1. Ken Curtis recalled an incident at Roehampton when he was in a ward of approximately twenty patients, and Evans was doing his ward rounds. On recognizing Curtis, Evans left his retinue behind and put his arm around him. The two then sat down and 'had a good chat'. According to Curtis, 'That would not happen anywhere else. If you were a bit feeble, that would give you confidence'. Interview with Ken Curtis, April 2006. See also *RCM*, 1987, p. 17.

²⁴ *RCM*, 2003, p. 8.

psychological rehabilitation of the burned RAF men; his influence ensured that the Guinea Pig Club enjoyed affluence and greater publicity than might have been the case. However, as Jack Toper, a Guinea Pig since 1943, commented, the camaraderie that existed among the injured airmen of all ranks and nationalities was the best medicine.²⁵ It should also be remembered that the club was not formed by McIndoe but by the men themselves after a ‘grogging’ session. Of course, drinking would not have been permitted in a normal hospital, so McIndoe’s influence can again be felt, but the club was borne out of the patients’ initiative and, even without the publicity and affluence, would probably have existed in some guise due to the camaraderie of the men. Referring to the plastic unit at Gloucester, Edwards also described morale in the ward as

...quite remarkable. On one occasion I remember a paratrooper who had survived a bullet wound through his helmet and through his malar and who had been given £100 by his mother in thankfulness of his life. At that time the Derby was being run and he put this sum of money on a horse called “Airborne” at quite long odds. Following the win there was very considerable celebration!²⁶

Such camaraderie was certainly not exclusive to plastic surgery units. St Dunstan’s, for example, acquired a few homes away from London at the start of the Second World War, most notably at Church Stretton, a small town in the Shropshire hills. As at Rookdown and East Grinstead, the people of Church Stretton welcomed the St Dunstaners into their community, as did the local pubs. A former patient referred to his time at the unit as ‘one of the happiest years of my life’.²⁷ See also the camaraderie/spirit at the Spinal Unit at Stoke Mandeville inspired by Dr Ludwig Guttmann.²⁸ In another parallel with the Rookdown Club and Guinea Pig Club, Stoke Mandeville established a magazine, *The Cord*, in 1947 which

²⁵ <http://news.bbc.co.uk/1/hi/uk/1636755.stm>

²⁶ Edwards, ‘Personal Memories of the Gloucester unit’, p. 60. The service patients at the Gloucester unit seem to have suffered similar injuries to those at Rookdown. Most were soldiers from infantry units with injuries typical to them, and members of tank crews with severe burns and multiple injuries.

²⁷ Castleton, *In the Mind’s Eye*, pp. 85-95.

²⁸ Goodman, *Spirit of Stoke Mandeville*, pp. 115-138; Scruton, *Stoke Mandeville: Road to the Paralympics*, pp. 18-19; Anderson, *War, Disability and Rehabilitation*, p. 138.

informed patients and others about paraplegia, and kept patients ‘abreast of each others’ activities’ when they moved to new accommodation.²⁹ Numerous Old Comrade Associations were also formed during the Second World War and after the First World War for similar reasons.³⁰

The lasting impact of such camaraderie at Rooksdown is summed up by Ray Gordon:

There is no doubt that friendships made in Rooksdown have been life long ones.

Not only were we all coping with a series of operations but also dealing with the public reaction to our conditions. The help, encouragement and kindness of all the members of staff from Matron, Nurses and Physiotherapists to the patients was one of the main reasons for all of us making a successful return to public life. At home that encouragement continued and one could face the world again able to compete with ‘normal’ people at work or in play. It is only by being a patient who has gone through this experience can you fully appreciate why being a member of Rooksdown Club is so important to you.³¹

Such strong relationships, which led to the formation of the club, also ensured that it had a long life. A core of loyal, original members, coupled with those who joined in the 1950s and later associate members, worked hard so that the club and its aims never died. Patients such as Geordie Reay, Ray Gordon, John Hearn, Ken Curtis and Archie Day not only put the club on a sound footing in the early days but remained stalwarts throughout its existence. The work of Ray Gordon deserves special mention because of the considerable time and effort he put in. He was a founder member and on the first committee where he remained until 1954.³² He returned as Treasurer when the unit moved to Roehampton in 1959, and held various positions thereafter, including Chairman.³³ The various members of Rooksdown staff who

²⁹ Ibid. 138-139.

³⁰ For more information about Regimental Associations in the Army, see www.army.mod.uk/armoured/regiments/28076.aspx. For similar associations which offer help and support for RAF and Royal Navy veterans, see www.rafa.org.uk/who-we-are/history. Another organisation which offers help and support to service veterans is the Service Personnel and Veterans Agency. www.veterans-uk.info/aboutus.htm

³¹ Correspondence from Ray Gordon, April 2006.

³² *Rooksdown Pie*, p. 3 and *RCM*, 1954, p. 17.

³³ Ray Gordon’s roles within the club are listed in Appendix 20.

helped in the early days and in later years also deserve mention. Gillies, Shackleton, Holdsworth, Melville Bell, Evans, Pat Hearn, Joan Gordon, Pat Short and others supported the club whole-heartedly, offering advice and encouragement and attending meetings and reunions.

What the club meant to its members

We will never know what the club meant to all its members or what difference it made to their lives but to many it meant a great deal and was/is held in great affection. For members such as Ray Gordon, the club meant everything, as demonstrated by the various roles he undertook. Following a haemorrhage and stroke in November 1994, Gordon retired as Chairman. In 1996, he explained why the club was so important to him:

When the Rooksdown Club was formed in 1945 I helped the Secretary, Miss Joan Coast, and later I became Treasurer, Secretary and then Chairman. In all I have served a total of 40 years out of 50 in one capacity or another. This indicates the importance that the Rooksdown Club, the members and indeed the whole of the work of Rooksdown House, Basingstoke, has influenced my life. The companionship and real friendships made during those years as both patient and committee member has been so rewarding. It has been a privilege to serve Rooksdown Club in one capacity or another - and that is not just a cliché, I really do mean it.³⁴

Similarly, for Ken Curtis, the Rooksdown Club and the Twinning Association, which twinned his town of Midsomer Norton with a small French town near Bordeaux, had given him 'the greatest pleasure' in his life.³⁵ Other members were not necessarily involved with the committee but showed their commitment and love for the club by attending reunions regularly, such as Therese Van Ingelgem who travelled from Belgium nearly every year to attend. Interviews made clear that the lives of many members were enriched by belonging to the Rooksdown Club. Such affection is also evident in numerous articles in the club

³⁴ *RCM*, 1996, p. 17.

³⁵ Interview with Ken Curtis, April 2006.

magazines. Even in recent years, there has been great effort to keep the club going and maintain its individuality, as demonstrated by the opposition to the possible merger with Changing Faces in 1999/2000 and the drafting of the new club constitution in 2000/20001. That a new constitution was considered, let alone completed, fifty five years after the club was formed is testament to the affection in which it continued/continues to be held by older and younger members alike. The fact that seventeen club members met to produce the new document again attests to the effort that went into running the club even at this late stage.³⁶ After receiving the final draft of the new constitution, Joy Evans, club president at the time, wrote: 'I find the situation quite incredible that people can care so devoutly after all these years.'³⁷

To others, the club was possibly more important in the early days when confidence was more fragile. There must have been members who, after a time, felt they no longer needed the club; their membership lapsed and they moved on with their lives. Arguably, it was positive that some lost touch with the club, either by moving house or from apathy; for those members, the club may have fulfilled its aims and they had grown accustomed to their injuries.³⁸ Whether or not there was a club, the patients had no choice but to carry on with their lives and cope with their disfigurement and changed circumstances.³⁹ It is also possible that some members wanted to forget that time in their lives, as Ivor Wilson did.⁴⁰ Similarly, Archie Day declined an invitation to the 1988 Festival of Remembrance through the NFA because he did not want to be reminded of such a traumatic time. In a letter to Ray Gordon, he stated: 'I appreciate your kind thoughts but having at long last put behind me the years of

³⁶ *Rooksdown News 2001*, p. 7.

³⁷ Letter, Joy Evans to Ray Gordon, 23rd August 2000, RCR.

³⁸ Martin Rushton suggested this in a letter to Ray Gordon, 5th January 1969, RCR.

³⁹ My research suggests that similar groups to the Rooksdown Club and Guinea Pig Club were not formed at the other units. This point is substantiated by Geordie Reay in *Link*, January 1978, p. 4. See also p. 338 of this thesis.

⁴⁰ See p. 308.

painful memories, I don't wish to be reminded.'⁴¹ Other members may have had similar thoughts about the club and their memories of Rooksdown.

The limitations of the club

Sustaining interest among original and older members was certainly a problem for the club over the years, although a greater problem was generating interest among more recent plastic surgery patients so that the club, in the words of Gillies, remained an 'ever living association'.⁴² The committee seized every opportunity to offer advice and support but without great success; later patients were simply not as receptive as might be expected.⁴³ New members joined over the years but not in large numbers from plastic surgery units such as Roehampton, Mount Vernon or Odstock.⁴⁴ At the extraordinary meeting in 1969, Pat Hearn stated that, despite 'personal publicity', in-patients at Mount Vernon, the Northwood unit where she had worked for ten to fifteen years (c. 1951 – 1965) after leaving Rooksdown, were not interested in joining the club.⁴⁵ According to Jim Evans, there had been a similar response at Roehampton. Although Dougie Martin and fellow committee man Harris had 'tried to create an interest in Rooksdown Club in the patients at Roehampton over a period of time, only one person had joined'. It was felt that there were possibly a number of reasons for the lack of interest, including the formation of 'Hospital Groups' through the NHS which, although providing many facilities for people needing help, had led to the loss of individuality.

⁴¹ Letter, Archie Day to Ray Gordon, 12th October 1988, RCR.

⁴² *Rooksdown Pie*, p. 3.

⁴³ See Appendix 16.

⁴⁴ See Appendix 13.

⁴⁵ 'Report on the Extra-Ordinary Meeting of Rooksdown Club', 22nd February 1969, RCR. The information regarding when Hearn worked at Mount Vernon Hospital is contained in *RCM*, 1997, p. 7.

At its peak, the club had approximately 1500 members.⁴⁶ It was clearly never going to reach the membership levels of its early years but the lack of interest among later plastic surgery patients suggests that it was very much a product of its time. Similarly, despite Gillies' suggestion in *Rooksdown Pie* to invite patients from Sidcup to join the newly formed Rooksdown Club, so far as can be established only one became a member, Richard Webb (illus. 209). Thus, the major reason for the success of the unit/club, the shared experience of the Second World War, was probably the main reason why the club was unable to recruit new members from later plastic surgery units. Later casualties did not share the same experience and connection, nor were they part of such a large unit. This generation gap, though, should not be confused with the club being unable to attract younger members because a number of children joined the club during the late 1940s and 1950s, including Paul Evans, Michelle Forde and June Stevens. However, these youngsters, and also older patients/members of staff who joined during the 1950s, although not sharing the Second World War experience, shared the experience of being treated or working at Rooksdown House. In the early years, and until the unit moved to Roehampton in 1959, the club benefitted greatly from being based at the hospital; this brought stability and continuity and made it easier to recruit new members. The real problems regarding recruitment began after the unit moved to Roehampton.

⁴⁶ *Link*, January 1978, p. 4. Membership was still very respectable during the 1970s. The *Southern Evening Echo* stated that there were nearly 500 members c. 1970 (*Southern Evening Echo*, July 1970, p. 8.), while *Link* stated that 'numbers had dropped to about 800...because many of the original members had died'. *Link*, January 1978, p. 4. The membership figure c. 1970 is confirmed in the 1972 magazine which lists approximately 476 members. *RCM*, 1972, pp. 11-20. However, the number c. 1978 is questionable as the 1981 magazine lists approximately 254 (including 28 under the heading 'Names with No Addresses'). *RCM*, 1981, pp. 9-13. In the 1984 magazine, there are approximately 463 members listed (including 63 under the heading 'Addresses Unknown'). *RCM*, 1984, pp. 18-24 and inside cover.

A letter from the wife of Mr. Richard Webb, who passed away on 9th February, 1954.

My husband died on 9th February, 1954, after much suffering so bravely borne; never once did he complain, but then being a "Rooksdown Boy" he always had a courageous spirit.

I should like to thank Sir Harold Gillies for all his kindness and wonderful skill at Sidcup. My husband was there for three years, and one of Sir Harold's best patients.

In his darkest moments my husband would talk of the confidence and inspiration he gained through Sir Harold; he always instilled the grand spirit of optimism and good cheer, thereby helping his patients over the stony roads of their life, and giving them courage to go on.

Sir Harold Gillies deserves the highest praise and gratitude of us all, and all who know him can never forget his magnificent work at Sidcup and elsewhere, and his many kindnesses to one and all. We owe much to him; I personally shall always be grateful.

I would also like to thank you for so kindly sending the "Rooksdown Magazine". It gave much pleasure to my husband and myself. He was too ill to write or attend the Reunions, but was glad to receive the "Rooksdown Magazine".

The spirit of your boys is grand today. God bless them.

I should like to know if I can join the Rooksdown Club; it would make me feel that I belonged to Rooksdown, too. My husband was very proud of the club.

With every good wish for Rooksdown's success.

Yours sincerely,

(MRS.) E. WEBB.

209. *RCM*, 1954, p. 5. Webb was an original member. *Rooksdown Pie*, p. 20. There is no record in the club magazines of Mrs Webb becoming a member.

A missed opportunity

A number of members who joined in later years gained a great deal from the support and camaraderie offered by the club, such as Gwyneth Brown.⁴⁷ Many later victims of disfigurement perhaps missed an opportunity. Captain P.J.G. Roberts, Captain of the R.F.A. *Sir Galahad* during the Falklands War in 1982, referred to this in an article about the ship's demise in the 1984 magazine. Roberts, one of a few Navy personnel who attended the 1983

⁴⁷ See pp. 307-308.

reunion and became members,⁴⁸ lamented the fact that other service personnel were unable to attend because they were still so badly injured: ‘Those who were injured and burned are still trying to recover from their afflictions. I was very disappointed to learn at last year’s Dinner that the Welsh Guardsmen who were so badly burned were unable to attend. In my opinion they could have benefitted so much from meeting the members of the Rooksdown Club. The members of Rooksdown have overcome their afflictions through comradeship and this could be the key for those young Guardsmen.’⁴⁹ Roberts’ comments underline why members of the committee were so keen to help more recent victims. James Partridge also referred to the importance of the support of fellow sufferers when he stated: ‘Your family may be able to give a tremendous amount but neither they nor the caring professions may, in your view, really know what it’s like to be facially disfigured. This is where the support group of fellow sufferers can come into its own.’⁵⁰

However, although the advice/counselling of someone who has been through a similar experience must be of considerable benefit to a plastic surgery patient, it seems that the generation gap, and the fact that later victims did not share the same experience as original Rooksdown Club members, made a difference. According to those members interviewed, time was a great healer. Understandably, the outlook of a former Rooksdown patient with over thirty years to get used to their disfigurement may not resonate with someone recently disfigured and whose changed journey in life was just beginning. Christine Piff stated that she would not have been interested in joining a support group when she first attended hospital in the early days after surgery.⁵¹ As stated earlier, during those early stages, the casualties related to their peers – those, like themselves, who had recently been injured. A more recent victim would understandably relate better to someone going through a similar experience at

⁴⁸ *RCM*, 1984, pp. 2-3.

⁴⁹ *Ibid.*, p. 13.

⁵⁰ Partridge, *Changing Faces*, p. 85.

⁵¹ Telephone conversation with Christine Piff, December 2013.

the same time, despite the best efforts of those committee members who gave their time to try to help later victims. Those injured in a warzone, such as the Falklands War, obviously had more in common with Ray Gordon, Ken Curtis and others who were keen to visit them and offer support; however, it was a different war at a different time which may have been one of the reasons why Simon Weston did not contact the club despite the committee's efforts.

It is also possible that if the club had received national coverage in the press or television, many disfigured people might have contacted the committee and benefitted from joining. One such support group that benefitted greatly from television coverage in the 1980s was Let's Face It, launched by Christine Piff in January 1984 while taking part in a television programme about living with a facial disfigurement.⁵² Referring to the impact of her television appearance on the organisation, and underlining the benefit of being with people who had been through a similar experience, she stated: 'I would have appreciated someone to share my experiences with me during my surgery and difficult times, but there was nobody. I hoped that if there were just five people who contacted me (after seeing the television programme) to share their worries and their experiences it would be worthwhile'.⁵³ The response to the programme was 'overwhelming' and the 'Network' grew considerably with the help of professionals all over the country. 'Friends' were linked in areas where they lived and could write to others suffering from similar disabilities in other parts of the country. They kept in contact by meeting at each other's homes, taking friends to hospital appointments, or telephoning each other. According to Piff, arranging regional meetings was the 'biggest step forward', as it was clear, after sending a questionnaire to all members, that 'many friends wanted to meet up and share their experiences with the people who lived in their area'.⁵⁴ Piff travelled all over the country setting up meetings, and at the time of the article, eleven hospitals lent LFI rooms each month for friends to meet and chat with each other, their

⁵² *RCM*, 1988, pp. 25-26.

⁵³ *Ibid.*

⁵⁴ *Ibid.*

families and friends, and ‘multi disciplinary professionals’.⁵⁵ In summer 1987, Piff organised LFI’s first garden party at her then home in Berkshire. In echoes of the early days of the Rooksdown Club, it provided an opportunity for friends in the Network to meet. Coachloads from Norfolk, Suffolk, Portsmouth, Kent and Manchester arrived. Piff described it as ‘the most rewarding event, where total strangers were united within a common bond, people without noses, eyes and voices aged between four and ninety, sharing and caring together’.⁵⁶

At the time of the article, the Network continued to grow each week with new people writing and a free newsletter circulated every four months to friends and professionals.⁵⁷ LFI still produces a regular newsletter sent to all members, containing ‘updates on current medical approaches and advances from doctors and technicians, news from the regions, reports of meetings, anecdotes and items from individual members, recipes and tips and much more’.⁵⁸ Of the 2000 newsletters printed, 1600 are sent to members; others are distributed to hospitals and new members.⁵⁹ As one would expect of a contemporary organisation, LFI has a website which grants access to a much wider audience; there is also a section on the website for children with facial disfigurements. Piff made the point, however, that newsletters were still sent by post because many members were now very old and did not have access to computers. Regarding the distribution of newsletters to hospitals, the organisation was also dependent on hospital staff handing them out to patients.⁶⁰ Nevertheless, LFI continues to do well and is now an international support network with groups in Japan and Australia.⁶¹ The

⁵⁵ Ibid., p. 26. Piff informed me recently that groups in different regions no longer like meeting in hospitals, so they meet at other venues. For example, the Newcastle group meet in a pub, while Piff’s Canterbury group, which until recently had met in a local church hall, now meet at Piff’s house due to the expense. Telephone conversation with Christine Piff, December 2013.

⁵⁶ *RCM*, 1988, p. 26.

⁵⁷ Ibid.

⁵⁸ www.lets-face-it.org.uk/

⁵⁹ Telephone conversation with Christine Piff, December 2013.

⁶⁰ Ibid.

⁶¹ Ibid.

organization also has Blog and Twitter accounts ‘to provide mediums to become more interactive and useful to sufferers and their families’.⁶²

All of this resulted from one appearance on a television programme. If the Rookdown Club had received similar television exposure, there might have been a similar response but this did not happen. The longer the club went without wider coverage, the less later victims had in common with those treated at Rookdown House. The best the club could do, although still in keeping with its aims, was to try to collaborate with more contemporary organisations such as Changing Faces and LFI,⁶³ while maintaining its unique status. The club’s legacy therefore is not as far reaching as it might have been. This returns us to the contrast between the publicity gained by the Guinea Pig Club and the Rookdown Club. Had the Rookdown Club had the same opportunity as the Guinea Pig Club to promote itself, it could have done much more for later victims of disfigurement. The Guinea Pigs helped later plastic surgery patients, including those injured during the Falklands War and ‘casualties of every major war fought by British servicemen since 1945’, and continued to help more recent victims at the Queen Victoria Hospital, East Grinstead.⁶⁴ However, it could have done still more and had a greater impact on later patients. James Partridge has lamented that the Guinea Pig Club was so exclusive. He stated: ‘It has always seemed to me rather disappointing that the most famous self-help group of all for the facially burned, the Guinea Pig Club for burned airmen of the Second World War, has not spread its wings and enlarged its membership and its impact.’⁶⁵ The books, television programmes, and newspaper/magazine articles about the club, emphasized the story of McIndoe, the unit, the club and its members rather than offering support. In comparison, the limited publicity the Rookdown Club received told the story of the unit and the club (certainly in the case of the local newspaper articles) but the

⁶² <http://igoogle.wordpress.com/tag/facial-disfigurement/>

⁶³ The work of contemporary organisations is discussed further in Appendix 27.

⁶⁴ Mayhew, *The Reconstruction of Warriors*, p. 199.

⁶⁵ Partridge, *Changing Faces*, pp. 84-85.

emphasis and main purpose of the publicity was to inform more recent plastic surgery patients that the club was there if needed.

The welfare of disfigured people and education of the public remain key issues for support groups today but no longer concern the Rooksdown Club whose time has passed. Although a product of its time, it was always more than just a social club for World War Two veterans and led the way in patient support for facially disfigured people. It attempted to carry out its original aims to the end and succeeded in carrying out an unofficial aim – keeping the name and legacy of Harold Gillies alive. For those involved with the club over the years, particularly the original members, it was their way of thanking Gillies for his and his colleagues' work at Rooksdown, and, indirectly, for his work at Sidcup and keeping the specialty alive in Britain during the interwar period. The spirit of Rooksdown that he and so many referred to, had much to do with his modest, easy manner which inspired hope in so many and made Rooksdown such a special place, leading to the formation of the club. Gillies expressed great pride in the club. He would no doubt have been immensely proud of the work that followed in the years after his death. As the Rooksdown Club fades after a remarkable journey, modern support groups, such as Changing Faces, LFI and The Katie Piper Foundation continue to grow and develop with better means at their disposal; by continuing to look out for the welfare of the facially disfigured and to educate the public, they keep the spirit of the Rooksdown Club very much alive.

CONCLUSION

This thesis has examined the efforts at Rooksdown House during and after the Second World War and the work of the Rooksdown Club in the years and decades that followed. It has discussed how both institutions operated, with a particular focus on how the patients coped in war and peace with extreme facial disfigurement, and how society responded to them. The thesis has also examined the psychological rehabilitation of patients at the Queen's Hospital, Sidcup, during and after the First World War and the establishment of plastic surgery units during the Second World War. The considerable work of Harold Gillies during both wars and the interwar period has been highlighted to provide context and because he and his colleagues are relatively unknown compared to Archibald McIndoe. By making known the work of another plastic surgery unit during the Second World War, and the lives and experiences of patients, staff and others (loved ones and members of the local community) associated with it, the thesis has offered a more balanced view of how service casualties experienced and coped psychologically with facial disfigurement resulting from war.

British historiography of disfigurement during the Second World has focused on RAF casualties, in particular members of the Guinea Pig Club, burned in aerial combat and treated at the Queen Victoria Hospital, East Grinstead; this thesis, rather, has focused on the previously untold stories of servicemen, predominantly from the army, who were burned in tanks, who had their jaws or other parts of their face blown away, or who were injured in training or while on duty in Britain. Where possible, it has discussed their early reactions to their injuries, recollections of the hospital, and depression in the early days. It has also examined their psychological rehabilitation in far greater detail than in any previous study. As well as examining the psychological repercussions of disfigurement for the patients, it has included the views of members of staff and wives who discussed how they were affected by their spouse's injuries. In discussing the employment that a number of patients undertook in

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later life, the thesis also gives a broader view of how men fared after treatment.¹ Job opportunities were limited compared to those available to members of the Guinea Pig Club who could train for anything within their physical capabilities due to the money raised by the club.²

As discussed in Chapters One and Three, the surgical/medical work that took place at Sidcup and Rooksdown was exceptional, particularly under such extreme circumstances. The statistics for both hospitals demonstrate the volume of work, while the accounts and photographs attest to its quality and innovative nature. The work at Rooksdown is all the more noteworthy as the facilities were so temporary and unsuitable for a plastic surgery unit. Regarding rehabilitation, it was clear from the outset that formal counselling, as we now know it, for patients was not considered at either unit, understandably at Sidcup, as treating severe disfigurement on such a scale was new,³ less so, at least initially, at Rooksdown where progress might have been expected, with lessons learnt from the First World War. Rather, since rehabilitation at Sidcup had worked well, Rooksdown and other plastic units during the Second World War followed the same approach: the psychological rehabilitation of patients was the responsibility of the surgeons, nurses and other employees.

The classes and workshops were a significant feature at Sidcup and played a major role in the patients' rehabilitation, keeping them occupied between operations while helping prepare them for employment after treatment. The work of 'Mr Baker' is particularly noteworthy, as were the efforts of the press and the generosity of the British public who aided the men's rehabilitation through trips organised away from the hospital and events held

¹ See Appendix 22.

² See Appendix 8.

³ The only association I am aware of which provided some form of therapy for ex-servicemen returning from the First World War was the Ex-Servicemen's Welfare Society, founded in May 1919 and recently renamed Combat Stress. This charity attempted to rehabilitate men, suffering from mental breakdown caused by shell-shock, through employment schemes, and was considerably more humane than the Mental War Hospitals and asylums that many were confined to. <http://www.combatstress.org.uk/about-us/history-of-combat-stress/> Lack of counselling continues to be an issue for British service casualties today. www.telegraph.co.uk/news/uknews/defence/10178403/More-British-soldiers-commit-suicide-than-die-in-battle-figures-suggest.html

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within the grounds. As well as the public's financial generosity, certain individuals were generous with their time. Although there is little information available, the local community of Sidcup played its part in the patients' rehabilitation, helping reintegrate them into society.

At Rooksdown, there were numerous recreational activities and many trips away from the hospital. As at Sidcup, they had many outside organisations to thank, although most notable in organising activities inside and outside the hospital was welfare officer, Catherine Pollock. The local people of Basingstoke also played their part in the patients' rehabilitation, particularly the staff and patrons of the local pubs. In comparing the Queen's Hospital and Rooksdown, the most noticeable difference is the lack of workshops and other types of training at Rooksdown which might have helped prepare patients for employment after leaving hospital. This was a weakness of the unit and a retrograde step in the rehabilitation of the patients compared to Sidcup.

Although the recreational activities and 'diversional therapy' were crucial to the patients' rehabilitation, the best form of counselling/therapy at Rooksdown, as discussed in Chapter Six, was the camaraderie arising from so many patients being in hospital at the same time and for such long periods. This slowly built up confidence among them within the hospital which extended to the local community of Basingstoke and then further afield with the various trips away from Rooksdown. There are allusions to the camaraderie at Sidcup, as discussed in Chapter One, although initially the atmosphere at Sidcup appeared more sombre than at Rooksdown. This was probably a mistaken impression due to the different sources used. For Sidcup, they were mainly newspaper articles alluding to depression at the unit; Pound also described how depression affected patients at Aldershot and Sidcup. The sources for Rooksdown were mainly interviews and articles undertaken years after the patients were injured and when they were more accustomed to, and more philosophical about, their injuries. Although not obvious at first, depression at Rooksdown was probably as big an issue as at

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Sidcup in the early days of rehabilitation, as discussed in Chapter Four. At both units, over time and through the support of their fellow patients and members of staff, the patients became more accustomed to their injuries and somewhat hardier in their outlook.

At the heart of both units was Gillies, an innovator and genius in the field of plastic surgery and, according to his colleagues, also in psychology.⁴ With no official counselling available, the psychological aspect of the plastic surgeon's work was recognised by Gillies and his contemporaries at Sidcup as they embarked on their pioneering work and by McIndoe and Mowlem as they followed him and Kilner into the specialty during the interwar period. Arguably, Gillies, the father of modern plastic surgery, was at the forefront of the psychological aspect of treatment, as with the surgical work, learning as he went. His work with Kilner in keeping the specialty alive during the interwar period, and alongside Kelsey Fry in establishing plastic surgery units around the country during the Second World War – in effect the birth of plastic surgery as a specialty in Britain – was also considerable.⁵ His modest manner which helped instil so much hope and faith in his patients has also resulted in his efforts and work being seriously underplayed and underrated.⁶

Of the patients themselves, although the number accessed constitutes a small percentage of the total treated, we now know how some servicemen, other than members of the Guinea Pig Club, coped with disfigurement after the Second World War, from when they were injured, during the early days of their rehabilitation, and in later life. Although most of them experienced negative reactions at some point from members of the public, the majority seem to have coped well. Regarding employment, for example, nearly all found steady jobs; some continued working for the company/organisation that employed them before the war;

⁴ See Appendix 9.

⁵ As discussed in Chapter Two, the Second World War undoubtedly saw the establishment of plastic surgery as a specialty in Britain and consequently in other countries due to the number of foreign surgeons who trained and worked at the home units. The British Association of Plastic Surgeons was founded in 1946 and the British Journal of Plastic Surgery followed in 1948 which has continued to the present day.

<http://www.bapras.org.uk/public/about-plastic-surgery/history/history-of-bapras>

⁶ See Appendices 8 and 9.

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some found jobs soon after leaving hospital; most stayed with the same company for many years; some had careers in teaching.⁷ Although there were probably more, only one member, according to Ray Gordon and discussed in Chapter Five, struggled to find work or hold down a job despite the club's best efforts.⁸

Similarly, with those patients who married. Although we are referring to a relatively small number, those interviewed or whose testimonies I had access to were married for a long time. Patients met their future wives in a variety of circumstances: some met before they were injured, a number married members of the hospital staff, including nurses and physiotherapists, while others met their wives in later life.⁹ Inevitably, there were references to those whose relationships ended due to their injuries and changed circumstances but a perhaps surprising number did marry and have families.

It is unclear how much the Rooksdawn Club impacted on the early rehabilitation of its members, particularly concerning welfare. Unfortunately, although the formation of the club c. 1945-1947 must have brought much hope and reassurance to many patients at a time of uncertainty, the available information does not state explicitly who and how it helped early on with employment and finance. Where the club certainly did help was by offering support when necessary and the opportunity to keep in contact with each other through the club magazine and annual reunion. This continued until very recently. The magazine/newsletter has continued to the present day while the last reunion took place in 2010.

That the club has lasted so long is testament to its success. As discussed in Chapter Five, throughout its existence, various committees attempted to adhere to the club's original three aims with relative success, particularly in keeping members in contact with each other. Inevitably, with an organisation that lasted so long, there were problems over the years, in particular maintaining interest among original members and gaining new ones. Despite the

⁷ See Appendix 22.

⁸ See pp. 331-332.

⁹ See pp. 225-230 and Appendix 23.

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committee's best efforts to help later plastic surgery patients and gain publicity for the club, success was limited and it was unable to fulfil all its aims. The majority of later patients who were approached were not interested in joining the club. Over time it became mainly a social organisation for former patients, staff and associate members to meet, reminisce and keep the spirit of Rooksdown alive, although, arguably, organising the reunion and distributing the magazine attended to some degree to the former patients' welfare needs. Thus, in the short-term, the club was at its most vibrant and effective as a welfare association in its formative years while the original service patients were still receiving treatment and probably more sensitive about their appearance; in the longer-term, it took on greater significance as it enabled members to remain in contact with each other.

The Rooksdown Club is undoubtedly a remarkable association which has stood the test of time and set an example for similar, more recent associations. As discussed in Chapter Six, it has lasted so long because of friendship, stemming from the camaraderie at the unit, and the will of specific individuals, original and associate members, to keep the spirit of Rooksdown and memory of Harold Gillies alive, and to help more recent plastic surgery patients. If the club had not existed, Rooksdown patients would have still coped and carried on their lives because they had no choice (those who lost contact did exactly that), but for those who maintained interest, such as Ray Gordon, Ken Curtis and Therese Van Ingelgem, the club meant a great deal and was understandably a major source of pride. As discussed in Chapter Six, to an unquantifiable degree, their lives would have been far emptier without the club and the opportunity to meet other patients and staff again. This ethos was passed on to later, associate members who injected new life into the committee which has continued to the present.

Today, thankfully, there are far fewer disfigured service casualties than at the time of the First and Second World Wars. Those requiring plastic surgery are treated with other

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service casualties in a military ward at the Queen Elizabeth Hospital (QEH), Birmingham, new home of the Royal Centre for Defence Medicine (RCDM). The QEH unit opened in 2010 at a cost of £545 million and is the main receiving unit for all military patients injured overseas, previously located at Selly Oak Hospital, Birmingham. It is a partnership between University Hospitals Birmingham and the Ministry of Defence and offers state-of-the-art facilities to service and civilian patients who greatly benefit from new treatments developed and shared under one roof. No expense is spared to ensure that Army, Navy and RAF personnel receive ‘world-class’ medical care.¹⁰ Following surgery at QEH, complex rehabilitation and physiotherapy is provided for those plastic surgery patients who need it and for other extreme cases, including amputees and neurological cases, at the Defence Medical Rehabilitation Centre (DMRC), at Headley Court, Epsom, Surrey. Although recovering from a variety of complex injuries, service patients are among their own people in a military setting which must benefit rehabilitation.¹¹

Despite receiving first class treatment, rehabilitation for plastic surgery patients in Britain is probably not as specialised or effective as that at the French clinic, Centre Ster, attended by Katie Piper as part of her treatment.¹² As well as aiding the physical rehabilitation of patients – Piper attended from 9am – 5pm daily and received ‘a combination of simple and cost efficient treatments’, including intensive deep tissue massage and one-to-one specially adapted physiotherapy exercises – the group setting was important for their psychological recovery.¹³ According to The Katie Piper Foundation, a supportive

¹⁰ QEH is discussed in Appendices 27 (footnote 454) and 28. It was also discussed in a Channel Four programme, *WWI's Forgotten Heroes: Secret History*, first aired on 2nd November 2014.

www.channel4.com/programmes/wwis-forgotten-heroes-secret-history/on-demand/58718-001

¹¹ Rehabilitation for service casualties depends on the severity of the injury. There are three types of rehabilitation treatment centres within the armed forces: MoD Primary Casualty Receiving Facilities (PCRFs), Regional Rehabilitation Units (RRUs), and the Defence Medical Rehabilitation Centre (DMRC) at Headley Court. The most serious cases are treated at Headley Court. For more information about rehabilitation within the armed forces, go to

www.nhs.uk/NHSEngland/Militaryhealthcare/rehabilitationservices/Pages/Rehabilitation.aspx

¹² See p. 33 and Appendix 27.

¹³ www.katiepiperfoundation.org.uk/meet-katie/

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environment shared by people going through a similar experience was ‘instrumental in showing her that she could beat her scars and it taught her to believe that she could stop them from cocooning her. The structure of a daily routine also meant she had a reason to get up in the morning at a time when she needed it most, which really helped her regain control of her life’.¹⁴

As well as service casualties, many people in Britain are disfigured from a variety of causes, such as accidents and congenital defects, many of whom require treatment each year.¹⁵ These would clearly benefit from such a clinic. Although not necessarily practical for family and friends of patients who might have to travel long distances to visit their loved ones, such a clinic could help build confidence and camaraderie among a large number of people going through similar experiences. It probably does not exist in Britain because of the cost – hence, Piper is trying to raise money for this purpose.¹⁶ This is a possible area for further research because such an environment clearly enhances the rehabilitation of patients today, as it did at the units during and after both world wars.

Another area for future research is the psychological rehabilitation of disfigured French and German servicemen from the Second World War. As stated in Chapter One, the French were at the forefront of such treatment following the First World War with the formation of the Union de Blessés de la Face in 1921 which has continued to the present. The Centre Ster clinic is further evidence that the French are still at the forefront in this field. It would be interesting to know how French casualties were treated during and after the Second World War and to compare their treatment from both wars. To my knowledge, this has not been researched, although, based on the First World War literature and the existence of the Union de Blessés de la Face, sources are likely to be available. The treatment of service casualties from Germany and other countries is another potential area for study. Plastic

¹⁴ Ibid. For more information about Centre Ster, go to www.cliniques-ster.com/

¹⁵ www.changingfaces.org.uk/show/feature/Facts-and-figures

¹⁶ www.katiepiperfoundation.org.uk/meet-katie/

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surgery in other countries is alluded to in Chapters Three and Four, firstly, when a party from Rooksdown were part of the UNRRA team which established a plastic surgery unit in the former Yugoslavia in 1945, and when Joan Coast travelled to Germany as part of the British Red Cross mobilization to help German refugees and displaced persons c. 1947. Again, to my knowledge, no research has been undertaken and it is uncertain whether sources survive. If they are available, a comparative, perhaps collaborative, study of the treatment of British, French and German disfigured servicemen from the Second World War would be very valuable.

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Appendix 1.

Charles Valadier and Hippolyte Morestin

Gillies first met Valadier in 1915 at the 83rd (Dublin) General Hospital at Wimereux where Valadier, attached to the British Red Cross, had organized a 50-bed unit for the treatment of facial injuries. He had provided much of the equipment at his own expense and although he was a qualified dentist, it was decided that he should be assisted by a medical man in the operating theatre. Gillies was that man and although it is not known exactly how long he spent with Valadier, the experience aroused a great interest in the subject and a desire to learn more about the different treatments. Gillies obtained permission to spend some months visiting other surgeons who were performing facial surgery, during this time he went to see Hippolyte Morestin at the military hospital Val-de-Grace in Paris. Morestin performed his operations at the Val-de-Grace, the St. Louis and the Rothschild hospitals. Gillies had only one meeting with Morestin but its impact was massive and completed his conversion to plastic surgery: 'I fell in love with the work on the spot'.¹

¹ Gillies and Millard, *Principles and Art*, pp. 6-7.

Appendices



210 and 211. Auguste Charles Valadier (1873-1931).

Copyright IWM



See also *British Dental Journal*, 217 (2014), front cover, which is a painting based on the photograph on the right commemorating the centenary of the start of the First World War. You can access the image at www.nature.com/bdj/journal/v217/n3/covers/index.html

Appendices



212 and 213. Hippolyte Morestin (1869-1919). © Musée du Service de Santé des Armées au Val-de-Grâce



214. © Académie Nationale de Médecine



215. I have been unable to find out where this photograph is held but I gained access to it at the following website:

www.madinin-art.net/le-destin-hors-du-commun-du-docteur-hippolyte-morestin/

Appendix 2.

Henry Tonks

Tonks was elected a Fellow of the Royal College of Surgeons in 1888. At around this time he began studying art, and in the early 1890s began teaching at the Slade School of Fine Art. At the outbreak of the First World War, he was over fifty years old and commissioned as a lieutenant in the RAMC. He assisted Gillies at the Cambridge and the Queen's Hospital. His job was to draw for the clinical notes the wounds and flaps that were used and where they came from. He became skilled at making quick sketches in the theatre which were mounted into the notes. As well as the clinical records, he recorded pastel portraits of the patients before and sometimes after surgery which were drawn from life rather than medical illustrations.² Although he disapproved of the portraits, referring to as 'rather dreadful subjects for the public view',³ it is these that he is best remembered for. He left Sidcup before the end of the war and in 1917 was appointed Principal at Slade. The following year he became an official war artist.⁴

² Andrew Bamji and Brian Morgan, 'The Man behind the Myth', Gillies Memorial Lecture 2007. The lecture was not published. I obtained a copy through correspondence with Brian Morgan, Honorary Archivist of BAPRAS.

³ Hone, *The Life of Henry Tonks*, p. 128.

⁴ Bamji and Morgan, 'The Man behind the Myth'.



216. 'Henry Tonks, surgeon and artist, photographed in his room at the Queen's Hospital'.

Pound, *Gillies Surgeon Extraordinary*, opposite p. 65. Courtesy of Penguin Books.

Appendix 3.

The interwar years

As stated in Chapter One, the impact and work of Gillies and Kilner during the interwar years was immense and without them the specialty would probably not have survived.⁵ According to McIndoe, ‘The period between the two wars left in England two surgeons only who devoted themselves exclusively to Plastic Surgery - Gillies and Kilner. To these two, especially to the former, belongs the credit for maintaining the art during this most difficult period; for translating the lessons of war injury into the problems of civil reparative surgery, and for extending the boundaries of the speciality far beyond the restricted field of facial restoration.’⁶ Writing in 1987, J. F. North also stated that, ‘The debt which we all owe to these two pioneers in the years between the wars is not relative but absolute: nothing less than the survival of the speciality as such in this country. Of the immensity of their workload there is no doubt’.⁷ Likewise, Kernahan has suggested that ‘it is impossible to overemphasize the importance of the contributions of Gillies and Kilner in keeping our specialty alive in the years between the wars. They and a few others throughout the world laid the basis of modern plastic surgery, a benefit that flows to us all today. How sad that the names of so many of these pioneers are unknown today, even in plastic surgery’.⁸

Gillies was initially concerned that there might not be enough work for a civilian plastic surgeon once the war casualties had diminished; he was also concerned that he might become a ‘mere cosmetician’ and pondered whether to continue in the new field of civilian plastic surgery or return to his pre-war speciality in ENT surgery.⁹ However, although he had failed to take into account the increasing number of industrial and motoring accidents, and also congenital disorders that could now be treated, he realized that he and his colleagues at

⁵ See p. 104.

⁶ McIndoe, ‘Sir Harold Gillies’, p. 75.

⁷ North, ‘The development of Plastic Surgery in the West Midlands Region’, p. 317.

⁸ Kernahan, ‘As I Remember: T.P. Kilner’, p. 329.

⁹ Gillies and Millard, *Principles and Art*, p. 45.

Sidcup ‘had witnessed the organization of a new surgery’ and decided that this was where his future lay. In the end, ‘the searching, fascinating problems abounding in the work made the decision easy’.¹⁰ The battle to win over the sceptics, however, was long and hard. To this end they had to contend with a number of issues, such as conservatism and doubt within the medical profession, and ‘moral and religious opposition in some quarters’.¹¹ Even more damaging to the budding profession was the rise of ‘quacks and unqualified surgeons’ who realized that cosmetic surgery was a lucrative business.¹² Bankoff has referred to the 1920s as ‘a period of extreme reaction from all that had gone before’ with women of all ages taking to wearing make-up and going to the beauty salon. Unqualified plastic surgeons thrived in such a climate and many women were operated on. Most of the results were bad and the reputation and prestige of plastic surgery was seriously damaged. It became surrounded by ‘an atmosphere of suspicion. Opponents of plastic surgery were quick to seize on the unhappy results of these faked operations and point to them as proof of the evil consequences of trifling with nature’.¹³

Against such a background, Gillies and Kilner began their careers as civilian plastic surgeons. Gillies carried on working at Sidcup following his discharge from the army in 1919, alongside Kilner, dental surgeon, William Kelsey Fry, and anaesthetist, Ivan Magill.¹⁴ He also returned to Bart’s as chief assistant to the throat department ‘with special charge to do plastic work in the hospital’. He referred to plastic surgery at this time as being ‘the hospital scrap-basket, but into it were eventually dropped cases that enabled us to inch our

¹⁰ *Ibid.*, p. 46.

¹¹ Bankoff, *The Story of Plastic Surgery*, pp. 77-88.

¹² *Ibid.*

¹³ *Ibid.* For more detailed information about the opposition to plastic surgery during the interwar period, and on specific disastrous operations performed by ‘quack’ surgeons, such as the ‘paraffin menace’, read Chapter V, ‘Decline and Rise’, *ibid.*, pp. 76-85.

¹⁴ Magill was a pioneer in his own right, introducing revolutionary techniques in anaesthesia. See T. P. Kilner, ‘Ivan Whiteside Magill, C.V.O., D.Sc., F.R.C.S. Honorary Member, British Association of Plastic Surgeons’, *BJPS*, 6 (1953), pp. 150-152. His association with Gillies carried on for many years after Sidcup. Pound, *Gillies Surgeon Extraordinary*, p. 100.

way up'.¹⁵ His textbook, *Plastic Surgery of the Face*, was published in 1920, containing 424 pages and 844 illustrations, and although it received good reviews, it did not guarantee employment.¹⁶ There were many converts, particularly abroad, but also much scepticism in the medical profession at home.¹⁷ Slowly but surely the work increased as surgeons from other fields began to see the benefits that plastic surgery brought to their own spheres, particularly Gillies' work with skin grafts.¹⁸ Gillies well remembered 'all those surgeons and physicians at Bart's who, by referring cases and lending beds affirmed their belief in our new surgery. Literally, we got beds if we produced good results'.¹⁹

Looking back on the early days with Gillies, Kilner remembered the difficulties they encountered:

From consulting rooms in London we worked in close association for eleven years on the many cases which came our way, sometimes direct but more frequently from surgeons who willingly renounced cases they felt they could not treat satisfactorily themselves. Working conditions were difficult for, until the London Clinic opened, heavy bags of special instruments had to be transported from one nursing home to another as facilities for admission of patients were obtained. Anaesthetist and assistant often had a trying time in those days, for Gillies, with the true artist's temperament, hated being ruled by the clock.²⁰

Gillies' and Kilner's workload throughout the period 1919-30 was formidable, all the more so considering that most of it was voluntary and unpaid. Referring to Gillies' workload during this period, Kilner has suggested that, 'The long list of hospitals to which he was consultant plastic surgeon in the inter-war years is an indication of the arduous and scattered nature of

¹⁵ Gillies and Millard, *Principles and Art*, p. 46.

¹⁶ Pound, *Gillies Surgeon Extraordinary*, p. 66.

¹⁷ *Ibid.*, pp. 66-7.

¹⁸ *Ibid.*, p. 72.

¹⁹ Gillies and Millard, *Principles and Art*, p. xv.

²⁰ Kilner, 'The Late Sir Harold Gillies', p. 194. The London Clinic was the private practice where Gillies and Kilner worked from 1930 after they went their separate ways. See pp. 404-405 of this thesis. For a full history of the London Clinic, see Harvey White, *A History of the London Clinic: A Celebration of 75 Years* (London, 2007). According to White, the London Clinic was 'the first institution in Britain for private patients to cater for all aspects of a modern hospital'. *Ibid.*, p. 12.

the work he did'.²¹ Years later, Gillies himself stated that there was probably not a surgeon who operated in as many hospitals as he did during 1920-1930 'for the sake of propaganda for our art'.²² As well as working at Sidcup, St John's Lodge, and Bart's in the years following the First World War, he operated at numerous nursing homes and was an honorary consultant at a number of hospitals throughout the 1920s,²³ notably in the ENT department at the Prince of Wales, Tottenham, and St Andrew's, Dollis Hill, which in 1925 became the first civilian hospital to establish a plastic surgery unit financed by public subscription.²⁴ Gillies held other notable honorary appointments at St James's Hospital, Balham, and the Lord Mayor Treloar Children's Hospital at Alton, Hants. As well as operating at the various hospitals and nursing homes, Gillies contributed papers to medical journals, and addressed medical societies outside London at every opportunity for the sake of his professional standing and that of plastic surgery.²⁵ Ivy has referred to Kilner as having also held many consultant appointments in London hospitals during the interwar period;²⁶ although this is certainly true in the 1930s, it does not state specifically whether this was so during the 1920s. Kilner was probably an honorary consultant when he and Gillies worked together and not just Gillies' chief assistant. Kilner certainly performed operations on his own, specialising in cleft palate repair.²⁷

Although the work at the hospitals where Gillies held honorary appointments broadened his experience, it was expensive in terms of time. Private patients were his source of income and, in the early days, he and Kilner operated on them in nursing homes in

²¹ Kilner, 'The Late Sir Harold Gillies', p. 194.

²² Pound, *Gillies Surgeon Extraordinary*, p. 78.

²³ The term 'Honorary' means he was not paid for his services.

²⁴ Matthews, 'Gillies: Mastermind of Modern Plastic Surgery', p. 71. According to Matthews, St Andrew's 'became the Mecca for all who wanted to learn'.

²⁵ Pound, *Gillies Surgeon Extraordinary*, p. 74.

²⁶ Robert H. Ivy, 'In Memoriam: T. Pomfret Kilner, CBE, FRCS, Emeritus Professor of Plastic Surgery, University of Oxford, 1890-1964', *Plastic Reconstructive Surgery*, 34 (3) (1964), p. 314.

²⁷ *Ibid.* Gillies and Kilner operated on hundreds of cases of cleft palates and hare-lips during the period. Battle, 'As I Remember: T.P. Kilner', p. 332. See also M.D. Poole, 'A short history of the Oxford Plastic Surgery Unit', *BJPS*, 42 (1989), p. 349, and Pound, *Gillies Surgeon Extraordinary*, p. 65.

London. By 1922, Gillies' private practice was based at consulting rooms at 7-9 Portland Place, London, where Kilner also rented a small room.²⁸ The practice moved in 1927 to nearby 56 Queen Anne Street where it began to thrive. According to Gillies, 'Not only was the practice flourishing, but foreign doctors were coming to visit me'.²⁹ Pound has suggested that the 'private practice grew substantially from the late '20s, thanks to the dental profession, which sent him more patients than the doctors'.³⁰

In June 1930, Gillies was knighted for his achievements at Sidcup.³¹ In the same year he and Kilner went their separate ways, though both were among 36 doctors who contributed £2000 each to start the London Clinic and Nursing Home at 149 Harley Street. Gillies later stated that, 'After eight years of private practice with me, Kilner took separate rooms. With so much work to be done it seemed unwise to do otherwise'.³² Richard Battle, who worked with Kilner at St Thomas's from 1936 and during the Second World War at Stoke Mandeville until 1942/43, has stated that, in due course, Kilner was offered a partnership in the practice but instead chose to cut ties with Gillies and form his own private practice.³³ There are signs that the split between the two men was amicable.³⁴ Kilner wrote afterwards that their working relationship 'might have continued indefinitely but for the bungling of solicitors. There were no harsh words. Giles was always kind to me. I went off with his good wishes for my future'.³⁵ 'The bungling of solicitors' suggests that there may have been problems with the parting after all. This is confirmed by Desmond Kernahan, one of Kilner's trainees in his later days at Oxford in the 1940s, who stated that the partnership dissolved 'in mutual animosity'.³⁶ Similarly, Battle stated that Gillies was far from pleased when 'Tommy' set up

²⁸ *Ibid.*, pp. 65-6.

²⁹ Gillies and Millard, *Principles and Art*, p. 391.

³⁰ Pound, *Gillies Surgeon Extraordinary*, p. 79.

³¹ *Ibid.*, p. 93.

³² Gillies and Millard, *Principles and Art*, p. 394.

³³ Battle, 'As I Remember: T.P. Kilner', pp. 330-1.

³⁴ Pound, *Gillies Surgeon Extraordinary*, p. 91.

³⁵ *Ibid.*, p. 98.

³⁶ Kernahan, 'As I Remember: T.P. Kilner', p. 329.

his own practice on the third floor of the same building (the London Clinic). There was a row and ‘they never really forgave each other until after the Second World War’.³⁷

In an earlier article at the time of Kilner’s death in 1964, Battle referred to the obvious differences between the two men but also how they complemented each other:

Gillies had all the makings of the successful West-End Consultant – tall, original of mind, athletic, a rowing Blue from Cambridge, expensive tastes, smart car and wealthy friends. Kilner was short, becoming rotund, a much better surgeon, a wonderful organiser with an efficiency usually associated with a first class business, the tidy conservative mind, with as yet no smart friends, a utility car and a hobby of bee-keeping. This association was one of Oxbridge with a Redbrick University, and the two could have conquered the world. A little common sense on each side, a little give and take, a little more goodwill in the division of the ‘spoils of practice’ and they could have been partners for life. This was not to be. They ended by parting company in a most unfortunate atmosphere, and never really came to terms until the formation of the British Association of Plastic Surgeons in 1947. Kilner set up on his own (to Gillies’s disgust) on another floor of the London Clinic, and proceeded to build up a practice³⁸

Kernahan also stated that after the break,

visits to Gillies’s unit had to be carried out circumspectly. For several months after Kilner found out that I had attended an evening symposium at Basingstoke without his knowledge, any suggestion I might make regarding treatment would be followed by Kilner turning wearily to those around him and saying, ‘Kernahan has been down visiting Sir Harold and has come back with some very curious ideas.’³⁹

However, writing in 1957, Gillies made clear the contribution that Kilner made in the early days to their speciality:

In the period 1920-1930, one outstanding personality helped to put plastic surgery on a sound basis – T.P. Kilner. Tommy helped me and taught me many things, cut grafts for me, liked my flaps or curbed my more enthusiastic plans. At Dollis Hill and Treloar’s Hospital at Alton we

³⁷ Battle, ‘As I Remember: T.P. Kilner’, p. 330-1. White has stated that Gillies’ rooms were on the ground floor of 149 Harley Street ‘at the north east corner of the block’. White, *A History of the London Clinic*, p. 14.

³⁸ Honorary Archivist (ed.) *History of the British Association of Plastic Surgery*, p. 34.

³⁹ Kernahan, ‘As I Remember: T.P. Kilner’, p. 329. ‘Basingstoke’ is referring to Rooksdown House.

shared new appointments for which we had worked hard. Such for eight years was my happy lot, and the happiness was by no means one-sided.⁴⁰

The 1930s saw a continuation of the work, particularly from Kilner who was building up his practice. He continued to work at most of the hospitals he had attended with Gillies in the 1920s and at a number of others, notably St Thomas's where he became consulting surgeon, a post that Gillies had desperately sought.⁴¹ Gillies also continued to visit most of the hospitals he had visited in the 1920s, notably St Andrew's (although they visited at different times),⁴² and was attached to other hospitals. As many of these appointments were still unpaid, Gillies started training a number of personal pupils from overseas to supplement his income.⁴³

By Gillies' own admission, when McIndoe and Mowlem joined him in 1931, they 'slaved away, cutting grafts, sewing up pedicles and taking on all the hard-luck cases while I went fishing or golfing'.⁴⁴ Mosley has suggested that, for the first few years, it was Gillies who did all 'the well-paying plums of the partnership. The nose-bobbings, the face-lifts, the cleft-palate and hare-lip cases with rich parents came to him, and McIndoe and Mowlem were left to do the rest'.⁴⁵ As with Gillies in 1915, and Kilner in 1919, McIndoe and Mowlem stumbled across plastic surgery by accident. McIndoe had graduated from the University of Otago Medical School, Dunedin, New Zealand, in 1923, and in 1924 been awarded the first fellowship granted to New Zealand by the Mayo Clinic, Rochester, USA, to study pathological anatomy. At the Mayo Clinic he became an expert in abdominal surgery but vacated his post there in 1930 having been promised – or so he thought – a professorship at the newly-proposed postgraduate medical school at Hammersmith Hospital. Neither the

⁴⁰ Gillies and Millard, *Principles and Art*, p. xiii.

⁴¹ *Ibid.*, p. 106. For an indication of Kilner's workload and travelling during the 1930s, see Battle, 'As I Remember: T.P. Kilner', p. 331, and Calnan, 'As I Remember: T.P. Kilner', p. 332.

⁴² Battle, 'As I Remember: T.P. Kilner', p. 331. For some of Gillies' other appointments during this period, see Pound, *Gillies Surgeon Extraordinary*, p. 93.

⁴³ *Ibid.*, p. 106.

⁴⁴ Gillies and Millard, *Principles and Art*, p. xiii.

⁴⁵ Mosley, *Faces from the Fire*, p. 63.

school nor the professorship materialized and he found himself in London with his family but without a job. Gillies, a distant cousin, secured him a post as anatomy demonstrator at Bart's during which time McIndoe was able to study for his FRCS. He qualified within a year and, with Gillies' help again, secured a post as lecturer in general surgery at the Hospital for Tropical Diseases in St Pancras, London. Gillies took McIndoe on as his assistant at the London Clinic and had him appointed 'Assistant Plastic Surgeon to St. Bartholomew's Hospital'. McIndoe remained in the practice until the outbreak of war, by which time he was plastic surgeon at a number of other hospitals.⁴⁶

Mowlem, another New Zealander, had completed his medical training at Auckland Hospital, New Zealand, and arrived in England in 1926 where his first job was as a locum in general practice in Dorking. He became a house surgeon six months later at the Seaman's Hospital in Greenwich, then moved to Woolwich Hospital. He studied for his Primary FRCS at the London Hospital Anatomy Department, and became a Resident Surgical Officer (RSO) at Queen Mary's Hospital, Stratford, during which time he passed his Final FRCS. Mowlem left Queen Mary's and became one of five RSOs at the Hammersmith Hospital for two years.⁴⁷ He intended returning to New Zealand, after completing his studies at Hammersmith, to practice surgery in Auckland but decided to stay on when a vacancy as medical officer came up. Although initially unimpressed by what he saw of plastic surgery - one of his first acts in his new job at Hammersmith was to reduce Gillies' allocation of six beds to two - Mowlem was converted. Thus, in 1932/1933, after it had been confirmed that the Hammersmith Hospital would be changing its role from a London County Council Hospital to the Postgraduate Medical School,⁴⁸ Gillies and Mowlem left to take over beds at St

⁴⁶ J.P. Bennett, 'A History of the Queen Victoria Hospital, East Grinstead', *BJPS*, 41 (1988), p. 424.

⁴⁷ R.L.G. Dawson, 'The history, antecedents and progress of the Mount Vernon Centre for Plastic Surgery and Jaw Injuries, Northwood, Middlesex 1939-1983', *BJPS*, 41 (1988), pp. 83-84. See also Honorary Archivist (ed.) *History of the British Association of Plastic Surgery*, p. 38.

⁴⁸ The Postgraduate Medical School eventually opened in 1935. Presumably this was the postgraduate medical centre, running a few years behind schedule, where McIndoe had been promised his professorship.

James's, Balham.⁴⁹ According to Dawson, although St James's was visited by each of the four surgeons – it is debatable whether Kilner worked there as there is no record stating so – Mowlem was its 'presiding genius'.⁵⁰

The unit at St James's is noteworthy for its generous allocation of beds and equipment. Mowlem recalled that there were 'ten male, ten female, and five children's beds, a dental laboratory, and secretarial and photographic departments: an equipped functioning plastic unit in 1933'.⁵¹ Units such as St James's and the North Staffordshire Royal Infirmary, which was sponsored by the people of Stoke and the Five Towns, were the exception rather than the rule, however. The allocation of beds in the various hospitals to which the surgeons were appointed was minimal, and the struggle for recognition continued in the 1930s. According to McIndoe, 'The slowness with which teaching hospitals received the new speciality may be judged by the fact that St Bartholomew's, Gillies' own hospital, to which he had been attached since 1918 as an assistant in the Throat Department, did not accord him the distinction of formal recognition as Plastic Surgeon till 1936, and then in charge of eight beds only.'⁵² Another example of the attitude still prevalent among the medical establishment at this time is given by Kernahan who referred to Kilner's eventual appointment as chief consultant at St Thomas's in 1935:

Finally appointed...but given no beds of his own, Kilner vividly recalled and never ceased to resent his reception at that institution where, for the first two years, he encountered only stony

⁴⁹ Dawson, 'The history, antecedents and progress of the Mount Vernon', p. 83. It is unclear whether Gillies carried on working at St James's from the 1920s and had an increase in bed allocation or whether he stopped working there and returned some years later as a result of the Postgraduate Medical School being set up at the Hammersmith Hospital. St James's appears to have been the most significant unit throughout the 1930s despite the hospital's facilities being extremely old. Pound has suggested that, 'The amount of plastic surgery done at Balham hospital in those years was so extensive and varied that St James's became a place of pilgrimage for young surgeons from all over the world eager to learn what was new in techniques and practice'. Pound, *Gillies Surgeon Extraordinary*, pp. 116-117.

⁵⁰ Dawson is quoted in B. O. Rogers, M.D., 'British Plastic Surgeons Who Contributed to the Revue de Chirurgie Plastique and the Revue de Chirurgie Structrice (1931-1938): "The Big Four" in Their Speciality', *Aesthetic Plastic Surgery*, 25 (2001), p. 233.

⁵¹ Ibid. See also Matthews, 'Gillies: Mastermind of Modern Plastic Surgery', p. 72. For more information about Mowlem's work, see Kavita Amin, 'Rainsford Mowlem (1902-1986): an unsung father of reconstructive surgery', *European Journal of Plastic Surgery*, 35 (2012), pp. 97-99.

⁵² McIndoe, 'Sir H. D. Gillies', p. 75.

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silence on entering the Doctor's Lounge. Undeterred, and with untiring energy, he carried his activities to Manchester, Birmingham, and the Lord Mayor Treloar Hospital in Alton, Hampshire, where he was able to pursue his developing interest in children with cleft lip and palate.⁵³

⁵³ Kernahan, 'As I Remember: T.P. Kilner', p. 329. It is not clear whether Kilner, like Gillies at Bart's, had been attached to St Thomas's for a number of years before being formally appointed as consultant.

Appendix 4.

The conversion of Rooksdown House into a plastic surgery unit

When Gillies and Fry first visited Park Prewett in September 1939,⁵⁴ they were met by Dr Connelly (the Medical Officer in charge), Rock Carling (joint Group Officer of Sector 7 – St. George’s and Westminster – see illus. 53), and Mr Pannett of St Mary’s Hospital.

Rooksdown House was the most westerly block and ear-marked for maxillo-facial cases.⁵⁵

Gillies wrote: ‘We examined it carefully...The building has floor space for about 280 patients, but when the necessary theatres and offices have been cut off a good 200 will still be available. It is ideally planned, in that it could, if necessary, be used for a very mixed hospital, i.e. civil male and female patients, and service patients could all easily be segregated. Some plumbing and theatre work will be necessary, and the only difficulty that has appeared is that that very day the Pathological Department decided to put their Unit on the end of one of the blocks’.⁵⁶ Gillies was concerned that the Pathology Department would take away the sanitation facilities of one of the blocks, and therefore separate sanitary arrangements would be required for that block. He was keen, however, to get the unit up and running, stating: ‘We feel that it is high time this place was got on with, and if this coincides with your view we should be glad to make more detailed plans for your consideration as to how to run it. I will phone for a possible appointment tomorrow’.⁵⁷

⁵⁴ Before visiting Park Prewett, Gillies and Fry visited Hill End on the same day to check on its progress, and a house in Aylesbury offered by James de Rothschild which at the time was occupied by approximately 100 children. According to Gillies, the house in Aylesbury was ‘beautifully situated’ but required much work to become a first class hospital as the water supply was insufficient and its geographical position was not ideal in relation to railway service. The ‘most practicable’ means of transport appeared to be ambulance service from Oxford, prompting Gillies and Fry to suggest that it would be more suitable as a convalescence unit than a Base Hospital. Letter, Gillies to Hebb, 11th September 1939, TNA: MH/76/116. James Armand Edmond de Rothschild (1878-1957) was a French-born British politician and philanthropist from the Rothschild international banking dynasty, who inherited Waddesdon Manor Estate, Aylesbury, from his great uncle. Although it is not stated, I believe that the house referred to by Gillies is Waddesdon Manor as it housed evacuated children under five years old during the Second World War.

http://en.wikipedia.org/wiki/James_Armand_de_Rothschild

⁵⁵ Letter, Gillies to Hebb, 11th September 1939, TNA: MH 76/116.

⁵⁶ Ibid.

⁵⁷ Ibid.

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Following the visit, Rock Carling submitted a report confirming the suitability of Rooksdowndown House.⁵⁸ Although plumbing and other service work would be required when adapting the unit, the building was ‘admirably suited to accommodate a facio-maxillary centre’.⁵⁹ Gillies’ urgency is underlined in a small note to Hebb only two days after his previous letter, when he stated: ‘Dear Hebb, Sorry to worry you but Fry and I are anxious to make a success of Park Prewett, and just want one word from you that we can get ahead with plans to submit to you when ready’.⁶⁰ Hebb replied next day, stating: ‘Of course by all means get ahead with your plans. I thought you were well on with them. We may be receiving cases into Park Prewett from overseas at any time now.’⁶¹

Gillies and Fry visited the hospital again on Saturday, 16th September. The following day, Gillies received a phone call from the Medical Superintendent, Dr Connelly, asking him to go to Rooksdowndown on Monday to meet the Ministry’s engineer and the local engineer to discuss the necessary structural alterations. Gillies met a ‘Mr Seabrook’, presumably the Ministry’s engineer, from 2-7pm.⁶² An architect’s plan of Rooksdowndown, included with a letter dated 19th September 1939 and referred to as ‘Private Patients Block’ (illus. 218 and 219), shows that the hospital was divided into four wings, two on the ground floor and two on the first floor; each wing had the capacity for 56 beds. Two wings were east of the central block and two were west. According to Gillies, the most important point to decide was ‘the location of the Dental Surgery and Workshop’.⁶³ He initially thought the surgery would be best located on the ground floor but decided instead that the most suitable area was the ‘Recreation Room’ on the first floor. Half of the room could be ‘substantially partitioned off with all its noise and smells, the other half would make an excellent dental surgery, the chairs

⁵⁸ Report from Rock Carling, 12th September 1939, TNA: MH 76/116. It does not state explicitly who the report was submitted to but it was probably Hebb.

⁵⁹ Ibid.

⁶⁰ Note, Gillies to Hebb, 13th September 1939, TNA: MH 76/116.

⁶¹ Letter, Hebb to Gillies, 14th September 1939, TNA: MH 76/116.

⁶² Letter, Gillies to Hebb, 19th September 1939, TNA: MH 76/116.

⁶³ Ibid.

having a very good light. To get the requisite number of chairs an additional two could be placed in an adjoining room conveniently situated'.⁶⁴ The major concern about having the dental surgery on the first floor was whether a man who was too sick to walk to the surgery would have to be taken there in a carrying chair. The stairs on either side of the dental surgery enabled easy access for carrying chairs but not for stretcher cases. After 'a lot of Consideration (sic)', Gillies concluded that the 'multiple advantages' far outweighed such a drawback, and recommended the site for the dental surgery.⁶⁵

For the supply of water and gas, Gillies recommended that wash basins and sinks be fitted into two dressing rooms in each wing and that a few gas points be added to the main wards. For the operating theatre, he referred to the *Report of the Army Standing Committee of the Maxillo-Facial Injuries*, reiterating that for every maxillo-facial unit of 200 beds, two theatres containing two tables 'was the minimum requirement'. At Rooksdowm there was only one table and operating theatre and, although this was 'adequate' for the time being, the construction of a second theatre 'was a matter of some urgency. It is very strongly advocated in this work that the clean cases are not operated in the same theatre as the dirty ones'. As the work was of a 'slow character', it would be even more delayed by a lack of operating tables. Gillies recommended that the Main Hall be converted into the main operating theatre with two tables; it was 'quite suitable and could be converted complete with sterilising plant at a very minimum cost'. As Rooksdowm was nearly half a mile away from the main hospital, it was considered essential that the unit have its own dressing sterilizer 'in juxtaposition to the theatre'. Gillies concluded that 'In the last War and even at Sidcup the pathologists came to the conclusion that we were having trouble owing to inefficient drum and dressing sterilisation. This is a point about which I do not think we can take any risk. One can

⁶⁴ Ibid.

⁶⁵ Ibid.

improvise lights and other sterilisation, but one cannot improvise the proper sterilisation of dressings'.⁶⁶

In November 1939, Gillies submitted a report to Hebb. The unit was close to completion and Gillies had been in contact with the Air Force Director General (D.G.) about sending Air Force casualties there. The D.G. was particularly pleased that Officer Casualties could have separate accommodation. Gillies stated: 'He is anxious to send some existing cases there, and we are anxious to receive them'.⁶⁷ The dental work-shop and dental surgery were both nearly finished and Gillies sought advice from a Miss Watt regarding the nursing staff. Dr Rushton, one of the full-time dental surgeons, had been sent to supervise and 'make the place ship-shape from the dental point of view'.⁶⁸ Gillies was keen to recruit a similar post on the surgical side and recommended James Cuthbert.⁶⁹ Gillies also felt that the hospital should have a Registrar Superintendent due to the likelihood of a variety of patients – i.e. Army, Navy, Air Force and Civilian – in the same building as medical, dental and mechanical staff. He suggested Captain Hyslop, who already worked at Rookdown and who had been recommended to him. Gillies did not know Hyslop and asked Hebb for any help he could give to ensure he was the 'right type' for such a post.⁷⁰

Gillies was also keen to stress the importance of photography to Hebb, stating that, as was evident at Sidcup during and after the First World, 'practically every case' of facial injury had to be recorded photographically for four major reasons:

1. For official records in view of the assessment of the patient's final compensation.
2. So that the treatment can be accurately followed and assessed during the process of repair.
3. So that the Services concerned can have final photographs illustrating the results of the work for which they are paying.

⁶⁶ Ibid.

⁶⁷ Report, Gillies to Hebb, 10th November 1939, TNA: MH 76/116.

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Ibid. There is also a copy of the letter/application for the post of Registrar Officer from Hyslop to Gillies, 5th November 1939, TNA: MH 76/116.

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4. For general propaganda and medical scientific recording. Under this heading it is of greatest value to the patient and the surgeon to be able to look back and see the progress made throughout a long repair. We have found the utmost psychological benefit in encouraging the patient to continue with the treatment and to enable the patient to take his place once more in the world.⁷¹

Gillies therefore recommended that a technician be attached to the x-ray department. One of two types of camera was considered, and Gillies was keen that the photographic records at each of the three hospitals be of a 'unified nature'; he had Kilner, McIndoe and Mowlem working on a scheme that could 'become standardised'.⁷² The possibility of plaster cast recording was also discussed as Gillies had seen the benefits during the First World War, having had a sculptor make nearly a thousand casts for records. He was, however, unconvinced of its benefit this time around: 'They made a most imposing record and some of them are very valuable; but they are bulky and I doubt whether we could use plaster casts as much this time as we did in the last war.' He was also concerned with the elderly or debilitated patients who might lose a nose or ear, or have cheek defects, and would need to be fitted with artificial pieces; for such work he recommended a firm of opticians, Messrs Clement Clarke Ltd. If needed in quantity at a later stage, the mechanic making the artificial pieces could also make plaster or other moulds of the face necessary for recording the work.⁷³

Hebb replied confirming that if Cuthbert could be obtained from Hill End, he would be appointed Surgical Officer with a salary of £350. Hyslop appeared to be a general utility man at Rooksdown but if he was considered suitable, after consultation, he would be appointed with a salary of £550.⁷⁴ Hebb agreed with Gillies on photography as a form of record taking and confirmed that a technician and camera would be provided at each hospital. If the camera proved too expensive, Hebb would send Gillies 'a common or garden half

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid.

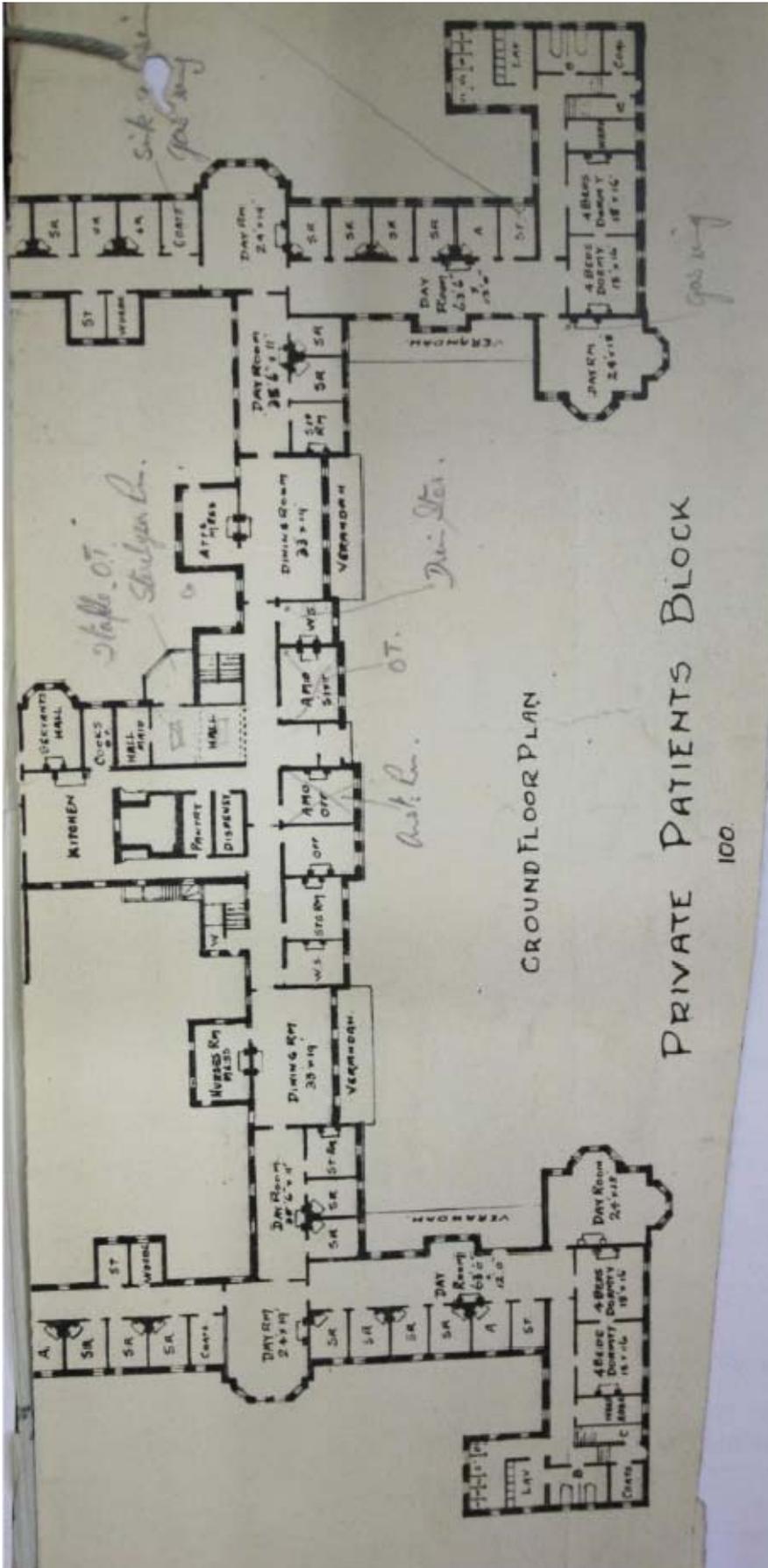
⁷⁴ Letter, Hebb to Gillies, 14th November 1939, TNA: MH 76/116. It does not state specifically but both figures probably refer to annual salaries.

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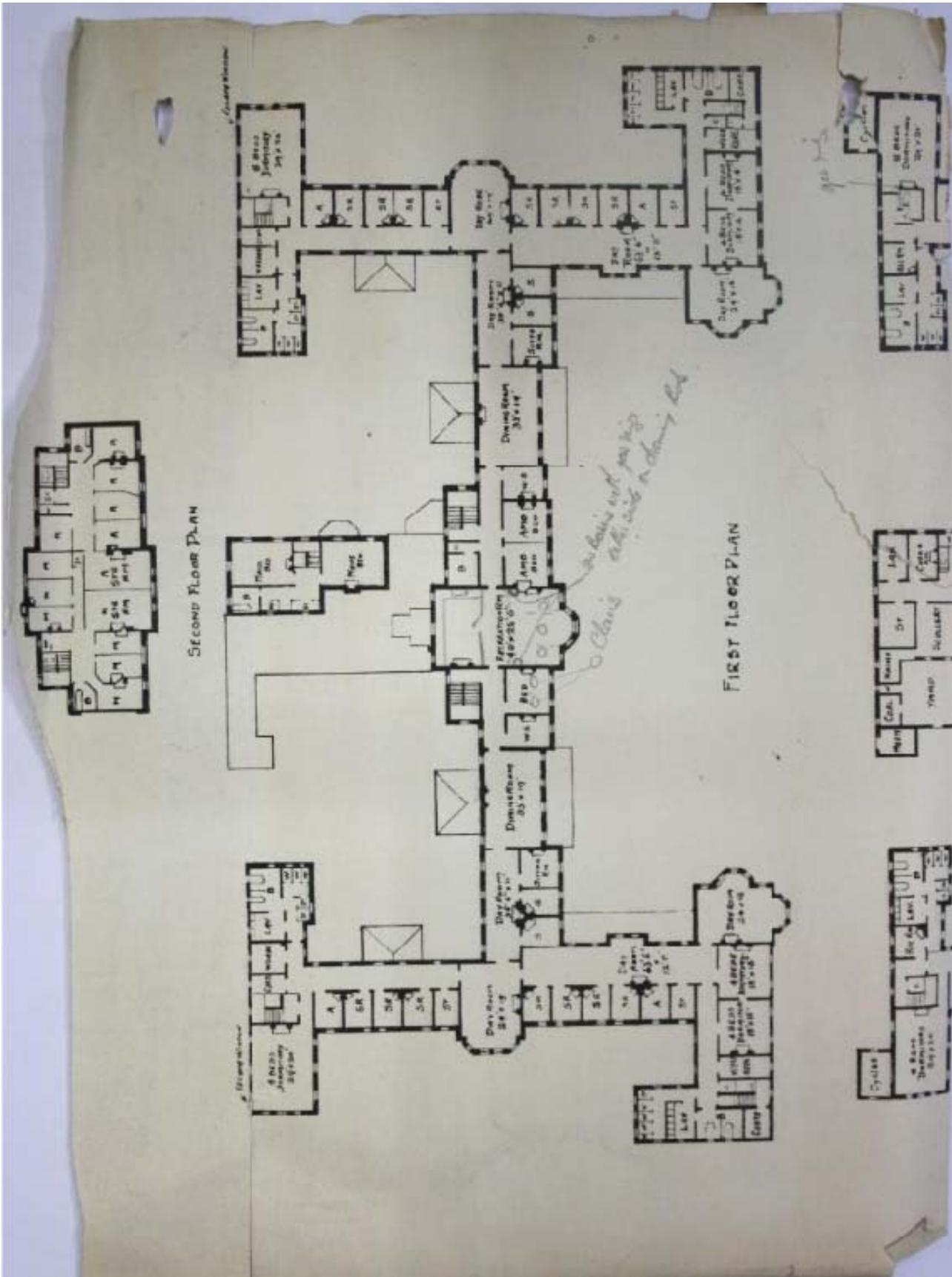
plate'. Hebb also believed that prostheses were needed but that they should be dealt with as the need arose rather than allocating a number of staff before the event. According to Hebb, this was 'one of the troubles which I am at present suffering from, owing to the perhaps justified impetuosity of some of my advisers and Group Officers'.⁷⁵ As stated in Chapters Two and Three, the unit opened in February 1940.⁷⁶

⁷⁵ Ibid.

⁷⁶ See pp. 131 and 155.

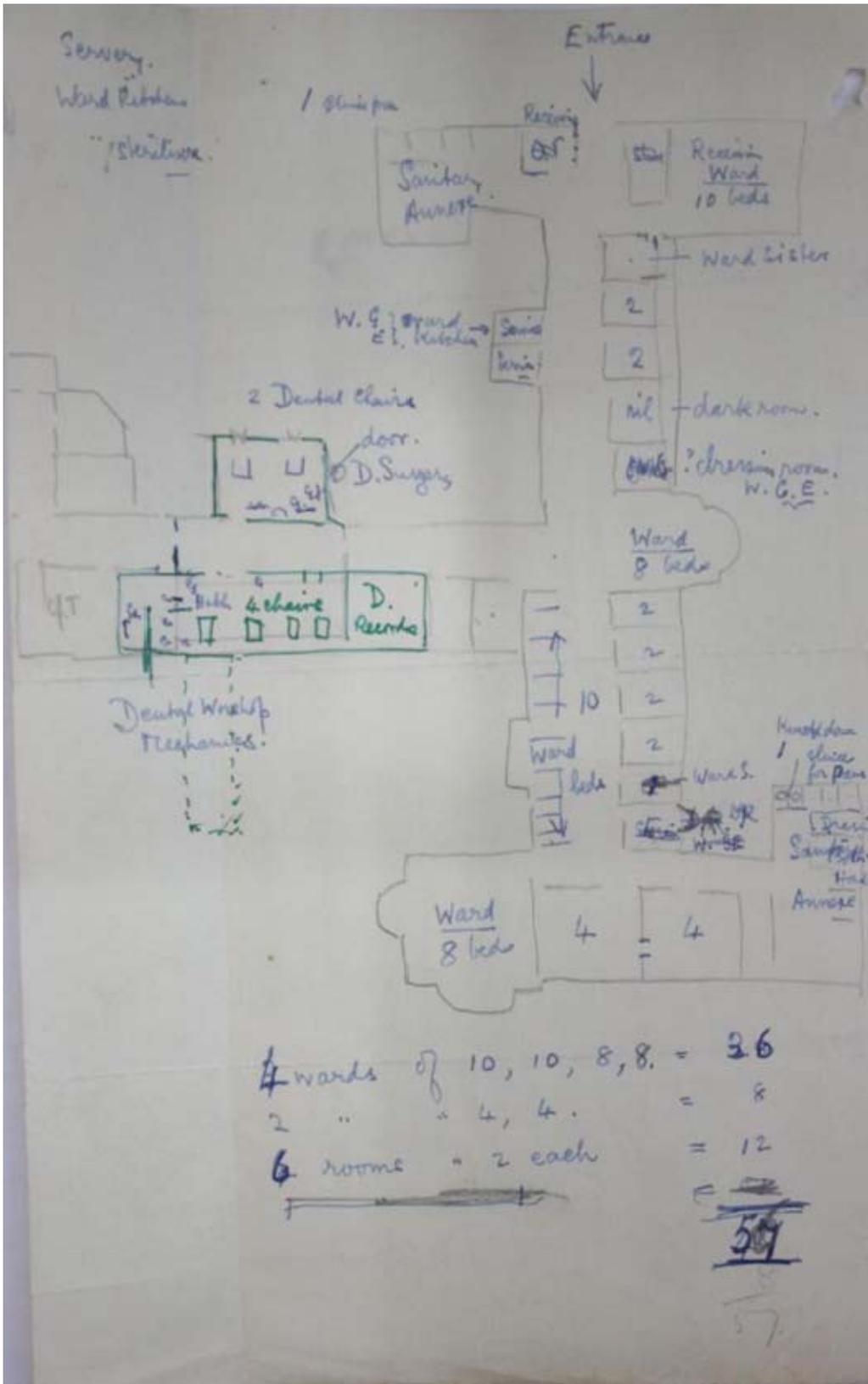


218. Architect's ground floor plan of Rookdown House enclosed with a letter, Gillies to Hebb, 19th September 1939, TNA: MH 76/116. Courtesy of TNA, UK.



219. Architect's first and second floor plan of Rooksdown House, TNA: MH 76/116. Courtesy of TNA, UK.

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220. Handwritten plan of east wing of Rooksdown House, presumably by Gillies, TNA: MH 76/116. The plan is probably of the first floor as it refers to the dental surgery which was situated there. Courtesy of TNA, UK.

Appendix 5.

Rooksdown House in later years

The site where Rooksdown House stood has been a housing estate since c. 1992. Bill Clay informed the club in July 1987 that the building, which was derelict at the time, was possibly ready for demolition.⁷⁷ He included an article and some photographs in the next magazine. Clay had visited Rooksdown on 16th July, was ‘shaken by the empty buildings’ and told by a male nurse that it would no longer be a hospital. The patients were to be transferred to the main hospital, and it was undecided whether Rooksdown would become a new nurses’ home or demolished.⁷⁸ In September 1987, the committee discussed the matter and it was agreed to make contact with Basingstoke District General Hospital to see if photographs were available.⁷⁹ Gordon wrote to the Administrator at Basingstoke General Hospital in November 1987, enquiring about the ‘rumour’ and asking for information about Rooksdown and its future, which could be included in the magazine, possibly with some photographs.⁸⁰

In November 1988, Ray and Joan Gordon, in their roles as Chairman and Secretary respectively, met members of senior hospital staff from Park Prewett Hospital. The Hospital Authorities had wanted to meet to discuss ‘the possibility of erecting some form of memorial to Rooksdown House and for the work that was carried out at the Burns and Plastic Surgery Ward’.⁸¹ By now, the hospital was closed and the windows were boarded up. Although it was likely that the site would be sold to developers, it was still not known whether the building would be completely demolished or part of the original structure would be retained. There was also the possibility that additional housing would be built on or close to the site. Whatever the final decision, some kind of memorial would ‘arise on the site’ because the

⁷⁷ Letter, Clay to Gordon, 29th July 1987, RCR.

⁷⁸ *RCM*, 1988, p. 9.

⁷⁹ Minutes, CM, 27th September 1987. RCR.

⁸⁰ Letter, Ray Gordon to Administrator, Basingstoke General Hospital, 16th November 1987, RCR.

⁸¹ *RCM*, 1989, p. 10.

hospital authorities and staff wanted Rooksdown remembered.⁸² They also asked the Gordons to produce photographs of the original building, staff and patients, and a brief history of how the Rooksdown Club was formed. They hoped that some of these items could be ‘incorporated into a memorial to be placed either externally on the site (suitably protected) or within the replacement structure’.⁸³

Two photographs of Rooksdown House, taken in June and October 1990, were included in the 1991 magazine, and show the hospital boarded up (illus. 223 and 224).⁸⁴ The hospital was demolished and a housing estate built c. 1991-1992. A photograph in the 1993 magazine shows the road sign ‘Gillies Drive’. Underneath the photograph, it states: ‘This is where Rooksdown House stood.’⁸⁵ A local health centre was also named after Gillies. According to an article which appeared in *The Basingstoke Gazette* in 2009, ‘The surgeon’s name lives on locally with the Gillies Health Centre, in Brighton Hill and Gillies Drive in the Rooksdown area of Basingstoke.’⁸⁶ However, although there are references c. 1999-2001 to the committee trying to get a plaque erected in commemoration of the work carried out at Rooksdown House, the proposed memorial was not erected until 2011. A blue plaque in memory of Harold Gilles was eventually unveiled by the Mayor of Basingstoke on 1st October 2011 on the Clock Tower building at Limes Park, Rooksdown (illus. 226). It states: ‘Sir Harold Gillies 1882 – 1960 Britain’s Pioneer Plastic Surgeon practiced at Rooksdown House, Park Prewett Feb 1940 – March 1959.’⁸⁷ The event was reported in local newspapers and the Basingstoke Heritage Society (BHS) Newsletter for October 2011.⁸⁸ According to the newsletter, the BHS ‘had intended to note his work at Rooksdown during and after WW2 for

⁸² Ibid.

⁸³ Ibid.

⁸⁴ *RCM*, 1991, p. 9.

⁸⁵ *RCM*, 1993, p. 18.

⁸⁶ www.basingstokegazette.co.uk/memories/4491429.Gillies_the_genius_of_Rooksdown/

⁸⁷ www.bas-herit-soc.org/

⁸⁸ www.bas-herit-soc.org/oct_2011.html According to the newsletter, two of Gillies’ granddaughters attended the unveiling of the plaque.

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many years, but had waited until works at Park Prewett had settled down'.⁸⁹ As Rooksdown House had been demolished many years before, the plaque was placed on the building which was the main, grand entrance to Park Prewett Hospital, formerly known as Clocktower House, now The Clock Tower.⁹⁰

⁸⁹ Ibid.

⁹⁰ Ibid.

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221 and 222. Rooksdown House c. 1987. *RCM*, 1988, p. 9.

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223 and 224. Rooksdown House boarded up. *RCM*, 1991, p. 9.



225. Where Rookdown House once stood. *RCM*, 1993, p. 18.



226. Blue plaque commemorating the work of Harold Gillies.

Courtesy of Basingstoke Heritage Society.

<http://www.bas-herit-soc.org/plaques.html>

The place people went to get their bodies repaired

WHEN Park Prewett Hospital was built before and during the early part of the First World War, a block was set apart for private psychiatric patients at the west end of what was Privett Park.

This was known as Rookdown House. Today, what had the appearance of a country mansion is just history, for Rookdown House has been demolished to make way for a housing scheme.

But it is not as a private wing for psychiatric patients that the building is chiefly remembered by Basingstoke people, but as a plastic and jaw unit where hundreds of badly mutilated servicemen and women had their bodies repaired in a remarkable way.

Many were so disfigured that they were almost given new faces.

Those of us who lived in Basingstoke during the years of the Second World War have memories of patients from Rookdown shopping in the town with arms linked to faces or with jaws wired up.

The arms were linked to faces to allow skin to be grafted, which was a very slow process.

Operations were continued on some patients over a period of years, with as many as 18 stays at Rookdown.

Although it is more than 30 years since the plastic and jaw unit closed when it was moved to Queen Mary's Hospital, Bournemouth, friendships between patients and staff have been maintained through the Rookdown Club, with a reunion taking place annually.

This was held earlier in May at the Polygon Hotel,

By **ARTHUR ATTWOOD**

Southampton, to where doctors, nurses and patients travelled from various parts of the country, including the Basingstoke area.

The club has a membership of about 500.

Displayed prominently was a painting of Sir Harold Gibbs, the plastic surgeon, who was head of the unit at Rookdown.

Before the outbreak of war Sir Harold was locked upon as the leading plastic surgeon and in 1935 he had operated on King Leopold of the Belgians to remove scars sustained in the coronation in which Queen Astrid was killed.

During the 1914-18 war he had worked with great skill on the mutilated faces of wounded servicemen at Sidcup Hospital, where 12,000 victims were treated.

It was in February 1940 when Rookdown House was converted into a 300-bedded plastic and jaw unit for the reception of civilian air-raid casualties and men and women of the Forces suffering from severe burns and facial



● How Rookdown House, Park Prewett, looked in a picture taken in 1945

injuries. During those five years of war a team of surgical, nursing and other staff was built up under the direction of Sir Harold Gibbs.

This team became not only highly skilled in this specialised branch of surgery, but deeply aware of their responsibility to help men and women who had suffered from the result of modern warfare to take their rightful place in society once again.

Army, Royal Navy and RAF personnel were

treated at Rookdown House during the early months of hostilities—eventually RAF personnel were given new limbs and faces at East Grinstead, where Sir Harold Gibbs' former assistant, Sir Archibald McIndoe, was the head surgeon.

When Rookdown Hospital finally closed in March 1948, no fewer than 20,000 patients had been treated there, including 4,000 servicemen.

Sir Harold Gibbs, who died on September 18,

1960, lived at Church Oak ley.

Educated at Cambridge, Sir Harold was married twice. He had two sons and two daughters by his first wife who died in 1907.

Later that year he married Miss Marjorie Clayton, who had been his surgical assistant for about 20 years.

Lady Gibbs is patron of the Rookdown Club. It was in 1943 that the Rookdown Club was formed under the presidency of Sir Harold and

Alas, after his death, the area of the golf course was turned into a car park.

Sir Harold was married twice. He had two sons and two daughters by his first wife who died in 1907.

Later that year he married Miss Marjorie Clayton, who had been his surgical assistant for about 20 years.

Lady Gibbs is patron of the Rookdown Club.

It was in 1943 that the Rookdown Club was formed under the presidency of Sir Harold and

became recognised as a war charity.

It had three aims—to help patients and ex-patients of Rookdown House to keep in touch with each other; to aid ex-patients who may be hindered in re-establishing themselves in life owing to injury or mutilation; and to educate the public to accept the injured and mutilated without comment or victimisation.

Many of those attending the reunion still showed how their faces had been re-made, with what distortions remaining being reduced to the minimum.

Doctors and staff conversed with former patients, displaying a wonderful feeling of friendship and closeness that has lived on over so many years.

Alas, Anne Dennis continues to take its toll of members and the roll of honour, naming eight members who had died during the past year, included Mrs Ann Engering, an SRN at Rookdown who lived at Worting.

Wonderful miracles of healing were performed by Sir Harold and his teams of surgeons including that of one of Sir Harold's youngest patients, an 18-month-old boy who fell into a fireplace and clucked at the bars of the grate with all his fingers badly burned.

Over a five-year period Sir Harold grafted skin from the child's thigh on to his hands.

The boy grew up to become head of his gymnasium class and to play cricket.

Appendix 6.

Rooksdown House and Queen Victoria Hospital – a nurse’s view

Mair Jenkins worked at both units, beginning her plastic surgery nursing career at East Grinstead in 1945 before moving to Rooksdown where she worked from 1947-49.⁹¹ She recalled that when she left East Grinstead, ‘it was with the cheerful accompaniment, “Off to the rival firm then?” There was the familiar re-phrasing of that question when I went to Rooksdown - but it was in good spirit. To me, they were both marvellous places and it is a privilege to be able to recall that, for a while, one was a part of the scene’. Referring to the public houses that were frequented by both units, she stated: ‘Apart from the fantastic work carried out, on the lighter side, both Units enjoyed a similar pattern of relaxation. The East Grinstead Unit had lively haunts such as the White Hall, Cider Mill and the Smugglers Cave - the latter a little off the beaten track: and at Rooksdown that wonderful favourite, the Mucky Duck’.⁹² The assimilation of patients into the local community was probably a feature of all the units. Referring to the people of Gloucester, for example, Edwards recalled that they responded tremendously to the sight of people walking around the town with hands in slings and with facial splints. In particular the “Railway Inn”, run by a Mr and Mrs Campbell, helped many of these patients who could not drink properly or eat properly, back into circulation. They were one of the most potent influences in the rehabilitation of the men. The various aero-industries based in Gloucester also responded and took men out by coach into the country and for meals in the canteens and there was always a sheet on these occasions into which were thrown contributions for the patients’ welfare.⁹³

⁹¹ After leaving Rooksdown, Jenkins worked at the newly opened unit at St Lawrence Hospital, Chepstow; she then moved to Hill End followed by Mount Vernon, Northwood, before eventually ending up at Stoke Mandeville where she worked with Kilner’s team. *RCM*, 1982, pp. 13-14.

⁹² *Ibid.*

⁹³ Edwards, ‘Personal Memories of the Gloucester unit’, pp. 60-61

Appendix 7.

The aims of the Rooksdown Club

The original aims of the club, as stated in Chapter Four,⁹⁴ did not appear in *Rooksdown Pie* in June 1947 but appeared in the second issue of the magazine in December 1947, and thereafter until December 1955, the last magazine of the decade.⁹⁵ The aims certainly appeared in 1960, 1961, and 1965 but not in newsletters printed in 1968 and 1971. From 1972, the magazine was printed again until 2010 when it was replaced once more by newsletters. During this period, the aims appeared sporadically in 1974, 1991, and 2001.⁹⁶ They were paraphrased in the 1973 magazine in an article about welfare by then Welfare Officer, John Buckland:

‘Briefly, the objects of the Rooksdown Club are:-

1. To help Members keep in touch with one another;
2. To help in the acceptance by the public of the disabled;
3. To help Members who have any sort of problem.⁹⁷

In his ‘Chairman’s Report – 1990’, Ray Gordon noted that it had been some time since the aims had been printed and he proceeded to state the original aims of 1946/47. He went on to state that since the Rooksdown Club had been formed, it had expanded and these principles applied not only to Rooksdown patients but to any patient who had undergone plastic surgery, ‘irrespective of the Hospital who operated on the patient’.⁹⁸ The new constitution of the club, written c. 1999-2001, also involved a re-wording of the aims, and inclusion of a fourth aim. The four aims are listed below with the word changes to the first two aims in capital letters.

- a) To help ex-patients AND STAFF of Rooksdown House, PARK PREWETT HOSPITAL, BASINGSTOKE, QUEEN MARY’S HOSPITAL, ROEHAMPTON OR AT ANY OTHER PLASTIC SURGERY DEPARTMENT TO keep in touch with one another

⁹⁴ See p. 289.

⁹⁵ I am not in possession of the December 1952 edition.

⁹⁶ *RCM*, 1974, p. 2; *RCM*, 1991, p. 5; *Rooksdown News 2001*, p. 10.

⁹⁷ *RCM*, 1973, p. 5. The second and third aims are in the wrong order.

⁹⁸ *RCM*, 1991, p. 5.

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- b) To HELP ex-patients AND STAFF who may be hindered in re-establishing themselves in life owing to injury or mutilation
- c) To educate the public to accept the injured and mutilated without comment or victimization
- d) To apply The Club funds for the benefit of the above mentioned members and to make donations to other organizations where this is also considered to be of benefit to those members.⁹⁹

⁹⁹ *Rooksdown News 2001*, p. 10

Appendix 8.

Comparison between the Rooksdown Club and the Guinea Pig Club

The formation of the Rooksdown Club brings inevitable comparisons with the Guinea Pig Club. There are, of course, major similarities; both clubs were formed by disfigured servicemen at plastic surgery units during the Second World War and became extensions of their respective units; both attended to the welfare of their members and continued to do so for many years after they were formed; until recently, both held annual reunions and published an annual magazine.¹⁰⁰ However, there are major differences between the two clubs, specifically in their membership policies, the reasons they were formed, and in the publicity and funding that each received over the years.

As stated in the Introduction, the Guinea Pig Club was formed in 1941,¹⁰¹ a year after the Battle of Britain and four years before the Rooksdown Club. The necessary requirement for membership was that the victim had to be a severely burnt member of aircrew. McIndoe and a few other select members of staff were allowed to join, and there are examples of other non-aircrew becoming Guinea Pigs but these are very few.¹⁰² McIndoe himself stated that the Guinea Pig Club 'has been described as the most exclusive Club in the world, but the entrance fee is something most men would not care to pay and the conditions of membership are arduous in the extreme'.¹⁰³ The Rooksdown Club, on the other hand, was inclusive from the start, allowing/encouraging anyone involved with the hospital to become members. Thus, its membership included service and civilian casualties from the war, patients with congenital defects, victims of accidents, and members of staff. As stated in Chapter One, Gillies also suggested inviting the men who had attended the Queen's Hospital, Sidcup, during and after

¹⁰⁰ The final Rooksdown Club annual reunion took place on 5th June 2010 at the Southampton Park Hotel. It was also agreed that the March 2010 edition of the magazine would be the last in its traditional format and would be replaced by an annual newsletter. *RCM*, 2010, p. 2.

¹⁰¹ See p. 21.

¹⁰² For examples, see Edward Bishop, *McIndoe's Army – The Story of the Guinea Pig Club and its Indomitable Members* (London Grub Street, 2001), pp. 138-139.

¹⁰³ Mayhew, *The Reconstruction of Warriors*, p. 78.

the First World War;¹⁰⁴ similarly, while commending the work and loyalty of all the foreign surgeons who had trained and worked at Rooksdown House, Gillies suggested inviting this ‘truly remarkable list of men’ to join the club.¹⁰⁵

It is unclear how well known the Guinea Pig Club was to the patients of Rooksdown and how much it influenced the formation of the Rooksdown Club. James Russell was certainly aware of it during his time at Rooksdown because his brother, Bill, had been a trainee pilot in the RAF at the same time as Richard Hillary, one of the best-known ‘Guinea Pigs’, and is mentioned in Hillary’s memoir, *The Last Enemy*.¹⁰⁶ Neville Wildgust, who was admitted to Rooksdown in April 1944, has suggested that there was an awareness of the Guinea Pig Club and possibly an influence: ‘It was about this time (late August) that the idea of forming a Club based on the Guinea Pig Club idea was first aired.’¹⁰⁷ It should be noted, though, that Wildgust was referring to August 1944, a year before the formation of the club began. Possibly, forming a club was mentioned at this time but it could not have come from Geordie Reay as it was only a month or so after he was admitted with severe burns. Reay did not become a “‘walking case” until Christmas 1944, ‘when he got up for the first time for his sister’s wedding’.¹⁰⁸ Wildgust probably has his dates wrong.

The Rooksdown Club was the first patient-support group that was not exclusive to servicemen, and, as is clear from its aims, wanted to reach as broad a range of people as possible. As discussed in Chapter Five, from the early 1970s, the club extended its membership to anyone who had undergone plastic surgery and who needed ‘help and

¹⁰⁴ See p. 95.

¹⁰⁵ *Rooksdown Pie*, pp. 2-3.

¹⁰⁶ Interview with James Russell, April 2006. According to Russell, Bill and Hillary were initially sent to be Army co-operation pilots but Hillary was burned and later travelled to America to generate publicity and support for the war effort. In Hillary’s memoir, ‘Russell’ is referred to as a ‘mustachioed, swash-buckling, would-be leader of men, convinced that he was the best pilot on the Course, but a sound enough fellow underneath’. Hillary, *The Last Enemy*, p. 41. Hillary’s memoir, according to Mayhew, is perhaps the most famous pilot memoir. Mayhew, *The Reconstruction of Warriors*, p. 41.

¹⁰⁷ *RCM*, 2008, p. 23.

¹⁰⁸ *Southern Evening Echo*, July 1970, p. 8.

companionship’,¹⁰⁹ while in more recent years, the invitation was extended to anyone connected with plastic surgery units in any way, or who simply wanted to support the club. In November 1999, Ray Gordon stated membership as being for ‘Any person who has undergone plastic surgery at the Burns and Plastic Surgery Unit at Rooksdown House, Park Prewtt (sic) Hospital, Basingstoke or at Queen Mary’s Hospital, Roehampton or plastic surgery at any other location to rectify injuries however caused.’¹¹⁰ He hoped that his definition was ‘wide enough’.¹¹¹ The new constitution of the club in 2000, for which Gordon had sent club Treasurer, Gordon Johnson, the definition, stated:

Membership is available to any person who underwent plastic surgery or was employed at the Burns and Plastic Surgery Unit at Rooksdown House, Queen Mary’s Hospital or at any other Plastic Surgery Unit. Membership is also offered to any person who wishes to actively support The Club. New members are required to pay a joining fee of £10.00 but there is no annual subscription.¹¹²

Another major difference between the two clubs is that the Guinea Pig Club was initially formed as a drinking or ‘grogging’ club by the patients of Ward III and had ‘few specific aims, except to perpetuate the comradeship and support both patients and staff had found in each other during their time at East Grinstead’.¹¹³ In contrast, the Rooksdown Club set out with three specific aims to aid its facially wounded members. The Guinea Pig Club also had far greater financial resources. What started out primarily as a drinking club with its tongue-in-cheek appointments – Peter Weeks, for example, was nominated treasurer because he was unable to walk, and would therefore be unable to take off with the funds – soon took on far greater significance. As Bishop has stated, ‘In the glow of the sherry the Maxillonians showed perception. Peter prepared the ground for future treasurers who were to raise large

¹⁰⁹ See pp. 337-338.

¹¹⁰ Letter, Ray Gordon to Gordon Johnson, 26th November 1999, RCR.

¹¹¹ *Ibid.*

¹¹² *RCM*, 2001, p. 11.

¹¹³ Mayhew, *The Reconstruction of Warriors*, p. 78.

sums to help support guinea pigs in need and in later years to make handsome donations to the RAF Benevolent Fund, for long an ever ready supporter of individual guinea pigs as need arose.¹¹⁴ The wealthy donors and patrons, and the RAF Benevolent Fund, enabled Guinea Pigs to train for any job physically within their grasp. While some became doctors and dentists, the club included an airline captain and, remarkably, a plastic surgeon.¹¹⁵ As will be discussed shortly, the Rooksdown Club's main source of income – at many times, its only source – was the selling of tickets for the annual Derby Draw.

Possibly the greatest difference between the two clubs, and the main reason that the Guinea Pig Club was able to raise such funding, was the publicity each received. A major factor behind the Guinea Pig Club receiving such publicity was because Archibald McIndoe was a very good publicist. He and Gillies were very different in this respect, reflecting the difference in their personalities. While McIndoe enjoyed the publicity at East Grinstead which helped develop both his and the Guinea Pig Club's reputation, Gillies shunned it. As Pound has suggested, 'McIndoe encouraged the press visits arranged by the Ministry of Information and could count many journalists as his friends, Gillies was less readily co-operative and press visits to Rooksdown House were apt to be a fiasco when it came to interviewing the presiding genius.'¹¹⁶ McIndoe also encouraged visits to the hospital by famous people from the world of television and film. Such publicity heightened the profile of the hospital and made it known at home and abroad which made it 'a worthy object of financial benevolence'.¹¹⁷

According to James Russell, another reason why the Guinea Pig Club generated so much publicity was because the war was being fought 'on the doorstep, so the Fleet Street people were there at the Battle of Britain. It was a huge opportunity for a lot of people. It is

¹¹⁴ Bishop, *McIndoe's Army*, p. 5.

¹¹⁵ *Ibid.* p. 46.

¹¹⁶ Pound, *Gillies Surgeon Extraordinary*, p. 160.

¹¹⁷ *Ibid.*

never to be forgotten whereas no one ever really understood what the tank chaps did'.¹¹⁸ Pound reiterated this sentiment, suggesting that Gillies' patients, 'mostly from the Army, had a less immediate appeal to the public imagination than those from the Royal Air Force at East Grinstead'. He also referred to a letter that was published in the *Nottingham Evening Post* on 27th April, 1963, which recalled 'that discrepancy'. Referring to the work of Gillies and McIndoe, Michael Torz wrote: "The public has always been fed with this "glamour" and "glorification" of the Royal Air Force while the Army has gone unnoticed...I was a patient of Sir Harold Gillies and the work he did on me, plastic and bone grafting, a series of about twenty operations, regrafting skin and eyebrows from chest and arms, and bone from my hip for my nose, was nothing but a miracle...I feel by this letter that I have made known something that has been forgotten."¹¹⁹ Mayhew also referred to the positive press coverage for the RAF which was aided from mid-January 1943 by journalists and foreign correspondents being 'allowed to participate directly in operational flights for the first time – and to take their readers and listeners with them...The broadcasts that resulted from these operational flights brought the British public even closer to the men and machines of the strategic air offensive...Press participation in operational flights continued until the end of the war, and enthusiasm by all parties for such participation was not diminished even when it proved to be as dangerous for the journalists as it could be for the crews'.¹²⁰

No one could begrudge the Guinea Pig Club and its members such publicity; theirs is a remarkable story about remarkable men, courageous in the extreme and worthy of all good fortune that came their way. However, as stated in the Introduction and Chapter One, such

¹¹⁸ Interview with James Russell, April 2006.

¹¹⁹ Pound, *Gillies Surgeon Extraordinary*, p. 161. Torz was an original member of the Rooksdown Club, his unusual name appearing in the list of members in *Rooksdown Pie*, although his address at this stage was in London. *Rooksdown Pie*, p. 20. Torz's name appeared in the 1972 magazine with 'Address unknown' written next to it. *RCM*, February 1972, p. 19. His name last appeared in the 1981 magazine when he was again listed as having no address. *RCM*, February 1981, p. 13. Torz must have moved to Nottingham by the 1960s but not informed the club.

¹²⁰ Mayhew, *The Reconstruction of Warriors*, p. 145.

publicity and recognition has resulted in it totally overshadowing the work carried out at Sidcup during and after the First World War, and at other plastic units during the Second World War.¹²¹ Regarding the other units during the Second World War, such an imbalance in publicity has led to the somewhat blinkered view, albeit unwitting, that the only casualties to be disfigured were RAF aircrew. One can assume that this must have been a source of great annoyance for those treated at the other units who in later years were mistaken for Guinea Pigs. James Russell referred to this when he stated:

Most Rooksdown patients, during long post-operative careers, have been mistaken for an ex-RAF crew survivor – an increasingly irritating experience for any person whose scars were acquired in a tank, or a tanker, or a warship, or a naval aircraft, or an air raid – in fact almost anywhere except an RAF aircraft. In early post-war days it was common to be greeted by a pre-war friend with a surprised – “you must be one of those Guinea Pig chaps from East Grinstead, eh?”¹²²

The Rooksdown Club had an opportunity to redress the balance slightly when an article about the Guinea Pig Club, written by Nesta Pain, appeared in the *Daily Telegraph Weekend Magazine* in December 1990.¹²³ The article coincided with London Weekend Television’s (LWT) six-part series, “A Perfect Hero”, based on a book inspired by the story of Archibald McIndoe, being broadcast in February 1991. Gordon wrote to Pain in December 1990, stating that he had read her article in the Telegraph magazine; he went on to explain who he was, how he had been burnt, and how he and other burnt casualties of the Army and Navy were treated at Rooksdown under the leadership of Sir Harold Gillies. He informed Pain that casualties sent to Rooksdown, including civilians, were treated in a similar way to the Guinea Pigs in that they ‘spent anything up to four years in Hospital undergoing treatment, with suitable breaks in order to recuperate at home and to return to work, where possible, between a series of operations’. He explained that a club was also formed at Rooksdown ‘to assist

¹²¹ See pp. 32 and 43.

¹²² *RCM*, 2005, p. 32.

¹²³ See p. 369 of this thesis.

patients to return to ‘normal’ civilian life again.’ In another parallel with the Guinea Pig Club, Gordon referred to incidents where he, ‘like the man in your article’, had experienced people getting up from a table in a restaurant and leaving their meal when he sat down to eat. He knew of only one man who had ‘failed adequately with his changed circumstances’.¹²⁴

Gordon stated that the Rooksdown Club now accepted anyone who had undergone plastic surgery regardless of where the work was carried out, and pointed out that the individual treatment at each hospital was similar, in that there were no Hospital ‘blues’ and patients were encouraged to mix with the local community ‘to give them confidence to face ‘those at home’ and elsewhere when they were ready for it.’¹²⁵ He also referred to the different attitudes of Gillies and McIndoe regarding publicity which had led to the general public thinking that only members of aircrew were burnt in the Second World War. This was ‘quite wrong’ because casualties from the Army, Navy and civilians who sustained burns as extreme as those in the Air Force, ‘far exceeded in numbers those of the RAF’.¹²⁶

Pain replied to Gordon in January 1991, stating that she was ‘very interested’ in what Gordon had said and admitted it was ‘of course, perfectly true that one tends to connect burns with aircrew, but now I can quite see there must have been far greater numbers burnt in the Army and Navy’. Pain also referred to McIndoe encouraging publicity for his men, recalling that he welcomed the BBC suggestion of a programme: ‘I suppose he thought it helped to get them accepted: I have no idea whether he was right.’ She also found it interesting that the Rooksdown Club had a wider membership than the Guinea Pigs.¹²⁷ Gordon responded on 17th January 1991, referring to that morning’s news regarding the outbreak of the Gulf War and

¹²⁴ Letter, Ray Gordon to Nesta Pain, 31st December 1990, RCR. Presumably, this was the man who had once been a singer in a band, as discussed on p. 335.

¹²⁵ Ibid. Gordon’s comment about ‘no Hospital blues’ seems to be contradicted by Frederick Hall who was at Rooksdown during the summer of 1945 for a series of operations. Hall wrote an article for the club magazine in 1979 about his time at the hospital, and although he does not state how he was injured, he certainly lost an eye and was in the army. In his article, he stated: ‘I didn’t care much for our “blue suits” and red ties but I soon managed to win a spare uniform for walking out.’ *RCM*, February 1979, p. 13.

¹²⁶ Letter, Gordon to Pain, 31st December 1990, RCR.

¹²⁷ Letter, Pain to Gordon, 14th January 1991, RCR. I am unable to read the exact date but in his reply, Gordon confirms that it was 14th January.

poignantly summing up the inevitable suffering of some of the casualties on both sides: ‘...a few moments of searing pain, months or more in Hospital with often painful treatment and finally a disfigurement or disablement for life. In some cases despair and the realisation that a life time’s ambition will now never come to fruition but for others a new direction opens up which may eventually lead to success in another field of activity’.¹²⁸ He also expressed concern that the media might repeat their behaviour during the Falklands conflict with Simon Weston. Although Gordon appreciated all that Weston had been through and admired his courage and recovery, he felt that the media had handled his case in a way that gave the impression to the general public that he was the only burns case in the Falklands War. This was ‘far from true, but that has been the impression that has been given’. Gordon thought that because television was not available during the Second World War, the injured had time to adjust to their condition before ‘going public’. Gordon’s fear was that the media might try to film casualties ‘literally being pulled out of Tanks or Aircraft and then following up the individual’s own journey back to recovery step by step...The disfigured and disabled must be allowed time to adjust to their own condition as indeed must members of their own families.’ Gordon again thanked Pain for writing the article before signing off. In a post-script, Gordon also referred to another similarity between members of the two clubs when he stated: ‘I also married one of the Hospital Physiotherapists in 1949 – as you say there were a number of Hospital romances and marriages.’¹²⁹

In the meantime, Douglas Campbell Reid, Gillies’ Senior Registrar at Rooksdown for four years during the 1950s,¹³⁰ had written to the Editor of the *Daily Telegraph* on the 11th January 1991 concerning Pain’s article.¹³¹ He described Pain’s wartime recollections of the severely burned airmen she had met at East Grinstead during the Second World War as being

¹²⁸ Letter, Gordon to Pain, 17th January 1991, RCR.

¹²⁹ Ibid.

¹³⁰ *RCM*, 1991, p. 27.

¹³¹ Letter, Campbell-Reid to Editor, *Daily Telegraph*, 11th January 1991, RCR.

‘an accurate account of their skilled management by the late Sir Archibald McIndoe and his team.’ He also referred to LWT’s forthcoming six-part series based on the book about McIndoe, and the fact that one of the Guinea Pigs had been the subject of the television programme, *This Is Your Life*, which had been broadcast that week.¹³² According to Campbell Reid, the presenter of the programme, Michael Aspel, had referred to McIndoe’s ‘pioneering plastic surgery’. Without wanting to detract from McIndoe’s expertise, Campbell Reid pointed out to the Editor that it was Gillies who was ‘the pioneer in plastic surgery’ starting with his outstanding work during the First World War. Campbell Reid then briefly discussed the setting up of the plastic unit at Rooksdown House by Gillies in the Second World War, and the formation of the Rooksdown Club.¹³³ Campbell-Reid wrote to Gordon in April 1991, primarily to say that he would not be attending the reunion but also stating that he had contacted Nesta Pain and received ‘a very nice reply.’ Presumably, Campbell-Reid had asked her to write about Gillies because he states that Pain ‘did not feel she was the right person to write about Sir Harold as she had no medical knowledge and knew nothing about plastic surgery’. In Campbell Reid’s opinion, it was ‘really a question of getting a professional journalist interested. You and many others could provide the material’.¹³⁴ Unfortunately, nothing was written about Gillies or the club.

¹³² Ibid. ‘This Is Your Life’ was a television programme shown on ITV which researched a person’s life unbeknown to the person, usually a celebrity or someone of note, and then the presenter caught him/her unaware before taking them to the television studio. The presenter would then tell the person’s life story to a studio audience and television viewers, interspersed with anecdotes from friends and family. For more information about the programme, go to www.bigredbook.info/

¹³³ Letter, Campbell-Reid to Editor, *Daily Telegraph*, 11th January 1991, RCR.

¹³⁴ Letter, Campbell Reid to Gordon, 14th January 1991, RCR.

Appendix 9.

Gillies and McIndoe

Due to Gillies' association with the Queen's Hospital during and after the First World War and Rooksdown House during the Second World War, comparisons between his and McIndoe's treatment of their patients, both surgically and psychologically, are inevitable. The surgical aspect need not concern us here, although it suffices to say that Gillies' work at the Queen's Hospital and Rooksdown House has been under acknowledged. Concerning the psychological aspect, clearly both men were well aware of the needs of their patients. I have referred to Gillies' thoughts relating to his experiences during and after the First World War and at Rooksdown, as demonstrated by his address as President of the club in *Rooksdown Pie*,¹³⁵ the numerous comments from patients and colleagues who witnessed this aspect of his work firsthand also attest to this. Chief Anaesthetist Patrick Shackleton, who became President of the Rooksdown Club after Gillies' death in 1960, referred not only to Gillies' 'genius in the medical world but to his wonderful understanding of the patients (sic) feelings and of the many and devious ways in which Sir Harold encouraged the rehabilitation of the patients'.¹³⁶ Nurse Nora Hayes recalled one incident where she had to help Gillies with a dressing. She stated: '...although my inadequacy caused him to be a little irritable to me, when he had finished he turned to the patient, and in tones of gentle compassion enquired, "Well, old boy, how does that feel?" I was absolutely stunned. Here was the world-famous Surgeon - Sir Harold - speaking to an unknown 19 year-old from nowhere as if he were a friend! It was a revelation to me, a lesson never to be forgotten.'¹³⁷ Judy Stokes stated that it was a privilege to work for such a great man as Gillies and that it was partly due to his modesty that he was overshadowed by McIndoe. Gillies was 'such a charming man...I had worked in other places previously, including Winchester Hospital, where when the big man

¹³⁵ *Rooksdown Pie*, p. 2

¹³⁶ 'Notes on 1961 AGM held in conjunction with the Rooksdown Reunion Dinner on 13th May, 1961', RCR.

¹³⁷ *RCM*, 1981, p. 4.

came down the corridor you went into the woodwork with the rest of the earwigs...But Sir Harold would open the door for a ward maid'.¹³⁸ Douglas Campbell-Reid also gave an insight into Gillies' relationships with patients and staff:

A typical day at Rooksdown House would start with a clinic held in Sir Harold's office. He would sit at his desk, surrounded by his assistants and the visitors who always abounded. Other members of the staff would also join in. Each patient would be brought in for assessment and immediately be made to feel at ease in the great man's presence. He had a wonderful rapport with his patients who worshipped him. He was a brilliant teacher and always insisted on a detailed plan for a particular repair or reconstruction. If one of the overseas visitors were called upon to outline a plan, he would as often as not be addressed as "Texas" or "South America" according to his place or origin. The unfortunate trainee would immediately be rebuked if his hands went straight to the affected part. "Use your eyes first to assess the problem. Keep your filthy fingers off!". This was said in a good humoured bantering manner and the visitor, initially taken aback, would usually be mollified later by some complimentary remark, particularly if he outlined a satisfactory plan for the reconstruction. If, however, the patient was not handled sufficiently gently but treated as just another clinical problem – a not infrequent occurrence, then the budding young plastic surgeon would be censured and referred to as "a hot blooded Latin" or some similar phrase. Gillies was always as alert to the sensitive and courteous dealing with patients as to the gentle handling of tissues in the operating theatre.¹³⁹

Eve Gardner also referred to Gillies' awareness of the psychological needs of his patients. When Max Factor launched his camouflage make-up products for the first time in the UK in 1936, Gardner was the first of a new team of British make-up artists to be taught the art of camouflage make-up and other techniques by Factor's Hollywood experts.¹⁴⁰ She

¹³⁸ www.basingstokegazette.co.uk/memories/4491429.Gillies_the_genius_of_Rooksdown/

¹³⁹ *RCM*, 1991, p. 27. This article also appeared in D. A. Campbell Reid, 'Sir Harold Gillies: Plastic Surgeon Extraordinary', *The Journal of Hand Surgery (European Volume)*, 14 (4) (1989), pp. 460-462. Reid became a leading hand surgeon combining plastic and orthopaedic surgical techniques. Obituary, 'Douglas Andrew Campbell Reid 25 February 1921–16 August 2005', *The Journal of Hand Surgery (European Volume)*, 31 (1) (2006), p. 121.

¹⁴⁰ *RCM*, 1980, p. 7. Although Gardner's name is not given as the author of the article, one can ascertain it is her as she is discussed by Gladys White in the previous related article, 'A tribute to Max Factor'. *Ibid.*, pp. 6-7. White was sent on leave after being at Rooksdown for three months c. 1940, and told by Gillies to go to Max Factor's in Bond Street. There she was dealt with by Gardner. *Ibid.* Max Factor had been interested in the field

recalled that Gillies, ‘the “daddy” of them all’, was the first to take advantage of the opening of Max Factor’s shop at 16 Old Bond Street, London, W1, by sending patients to the salon: ‘Indeed, so intrigued was he by this new art, and the “finish” it could lend to his skills, that he took to photographing his patients at his surgery in Harley Street before they left for their appointment, made by him, with Max Factor’s, and then photographing them again when they returned to show him the results of our art.’¹⁴¹ The Second World War sent the necessity for camouflage makeup ‘rocketing’, and for the latter years of the war, the salon in Bond Street was only open for war victims resulting from enemy action. Gardner recalled:

Even after the war they still continued to come, sometimes an ambulance load for which the Salon would be given over for an entire day. They included men, women and children from burning buildings, bomb blast, torpedoed ships and the horrifying results of burning diesel oil. There were victims of shrapnel, flying glass and some with almost entirely blackened faces. There were airmen, Sir Archibald McIndoe’s “Guinea Pigs” from East Grinstead, with their pedical (sic) noses, a common sight to the East Grinstead girls but a gruesome sight for the unaware, who came to have the pale body skin which had been “rolled” up to grow healthily into the gap where their nose had been, but which was nearly always a white contrast to their often ruddy or tanned skins and needed a Pan-Cake.¹⁴²

As well as giving an insight into how Max Factor products took off in the UK during and after the Second World War, the above reference to the Guinea Pigs demonstrates that surgeons were on a similar wavelength regarding how to treat their patients following surgery. Where McIndoe was unique, however, was in the very personal touches that he added to try and boost the morale of the men; for example, they were allowed beer in the

of camouflage make-up since the First World War. Several American plastic surgeons had used his grease paints for camouflaging the scars of their war victim patients. It was also used on ‘bad burn and scald cases, motor smash injuries as well as those actually born with a disfigurement’. Ibid.

¹⁴¹ Ibid., pp. 7-8.

¹⁴² Ibid. ‘Pan-Cake’ was a type of makeup developed by Max Factor in the 1930s, popular with Hollywood actresses during the 1930s and 1940s, and made available to the public in 1938. It became one of the most popular makeup items of all time. Its formula concealed imperfections ‘without caking up or leaving skin looking shiny.’ <http://makeup.lovetoknow.com/max-factor-pancake-makeup> For examples of advertisements of Hollywood actresses endorsing the product during the 1940s, see <http://theglamourologist.blogspot.co.uk/2012/09/max-factor-pancake-makeup-1940s.html>

ward and could get out of bed in the morning whenever they wanted, they never had to wear a hospital uniform, and officers and other ranks shared wards, thus encouraging a common bond at the hospital where everyone was equal.¹⁴³ McIndoe also allegedly picked the prettiest nurses to give the men a psychological boost. According to Mosley, 'Pretty VAD auxiliaries swarmed about the wards, chatting and flirting with the men.'¹⁴⁴

McIndoe was also well aware that the men needed to get back into society as part of their rehabilitation. Mayhew has suggested that he was driven in this respect by seeing World War One veterans playing cornets or selling matches in Piccadilly c. 1931 after his arrival in Britain. He was 'determined that it should not happen to his patients and was convinced that insecurity was a factor in patient recovery'.¹⁴⁵ He therefore encouraged the local community to try to be more accepting of the airmen's injuries. Although the locals initially struggled to come to terms with the men's physical appearances, more and more families gradually agreed to help, and eventually the Guinea Pigs were assimilated into the community.¹⁴⁶ As discussed in Chapter Five, this was also the case with Gillies and the patients at Rookdown.¹⁴⁷

Mayhew has suggested that it was 'truly remarkable' that the RAF found a surgeon who was equally committed to its aircrew.¹⁴⁸ James Russell, however, has suggested that it wasn't coincidence that paired McIndoe with the RAF but rather sound judgment on Gillies' part, stating: 'No-one questions McIndoe's reputation as a brilliant surgeon and a great man. But no-one should forget that it was Gillies who spotted him, encouraged him and made sure

¹⁴³ Mayhew, *The Reconstruction of Warriors*, p. 78. See also Mosley, *Faces from the Fire*, p. 93.

¹⁴⁴ Ibid. See also http://news.bbc.co.uk/1/hi/england/southern_counties/4274838.stm Mayhew has suggested, however, that although 'Much has been made of the attractiveness of East Grinstead's female staff', nurses were chosen, 'above all, for their ability to cope with the heavy emotional load entailed by their unique charges and duties. The usual protocols of age and status were ignored – as was so often the case at East Grinstead – to allow young but gifted, capable women to assume positions of authority far earlier than they could have expected in any other hospital.' Mayhew, *The Reconstruction of Warriors*, pp. 70-71. As at Rookdown, a number of Guinea Pigs ended up marrying nurses. See Bishop, *McIndoe's Army*, pp. 85 and 93 and Mayhew, *The Reconstruction of Warriors*, p. 159.

¹⁴⁵ Ibid., p. 167.

¹⁴⁶ Ibid., pp. 155-166.

¹⁴⁷ See pp. 349-352.

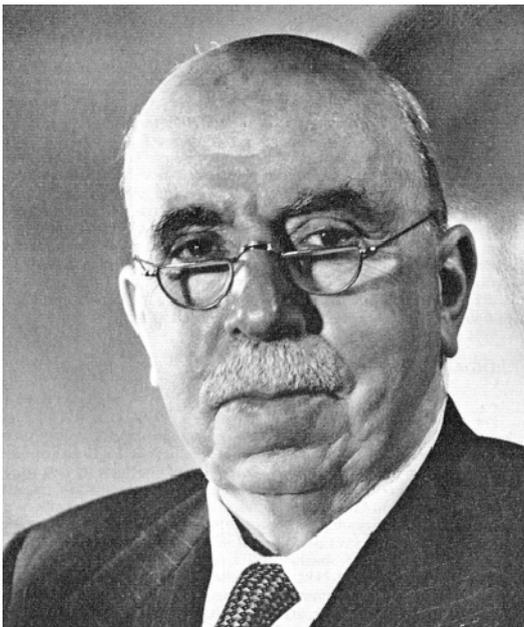
¹⁴⁸ Mayhew, *The Reconstruction of Warriors*, p. 202.

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that when the war came, he was the right man in the right place.’¹⁴⁹ As discussed in Appendix 3, it was Gillies who gave his younger, distant cousin his first job when he arrived in England in 1930; it was also Gillies who recommended that McIndoe succeed him as Civilian Consultant in Plastic Surgery to the RAF.¹⁵⁰



228. Gillies and McIndoe (date unknown).

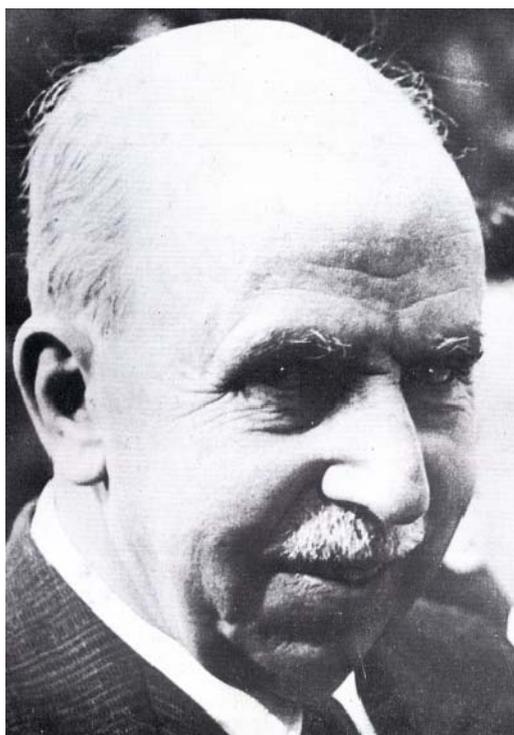


229. Gillies (date unknown), *RCM*, 1973, p. 1.

¹⁴⁹ *RCM*, 2005, p. 31.

¹⁵⁰ Pound, *Gillies Surgeon Extraordinary*, p. 132.

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230. Gillies c. 1953, *RCCS 1953*.



231. Gillies (date unknown), *RCM*, 1999, p. 1.

Appendix 10.

List of oral testimonies of Rooksdown Club members

The interviews used in the thesis were as follows:

Name	Patient/staff/spouse	Date of injury and arrival at Rooksdown	Date of interview
Ken Curtis	Service patient	Wounded 16 th July 1944 at Normandy. Shot in the jaw. Admitted 24 th July 1944. Had 43 operations over a period of many years – he also had later treatment at Roehampton	28 th April 2006
Archie Day	Service patient	Wounded 16 th October 1944 at Caen, Normandy. Burned in an anti-tank vehicle (two out of five survived). Face, neck and hand burned. Admitted November 1944. In hospital, on and off, until 1948 (had a 12 month break between 1947-1948).	25 th September 2006
Ray Gordon	Service patient	Wounded 10 th July 1944 at Normandy. Burned in a tank (the only survivor). Face and hand burned. Admitted July 1944 after spending 10 days at RAF Wroughton. Had 23 operations over a period of four years.	October 2005 and March 2006
Joan Gordon	Wife of Ray Gordon and physiotherapist at Rooksdown	Worked at unit from 1945-1948.	Present at interviews with Ray Gordon and contributed.

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John Hearn	Service patient	Wounded 7 th June 1944 at Normandy when jeep was blown up. Shell took whole of upper jaw and nose. Admitted June 1944. Had approximately 30 operations over five years at Rooksdown.	7 th June 2006
Diana Creasey	Nurse at Rooksdown	Worked at unit from 1946-1949.	Present at interview with John Hearn and contributed.
James Russell	Service patient	Wounded 27 th June 1944 at Normandy. Burned in a tank. Admitted June/July 1944. Had 13 operations on his left side, mainly neck and head.	28 th April 2006.
Dorothy Russell	Wife of James Russell		Present at interview with James Russell and contributed.
Marjorie Wilson	Wife of service patient, Ivor Wilson	Wounded in a training flight accident in November 1944 when his Fleet Air Arm plane crashed. He received 60 per cent third and fourth degree burns. Admitted mid-December 1944. Had 30 operations over three year period.	28 th August 2006. Their daughter, Karen, was also present and contributed.

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The following interviews were not used:

Name	Patient/staff/spouse	Date of injury and arrival at Rooksdown	Date of interview
John Clarke	Plastic surgeon at Roehampton and last president of the Rooksdown Club.		31 st May 2006
Dennis Flanders	Civilian patient	Injured and admitted in 1955. Involved in a road traffic accident resulting in a badly damaged leg which required cross-leg flaps after skin grafts failed.	14 th August 2006
Bill Holdsworth	Plastic surgeon	Worked at the unit from 1947-1959. Moved with unit when it transferred to Roehampton and remained there until he retired in 1972.	30 th August 2006
Rosemary Johnson	Child patient	Admitted in 1951 to remove a red birthmark on her face. Returned for operations up to 1958. She had some follow-up treatment at Roehampton.	28 th April 2006
Alan Mayhew	Dental surgeon	Worked at unit from 1950-1953.	11 th September 2006
Nancy Robatham,	Occupational therapist	Worked at unit from 1950-1951.	15 th August 2006 Pat Short, a nurse at Rooksdown c. 1952-1959 who moved with unit when it transferred to Roehampton, was also present and contributed.
Brigadier David Stileman,	Service patient	Wounded 31 st July 1944 at Normandy. Shot in the head. Admitted August 1944.	19 th April 2006.

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		Had six operations over a ten month period.	
Werner Volkner,	Civilian patient	Admitted November 1951. Injured in the face when starting a tractor in a market garden where he was working. He had originally worked there as a prisoner of war but carried on working there when the war ended.	14 th August 2006.

Appendix 11.

Catherine Pollock

The club's first Welfare Officer and one of the most important figures in the psychological rehabilitation of the patients at Rooksdown was Catherine Pollock. According to Gillies, writing shortly after the Rooksdown Club was formed, the combination of factors that made the club 'a vitally living influence' could be 'centred round one particular pernicky, bossy, charming female'. Gillies questioned whether anyone at Rooksdown had given such devoted service as Pollock and referred to the letters she wrote to the wife or girlfriend of a patient 'telling her not to worry too much about the disfigurement'.¹⁵¹ She also wrote letters on behalf of patients to their families and loved ones, informing them of their progress.¹⁵²

Following her resignation in 1951, after eleven years of 'devoted service',¹⁵³ much of the early part of the 1951 magazine was dedicated to her work at Rooksdown, and gives a greater insight into her contribution to the patients' psychological rehabilitation. At the 1951 AGM, the chairman described her as being 'synonymous with Rooksdown. Since he had known her, he had not only come to appreciate her untiring efforts for the patients but to value her friendship and he knew that such friendship was universal to all 15,000 patients who had passed through Rooksdown House'.¹⁵⁴ An article, simply referred to as "Polly" and written by 'A PATIENT', described Pollock's work. The author referred to being at Rooksdown in the early days, which was to become "'home"' on and off for several years', and recalled

a chirrupy little soul in Red Cross uniform who used to pop into the ward once or twice a day to ask how you were and could she do anything for you. Nothing was too much trouble; stamps in thousands and note-paper by the hundredweight must have flowed through the little satchel that accompanied Miss Pollock on her daily round. Those patients unable to write home always found

¹⁵¹ *Rooksdown Pie*, p. 2.

¹⁵² *RCM*, 1951, p. 2.

¹⁵³ *Ibid.*, p. 1. The Editorial from the 1951 magazine also appeared in *RCM*, 2006, p. 3.

¹⁵⁴ *RCM*, 1951, p. 8. This report also appeared in a local newspaper, although the newspaper clipping does not state its name.

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a willing scribe at the bedside to send comforting news of their progress to their folks at home. Besides stationery, anything required in the way of personal articles were on hand or were specially obtained in time for delivery on the next visit. It was not until after I left Rooksdown that I realised how much most of us took these daily visits for granted; not always appreciating that it meant Miss Pollock scouring the shops in Basingstoke for a special article that somebody wanted.¹⁵⁵

The article also referred to the concerts and numerous outings Pollock organized for patients who were mobile, and the films shown under the supervision of George, ‘Miss Pollock’s Major Domo’. Dances and whist drives were ‘specialities’ of Pollock who saw that as many patients as possible went on the appropriate outing. As discussed in Chapter Four, as well as providing entertainment for the adult patients, Pollock took ‘a great interest’ in the children’s ward,¹⁵⁶ and the article referred to one small boy whom she managed to have adopted by a children’s home after he had been abandoned by his parents. She welcomed visits from former patients when they returned to Rooksdown for check-ups, to hear how they were progressing in civilian life, and letters, especially if they were accompanied by photographs. The article stated: ‘You only had to enter the office to see how much they were appreciated. This was especially evident at Christmas time when each post brought good wishes from many many (sic) old patients.’¹⁵⁷

Gillies wrote a personal message about Pollock in which he acknowledged the psychological impact of her work. He stated that her work for the patients ‘was also work she did for the staff. There is no doubt that a person of her quality and charm, working on the psychological side, did have an immense effect on the physical results of the operations we

¹⁵⁵ Ibid., p. 2. Pollock also provided the patients with cigarettes. Norman Warnecke brought duty free cigarettes with him occasionally when he returned for operations which he gave to Pollock who distributed them to anyone who had been injured. *RCM*, 1982, p. 9. Susan Mackley recalled that Pollock ‘made sure I got ten cigarettes a day even though I had no money’. *RCM*, 1983, p. 17. According to Neville Wildgust, ‘cigarettes were the morale booster of the age. We all had packets of cigarettes and ash-trays at our bedside and we were allowed to smoke whenever and wherever we liked – except the operating theatre’. *RCM*, 2008, pp. 22-23. Wildgust also remarked that Gillies was ‘an inveterate smoker and often made his “rounds” with a cigarette in his mouth, occasionally turning his head to blow the ash off the end’. Ibid.

¹⁵⁶ See p. 265.

¹⁵⁷ *RCM*, 1951, p. 2.

were able to do for the boys and girls of Rookstown'. Gillies wanted to put on record that Pollock's effort was 'as much a part of the team work of repair as that of any of the more recognised members...Of the way she carried out her duties the Rookstownner himself is the best judge...'¹⁵⁸ Pollock wrote a letter to the membership in 1951, stating that it was with very great regret that she finally had to tender her resignation as Welfare Officer but she wanted to thank Gillies and all the other members of staff for whom she had worked, for the 'wonderful help' they had given her. She stated: 'I often wondered how they put up with me, butting in at all the wrong times, to get something I wanted!!'¹⁵⁹ The club showed its appreciation by sponsoring 'a shilling-a-head fund' which was kept open until early 1952.¹⁶⁰ A cheque was sent to her when she had been ill and was back in Ireland 'regaining some of her old spirit.'¹⁶¹ Sadly, Pollock died in 1955 after a very long illness.¹⁶²

¹⁵⁸ Ibid. p. 3.

¹⁵⁹ Ibid.

¹⁶⁰ *RCM*, 1951, p. 8.

¹⁶¹ Minutes, AGM, 28th June 1952, RCR.

¹⁶² *RCM*, 1955, p. 8. It does not state but her illness was possibly the reason for her resignation.



232. Field Marshall Catherine Pollock,
RCCS 1953.

Appendix 12.

The club's other Welfare Officers

As stated in Chapter Four, Pollock's successor was Joan Grant who effectively continued as Welfare Officer until the unit moved to Roehampton in 1959.¹⁶³ After the move, Ron Cunningham, in his role as Secretary, appears to have taken on the duties of Welfare Officer unofficially, as the minutes of a committee meeting in June 1960 state that there were 'several welfare problems' at this time which he felt unable to deal with. These were taken on by Dr Shackleton and Mr Griffiths who 'decided that between them they could look after any problems that might occur'.¹⁶⁴ By 1961, possibly earlier, Tom Griffiths was the club's Welfare Officer and 'quite successful with the few problems' he had been set. The Editorial of the 1961 magazine stated that, if any member needed help at any time, the club would do 'all we can for you'.¹⁶⁵ The term 'welfare officer' was used for the first time since Bowen's 1954 *Nursing Times* article at a committee meeting in November 1961 in relation to sending financial gifts to selected members.¹⁶⁶ The term was not used again until March 1965 when the minutes of a committee meeting state: 'To enable our welfare officer to meet and discuss a social problem, Mr. J. Clancy be invited as a guest.'¹⁶⁷ Similarly, minutes of a committee meeting held in October 1966 state that, 'Christmas gifts to our older members and needy were discussed and it was agreed that our Welfare Officer, Mr. Griffiths, be allocated £10.10.0d to be distributed at his discretion.'¹⁶⁸ Griffiths remained in the role until his death in April 1968.

John Buckland seems to have taken over from Griffiths and remained as Welfare Officer until 1978. He relinquished the role, and that of Vice Chairman of the club, following

¹⁶³ See p. 263.

¹⁶⁴ Minutes, CM, 25th June 1960, RCR.

¹⁶⁵ *RCM*, 1961, p. 1.

¹⁶⁶ Minutes, sub-CM, 12th November 1961, RCR.

¹⁶⁷ Minutes, CM, 7th March, 1965, RCR. It is not clear who Clancy was and there is no further mention of him.

¹⁶⁸ Minutes, CM, 23rd October 1966, RCR.

a move from Kent to Norwich.¹⁶⁹ The welfare work was taken on by Geordie Reay who combined the roles of Welfare Officer and Chairman; when he stood down as Chairman, after 36 years, in 1985, he continued as Welfare Officer.¹⁷⁰ Lack of transport, however, prevented Reay from doing as much welfare work as he would have liked and he resigned the post in September 1987.¹⁷¹ The 1988 magazine confirmed that Reay had given up the role due to his ‘indifferent health’ and the health of his wife, Eileen.¹⁷² At the same committee meeting at which Reay resigned, there was mention of Ken Foster as a possible successor. As stated in Chapter Five, Foster was retiring as a DHSS Pensions Officer and what he might do for the club was discussed.¹⁷³ There was concern among some members, such as Minnigin, Lee, and Short, who had all worked in the hospital and in DHSS services and were ‘sceptical’ of what Foster could offer Rooksdown members. They were especially worried about the likely expense, particularly considering the club’s ‘very limited financial resources as against the DHSS monies’.¹⁷⁴ Despite initial concerns, however, the committee unanimously voted to ask Foster to become Welfare Officer.¹⁷⁵ Foster accepted and took up the post in 1988.¹⁷⁶

Foster introduced himself in an article, ‘Help for Disabled Ex Servicemen and Women’, which appeared in the 1988 magazine. During his service as a War Pensioners Welfare Officer, he had become acquainted with thousands of disabled ex-servicemen and women – not all from the Second World War – and had obtained improved pensions for many of them, as well as helping hundreds to secure disability pensions. In the year before he became Welfare Officer at Rooksdown, he had ‘the personal pleasure’ of helping two First

¹⁶⁹ Minutes, AGM, 6th May 1978, RCR. See also minutes, CM, 1st October 1978, RCR.

¹⁷⁰ *RCM*, 1986, p. 4. He was also made a Patron of the club.

¹⁷¹ Minutes, CM, 28th September 1986, RCR; *RCM*, 1987, p. 5; minutes, CM, 27th September 1987, RCR.

¹⁷² *RCM*, 1988, p. 2.

¹⁷³ See p. 336.

¹⁷⁴ Minutes, CM, 27th September 1987, RCR.

¹⁷⁵ Letter, Ray Gordon to Ken Foster, 14th March 1988, RCR.

¹⁷⁶ Letter, Foster to Gordon, 17th March 1988, RCR.

World War veterans qualify for pensions for the first time. As he stated: ‘...seventy years late but what a welcome supplement to their Retirement pensions!’¹⁷⁷

As well as being involved with pensions, Foster had dealt with many personal problems which, in his own words, ‘required a good liaison with numerous voluntary and statutory organisations’. These covered a wide range, including ‘accommodation difficulties, holidays, need for nursing care, artificial limbs and appliances, and medical help. In many cases it was just a need for someone to visit socially’.¹⁷⁸ He helped arrange trips for groups of disabled people to the countryside or seaside and, through the NFA, procured invitations to Garden Parties and Christmas Parties at Buckingham Palace.¹⁷⁹ Foster paid tribute to statutory bodies, such as the DHSS and Social Service departments and the numerous voluntary associations, stating that, without their co-operation, whether in pension or personal problems, success could not have been achieved. The voluntary associations included the Royal British Legion, Officers Families Fund, SSAFA, Royal Naval Benevolent Fund, Royal Air Force Benevolent Fund, NFA, The Order of St. John, the British Red Cross Society and dozens of Regimental Associations. All of them had ‘responded at sometime or other when I sent an “S.O.S.” on behalf of an ex-serviceman or woman’.¹⁸⁰

Following his retirement, Foster kept in contact with his ex-colleagues at the War Pensions Office and with many of the associations and became a voluntary worker for some associations. He offered his services to the Rooksdown Club, stating:

‘I am willing to avail myself to any member of the Rooksdown Club who would like advice about War Pensions, or who is experiencing difficulties which may be solved by reference to a specialist organisation. I can always “point you in the right direction” and arrange for a visit from one of my contacts to discuss matters if the problem cannot be dealt with directly by

¹⁷⁷ *RCM*, 1988, p. 5.

¹⁷⁸ *Ibid.*

¹⁷⁹ *Ibid.*

¹⁸⁰ *Ibid.*, p. 6.

Appendices

myself.’¹⁸¹ Foster remains the club’s Welfare Officer to the present day, although, as stated in Chapter Five, in recent years he has had very little to do.¹⁸²

¹⁸¹ *Ibid.*

¹⁸² See pp. 336-337. From 1986, the term ‘Welfare Officer’ and the relevant contact details were listed on the inside front cover of the magazine (newsletters from 2011-2014). In the 1986 and 1987 editions, it was Geordie Reay; thereafter, Ken Foster.

Appendix 13.

Membership – how the club recruited new members after leaving Rooksdown House

Although the club was not successful at recruiting new members en masse at Roehampton, Mount Vernon or any other plastic surgery unit, as discussed in Chapter Six,¹⁸³ it did recruit sporadically over the years through other means, the most obvious being family members and friends of original members. Local newspapers and radio also occasionally helped attract new members; for example, the club recruited at least one new member, Gwyneth Brown, through the local newspaper article written about Geordie Reay in 1970.¹⁸⁴ It is possible that others joined after reading the article, although it does not state this explicitly.¹⁸⁵ It is also possible that new members joined after reading the later article about Reay which appeared in *Link* in 1978; certainly, the 1979 magazine confirmed six new members as joining (one from Essex, one from Cornwall, four from Hampshire), although, again, it does not state explicitly whether any of them joined because of the article. A new member, Andrew J. Bruce-Chwatt, also joined after accidentally meeting Geordie Reay in the 'Ice House'. In a letter to Vera Saxby, in which he enclosed a cheque to cover both his and a colleague's membership, he stated: 'We (he and Reay) had a long talk over a few pints, and as a young plastic surgeon I was fascinated by his stories of the old days at Rooksdown House when plastic surgery was in its infancy. He very kindly offered to do me the honour of making me a member of the Rooksdown House Club (sic) and sent me a membership form which I return together with a covering cheque.' Reay had in fact sent two membership forms to Bruce-Chwatt who sent the other to his colleague, Dr Alvarez-Parra.¹⁸⁶

¹⁸³ See pp. 378-379.

¹⁸⁴ *Southern Echo*, July 1970, p. 8.

¹⁸⁵ Although the newspaper was printed in July 1970, Brown's name did not appear in the 'List of Members' until 1974. *RCM*, 1974, p. 11. A letter contained in the club records from October 1973 confirmed that she was one of the Rooksdown Club's newer members. Letter, Vera Saxby to Mary Whitehouse, 26th October 1973, RCR.

¹⁸⁶ Letter, Andrew J. Bruce-Chwatt to Mrs Saxby, 2nd July 1977, RCR. Both names appear under the heading 'New Members' in *RCM*, 1978, p. 17.

As alluded to in Chapter Five, Pat Short recruited five new members during the mid-1980s by publicizing the club and its aims on the local radio station. It was recommended that all committee members take up Short's initiative 'to try and revive interest in Club Members who had lost touch with Rooksdown Club'.¹⁸⁷ The minutes also refer to a new member, Mr H. Townsend, who joined following a 'broadcast' from Short, although she had '...had no luck at all with Radio Manchester'.¹⁸⁸ In his Chairman's Report at the 1986 AGM, Gordon commended Short's efforts in tracing old club members and enrolling new ones, and referred to having the work of the club mentioned on Radio Cornwall.¹⁸⁹ There are other references to the club welcoming back old members who had lost contact, such as Mr R. Quantrill, an original member who had been at Rooksdown from 1943-1947. It does not state whether he was a patient or member of staff but he had met up with Ken Oates, another original member, who had put him in touch with the club.¹⁹⁰ Ken Foster's suggestion that the club advertise the reunion in *Navy News* also brought a response from one club member in 1990.¹⁹¹

New members also joined after attending the annual Dinner. Vickey (sic) Taylor, for example, who had been involved with the trips to Switzerland for some of the Rooksdown patients in the late 1940s/early 1950s, became a member in 1970 after being invited as a guest to the 1970 annual Dinner. In a letter to Vera Saxby, then Honorary Secretary, she enclosed a cheque for £2. 2 shillings for life membership and stated: 'I am delighted to join. May I have a few application forms as I may be able to get you some more members who might be interested in this very good cause.'¹⁹² Major Fitzgibbon, mentioned in Chapter

¹⁸⁷ Minutes, CM,, 23rd February 1986, RCR.

¹⁸⁸ Letter, Pat Short to Ray and Joan Gordon, 21st April 1986, RCR.

¹⁸⁹ Notes of AGM, May 1986, RCR. Although, they are not titled, at the end they state: 'I now declare the 1986 A.G.M. of Rooksdown Club closed and thank you for all attending.' The actual date of the AGM/reunion is not given but on another correspondence is confirmed as being 31st May 1986.

¹⁹⁰ Letter, Joan Gordon to Mr R. Quantrill, 24th July 1987, RCR. The names of Quantrill and Oates appear in the membership list in *Rooksdown Pie*, pp. 18-19.

¹⁹¹ Minutes, CM, 14th October 1990, RCR.

¹⁹² Letter, Vickey Taylor to Vera Saxby, 4th July 1970, RCR.

Three, also became a member after being a Guest Speaker at the 1971 reunion;¹⁹³ similarly, Robert McDowall, a plastic surgeon at Odstock Hospital, and James Partridge became members after being Guest Speakers in 1988 and 1998 respectively. A few servicemen who fought in the Falklands War also became members after attending the 1983 annual reunion.¹⁹⁴

Some members joined relatively late, having worked at the unit during the Second World War but were unaware that the club existed. Margaret Dodds, for example, worked at Rooksdown at the start of the war but was unaware that the club existed until the early 1990s. Her friend and fellow nurse, Shirley Dibden, also joined, presumably after being told about the club by Dodds. Dodds stated: 'Of course, I was surprised to find out about the Club and about the ex-patients, staff, families and friends who have been giving so much supportive care and friendship to each other, and to families in need.'¹⁹⁵ Jean Hobden, who worked in the Dental Department at Rooksdown c. 1949-53, wrote to the Secretary, Joan Gordon, in June 1987 asking how she could become a member after being visited by an old workmate and friend, Janet Thumwood, who had brought with her the latest club magazine.¹⁹⁶ Two former plastic surgeons who worked at Rooksdown during the 1950s also joined the club c. 1988/1989. The names of both were given by Douglas Campbell-Reid who wrote to Joan Gordon in August 1988, stating that his friend, Mr A. Johnston Abraham, wanted to join.¹⁹⁷ He then wrote to Gordon in December 1988 informing her that Denis Sugrue, another former colleague from the 1950s, was interested in attending the next Dinner and joining the club.¹⁹⁸

¹⁹³ Letter, Honorary Secretary to G.M. Fitzgibbon, 22nd June 1971, RCR.

¹⁹⁴ *RCM*, 1984, p. 13.

¹⁹⁵ *RCM*, 1992, pp. 17-18.

¹⁹⁶ Letter, Jean Hobden to Joan Gordon, 8th June 1987, RCR. Janet Thumwood started work at Rooksdown House in 1948 as an assistant in the Dental Department; she left in 1951 to train as a dental hygienist at the Eastman Dental Hospital, London, and returned to Rooksdown in 1952 after she had qualified. She left Rooksdown for a second time in 1955. Personal correspondence from Janet Thumwood, date not stated but c. 2006. She became a member of the club in 1949. *RCM*, 1949, p. 26.

¹⁹⁷ Letter, Douglas Reid to Joan Gordon, 5th August 1988, RCR.

¹⁹⁸ Letter, Douglas Reid to Joan Gordon, 15th December 1988, RCR. Another correspondence confirms that Sugrue worked at Rooksdown from 1954-1956. Letter, Denis Sugrue to J.M. Gordon, 13th January 1989. Sugrue joined in 1989. *Ibid.* In an article which appeared in the *British Medical Journal (BMJ)*, Sugrue gave an amusing account of his interview for the post at Rooksdown House. He was directed by an elderly gentleman to

A letter from Pat Short to Ray and Joan Gordon in July 1990 also confirmed that two other people wanted to join the club, namely John Brocklebank, a civilian patient who, it was thought, attended Rooksdown in the late 1940s/early 1950s, and Mr A.D. Whalen.¹⁹⁹ As mentioned in Chapter Four, Brocklebank was a child patient during this time.²⁰⁰

Remarkably, the club continued to recruit new members up until very recently. Neville Wildgust became a member in 2007 after writing an article which appeared in the *Daily Mail* in June 2007. His article was a response to the question: ‘What, during World War II, was the Guinea Pig Club?’ Wildgust explained that he had been operated on by ‘the great Sir Harold Gillies’ in 1944 for gunshot wounds to his face and arm, and went on to briefly discuss Gillies and the formation of the Rooksdown Club. He finished by stating: ‘Sadly, the Rooksdown Club is no more, but I am glad to report that a plastic surgery ward in Nottingham City Hospital is named after him.’²⁰¹ Club Secretary, Ian Riches, responded to the *Daily Mail* by email, and his response appeared in the newspaper on 9th July.²⁰² He explained that the club was still in existence and had just celebrated its sixty second year. He asked anyone who wanted more details about the club or plastic surgery to contact him.²⁰³ A total of five ex-patients contacted Riches, the last of whom was Captain Wildgust who informed Riches that he was a founder member of the club in 1944.²⁰⁴ Again, as stated

wait in the main hall along with the other candidates. As he was last in line for interview, he was left on his own until he was joined by the person he assumed was the porter who asked him about his interest in fishing and other sporting activities. The ‘porter’ then asked ‘a few desultory questions’ about Sugrue’s surgical activities, before returning to Sugrue’s sporting interests in the past. Feeling ‘slightly irritated and intimidated by the old man’s persistence’, Sugrue informed him that he had been a member of the Irish Olympic rowing team which competed at Henley in 1948. The ‘porter’ ‘was most interested in this information and casually mentioned that he had rowed for Cambridge in the Boat Race. It emerged that he had also played golf for England and that painting and fishing were his main interests apart, of course, from plastic surgery.’ Shortly afterwards, Sugrue was called in to see the Medical Superintendent who informed him that Sir Harold Gillies had interviewed him in the hall and that his application was satisfactory. According to Sugrue, Gillies made no reference to ‘our unconventional interview’ in the ensuing three years that he spent at Rooksdown. D. Sugrue, ‘A memorable interview: None of his business’, *BMJ*, (314) 1997, p. 8. The article was reprinted in *RCM*, 1998, p. 18.

¹⁹⁹ Letter, Pat Short to Ray and Joan Gordon, 15th July 1990, RCR.

²⁰⁰ See p. 266.

²⁰¹ *Daily Mail*, 20th June 2007. The article also appeared in *RCM*, 2008, p. 21.

²⁰² *Ibid.*, p. 20.

²⁰³ *RCM*, 2008, pp. 20-21.

²⁰⁴ *Ibid.*

earlier, the year is questionable as it is a year before other founder members stated that the club was formed.²⁰⁵ Riches passed on their details to Membership Secretary, Rosemary Johnson, for her to contact them, and to Steve Evans to send them a club magazine.²⁰⁶ Of the five who contacted Riches, three became members, A. Rosser, J. Pembury and Wildgust.²⁰⁷ Jim Pembury was at Rooksdown c. 1944-45 for skin grafts to a badly injured leg but only found out that the club existed when he read about it in the *Daily Mail*.²⁰⁸ The writer became a member in 2006 after being informed of the club's existence through Changing Faces, which has led to the writing of this thesis.

As stated in Chapter Five, the magazines included the names and contact details of new members throughout the lifespan of the club, albeit not in every edition.²⁰⁹ Table 233 lists the numbers of new members as joining in the year their names appeared in the club magazine. This was applicable to those magazines published in December (1947-1965); however, from the 1970s, when the magazine was published in February/March, the vast majority of new members probably joined in the preceding year. The same applies to recording members who died.

²⁰⁵ See p. 430.

²⁰⁶ Ibid.

²⁰⁷ See 'List of Members' in *RCM*, 2009, pp. 38.39.

²⁰⁸ *RCM*, 2008, pp. 13-14.

²⁰⁹ See p. 324.

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	New Members	Deceased members
December 1947	118	
December 1948	64	
1949	123	
1950	98	1
1951	111	4
1952		
1953	103	
1954	96	
1955	74	1
1960		
1961		4 (including Gillies)
1964		
1965	2	9
1968 (two newsletters)		1 (Tom Griffiths)
1970 (newsletter)		1
1971 (newsletter)		1
1972		
1973		2
1974		
1975		3
1976		1
1977	2	8
1978	10	4
1979	6	5
1980	10	2
1981		
1982		
1983		
1984		
1985		
1986		
1987		
1988	4	5
1989		
1990		
1991		8
1992		
1993	2	11
1994		
1995		

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1996	8	7
1997	4	11
1998	3	7
1999	4 (including new members and old members returning)	5
2000		4
2001	1 plus George Outhwaite rejoined after resigning in 2000	17 were taken off Membership List as contact had been lost 3 died
2002		
2003	9	5
2004	1	4
2005	1	8
2006		11
2007	1	15
2008	4	5
2009		6
2010	1	4
2011	0	
2012		7 members had died or lost touch with the club

233.

The constitutional make-up of the Rooksdown Club in recent years was summed up at a committee meeting in March 2000 when the issue of membership was raised. It was felt that, of three hundred members, over half had ‘little understanding of Rooksdown... The real members are of course the original staff and patients at Rooksdown House. Associate members are those who contribute to the club and the welfare of the original members. Sympathy members are those who joined through family and friends but play no active part in the running of the club’.²¹⁰ The role of associate members cannot be overstated; those such as Ken Foster, Ian Riches, Gordon Johnson and Steve Evans took on significant roles in recent years due to their association with club members. Similarly, Vera Saxby became

²¹⁰ Minutes, CM, 12th March 2000, RCR.

interested in the club when Geordie Reay joined the Transport Department of Southampton General Hospital in 1961. She became Club Secretary c. 1969,²¹¹ and remained in the role until October 1983.²¹²

Ken Foster's 'Welfare Report' for 2006/2007 indicates how the club was affected by old age and infirmity in recent years:

During the year we have lost some of our friends and, sadly, our numbers are decreasing. One of those who 'crossed the bar' was Ken Curtis and I mention him because it was Ken who first introduced me to Rooksdown, and he and his wife, Elizabeth, were friends of Alma and myself for many years. We didn't see a lot of each other, but I miss his friendship and his 'input' concerning Rooksdown members.

Another sad loss was that of June Stevens who, for many years, has been the reliable Reunion organiser. She will be missed by all of us who appreciated her efficient and cheerful contribution to the Club.

I must mention those who, due to deteriorating health and severe mobility problems, have not been able to attend the Reunions for a few years – the numbers are growing! Pat Short is one of these with disabilities and she has told me that she is unlikely to be able to attend in the future. Pat was our Treasurer for many years and we certainly miss her. John Hearn also has difficulty attending Reunions and if you are reading this report, John, we all send our best wishes to you.²¹³

²¹¹ *Link*, January 1978, p. 4.

²¹² Minutes, CM, 9th October 1983, RCR. She returned as Secretary in 1996 but stood down the following year. *RCM*, 1996, p. 4; *RCM*, 1997, p. 2. The magazine also states that Saxby gave many years of service to the club as the 'Dinner organiser'. Ibid.

²¹³ *RCM*, 2007, p. 7.

Appendix 14.

Finance

The Rooksdown Club was put on a sound, financial footing early on and rarely spent beyond its means. Although it did not have the same financial resources as the Guinea Pig Club and depended rather on the generosity of its members and their associates, it managed to raise enough money to hold/subsidize an annual reunion, produce a magazine in most years, and assist financially, albeit modestly, the welfare of ex-patients. It also contributed to other causes over the years. In the very early days, the club raised funds through subscriptions and some donations; however, from 1951, the Derby Draw, or Sweep Stake as it was also known, was introduced and became the main source of income for the club.²¹⁴ This was particularly the case when annual subscriptions stopped after the unit moved to Roehampton in 1959. Donations were also very important and took on greater importance in later years as income from the Derby Draw decreased due to a declining membership and a rise in the cost of the annual Dinner. The club also raised money at different times through selling club items, raffles and auctions on the night of the annual reunion, and fund-raising events such as concerts which took place early on and during the 1970s.

Before discussing the club's main sources of income in more detail, it should be noted that all incoming resources and expenditure were included in a yearly Statement of Accounts which first appeared in the 1953 magazine, then in the magazines that followed with the exception of 1976 and 1985. Incoming resources generally included subscriptions and payments for the reunion Dinner, as well as money received from the Derby Draw, donations, sales of goods, and other fund-raising activities. Outgoing expenditure included costs of printing and stationary, postage and telephone, the Derby Draw, travel expenses, subsidy of

²¹⁴ On occasion, it is referred to as the club's only source of income. For example, in 1960, it was referred to as the club's 'sole source of income'. *RCM*, 1960, p. 7. Similarly, in 1961, Chairman Geordie Reay referred to the Draw as 'our financial lifeline'. *RCM*, 1961, p. 4. See also minutes, CM, 7th October 1973, RCR. The minutes of the 1973 AGM also refer to the benevolent work continuing due to the success of the Derby Draw. Minutes, AGM, 19th May 1973, RCR.

the reunion Dinner and benevolent payments and gifts. Examples of the ‘Statement of Accounts’ are given at the end of Appendix 15. A brief Treasurer’s report was also included in the 1948-1955 magazines, as part of a larger report on the Annual Reunion/AGM; in 1960, there was no Treasurer’s report as such but rather an article, ‘Treasurer’s Topics’, in which Ray Gordon appealed for members to sell more Derby Draw tickets. The first full Treasurer’s report appeared in the 1961 magazine and again in 1965.²¹⁵ A Treasurer’s report next appeared in the 1973 magazine, and then in 1974 and 1979. A report did not appear again until 1984, under the title ‘Notes from your Treasurer...’, but continued thereafter until the present day (in newsletters from 2011-2014).

The Derby Draw

Although there are numerous references to the Derby Draw in magazines and minutes of meetings during the 1950s, there is no mention of who organized it or where it took place. It was probably organised by the committee and held at Rooksdown House. Certainly from 1959, after the unit’s move to Roehampton, it was run as a social event by the Southampton branch of the club, and in particular by Tom Griffiths.²¹⁶ The organisation of the Draw was twofold: firstly, the distribution of tickets which also involved the preparation of addressed envelopes for dispatch of tickets and results;²¹⁷ and secondly, the social event itself which was held at a venue in Southampton and separate from the reunion, and for which Griffiths was allocated money to cover the costs.²¹⁸ The Draw remained a social event until 1970 but

²¹⁵ A report probably appeared in the magazine in between the two, although I am not in possession of this edition.

²¹⁶ *RCM*, 1961, p. 4. The first mention of the Draw taking place as a social event in Southampton is in 1959. Minutes, CM, 25th February 1959, RCR.

²¹⁷ From 1976, the Derby Draw tickets were sent out with the club magazines. Minutes, CM, 7th March 1976, RCR. See also *RCM*, 1987, p. 7.

²¹⁸ For example, as it became more popular during the early 1960s, Griffiths asked for more money to promote it and the allowance was increased to £30. Minutes, CM, 6th October 1963, RCR.

was combined with the Dinner for the first time in 1971.²¹⁹ By 1972, it was again taking place at a separate time and location from the reunion,²²⁰ namely the Reays' home in Southampton, where it remained until 1988.²²¹ From the mid-1990s, it was held at the home of committee member, Ian Riches, who later became the Derby Draw and club Secretary.²²²

Ticket Sales

As the Derby Draw became more successful in the early 1960s, more tickets were distributed. The Draw hit its peak in this respect in the 1980s with 25,000 tickets being printed in 1982, 1983, 1984 and 1986.²²³ By 1988, the number of tickets being printed was reduced to

²¹⁹ Minutes, CM, 15th November 1970, RCR. Although the Draw continued to be successful during the 1960s, it was decided that the 1966 Draw would not be held as a club social event but rather in a public place witnessed by any club members and friends who wished to attend. Minutes, CM, 10th November 1965, RCR. This was probably due to the 'heavy financial outlay' of the summer garden party being organized at Rooksdown House to celebrate the club's 21st anniversary that year, as well as the annual Dinner. Minutes, CM, 13th Feb 1966, RCR.

²²⁰ It was felt that it was not possible to hold the Draw during the reunion evening. Minutes, AGM, 20th May 1972, RCR. It was decided that it would take place on the following Saturday and any members were welcome to attend. Ibid.

²²¹ Minutes, CM, 22nd October 1972; minutes, CM, 6th March 1988, RCR. The minutes of most committee meetings that took place in February/March each year during the 1970s/1980s refer to the Draw taking place at 'the Chairman's home' or at '112 Winchester Road, Southampton' (the Reays' address). For example, see minutes, CM, 4th March 1973; minutes, CM, 7th March 1976; and minutes, CM, 23rd February 1986, RCR. Some of the minutes during this period do not state explicitly where the Draw took place, and, according to the minutes of a meeting in March 1987, Geordie and Eileen Reay's daughter provided the location for the 1987 Derby Draw. Minutes, CM, 8th March 1987, RCR. Nevertheless, The Derby Draw probably took place at the home of Geordie and Eileen Reay every year during this period unless otherwise stated. The 1989 and 1990 Derby Draws took place at the home of committee member, Vera Saxby, Minutes, CM, 7th March 1989, RCR. Minutes, CM, 4th March 1990, RCR. Saxby also lived in Southampton. *RCM*, 1989, inside front cover.

²²² Certainly, by the time Michelle Forde was Derby Draw Secretary c. 1997-2005 (joint Secretary with Ken Oates until 2001) it was being held at the home of Ian Riches. According to Forde, after sending out the Derby Draw tickets with the club magazines, she forwarded on the returned ticket stubs to Riches who conducted the Draw from his house. Telephone conversation with Michele Forde, October 2013. This continued when Riches took over as Derby Draw Secretary in 2006. For example, Riches' brief report for the 2008 Draw gives the names of the horses and winning tickets, and states: 'There were 18 declared runners. The draw was made on Monday 2nd June 2008 by Mrs J Riches and Mr B Riches.' *RCM*, 2009, p. 7. Riches lived in East Grinstead.

²²³ Minutes, CM, 7th March 1982, RCR; minutes, CM, 10th October 1982, RCR; minutes, CM, 9th October 1983, RCR; minutes, CM, 27th October 1985, RCR. For the 1986 Derby Draw, it was agreed to increase the price of Draw tickets from 5p to 10p and the prize money accordingly. The prizes were as follows:

1st prize: £100

2nd prize: £60

3rd prize: £40

4th prize: £20

Total £220. Ibid.

In 1985, the number of tickets was again reduced to 20,000. Minutes, CM, 14th October 1984, RCR.

17,500,²²⁴ and by 1989, it was down to 14,500.²²⁵ From the late 1980s, it became more difficult to sell tickets as members were dying and contacts were lost.²²⁶ Certainly by 1990, it was noted that many members were sending donations instead of selling tickets.²²⁷ There is no mention in the club records or magazines of how many tickets were sent out from the 1990s, although clearly it decreased further as members were unable to sell as many tickets as previously. This is particularly noticeable from the latter half of the 1990s.²²⁸ Despite the inevitable fall in profit during the late 1990s, sales of Draw tickets were generally high throughout the decade, particularly during the first half, hitting an all-time profit of £1272.80 in 1992.²²⁹ Due to the reduced income in the late 1990s, it was felt that the Derby Draw should finish after the year 2000, and be replaced by a raffle held at the reunion Dinner with donated prizes, as this might 'provide an income with more people involved in helping to generate the income'.²³⁰ Despite the concerns and speculation, the Derby Draw carried on until 2011 and continued to raise money for the club.²³¹

²²⁴ Minutes, CM, 27th Sept 1987, RCR. It does not state how many tickets were printed for the 1987 Draw but it was probably 20,000 as the minutes state: 'It was agreed that with a surplus of Draw tickets in 1987 only 17,500 should be printed for 1988.' Ibid.

²²⁵ Minutes, CM, 7th March 1989, RCR. It should actually be Sunday 5th March – some of the correspondence state 5th and I have checked the 1989 calendar.

²²⁶ A particular loss in relation to ticket sales was Geordie Reay who used to sell 'hundreds'. *RCM*, 1991, p. 10.

²²⁷ The Treasurer, Louise Lee, did not care 'two hoots' about how the cash arrived as long as it did. Ibid.

²²⁸ For example, the 1996 Derby Draw was considered a success and the club's financial position was still 'very satisfactory' but the number of tickets returned was a little lower than the previous year which was the club's jubilee anniversary. Minutes, CM, 6th October 1996, RCR. Similarly, although the 1997 Derby Draw raised a profit of £700, the issue of reduced ticket sales was raised at a committee meeting in October 1997 because many members 'for reasons of increasing infirmity were unable to sell all the tickets sent out', resulting in many books being returned 'albeit with generous donation (sic)'. Minutes, CM, 5th October 1997, RCR. Ticket sales for the 1998 Derby Draw also went 'smoothly', although again there was a slight drop in the amount of tickets sold. Nevertheless, a 'substantial sum' was raised for club funds. Minutes, CM, 4th October 1998, RCR.

²²⁹ *RCM*, 1993, p. 6.

²³⁰ Minutes of meeting, 4th February 2000, RCR. It does not state that it was a committee meeting.

²³¹ In 2010 and 2011, the profit raised was £195 and £95 respectively. *RCN*, 2011, p. 7, and *RCN*, 2013, p. 8. Costs were reduced considerably from 2001 following a suggestion by Ken Curtis that ticket prices be increased from 20p to £1. This meant 'a noticeable reduction in the cost of printing tickets as well as a big saving in postal charges to our members'. Minutes, CM, 30th September 2001, RCR.

Venues for the Derby Draw

1951-1958 – probably Rooksdown House

1959-1961 – St John’s Ambulance HQ, Southampton

1962-1965 Newlands Hotel, Southampton

1969-1970 Old Thatch House, Southampton

1971 – combined with annual reunion at Bonnington Hotel, London

1972-1988 – The Reays’ house (their daughter’s house in 1987)

1989-1990 – Vera Saxby’s house

There is no record of where it was held in the early-mid 1990s but certainly from 1997 to 2011, it was taking place at the home of Ian Riches, committee member and later club Secretary and Derby Draw Secretary (from 2006-2011).

Derby Draw Secretaries

The committee – 1951-1960

Sub-committee at Southampton - 1961

Ron Cunningham – 1962

Archie Day 1963-1967

Fred and Anne Harris 1968-1975

Ray and Joan Gordon 1976-1977 (assisted by Ken and Elizabeth Curtis)

Ken and Joyce Oates – 1978-2000 (while Ken and Joyce continued to run the actual Draw, Ken and Elizabeth Curtis arranged for the printing of tickets and envelopes for despatch until at least 1991)

Michele Forde 1996-2005 (joint with Ken Oates until 2000) (assisted by June Stevens from 2001)

Ian Riches 2006 – 2011

Derby Draw Tickets Sales

There is no record of how many tickets were printed before November 1961 but due to the success of the Draw during the early 1960s, it was suggested that tickets be increased to 16,000. Similarly, there is no record of how many tickets were printed after 1989.

1962-1965 – 16,000

1966-1968 – 17,500

1969 – not stated

1970 – 20,000

1971 – not stated

1972-1973 – 12,500 (price of tickets reduced to 5p each, so number of tickets per book decreased by half)

1974-1975 – 15,000

1976-1977 – 20,000

1978-1980 – Less tickets printed but amount not stated

1981 – 20,000

1982-1984 – 25,000

1985 – 20,000

1986 – 25,000

1987 – not stated

1988 17,500

1989 14,500

Money raised from the Derby Draw, as stated in club magazines or the club records

	Cost	Incoming Resources	Profit
1950			
1951			£187 8s 7½ d
1952			
1953	£48 0s 0d	£183 18s 0d	
1954	£58 4s 0d	£268 1s 0d	
1955	no record		
1956	no record		
1957	no record		
1958	no record		
1959	£71 11s 9d	£229. 9s 0d	
1960	£76. 14. 0d	£231. 3. 6d	
1961	no record		
1962	no record		
1963	£113. 15. 8.	£288. 11. 6.	
1964	No record		
1965	no record		
1966	no record		£315
1967	no record		
1968	no record		
1969	no record		
1970	no record		
1971	£101.45	£385.43	£283.98
1972	£85.47	£527.35	£441.88
1973	£81.15	£547.71	£466.56
1974	£144.81	£505.41	£360.60
1975	no record		
1976	£121.08	£692.10	£571.02
1977	£170.33	£721.60	£551.27
1978	£177.20	£758.77	£581.57
1979	£144.12	£862.50	£718.38
1980	£247.46	£886.65	£639.19
1981	£314.02	£790.50	£476.48
1982	£338.59	£911.91	£573.32
1983	£342.93	£880.00	£537.07
1984	no record		£648.38
1985	£304.57	£946.36	£641.79
1986	£532.31	£1,559.00	£1026.69
1987	£356.39	£1,379.90	£1023.51
1988	£411.25	£1,273.00	£861.75
1989	£317.80	£1,471.00	£1153.20
1990	£336.64	£1,417.10	£1080.46
1991	£347.68	£1,429.00	£1081.32

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	Cost	Incoming Resources	Profit
1992	£519.20	£1,792.00	£1272.80
1993	£397.44	£1,619.00	£1221.56
1994	£440.30	£1,535.00	£1094.70
1995	£559.76	£1,652.20	£1092.44
1996	£552.61	£1,462.20	£909.59
1997	£677.90	£1,444.80	£766.90
1998	£655.07	£1,285.20	£630.13
1999	£580.49	£1,277.20	£696.71
2000	£521.00	£1,047.00	£526
2001	£477.00	£945.00	£468
2002	£289.00	£754.00	£465
2003	£324.00	£757.00	£433
2004	£301.00	£677.00	£376
2005	£303.00	£610.00	£307
2006	£290.00	£555.00	£265
2007	£268.00	£510.00	£242
2008	£270.00	£420	£150
2009	£270	£475	£205
2010	£270	£465	£195
2011	£270	£365	£95

234. It should be noted that the magazines refer to the previous year's accounts.

Donations and fund-raising events

Fundraising events and, in particular, donations were another major source of income for the club over the years. Money was raised in the late 1940s by whist drives and donations from the lectures designed to educate the public, as discussed in Chapter Five.²³² Similarly, in 1952, social functions were held to raise funds for the club, such as the Rooksdown Ball organized by the Dartford Young Conservatives. Activities inside the hospital included film shows, whist drives and lectures.²³³ Donations were certainly made to the club during the 1950s and 1960s; for example, it received £41, 13s and 3d in 1955, and £10, 15s in 1961;²³⁴ however, the 'Statement of Accounts' in each magazine does not refer explicitly to the

²³² See pp. 355-356.

²³³ Minutes, AGM, 28th June 1952, RCR.

²³⁴ RCM, 1955, p. 24; RCM, 1961, p. 16.

donors. From the 1970s, the club received substantial donations from particular organizations through promotion of the club by various members. The Darent Valley Rotary Club (DVRC) and Inner Wheel, for example, donated nearly £650 over an eighteen month period c. 1975-1976, through the work of John and Muriel Buckland.²³⁵ In 1979, it donated a further £406 and in 1980, £200.²³⁶ Gordon B. Edwards, a member of the DVRC, wrote an article for the 1980 magazine, stating: ‘...we have your cause very much at heart. All members have a very sensitive feeling for Rooksdown Club and its members – plus all that it stands for.’²³⁷ The 1984 magazine also referred to two members of the DVRC, to whom the club owed ‘a great deal for their continuing and substantial support over the years’, who attended the 1983 reunion Dinner.²³⁸ The club also received notable donations from other organizations, including £500 from the John Jarrold Trust in 1983, again through contact with Buckland;²³⁹ £100 from the Southampton Bus Company Social Club in 1989, due to Reay’s promotion of the club;²⁴⁰ and £500 from the HTV Telethon 1990.²⁴¹ Money was also raised for the club at an earlier charity concert given by the Basingstoke Male Voice Choir and Southampton Hillside Singers at the Guildhall in Southampton in January 1977.²⁴²

Personal donations were received over the years from members such as Betty Hartford, winner of the Derby Draw in 1954, who made a ‘really generous contribution to

²³⁵ Minutes, AGM, 24th April 1976, RCR. The spelling of Darent varies in the club minutes and magazines. The actual spelling is Darent. www.rotary1120.org/darent_valley/home This website discusses the work of the Darent Valley Rotary Club and also Rotary International of which it is a part of. The organization has 1.2 million Rotary Club members worldwide and over 34,000 clubs which help communities locally and abroad in different ways, such as education, job training, and providing clean water and sanitation.

www.rotary1120.org/darent_valley/about-rotary-international The Inner Wheel is a voluntary organization for women ‘formed to complement and support Rotary Clubs and offer the hand of friendship worldwide.’ Clubs raise money for charities of their choice. For more information about the Inner Wheel go to www.rotaryfirst100.org/women/iw/iwi/index.htm

²³⁶ Minutes, CM, 7th October 1979, and minutes, AGM, 10th May 1980, RCR.

²³⁷ RCM, 1980, p. 13.

²³⁸ RCM, 1984, p. 5.

²³⁹ Minutes, CM, 6th March 1983, RCR. The John Jarrold Trust is a charitable organization established in 1965 ‘with the object of promoting, supporting and advancing charitable purposes of all kinds’. For more information, go to www.jarrold.com/what-we-do/john-jarrold-trust.aspx

²⁴⁰ Minutes, CM, 24th September 1989, RCR.

²⁴¹ RCM, 1991, p. 5.

²⁴² RCM, 1977, p. 16.

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club funds' from her winnings;²⁴³ Mr and Mrs Hall of Peterborough who donated £150 in 1979;²⁴⁴ and Rona Beverley who donated £50 in 1988.²⁴⁵ Bill Holdsworth wrote off approximately £315 in relation to the printing costs of club recipe books which were on sale c. 1989/1990 and which are discussed shortly.²⁴⁶ Another member, Julie Adams, one of the nursing staff and an original member, left £250 to the club in her will following her death at Christmas 1996.²⁴⁷ A donation of £30 was sent in by Mrs Clay of Basingstoke.²⁴⁸ Non-members made donations, such as 'Miss Sally Twine', a Sea Ranger, who, with her fellow Rangers, collected £51 in a four hour street collection.²⁴⁹ Friends of members who had died donated money in their memory, for example, the workmates of a member who died c. 1987/1988 donated £70.²⁵⁰ Similarly, the friends of Ivor Wilson made donations in his memory which were passed onto the club by his wife, Marjorie.²⁵¹ Collections were made after the death of 'several prominent members' c. 2003 which, again, were directed towards club funds.²⁵²

From the late 1980s, donations from members became a more important means of fund-raising for the club as contributions from the Derby Draw gradually decreased. In recent years, donations took on even greater significance. Gordon Johnson referred to this in his Treasurer's Report for 2000 when he stated: 'It is only due to members' generous financial support that the club is able to continue.'²⁵³ Similarly, in his Treasurer's Report for 2001/2002, Johnson stated that the Derby Draw and raffle continued to produce much of the

²⁴³ *RCM*, 1954, p. 18.

²⁴⁴ Minutes, AGM, 5th May 1979, RCR.

²⁴⁵ Letter, Ray Gordon to Rona Beverley, 18th April 1988, RCR.

²⁴⁶ Minutes, CM, 4th March 1990, RCR.

²⁴⁷ Minutes, CM, 9th March 1997, RCR.

²⁴⁸ Minutes, CM, 19th May 2001, RCR. It does not state why Mrs Clay donated the money but it was probably because her husband, Bill, had recently died. The story of how Bill Clay was injured and his arrival at Rooksdown House were discussed on p. 182.

²⁴⁹ Minutes, AGM, 5th May 1979, RCR.

²⁵⁰ Minutes, CM, 6th March 1988, RCR.

²⁵¹ *RCM*, 2003, p. 6.

²⁵² *RCM*, 2004, p. 5. Donations amounted to a total of £1,531 which was £1000 more than the previous year.

²⁵³ *Rooksdown News 2001*, p. 5. Johnson made particular reference to an anonymous donor who gave £1000. Ibid.

club's income but a 'substantial amount' was received through donations from both members and non-members.²⁵⁴ Donations have continued up to the present but have decreased significantly with the diminishing membership.²⁵⁵

Selling club items

Various club items were sold sporadically over the years to raise money. Apart from selling the club magazine at the 1947 reunion, the earliest record of the club selling items is at the 1949 reunion when club badges and the magazine were on sale and 'soon doing a brisk trade'.²⁵⁶ Club Christmas cards were sold in the early 1950s,²⁵⁷ as were blazer badges which were ordered to sell at the 1953 reunion.²⁵⁸ After the unit's move to Roehampton, the club began selling items again; in 1959, blazer badges and three dozen club ties were ordered.²⁵⁹

The items were listed as follows in the 1960 magazine:

Our popular Club Ties (in Club colours) – price 8/6d.

Blazer Badges – 4/-d

Lapel Badges – 3/9d.²⁶⁰

The 1961 magazine confirmed that the items were still available from the Secretary at the same price; a photograph of the Sir Harold Gillies Memorial Portrait, which had recently been painted following his death, was also on sale at 6. 0d (illus. 235).²⁶¹

At a committee meeting held in October 1966, it was agreed that another supply of club ties be ordered.²⁶² This is the last time for a number of years that club items were on sale

²⁵⁴ *RCM*, 2003, p. 6.

²⁵⁵ Donations in 2011 and 2012 were £140 and £5 respectively. *RCN*, 2013, p. 8.

²⁵⁶ *RCM*, 1949, p. 5.

²⁵⁷ The 1950 magazine states that the cards sold 'in thousands'. *RCM*, 1950, p. 7. For other references to the Christmas cards, see *RCM*, 1951, p. 21. Welfare Officer Grant referred to the new 'shop' which, as well as selling 'the usual requirements for ladies and gentlemen', was selling Rooksdown Christmas Cards at 4s per dozen and photographs of Rooksdown at 6d each. *Ibid.* p. 5. See also Minutes, CM, 4th November 1953, RCR.

²⁵⁸ Minutes, CM, May 20th 1953, RCR. The minutes of a later committee meeting, however, note that the club was overdrawn at this time, partly due to the souvenirs for the Coronation not selling very well. Minutes, CM, 4th November 1953, RCR.

²⁵⁹ Minutes, CM, 20th June 1959, RCR. See also Minutes, CM, 8th November 1959, RCR.

²⁶⁰ *RCM*, 1960, p. 10.

²⁶¹ *RCM*, 1961, p. 12.

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to members. Clearly, the selling of such items did not make a great deal of money for the club, hence the numerous references to the Derby Draw being the main source of income. Presumably, such sales supplemented the income while providing the members with a keepsake or memento of the club. However, in the late 1980s when club items were on sale again, income they generated took on greater significance. Concern was expressed at the time by Geordie Reay regarding funds and the fact that it was getting harder to sell Derby Draw tickets. In 1988, it was agreed to order another set of fifty club ties and sell them at £4.85 each plus VAT. Other items to be sold included 250 biro pens, lapel badges and brooches. It was also recommended that 1000 copies of the club recipe book, *Rooksdown Recipes*, be produced in an attractive booklet and sold at £2 a copy in aid of club funds.²⁶³ The Chairman suggested that the items be advertised in the next edition of the magazine as follows:

	Available at the dinner	By post
Rooksdown Recipe book	£1.50	£1.75
Rooksdown Tie	£6.50	£6.75
Rooksdown Biro pen (choice of colour	60p	75p

(Cost of booklet being temporarily covered by Holdsworth)²⁶⁴

In his Chairman's Report for 1988, Ray Gordon referred to boosting 'our finances by advertising items supporting our Club'.²⁶⁵ These items were available through the magazine and would also be on sale at the 1989 reunion.²⁶⁶ In his Chairman's Report for the following year, Gordon reported that they had 'sold very well' and there had been a 'fairly steady request for these items by post'. They were also available at the 1990 reunion Dinner.²⁶⁷

Gordon had initially financed the purchase of the pens and ties and was repaid as they sold well; similarly, Bill Holdsworth had financed the printing of the recipe books, which had cost

²⁶² Minutes, CM, 23rd October 1966, RCR.

²⁶³ Minutes, CM, 6th November 1988, RCR. The club recipe book was produced by Betty Holdsworth, wife of then President, Bill Holdsworth. *RCM*, 1989, p. 3.

²⁶⁴ Minutes, CM, 6th November 1988, RCR. See also *RCM*, 1989, p. 13.

²⁶⁵ *Ibid.*, p. 3.

²⁶⁶ *Ibid.*

²⁶⁷ *RCM*, 1990, p. 2.

‘an arm and a leg!’), and was being repaid as the books were sold.²⁶⁸ This is the last time that there is any explicit mention of club items being sold, although the ‘Sale of Goods’ continued to be referred to in the club Statement of Account up to and including the 1999 edition of the magazine.²⁶⁹ Presumably there were items left over which were gradually sold in the intervening years.

Other means of raising funds

The club also raised funds through raffles and auctions held at the annual Reunion. Over the years, members provided the prizes for the raffles;²⁷⁰ the winner of the first prize in the 1953 sweep, for example, was ‘the daughter of a very well-known publisher’, who showed her appreciation by sending along ‘a dozen new novels’. In her Treasurer’s Report for 1993, Louise Lee referred to the prizes ‘that appear from, apparently, nowhere on to the Raffle table (which) never cease to amaze us’.²⁷¹ Similarly in her Treasurer’s Report for 1998, Lee thanked the members for selling Derby Draw tickets, for all the donations, and ‘for those magical raffle prizes that seem to appear from nowhere at the Dinner each year. They certainly help us to raise funds for our benevolent work’.²⁷² Members also used other means to raise money for the raffle and auction, including Lee who, at a committee meeting in September 1987, asked all committee members for any free gift coupons – ‘Shell, B.P. etc’ – so that she and Pat Short could use the coupons to provide prizes for the raffle at the 1988 Dinner.²⁷³ Some members made items to be put up for auction at reunions in the late 1980s/early 1990s, notably Ian Riches who built a doll’s house for the 1990 reunion,²⁷⁴ a nest

²⁶⁸ *Ibid.*, p. 6. As stated earlier, Holdsworth wrote off £315 that was owed to him. See p. 473.

²⁶⁹ *RCM*, 1999, p. 5.

²⁷⁰ *Rooksdawn Magazine 2000*, p. 9. The titles of the 2000 and 2001 magazines are different to previous magazines and those thereafter.

²⁷¹ *RCM*, 1994 p. 5.

²⁷² *RCM*, 1999, p. 5.

²⁷³ Minutes, CM, 27th Sept 1987, RCR.

²⁷⁴ Minutes, CM, 24th September 1989, RCR.

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of tables for the 1991 reunion,²⁷⁵ and a wheelbarrow for the 1992 reunion.²⁷⁶ Another member, Bill King, built a 'scale model of Sea Commander' for the 1989 reunion.²⁷⁷ Joyce Morris also made and donated a porcelain bowl for the 1991 reunion.²⁷⁸

The committee looked into other ways of raising money that were not successful, such as covenanting gifts to the club in 1987.²⁷⁹ This was not a possibility due to the aims of the club being set out in a way that did not entitle it to obtain such gifts.²⁸⁰ The club also tried to benefit from a fund for community charities registered in Hampshire in 1983 but there is no further record of this.²⁸¹ In 1998, committee member Paul Evans suggested that the club discuss other money raising plans but it was agreed to defer the matter as 'finances were sufficient for the club's needs at the present time'.²⁸² Nevertheless, when younger members joined the committee c. 1999/2000, one of the key aims was to cut costs. In February 2000, it was recommended that the total annual income be sufficient to cover 'at least one years (sic) expenditure and to have a reserve of at least £1,500'.²⁸³ Cost-cutting ideas included putting a stop to 'ad hoc' financial gifts at Christmas, and possibly producing the magazine 'via computer equipment' or sending out a newsletter instead. As discussed in Chapter Five, the 'computer method' cut costs substantially in 2001.²⁸⁴ Gordon Johnson also arranged for the club's accounts to be audited for £4.99, although the 'friendly' accountant who carried out the work would 'not be available for future audits!'²⁸⁵ At a later meeting, Johnson confirmed

²⁷⁵ *RCM*, 1992, p. 4.

²⁷⁶ *RCM*, 1993, p. 4.

²⁷⁷ *RCM*, 1990, p. 6.

²⁷⁸ *RCM*, 1992, p. 4.

²⁷⁹ Letter, Geordie Reay to 'Flash' and Joan Gordon, 1st September 1987, RCR.

²⁸⁰ The matter had been taken up many years before with the Income Tax Authorities who had advised the serving committee at the time. The alternative was for members to offer a donation or a legacy. *RCM*, 1988, p. 2.

²⁸¹ Minutes, CM, 9th October 1983, RCR.

²⁸² Minutes, CM, 1st March 1998, RCR.

²⁸³ Minutes, CM, 4th February 2000, RCR.

²⁸⁴ See p. 324.

²⁸⁵ Minutes of meeting, 18th March 2001, RCR.

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that he had negotiated the auditing of the club's accounts for free.²⁸⁶ In his Treasurer's Report for 2002-2003, he made particular reference to the individual and accountants concerned who, 'as a private arrangement', undertook the 'independent examination of club accounts without charge'.²⁸⁷ Gordon Johnson certainly played a significant role in reducing the club's costs at this time.

²⁸⁶ Minutes, CM, 30th September 2001, RCR.

²⁸⁷ RCM, 2004, p. 5.

Appendix 15.

Benevolence

Fund-raising enabled the club to continue its benevolent work. While the unit was still at Rooksdawn, the club paid for the annual garden party and covered the costs of printing the magazine; a smaller contribution was the purchase of a television set in 1953 which had previously been on loan to the patients.²⁸⁸ However, after the unit's move to Roehampton, benevolent work began in earnest; the club continued to cover the costs of the magazine but also subsidized the annual Dinner from 1959 and helped a number of members financially with both short-term and long-term donations. The idea of sending a financial Christmas gift to members was first discussed in 1961.²⁸⁹ A sum of £10 was agreed, which Griffiths, in his role as Welfare Officer, was asked to send to selected members.²⁹⁰ Potential recipients included those who had retired, were in ill-health or seriously incapacitated.²⁹¹ Over time, the amount of money given to each member increased, as did the number of recipients. By 1985, £500 was spent on benevolent work during the year, in addition to the subsidy by the club to the Dinner.²⁹² It was agreed to continue sending £15 Christmas cheques but also agreed that 'several members should be deleted as they had received gifts in previous years'.²⁹³ The Christmas cheques were again questioned at a committee meeting in September 1987, when it was pointed out that the committee had no way of establishing which club members needed such a gift for Christmas. It was a case of 'hoping that the choice made was the correct one'.²⁹⁴

Concern was raised again in 1999 over the use of club funds, particularly concerning Christmas donations which had totaled around £800. It was decided by the committee that no

²⁸⁸ Minutes, CM, 4th November 1953, RCR.

²⁸⁹ Minutes, CM, 13th May 1961, RCR.

²⁹⁰ Minutes, sub-CM, 12th November 1961, RCR.

²⁹¹ For example, see minutes, CM, 10th October 1976, RCR.

²⁹² Minutes, AGM, 11th May 1985, RCR.

²⁹³ Minutes, CM, 27th October 1985, RCR.

²⁹⁴ Minutes, CM, 27th September 1987, RCR.

donations be made in 1999 and that members who needed financial help, should make a request through the Welfare Officer 'which would be treated in confidence'.²⁹⁵ This was confirmed by Ken Foster in an article in the 2000 magazine. Foster reported that, although welfare covered a 'very wide field', which could involve helping someone 'by simply discussing a problem or perhaps lending support to a member who is in dispute with a controlling authority, i.e. your "Town Hall", etc.', it often involved individuals requiring a little extra cash to make ends meet. The Rookdown Club managed to maintain 'a small, but healthy General Fund for the benefit of its members' but its income had fallen, due mainly to falling membership. Hence there was less cash to assist members. By this stage, club records did not show whether past recipients continued to be in need or 'with certainty' whether they were still alive.²⁹⁶

The club also assisted members financially in other ways where possible. In 1967, for example, help for Mrs Bashford was 'completed very successfully', while a cheque for £10 was to be sent to Mr Earley 'who had befallen misfortunes'.²⁹⁷ A cheque was also sent to a 'pensioner-member...who had moved from her previous accommodation'.²⁹⁸ During the early 1970s, the club loaned small sums of money to members where possible. In 1971, for example, a member was loaned £100 for legal costs on a house purchase which was to be repaid within a year.²⁹⁹ Another loan was given to a member whose wife had recently died; it was agreed that £50 should be given as a gift.³⁰⁰ The Treasurer's Report in the 1973 magazine states that an increase in income enabled the club, for a second year running, to 'make a substantial loan to a member who was 'temporarily in difficulties''.³⁰¹ The club also

²⁹⁵ Minutes, CM, 3rd October 1999, RCR.

²⁹⁶ *Rookdown Magazine 2000*, p. 7.

²⁹⁷ Minutes, CM, 3rd December 1967, RCR.

²⁹⁸ Minutes, CM, 9th October 1977, RCR.

²⁹⁹ Minutes, CM, 21st February 1971, RCR.

³⁰⁰ Minutes, CM, 2nd October 1972, RCR.

³⁰¹ *RCM*, 1973, p. 3.

paid for two of its members to go on holiday to the Isle of Wight in 1971³⁰² and for a family to go away in 1976.³⁰³ A member also asked the club to find him accommodation when he was called as an outpatient to Roehampton Hospital; the Chairman agreed to make enquires to ensure that the member was not 'out of pocket'.³⁰⁴

The club also contributed to other causes related, in the main, to plastic surgery but which had nothing directly to do with members or ex-patients. One such long-term commitment was the annual donation to the Christmas party on the children's plastic surgery ward at Roehampton which began in 1960 and carried on until the mid-1990s.³⁰⁵ The donation began at £10 and gradually rose over the years. By 1985, it had increased to £30.³⁰⁶ The final mention of the Christmas Party is in the Treasurer's Report for 1995/1996 which stated that the committee had sent out cheques 'to be put towards the cost of the Children's Christmas Party, a gesture that is much appreciated by the organisers at Roehampton'.³⁰⁷ As there is no further mention of the Christmas Party, it seems that donations stopped after 1996.

Donations to Children's Christmas Party at Queen Mary's Hospital, Roehampton

1961-1963 – £10

1964-1970 – £12

1971 – £13

1972-1973 – £15

1974-1981 – £25

³⁰² Minutes, CM, 3rd October 1971, RCR.

³⁰³ Minutes, CM, 10th October 1976, RCR.

³⁰⁴ Minutes, CM, 4th March, 1973, RCR.

³⁰⁵ Minutes, CM, 25th June 1960, RCR.

³⁰⁶ Minutes, CM, 23rd February 1986, RCR.

³⁰⁷ *RCM*, 1997, p. 4. Although donations continued well into the 1990s, they are only mentioned sporadically in Treasurer's Reports from the late 1980s and 1990s; also, the reports do not state how much money was donated, although one can assume that the amount stayed the same or rose slightly. For example, see also *RCM*, 1989, p. 5, and *RCM*, 1994, p. 5. In the 1993 magazine, the Treasurer's Report refers to the donation going to the 'Children's Burns Unit at Carshalton for their Christmas Party'. This is the only time, of which I am aware, that the Children's Burns Unit at Carshalton is mentioned in the club records and magazines. *RCM*, 1993, p. 5.

1985 – £30

Donations to Queen Mary's Hospital

During the 1960s, the club also made donations to help with refurbishments at Roehampton. A special committee meeting was called in November 1963, after the club received a letter from the hospital's Secretary requesting 'full or partial financial aid in furnishing a day sitting room for patients in a new burns ward to be opened. The cost of the furniture was estimated to be about £100.'³⁰⁸ The club agreed to this request as long as the gift was acknowledged in the form of a plaque.³⁰⁹ At the following committee meeting, it was arranged that the account be sent to the club 'for settlement'.³¹⁰ The club donated a further £50 to help carpet the Ward F 'Solarium'.³¹¹ In October 1965, the Chairman of the League of Friends at Roehampton requested more financial assistance for curtaining in Ward F but owing to the financial outlay for the year, presumably due to the two reunions that were to be held at Rooksdown House and a London Hotel to commemorate the club's 21st anniversary, the club was 'unable to meet the request'.³¹² It could also have had something to do with the club receiving a letter from Roehampton informing them that the idea of putting up a plaque in recognition of the club's donation had not been approved.³¹³ The matter is not referred to again. The club also paid for the rental of the television set in the plastic surgery ward at St Charles' Hospital during the early 1970s.³¹⁴

³⁰⁸ Minutes, special CM, 23rd November 1963, RCR.

³⁰⁹ Ibid.

³¹⁰ Minutes, CM, 8th March 1964, RCR.

³¹¹ Minutes, CM, 11th October 1964, RCR.

³¹² Minutes, CM, 10th October 1965, RCR.

³¹³ Ibid.

³¹⁴ Minutes, CM, 2nd November 1974, RCR. The minutes do not state where St Charles' Hospital was situated but earlier correspondence confirms it was in Exmoor Street, London, W10 6DZ. Letter, Mrs I. F. Hunt, Hospital Secretary, to Mr R. H. Gordon, 6th May 1974, RCR.

Other donations made by the club

Over the years, the club contributed to other causes associated with plastic surgery.

Following Gillies' death, for example, a few members approached the committee asking whether they could give a token of their appreciation for Gillies' work. An early suggestion was establishing a scholarship for a young surgeon, although this was dependent on how much money was raised. It was proposed that the fund open with a 30 guineas donation from Rookdown funds.³¹⁵ In the event, a public Memorial Fund was set up by the British Plastic Association to be used 'to help train and teach young Plastic Surgeons and to further Research in this field'. A candidate was to be chosen to give a yearly lecture on one of the branches of plastic surgery, and a bronze medal of Gillies' head was made to be presented to the lecturer by the Association.³¹⁶ The club assisted in two ways: firstly, by paying for a portrait of Gillies out of the club's Memorial Fund; secondly, by giving the remaining money from the fund to the national Memorial Fund.³¹⁷ The club's memorial to Gillies was to be unveiled at the Medical Library at the Burns and Plastic Unit, Roehampton, on Friday, 16th March 1962 at 6:30 pm. All members were invited to attend 'to see their own tribute to a truly great man.' The portrait was also to be on view at the reunion Dinner to be held on Saturday, 12th May 1962.³¹⁸ At a committee meeting held on the same day, it was proposed that the Memorial Fund be closed and the balance handed over to Lady Gillies.³¹⁹

³¹⁵ *RCM*, 1960, p. 6.

³¹⁶ Lady Gillies had also held a Memorial Exhibition of some of Gillies' paintings at the Walker Galleries in Bond Street in May 1961, the proceeds of which went to the Memorial Fund. *RCM*, 1961, p. 4.

³¹⁷ *Ibid.* At a committee meeting in May 1961, it was decided that the club memorial would be a portrait of Gillies. Permission was to be asked for the painting to be housed at the Roehampton Plastic Unit, and brought to the club Dinner each year and hung in a place of honour. Minutes, CM, 15th May 1961, RCR. Patrick Shackleton, the club's new President, had approached Bernard Adams, a personal friend of Gillies, who agreed to paint the portrait in oils at a reduced fee, and also frame it in a frame of his own design. *RCM*, 1961, p. 4.

³¹⁸ *Ibid.*, p. 1.

³¹⁹ Minutes, CM, 12th May 1962, RCR.



235. Portrait of Gillies unveiled at Roehampton Hospital, March 1962. (personal collection)

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236 and 237. Lady Gillies unveiling the portrait of Sir Harold. (personal collection)



238. Lady Gillies and Geordie Reay at the unveiling. (personal collection)

The club also made a donation of 25 guineas to Roehampton c. 1970 in memory of Patrick Clarkson, a plastic surgeon at Rooksdown and Roehampton.³²⁰ A memorial fund was also set up for Geordie Reay who died in October 1990.³²¹ In another example of the club sticking to its principles, it donated £50 c. 1983 to a fund for a special bed for the Burns Unit in Plymouth. It was suggested that the club consider ‘making such donations periodically where a Plastic Surgery Unit had a need’.³²² More recently, the club discussed donating surplus funds from the 2000 annual Dinner to either Changing Faces or Let’s Face It,³²³ although there is no further mention of this.

³²⁰ *RCN*, February 1971, p. 8.

³²¹ Minutes, CM, 14th October 1990, RCR.

³²² Minutes, CM, 6th March 1983, RCR.

³²³ Letter, Ray Gordon to Jack Gibson, 6th April 1999, RCR. Gordon recalled going to a garden party hosted by LFI, with his wife, Joan, and Ken Curtis to represent the Rooksdown Club.

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The club also made occasional contributions to organizations not associated with plastic surgery. For example, in 1966, it was proposed to donate £2.2.0d to the Scouts and Girl Guides organizations who assisted at the 21st anniversary Garden Party.³²⁴ As stated in Chapter Five, in 1968 it was proposed that the cost of a meal be sent to the homeless charity, Shelter.³²⁵ At the same committee meeting, it was discussed how the club might help Southampton Mental Welfare Centre.³²⁶ On another occasion, the club sent a £15 donation to a local hospital comforts fund following the death of founder member, Ray Setherton.³²⁷ In recent years, the club sent donations of £100 and £50 to the Not Forgotten Association.³²⁸ At the time of writing, the club still made an annual donation of £100 to the NFA.³²⁹ The committee also bought gifts for members who were ill and for relatives of members who had died.³³⁰

The club accounts continued to show a surplus until 2004 when the club spent £748 more than it received during the year ending 31st August 2004.³³¹ Although Gordon Johnson had ‘no worries’ over the club’s financial future, in his Treasurer’s Report for 2004, he referred to the club ‘starting to be squeezed between an inevitably declining membership and increasing costs with dinner costs now approaching £30 per head’.³³² In a later Treasurer’s Report, Johnson referred to the method of charging by the Holiday Inn, the venue where the reunion was held at the time, as being the main cause for the ‘rapid rise’ in the cost per meal for the annual Dinner, and stated that it was expected to continue.³³³ The club did negotiate a

³²⁴ Minutes, CM, 23rd October 1966, RCR.

³²⁵ See pp. 312-313.

³²⁶ Minutes, CM, 25th February 1968, RCR.

³²⁷ Minutes, CM, 6th March 1988, RCR.

³²⁸ Letter, Ray Gordon to Gordon Johnson, 27th April 2001, RCR; see also letter, NFA to Ray Gordon, 16th November 2001, RCR.

³²⁹ *RCN*, 2013, p. 8.

³³⁰ Minutes, CM, 9th October 1983, RCR.

³³¹ *Ibid.*, pp. 5-6.

³³² *Ibid.*

³³³ *RCM*, 2007, pp. 12-13. For the financial year 2005-2006, the club suffered a loss of £519.

reduced cost with the Holiday Inn for the 2007 Dinner but it was thought that this would not be repeated and that future Dinner costs would rise.³³⁴

Despite the increased costs and decreased income in recent years, the account balance remained adequate for the club's requirements. In this respect, Johnson referred to the club's finances as being 'something of a mystery' and wondered how a club with no annual subscription income could balance its books and survive for so long. He stated: 'During the last financial year we subsidized the reunion dinner by £10 per head, made a donation to the "Not Forgotten Association" of £100, printed and mailed the annual magazine to all of you, covered administration costs and still showed a surplus of £233.'³³⁵ Johnson again referred to the club being financed solely by fund-raising and generous donations. It was also expected that after the 2005 reunion Dinner, which was free for members in commemoration of the club's sixtieth anniversary, funds would be 'severely depleted and caution would be needed in 2006'. However, according to Johnson, 'as usual, the economics of the Rooksdown Club continue to defy gravity and confound your treasurer!'³³⁶ An extra £1300 had been spent on the Dinner, yet the club's funds had only reduced by £153. Again, it was due to the generosity of members: donations were £1,881, ten times the level of the previous year, while fund-raising at the Dinner was £320, twice that of the previous year. Johnson referred to it as 'a very unscientific' way of running the finances of a club.³³⁷ In 2008, he again referred to the club's finances as continuing to 'defy gravity' due to the generosity of members.³³⁸

The generosity of the club's members cannot be overstated and is indicative of the spirit which saw the club form in the first place and maintained it throughout. The last annual reunion took place in 2010 and was again free for members, the main reason that expenditure

³³⁴ *RCM*, 2008, p. 7. The club did in fact change venue for the 2008 annual Dinner as there had been problems with the booking at the Holiday Inn. *RCM*, 2009, p. 9. The reunion took place at the Southampton Park Hotel where it remained until the final reunion in 2010.

³³⁵ *RCM*, 2000, p. 8.

³³⁶ *RCM*, 2006, p. 4.

³³⁷ *Ibid.*

³³⁸ *RCM*, 2008, p. 7.

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during 2009/2010 was £1,197 more than the club's income.³³⁹ In very recent years, there has been less income but also less expenditure as there is no longer an annual Dinner and the magazine has been replaced by a newsletter. At this very late stage, the club's financial situation is no longer of great importance. In his Treasurer's Report for the year ending 31st August 2012, Johnson stated: 'The activities of the club are now minimal. We have no regular source of income and our only source of expenditure is for the production and distribution of the Newsletter together with an annual donation to the Not Forgotten Association. Our total funds of £2,237 should be adequate for several years.'³⁴⁰

³³⁹ *RCN*, 2011, p. 6.

³⁴⁰ *RCN*, 2013, p. 7.

Rooksdown Club Fund

Receipts and Payments Accounts for the period 1st April 1953 to 31st March 1954

RECEIPTS				PAYMENTS			
To Balances as at 31st March 1953:	£	s.	d.				
Cash in Trustees A/c	£1,000	0	0				
Cash in Current A/c	£24	11	11	1,024	11	11	
Subscriptions and Donations	...	157	4	0			
Sale of Dinner Tickets	...	53	2	3			
Sale of Xmas Cards	...	15	14	0			
Sale of Badges	...	29	6	6			
Sale of Magazines and Adverts	...	20	19	0			
Sale of Sweepstake Tickets	...	183	18	0			
Sale of Notepaper	...		16	3			
Sale of Souvenir Albums	...	40	3	0			
Proceeds from Sideshows—Reunion	...	20	9	11			
Sundry Receipts	...	17	2	0			
Transfer Account	...	112	0	0			
Interest on Deposit Account	...	15	0	0			
Balances as at 31st March 1954:							
Current Account overdrawn	...	16	11	10			
				£1,706	18	8	
							£1,706 18 8

	£	s.	d.				
Cost of Reunion	...	139	9	5			
Cost of Dinner	...	55	5	0			
Cost of Magazines, Albums and Sundry Printing	...	266	8	5			
Cost of Sweepstake Prizes	...	48	0	0			
Cost of Outings and Transport	...	32	18	3			
Cost of Badges	...	25	4	0			
Cost of Donations and Grants	...	36	5	0			
Cost of Television Set & Insurance	...	73	18	0			
Cost of Postage Account	...	16	14	9			
Cost of Sundry Expenses	...	2	17	6			
Cost of Sundry Debtors	...	9	18	4			
Balances as at 31st March 1954:							
Cash in Trustees A/c	£1,000	0	0				
							£1,210 0 6

The above Receipts and Payments Account has been prepared for the period from 1st April 1953 to 31st March 1954 from the books and records produced and are certified to be in accordance with same.
G. Melville-Bell.

Balance invested at bank and in hand 26th June 1954 ... £1,210 0 6

A. Panter,
Hon. Treasurer.

Appendix 16.

How the club helped/attempted to help later plastic surgery patients

As mentioned in Chapter Five, the committee attempted where possible to help later plastic surgery patients who were not club members.³⁴¹ One such person was Mr S. Courtney whose details were forwarded to the club in late 1975 by the Honorary Secretary of BAPS, John Cobbett.³⁴² Courtney had a ‘severe facial deformity in spite of years of treatment’ and lived in East Grinstead. As Ray Gordon also lived there, the committee asked him to contact Courtney as soon as possible.³⁴³ It was felt that this could be a ‘test case’ for the club after it had approached BAPS suggesting that it could help plastic surgery patients at various units reintegrate into society. Gordon visited Courtney and submitted a report to Reay and Buckland (in their roles as Chairman and Welfare Officer respectively). Courtney was living as a lodger with a Mr and Mrs Mays, who was a part-time nurse on the Burns Unit at Queen Victoria Hospital. Mrs Mays had tried for a long time to find an association that could help discharged plastic surgery patients but, to her knowledge, this was the first case that Cobbett, who was a surgeon at the unit, had referred to an outside association.³⁴⁴ There was no such association at East Grinstead or Stoke Mandeville where she had previously worked.

Courtney had received radium burns as a child and undergone plastic surgery ever since. His main concern was his ‘broken family life’.³⁴⁵ Gordon reported that he was married with five children. He had received little schooling due to his physical condition but married a girl from school. The marriage broke up after twenty three years, and the children, aged from 20 to 11, lived with their mother, although Courtney had access to them and there was ‘strong affection’ between him and the children. He had married again but, after being discharged from hospital at East Grinstead following plastic surgery, he returned to his flat in

³⁴¹ See p. 339.

³⁴² Letter, John Cobbett to A.H. Reay, 23rd December 1975, RCR.

³⁴³ Letter, Reay to Cobbett, 7th January 1976, RCR

³⁴⁴ Minutes, CM, 9th November 1975, RCR.

³⁴⁵ Untitled report, Ray Gordon to A.H. Reay and J. Buckland, 10th January 1976, RCR.

Dartford to find that his wife had moved out and taken the entire contents of the flat. He had to pay rent for the one bedroom flat despite not having occupied it for the year he had lived at East Grinstead. There were three ways that Courtney hoped someone, possibly the club, could help him:

- 1) To get a job with reasonable income and use of vehicle that will allow him to visit the children and hopefully to earn sufficient to be able to have a home with the children with him.
- 2) To get a bigger bedroomed flat than his present one.
- 3) To have a holiday, anywhere with his children in 1976³⁴⁶

Gordon explained to Courtney that the club had limited resources and promised him nothing. He did, however, think that Buckland could possibly help with the housing situation as he was a Justice of the Peace in Dartford. Gordon suggested that he and Buckland visit Courtney and discuss his position and see whether they could help. He would contact Courtney again in about two weeks 'for a chat' and invite him for dinner. He felt that he might get to know him better and more details may become available.³⁴⁷ At this early stage, Gordon did not invite Courtney to join the club but suggested that it could partly finance a holiday for the family, possibly with help from the Rotary Club with finance or accommodation.³⁴⁸ Gordon also suggested that if Buckland knew anyone on the Dartford Housing Committee, he could discuss the flat with them.

By March 1976, Buckland 'had dealt in detail with the case' and '£50 had been advanced to transport furniture, etc., by the Treasurer of his own initiative'.³⁴⁹ At the next committee meeting, it was reported that 'Mr. C.' had already received £50 from the Secretary of the Plastic Surgeons' Association. He had been visited a month before by Buckland and Reay, and was nine months in rent arrears on his council flat, and owed 12 months' rent on a

³⁴⁶ Ibid.

³⁴⁷ Ibid.

³⁴⁸ This was probably the holiday in 1976 mentioned on p. 481.

³⁴⁹ Minutes, CM, 7th March 1976, RCR.

colour television set. He had requested that the club settle his debts which the committee had agreed could not be done.³⁵⁰ By the time of the next meeting, Buckland had ‘washed his hands of Mr. C.’ and it was agreed that the club should contact the people who had referred him to Rooksdown, ‘stating the efforts which the Club had made to help him’.³⁵¹ Buckland wrote to the ‘doctor concerned’ and received an acknowledgement. According to the minutes, ‘It now appeared that this man had got himself into quite serious trouble.’³⁵² There is no further mention of him. Although Courtney did not become a member, according to membership lists in later club magazines, Mrs Mayes did and hoped to be ‘a liasion’ (sic) between Queen Victoria Hospital and the club.³⁵³ It is not known whether she put any other patients in touch with the club, although she probably did not.

The committee also tried to help a Belfast policeman who had been badly injured by a bomb in 1981/1982. His face had been badly burned and he had lost part of his hand. Gordon wrote to the Chief Constable about the policeman’s welfare and sent a donation on behalf of the club. He intended visiting the man while on a business trip to Ireland and was ‘given a free hand to do as he thought best’.³⁵⁴ Following correspondence with the authority concerned, Gordon reported that the policeman had returned to work.³⁵⁵ The committee also offered its services to casualties of the Falklands War in 1982.³⁵⁶ Geordie Reay received a letter from Captain Sam Salt giving the names of two service casualties from the conflict who wanted to be visited by the club.³⁵⁷ He contacted the men but received no reply; it was

³⁵⁰ Minutes, CM, 10th October, 1976, RCR.

³⁵¹ Minutes, CM, 6th March 1977, RCR.

³⁵² Minutes, CM, 9th October, 1977, RCR.

³⁵³ Letter, H. Mayes to Vera Saxby, no date, in reply to a letter dated 29th January 1976, RCR.

³⁵⁴ Minutes, CM, 11th October 1981, RCR.

³⁵⁵ Minutes, CM, 7th March 1982, RCR.

³⁵⁶ There is no copy of the letter from Reay to Bernard Wetherill offering the club’s services but Weatherill’s reply is dated 12th July 1982, RCR. Weatherill was Chairman of Ways and Means and Deputy Speaker in the House of Commons. Ibid.

³⁵⁷ Minutes, CM, 10th October 1982, RCR. The letter is not in the records. Captain Sam Salt was Captain of *HMS Sheffield* and is referred to in Hastings and Jenkins, *Falklands*, pp. 179-182; see also Middlebrook, *Task Force*, pp. 163 and 166. Salt was not a member of the club at this stage; his name and contact details do not appear until 1985. *RCM*, 1985, p. 24.

suggested that if the men responded, they should be invited to the 1983 Dinner.³⁵⁸ In 1984, Reay reported that they had been too ill to attend, apart from CPO (Chief Petty Officer) John Strange who had been on the 'ill-fated H.M.S. Sheffield'.³⁵⁹ Strange, who had been badly burned on his hands, back and face, attended the Dinner with his wife, Hannah, and both joined the club.³⁶⁰ There is no evidence as to whether the committee made further contact with the injured servicemen who were unable to attend.

Another casualty from the Falklands War whom the club tried to help was Simon Weston. Weston was undoubtedly the highest profile casualty of the Falklands War, and possibly of any war in which Britain has been involved in recent times. After seeing one of the BBC documentaries about him in June 1985, *Simon's Peace*, Ray Gordon wrote to Weston's mother, stating: 'I am sure your family will have received many letters after people have seen the second TV programme showing how Simon is tackling coming to terms with his disability and coping with members of the public, a more difficult job than undergoing a series of operations I'm afraid.'³⁶¹ He explained that he was writing to her rather than Weston himself at this stage because she was a nurse and would 'appreciate the long term effects that Simon's injuries may have on him'.³⁶² He stated what the Rooksdown Club was, and when and why it was formed. Pauline Hatfield, Weston's mother, replied and although she seemed keen, and there was an inference that a meeting would take place, it never occurred. By

³⁵⁸ Minutes, CM, 10th October 1982, RCR.

³⁵⁹ RCM, 1984, p. 3. *HMS Sheffield* was sunk on 4th May 1982 after being hit by an Exocet missile. Twenty men were killed and were the first major casualties of the conflict against Argentina. *HMS Sheffield* was the first major British warship lost in action for 37 years. www.independent.co.uk/life-style/history/a-day-that-shook-the-world-hms-sheffield-sunk-in-the-falklands-war-2235927.html See also Hastings and Jenkins, *Falklands*, pp. 178-184; Middlebrook, *Task Force*, pp. 153-166; and D. Brown, *The Royal Navy and the Falklands War*, (London, 1987), pp. 141-146.

³⁶⁰ RCM, 1984, p. 2. According to Middlebrook: 'The fire/explosion took place in or near the galley...Chief Mechanician John Strange, the only man in the machinery space underneath the galley, crawled out, badly burned, the most seriously injured survivor.' Middlebrook, *Task Force*, p. 160.

³⁶¹ Letter, Ray Gordon to Pauline Hatfield, 16th June 1985, RCR.

³⁶² Ibid.

September 1986, presumably due to a lack of response, it was agreed 'not to pursue the question of trying to get Simon Weston to become a member of our Club any further'.³⁶³

The club also tried to help victims of a fire on 11th May 1985 at Valley Parade, the home of Bradford City Football Club, which started in the main stand forty minutes into the final game of the season.³⁶⁴ The fire claimed 56 lives and injured more than 250 others.³⁶⁵

The Rooksdown Club committee agreed that it should contact the Bradford hospitals to see if they could offer help to people who had been badly burnt.³⁶⁶ Gordon was put in contact with Dr. John Settle who was in charge of the main unit dealing with the burns.³⁶⁷ Gordon wrote to Settle in December 1985, outlining the club's aims and offering help to the victims, but again there is no further correspondence on the matter.³⁶⁸

The club was successful with Gwyneth Brown who contacted Geordie Reay after reading about him and Eileen in the *Southern Evening Echo* in July 1970. She gave an account of her early rehabilitation and the impact of meeting Reay:

Yes, you read about it and hear of beautiful girls having plastic surgery and in a few months everything is fine - but it is not so! The years and operations drag on and you realize that it doesn't take a month or so as we read in the paper-back novels.

After the first year, I began to realize that some people thought I was a freak, and I began to realize that I was different outside, and also I changed inside. I began to drink quite heavily before I had to go out, and that was an added problem. Then one day the Southern Echo came though the letterbox, and a photograph of Geordie and Eileen smiled up at me from that paper, together with an article about the Rooksdown Club and also a telephone number. I rang the number, and the

³⁶³ Minutes, CM, 28th September 1986, RCR.

³⁶⁴ http://news.bbc.co.uk/onthisday/hi/dates/stories/may/11/newsid_2523000/2523561.stm

³⁶⁵ Following the public inquiry led by Sir Justice Oliver Popplewell, new legislation was introduced to improve safety at football grounds in the UK. One of the main outcomes was banning the construction of wooden grandstands at all sports grounds. Thomas Walsh, Neal Rylatt and Lucina Hackman, 'Bradford City Football Stadium Fire, May 11, 1985', in S. Black, G. Sunderland, L. Hackman, X. Mallet, (ed.), *Disaster Victim Identification – Experience and Practice* (Florida, 2011), pp. 31-49. See also Desmond Fennell, *Investigation into the King's Cross underground fire: presented to Parliament by the Secretary of State for Transport by Command of Her Majesty* (HMSO, 1988)

³⁶⁶ Minutes, CM, 27th October 1985, RCR.

³⁶⁷ Letter, P. L. Levick to Ray Gordon, undated, RCR.

³⁶⁸ Letter, Gordon to Dr Settle, 13th December 1985, RCR.

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voice said to come over and meet us. Well I did - and what a meeting! I was treated like a long lost friend, and my daughter, who was then 42 years old, went to shake Geordie's hand who in true form took his arm off and handed it to her! Her face was a picture!³⁶⁹

As stated in Chapter Five, she also described attending her first reunion and being in the company of so many people with similar injuries.³⁷⁰

The club was also successful with a man who had heard a discussion and mention of Harold Gillies on local radio. Bob Jago required surgery to his right hand and 'was given to understand that there was a waiting list of at least five years.' After contacting two members of the committee (Treasurer, Louise Lee, and Pat Short), the problem was sorted out within six months. Jago felt compelled to write to inform all the members of Lee and Short's efforts. He stated: 'Taking me to Plymouth before the sun rose twice in one week and still offering further aid. In addition they have taken a great interest regarding my wife which has proved a great success and made life for us both happy and very contented... You have been wonderful.'³⁷¹

The work and ethos of the club were still very evident c. 1990/1991. With its 45th anniversary impending, Ray Gordon praised the ongoing work of the committee and reiterated the aims of the club, stating: 'Our work may not be spectacular nor does it "hit the headlines" but there is quiet satisfaction in knowing that what we do is and can be of help to those who are facing a problem which can be, to them, almost insurmountable.'³⁷² Shortly after this, the club was contacted by the Burns Unit at Odstock Hospital, the centre for burns and plastic surgery patients for Wessex, an area covering Poole, Bournemouth, Southampton, Isle of Wight, Channel Islands, Portsmouth, Swindon and Basingstoke. The club was asked if it could offer help or advice on setting up a self-help group at the hospital to improve the care

³⁶⁹ *RCM*, 1986, p. 14.

³⁷⁰ See pp. 307-308.

³⁷¹ *RCM*, 1989, p. 15. His name and address first appeared in 1987 and confirm that he lived in Newquay, Cornwall. *RCM*, 1987, p. 26.

³⁷² *RCM*, 1990, p. 3.

of burned patients. Mr A Rossi, Consultant Surgeon at Odstock, knew of the club and suggested making contact.³⁷³ Ken Curtis and Ray Gordon visited Odstock in August 1990 and discussed the matter with four members of staff. At their request, Gordon and Curtis produced a report which, it was hoped, would provide a basis on which they could establish a self-help group. It was felt by the club committee that this was ‘an opportunity which we must grasp for it is rarely offered in this way and gives us the chance to try and carry out the original principles on which Rooksdown Club was founded’.³⁷⁴

The report was sent to Rossi and recommended that a Rooksdown Club leaflet target ‘three separate entities’: the staff, family and/or visitors, and the patients (illus. 241).³⁷⁵ The suggested idea for the leaflet was to state the three aims of the club, name the current officers, give the approximate number of members (which at the time exceeded 300), and state how the club could help the facially injured and disfigured patients and their families. It would do so through ‘friendship, visiting and counselling by ex-patients’, and up to date welfare information and guidance provided by Ken Foster.³⁷⁶ A letter was to accompany the leaflet, informing relatives/visitors that they had received an information leaflet about the Rooksdown Club and explaining how to act when visiting in the early stages of treatment.³⁷⁷

³⁷³ *RCM*, 1991, p. 5. This episode is ironic as the club had offered its services to Odstock in 1973 and 1977 without success. Geordie Reay had first written to J. Ellsworth Laing, a plastic surgeon at the unit, in May 1973 asking if he felt any patients might be interested in joining the club. Letter, Reay to J. E. Laing, 14th May 1973, RCR. Laing replied, stating that he would pass on the invitation to any patients ‘who may be interested.’ Letter, Laing to Reay, 17th May 1973, RCR. It is unclear whether any patients joined. In 1977, Reay attended a meeting at Odstock and met the consultant in charge of rehabilitation, Dr. Robinson; the minutes of a committee meeting state, however, that ‘Dr Laing...did not wish to have a Rooksdown representative on his committee’. Minutes, CM, 9th October 1977, RCR. Gwyneth Brown also tried to introduce the club to patients at Odstock, but again ‘without any luck’. Brown had talked to patients when she was there for operations and left club magazines, and, although ‘they seemed keen...no follow up ensued’. *RCM*, 1986, p. 14. After Laing retired, Brown relayed the work of the club to her new ‘younger’ surgeon who attended one of the reunion Dinners and was apparently ‘very impressed with the Club’. *Ibid.*, p. 15. Brown did not state who the new surgeon was but it was probably Mr Rossi.

³⁷⁴ *Ibid.*

³⁷⁵ This is a two page report. There is no date on the correspondence but it is enclosed with a letter, Ray Gordon to Miss Glithero, 31st October 1990, RCR. Glithero was a ‘Nurse Teacher, Burns and Plastic Surgery’, from the Salisbury School of Nursing. Letter, Glithero to Gordon, 15th May 1990, RCR.

³⁷⁶ *Ibid.*

³⁷⁷ *Ibid.* It was essential for visitors to ‘put on a brave face and act normally however difficult’. This would both comfort and give confidence to the patient.

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It is unclear whether a self-help group was formed at Odstock or if any patients joined the club. Subscriptions for the period, 31st July 1990 to 31st August 1991, totaled £15 compared with £5 the previous year; the subscription was £2.50, so six new members joined, but it does not state where they came from.³⁷⁸ Another seven new members joined, 31st August 1991 to 31st August 1992, but, again, it does not state where they came from.³⁷⁹

³⁷⁸ *RCM*, 1992, p. 5.

³⁷⁹ *RCM*, 1993, p. 6.

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1.

I think our objectives should be targeted at three separate entities:-

The Staff: The Family and/or Visitors: The Patient.

THE STAFF.

The psychological question poised if you recall, was the time for making a decision as to the patient's psychological condition. I think to hover in a limbo of indecision is wrong. An immediate action is necessary to create a re-action. If one waits a regular pattern will not appear, one will not be presented with a stereotype situation, each case monitored will be different.

It is essential to provide a facilitating environment to introduce a common language that is not too dramatic. The patient should be advised and understand how he is progressing clinically. This will ease the state of confusion and incomprehension.

To deal with the worries of family, family finance, employer, union, insurance etc. and eventually miscellaneous correspondence. These actions I think will ameliorate the mental state and lessen the cause for trauma.

THE FAMILY and/or VISITORS.

Priority should be given to educate the family to minimise their anxiousness and distress, especially at the could be repulsive appearance of the facially damaged patient. Emphasis being not to transmit their own feelings to the patient. This 'brave face' attitude will assist and contribute to the patient's psychological well-being.

THE PATIENT.

The patient should, however difficult, prepare himself to return to society as early as possible. It is advantageous to initially spend time with other similarly injured people, and in their company take public transport, visit a pub etc.

There will be those of the public who will be unsympathetic, and these must be looked in the eye!

241. Part of a report produced by Ken Curtis and Ray Gordon for the plastic surgery unit at Odstock Hospital, c. October 1990, RCR.

Appendix 17.

The annual Reunion/Dinner

Dates of annual Reunions held at Rooksdown House

18th September 1946

31st May 1947

29th May 1948

25th June 1949

17th June 1950

30th June 1951

28th June 1952

27th June 1953

26th June 1954

25th June 1955

30th June 1956

29th June 1957

28th June 1958

Venues for the annual Dinner

1950 – 1962 – Eccleston Hotel, London

1963 – 1975 – Derby Suite, Bonnington Hotel, London

1976 – 1985 – The Cora Hotel, London

1986 – 1998 – The Polygon Hotel, Southampton

1999 – 2000 – The Posthouse Hotel, Eastleigh

2001 – 2007 – Holiday Inn, Eastleigh

2008 – 2010 – Southampton Park Hotel, Southampton

Dinner Secretaries

It does not state specifically who organised the Dinners during the 1950s but it was probably the committee or a member of the committee, most likely the Secretary. Similarly, during the early 1960s, there is no specific mention of who was the organiser, although it seems to have been Ray Gordon who was Treasurer at this time. Indeed, in 1965, Reay confirmed that the Dinners were arranged by Gordon who was also 'Social Secretary'.³⁸⁰

Committee/Secretary – 1950-59

Ray Gordon – c. 1960-1970

Archie Day – 1971-1973

Wing Cdr. and Mrs Minnigin – 1974-1986

Vera Saxby 1987-1993

June Stevens 1994-2006

Zoe Lockwood 2007-2008

Gordon Johnson 2009-2010

³⁸⁰ *RCM*, 1965, pp. 3 and 5.

General comparison between the actual cost of the meal and the cost per member

Year:	Cost for member/guest:	Cost for the club:
1961-66	12/6d	
1967	15d	
1968	15d	
1973	£1.50 (additional guests £2.00)	
1985	£8.50 (£8 in magazine)	£10.50
1990	£10	£13.95
1995	Free for members	
1997	£10	£16
1998	£10	
2000	£5	£12.50
2001	£10 per member/guest	£18.50
2002	£10	£18.95
2003	£10	
2004	£10	
2005	Free	
2006	£10	
2007	£10	
2008	£10	
2009	£10	
2010	Free	

242.

Guest Speakers at annual Dinners

Where stated, the speaker is either unknown or there was no guest speaker. Although it is not absolutely clear, the guest speakers seem to have become a regular feature at the annual Dinner from 1965.

1961 Patrick Shackleton – Chief Anaesthetist at Rooksdown and Roehampton. Shackleton was introduced as new club President and paid a ‘moving tribute’ to Gillies.

1962 No mention of guest speaker

1963 Professor Kilner – Kilner was certainly a Guest of Honour but it does not state whether he spoke.

1964 A. Wallace – President of British Association of Plastic Surgeons (BAPS). Wallace was also certainly a Guest of Honour but again it does not state whether he spoke.

1965 Greta Olsen – plastic surgeon at Rooksdown, most notable for her work on Ivor Wilson

Appendices

- 1966** Patrick Clarkson – plastic surgeon at Rooksdown and Roehampton. Lady Gillies was guest speaker at a garden party, held in the grounds of Rooksdown House in 1966 in commemoration of the club's 21st anniversary.
- 1967** Major G. Melville-Bell – Rehabilitation Officer at Rooksdown 1948-1959 (Chairman from 1950-1959)
- 1968** John Barron – plastic surgeon at Rooksdown 1946-1949
- 1969** Bill Holdsworth – plastic surgeon at Rooksdown and Roehampton (President from 1986-1999)
- 1970** Cmdr. H. Schjeldrup – plastic surgeon at Rooksdown 1945-1948
- 1971** Mr Fitzgibbon – plastic surgeon who trained at Rooksdown during the war and was in charge of MFSU No. 5
- 1972** Eric Dalling – plastic surgeon at Rooksdown who was also involved with early lectures to educate the public
- 1973** No mention of guest speaker
- 1974** Dr. P. Gabarro – plastic surgeon at Rooksdown 1941-1942
- 1975** Roy Hilton – ex-patient and original member (this is the first time that an ex-patient was guest speaker)
- 1976** Mrs 'Tidy' Wood – theatre artist at Rooksdown in the early days before Joan Farmer
- 1977** Norman Rowe – dental surgeon at Rooksdown and Roehampton
- 1978** Desne Greenhow – daughter of Patrick Shackleton
- 1979** Nora Hayes – staff nurse at Rooksdown during the war
- 1980** Johnny Buckland – ex-patient, original member, committee member, Welfare Officer
- 1981** Dorothy Rushton (née Whiteside) – Matron and wife of dental surgeon, Martin Rushton
- 1982** Alan Mayhew – dental surgeon at Rooksdown during the 1950s (President of the club 1995-2001)

Appendices

1983 Captain J. Larken D.S.O. R.N., – Captain of HMS Fearless during Falklands War

1984 Bill Holdsworth – see 1969

1985 Lady Gillies – theatre nurse at Rooksdown during and after the war

1986 Allan ‘Geordie’ Reay – ex-patient and original member (retiring after 41 years as Chairman)

1987 Dennis ‘Happy’ Gay – ex-patient and original member

1988 Robert A. W. McDowall – Senior Plastic Surgeon at Odstock Hospital, Salisbury

1989 Giles Romanes – plastic surgeon at Rooksdown during the 1940s

1990 James ‘Rusty’ Russell – ex-patient and original member

1991 Anthony Rossi – Consultant Plastic Surgeon at Odstock

1992 John Clarke – Senior Consultant Plastic Surgeon, Queen Mary’s Hospital, Roehampton
(President of the club from 2001 – present day)

1993 Malcolm Deane – Senior Plastic Surgeon, Nottingham General Hospital

1994 Brian Conroy – ‘specialist in the field of Maxillo-Facial surgery’ who worked at Rooksdown and Roehampton

1995 Giles Romanes – see 1989

1996 Theme of speech was ‘enduring spirit of the Rooksdown Club followed by a slide show with recorded commentary by Dr. Noshir Antia’. It does not state who made the speech.

1997 Canon Eric Wells – in charge of the theatre nursing services during the 1950s

1998 James Partridge – founder of Changing Faces

1999 John Clarke – see 1992

2000 James Russell – see 1990

2001 John Clark – see 1992. By now, he was also Senior Surgeon at the Chelsea and Westminster Hospital

2002 R.A.W. McDowell – see 1988

Appendices

2003 Pat Whitfield – surgeon at Queen Mary’s Hospital, Roehampton

2004 Barry Evans – plastic surgeon at Southampton University Hospitals Trust (later President of BAPRAS)

2005 60th Anniversary – a number of speakers including Ray Gordon, James Russell, Ron Cunningham and Pasa Kavasovic

2006 Simon Millar – PhD student researching the Rooksdown Club

2007 No guest speaker

2008 Steve Evans – Editor of the Rooksdown Club Magazine since 2002, and son of Jim and Joy Evans, former Presidents of the club. Jim was a plastic surgeon at Rooksdown and Roehampton.

2009 Nick Baker – Consultant Oral and Maxillofacial Surgeon, Southampton University Hospitals Trust

2010 Final reunion – two guest speakers, Ray Gordon and Alan Mayhew (see 1982)

Appendices

Attendance figures for annual Dinners

Year	Members and guests	Year	Members and guests
1950	129	1981	92
1951	Unknown (I am not in possession of 1952 magazine)	1982	92
1952	82	1983	Approx 90
1953	No number given	1984	92
1954	No number given	1985	106 (40 th anniversary)
1955	No number given	1986	146 (first year Dinner was at Southampton rather than London)
1956	No number given	1987	136
1957	No number given	1988	137
1958	No number given	1989	128
1959	Approx 80	1990	112
1960	No number given	1991	Approx 100
1961	No number given	1992	No number given
1962	Approx 60	1993	No number given
1963	No number given	1994	No number given
1964	No number given	1995	140 (50 th anniversary)
1965	No number given	1996	55
1966	93	1997	80
1967	91	1998	No number given
1968	82	1999	54
1969	103	2000	No number given
1970	106	2001	63
1971	106	2002	No number given
1972	107	2003	34
1973	Approx 106	2004	37
1974	122	2005	63 (60 th anniversary)
1975	Approx 120	2006	35
1976	96	2007	41
1977	Approx 86	2008	34
1978	118	2009	33
1979	108	2010	55
1980	126		

243. There are some discrepancies between figures given in the minutes of AGMs and those given in club magazines which refer to the same reunion.

Appendix 18.

Other social events organised by the club

In earlier years, there were other social events, though on a smaller scale, that fulfilled the club's first aim. 'Dates for your diary in 1962' included the unveiling of the club's memorial portrait of Gillies at Roehampton Hospital in March and the 'Derby Draw and Social Evening' in Southampton in June.³⁸¹ The Southampton branch of the club, formed in the early 1950s, was very active, mainly due to the work of its Chairman, Tom Griffiths, an original member who joined the club's committee in 1954.³⁸² As well as organizing the Derby Draw social event during the 1950s and 1960s, Griffiths organized at least two Christmas parties in Southampton, in 1963,³⁸³ and at a 'skittle alley' in 1965.³⁸⁴ He was the club's Vice Chairman and Welfare Officer from c. 1960 until his sudden death in April 1968. Griffiths' death was a major loss to the club, since he had worked hard during the late 1940s 'and kept the club going in the south. He was a man of many parts, he took on the welfare responsibilities of the club and advised and gave help to many members'.³⁸⁵ There is no reference to the Southampton Christmas parties after his death.

Apart from the annual reunion, social events centred around Southampton, as Melville-Bell commented in his criticism of the club in 1969, when he referred to it as becoming 'far too parochial'.³⁸⁶ Bell tried to encourage members to meet locally; in 1968, he wrote: '...there must be many of you in areas where it is not always possible to get down to London for the A.G.M. and Annual Dinner, but who would like to meet old friends and have a yarn about old times, here then is a chance for someone interested to look up members in your own district and arrange a periodical get-together now and again, an evening out, a

³⁸¹ *RCM*, 1961, p. 12.

³⁸² Minutes, AGM, 26th June 1954, RCR.

³⁸³ Minutes, CM, 6th October 1963, RCR.

³⁸⁴ Minutes, CM, 10th November 1965, RCR.

³⁸⁵ Minutes, AGM, Saturday 4th May 1968, RCR.

³⁸⁶ Letter, Melville Bell to Ray Gordon, 9th February 1969, RCR.

meeting, anything to bring old friends together again'.³⁸⁷ It is unclear whether Bell's suggestion had any impact, although some members did visit each other in different parts of the country. George Outhwaite and Ken Lewis, the only members living in the North East, travelled to Winchester to visit Geordie and Eileen Reay;³⁸⁸ Outhwaite organised a 'mini-reunion' of six in Blackpool.³⁸⁹ Some members from the 'Southern regions' visited Outhwaite and Lewis and their wives and other members in the North of England.³⁹⁰ Mair Jenkins, a nurse at Rooksdown from 1947-1949, also mentioned a possible meeting of members who lived in Wales.³⁹¹ In later years, ex-service members of the club met occasionally at events organized by the NFA, including boat trips on the River Solent, garden parties at Buckingham Palace and the Festival of Remembrance at the Royal Albert Hall.³⁹² Such outings were only available to ex-servicemen and women injured during their service career because the NFA Charter of Association did not 'extend to include any disabled civilian member of Rooksdown Club'.³⁹³ More recently, the club received tickets from the NFA for events including the Wimbledon Tennis Championships in 2001³⁹⁴ and the NFA Christmas Party, also in 2001.³⁹⁵

³⁸⁷ *Rooksdown Club Newsletter No.1. 1968*, p. 3, RCR.

³⁸⁸ *RCM*, 1974, p. 4.

³⁸⁹ *RCM*, 1978, p. 10.

³⁹⁰ *RCM*, 1977, pp. 12-13.

³⁹¹ *RCM*, 1982, pp. 13-14.

³⁹² *RCM*, 1989, p. 2. See also minutes, AGM, 24th May 1989, RCR, and *RCM*, 1991, pp. 4-5.

³⁹³ *Ibid.* Ken Foster confirmed that wives of ex-service personnel could attend. He also confirmed that Therese Van Ingelgem attended as an escort, although as part of the Resistance she was entitled to attend anyway. Telephone conversation with Ken Foster, November 2013.

³⁹⁴ Letter, Anne McGinley, NFA, to Ray Gordon, 15th June 2001, RCR.

³⁹⁵ Letter, Rosie Thompson, NFA, to Ray Gordon, 12th November 2001, RCR.

Appendix 19.

The Rooksdown Club Magazine/Newsletter

Years and months the magazines/newsletters were published

1947 – June

1947-1955 – December

1959 – December (newsletter)

1960-1961 – December

1965 – Possibly January

1966-1971 (newsletters were sometimes produced twice annually, although not always)

1972-1985 – February

1986-1994 – March

1995-1999 – (no month)

2000 – Rooksdown Magazine (no month)

2001 – Rooksdown News 2001 (no month)

2002-2009 – February

2010 – March

2011-2014 – April (newsletters)

Magazine Editors

In early editions of the club magazine, there were a number of co-editors but they are not named. Responsibility for production of the magazine during the 1940s and 1950s fell on the Secretary at the time. This was also the case in the 1960s although production of the newsletters in the second half of the decade was distributed among committee members depending on circumstance.

Appendices

June 1947 – Joan Coast (Ivor Wilson was certainly a co-editor, as confirmed in a letter to his wife)

December 1947-1952 – No record but it was probably Joan Farmer

1953-1955 – Joan Grant

1959 (newsletter) – G. Melville Bell

1960-1961, 1965 – Ron Cunningham (Cunningham was probably also in charge of the

1962/1963 magazine which I am not in possession of)

1966-1967 (newsletters) – Ron Cunningham

1968 (newsletter No. 1) – G. Melville Bell

1968 (newsletter No.2) – Ron Cunningham

1969 (newsletter) – Johnny Buckland

1970 (newsletter) – Ron Cunningham

1971 (newsletter) -1996 – Pat and John Hearn

1997 – John Hearn (assisted by Diana Creasey)

1998-1999 – John Hearn

2000 – John Hearn and Diana Creasey

2001 – James Russell

2002-2010 (newsletter from 2011 to present day) – Stephen Evans

Appendix 20.

Lists of Rooksdown Club Officers

Presidents

Harold Gillies 1945-1960

P. W. Shackleton 1960-1975

Jim Evans 1975-1986

Bill Holdsworth 1986-1999

Joy Evans 1999-2001

John Clarke 2001- present day

Chairmen

Dr Shackleton 1946-1950

Godfrey Melville-Bell 1950-1959

Geordie Reay 1959-1985

Ray Gordon 1985-1995

Alan Mayhew 1995-2001

Michele Ford 2001- present day

Treasurers

Air Vice-Marshal Panter 1946-1959

Ray Gordon 1959-1985

Louise Lee 1985-1999

Gordon Johnson 1999- present day

Secretaries

Joan Coast 1946-1947

Joan Clegg 1947-1948

Joan Farmer 1948-1953

Joan Grant 1953-1959

R. Cunningham (with Mrs Cunningham as Assistant Secretary) 1959-1969

Vera Saxby 1969-1983

Ray Gordon 1983-1985

Joan Gordon 1985-1995

Vera Saxby 1995-1996

J. R. Gibson 1996-2000

Ray Gordon (with Ian Riches) 2000-2002

Ian Riches 2002-2012

Welfare Officers

Catherine Pollock 1946-1951 (at Rooksdown)

Joan Grant 1951-1959 (at Rooksdown)

Godfrey Melville-Bell 1948-1959

Ron Cunningham (in his role as Secretary) 1959-1960

Tom Griffiths 1960/61-1968

Jonny Buckland 1968-1978 (it does not state explicitly when Buckland became Welfare Officer but it was probably after the death of Griffiths)

Geordie Reay 1978-1988

Ken Foster 1988-present day

Membership Secretaries

A new membership register was prepared in 1983 as a number of discrepancies were found after checking the existing records of club members against the Derby Draw record book.

Prior to this, no such effort was undertaken to sort out membership. The term 'Membership Secretary' is used for the first time in the 1991 magazine.

Pat and John Hearn (in their roles as Magazine Editors) 1983 – 1989

Pat Short 1990 – 1999 (her appointment was deferred until 1990)

Rosemary Johnson 1999 – present day

Ray 'Flash' Gordon

The various positions of office undertaken by Gordon are listed above and below. Having read through the club records and seen the amount of administrative work that he did over the years, I can certainly vouch for his tireless efforts.

Committee Member: 1945/46-1954

Treasurer: 1959-1985

Secretary: 1984-1985, 2000-2002 (with Ian Riches)

Chairman: 1985-1995

Derby Draw Secretary: 1976-1977 (with Joan Gordon)

Dinner Secretary: c. 1960-1970

Appendix 21.

Ivor Wilson's Letters

A Medical Mishap

Poor old Maher had it in a big way down here, if you remember they forced his mouth open and kept it open for three weeks. He was looking forward so much to having the irons removed, but when they were taken out, his mouth stayed open. Golly! Wasn't he mad? After twenty four hours, they arrived at the conclusion that something was wrong, so, after an x-ray they whipped him down to the theatre to put the jaw they had dislocated back in its place. Now he has to keep his mouth shut as much as possible until the thing settles down.³⁹⁶

Rooksdown is losing all its old form. The place is tidy; the A.V.M is a stickler for rounds etc. and they've actually instituted P.T. in the mornings. No doubt you will have guessed that, as yet, no officer has turned up, nor is likely to, under threat of court martial and death.

Time doesn't really mean much when one is parked in bed. The day is merely a series of interludes between sleeping, eating and washing, but today one of the interludes got all jammed up. They decided that a look at the poor be-mangled fingers would add to the fun and games. Well, I won't drag out the gory story, just tell you that for two hours afterwards, my language, (silently of course), was choice, but definitely choice. So, having the choice of lying and meditating my little piece of steak, or listening to a particularly chronic "Music Hall", I've dragged my smelling corpse into a more or less sitting position to continue the train of thought I had to break off this morning, in order to catch the "Guppy" Mail train.³⁹⁷

³⁹⁶ *RCM*, 2003, pp. 16-18. As stated on p. 242, the exact dates of the letters are not given.

³⁹⁷ *RCM*, 2004, p. 16.

Appendix 22.

Employment after Rooksdown

Ken Curtis

After leaving Rooksdown, Ken Curtis worked on the farm that his brother owned in Ringwood, Hampshire. As he was still very self-conscious about his wounds, he worked on the farm rather than stay at home. For Curtis, it was a haven where he was free to roam, do physical work and drink as much milk and eat as many eggs as he wanted. He realized, however, that he needed to start working. He stated: 'I became lethargic. I got used to doing nothing. Apart from making a few teddy bears or stuffed elephants as a sort of therapy in hospital, I did not do much apart from helping my brother at the farm. It was no use professionally to be able to milk a cow or pluck a chicken.'³⁹⁸ Curtis decided to look for a job when his savings ran out and was offered three: at the Inland Revenue, the Admiralty, and a local printing company. He took the job with the printing company and for the last nineteen years he worked there, was the Sales Office Manager with a turnover approaching £40 million. It was a family business that was bought out by Bowaters. According to Curtis, 'When that happened, I was in the right place at the right time and my pay doubled.' His job was very useful to the club as he provided any printing that was required.³⁹⁹

Archie Day

After leaving the army, Archie Day was offered a job which required him to ride a bike while transporting a ladder. He recalled: 'I asked how I would manage the ladder. I told him not to talk out of the back of his head and to keep the job until I found my own.' He started work as a checker at Fairey Aviation in Hayes, Middlesex, which tested aircraft models, and finished

³⁹⁸ Interview with Ken Curtis, April 2006.

³⁹⁹ Ibid.

as a section leader on the assembly line. He worked there for 20 years before Westland Helicopters took over. When the business moved to Yeovil, Day was made redundant but stayed on to clear up while the rest of the factory moved.⁴⁰⁰

Ray Gordon

Ray Gordon was discharged from the Army in April/May 1945 but continued to attend the hospital as a civilian. The cycle of his treatment was similar to other ex-service casualties: he was admitted to hospital for a couple of months, then returned to work, which in Gordon's case was as an insurance clerk at Nestlé, and then re-admitted to Rooksdown for his next series of operations. Patients had to build up their strength to cope with the operations, which could be two, three or four in a series, which was why treatment was so prolonged. Gordon's rehabilitation was certainly aided by his employers who ensured as smooth a transition to civilian life as could realistically be expected. He was visited by work colleagues who encouraged him and ensured that when he returned to work they were prepared for him. In Gordon's own words, he returned to work as a 'normal person'.⁴⁰¹ At work he learned to type, albeit slowly, by copying reports. Gordon stayed at Nestlé until he retired in 1985 aged 61.⁴⁰²

John Hearn

John Hearn was not discharged from the Army after he was injured and remained in the military throughout his five years at Rooksdown. Hearn described Gillies as a 'remarkable man' who helped the 'whole person. He took a huge interest in people so that they recovered.'⁴⁰³ Gillies arranged for Hearn to work at the War Office after his early operations,

⁴⁰⁰ Interview with Archie Day, September 2006.

⁴⁰¹ Interview with Ray Gordon, October 2005.

⁴⁰² Ibid.

⁴⁰³ Interview with John Hearn, June 2006.

‘just to keep me busy, writing letters and so on’; similarly, when Hearn went to Sweden to be with his wife’s family, Gillies arranged for him to be looked after by someone he knew in Stockholm. Hearn was there for a couple of months during which time the hospital tended his dressings.⁴⁰⁴ After leaving the army c. 1960, Hearn joined Brookes and Gatehouse, a firm started up by Richard Gatehouse, a gunner who had also just left the army (the pair had known each other since before the war). Gatehouse was an electronic engineer and the company made navigational aids for small yachts and boats. Hearn joined as Sales Manager and then became Gatehouse’s partner, dealing with the sales side of the business while Gatehouse did the development work. Hearn remained with the company until he retired at age sixty.⁴⁰⁵

Jim March

Jim March/Marsh was wounded on 17th July 1944 in Normandy, when a howitzer shell exploded about 3.5 feet in front of his face.⁴⁰⁶ At Rooksdown, he had 13 operations under the direction of Gillies to ‘more or less’ reconstruct his face. Ray Freeman was in the same regiment as March, the 147th Regiment, Royal Armoured Corps (formerly the 10th Hampshires), and was also injured on 17th July 1944 in Normandy. In 2001, he wrote that March was over 80 and his appearance had changed ‘considerably’ since their meeting at Rooksdown in 1944. March had been a hairdresser for 65 years and was still cutting hair at his barber shop in Winchester which, according to Freeman, was ‘more a club than a business’ because so many of his customers were his friends. Freeman liked to think that during their time at Rooksdown he was one of March’s ‘outstanding creations’. He recalled:

⁴⁰⁴ Ibid.

⁴⁰⁵ Ibid.

⁴⁰⁶ *Rooksdown News 2001*, p. 25. The article written by Ray Freeman spells Jim’s surname as ‘March’ but there is no record of a member with this surname. There is, however, a ‘James H. Marsh’ from Winchester listed in *Rooksdown Pie*, p. 18, and a ‘J. H. Marsh’ from Winchester listed thereafter until his death was reported in *RCM*, February 2005, p. 10. This must have been who Freeman was referring to.

‘After our second meeting he came along armed with scissors and said: “Short back and sides for you chum”. Off came a horrible matted mixture of hair, dried blood, grease and oil. The treatment did a world of good because hair is like roses - severe pruning makes for strong growth. But Jim kept it short and for a time I was known as ‘baldy’ or ‘skinhead’.’⁴⁰⁷

Geordie Reay

Geordie Reay had been a coal miner before the war and returned to Northumberland, after his discharge in 1948, where he continued to work for the coal board for approximately 15 years. He and his family moved south after being informed by Patrick Shackleton that there was a job at the General Hospital, Southampton. He became the Transport Manager with the Southampton group of hospitals,⁴⁰⁸ in charge of the ambulances and transport arrangements for the patients and staff. He did this until he retired in 1977.⁴⁰⁹

James Russell

James Russell left Repton School in the summer of 1940, and was offered a place at Magdalene College, Oxford. Although he had the option of studying for a year before entering the services, Russell went to the recruiting office in Gloucester and signed on. As described in Chapter Three, he was injured in June 1944 and arrived at Rooksdown shortly after.⁴¹⁰ He recalled that a fellow patient in Ward 4B, Maurice Thompson, suggested that he obtain a grant to attend Oxford:

We were passing the time of day between operations and he asked me what I was going to do. He asked me about Oxford. I said that there was no chance of that and who would pay, for a start. He told me that I could get a grant. I had not heard of a grant. I wrote to Magdalene and said that they

⁴⁰⁷ *Rooksdown News 2001*, pp. 24-27. The full article is entitled ‘Eternal Friendship’. Marsh and Freeman, like Don Clegg referred to in Chapter Three, were probably involved in the build-up to Operation Goodwood. See Beevor, *D-Day*, pp. 305-324.

⁴⁰⁸ *Southern Evening Echo*, July 1970, p. 8.

⁴⁰⁹ *Link*, January 1978, p. 4.

⁴¹⁰ See pp. 164-166

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said in 1941 when I first came up that if I wanted to take up a place in the future, they would be glad to have me. I was astounded that they remembered me. They asked me to see them and said that they were glad that I survived.⁴¹¹

Russell was interviewed and took up his place at Oxford in January 1946. He continued having operations at Rooksdown but found the first term so tough, 'having never read a book in four or five years', that he thought he would be unable to study at Oxford and spend the holidays at Rooksdown. After speaking to James Cuthbert who wanted to start experimenting on his damaged ear, Russell thought that the time was right to end his Rooksdown days:

I knew that the surgeons would go on for ever because such operations would be giving them practice, but I said that I should just become a student and forget about being a patient. He agreed. I had had enough of hospitals and being looked after, and thought that at some stage I would have to be me in the world. Some poor chaps have no choice. They are patients permanently.⁴¹²

Although he should have started in September 1945, and therefore did not study for the full three years, Russell obtained a BA, and continued at Oxford as a graduate reading for a B. Litt. in American History. While Russell was at Magdalene, Dorothy, who had left the army by now, worked in a bookshop in Oxford. Despite having little money, they brought a thatched cottage and married in 1947. They lived in and around Oxford for several years, then went to America with their first son, Rupert, where Russell studied for a year in North Carolina. After America, he had 'two stints at Manchester University' but never got a permanent job in England lecturing in American History. Although he was an assistant lecturer for some years, the pay was 'miserable' and he and Dorothy had two children by this stage. He therefore went into publishing (trade magazines) which he did until he retired.⁴¹³

⁴¹¹ Interview with James Russell, April 2006.

⁴¹² Ibid.

⁴¹³ Ibid.

Ivor Wilson

When Ivor Wilson was injured, he was already a qualified teacher. Due to the severity of his injuries, his wife, Marjorie, got a teaching job in the north of England while Ivor continued with his treatment in the south visiting her regularly at weekends.⁴¹⁴ The Deputy Head of Education of the local education authority where Marjorie worked informed her that there would always be a job available for her fiancé. Wilson started teaching in 1947, a month after he left hospital. He was appointed to a boys' school, where, according to Marjorie, 'he was a hero. The headmaster had told them about a teacher who was coming and who had been a fighter pilot. The boys worshipped him'.⁴¹⁵ Wilson left after two years and spent a year at Hull Art College. In the 1950s, he returned to school and also completed a University of London external degree in Economics. In the 1960s, he taught economics and politics at Hull College of Higher Education where he became Dean of Combined Studies. Between 1962 and 1965, Wilson wrote four spy thrillers that were published and which led to a television thriller serial. He also wrote more than 30 radio plays for the BBC.⁴¹⁶ Dennis 'Happy' Gay was also a teacher before the war. He was injured at Normandy, three weeks after D. Day, and arrived at Rooksdown in July 1944. After many months and operations, he returned to teaching and progressed 'fairly rapidly' to become a head teacher. He was also a Justice of the Peace.⁴¹⁷

Other members

At the time of an article written for the 1987 magazine, Bill Clay had worked for Sainsbury's for forty two years, twenty three of them as a transport supervisor in Basingstoke.⁴¹⁸ Another of the original members, J. C. York, emigrated with his family to Melbourne, Australia, in

⁴¹⁴ Correspondence from Marjorie Wilson, August 2006.

⁴¹⁵ *Ibid.*

⁴¹⁶ *Hull Daily Mail*, Tuesday, 5th February 2002, p. 9 and *RCM*, 1972, p. 5. See also *RCM*, 2002, p. 15.

⁴¹⁷ 'Agenda for Rooksdown Reunion Dinner', 30th May 1987, RCR.

⁴¹⁸ *RCM*, 1987, p. 14.

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1951, where he worked for the Commonwealth Aircraft factory.⁴¹⁹ ‘Yorkie’, as he was referred to in magazines, wrote regularly from Australia, his letters appearing in various editions of the club magazine. Mair Jenkins, mentioned in Chapter Five,⁴²⁰ also referred to a ‘Mr. Stephens’ who started a driving school in Powys, Wales, in 1950 and retired c. 1980.⁴²¹

⁴¹⁹ *RCM*, 1951, p. 4.

⁴²⁰ See p. 324.

⁴²¹ *RCM*, 1982, pp. 13-14. Stephens arrived at Rookdown c. 1941/1942 from the Middle East and left at the end of 1948. *Ibid.*

Appendix 23.

Other Rooksdown patients who married

The possible impact that girlfriends/wives had on a number of Rooksdown patients was discussed in Chapter Four.⁴²² There are numerous patients and early club members whose lives we know nothing or very little about; there are others about whom it is unclear whether they married before they were injured or after. The aforementioned Jim March/Marsh, for example, was married with children by 1948; the time frame would suggest that he met his wife, Phyllis, before he was injured but *Rooksdown News 2001* does not state this specifically.⁴²³ At the time of an article written in 1987, Bill Clay was the father of seven children and had fifteen grandchildren.⁴²⁴ Again, it does not state where he met his wife but a later article suggests that he was probably married before he was injured. As discussed in Chapter Four, the article states that, when Gillies told him he would need another three years plastic surgery before he could leave Rooksdown, his wife, 'who was waiting outside, saw me cry like a baby for the first time at such terrible news'.⁴²⁵

Other patients met their wives after they had finished their treatment at Rooksdown House. Ken Curtis met his wife, Elizabeth, when his sister-in-law invited her school friend for the weekend one Easter in the late 1940s.⁴²⁶ Norman Warnecke met his wife at The Connoisseur's Club on the Fulham Road c. 1949, after he and others had travelled to London to collect his surgeon's FRCS.⁴²⁷ Others, such as Fred Mercer and Archie Day, married in later years. Mercer, following his discharge from the RAF, became Maintenance Manager at Bentalls Department Store in his home town of Worthing, and remained there for nearly

⁴²² See pp. 224-230.

⁴²³ *Rooksdown News 2001*, pp. 24-27.

⁴²⁴ *RCM*, 1987, p. 14.

⁴²⁵ See p. 240. See also *RCM*, 1988, p. 8.

⁴²⁶ Interview with Ken Curtis, April 2006. They were married for nearly sixty years.

⁴²⁷ *RCM*, 1982, p. 10. At the time of the article, he and his wife, Molly, had been married for twenty six years. The surgeon referred to is Dr. Mustardi who joined the Rooksdown staff in 1940.

thirty years. At Bentalls he met and married Susan.⁴²⁸ Archie Day married in 1967 when he was 43 years old. He had nursed his parents and lived seven years on his own before meeting his wife, Pat, who was seven years older than him. They had met at a 'free and easy' night in a bowling hut in Hayes, Middlesex, where Day used to comper and do 'a bit of singing'.⁴²⁹ John Hearn also married again in later life to Pat Gill in 1965.⁴³⁰ Gill was the ward sister of 4B who had put him to bed on his arrival at Rooksdown and sat up with him for most of the first night. They remained married until her death in 1996 and were an integral part of the club, most significantly as magazine editors from 1972-1996.

Judy Slater (née Simmims) also recalled a former Rooksdown patient called Izard who had been blown up in the desert and whose 'hands and face were very disfigured'. Slater met him one day in Trafalgar Square where he was working for 'some agency', and he explained to her that he had been engaged and got married in a registry office; when he and his wife walked out onto the street, however, the woman took the marriage certificate from him and he never saw her again.⁴³¹ Regarding the women patients at Rooksdown, we know that Mary Skinner (née Chapman) married one of the patients, Mick Skinner, and had two sons. In 2006, they had two granddaughters and had just celebrated their Golden wedding anniversary.⁴³² Ann Pearce-Boby (née Sturgeon) and Jean Bestwick, who were at Rooksdown c. 1947-1949, married in later lives. It does not state how old they were at the time or what their injuries were but Sturgeon married in 1969 and Bestwick in 1983.⁴³³

⁴²⁸ *RCM*, 2003, p. 12.

⁴²⁹ Interview with Archie Day, September 2006

⁴³⁰ *RCM*, 1997, p. 7.

⁴³¹ *RCM*, 1997, pp. 18.

⁴³² Correspondence from Mary Skinner (née Chapman), May 2006.

⁴³³ *RCM*, 1984, p. 16. Sturgeon appears in the membership list in *Rooksdown Pie*, p. 19. I was unable to find any record of Bestwick.

Appendix 24.

Pasa Kavasovic

As stated in Chapter Five, Pasa Kavazovic had her jaw blown away in 1942, when she was five years old, by German soldiers who destroyed her village and killed her parents.⁴³⁴ Two days after being shot, Pasa was taken to Sarajevo Hospital and remained there until the end of the war as there was no place she could be discharged to after her wounds had healed. She was deported with other Bosnian orphans to Slovenia where work began to rebuild her chin. She later stated that her admittance to hospital ‘coincided with the “birth” of plastic surgery in Slovenia’. When she was 12 years old, she was discharged from hospital and placed in an orphanage. She was introduced to Gillies when he visited plastic surgery colleagues in Ljubljana, Slovenia, when she was 20 years old and plans were made for the work that would be carried out. She arrived at Rooksdown three months later and met Gillies the next day; they communicated using dictionaries. Two weeks later, the first successful operation was performed.⁴³⁵ Kavasovic had a total of 63 operations at Rooksdown and Roehampton, under the care of Gillies and then Jim Evans, her last operation was at the age of 23. She returned to Ljubljana where she carried on with her life, becoming more self-sufficient, gaining qualifications and finding employment. She went on holidays in Slovenia and in the UK and other parts of Europe. She died of breast cancer in 2009.⁴³⁶

⁴³⁴ See p. 308.

⁴³⁵ *RCM*, 1999, pp. 13-14.

⁴³⁶ *RCM*, 2010, pp. 14-25. This is a very informative and moving tribute to Pasa Kavasovic, written by her friend, Jennifer Burnap, whom she met when both were patients at Roehampton.

Appendix 25.

James Partridge

As stated in the Introduction, Partridge suffered severe facial burns when he was involved in a car accident in 1970 when he was eighteen years old.⁴³⁷ While undergoing extensive plastic surgery at Queen Mary's Hospital, Roehampton, he studied Politics, Philosophy and Economics at University College, Oxford, and obtained his degree in 1975. He went on to study an M.Sc. in medical demography, then worked in health service research and medical education as a health economist. After marrying in 1978, Partridge moved to Guernsey where he and his wife and three children lived for 14 years. He worked as a dairy farmer and taught A-level economics.⁴³⁸ In 1990, he published *Changing Faces, the challenge of facial disfigurement*, a book 'primarily for those coming to terms with facial disfigurement and for their families, friends, colleagues, acquaintances and professional carers'.⁴³⁹ Such was the positive response to the book that the Changing Faces charity was launched two years later with Partridge as its Director. Changing Faces is now a £1.5 million organisation with a 30-strong staff.⁴⁴⁰ Partridge became a member of the Rooksdown Club after he was guest speaker at the 1998 Rooksdown annual Dinner where he talked about how he was injured and the formation of Changing Faces.⁴⁴¹

⁴³⁷ See p. 33.

⁴³⁸ Partridge, *Changing Faces*, inside cover.

⁴³⁹ *Ibid.*, back cover.

⁴⁴⁰ For more information about the work of Changing Faces and James Partridge, go to

www.changingfaces.org.uk/

<http://jamespartridge.wordpress.com/>

<http://jamespartridge.co.uk/>

⁴⁴¹ *RCM*, 1999, p. 2.

Appendix 26.

Simon Weston

Weston came to prominence when he appeared in a photograph taken at the Falklands parade in December 1982, published in *The Sun* (illus. 217). I can distinctly remember seeing this photograph as a youngster when it was first published. I was shocked at seeing Weston's burns. Unfortunately, tracking the exact date has proved very difficult. A website showing the actual photograph of Weston and Prince Charles taken from *The Sun* with the caption underneath: "Get well soon", the Prince said. And the heroic soldier replied: "Yes sir, I will." states the date of publication as being 2nd December 1982.⁴⁴² Weston confirmed the parade as taking place in December 1982 in the first instalment of his autobiography, and included two photographs from the parade, although he does not give the exact date.⁴⁴³ When I examined the microfilm of *The Sun* for December 1982, at the Newspaper Library, Colindale, the photograph did not appear on the front cover or, indeed, any page of the 2nd December edition, nor on any day in December 1982.⁴⁴⁴ I can only assume that it appeared in a different edition of the newspaper from that on microfilm. The BBC documentaries about Weston were *Simon's War* (broadcast 6th April 1983, www.imdb.com/title/tt0418160/), *Simon's Peace*, (12th June 1985, <http://uk.imdb.com/title/tt1333506/>), *Simon's Triumph* (5th April 1989, <http://uk.imdb.com/title/tt1355423/>), *Simon's Return* (1st April 1992, <http://uk.imdb.com/title/tt1385758/>), and *Simon's Journey* (c. 1998/1999, Weston, *Moving On*, p 137). A sixth documentary for the BBC, *Simon's Heroes*, was also made (2nd April 2002, www.broadcastnow.co.uk/simons-heroes-fail-to-inspire/1140011.article), although its

⁴⁴² <http://louderthanwar.com/crass-yes-sir-i-will/>

⁴⁴³ S. Weston, *Walking Tall*, see photograph section after p. 124.

⁴⁴⁴ Since I used the archive, British Library Newspapers has moved from its site in Colindale (November 2013). Microfilm of *The Sun* and other microfilm and digital newspaper collections are now held at St Pancras and available to view at the Newsroom there which opened in April 2014.

www.bl.uk/news/newsroom-at-st-pancras-now-open Printed copies of newspapers are held at a purpose-built Newspaper Storage Building at Boston Spa, West Yorkshire.

www.bl.uk/reshelp/findhelprestype/news/newspapermoves/index.html

Appendices

real purpose, according to Weston, was ‘to gather together the stories of other people involved in the conflict.’⁴⁴⁵ He also presented a series of programmes for Independent Television News (ITN) in 2007, commemorating the 25th anniversary of the Falklands War, and recently went back to the Falklands for another programme, *Return to the Falklands*, aired on ITV1, 9pm, Tuesday 20th March 2012, commemorating the 30th anniversary of the Falklands War. Today, Weston continues his charity work, for which he was awarded an OBE in 1992, and is a renowned speaker at business events.



217. *The Sun* c. December 1982. Reproduced by permission of *The Sun* newspaper. You can also see the photograph at <http://i112.photobucket.com/albums/n183/Bladepics/LTW/SWeston.jpg> or http://babylonwales.blogspot.co.uk/2013_03_01_archive.html Part of the photograph can be seen at <http://www.simonweston.com/showreels-photos/>

⁴⁴⁵ Weston, *Moving On*, p 187.

Appendix 27.

The psychological rehabilitation of disfigured people today

A number of support groups exist for facially disfigured people in Britain today.⁴⁴⁶ Although slightly different in their aims, at the heart of each is the well-being of the disfigured. The most similar to the Rooksdown Club is Let's Face It which offers a family-like/communal environment. As with the Rooksdown Club and Guinea Pig Club, the main ingredients in running LFI are 'Encouragement, friendship and love'.⁴⁴⁷ Although run on a larger scale, LFI has other similarities to the Rooksdown Club. It has a Chairman, a 'team' (not a committee) consisting of patrons, a Board of Trustees, a management team, a Project Manager, and an accountant. It also holds an AGM and has a set of aims:

To offer friendship on a one to one basis

To link families, friends and professionals

To assist people with facial disfigurement to share their experiences, struggles and hopes

To help them build the courage to face life again

To provide continuing education to medical, nursing, allied health professionals concerning the lifelong needs of people with facial disfigurement.

Linking people with facial disfigurement, their families, friends and professionals with resources for recovery.⁴⁴⁸

Changing Faces also offers practical and emotional support to adults and children and their families, although it places much emphasis on educating the public, conducting independent research to investigate popular attitudes to disfigurement, and campaigns to raise awareness about living with disfigurement. These include 'Face Equality' which, according to its website, 'is about being treated fairly and equally irrespective of facial appearance. It is about creating a society in which everyone is valued for the unique contribution that they can

⁴⁴⁶ For example, go to changingfaces.org.uk; see also www.lets-face-it.org.uk/links.htm. For a comprehensive list of related support networks, go to www.changingfaces.org.uk/Resources-and-Guides/Condition-specific-support and www.changingfaces.org.uk/Resources-and-Guides/Further-support

⁴⁴⁷ RCM, 1988, p. 25.

⁴⁴⁸ www.lets-face-it.org.uk/

make to society'.⁴⁴⁹ There are sub-divisions within the campaign, namely 'Face Equality on Film', 'Face Equality on TV' and 'Children's Face Equality', which aim to highlight how disfigured people are discriminated against in the various fields. Face Equality posters, featuring images of three adults with different types of facial disfigurement and shown on the London Underground and billboards nationwide, were aimed at challenging people's perceptions of the disfigured and used by employers 'to get staff talking about issues related to disfigurement and equal opportunities'.⁴⁵⁰ Changing Faces also produced a commercial called 'Leo' which was shown to over a million people in 750 Odeon cinemas in April 2012; again, its aim was to highlight misconceptions about disfigured people.⁴⁵¹ In another attempt to break down stereotypes, James Partridge, the founder and CEO of Changing Faces, read the Channel Five lunchtime news bulletin for a week in November 2009,⁴⁵² the first person with a disfigurement to do so worldwide.⁴⁵³

Another charity related to facial disfigurement is Saving Faces – The Facial Surgery Foundation. Although its main aim is to raise money to research the treatment of facial diseases, such as oral cancer, former patients provide support to newly-diagnosed patients and their families through a support network.⁴⁵⁴ All the contemporary support groups have the internet at their disposal which has enabled easier access for disfigured people to get in contact.

As in the 1980s, television documentaries about disfigurement have played an

⁴⁴⁹ www.changingfaces.org.uk/Face-Equality/About-face-equality

⁴⁵⁰ www.changingfaces.org.uk/Face-Equality/Stand-Out-campaign You can view these posters at www.changingfaces.org.uk/Face-Equality/Face-equality-downloads

⁴⁵¹ www.changingfaces.org.uk/show/feature/FE-on-film-fe-home-page-read-more To view the commercial, go to www.youtube.com/watch?v=6va7WsWyWTM&safe=active The commercial starred Leo Gormley alongside actress Michelle Dockery. <http://theinspirationroom.com/daily/2012/changing-faces-with-leo/> Leo's real-life story is told at www.changingfaces.org.uk/Face-Equality/Your-stories/Leo

⁴⁵² www.dailymail.co.uk/news/article-1229774/Disfigured-Five-newsreader-hit-public-trial-break-stereotypes.html Each of his appearances from 16th to 20th November 2009 can be viewed on You Tube; for example, his appearance on 17th November 2009 can be seen at www.youtube.com/watch?v=uuX4xFfFcQ0&safe=active

⁴⁵³ <http://jamespartridge.co.uk/index.php/media/>

⁴⁵⁴ www.savingfaces.co.uk/about-us/our-mission

important role in educating the public in recent years, notably the Channel Four documentaries about Katie Piper, the ex-model referred to in the Introduction who had acid thrown in her face in 2008 by someone acting on behalf of a jealous boyfriend.⁴⁵⁵ The first part of her story, *Katie: My Beautiful Face*, was shown on 29th October 2009 and watched by 3.1 million – 14% of the audience between 9pm and 10pm.⁴⁵⁶ Piper has since made/appeared on a number of television shows in the UK and internationally, and in 2009 set up her own charity for burns survivors, the Katie Piper Foundation. In early 2011, she released her first book, *Beautiful*, and collaborated with Channel Four in a follow-up series, *Katie: My Beautiful Friends*, which was first aired in March 2011 and showed Piper meeting other people living with disfigurement.⁴⁵⁷ She released her second and third books in 2012, *Things Get Better* and *Start Your Day With Katie*, the latter containing inspirational thoughts for each day of the year.⁴⁵⁸ All three books were number one best sellers; Piper has also won a number of awards, including Woman of the Year 2011.⁴⁵⁹

Educating the public remains the most difficult challenge for present day support groups, as it was for the Rooksdown Club in the early days and in later years, but in Katie Piper, the cause has a remarkable figurehead who has raised awareness of disfigurement to another level. She is an inspirational figure and role model for facially disfigured people today, particularly the younger generation, although this is not to undermine the excellent

⁴⁵⁵ See p. 33.

⁴⁵⁶ www.guardian.co.uk/media/2009/oct/30/katie-my-beautiful-face The website for Piper's charity states the figure as over 3.5million viewers. It was also nominated for Best Single Documentary at the BAFTA Television Awards in 2010. www.katiepiperfoundation.org.uk/meet-katie/ A documentary series, Making Faces, was also shown on Channel 5 in 2012. The series looked at the work of the Maxillofacial Prosthetic Department at the Queen Elizabeth Hospital, Birmingham, over the course of five months as they rebuilt faces destroyed by disease and injury. The first episode was shown on 20th September 2012. www.channel5.com/shows/making-faces/articles/about-the-show Another documentary, Saving Face, was shown on Channel Four in 2012 and highlights the plight of acid-attack victims in Pakistan, of which there are over 100 every year, the majority of whom are women. www.channel4.com/info/press/programme-information/saving-face-true-stories The documentary tells the story of two female acid-attack survivors as 'they attempt to bring their assailants to justice and move on with their lives.' The documentary won an Academy Award for Documentary (Short Subject) in 2012. <http://savingfacefilm.com/>

⁴⁵⁷ www.katiepiperfoundation.org.uk/meet-katie/

⁴⁵⁸ Katie Piper, *Things Get Better* (London, 2012); Katie Piper, *Start Your Day With Katie: 365 Affirmations for a Year of Positive Thinking* (London, 2012)

⁴⁵⁹ www.katiepiperfoundation.org.uk/meet-katie/

work of James Partridge and Changing Faces in this area. Partridge was ‘touched’ watching the start of second series, *Katie: My Beautiful Friends*, and particularly impressed with the attitude and work of Piper, commenting on his website: ‘She is admirably showing others with burns, perhaps less severe than hers – and indeed those with other facial conditions – that a good future can happen.’ She was also achieving what Simon Weston’s TV story ‘did so well in the 1980s – raising public consciousness of what it’s like to have a facial disfigurement. I salute her’. Partridge compared Piper to his role models in the 1970s, the Guinea Pigs, stating that he would ‘have loved a Katie figure!’ He looked forward to working out how Changing Faces could support and work with Piper and her team.⁴⁶⁰

In comparing Piper’s treatment to his own forty years earlier, Partridge made the point that there was still some way to go concerning the ‘psycho-social’ help offered to patients. During his rehabilitation, Partridge did not receive the help of a psychologist whereas Piper did, and there were still ‘very few’ psychologists in the NHS supporting patients with disfigurements, ‘outside the burn care and cleft lip and palate services’, despite the need for much support and help when adjusting to disfigurement of any sort. Partridge reiterated the importance of the ‘psycho-social help and empowerment’ which Changing Faces provided and advocated ‘to be routinely provided in the NHS’. This support was as important, if not more so, than ‘the vital reconstructive surgery and physical therapies people need’.⁴⁶¹ The lack of psycho-social help in the NHS again underlines the importance of the mass psychology of a large number of patients in hospital at the same time with similar afflictions which was such a key factor behind the success of Rooksdown and other wartime units.⁴⁶²

⁴⁶⁰ <http://jamespartridge.wordpress.com/2011/03/17/40-years-on/>

⁴⁶¹ Ibid.

⁴⁶² See pp. 373-376.

Appendix 28.

The Queen Elizabeth Hospital

Although recent conflicts are on a much smaller scale than the First and Second World Wars, British servicemen are still returning from battle zones with burns/facial injuries or other severe injuries requiring prolonged treatment.⁴⁶³ As discussed in the Conclusion, those requiring plastic surgery are now treated with other service casualties in a military ward at the Queen Elizabeth Hospital, Birmingham.⁴⁶⁴ Service patients are treated in single rooms or four-bed bays (the same as NHS patients) in a 32-bed trauma and orthopaedics ward and usually kept apart from civilian patients except in exceptional circumstances and if capacity allows. According to Group Captain Wendy Williams, head of the Royal Centre for Defence Medicine, the creation of a military atmosphere on the ward ensures that military personnel ‘are cared for in an environment that is conducive to their recovery’. That military casualties may have more complex needs than NHS patients and remain in hospital for longer periods is also taken into account: the ward has more staff, both military and civilian, than a normal NHS ward, a quiet room for patients to talk to relatives and welfare staff, and a common room for patients to gather. There is also a physiotherapy area close to the ward for military patients only.⁴⁶⁵

⁴⁶³ For example, Lance Corporal Martyn Compton suffered burns to 70 per cent of his body in 2006 while serving in the Household Cavalry in Afghanistan. *The Sun*, Friday 8th June 2007, pp. 38-39. Ben Parkinson, 7th Parachute Regiment Royal Horse Artillery, although not facially disfigured, was also severely wounded in Afghanistan in 2006. *Daily Mail*, Tuesday, 28th August 2007, pp. 8-9. For other stories about injured servicemen, go to www.helpforheroes.org.uk/how-we-help/hero-stories/

⁴⁶⁴ See pp. 391-392.

⁴⁶⁵ www.nhs.uk/Livewell/Militarymedicine/Pages/Newhospital.aspx and www.uhb.nhs.uk/military-managed-ward.htm

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BAPRAS (British Association of Plastic, Reconstructive and Aesthetic Surgeons) Archives

35-43 Lincoln's Inn Fields
London
WC2A 3PE

As stated in the Introduction, the Gillies Archive was decommissioned in 2011 and its material dispersed. While some sources are now held abroad, some at other archives in Britain, others are held at the BAPRAS Archives, including the photograph of the Sidcup patients playing cards used in Chapter One. For more information, go to:

www.bapras.org.uk/about_us/our_archives

The Gillies Archives do, however, still exist online. A number of images from the archives, such as the postcards of the Queen's Hospital, Sidcup, are shown in Chapter One. Tonk's pastels can also be viewed there, as can James Russell's medical records and photographs, as shown in Chapter Three. For more information about the archives and for access to the images, go to:

<http://gilliesarchives.org.uk/>

<http://gilliesarchives.org.uk/archives.htm>

www.gilliesarchives.org.uk/qmcards/content/Qhpc412_large.html

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www.bl.uk/news/newsroom-at-st-pancras-now-open

Printed copies of newspapers are held at a purpose-built Newspaper Storage Building at Boston Spa, West Yorkshire.

www.bl.uk/reshelp/findhelpprestype/news/newspapermoves/index.html

British Red Cross Museum and Archives

44 Moorfields
London
EC2Y 9AL

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Imperial War Museum Collections

The IWM holds the four paintings of the Queen's Hospital, Sidcup, shown in Chapter One.

www.iwm.org.uk/collections/item/object/16897

www.iwm.org.uk/collections/item/object/16909

www.iwm.org.uk/collections/item/object/16913

www.iwm.org.uk/collections/item/object/16917

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Sussex Street
Winchester
SO23 8TH

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London Metropolitan Archive

40 Northumberland Road
Clerkenwell
London
EC1R 0HB

H02/QM/Y/01/005, 'The Queen's Hospital, Sidcup, Kent: newspaper cuttings'

Nationalgalerie Staatliche Museen zu Berlin-Preussischer Kulturbesitz

Stauffenbergstraße 41
10785 Berlin
Germany

The museum granted permission to use the painting, 'Die Skatspieler', by Otto Dix, shown in the Introduction.

Rooksdown Club Records and Magazines/Newsletters

I currently hold the Rooksdown Club records from 1952-2001 containing all correspondence from this time, including minutes from committee meetings and AGMs; also, Rooksdown Club Magazines, 1947-1955 (with the exception of 1952), 1960, 1961, 1965, 1972-2010, and Rooksdown Club Newsletters, 1971, 2011-2014. The club records were held by the club Secretary, Ian Riches, who lent them to me but who has since died. I intend to return the records and magazines to a club member.

Memoirs, correspondence and interviews

I also hold memoirs and correspondence from a number of Rooksdown Club members, and recorded interviews with seventeen of them, mainly ex-patients but also staff and spouses. See Appendix 10.

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Royal College of Surgeons

35-43 Lincoln's Inn Fields

London

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The water colour paintings by Henry Tonks, four of which are shown in the Introduction, are held at the RCS. The medical records and photographs of James Russell, shown in Chapter Three, are also held at the RCS, along with other patient records from Rooksdown House during the period 1942-1960, previously held at the Gillies Archive.

The National Archives

Kew

Surrey

TW9 4DU

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