

In Love and War

Boundaries: that was the word I wanted—boundaries. Mr McIndoe dissolved them all, that was the problem, and so some women were coerced into things they didn't want to do. But it was probably what saved those young men's lives, made them want to live.

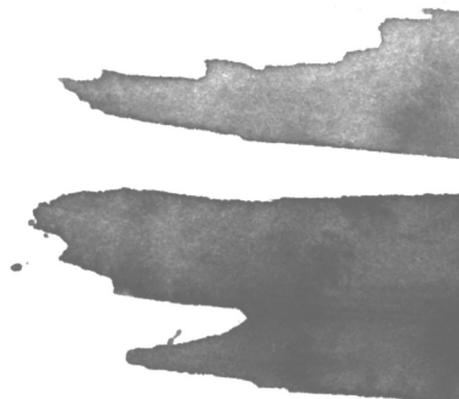
Gladys, a nurse

Having your face mashed up and burned does make you work out what's important. We were all in the same sort of shit, we all looked monstrous. We were all terrified of the future, being rejected by women, unable to work, treated as outcasts, packed off somewhere to be hidden away so we wouldn't frighten the children.

Roger*, a Guinea Pig

You got very close to them because you thought you might be dead tomorrow. You saw them every day and you did things for them that no one had done before, things they used to be able to do for themselves. You wanted to make them happy and do something for the war and you felt proud when you did. So you fitted in even if it went against what you thought was right.

Nancy*, a nurse



Some of the people interviewed for this book preferred not to be named. I have identified them with a first name only and indicated this with an asterisk. Liz Byrski, 2015

In Love and War
nursing heroes
Liz Byrski



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*For the women who nursed, loved, married
and danced with the Guinea Pigs*

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1. MEMORIES

East Grinstead, Sussex

It's 1950, I'm six years old and I'm praying for peace. It began when Sister Walbert told the class that although The War ended years ago we must all pray very hard that there will never be another one. I don't know anything about The War. If people mention it, my parents glance anxiously in my direction, shake their heads and change the subject. But I know that my prayers aren't working, because there are men here from The War, men with terrible faces. They get on the bus in the town and get off at the hospital, and I'm sure they have a camp in Blackwell Hollow, a street bordered by steep walls of mossy rock and densely overhung with trees that keep it in a perpetual state of damp and mysterious darkness. One day, when Mum and I are waiting for the bus, the men will jump out from behind those rock walls and grab us. I screw up my face and ask God not to make another war. Most of all, I ask Him to take the men away or, as a last resort, to make Sister Walbert and my dad report them to the police. I ask God this every day but He continues to ignore me. Some days, in despair at my lack of success with silent prayer, I go out into the field at the back of our house and shout very loudly at Him, in the hope that He might hear.

After school on Wednesdays my mother takes me to Miss Perkins's dancing class. In white satin tunics we practise our pliés and arabesques while Miss Perkins—dark wavy hair, perfect Cupid's bow shaped with crimson lipstick—taps time with her stick. She wears high-heeled red shoes with ankle straps and red satin bows. I have seen Moira Shearer dance to

her death on the railway lines in *The Red Shoes* and I fear an equally terrible end for Miss Perkins who, according to Mum, has already been forced to abandon her career as dancer due to a debilitating bone condition. After the dancing class Mum takes me out for tea and chocolate éclairs in Clarendon House Café, where no one speaks above a whisper and the waitresses are dressed in faded black with starched aprons and stiff white caps like little tiaras. We sit at a table by the diamond-pane, leadlight window. The air is heavy with the scent of tea-leaves, Coty face powder and 4711 Cologne. I love the hushed, elderly air of Clarendon House, the feathers and artificial flowers nodding on the customers' hats, the promise of shared secrets in their whisperings.

'You did very well today,' Mum says, 'especially with your arms. Last week you were like a windmill, but today you were quite graceful.'

My mother, herself a former teacher of dancing, has very high standards. I am in heaven: praise and chocolate éclairs. This is my favourite time of the week—until it's time to catch the bus home.

The men with the terrible faces are sitting on the wall by the bus stop with their livid crimson and purple skin, bulbous lips, missing ears, shapeless noses, and hands without fingers. They are living, breathing manifestations of the men who lurk on the stairs outside my bedroom door, who hide under my bed, who fill my nightmares. They are war heroes. I don't know what a hero is but I know they have brought The War here to East Grinstead. I am appalled that they are allowed to wander the streets, catch the buses and chat to Mum at the bus stop.

'No, silly!' my mother laughs, when I tell her she should get Dad to report them to the police. 'They're heroes from World War II, and that's all over now.'

I don't believe her. The men step aside to let us get on the bus first. They talk loudly and laugh a lot. One wears a leather flying jacket with a furry collar, another a cream ribbed cricket sweater, one has a silvery blue RAF greatcoat slung over his shoulder.

‘Don’t stare,’ Mum whispers as the men get off the bus at the hospital. ‘It’s rude. You wouldn’t like people to stare at you, would you?’

I’m not sure whether or not I would mind being stared at, but I both do and don’t want to look at these men. I’m terrified of their faces but my eyes are drawn to them like pins to a magnet. One has a huge misshapen lump instead of a nose, another has a hole where one of his eyes should be and he carries a white stick. They stroll away from the bus stop into the hospital grounds and as the bus moves off, one turns back, his attempted smile a distorted gash of a grin in his crimson face; it’s a grin that will haunt my dreams. He raises his bandaged hand to wave to me. I squeeze my eyes shut and yell silently to God to save me from the heroes. But God still isn’t listening, not then and not later, because for years, the men with the terrible faces are still in town. Just when I think it’s safe I suddenly find one standing alongside me, spot a couple on the steps of The Rose and Crown or talking to the man who slices the bacon in Sainsbury’s.

East Grinstead, Sussex

It’s late May 2007. I’m sixty-three. Because Clarendon House has been converted into offices I am sitting in the café section of The Bookshop from where I can see the High Street, the war memorial, the bus stop where we caught the 434 bus home from dancing class, and the wall where the men with the terrible faces sat waiting for the chance to kidnap Mum and me, or possibly just to get the bus back to the Queen Victoria Hospital where they were being treated for their chronic wartime burns. There are no war heroes here today, although there very easily could be, because the men of the RAF Fighter and Bomber Commands, of whom I was so scared as a child, have a long and affectionate relationship with this town. It was here that the casualties of the war in the air—their faces burned beyond recognition, their hands fingerless and unusable, their self-esteem in tatters—were

reconstructed and rehabilitated by the pioneering plastic surgeon Sir Archibald McIndoe. They were his surgical 'guinea pigs' and with him they formed a club with the most exclusive membership in the world. To qualify for membership of the Guinea Pig Club a man had to be 'mashed, fried or boiled' by the war in the air, and to have been treated at East Grinstead.

By the end of World War II the club had 649 members. Each year they have returned in large numbers for their annual reunion. Today age, infirmity and distance are taking their toll and the club is winding down. The ninety-seven remaining members are spread across the world: nine in Australia, others in Canada, New Zealand and various European countries. Of the remaining fifty-seven in Britain, a handful live in or around East Grinstead, but some of those further afield are no longer able to make the trip back here. In October this year, 2007, the remaining few will gather to celebrate their sixty-fifth and final reunion, but the club, which has sustained them through the war and postwar years, will continue to provide support for them and for the fifty-six Guinea Pig widows with whom it has remained in touch.

From my window seat in the café section of The Bookshop, which is housed in one of a long run of timber-framed Tudor buildings in the High Street, this could be any small Sussex town. There are several points of historical note: a Jacobean almshouse, a sixteenth-century sandstone church, a significant National Trust property dating back to the Arts and Crafts movement, and the close proximity of Ashdown Forest, home of Winnie the Pooh and Christopher Robin. And early in the evening of 23rd July 1913, ten members of the East Grinstead Women's Suffrage Society set out to march along this street under their silk banner. It was just six weeks after suffragette Emily Wilding Davison had died after throwing herself under King George V's horse at the Derby. The women had just turned into the High Street when they encountered an angry mob of fifteen hundred anti-suffragists who began hurling ripe tomatoes, eggs and pieces of turf at them.¹

In my childhood this bookshop was a stationer's shop and its windows overlooked the graves of three sixteenth-century

Protestant martyrs, the headstones set into the pavement. But a few years ago these were relocated to the churchyard to make space for the pavement tables of another café where once there was a bank. Even martyrs, it seems, must yield to commercial interests.

East Grinstead has some interesting religious connections. In addition to its Anglican and Catholic churches, and Opus Dei, the town is also home to other sects including the Rosicrucian Order, and the Mormons. In 1994, Channel 4 focused one of its *Witness* programs on the town, which, it suggested, was becoming the ‘religious capital’ of England. As well as featuring all of the above, the program also included The Pagan Federation, water diviners and, strangely out of context, the Guinea Pig Club.

Saint Hill, a magnificent manor house reputed to be the finest eighteenth-century sandstone building in Sussex, has had a series of distinguished owners in its time but best remembered is the writer and founder of Scientology, the late L. Ron Hubbard, who bought it from the Maharaja of Jaipur in 1959. Today it is the international headquarters of the Church of Scientology, which owns many other local properties. However, a significant period in its history was the wartime tenancy of Elaine and Neville Blond, friends of Archibald McIndoe, who opened up much of the house as a convalescent home for his patients.

But East Grinstead’s greatest claim to fame is its relationship with those wartime heroes. Here, flyers with the worst imaginable burns underwent radical new procedures involving anything from three to more than fifty operations for which they returned regularly during the war and for more than a decade after it ended. The QVH—which began life as the East Grinstead Cottage Hospital in 1863—is the birthplace of some of the most significant developments in modern plastic surgery; it is Britain’s leading centre for skin and wound repair, plus reconstructive and head and neck surgery. Alongside it, the associated but independent Blond McIndoe Research Foundation has been at the forefront of wound repair research for almost five decades. Archibald

McIndoe was not content with just physical reconstruction and repair. He was determined to restore the self-esteem of these wounded young men and to create a sense of the future in which others would see past their injuries to the men themselves. In a therapeutic experiment, extraordinary for its time, he involved the whole town in contributing to his patients' rehabilitation. He called on local residents to accept his patients, not to stare at or shy away from their disfigurement, but to look them in the eye, invite them into their homes and drink with them in the pubs. He made East Grinstead a safe haven for his Guinea Pigs and, in doing so, made life liveable again.

I sit here sipping coffee where my mother used to buy her Basildon Bond notepaper and my school exercise books. I am trying to reach back into the past and work out where to begin. I want to dig beneath this heroic myth—the stories of heroism, stoicism and dazzling surgical reconstruction. I want to know what it meant to be a dashing young flyer one day, and the next a potential social outcast with a face burned beyond recognition and mere stumps for hands, and what that means now, to men in their eighties and nineties. I want to know more about McIndoe the man: not just his surgical skill but his motivation, and how he involved a whole town in the process of rebuilding shattered lives. And I want to know about the nurses who must surely have their own stories. Some would have been excited by the prospect of working in the new discipline of plastic surgery. Some may have had husbands or lovers at the front, and some would have been young, in their late teens or early twenties, recruited into the war effort and thrust, with inadequate training, into a groundbreaking medical environment in which the usual social and professional boundaries had been dismantled. History has washed over the stories of these women, in the service of memorialising the heroes. The hidden corners of women's history always fascinate me and as a novelist I write the hidden stories of older women's lives. Now I want to know what nursing those men meant to the women who were at the front line of McIndoe's treatment. Over the years The Guinea

Pigs have told aspects of their stories in a very particular way that memorialises and concretises collective memory. But what about the untold stories—the half forgotten memories, the tales that might not fit?

This place, these men and their faces, have haunted me since childhood. Even now they are still a part of my dreams of impending disaster that include ceilings and walls which threaten to crush or suffocate me under piles of rubble. Knowing, for decades, that the Guinea Pigs are heroes who will do me no harm has not dispelled this haunting of my subconscious nor the chilling physical fear that the images create.

Late one summer evening, long after I should have been asleep, I hear my father's voice outside and creep to the open bedroom window. Through the dusk I can see the shapes of two dark-suited figures crossing the garden. Clutching my teddy I tiptoe to the top of the stairs from where I can see straight down to the front door. If my father sees me there he will come up and kiss me goodnight. I hold my breath for the sound of his key in the door. Dad comes in first. The visitor follows, looks up and sees me.

'You must be Elizabeth,' he says. His face is a mass of purple scars, stretched and shiny skin, his lips are bulbous; his eyes—one angled slightly lower than the other—seem to travel in different directions under the scarred and browless forehead. 'Your Dad's been telling me about you.' He puts a fingerless hand on the banister, his foot on the bottom step. 'Are you coming down?'

I have prayed—asked God to send the men away—but He has ignored me and, overwhelmed with terror, I step forward onto air.

When I come to later, in the emergency ward at the hospital, my parents are staring anxiously down into my face.

'You fainted, silly thing,' my mother said. 'You fell right down the stairs, and you've got a big cut where your head hit the door.'

The scar remains, tiny now, a reminder of what my reaction might have meant to the man whose face had terrified

me. If there was a sin greater than staring at a disfigured face then surely it was fainting at the sight of one. Might I find that man? Might I see his face among the photographs, talk to him, and tell him how often I have thought of him and felt ashamed?

I crane my neck and look down towards the war memorial and see my mother as she was then: thirty-nine years old, tall and striking in a blue suit with square shoulders and a straight skirt, a rakish little hat anchored at an angle with a sequined pin. The child holding her hand is mousey, her hair cut square and pulled back from her face with a Kirby grip and a red and white check ribbon. She clings to her mother's hand, shifting to shelter behind her as the men with the terrible faces stroll up to the bus stop. One of them stops and looks at her, he bends forward, speaks and reaches out a mangled hand, but the child backs away, pressing her face into her mother's skirt.

2. BEGINNINGS

In the three weeks since I arrived, it's been raining most of the time. Parts of Yorkshire and the Midlands are flooded, and in Gloucestershire and Herefordshire, householders and shopkeepers have stopped equivocating about stocking up on supplies and are now preparing for the worst. Today is the first day of Wimbledon and many matches have been cancelled; but it's summer, and although everyone is hacked off with the weather most think it won't last much longer. They are obviously not listening to the long-term forecast.

This is my third visit back to England since I moved to Australia in 1981. Previous visits have been rushed; each time a few weeks spent racing from place to place, catching up with relatives, old friends and old places. But this is different; I have time to acclimatise, to explore this story slowly, and to indulge my longing for the England of my childhood. I am here for the past in more ways than one. I'm searching not simply for the Guinea Pigs and their nurses but for an England and a way of being English that began in the exhausted stasis of the immediate postwar years, through the slow recovery of the 50s, and on into the hope and energy of the first half of the 60s. That time—that England—is always linked in my memory to the presence of the Guinea Pigs. I want their stories, but I also want to find the essential nature of that England once again.

Bob Marchant is waiting for me under the clock at the entrance to the Queen Victoria Hospital. We have never met but as I park the car and run through the rain I can see him there, a small nuggetty man, with a fine head of silver hair, wearing a light raincoat. Now in his seventies, Marchant is too young to have been a Guinea Pig, but in the 1950s and early 60s he was McIndoe's theatre technician, at a time

when many of those wartime patients were still returning regularly for treatment. Now he is the Honorary Secretary of the Guinea Pig Club, the keeper of the flame and the curator of the Guinea Pig Museum which exists entirely due to his voluntary effort to establish and maintain it single-handed.

‘We might start off with the memorial,’ Bob says, when we have done with the pleasantries. And he leads me down a long corridor that opens into a reception area where a roll of honour occupies one wall—a memorial to the men of the Guinea Pig Club. ‘They’re all there,’ he says. ‘British, Canadians, Australians, Czechs, Belgians, Poles, all of them.’ We stand there briefly in the silence. Some of these names are well known: Richard Hillary, the Spitfire pilot and author of *The Last Enemy*, one of the most famous memoirs of WWII; Jimmy Wright who, despite losing his sight, managed to build a successful film company after the war; Bill Simpson, author of *One of Our Pilots is Safe* and *The Way of Recovery*; and Bill Foxley, who has the unenviable distinction of being the most severely burned airman to survive World War II. Others have published their own memoirs, have featured in books about the RAF, the Battle of Britain and in television documentaries. Some stories have endured while others have been swallowed up in the mists of the past.

‘Why don’t we talk over a cup of tea?’ Bob says, and we set off through the rain, across the car park to the hospital café which is now located in the building that was once Ward III, ‘The burns unit,’ he says, ‘where it all began.’

East Grinstead Cottage Hospital began life in a large old house called Green Hedges in 1863, and moved twice to larger houses until the construction of the present, purpose-built hospital in 1936. The name Queen Victoria Hospital was adopted some years later. We pause in front of the semi-circular, two-storey, red-brick building with its central curved entry topped with a column and a flagpole entwined by the snake of Asclepius, the Greek god of medicine. It is a fine building, characteristic of its era, its shape and scale a welcome change from contemporary sharp angles and multiple storeys. ‘There were two twelve-bed wards, one for

men and one for women, a six-bed ward for children, some private rooms and offices and an operating theatre,' Bob says. 'Perfect for its time, but not enough with war on the way.'

We move on, picking our way around the puddles until Bob grasps my arm to stop me. Looking around to check our position he points out that I'm standing with one foot in the eastern hemisphere, the other in the west, straddling the line of the Greenwich meridian that runs through the car park. All those years and I never knew that the meridian bisects the town. The confusion of my feelings about being back here after so long makes this bisection seem weirdly significant.

Many additions have been made to the hospital since its original construction, some of them immediately prior to and during the early years of the war. Faced with the prospect of war, the Ministry of Health acquired land adjacent to the hospital and erected three wooden army huts to accommodate an additional 120 beds. The children's ward was converted to a second operating theatre. Flagstone paths, covered overhead but open to the elements on both sides, linked the new wards.

'You need to remember that everyone who went into surgery had to be wheeled along this path to the operating theatre and back again, in all weathers,' Bob says, as we stand there copping the effects of a blustery wind that drives the rain in constantly changing directions. 'It wasn't an ideal arrangement.'

As a place where medical history was made and lives were transformed, Ward III comes as something of a shock to the modern visitor. It still looks like what it was—an army hut. Alongside the entrance is a commemorative plaque. A topiarist has clipped a small privet hedge into the just-recognisable shape of a winged guinea pig, the emblem of the club. It looks, at first glance, more like a rabbit, but it is a modest and moving memorial to the courage, endurance and spirit of the men who were treated here. Once inside, I find it hard to adjust to the fact that I am standing at the counter of a café, ordering tea and sandwiches, in the exact place where men once lay, their lives in the balance, their eyelids, noses and lips burned away, their fingers fused to shapeless

webs, wondering about the possibilities of life and love after surviving the ravages of fire. Perhaps my own confusing emotional relationship to the time and place are making me oversensitive. I ask Bob why the ward was not preserved as a more fitting memorial, perhaps housing the Guinea Pig Museum. He shrugs and changes the subject. Maybe there is more history around this decision than he wants to discuss. It is only months later that I realise that despite a generalised commitment to the Guinea Pigs themselves, there has been only fragmented effort and limited finance allocated to the museum and it would likely not exist were it not for Bob Marchant's tireless custodianship over the years.

*

'It's a nice little hospital on the outskirts of a nice little town,' Archibald McIndoe wrote to his mother, the artist Mabel Hill, after his first visit to East Grinstead Cottage Hospital in mid-1939. 'I think something can be made of it.'²

It was the first of a series of visits since he had learned he was to be drafted there as a civilian consultant as part of the British Government's preparations for war. It was clear even then that fire would be a devastating force on the home front, as well as in the armed forces. There were, at the time, only four experienced plastic surgeons in the country and even the RAF, which had invested heavily in research on the fireproofing of its aircraft, had no real idea of the devastation it would wreak on its fliers. On that first and subsequent visits McIndoe had inspected the facilities with the team he had chosen from among his colleagues at St Bartholomew's Hospital: anaesthetist John Hunter, theatre sister Jill Mullins, and a young assistant surgeon, Percy Jayes.³ A nice little hospital perhaps, but none of the team were impressed by what they saw—particularly Ward III—a long, low, wooden building that reeked of creosote, with a concrete floor, the walls painted in standard cream and brown. 'A bit of a shack,' McIndoe commented to Sister Jill Mullins who was to supervise nursing in the new ward. 'Still, we can probably tart it up a bit.'⁴

By September, McIndoe had developed an awkward and sometimes abrasive relationship with the hospital board. The minutes of its meeting on 4th September 1939 record that: 'Mr McIndoe has arrived to take over the Hospital on behalf of the Ministry of Health as a maxillo-facial hospital, although he has no written instructions.'⁵ Whether that simple note is tinged with outrage or just bewilderment is not clear, but there is no doubt that the board was shaken by the arrival of the thirty-nine year old civilian consultant who seemed about to usurp its authority. As the board members and the staff struggled to get to grips with their new leader and his plans, none could have predicted the extent of the extraordinary and historic relationship that would develop and where it would lead. But the story of Archibald McIndoe and the Guinea Pigs begins a long time before he arrived at East Grinstead and long before the Royal Air Force began its preparations for war.

*

In 1925, Archibald McIndoe, at the age of twenty-five and from a strong Presbyterian background, was the first New Zealander to win a prestigious Fellowship with the Mayo Clinic in the USA, an institution widely acknowledged as being at the leading edge of developments in surgery at the time. His wife, Adonia, left her home in Dunedin, her family and her career as a pianist, to join him. McIndoe had already been singled out as an outstanding surgeon and he was developing a reputation there for stomach surgery. The couple planned for a future in America and applied for citizenship. It was while they waited to hear whether their application would be approved that Archie had a sudden and dramatic change of heart. Early in 1930, Berkeley George, Lord Moynihan, then president of the Royal College of Surgeons in England, paid a visit to the Mayo and saw McIndoe operate. There are several versions of what happened next but according to both McIndoe's biographers, Moynihan persuaded him that he was wasted at the Mayo. 'London's the place for you. I'm building a new hospital and you are the man I

want,' Moynihan said. 'Sell up and come across the Atlantic. England needs young fellows like you.'⁶

Archie McIndoe was ambitious and single-minded in pursuit of what he wanted and now London was what he wanted, but Adonia had no desire to move. She loved their comfortable new home in Minnesota, the pleasant social life, and she had found work both at the Mayo and teaching the piano. The English climate and a lower standard of living held no appeal for her. It took Archie several months and a dastardly act of deception before she agreed to risk the move. As Adonia protested and procrastinated, the US citizenship papers finally arrived and, without her knowledge, Archie destroyed them. Only later, once they were settled in England, did he admit what he had done.⁷

The McIndoes arrived in London in November 1930 to discover a cold, damp city shrouded in fog; Adonia's worst fears were confirmed. In addition to the miserable weather, the British spirit was at its lowest, unemployment was high and there seemed no end in sight. The accommodation was appalling: '...the only lodging they could find to meet their budget was a furnished basement flat in Maida Vale where grease was thick on the walls and the lavatory smelled.'⁸ Adonia was pregnant and all their hopes for a rapid improvement in the situation hung on Moynihan's promise of a job in the new hospital. But Moynihan proved hard to pin down. When McIndoe finally scored an appointment at His Lordship's Harley Street practice, Moynihan had no idea who he was. The new hospital was still on the drawing board and the job on which McIndoe had built his hopes simply didn't exist.

It seems extraordinary that in the seven months between meeting Moynihan at the Mayo and his own arrival in England, McIndoe had never once followed up the invitation or made any contact with him. Biographer Leonard Mosley suggests that the single-mindedness that would serve him and his patients so well during his time at East Grinstead, was also the force behind this risky move. One is, Mosley writes, 'driven to the conclusion that he did not write to Moynihan because he did not want to hear that the job did not exist.'

It was his excuse to get away from the slow and predictable process of advancement at the Mayo ‘... and he longed for an opportunity to branch out on his own.’⁹

But Archibald McIndoe was not unemployed for long. Before the end of that year he took up an appointment as a clinical assistant in the Department of Plastic Surgery at St Bartholomew’s Hospital, and later became a general surgeon and lecturer in tropical medicine at the London School of Hygiene and Tropical Medicine. And he had family connections. His cousin Harold Gillies had built a significant reputation in plastic surgery, treating more than eleven thousand casualties of the Great War, and had established a special facility at the Queens Hospital in Sidcup. During and after the war Gillies had pushed out the boundaries of plastic surgery working with skin grafts on servicemen who were severely burned. His pioneering work had been rewarded with a knighthood.

While McIndoe was working at St Bartholomew’s and the School of Tropical Medicine, Gillies encouraged him to develop his skills in plastic surgery by taking on some work in his practice. The challenge was considerable for a man with large square hands and thick blunt fingers which seemed entirely unsuited to the fine and delicate work of plastic surgery. But in the eight years that followed, McIndoe built a reputation in this new discipline and became a partner in the Gillies practice. He was working in an area that he believed had huge potential for the future, and while Adonia still struggled with life in England, Archie was convinced he had found his home and his speciality. By 1938 the McIndoes had two daughters, a substantial income, a comfortable rented home in Hampstead and grounds for believing that further advancement was just around the corner. But around that corner was the threat of war.

‘If it’s peace,’ McIndoe told his brother, John, who visited him early in 1939, ‘in ten years I shall be able to retire. If it is war, I’ll be put in uniform and pushed around by Jacks-in-office. I’ve gambled on peace.’¹⁰ But he had backed the wrong horse and he had no idea then how war would shape his work,

his family life, his future career and reputation. Plastic surgery was still in its early days but great strides had been made and its role in wartime was to have unimaginable dimensions.

More than twenty years earlier, as the wounded from the First World War had flowed into hospitals, Harold Gillies and his contemporaries had been faced for the first time with casualties of war in the air. These men had suffered severe burns when the petrol tanks of their aircraft exploded in flames under enemy fire. Hasty efforts were made to redesign and relocate the fuel tanks on some aircraft but it was small protection against the universally feared effects of burning fuel that the pilots came to call 'the orange death'.¹¹ The injuries were horrific and usually deadly. But the pilots were not alone in their facial disfigurement. More than sixty thousand men were either shot in the head or eye, or wounded by flying, burning debris. Thousands were rendered unrecognisable, their faces so horrifying they were abandoned by wives, girlfriends and family members who could not accept the disfigurement.

The only solution seemed to lie in full or partial facemasks to hide the loss of jawbones, noses, chins, eyes and cheeks. Artists and surgeons collaborated in the construction of masks made of extremely fine copper shaped from a cast made of the injured face. The copper was then coated with enamel to match the man's skin tone, the features tinted with paint using fine brushes. But the masks, while initially realistic, lacked any of the frequently changing and nuanced expressions of the human face, an effect that proved as alienating in the long-term as the reality of the disfigured face. And while men could claim government compensation of sixteen shillings a week for the loss of a limb, there was no compensation for injuries above the neck. Eyes, noses, chins, ears, even whole faces mashed beyond recognition, were treated as worthless, and in the wider community facial disfigurement was often assumed to be associated with mental illness and was met with fear and mistrust. Thousands were confined in miserable conditions in homes for the blind, or discarded and left to beg on the streets.

At Sidcup, Gillies had experimented with new surgical

procedures to replace missing noses and chins, and to fill eye sockets, often performing multiple operations over a period of time to reconstruct the face, combining art with surgery by drawing the reconstruction based on pre-war photographs of the patient. His work was slow and produced varying results but he was crafting a new direction in plastic surgery which would lead the profession into the next conflagration. Research between the wars meant that by 1930, solutions had been found that would counter the burns victim's worst enemy—the catastrophic effects of shock that drained fluid from the wound site, and created secondary shock as the body struggled to redistribute fluid to vital organs. The body's chemical balance could be restored by combining plasma with saline treatments in larger quantities than previously thought possible. It meant that patients who would, in the past, have died within the first twenty-four hours could now expect to live.¹² But neither this nor the development of reconstructive surgery prepared the medical profession for the numbers of patients or the extent of the horrific injuries that another war would deliver to their doors.

Following his first visit, McIndoe had organised the repainting of Ward III in lighter, more cheerful colours. He had the regulation beds and metal lockers replaced with furnishings more reminiscent of a suburban home than a hospital ward. The first patients arrived to an environment that was a rarity for its time. Meanwhile, by the time war was declared in September 1939, the board's budget was diminishing at an alarming rate, as was the surgeon's personal financial status. McIndoe had been paying off by instalments the cost of his share in Gillies' practice and, while financially comfortable, the McIndoes' only assets were their household goods and a Rolls Royce that Archie had bought when he was gambling on peace. Nineteen thirty-nine was to have been the turning point at which he expected to see the financial rewards of his work and ultimately to buy a cottage in the South of France where he, Adonia and the children could escape from the worst excesses of the English climate. But now he was working for the RAF. He had been offered a commission as

Wing Commander, a comparatively junior rank that he felt would not afford him the status he wanted and needed for the job. He opted instead to remain a civilian, believing that it would give him more freedom and independence than he would have within the service. It was a decision that was to prove prescient in the coming months, but did nothing to improve his domestic or financial situation in the short term. He had embarked on a new phase of life forced on him by the war and neither he, his family, his close colleagues nor his future staff could have had any idea that they were all about to be participants in a therapeutic experiment that would become a landmark in medical history and influence the treatment of burns patients into a new century.