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Julie Anderson

‘Homes away from home’ and ‘happy prisoners’: Disabled veterans, space, and masculinity in Britain, 1944-1950¹

Abstract

This article examines the changing nature of home for disabled ex-servicemen in the Second World War. It explores the function of institutional and domestic space in the restoration of traditional male roles. Masculinity was embodied in the long-stay institution, as men attempted to overcome their disability and be found suitable to resume a place in a traditional domestic home. Importantly, freedom from institutional living came through traditional relationships with women and the production of children. Owing to war damage, finding housing was particularly challenging for disabled men, but a combination of the influence of the British Legion, donations from the public and their preference to memorialise the war through the building of homes increased the possibility of living in a traditional domestic space. The building and alteration of homes encouraged certain modes of behaviour and expectations of disabled veterans, reinforcing the central, traditional role of men in post-war Britain. This analysis of the home in its many reconfigurations offers insight into disabled ex-servicemen, demonstrating that understandings of the institutional and domestic spaces that constitute home are as important as other traditionally gendered spaces such as the workplace. An analysis of the home is instrumental in understanding of disabled ex-servicemen were played out during and after the Second World War.

Introduction

When I arrived here...I found Sandy already installed and the best bedroom crowded with flowers and books and log fires and hysterically welcoming family. I had no

sooner hinted at this room than Ma got a builder to stop doing bomb repairs in Birmingham and fix up this window bed for me.²

So observes Oliver North, the main character in Monica Dickens's darkly comic novel, *The Happy Prisoner*, after he arrived back to his family home after surgery to remove shrapnel near his heart and amputate his leg. His comments describe the lengths that some families went to in welcoming their disabled children home. For the many men and women who experienced the upheaval of the Second World War, the reconstruction of the domestic environment and family life offered a concrete way to resume relationships that underwent significant changes during the conflict. During the war, families were relocated, separated and divided, and estrangement, permanent disablement and death altered family configuration in the post-war period. Problems were exacerbated by the post-war housing shortage, the state's perilous finances, and the fulfilment of expectations that the war would irrevocably change Britain's social structure, as Peter Hennessey trenchantly points out in his book *Never Again*.³ Within the ambitious long-term social changes to build a new Britain, the traditional notion of home and family reunited after the upheaval of war were short-term goals for many individuals.

However, the war left a physical and emotional mark on thousands of individuals returned from the fighting, with significant numbers of men and some women permanently disabled. In spite of their changed physical and emotional circumstances, these individuals wanted to resettle into family life and procure a home for their families, or inhabit a space to create a home. Although the traditional home for a single family was the desired outcome, owing to a number of factors which will be investigated in this article, homes, both as physical and conceptual spaces were mediated through a number of forms. The concept of home was reconfigured as disability created new boundaries and enabled ways of thinking about home. This article

explores home in two different contexts relating specifically to disabled ex-servicemen; the long-stay institution as home and the domestic home, both of which catered for the complex needs, both emotional and physical, required to provide a space for disabled ex-servicemen. Problematically, Britain's war-torn landscape, littered with ruined buildings meant post-war housing was in short supply, for all returned veterans including disabled ex-servicemen.

This article engages with discourses centred around housing, and local appeals to the public to provide housing for disabled ex-servicemen. It focuses specifically on the home and argues that it symbolised the continuation of domestic routine, a permanent location for the resumption of work and family life, which were fundamental to beliefs of what it meant to be a man in the post-war period. Homes for disabled ex-servicemen, whether institutional or domestic, were organised spaces for the demonstration of skills and achievement, and signifiers of masculine success. From a home, a disabled ex-serviceman established a base to travel to work, an address for correspondence from authorities for pensions and support owed from war service, and a space offered by a wife to recreate a traditional domestic environment for the man and their children, restoring the man to a central place in the home. In the institutional home, men's needs were provided by nurses and other staff, who took on a representative wifely role, as they cared for the men's personal needs. Masculine dominance of the domestic and institutional space ensured disabled ex-servicemen reinforced male centrality in the post-war home, whether institutional or domestic.

Research centred on masculinity has offered insight into men's roles and highlighted the ways that masculinity in the Forces was played out within a range of environments. Joanna Bourke, Ana Carden-Coyne, and Jeffrey Reznick focus on masculine identity in the First World War; and discuss ways which servicemen's renegotiated status, agency, and masculine identity was

played out in hospitals and other curative spaces.⁴ Heather Perry and Beth Linker have focused on disabled servicemen in Germany and the United States after the First World War, and examined programmes whose purpose was to reabsorb disabled veterans into post-war economic and social life.⁵ In their introduction on histories of medicine in the household, Bivins, Marland and Tomes assert ‘domestic spaces remained key sites of health and curing’.⁶ The imprint of masculine identity was not limited to curative spaces; this article argues that domestic spaces, whether they were created in an institutional or traditional domestic settings were fundamental for understanding masculinity. Home was considered the best place for recovery, as well as comfort and care, it was a site for integration and self-sufficiency, which were fundamental to the full rehabilitation of the disabled ex-serviceman.⁷ Owing to its physical location, close to loved ones and family, and its emotional significance, home offered a unique environment to complete the disabled ex-servicemen’s journey to full recovery. In essence, analysis of the home provides a unique environment to open up further research into the relationship between disabled ex-servicemen and masculinity, which offers complex and nuanced understandings about performativity, domesticity and gender. Karen Adler has highlighted this complexity surrounding home, arguing the understanding of what signifies home is highly complex and multifaceted concept, and encompasses social, political, and cultural understandings.⁸ Men’s role in domestic spaces, outside the conventional masculine spaces of the workplace and leisure environments such as clubs and pubs, demonstrate the potential locations where men dominated.⁹ Alison Light claims that the period after the First World War heralded an era of ‘re-domestication’, but suggests that men had not strayed as far from the domestic scene as previously thought.¹⁰ Laura King has argued that the desirable version of masculinity promoted during and after the conflict was one of the ‘family man’.¹¹ This article adds to the historiography on masculinity in the Second World War, shifting its

analysis from traditional environments relating to masculinity after disablement such as the hospital and the workplace, to the domestic and institutional home.

Background

The provision and construction of homes specifically for disabled servicemen began during the First World War and continued after the conflict was over, as the country offered compensation for those permanently affected by their war service, and augment what was often considered insufficient support through pensions. The definition of what constituted a home was broad, and included a range of charitable and institutional settings. For some disabled veterans, going home did not consist of a return to one's family in a traditional domestic setting, but instead long-stay institutionalisation provided professional care, especially for those with mobility issues, and precarious physical and mental health. A significant number of patients required the combination of medical scrutiny and care, coupled with an environment that reflected a domestic atmosphere and mirrored notions of home. Conversely, institutional segregation for these disabled ex-servicemen highlighted the unsuitability of domestic space for their needs, and highlighted their segregation from family and the social life before the war.

The question of what constituted a 'proper' home for war veterans, particularly those who were disabled gained significance after the First World War. Military hospitals were not considered homes, the environment was considered unsuitable for long-stay disabled patients, and the bustling atmosphere lacked the curative tranquillity of home. Furthermore, institutional living for disabled people was associated with segregation, and isolation of people with the same condition from the outside world. Military hospitals were established to treat the significant

numbers of patients with the same type of injury; Roehampton cared for men with amputations and designed and provided artificial limbs.

A report from St David's Home for Disabled Ex-servicemen in 1921 reflected on the unsuitable environment of the military hospital, and the better care offered by the long-stay institution:

There are still many thousands of sailors and soldiers lying in hospital, many of them hardly more than boys, and others, fathers of families, but unable to be with wife and children. Some of these are receiving treatment, and will yet improve and be able to take up life again; others will never be better, and should be removed from the sad and somewhat dreary conditions of a military hospital to some place where they can receive the necessary skilled attention and loving care, and yet have something of the peace and quiet of home.¹²

Institutional settings after the First World War were a precursor to institutional homes after the Second World War as military rules did not govern behaviour, the rigid structures of the hospital were reduced, and more space was provided for patients to get out of their beds and engage in social activities. Institutions reconfigured as homes were considered an improvement on the traditional hospital environment, which was bound up with rules and regulations. The relaxed environment of the long-stay institution was appealing to the public, who were keen for returned ex-servicemen to be compensated for the privations of the Front. Many of the places devised as long stay residences for disabled ex-servicemen contained the word 'home', which denoted a sense of intimacy and a relaxed domestic environment, although some long stay institutions were not representative as patients experienced hardship and abuse.¹³ One of

the most well-known and publicised of these institutions was the Royal Star and Garter Home, opened with much fanfare in 1924 by George V and Queen Mary.¹⁴

At homes such as The Star and Garter, disabled ex-servicemen formed institutional communities which operated on a system of inclusion and exclusion. Access to institutional settings were physically controlled through the type of patients admitted, the day-to-day operation, and the limits placed on the public's access. Internally, there was a sense of male camaraderie and inclusion, the amputees at the Star and Garter Home epitomised the British spirit as they overcame the potential physically isolating experience of amputation, going on countryside jaunts in their motorised wheelchairs; and stories of their exploits were reported in national newspapers.¹⁵ Numbers of men with the same disability created institutional identity and personal solidarity. St Dunstan's, the home for blind veterans which opened in Bayswater in 1915, served as a 'home away from home' for those who were adjusting to blindness; its veterans paraded their masculine abilities in Regent's Park and at various sporting events such as rope climbing, running, and rowing.¹⁶ Ina Zweiniger-Bargielowska argues that prior to the Second World War, there was an emphasis placed on the embodied concept of manliness, which centred on the fit male body.¹⁷ Playing fields and gymnasia provided spaces for disabled men to create, explore and reinforce this aspect of their identity and exhibited demonstrably masculine qualities. By contrast, institutions acted as a physical and emotional barrier; the men in these homes were protected from the prying eyes of a curious public, and were able to limit their exposure to curious spectators, in order to maintain their masculinity in the public sphere. The concept of home, where one had a right to privacy was reflected in institutional homes which regulated the patients' exposure to the outside world, yet offered a temporal space for performativity. Institutional homes established during and after the Second World War maintained some of the features of the institutional home as it was conceptualised after the

First, but the types of disabilities that institutionalisation supported were different than those that required institutionalisation after the First World War. Essentially, institutions remained, but the patients within them changed, as disabilities were conceptualised as a life-changing event which was managed in a domestic setting.

The Institutional Home

New hospitals to treat complex wounds and an increase in the number of disabled patients in well-established institutions such as the Star and Garter and St Dunstan's were characteristic of the Second World War as better transport and medical care improved survival rates. Similar to the First World War, therapeutic regimes were carried out in specific spaces, and for the most part, individuals with similar injuries and resultant disabilities were grouped together in order to facilitate effective treatment, mirroring the concentration on logistical management of the Second World War.

These curative spaces contained more of the elements of home from the start, as long-stay patients required a comfortable environment which to recover and learn to function as disabled ex-servicemen. As Dana Arnold notes, 'the spaces of the hospital both inside and out are seen as ways in which certain modes of performance – social, gender or class – are prompted and controlled.'¹⁸ Institutional settings offered a stage for performative masculinity, as therapeutic and recreational spaces exposed bodies to the scrutiny of medical professionals, state representatives, family members, and other patients. These specialist hospitals, rehabilitation units and permanent stay institutions provided unique environments for masculine identities to be regained and played out. In order for the success of this process, disabled veterans needed spaces to reconceptualise their disability in relation to their masculinity. Without spaces for men to be masculine, part of the therapeutic process was lost. Buildings were adapted to create

specific spaces for men to participate in traditional male activities. Many stately homes contained large rooms converted to gymnasia where men worked to regain fitness, and the grounds of these houses were used for games and sport. While institutional activities differed, depending on the type of disability, much of the therapeutic and living spaces hosted specifically male activities.

These spaces offered potential for comparison, where patients measured their physical achievements against each other. At Stoke Mandeville in Aylesbury, the hospital for patients with paralysis caused by spinal injury, ‘curing through competitive activity’ was the mainstay of the hospital’s ethos.¹⁹ Traits such as strength, fitness, and sporting prowess were valued and rewarded, as men demonstrated traditional embodied forms of masculinity. Many of the sports instructors were men who had been in the Forces, and who re-created a sense of camaraderie and competition between men that they experienced when they served. Spaces conferred a range of values which were directly associated with particular types of masculine identity, and men were representative of the ethos of these institutions. Sonya Rose identified the complex intertwining of manhood in the Second World War as ‘temperate masculinity’, which combined the physical characteristics of embodied fitness and virtues of restraint and chivalry.²⁰ The celebration of masculinity was evident at Stoke Mandeville hospital and the institutional settings established as homes for the disabled veterans located there.

Indeed, such was the success of the hospital that this masculine display of fitness, and mastering of physical disability was deemed suitable for public view. Similarly to the men at St Dunstan’s who publicly raced, rowed and climbed in Regent’s Park after the First World War, men from Stoke Mandeville were invited to perform, to show the residual function of their bodies, and to demonstrate control of their altered physicality.²¹ Local people came to watch disabled men

perform in sports and competitive activities in order to perform masculine activities through regular competition and sporting events. Sport, games, and physical exercises reconfigured the perception of the patients and those around them. This public demonstration of sporting prowess depicting masculine skill at sport for a few hours on a summer afternoon, was hard won in spaces such as the gymnasium and the treatment rooms. Furthermore, recreation outside the gymnasium was important for the restoration of masculine identity. Activities were centred around typical masculine pursuits such as drinking alcohol and going to the cinema. A keg of beer was available for the airmen with disfiguring burns at East Grinstead hospital.²² Paraplegics at Stoke Mandeville were pushed to the pub in the evening in their wheelchairs. In addition, trips to the local cinema in Aylesbury were regular events, and as there was no space for wheelchairs, the men had to be taken out of their chairs and carried to the seats. One of the patients recalled, 'the patience of the attendants at the local cinema would be required to lift as many as six of us at a time into seats'.²³ The restoration of a masculine social life through creating familiarity with an important aspect of social life, was part of the process of regaining masculine identity, for a future outside the institutional boundaries.

In addition to public accolades and a resumption of social life, institutional spaces offered opportunities for feminine attention. While masculine stoicism, a positive attitude, and regaining fitness were valued, gendered relationships and the potential to find a partner also affected the ways that men behaved in these spaces. In the hospitals and rehabilitation units, women's presence as nurses, physiotherapists, and administrators provided a way for men to demonstrate their embodied notions of masculinity to a professionally appreciative audience. At East Grinstead's burns unit, Archibald McIndoe chose the most attractive nurses to attend to the patients so that the men regained a sense of a masculine self through attentive, attractive women.²⁴ At Stoke Mandeville, 'curing through competitive activity' took the form of

activities such as timed dressing exercises in the wards, and sports in the gymnasium.²⁵ Male and female relationships fostered a different set of behaviours, which was used therapeutically by the hospitals and rehabilitation units. The close proximity of men and women created an additional sense of competition between men for women's attention and approbation, which mirrored the centrality of the male to the domestic home.

Hospitals provided ample space for masculine performativity, but less for other aspects of life deemed part of recovery and rehabilitation including intimacy. Disabled men were often housed in communal spaces at night, which hampered the formation of male-female intimate relationships. This challenge to the establishment of close relationships was overcome as within this intimate blend of men and women, spaces were re-purposed both physically and temporally to provide opportunities for private meetings. Uninhabited spaces were difficult to find in busy hospitals and homes, but large cupboards and empty operating theatres provided locations for intimate encounters, facilitated by other patients and the professed ignorance of institutional authorities.²⁶ The proximity of men and women in the highly charged and emotional environment of hospitals and rehabilitation units resulted in the formation of close relationships, and traditional marriages were often the result. Many of these formal relationships were between patients and nurses. The disabled man gained a wife to provide traditional functions of care in addition to the professional expertise of a nurse. An article in the *British Legion Journal* published a story about a pilot who had his legs amputated as a result of an accident and was marrying his nurse, its honorary treasurer Sir Brunel Cohen, observed that the couple were 'the sort of parents the country needs.'²⁷ Marriage enabled disabled men to use a state-sanctioned relationship to assert their traditional masculine role of husband and father. The role of the father, according to Laura King, 'reasserted the importance of men', and disabled ex-servicemen with wives engaged in this conventional male function.²⁸

Relationships with women were fundamental for a disabled ex-servicemen to locate traditional ways to present themselves in the long-standing role of provider and head of the household. In addition, these relationships offered access to spaces. Independent homes were difficult to procure, particularly for single men reliant on wheelchairs, whose health was judged to be more precarious than other disabled ex-servicemen. Better management of complications such as infections and pressure sores associated with paraplegia improved survival rates, but health breakdowns regularly occurred so some paraplegic veterans preferred to live in a communal home where medical expertise was readily available. Chaseley, which was an institutional home established for paraplegics in 1946 catered for ‘paraplegics who require some medical and nursing care before they returned home’, and ‘paraplegics who are homeless or unfit to live at home’.²⁹ In spite of considered a more perilous state of health, many disabled paraplegics desired the privacy and risk of a domestic space against the safety and routine of the institutional home. Having a wife and family presented opportunities for freedom from institutional life.

The Domestic Home

There were a significant number of issues facing all returning servicemen, and disabled men, even with the potential for special treatment were not immune from the effect of bombing, fiscal restraint, and a shortage of building supplies that caused a crisis in post-housing. In the immediate post-war period, concerns were expressed by the War Office on the impact of morale in regard to the provision of housing for returned servicemen. Those serving in distant theatres were given instructions by the Army on how to apply for housing while they were still overseas.³⁰ It was noted at a meeting of the Morale (Far-East) Inter-services Committee that

the Ministry of Health, which was responsible for housing, had not made a statement on housing. The report noted that ‘This was regrettable since all reports showed that the question of housing was very much in men’s minds especially when they were in distant theatres.’³¹

There was a great deal of competition for post-war housing, and various points systems operated across local councils. The housing crisis continued throughout the late 1940s, and as late as 1949 the Ministry of Health which was responsible for housing, issued a booklet on the ‘Selection of Tenants’ which provided guidance for provision to housing committees.³² Yet provision remained problematic, as David Kynaston notes, a Gallup poll conducted in 1949 registered those surveyed as 61% dissatisfaction with the progress made on housing, and local authorities found it very difficult to keep up with demand, particularly from ex-servicemen.³³

The issues presented by the lack of suitable housing featured regularly in the *British Legion Journal*, and it was evident that finding suitable housing was particularly challenging for disabled ex-servicemen. An 1946 article highlighted the story of an ex-sergeant major double amputee who was forced to stay in hospital as his wife and children were living in one-room with her mother.³⁴ At the British Legion’s National Executive Council Meeting in 1948, many delegates expressed concern at the significant number of disabled ex-servicemen who still remained without suitable homes. It was reported the housing issues were causing a range of associated problems, one delegate from Bethnal Green reported that ‘juvenile delinquency’ was due to a lack of home life.³⁵ The issue remained unresolved at a discussion at a meeting in Aylesbury on Local Authority Housing in 1949, concern was expressed at the ‘lack of consideration shown to disabled persons by Local Authorities in the allocation of suitable type housing.’³⁶ In the same year, the British Legion sent a letter to Housing Authorities, urging them to provide more houses particularly for disabled ex-service men and women.³⁷ Indeed,

some Legion branches such as one on the Birmingham GPO became so frustrated at the lack of provision they built their own houses with the aid of a builder's foreman, who was the only professionally trained builder on the site. The *British Legion Journal* published several articles on the men's progress, noting that they 'came back from the war to find self-help the only way'.³⁸

For those fortunate enough to find a suitable home, disabled ex-servicemen with families were provided with adapted homes at various locations around the country. Many houses were newly built; land was donated by local authorities, or gifted by local landowners. Financing specialist houses and making adaptations to existing housing was costly in post-war economically straightened Britain, but veterans occupied a special place in the nation's consciousness, and the state offered funds to reward disabled ex-servicemen's service. In addition to state support, individuals were asked to donate money for housing for local disabled ex-servicemen.³⁹ Cities and towns produced advertisements for citizens asking for assistance from residents; the public appeal in the *Morecambe Guardian* was typical in its request for locals to donate to achieve a target of £25,000 to build 20 houses for disabled ex-servicemen.⁴⁰ Thus local communities, particularly individuals who could afford to make significant donations, were influential in supporting local building schemes for disabled ex-servicemen. Those who did not have land or a property to give away made substantial donations. In 1944, national and local newspapers reported on a £50,000 gift for housing for disabled pilots in memory of one of his sons, a pilot, who died in the war.⁴¹ The money was spent on gardens and tennis courts at a home for disabled pilots in Surrey.⁴² Money for housing was made available through ex-servicemen's charities. The British Legion Haig Homes were established after the First World War, and the British Legion devoted a significant amount of money to build more after the Second World war ended.⁴³ In 1948 the British Legion reported that they owned nearly 400 houses and flats and

the full building programme would increase their holdings to 800 properties.⁴⁴ In 1944, the *Aberdeen Press and Journal* reported the call from the Thistle Foundation which supported disabled ex-servicemen in Scotland, who called for funding from the community to build 120-140 houses at Craigmillar in Edinburgh, 'where men can live with their families on their pensions and allowances, without recourse to charity'.⁴⁵ For a donation of £1000, individuals were provided with a life time membership the Thistle Foundation and were allowed to name a house. Those who donated between £400- £999 were allowed to nominate a suitable occupant. This charitable funding supported housing provision for disabled ex-servicemen, and propped up provision by the state.

Towns and cities offered housing as fitting war memorials for ex-servicemen, and many disabled ex-servicemen were recipients of this form of remembrance. The necessity for post-war housing eclipsed that of the need to commemorate the conflict through a series of war memorials. Memorials which commemorated the slaughter of the First World War, were replaced with practical schemes after the Second World War to reward disabled ex-servicemen with a roof over their heads, whether purchased or rented. A letter to the Editor in the *Middlesex Chronicle* advocated that the authority follow the example in Maldon in Essex who offered at least 10 rent-free houses for disabled ex-servicemen and war widows, noted ' This means of commemorating local war heroes and local war effort with good brick homes instead of expensive stone monuments would be both novel and practical'.⁴⁶ Another letter in the *British Legion Journal* suggested that small cottages with a plaque on the front to remember a loved one who died in the war be provided as a suitable memorial. She wrote, 'A family lays a few flowers on the anniversary of the man's death, only to have them scattered by children innocently playing on the steps. And you find men sitting on the base, idly smoking an hour away.'⁴⁷ The respect for a private dwelling eclipsed that of a public memorial. Another letter

suggested, 'As the government and local authorities are not likely to make special provision in their housing programme for the disabled, the blinded and those broken in health as a result of war service, I suggest no more fitting memorial could be provided than houses built in pleasant surroundings for this very deserving class of ex-servicemen or women.'⁴⁸ Small groups of houses were built around the country as fitting memorial to disabled ex-servicemen. The Duke of Devonshire provided some land on Victoria Drive in Eastbourne, Sussex to house disabled servicemen in their own homes.⁴⁹ In Dorset, ten memorial homes were planned for disabled ex-servicemen.⁵⁰ The provision of housing for disabled ex-servicemen was more than a house; functional living spaces were a reward for sacrifice of the body and mind.

The Role of the Family

Laura King has argued that 'the family formed a fundamental reason for fighting' in the Second World War and was 'the logic behind much reconstruction rhetoric'.⁵¹ The disabled ex-serviceman's return to family life was one of the underlying aims of the British Legion, one article noted 'The Legion believes that the secret of happiness and the greatness of a nation is the family.'⁵² A disabled ex-serviceman's family arrangement was recognised as the same as the non-disabled; it was organised in a traditional fashion, with a man as the head of the household, a wife who usually occupied the role of carer, and children. The reinstatement of family life was important for an individuals' sense of identity and wider cultural understandings of what it meant to be a man. Disabled veterans subscribed to these understandings of masculinity, as losing senses, body parts, and functionality challenged their conceptualisation of themselves as men, therefore, regaining a sense of familial and domestic masculinity by re-establishing themselves as provider for a family was very important, to the reconfiguration of traditional maleness.

The creation of domestic space was synonymous to the establishment of family life, which was one of the reasons why the provision of housing was so central to post-war Britain. Houses provided a private space for the resumption of family life, which in some cases was complex and highly problematic, as detailed by Allan Allport. He argues that during the interwar years Britain was a 'home-centred society, a country in which the family dwelling was the emotional bedrock of the citizen and the seat of all comfort, safety and familiarity'.⁵³ The domestic home offered a contrast to that of the hospital, in which there was very little privacy, and men engaged in acts of masculine performativity in front of fellow patients, hospital staff, audiences, and their families. No matter how unsuitable the accommodation, the home offered a unique type of privacy, and provided disabled men the opportunity to be masculine in a domestic capacity. Although privacy was considered fundamental to a happy domestic life, the housing shortage made gaining privacy challenging. In a speech, the Archbishop of York Dr Garbett noted 'the house famine, compelling people to live in overcrowded rooms in which privacy and quiet were impossible, has made home life almost impossible for large numbers of parents who are anxious to bring up their children rightly.'⁵⁴ In addition to their roles as husband and father, privacy offered a specific opportunity to disabled ex-servicemen to relax, to air frustrations and shed aids which camouflaged the obvious nature of their disability, such as prosthetic legs.

One of the post-war necessities for a disabled ex-serviceman to avoid institutionalisation was a wife and family. For many, only marriage provided opportunities to leave hospital and experience family life, although some like Oliver North, had a comfortable family home to return to. Going home provided the opportunity for the disabled veteran to aspire to this final stage of rehabilitation; leaving home on a daily trek to work, whether in an adapted car to the office or factory, getting to the bottom of the garden to tend to a small market garden, or take

care of animals as a supplement to a pension, thereby regaining the traditional role of provider. After the war, many women returned to their long-standing roles of wives and mothers. Indeed, women were urged to remain at home by many religious leaders; the Archbishop of York, Dr Garbett announced in a speech in York 'In bearing children and giving them and their father a happy and contented home life, a woman is rendering more valuable service to the State than by working all day in one of the factories.'⁵⁵ Another religious leader, the Catholic Archbishop Dr Joseph Masterson announced 'The Mother is the Queen of the Christian home and she must not give her kingdom up for anyone'.⁵⁶ This attitude toward women's place in the household made it easier for men to take up more traditional role in the household and outside it.

Men's centrality in the domestic space was reinforced by their ability to leave it and take up meaningful employment outside the home. Through government programmes, the location of homes near appropriate employment, the support of wives and the presence of children, disabled men returned to the traditional masculine role of chief wage-earner, and head of the family commensurate with economic power afforded to the wage-earner. Even for those few unable to take up work owing to severe physical or emotional trauma, their pensions contributed to the household's income, and their place as men remained central to family life. Even if a man was not the traditional head of the household, a returning disabled son had a role in the family's consciousness and care. The relative of one returning disabled veteran recalled,

When my brother eventually arrived home, complete with an artificial leg, the whole household revolved around him. He had difficulty sleeping because of nightmares and we all took it in turns to keep him amused by playing cards, darts and things like that. My main job was to go out walking with him – and to get help when he fell over.⁵⁷

Much of the support for disabled ex-servicemen's successful shift to the domestic home was placed squarely on the shoulders of women. Transitional domestic spaces such as Walton House established in 1946, were offered to paraplegic ex-servicemen, their wives and children in order for them to practice living as a family. A report in the *British Legion Journal* noted, 'if they and their wives can manage, we will do our best to make any structural alterations at their homes that may be necessary, such as providing easy access in a wheelchair and sleeping and bathing accommodation on the ground floor.'⁵⁸ However, the ability to resume family life was conditional.

If it is unfortunately found that the wife cannot manage a home and a family and at the same time do everything for her husband, it is better that he should go straight into a hostel...It would only increase and prolong the agony if he resumed home life among his own people and then had to be parted from his family after all.⁵⁹

In order for a disabled ex-serviceman to maintain his traditional role as head of the family, his wife's ability to manage a multiplicity of domestic roles was tested. The preservation of masculinity, and their final return to the domestic space was mainly due to the effort and support of women.

This concentration on traditional marriage highlights the restricted opportunities for housing and support for single disabled men and women. A family was a necessity in qualifying for housing, as married men were more worthy of domestic space. In 1944, questions were raised in parliament about reports that single ex-servicemen were going from workhouse to workhouse to get food and shelter and whether this behaviour was owing to 'dispiritedness resulting from their war experience'.⁶⁰ Ernest Bevin promised there would be a special

investigation into these claims, which were carried out in Bradford, Huddersfield, Sheffield, Tadcaster and York.⁶¹ An examination of the reports in the National Archives shows that all of these men without homes were single, some had disabilities, and others were judged to be 'weak-minded, subnormal types.'⁶² They did not offer the traits required for potential husbands and, more importantly after the devastation of war, fathers.

More problems in housing was presented by disabled single women who were particularly disadvantaged by the lack of provision for institutional spaces, as the emphasis on single spaces were for men. Owing to their specific needs and the severe housing shortage, by the early 1950s, many disabled women were forced into unsuitable accommodation with their families, hospitals and institutions, with few options to live independently. Indeed, the emphasis on traditional family life severely limited disabled women's access to a home. The preference for men with families for housing left single disabled ex-servicemen and women struggling to leave institutional care for their own home.

Housing provision was one issue solved, but the provision of a house was not the only spatial requirement for disabled ex-servicemen. Significant effort and funds were expended to design structural and environmental aids to support the disabled ex-servicemen's mastery of their domestic space. Aids and adaptations were designed for homes; some of these were simple modifications normally seen in the hospital or rehabilitation unit. Rails were commonly seen in gymnasiums in rehabilitative units, but they became more of a feature in domestic housing. Whether down the length of a corridor to assist with mobility, or above a bath to aid independent bathing, rails were a simple and cost efficient adaptation to home environments. New houses utilised design features in their construction such as wider doorways, and single level dwellings for those in wheelchairs. A letter to the Ministry of Labour and National Service

on housing for disabled ex-servicemen noted ‘a considerable proportion of their houses have been built with special consideration for disabled tenants e.g. bathrooms fitted with special equipment provided on the ground floor.’⁶³ In Cardiff, 100 homes were planned for war disabled men which took account of their varied requirements. Captain James Prince, the General Secretary of the Welsh branch of the British Legion said, ‘for those who have to get about in wheelchairs the doors will be wider and easier to open. For the blind all corners will be rounded.’⁶⁴ Notably, there was little discussion on adaptations centred on the kitchen, a space traditionally dominated by women. The concentration on alterations to specific aspects of the home, associated with accessing the whole house such as doorframe width and single level living reinforced contemporary domestic requirements for men.

Male dominance in design adaptations persisted in exterior spaces traditionally occupied by men. David Vincent argues,

No matter how cramped the home, no matter how much of the family’s business had to be conducted in the street and in view of the neighbours, there was a sharp sense of the difference between the interior and the exterior, and of the importance of the physical boundary between them.⁶⁵

That physical boundary was annexed by men. An increasing number of mobility ramps were built outside homes for those with disabilities to improve access to the external environment and cement the disabled ex-serviceman’s role as chief wage earner and economic head of the family, through enabling access to the garden and the pathways on and off the property. Tim Putman argues that the meaning of domestic space is redefined when new modes of living are mapped onto a house. This is evident in the reconfiguration of the physical structures created

for disabled ex-servicemen, and also according to Putman, reflect cultural changes and class relations.⁶⁶ The redesign of domestic space in new homes for disabled ex-servicemen reinforced traditional gendered ways of living and class relations through the concentration on the redesign of spaces to facilitate the centrality of the male in the home. Previous work has argued that employment was the important factor in order that disabled ex-servicemen retained a sense of masculinity, and that spaces were adapted to accommodate disabled ex-servicemen in the workplace.⁶⁷ Yet there is evidence which reveal that the domestic space was equally important, and demonstrates a spatial continuity in the maintenance of masculinity.

Moreover, Putnam's argument is relevant to reconfigured existing homes as opposed to newly built to accommodate the disabled ex-serviceman. Indeed, as Roderick J Lawrence notes 'the meaning and use of domestic space are not intrinsic to a set of physical characteristics, nor the nomenclature applied to rooms and their facilities.'⁶⁸ Bedrooms were relocated; at times a disabled ex-serviceman had a bedroom on the ground floor in order to accommodate as many visitors as possible. The beginning of the article highlighted Oliver North's experience in Dicken's *Happy Prisoner* of the lengths that domestic spaces were reconfigured to take a disabled veteran's need for the home environment into account, while still retaining aspects of the hospital but the novel reflects Putnam's analysis in his class divisions and cultural understandings of home.

In the novel, Oliver's mother had procured a hospital nurse and set up a special bed for him at their house in the country. For the better off, and for those with servants, there was more physical space contained in the home, space for reconfiguration and more people available to attend to their needs. Private nurses were available for those who could afford to bring disabled men home. The hospital, which Oliver was so keen to escape at the beginning of the novel, is

recreated in part when he arrives home. The presence of equipment such as lifting equipment and medication restored the medicalised environment of the hospital. Furthermore, the bed was often central to the disabled man's domestic experience, further blurring the distinction between the hospital and the home. In some cases, eating, leisure, ablutions, and medical care continued to take place in bed, transferring a semblance of the disabled man's hospital experience to the domestic environment. Getting in and out of bed was a measure of the suitability of home and the disabled man's suitability for home. An image published in the *British Legion Journal* in 1948 titled 'In hospital it's easy – at home it's not', showed a paraplegic ex-servicemen being lifted in slings at a hospital overseen by an attendant. The next image shows a paraplegic man at home having to use a bar above him to lift himself off his bed into his wheelchair.⁶⁹ Home and curative institutions such as hospitals shared a number of characteristics, as elements of the hospital appeared in the domestic home, yet in some instances, the professional and technologically advanced space of the hospital was seen as superior and rivalled the care in the domestic space.

Despite the best preparations and intentions, home was a contested space, as it offered specific challenges to the disabled ex-serviceman. As well as a site of familiar things, home could also be alienating. Home was a site of conflict as disabled ex-servicemen negotiated new relationships with their body, family and space. Mark Jackson argues that 'the notion of 'home' constituted an ideological and political entity, shaped by social and cultural values, and often existing in tension with the physical and psychological reality of people's homes.'⁷⁰ Physical and emotional obstacles littered the home environment. Home was a site of conflict as disabled ex-servicemen negotiated new relationships with their bodies, spaces and those around them. The domestic environment was physically challenging. Indeed, home was as much of a prison as the military hospital if suitable transport were not available, or the veteran was located in

unsuitable accommodation. If domestic spaces were poorly adapted, disabled ex-servicemen experienced the frustration of dependence, which defied the expected activities offered by freedom of movement. Rehabilitation units stressed the notion of independence and overcoming disability, so setbacks such as these had severe emotional consequences. Furthermore, the home was a locus of danger as ex-servicemen struggled to navigate it. For blind men who had attended St Dunstan's, ill-prepared domestic spaces presented danger, as they lacked handrails and other safety aspects such as different floor coverings which were a feature of St Dunstan's.⁷¹ At times, men suffered falls and other injuries while walking around. Disabled ex-servicemen's home environments were as conflicted and alien as some of the places where they had spent the war.

Secondly, home was emotionally challenging as the idea of home was not always borne out in reality. Although the purpose of homes was the 'preservation of the man's family circle', family relationships were resumed or renegotiated, sometimes with significant difficulty.⁷² The purpose of a return home from an institutional setting suggested that domestic space for disabled veterans was a locus of improved mental health through a restored sense of domestic male identity. However, some disabled veterans found a return to the same home, alienating, as it highlighted their bodily difference in relation to their life before the war, and how they experienced their once-familiar space. New relationships were negotiated with women in the home who usually had little expertise in nursing and caring for disabled veteran, unlike the professionals with whom men had long association in institutional settings. Children who had not seen their fathers for many years were reintroduced to unfamiliar men, sometimes with severe disabilities, and that created issues within families. Furthermore, the disabled veteran's removal from the essentially masculine environments of the hospitals and rehabilitation wards created challenges within the home environment. Certain types of masculine behaviour were

curtailed when men were reintroduced to a domestic environment where expectations that manners and certain modes of behaviour common to mixing of genders were maintained. Emotional outbursts which were tolerated in hospital as newly disabled patients grappled with adjustment, caused discord in the home. As a consequence of severe burns, which made using his hands difficult, William Simpson experienced severe losses of temper.⁷³ Allan Allport has detailed these complex family relationships, “men returning from the Forces were very conscious of the changes *they* had gone through’.⁷⁴ A home might be instrumental in highlighting those physical and emotional differences. For the disabled ex-servicemen, the changes in their circumstances were even more apparent, and more difficult to navigate.

Conclusion

This article examines the changing nature of home for disabled ex-servicemen in the Second World War. After the First World War, institutional spaces were provided for disabled ex-servicemen where male camaraderie was maintained through sport and games, roaming around the countryside and other specifically masculine endeavour. After the Second World War, forms of performative masculinity was particularly associated with institutional living. Masculinity was embodied in the long-stay institution, as men continued to demonstrate their ability to overcome their disability through displays of physicality, male camaraderie and competition. However, freedom from institutional living was offered through traditional relationships with women and the production of children. Owing to war damage, finding housing was particularly challenging for disabled men, but a combination of the influence of the British Legion, the donations from the public and the preference to memorialise the war through the building of homes increased the possibility for disabled men to live in a home with their family. The support offered and indeed the pressure to cope placed on disabled ex-

servicemen's wives offered men opportunities for engagement with traditional versions of masculinity where the man was central to family life as breadwinner, husband and father figure. Spaces were specifically designed to accommodate disabled veterans, giving them access to all aspects of the domestic space, both indoors and outdoors, to ensure their mastery of the domestic space in its entirety. The building and alteration of homes encouraged certain modes of behaviour and expectations of disabled veterans, reinforcing the central, traditional role of men in post-war Britain. Finally, the investigation of the home in its many reconfigurations offers insight into disabled ex-servicemen, demonstrating that analysis of the institutional and domestic spaces that constituted home are as important as other traditionally gendered spaces such as the workplace. The home is instrumental in understanding how the multiplicity of masculine identities of disabled ex-servicemen were played out during and after the Second World War.

¹ *Happy Prisoners* is taken from the 1946 Monica Dickens novel of the same title.

² Monica Dickens, *The Happy Prisoner* (London, 1967) 51.

³ See Peter Hennessey, *Never Again* (London, 1992).

⁴ See Joanna, Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London, 1996); Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical power in the First World War* (Oxford, 2015); Jeffrey S Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain During the Great War* (Manchester, 2004);

Jeffrey S Reznick, *John Galsworthy and Disabled Soldiers of the Great War* (Manchester, 2009).

⁵ See Heather Perry, *Recycling the Disabled: Army, medicine and modernity in WWI Germany* (Manchester, 2014); Beth Linker, *War's Waste, Rehabilitation in World War I America* (Chicago, 2011).

⁶ Roberta Bivins, Hilary Marland and Nancy Tomes, 'Histories of Medicine in the Household: Recovering Practice and Reception', *Social History of Medicine*, 29 (2016): 669-675, 672.

⁷ See Julie Anderson, *War, disability and rehabilitation in Britain: Soul of a nation* (Manchester, 2011).

⁸ See K.H. Adler, 'Gendered Histories of Homes and Homecomings,' *Gender and History*, 21 (2009): 455-464.

⁹ See Jane Hamlett, "'The dining room should be the man's paradise, as the drawing room is the woman's': Gender and middle class domestic space in England, 1850-1910', *Gender and History*, 21 (2009): 576-591.

¹⁰ See Alison Light, *Forever England: Femininity, literature and conservatism between the wars* (London, 2001).

¹¹ See Laura King, *Family Men: Fatherhood and masculinity in Britain, 1914-1960* (Oxford, 2015).

¹² Third Annual Report, St David's, quoted in Lavinia Watson, *The story of St David's: The Ealing home for disabled ex-servicemen* (Middlesex, 1977) 8.

¹³ See Stephen Humphries and Pamela Gordon, *Out of sight: The experience of disability, 1900-1950* (London, 1992).

¹⁴ Ken Wilson, *The Story of the Royal Star and Garter Home*, Richmond, Surrey (London, 1988) 28.

¹⁵ 'The Star and Garter Flying Squad', *Evening Standard* (August 5 1931).

¹⁶ See Julie Anderson, 'Stoics: Creating blind identities at St Dunstan's 1914-1920,' Stephen McVeigh and Nicola Cooper, (eds.), *Men After War* (Abingdon, 2013).

¹⁷ See Ina Zweiniger-Bargielowska, 'Building a British Superman: physical culture in Inter-war Britain', *Journal of Contemporary History*, 41 (2006): 595-610.

¹⁸ Dana Arnold, *The Spaces of the hospital: Spatiality and urban change in London 1680-1820*, (Abingdon 2013) 8.

¹⁹ See Anderson, *War, disability and rehabilitation* (2011).

²⁰ See Sonya O Rose, *Which People's War, national identity and citizenship in Wartime Britain 1939-1945* (Oxford, 2003).

²¹ In 1944 Stoke Mandeville hosted the first sporting competitions which paved the way for the Paralympics. See Anderson, *War, disability and rehabilitation* (2011).

²² See Martin Francis, *The Flyer: British culture and the Royal Air Force, 1939-45* (Oxford, 2008).

²³ *The Cord*, 17 (Winter 1964-65) 61.

²⁴ See Liz Bryski, 'Emotional labour as war work: Women up close and personal with McIndoe's Guinea Pigs', *Women's History Review*, 21 (2012): 341-361.

²⁵ See Julie Anderson, 'Turned into taxpayers: Paraplegia, rehabilitation and sport at Stoke Mandeville, 1944-56', *Journal of Contemporary History*, 38 (2003): 461-475.

²⁶ Numbers of references in the Stoke Mandeville 's magazine *The Cord* make reference to events such as Christmas parties where intimate encounters took place.

²⁷ Sir Brunel Cohen, 'The growing Legion- disabled who cannot marry', *British Legion Journal*, 25: 2 (February 1945) 27.

²⁸ King, *Family Men* (2015) 196.

²⁹ John Surtees, *Chaseley: A home From home* (Eastbourne, 1997) 18.

³⁰ These instructions included their family even if their family was sharing a house, to try and find accommodation themselves, and to not resettle their families until they found employment Army Council Instructions, Appendix A, WO 32/11742, The National Archives, London, (July 21 1945) 5.

³¹ Extracts from the Minutes of the 22nd meeting of the Morale (Far-East) Inter-services Committee, Housing, WO 32/11742, The National Archives, London, (September 24 194) 59.

³² 'House-Letting: Fair or unfair?', *British Legion Journal*, 29: 6 (June 1949) 105.

³³ David Kynaston, *Austerity Britain: 1945-51* (London, 2007) 339.

³⁴ 'Badly disabled men cannot wait their turn with the rest', *British Legion Journal*, 26: 8, (August 1946) 174.

³⁵ 'Housing Problem Intolerable', *British Legion Journal*, 28:6 (June 1948), 110.

³⁶ Extract from the minutes of the meeting of Aylesbury DCC Minute 21 Local Authority Housing, HLG 101/419, The National Archives, London (27 October 1949).

³⁷ 'Housing call to local authorities', *British Legion Journal*, 49:12 (December 1949) 239.

³⁸ 'Legion self-help housing scheme', *British Legion Journal*, 49:12 (December 1949) 234.

³⁹ *Dundee Evening Telegraph* (July 6 1945) 8.

⁴⁰ 'Eventful Cavalcade of 1947', *Morcambe Guardian* (January 3 1948) 3.

⁴¹ '£50,000 housing gift for disabled pilots' *Lincolnshire Echo* (December 13 1944) 1.

⁴² 'A cot...a house...a few flowers', *British Legion Journal*, 25:1 (January 1945) 9.

⁴³ 'Housing of Ex-service Families', *British Legion Journal*, 29:4 (April 1949) 63.

⁴⁴ *British Legion Journal*, 28:7 (July 1948) 137.

⁴⁵ *Aberdeen Press and Journal* (July 26 1944) 3.

⁴⁶ 'Letters to the Editor', *Middlesex Chronicle* (December 2 1944) 3.

⁴⁷ F. Edwards, 'War Memorials', *British Legion Journal*, 26:9 (September 1946) 210.

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- ⁴⁸ D Hopkins, 'Houses Let to Disabled', *British Legion Journal*, 26:8 (August 1946), 187.
- ⁴⁹ *Eastbourne Herald* (December 11 1948), 3.
- ⁵⁰ 'Homes for ex-service families', *British Legion Journal*, 49:8 (August 1949), 162.
- ⁵¹ King, *Family Men*, 194.
- ⁵² E.R. Fitzpatrick, 'The Fighting Legion', *British Legion Journal*, 25:10 (October 1945) 187.
- ⁵³ Allan Allport, *Demobbed: Coming Home After the Second World War* (New Haven, 2009) 74.
- ⁵⁴ 'Husbands and wives can't always be perfect', *Daily Mirror* (December 29 1948) 3.
- ⁵⁵ *Birmingham Daily Gazette* (September 25 1947) 3.
- ⁵⁶ 'Archbishop tells wives don't take jobs', *Daily Mirror* (October 16 1948), 3.
- ⁵⁷ Eleanor Reardon, quoted in Barry Turner and Tony Rennell, *When Daddy Came Home: How family Life Changed Forever in 1945* (London, 1995), 47.
- ⁵⁸ Re-united under one roof', *British Legion Journal*, 26:5 (May 1946), 107.
- ⁵⁹ Ibid 107.
- ⁶⁰ Parliamentary Debate, *Hansard* (February 17 1944).
- ⁶¹ Minute Sheet, May 22 1944, PIN 15/2530 The National Archives, London.
- ⁶² Ibid
- ⁶³ Letter to E Harrison, Ministry of Labour and National Service from CR Kerwood, December 15 1949, HLG 101/419, The National Archives, London.
- ⁶⁴ 'To build homes for disabled', *The Daily Mirror*, (April 28 1945) 3.
- ⁶⁵ David Vincent, *Privacy: A short history* (Cambridge, 2016) 84
- ⁶⁶ Tim Putman, "Postmodern home life" in Irene Cieraad, (ed.), *At home: an anthropology of domestic space* (New York, 1999) 145.
- ⁶⁷ See Anderson, *War, disability and rehabilitation* (2011).

⁶⁸ Roderick J Lawrence, *Housing, Dwellings and Homes: Design Theory, Research and Practice* (London, 1987).

⁶⁹ ‘In hospital it’s easy – at Home it’s not!’, *British Legion Journal*, 28:11 (November 1948) 224.

⁷⁰ Mark Jackson, “Home Sweet Home”, in Mark Jackson (ed.) *Health and the modern home* (Abingdon and New York, 2007) 7.

⁷¹ Linoleum was laid across the carpet at St Dunstan’s, which provided a clear path which was detected underfoot. Julie Anderson and Rob Baker, “Life Beyond Blindness: buildings for the war blinded” *Conservation Bulletin* 71 (2013): 34-35.

⁷² *Aberdeen Press and Journal* (July 26 1944) 3.

⁷³ Martin Francis, *The Flyer* (2008) 143.

⁷⁴ Allan Allport, *Demobbed: Coming Home After the Second World War*, (New Haven, 2009) 62.