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WORK IN PROGRESS

‘REKINDING THE DESIRE TO LIVE.’ NURSING MEN FOLLOWING FACIAL INJURY AND SURGERY DURING THE FIRST WORLD WAR.

**Claire Chatterton, Chair RCN History of
Nursing Society, with Marilyn McInnes**

In August 1917 John Glubb, an Australian soldier was wounded on the Western Front. He later wrote:

I heard for a second a distant shell whine, then felt a tremendous explosion almost on top of me...the floodgates in my neck seemed to burst and the blood poured out in torrents ... I could feel something long lying loosely in my left cheek, as though I had a chicken bone in my mouth. It was in reality, half my jaw, which had broken off, teeth and all, and was floating about in my mouth (Glubb, 1978, cited in Neale, 2014).

His account paints a vivid picture of what it could be like to sustain a facial wound during the First World War. He was one of thousands of men fighting on all sides of the conflict whose lives were to be changed forever by the nature of their wounds and the disfigurement and disability that was often to follow. Plastic surgery was to emerge as a direct result of these wartime facial injuries as surgeons began to respond to the challenge of repairing disfigured faces. The most famous of these surgeons in Britain was a New Zealander, Harold Gillies, who had trained as a doctor at

Cambridge University and St Bartholomew’s Hospital in London. For Gillies and other members of his team, it was a chance to develop their skills in plastic surgery and restore some hope to men with shattered faces and lives. He later wrote, ‘This was a strange new art and unlike the student today, who is weaned on small scar excisions and gradually graduated to a single harelip, we were suddenly asked to produce half a face’ (Gillies, 1957).

I discovered that one of my friends, Marilyn McInnes, had a grandfather, Sidney Beldam, who had been a patient of Gillies at the Queen’s Hospital, Sidcup. This war hospital in Kent had opened in August 1917 and had performed 11,572 operations on 5,000 service men by the time of its closure in 1925. Men came not just from the army but also the navy and fledging air force. Amongst the patients can also be found some Royal Army Medical Corps (RAMC) orderlies, wounded in the course of their duties. The majority of the wounds they treated were gunshot or shrapnel wounds but they also dealt with burns. Most men came from the Western Front but the case records (some of which can be found in the archives of the Royal College of Surgeons in London) reveal that they also came from other theatres of war including Egypt and Mesopotamia.

Gillies are the most well-known of a team of surgeons who were to work at Sidcup. Surgeons from across the globe came together at Sidcup to experience and

develop this new speciality and the hospital was to have a British, Canadian, New Zealand and Australian sections. They drew on work from their European colleagues, including German surgeon, August Lindemann. They also worked alongside dental surgeons, perhaps the most famous being William Kelsey Fry, and technicians (such as Archibald Lane), who were vital in helping rebuild shattered jaws. The dental laboratory became a 'sight of innovation as surgeons and technicians worked together to create custom splints and prostheses to repair or replace lost bony tissue' (Hussey, 2014). Where surgery could not repair the extent of the loss (or the patient was unwilling to undergo any more surgery) facial prostheses or masks were sometimes offered. X rays were also to play a vital role in identifying fractures and charting progress.

Sidney Beldam's story gives a fascinating insight into the experiences of one of the men who came to Sidcup as Marilyn reveals. At almost any other time, she says, my grandfather's story would be much the same as any other young man, who went to war, survived, met a lovely young woman, fell in love, married and had a daughter and granddaughter. He worked for the local Council and lived in a series of houses in Cambridge. Eventually he died aged 80. In short, a 'normal' life. It could have been very different.

Born in 1897, Sidney was living with his mother in Cambridge when he was conscripted in 1916 and assigned to the Army Service Corps. For the first six months he drove lorries taking troops down to the coastal ports. He was transferred to the Machine Gun Corps and posted to France in April 1917. His face was blown apart at Passchendaele in November. Left

for dead for three days until stretcher bearers could get close enough to clear dead bodies, the injured having already been removed, and one stretcher bearer noticed him move as they rolled him over and Sidney's war was ended. She adds that he was left with a lifetime fear of rats and cockroaches after this experience.

Brought back to Rawtenstall Hospital then transferred to Whalley (she recalls him mentioning shrapnel injuries so assume these were dealt with first to keep him alive), Sidney finally arrived at Sidcup on the 7th of March 1918 when Gillies began his work. While recuperating, her grandmother Winifred, who lived in Sidcup and was a professional pianist, was asked to entertain the wounded at Queen's Hospital. Surprisingly perhaps, bearing in mind the nature of Sidney's injuries, it was love at first sight. Her grandma simply referred to Sid's smile, which, she said, lit up the room.

Her mother recalled that her grandfather had had over forty operations in total, which lasted from 1918 right through the twenties and thirties and she lost track of the times she, as a young child, and her mother, had to say goodbye, not knowing whether or not he'd survive the next operation. The common cold afflicted him throughout his life. Easy perhaps to see the front face presented to the world, not so easy the redesigned tubes and channels behind it, this clogged and caused pain every time he got a cold.

She feels that her grandfather was an amazingly strong man in himself, who was young enough, perhaps, and optimistic enough to believe that he would make it. His surgery only just about held up at times, and he was adored by his family and friends. Her grandfather recalled that Gillies

went beyond the norm with his great sense of fun and encouragement of the wounded and for whom he did the very best he could.

Their happy marriage, and the birth of her mother Pam, lasted until 1978 when her grandad died of cancer. Given just six months to live in 1918 (and a full index linked army pension), this longevity was no mean achievement, but what stands out is the utter normality of his life. Sid stayed on after the war as Gillies' chauffeur, always loving driving, and when finally discharged from the Army in 1921, he returned to Cambridge and started working for the Council as a rent collector. Hugely popular with the council tenants, he rose through the ranks to become Housing Manager for Cambridge.

Five years ago Marilyn was approached by 'News at Ten' to go to where her grandfather was injured. A new angle for Remembrance Sunday was to look at the influence of World War I on facial surgery. She remembers standing among the thousands of gravestones at Tyne Cot, and saying to Simon Weston (a victim of facial injury in the Falklands War) that her grandfather had always said he was one of the lucky ones. He had made it through. She looked at those thousands of gravestones and knew that her grandfather was right. He was indeed one of the lucky ones.

As Marilyn's memories show and his biographer demonstrates (Pound, 1964), Gillies had a huge impact on many of the men that came under his care. He was though, to acknowledge the vital role that the nursing staff who worked with him, played in the care of these wounded men. In 1920 he published his seminal textbook, 'Plastic Surgery of the Face' describing the

treatment he and his team had pioneered during the First World War (which featured Sidney Beldam, anonymised as Case 598). In the preface, Gillies paid tribute to the staff he had worked with including the, 'Matron, and the theatre- and ward-nursing staffs of this hospital, whose shoulders have borne the brunt of the work. Assiduous and intelligent care in the after-treatment of these cases is a prime necessity, and calls for the highest standard of watchful skill'.

Yet little is known of the nurses who nursed men with facial injuries both in specialist hospitals like Sidcup and in other health care arenas. My research aims to investigate the role of nurses in this area of practice and their experiences of nursing men with facial injuries during World War One. As Hallett (2009: 228), has noted, 'just as shell-fire and shot created rents in the body, emotional distress created rents in the psyche.' For the men at Sidcup, many experienced both. I am interested in finding out more about both the psychological and physical care nurses gave to men with facial injuries. It remains work in progress but there are some interesting nuggets beginning to emerge.

One of the few testimonies I have found so far is that of Nurse Catherine Black, who worked with Gillies at the Cambridge Military Hospital in Aldershot (where the facial injury wards were the forerunner of the provision at Sidcup). She eloquently describes some of the physical needs of the patients-

The problem of feeding was acute, for very few of the patients in that ward could take even a particle of anything solid, and yet their strength had to be kept up at all costs. So we had to ring the changes as best we

could in two-hourly feeds ... tomato soup made with milk, Bengers' food, iced coffee, egg flip. Often we would use as many as three hundred eggs a day in one ward alone. The VAD's worked ... all day long, cooking and clearing away, for no sooner was one feed finished than it was time to start preparing another (Black, 1939: 87).

To quote the title of Acton and Potter's (2015) book nurses were 'working in a world of hurt' and as well as the physical pain, a man with a damaged face could also have significant psychological problems. Robert Tait Mckenzie (1918: 117), who inspected convalescent hospitals for the RAMC during the war, described the facially injured patients he saw as the 'most distressing cases' in military surgery. 'The jagged fragment of a burst shell will shear off a nose, an ear, or a part of a jaw, leaving the victim a permanent object of repulsion to others, and a grievous burden to himself. It is not to be wondered at that such men became victims of despondency, of melancholia, leading, in some cases, even to suicide.'

Men at Sidcup were encouraged to learn new trades and occupations but mirrors were not in evidence on the wards and benches in the local area were painted blue to give the men a safe space on which to sit, but also to warn local people that they may be in use by Sidcup patients. The geographical location of Sidcup gave the men a place to heal but also, it could be argued, protected the public from seeing the extent of their injuries. Patients sometimes refused to see their loved ones and families often struggled to come to terms with the extent of their loved ones' injuries. Novels such as Pat Barker's *Toby's Room* (2012)

and Louisa Young's *My Dear I Wanted to Tell You* (2011) vividly portray the long lasting mental wounds experienced by some survivors of wartime facial surgery in this period but some did survive and prosper as Sidney Beldam's story reveals.

For those nurses who did work with men with facial injury, day in and day out, they had to find a way to cope and to help their patients face an uncertain future. Nurse Catherine Black expressed this eloquently, 'Hardest of all was the task of trying to rekindle the desire to live in men condemned to live week after week smothered in dressings and bandages, unable to talk, unable to taste, unable even to sleep without opiates because of the agony of lacerated nerves, and all the while knowing themselves to be appalling disfigured' (Black, 1939: 87).

How nurses such as Catherine Black rekindled the desire to live is at the centre of this research in progress.

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ONE THOUSAND PAIRS OF SOCKS: CONTRIBUTIONS TO THE WAR EFFORT FROM THE BRITISH RED CROSS VAD WORLD WAR ONE ARCHIVES

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This article is a very early work in progress on a project I have been working on for two years, to digitise the membership records of the British Red Cross Voluntary Aid Detachments (VADs) during World War One. It is a reflection on the project itself with some initial findings to illustrate the significance of this resource to researchers working on the activities of non-military participants in the War, particularly on the Home Front.

First, some background on the VADs. The VADs were formed in August 1909, in the aftermath of the Second Anglo-Boer War which had concluded some eight years previously. The chaos of providing support to troops at such distance, epitomised by this South African war, caused a complete re-evaluation of military support services. In particular, despite the establishment of a new army nursing reserve, Government and the military feared that there was a shortage of nurses should war come. As a result Lord Keogh's Scheme for the Organisation of Voluntary Aid was initiated under which the British Red Cross was given the role of

providing supplementary aid to the territorial forces Medical Service, in the event of war. Voluntary Aid Detachments run by Red Cross Branches were established around the country, recruiting women (and some men, which tends to be forgotten) as members. The women were given training in first aid and nursing, and within 12 months there were over 6,000 members. The Order of St John was also empowered to raise a similar voluntary movement, and together by 1911 they had formed over 640 detachments of 20,000 volunteers.

Initially their role was to provide meals for soldiers at train stations, nurse the wounded during transfers, and in 1912 a small number went to the Balkan War. Gradually the roles and duties of VADs expanded, from simple first aid and nursing duties to include ambulance drivers, chefs and administrative roles.

But their rise to public prominence was sealed by the outbreak of war in 1914. Membership of the VADs surged, as people rushed to volunteer their services in a patriotic fervour. As the men trooped out of the country to the front, their women folk trooped to village halls and make-shift hospitals to sew, knit, roll bandages, cook and carry out numerous other tasks (as we shall see), in vast numbers. According to historian Henriette Donner, so many women