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Homes of Healing: The Medical Utilisation of British Country Houses in the Second World War. A Spatial History of Alternative Spaces

A thesis submitted in fulfilment of the requirements for the award of the degree of Doctor
of Philosophy

September 2019

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Word count: 80,019 (excluding bibliography)

Abstract

This thesis focuses on the history of Britain's stately homes and country houses during the Second World War. It will explore the ways these historic properties shaped the wartime experiences of those who lived, worked, and recovered within and how the transitional nature of the space resulted in divergent identities forming around the properties' popular representation. It builds upon the scholarly research of Peter Mandler and Adrian Tinniswood and attempts to rectify the often overlooked and underappreciated contribution of country houses to the provision of medical care and to the wider war effort. The thesis will understand the wartime representation of the properties in accordance with the interwar attitudes towards the city and the countryside. It examines the ways in which the idealisation of rurality impacted the popular representation of the auxiliary hospital and convalescent home. Furthermore, it will explore the way new and existing identities shaped the relationships that developed between aristocratic homeowners, medical personnel, and military patients. Ultimately, it will argue that the military-medico utilisation of country houses during the Second World War added new layers of cultural meaning to what were already palimpsest-like spaces. The thesis will consult an array of sources from a variety of repositories. Firstly, it will draw on the lived experience of patients, staff and homeowners through their diaries, letters, and memoirs. Secondly, it will explore the representational value and understanding of these institutions and their occupants through an analysis of local and national newspapers as well as popular periodicals and magazines. Finally, it will consult with parliamentary records and medical journals to provide essential context to the changes being made to these historic monuments.

Acknowledgements

I would like to begin by thanking all those who have contributed to this research. Without the guidance, support, and encouragement of colleagues, friends, and family I would not have been able to complete this thesis. Unfortunately, I am only able to thank a select few. But there are so many people who in so many ways have contributed to this submission and to them I extend my heartfelt thanks for the occasional kind word, small gesture, friendly chat, or welcome distraction which in the many moments of apparent crisis provided much needed relief and perspective.

To my supervisor, Dr Julie Anderson, thank you. Thank you for encouraging me to put in an application for PhD funding, for remaining a constant source of advice and support throughout the past four years, for the many opportunities you have provided, and for the unending patience you have shown throughout. I would not have reached this point without your kindness and expert guidance.

To my colleagues at the University of Kent, I extend my gratitude for sharing in the celebration and commiseration of the small victories and defeats that have made the journey to this point so challenging yet rewarding.

To my mum and dad, I am so thankful for your constant encouragement to pursue further education, for your generosity in enabling me to continue into postgraduate study, and for the love and support which has always guided me through stressful and troubling periods. Thank you also for all the essential cups of tea and roast dinners.

And finally, to my wife Dr Emma Ketley who has had the unenviable task of living with me during the past two years. I am incredibly thankful to you for your endless love and support, for the motivational talks that have restored my self-belief, for making me want to finish when it seemed impossible, and for all the adventures that have made the past four years the best of my life.

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Introduction

The stately homes and country houses of Britain have enjoyed and endured a long and varied history. They have fulfilled an array of different functions ranging from administrative centres of feudal estates to collectively owned sites of national heritage. This functional diversity has resulted in a complex layering of cultural meaning with the building becoming, in effect, a structural palimpsest. The variations within their layered identity produce equally varied and often divergent cultural constructions. Therefore, during different periods and within different contexts, the same property can have fundamentally different identities. Stately homes have been derided as frivolous white elephants and symbols of aristocratic indulgence and social inequality, as well as revered manifestations of national identity and sites of egalitarian communal enterprise. Thus, they are ideal embodiments of the broader realm in which they comfortably sit. As a key constituent of the amorphous realm of heritage, the identity of the individual site is imbued with many of the vagaries and instabilities associated to this wider sphere. For as Michel Foucault warns, '[w]e should not be deceived into thinking that this heritage is an acquisition, a possession that grows and solidifies; rather, it is an unstable assemblage of faults, fissures and heterogenous layers that threaten the fragile inheritor from within or underneath'.¹ Therefore, just as the understanding of what constitutes and is meant by heritage is unstable and ever-changing, so it is that the sites and symbols within its parameters are equally susceptible to a similarly changeable and varied construction.

To understand these changes, it is imperative to consider the peripatetic nature of the cultural environment in which they sit. It was in the mid-nineteenth century that stately homes and country houses first became sites of wider public interest and it was during this period that they were incorporated within a burgeoning heritage sector. Popularised as embodiments of national history, the older stately homes came to be viewed as national commodities in an era defined by Peter Mandler as 'the first great age of country-house

¹ Michel Foucault, "Nietzsche, Genealogy, History", in D. F. Bouchard (ed.), *Language, Counter-Memory, Practice: Selected Essays and Interviews by Michel Foucault* (Ithaca: Cornell University Press, 1980) 146-7.

visiting.² This *age* was also a period of significant demographic and social change. The 1851 census revealed that for the first time in Britain's history more of its population now lived in towns and cities than in the countryside.³ It was a period of rural sanctification in response to the realities of this industrialised urbanity.⁴ The revelations brought to light by the reports of social and economic reformers encouraged anti-industrial feeling, while the image of a pre-industrial rural Arcadia inspired the creativity and conscience of proselytizers like John Ruskin, Thomas Carlyle, Edward Carpenter and William Morris, and ultimately bore fruit in the form of the international Arts and Crafts Movement. Furthermore, the latter decades of the nineteenth century witnessed dramatic expansion to the rail and transportation networks making distant countryside locations more accessible to day-trippers and holidaymakers. Castles, abbeys, and stately homes were now within reach for tourists visiting many of the more popular domestic holiday resorts. For example, in 1882 regular charabanc services were offered to excursionists during the summer months, with advertisements in Bournemouth informing potential visitors that nearby Corfe Castle now 'affords an excellent day's outing, whether they seek a simple inspection of the magnificent ruins, or combine with it a pleasant picnic'.⁵ Thus, the country house is both an instigator and beneficiary of broader social change. Its popularity and cultural importance reflected the contemporary social discourse which emboldened traditional bastions of rural Englishness. However, in the period leading up to and including the First World War the public perception shifted as aristocratic leadership and elite culture came under fire. During this phase, stately homes and country houses were derided as 'white elephants' and fortresses of barbarism'.⁶ The cultural elevation of rurality resurfaced during the interwar period with the convergence of medical, cultural, and political discourse around the innately restorative beneficence of country life, the popularisation of outdoor pursuits, and the need to active preservation of the British countryside. The Council for the Preservation of Rural England (1926) were the primary mouthpiece of the preservationist movement which

² Peter Mandler, *The Fall and Rise of the Stately Home* (New Haven: Yale University Press, 1997), 4.

³ Adrian Tinniswood, *The Polite Tourist: A History of Country House Visiting* (London: National Trust Enterprises, 1998), 168.

⁴ In 1842 Edwin Chadwick published his 'Report on an Enquiry into the Sanitary Conditions of the Labouring Population of Great Britain' in which he connected the prevalence of disease and ill-health within certain urban communities to the environmental filth and condition of their surroundings. George Rosen, *A History of Public Health* (London: John Hopkins University Press, 1993), 10.

⁵ Tinniswood, *The Polite Tourist*, 160.

⁶ Mandler, *The Fall and Rise of the Stately Home*, 4.

emerged in the 1920s and 1930s and instigated discussion about heritage and what constituted collective national inheritance. For Clough Williams-Ellis, the risks resulting from the medical and cultural narratives imploring and encouraging greater engagement with and in the countryside, were ultimately to be outweighed by the eventual benefits. It was through exposure to the virtue and beauty of the great country houses and their natural environment that the 'town-bred' and 'barbarously reared' urban population would come to appreciate their immeasurable value. This initial contact with their 'unrealized heritage' would, Williams-Ellis prophesied, result in a change to the collective attitude and a growing awareness and perception of these properties as integral components of the nation's heritage; they would become 'national heirlooms'.⁷

The Second World War

The Second World War transformed the understanding and experience of warfare. If the First World War marked the birth of modern industrialised warfare, then the Second witnessed its maturation. With the widespread use of weaponised aircraft and the strategic targeting of industrial and civilian centres, the Second World War fundamentally changed the traditional codes of combat. The separation of home and front, and the distinction between civilian and combatant were removed in this all-inclusive form of fighting. This altered state of being, it has been argued, had an equally transformative effect on the society which endured and escaped bombardment. The wartime London correspondent for the *New York Herald Tribune*, famously wrote in September 1940 that 'Hitler is doing what centuries of English History have not accomplished – he is breaking down the class structure of England.'⁸ This period also marked a distinct shift in the fortunes of Britain's country houses. A fracture in the public consensus occurred in the years running up to the start of the First World War, with attitudes hardening towards the aristocracy and interest in their properties subsiding as their 'political and material value' decreased.⁹ Furthermore, agricultural depression and death duties stemming from the First World War forced many

⁷ Clough Williams-Ellis, 'Houses and Parks – National and Private', in *Britain and the Beast*, ed. Clough Williams-Ellis (London: Readers' Union Limited, 1938), 92, 94.

⁸ David Cannadine, *Class in Britain* (New Haven: Yale University Press, 1998), 146.

⁹ Mandler, *The Fall and Rise of the Stately Home*, 4.

owners and their historic homes into financial ruin. In the decade following the cessation of hostilities more than one-hundred and eighty English country houses were destroyed, with hundreds more in Scotland, Wales, and Ireland also suffering the same fate.¹⁰ An article in *Country Life* magazine from October 1941 encapsulated the continued precariousness of the situation facing Britain's great country houses. Lord Lothian quoted Winston Churchill when he claimed that 'the history of England is to a great extent the history of four or five hundred families'. The homes of these families, he continued, 'are for the most part still in existence and intact' but would, 'within a generation', no longer 'be lived in by the families who created them'. He feared that through the separation of family and home many of the historic buildings would end up being 'dismantled, turned into barracks or soulless institutions, or demolished for the meagre value of their materials'.¹¹ However, despite the pessimistic outlook, the decades following the Second World War have, according to Peter Mandler, witnessed a gradual shift and 'a gentle resurgence of popular interest in history of all kinds'. In the 1980s and 1990s this 'exploded and has fixed particularly on the "treasure houses" of the aristocracy as the centrepiece of the English heritage.'¹² This thesis will argue that the *gradual shift* alluded to by Mandler did not, in fact, begin in the decades after the Second World War but in the years leading up to it. Furthermore, it will argue that the stately homes and country houses of Britain were central to the popular understanding of what constituted the national heritage and were sites of significant public attention during the six years of conflict.

Most of the nation's larger private residences were utilised during the war. Properties were either requisitioned by the government or lent by their owners for use as hospitals and convalescent homes, evacuation centres, schools, military and governmental headquarters, barracks, storage depots, and billets and training facilities. Some examples of these alternative uses were Bentley Priory, in north-west London, which became the headquarters of RAF Fighter Command, Blenheim Palace, which became the temporary home of Malvern College between 1939 and 1940, while the Lowther Estate in the Lake

¹⁰ Adrian Tinniswood, *The Long Weekend: Life in the English Country House Between the Wars* (London: Jonathan Cape, 2016), 30.

¹¹ *Country Life* (October 17th, 1941), 728.

¹² Mandler, *The Fall and Rise of the Stately Home*, 4-5.

District was requisitioned and used as a site for tank training.¹³ At the request of the Ministry of Health, the Joint War Organisation of the British Red Cross Society and the Order of St. John of Jerusalem oversaw the obtaining, adaptation, and equipping of properties for use as convalescent homes and auxiliary hospitals. In 1940, six convalescent hospitals, specifically for officers, were opened by the Joint War Organisation.¹⁴ For men of other ranks, the Ministry of Health initially requested provision for ten thousand beds, subsequently doubling this figure to twenty thousand. In their official history of the wartime work of the British Red Cross and Order of St. John, P. G. Cambray and G. G. B. Briggs noted how in achieving the targets set by the Ministry of Health, 'there was never need to resort to requisitioning, for offers of properties were always sufficient to meet the required accommodation.'¹⁵ These grand acts of donation transformed the appearance and identity of these locations as they were put to an alternative use. The architecture and layout of the properties were designed for the routines and practices of everyday domestic life. The adaptation of rooms, the installation of medical and rehabilitative equipment, and the construction of external buildings visibly demonstrated a fundamental change to the function of the property. This change was experienced by its occupiers through the new routines and practices that governed life in the newly adapted medical wards. The change in function, appearance, and routine altered the spatial identity of the converted property. What had formerly been private and domesticated was now communal, medicalised, and militarised. In popular representations of the auxiliary hospital and convalescent home there is frequently a contradiction within the imagery portrayed. Idealised depictions simultaneously emphasised the properties' inherent suitability to functions which appear fundamentally opposite. Thus, the space can be private and public, military, and medical. This highlights a central theme which underpins the thesis; that the conversion and use of spaces for purposes not in-keeping with their original design resulted in the generation of conflicted and often contradictory representations of the institution and their occupants. The conflicted nature of the work undertaken within these hospitals was expressed in the

¹³ John Martin Robinson, *Requisitioned: The British Country House in the Second World War* (London: Aurum Press, 2014), 40, 52-3, 119.

¹⁴ P.G. Cambray and G. G. B. Briggs, *Red Cross & St. John: The Official Record of the Humanitarian Services of the War Organisation of the British Red Cross Society and Order of St. John of Jerusalem 1939-1947* (London, 1949), 124.

¹⁵ Cambray and Briggs, *Red Cross & St. John*, 125.

First World War by the volunteer nurse and diarist Mary Borden. She documented the duality of her position and the work undertaken at the frontline hospital where she was stationed in the simultaneous destruction and restoration of men's bodies. 'It is all carefully arranged', she wrote, '[i]t is arranged that men should be broken and that they should be mended... Ten kilometres from here along the road is the place where men are wounded. This is the place where they are mended.'¹⁶ It will be shown that multiple dichotomies were in play at these locations adding further layers of cultural meaning to the sites. Linda Colley states that 'identities are not like hats. Human beings can and do put on several at a time.'¹⁷ This thesis will attempt to extend Colley's notion and transfer it to the spatial identity of buildings, elucidating the multitude of spatial identities projected onto the converted auxiliary hospital and convalescent home and how the ambiguous image this created was reflected in popular representations of the institution and its occupants.

In focusing on the wartime history of the country house, the thesis will add valuable insight to an understudied area of its history. Definitive works have been produced on the architectural, political, and social history of the country house. However, the significant role played by these historic monuments during both world wars has largely been overlooked. In the introduction to her popular work on the country house in wartime, the writer Caroline Seebohm emphasised the point:

While volumes have been written about Britain's country houses, their grand history, architecture, art and gardens, and the power and frivolity that governed them, a strange veil of silence seems to have been drawn over them during the period 1939-45, a major watershed in the country's history, when these houses made a contribution to the war effort that seems far more worthy than some of the glamorous hunting and shooting years prior to the Second World War.¹⁸

¹⁶ Mary Borden, *The Forbidden Zone* (1929), 79.

¹⁷ Linda Colley, *Britons: Forging the Nation, 1707-1837* (New Haven: Yale University Press, 1992), 6.

¹⁸ Caroline Seebohm, *The Country House: A Wartime History, 1939-45* (London: Weidenfeld & Nicolson, 1989), XIII.

This work will attempt to answer this scholarly call to arms and build on the recent work of John Martin Robinson who argues that these locations were sites of national significance during the Second World War.¹⁹ This thesis will enhance Robinson's statement and will argue that the converted country house was important at the individual, local and national level: it was the central locale in the wartime experience of the staff and patients who lived, worked, and recovered within these institutions; it was a focal point for the local communities who supported and maintained them; and it was a politicised representational space which was used to propagate a message of national unity and egalitarianism. As a site of collective philanthropic and charitable enterprise, the converted country house provided the local community with an opportunity to contribute to the national war effort. Therefore, it became a central component in the experience of warfare for large numbers of the non-combatant population who served and supported these institutions in a variety of ways. In his work *Culture, Trauma, and Conflict: Cultural Studies Perspectives on War*, Nico Carpentier highlights the pervasiveness of the trauma of injury to the physical and psychological experience of warfare:

War impacts on human bodies with an almost unimaginable force. It destroys or mutilates them. It causes pain to them and traumatises them. The (individual) trauma is not only physical, but also psychological... Erikson defines this individual trauma as "a blow to the psyche that breaks through one's defences so suddenly and with such brutal force that one cannot react to it efficiently."²⁰

The unrestrained nature of the aerial attacks during the Second World War removed any former conventions of warfare and placed all sections of society under the scope of the bomber, exposing them directly to the physical and psychological trauma of injury. Furthermore, the trauma of injury is not limited to the victim; instead, it emanates from them and inflects the experience of the medical personnel involved in the various stages of their treatment. Therefore, the locations at which treatment was provided to the injured

¹⁹ Robinson, *Requisitioned*, 7.

²⁰ Nico Carpentier, "Introduction," in *Culture, Trauma, and Conflict: Cultural Studies Perspectives on War*, ed. Nico Carpentier (Newcastle: Cambridge Scholars Press, 2007), 8.

servicemen were vital in the experience of trauma for the patient and practitioner alike. The auxiliary hospital and convalescent home were important sites in the process of physical and psychological recovery and in many cases, this experience came to define the individual's understanding and recollection of war. Thus, these converted country houses were sites of great significance to those living, working, and recovering within, as well as to the communities which supported and upheld the institution from without.

This thesis will highlight the social and medical importance of the converted country house. It will demonstrate that these locations were vital components in an extensive medical organisation as well as places where national unity was underpinned through the voluntary and charitable actions of individuals and local communities. Furthermore, it will adopt a spatial-historical approach and highlight how the ambiguous status awarded to these homes impacted the popular representation of the individuals living, working, and recovering within. This approach will lead the thesis into engagements with other areas of historical study, including the histories of class, philanthropy, and public health, as well as the histories of gender, nursing, and the countryside. Such engagement allows us to broaden the history of stately homes and country houses beyond its traditional situation within peacetime social history and the histories of heritage and architecture.

Class and the Country House

Class is an illusory term. The veneer of simplicity which surrounds much of its use is undermined when one attempts to define its parameters adequately or accurately. On what basis do you ascribe an individual to a class? Are external markers even the correct way to approach classification or is the individual's self-identification the true mark of his or her class affiliation? Joanna Bourke demonstrates the complexities involved in analysing the class identification of individuals whose gender or ethnicity problematises the use of 'categories such as occupation, income, or relationship to modes of production as indicators' of their social standing. Instead, she adopts an approach which rejects this objectification 'in favour of adopting the labels individuals give themselves as the final word

on that individual's "class" position.²¹ Moreover, in his ground-breaking work, E. P. Thompson illustrated the evasiveness of the term, when he noted,

The notion of class entails the notion of historical relationship. Like any other relationship, it is a fluency which evades analysis if we attempt to stop it dead at any given moment and anatomize its structure. The finest-meshed sociological net cannot give us a pure specimen of class, any more than it can give us one of deference or of love.²²

In this statement Thompson is affirming the fundamentally relational nature of class constricts and how they are responsive and reflective of the wider social environment within which they occur. Arthur Marwick confirmed this notion, highlighting its transient nature, when he stated, it 'is not fixed and unchanging... The nature and significance of class changes as society changes.'²³ Thus, the contemporary context is critical to understanding the concurrent meaning of class. The nuance and individuality this encourage sits uneasily within the ideologically driven grand narratives of history. David Cannadine criticises the dogmatic approach of Marxist historians which all too frequently results in an 'overdetermined reductionism' where the importance of individual identity is negated by their membership of one or other social group; a membership which is dictated by the individual's relationship to the means of production.²⁴ In the more recent historiography there has been an acknowledgement that class is but one of a multitude of identities people may choose to identify with. In relation to the British working-class, Andrew August argues that these 'men and women did not think about their worlds exclusively in terms of class. They also identified with others on the basis of gender, craft, religion, locality, nation, empire, and other ways as well.'²⁵ Therefore, this thesis will utilise an understanding of class based on broader contemporary conceptions, as well as individual self-identification. It will

²¹ Joanna Bourke, *Working-Class Cultures in Britain 1890-1960: Gender, Class and Ethnicity* (London: Routledge, 1996), 4.

²² E. P. Thompson, *The Making of the English Working Class* (London: Penguin Classics, 2013), 8.

²³ Arthur Marwick, *Class: Image and Reality in Britain, France, and the USA since 1930* (London: Collins, 1980), 18.

²⁴ Cannadine, *Class in Britain*, 18, 17.

²⁵ Andrew August, *The British Working Class 1832-1940* (Harlow: Pearson Longman, 2007), 2.

utilise Ross McKibbin's exemplary study of *Classes and Cultures* in England between the years 1918 and 1951 and where possible, will attempt to allow the individual to speak for him or herself in issues regarding their personal class identification.²⁶ When this is not possible, it will rely on contemporary understandings of class constituents. It will highlight how social convention was upheld and undermined at the converted country house through the experience of shared occupation. Professional hierarchies often sought to maintain traditional class-based boundaries, yet the personal involvement of homeowners in the lives of their medical subjects frequently resulted in the abandonment or reformation of these boundaries and the creation of new and unexpected relational structures.

The history of stately homes and country houses is situated within various broader historical sub-categories, for example, the histories of architecture, the aristocracy, national heritage, and the countryside. A brief search of any reputable bookseller will divulge a plethora of popular and pictorial works on country houses, tours of the counties in which they sit, works on country house living and lifestyle, the interior decoration and furnishing, and their exterior grounds and ornamental gardens. The popularity of television series such as *Downton Abbey* and the continued growth of the National Trust has undoubtedly contributed to the concomitant growth of this vast catalogue. However, the strength of the public interest has, largely and regrettably, not been reflected with a correspondent academic interest. Such neglect is surprising when their architectural, political, and cultural significance is considered. Furthermore, within the existing historiography is an omission, one which has only very recently begun to be redressed. The histories of stately homes have repeatedly overlooked their role in wartime and the implications of war on their immediately and longer-term future. In his recent work in the requisitioning of country houses during the Second World War, the architectural historian John Martin Robinson has begun to recover this frequently unheeded aspect of their history. In *Requisitioned*, he analyses a number of houses that were put to national use between 1939 and 1945 and assesses the impact the different utilisations had on these buildings, both in the immediacy, with the resultant effects changes to the numbers and class of the residents necessitated, and in the longer term, with the dereliction and destruction that was occasionally the

²⁶ Ross McKibbin, *Classes and Cultures: England 1918-1951* (Oxford: Oxford University Press, 1998), 42.

consequence of wartime requisitioning.²⁷ One of the central threads which underscores Robinson's work is an awareness of the durability and adaptability of these buildings, an adaptability which is evident in the multifaceted representation and popular understanding of these spaces, and which is best evidenced in their utility when requisitioned during wartime. He ably elucidates the variety of functions these mansions were put to, and in so doing, highlights one of their most valuable contributions to the war effort, the fact that in their occupation the requisitioned private homes 'were of immense value on the home front and characterised the total mobilisation of Britain in a communal war effort.'²⁸ This thesis will attempt to expand on Robinson's case-studied approach, continuing the line of argument that emphasises the wartime significance of these properties, and aligning it with the wartime history of the British Red Cross Society and the Order of St. John of Jerusalem. The result is a locale of considerable political and social value as both a contributor toward, and demonstrator of, alleged wartime egalitarianism.

However, throughout John Martin Robinson's work is a thread which frequently underpins and predominates much of the prevailing historiography, the centrality of the property's architecture to their importance and interest. Architectural histories of British stately homes frequently register aesthetic changes to the design and decoration of the nation's grand mansions and manor houses as a means of plotting broader changes to cultural movements and aristocratic sensibility. In works, such as Mark Girouard's study of the social and architectural history of the English country house, the architectural and the social aspects are connected through explorations of the *culture* which surrounds the life without, and the life within the chosen stately home. Arguing that the architecture of a property acted as a visual manifestation of the cultural status of its owners, Girouard highlights the importance of aesthetic understanding within seventeenth- and eighteenth-century elite culture.²⁹ Concurrently, Peter Mandler centralises the institution of the stately home within its elite cultural climate. However, he refutes the traditional ascription of the stately home as 'the quintessence of Englishness', as the epitome of 'the English love of domesticity, of the countryside, of hierarchy, continuity and tradition.' Furthermore, he

²⁷ Robinson, *Requisitioned*, 12-13.

²⁸ Robinson, *Requisitioned*, 7.

²⁹ Mark Girouard, *Life in the English Country House: A Social and Architectural History* (New Haven: Yale University Press, 1978), 180.

questions the ease with which many innately position these buildings at ‘the heart of the “national heritage”’.³⁰ Instead, Mandler calls on scholars to do something which this thesis will adhere to, to situate ‘heritage’, ‘the aristocracy’, and the country house firmly within ‘the wider frame of English history.’ To not view them as abstractions, distinct from the broader society in which they dwelt. Rather than viewing them as abstractions, he implores us to see them as ‘shaped by the marketplace, by government, by popular attitudes and prejudices as well as by the internal culture of the élite itself.’³¹ This thesis will add further weight to Mandler’s assertions, firmly situating the wartime perception of the stately home within its local, regional, and national context. Moreover, it will emphasise the significance of war on the analytical value of the stately home. In other words, it will highlight how wartime requisition and utilisation enhances the notion that these structures should not be understood solely as physical manifestations of their owners’ political and social status, or as mere canvases upon which these individuals could publicly display their architectural and aesthetic preference, but, simultaneously, as sites reflective of wider societal changes to hierarchical structures and architectural and artistic movements; as spaces whose status, representation, and fortune were negotiated by those from inside and outside of the cultural elite. The changing relationship between the wider community and these traditional seats of authority is addressed by Adrian Tinniswood in his excellent work *The Polite Tourist: A History of Country House Visiting*. Tinniswood focuses on the changing identity of the country house from seats of political and social authority; distant and prohibitive, to enlightening and educational places where the *civilising process* enabled new sections of the population to experience the privilege of high art and architecture.³² Through an assessment of the changing popular representation of the requisitioned country houses, and through the use of personal testimony from those stationed within, this thesis will extend the existing historiography and attempt to restore a duality to a discourse which has traditionally ascribed a primacy to the role of elite culture in shaping the representation of these spaces. It will demonstrate how these reconfigured spaces simultaneously undermined and upheld social hierarchies. They offered extraordinary access to the private lives and private homes of the aristocratic owners yet the internal layout of the converted

³⁰ Mandler, *The Fall and Rise of the Stately Home*, 1.

³¹ Mandler, *The Fall and Rise of the Stately Home*, 2.

³² Tinniswood, *The Polite Tourist*, 147.

home routinely and intentionally separated patients and staff of differing ranks from one another as well as from the homeowners family. Following requisition, the converted country house was no longer a purely upper-class space reflecting the wealth and status of its owner. It was subjected to social and political change as it now served the needs of the community and the nation. While the attempts to enforce conventional social hierarchies in the institution were negotiated and undermined by the different social groups residing within.

In his work *The Death of the Past*, historian J. H. Plumb declared that 'The most remarkable aspect of Western ideology is its leechlike addiction to its past.'³³ This addiction has ultimately resulted in a vast industry built around a fundamental belief in the value and importance of heritage. Heritage is one of those nebulous, catch-all terms which permeates the vernacular without ever being adequately defined. Broadly, it refers to a form of inheritance, whether that be as an individual or as a collective. This inheritance can then take the form of virtually anything from the biological, to the material, the natural, and the cultural, in the guise of the architecture and physical structure of the country house, its position within the landscape and surrounding environment, and the cultural practices which give the locations their contemporary meaning and significance. The practice of country house visiting is expertly explored by Adrian Tinniswood. Situating its growth within a burgeoning heritage market in the nineteenth century, Tinniswood contextualises this expansion using concurrent developments in transportation and technology, as well as the growth of anti-industrial cultural movements, to explain this rise in popularity.³⁴ Similarly, John Taylor discusses the burgeoning heritage sector through the creation of what calls *A Dream of England*. The development of the camera is central to this tourist gaze and serves to reassure the viewer 'that England is essentially content', as well as offering a means of escape or 'imaginative travel into more or less distant pasts.'³⁵ Contemporary understanding of heritage remains entwined with visions of the countryside and country house visiting. Furthermore, this form of engagement is often overseen by national organised heritage trusts such as English Heritage and the National Trust. From its foundation in 1895, the

³³ J. H. Plumb, *The Death of the Past* (London: Macmillan, 1969), 51.

³⁴ Tinniswood, *The Polite Tourist*, 160-2, 168-9.

³⁵ John Taylor, *A Dream of England: Landscape, Photography, and the Tourist's Imagination* (Manchester: Manchester University Press, 1994), 4.

National Trust has expanded to become the largest private landowner in the United Kingdom. Its history is critically important to the changing cultural construction of the country house. Early histories of the Trust sought to highlight the various aspects of the national heritage which the organisation was seeking to preserve. Moreover, it endeavoured to place its work 'in proper perspective, by relating it to the national inheritance as a whole, and to the general situation as regards preservation of natural beauty and historic buildings.'³⁶ Later works, such as that by Jennifer Jenkins and Patrick James plot the broader trajectory of the organisation and its growing cultural and political significance throughout the middle and latter decades of the twentieth century. Moreover, it was during this period that the preservation and maintenance of historic country houses became enshrined as one of, if not the, primary focus of the National Trust.³⁷ In his periodic summary at the centenary of its formation, David Cannadine defined the period between 1935 and 1970 as a time of 'Rescuing country houses'. The mid-1930s marked a critical shift in focus and prioritisation for the National Trust, as Cannadine argues that it represents 'the beginning of a new and very different policy, concerning the acceptance and preservation of country houses, which for a time would come to be – and would come to be seen – as its prime task and justification.'³⁸ The period not only witnessed the elevation of the country house in the minds of those associated with the National Trust. It will be shown that this prioritisation was representative of a broader heightening of the social and cultural significance placed on these historic buildings as they were firmly reinstated within an idealised vision of the countryside and became central to conceptions of the national heritage. Moreover, it will align the growing cultural importance of the heritage sector with the simultaneous elevation of traditional English rural life. It will argue that during a period of intense social upheaval and turmoil, embodiments of tradition acquired heightened levels of cultural importance. The country house and stately home were thereby depicted as stable and secure spaces in a largely unstable environment. In forwarding this line of argument, the thesis will extend the duration referred to by Adrian Tinniswood when he

³⁶ G. M. Trevelyan, "Introduction," in *The National Trust: A Record of Fifty Years' Achievement*, ed. James Lees-Milne (London: B. T. Batsford Ltd, Second Edition; 1946), IX.

³⁷ Jennifer Jenkins and Patrick James, *From Acorn to Oak Tree: The Growth of the National Trust 1895-1994* (London: Macmillan, 1994), 78-80.

³⁸ David Cannadine, "The First Hundred Years," in *The National Trust: The Next Hundred Years*, ed. Howard Newby (London: National Trust Enterprises, 1995), 19.

asserted that the image of the rural idyll, 'bred by the Romantics in the nineteenth century, nurtured by the Edwardians' quest for the heart of England and brought to full maturity by the war, is crucial to the conception of country-house life in the 1920s and 1930s.³⁹ This line of analysis will be furthered as the country house will be shown to occupy a central position within a sanctified image of rurality; a vision which depicted the property and the landscape as vital antidotes to the harshness and reality of modern industrial warfare.

Space and architecture

The spatial turn in the humanities has encouraged a practical and theoretical rethinking of the way in which we study history, urging practitioners to think spatially and to 'always spatialize'.⁴⁰ It has allowed and encouraged greater interdisciplinarity and has provided valuable new modes of analysis. There are a vast number of works which incorporate, to a greater or lesser extent, a spatial methodology. But what is meant by the term space? In his seminal work, *Space and Place*, Yi-Fu Tuan defines space in relation to its antonym place; opposites which are intrinsic to the other's definition.

From the security and stability of place we are aware of the openness, freedom, and threat of space, and vice versa. Furthermore, if we think of space as that which allows movement, then place is pause; each pause in movement makes it possible for location to be transformed into place.⁴¹

The interchangeability of space and place demonstrates its transience and fundamentally its social production. Its definition and understanding are not innate and are directly resultant upon its social use and cultural construction. Henri Lefebvre extended this thesis, arguing 'that (social) space is a (social) product.'⁴² For Lefebvre, the traditional duality of the

³⁹ Tinniswood, *The Long Weekend*, 13.

⁴⁰ Stefan Goebel and Derek Keene, "Towards a Metropolitan History of Total War: An Introduction," in *Cities into Battlefields: Metropolitan Scenarios, Experiences and Commemorations of Total War*, eds. Stefan Goebel and Derek Keene (Farnham: Ashgate Publishing, 2011), 2.

⁴¹ Yi-Fu Tuan, *Space and Place: The Perspective of Experience* (Minneapolis: University of Minnesota Press, 1977), 6.

⁴² Henri Lefebvre, *The Production of Space* (Oxford: Blackwell Publishers, 1995), 30.

physical and the imaginary is extended to form a triumvirate through the introduction of the social. This spawned his conceptual triad (spatial practice, representations of space, and representational spaces), which has directly influenced much of the later historiography. Through the work of Edward Soja, we see an extension of Lefebvre's premise with his connection of the 'real' and 'imagined' in a 'thirdspace'. 'In this critical thirding, the original binary choice is not dismissed entirely but is subjected to a creative process of restructuring that draws selectively and strategically from the two opposing categories to open new alternatives.'⁴³ Stefan Goebel and Derek Keene acknowledge the potential value of applying this critical thirding to studies of cities turned into battlefields. 'Hiroshima and Coventry', they argue, 'are cases in point: they are places of habitation and global sites of remembrance where the material and the virtual have become inseparable.'⁴⁴ The countryside and the country house offer similarly fruitful ground for such exploration. Through their temporary wartime use as auxiliary hospitals and convalescent homes they became spaces of physical and psychological healing, materially and ideologically distant from the reality of modern urban warfare. As such, their spatial identity was configured through the interaction of the real and the imagined. Concurrently, Alexander C. T. Geppert's recent work on imperial expositions in fin de siècle Europe highlights the cultural potency of temporary structures. Geppert espouses the ability of these sites to simultaneously promote and maintain an array of different representational and political meanings. Such malleability enabled these spaces to portray and depict a range of political and cultural messages and thus, they can be seen to become 'nothing less than a defining feature of modernity.'⁴⁵ Aspects of Geppert's structural approach will be utilised in this research; firstly, his assessment of the physical impact of temporary structures on the surrounding architecture and environment; secondly, the changing representation of these spaces because of the changing nature of the site; and thirdly, an analysis of the actors involved in all aspects of constructing, maintaining, and visiting these locations.

The spatial turn has provided valuable insight into the spatial aspect of social relations. The association of certain spaces to one or other class or gender has served to

⁴³ Edward W. Soja, *Thirdspace: Journeys to Los Angeles and Other Real-and-Imagined Places* (Oxford: Blackwell Publishing, 1996), 5.

⁴⁴ Goebel and Keene, "Towards a Metropolitan History of Total War", 2-3.

⁴⁵ Alexander C. T. Geppert, *Fleeting Cities: Imperial Expositions in Fin-de-Siècle Europe* (Basingstoke: Palgrave Macmillan, 2013), 1.

propagate and justify traditional social hierarchies, while the denial of access to specific spaces actively prevents individuals from undermining the gender and class-based prejudice which restricts their opportunities and reduces social mobility. Daphne Spain calls for a consideration of the spatial dynamic in gender stratification. Most theories on its persistence, she argues, 'are based on biological, economic, psychological, or social interpretations.' The spatial impact on gender relations will be explored within this thesis as it will be shown that the gender associations attached to domestic spaces directly impacted the relational dynamic and cultural representation of female homeowners, female members of the nursing staff, and their male patients. Furthermore, the architectural and geographic spatial contexts have been underexplored as 'Spatial arrangements between the sexes are socially created, and when they provide access to valued knowledge for men while reducing access to that knowledge for women, the organization of space may perpetuate status differences.'⁴⁶ Concurrently, Doreen Massey powerfully identifies the importance of the spatial 'in terms of social relations.' She highlights the vitality of the relationship between geography and gender, noting,

The intersections and mutual influences of "geography" and "gender" are deep and multifarious. Each is, in profound ways, implicated in the construction of the other: geography in its various guises influences the cultural formation of particular genders and gender relations; gender has been deeply influential in the production of "the geographical".⁴⁷

The variance within national, regional, and local constructions of gender demonstrate, to Massey, the significance of geography and the importance of a regional understanding in conceptualising divergent strands in narratives of masculinity and femininity: 'what it means to be masculine in the Fens is not the same as in Lancashire'.⁴⁸ Concurrently, Susan Hanson and Geraldine Pratt affirm the centrality of spatial geography to the persistence of a gender hierarchy, arguing 'that social and economic geographies are the media through which the

⁴⁶ Daphne Spain, *Gendered Spaces* (United States: University of North Carolina Press, 1992), 3.

⁴⁷ Doreen Massey, *Space, Place and Gender* (Cambridge: Polity Press, 1996), 177.

⁴⁸ Massey, *Space, Place and Gender*, 178.

segregation of large numbers of women into poorly paid jobs is produced and reproduced.⁴⁹ This thesis will incorporate the spatial within its analysis of gender relations within the stately home. It will illustrate the stratified nature of institutional life and how the denial of access to specific spaces served to create and uphold professional hierarchies and social inequality.

In his ground-breaking work *Space, Time and Architecture: The Growth of a New Tradition*, Sigfried Giedion illustrated the peripatetic nature of architecture and its utility as a means of understanding contemporary society: 'We have not been at all interested in establishing in an organism of architecture any fixed or permanent laws which should manifest themselves at all time.' Instead, he notes, architecture is viewed as a reflection of 'the inner tendencies of the time'.⁵⁰ Understanding the prominent architectural movements in the years prior to and immediately after the Second World War is vitally important to gauging the significance and legacy of the interceding six years. Country house and stately homes provide a physical, visual canvas through which changing trends in architecture and aestheticism can be viewed and experience. On a small scale, Mark Girouard highlights how architectural decoration could be used to associate a building and its occupants to a civilization or a period of history which contemporary society viewed desirably. In the seventeenth and eighteenth centuries, at a time when one of the functions of the country house was as a demonstration of culture, the addition of porticoes and pediments served to affiliate a home to Greek and Roman civilization. These classical orders were still perceived as the basis of modern civilization and remained 'the most common way of expressing culture in architecture.'⁵¹ The changes to the appearance and function of these properties, resultant upon their requisition, had individual, local, and national significance. Therefore, the importance of the houses' architecture, aesthetic, and environment will not be reduced purely to an imagined representational level. An assessment of the need to adapt spaces ill-designed for war-related purposes and the consequent impact on the daily routines of its new inhabitants will necessitate an engagement with the experiential. Richard Hill spotlights

⁴⁹ Susan Hanson and Geraldine Pratt, *Gender, Work, and Space* (London: Routledge, 1995), 1.

⁵⁰ Sigfried Giedion, *Space, Time, and Architecture: The Growth of a New Tradition* (Oxford: Oxford University Press, 1952), 645.

⁵¹ Girouard, *Life in the English Country House*, 180.

the human response to aesthetic experience in his work on *Designs and their Consequences*. He exposes the centrality of experience within the architecture of Modernism:

One of the most powerful aspects of the modernist view of architectural experience that I have sketched here is that it stresses the active participation of the subject. In part this was deliberate, since modernists wished most of all to distance themselves from the idea that the key to architecture was the passive contemplation of facades... Architectural seeking takes place in active movement... [and] becomes a highly-integrated outlook, with notions of experience, art and use all rolled up tightly together.⁵²

John Maude Richard's authoritative and wide-ranging exploration of English architecture employs a chronological approach to the history of the profession, signposting changing trends and fashions in the design and aesthetic of a variety of influential buildings. These range from early-seventeenth century stately homes constructed in a Dutch Renaissance style, to the modern prefabricated school buildings of the post-Second World War period.⁵³ However, the majority of historiographical discourse on twentieth century architecture adopts a more myopic approach focusing on specific movements or offshoots within wider architectural and artistic ideologies. Moreover, these narratives often emphasise the difficulty in constructing definitive boundaries or chronological pathways for mapping the development of these particular movements. This is particularly apparent for Modernism, which as a term incorporates an array of different creative movements. Christopher Wilk affirms that while a single definition might be difficult, consensus can be found in proponents of Modernism: Le Corbusier in architecture, the products of the Bauhaus in design, Piet Mondrian in fine art, Arnold Schoenberg in music, and the works of James Joyce in literature. Furthermore, he surmises that although it is difficult to produce a universally accepted definition of what Modernism is, it might well be simpler to reach an 'agreement on what [it] is not: historicism, academicism, that which eschews the new and embraces

⁵² Richard Hill, *Designs and their Consequences* (New Haven: Yale University Press, 1999), 66.

⁵³ J. M. Richards, *The National Trust Book of English Architecture* (London: Weidenfeld and Nicolson, 1981), 99, 267-9.

tradition.⁵⁴ Giedion affirmed this sentiment through his elevation of everyday architecture. Unexpected structures receive the attention of proponents of Modernism, for much as historians seek greater understanding of different societies during different time periods through the experience of everyday people, so too do modernist architects find value in the materials and structures which enable such people to live and produce useful labour. Giedion emphasised this point when he sought comparison between practitioners of architecture and history:

The historian has to take the same attitude toward his material: he wants to know the truth about life, and he must take it where he finds it. It will not do for him to study only the highest artistic realizations of a period. Often, he can learn more about the forces that shape its life from the common objects and utensils which are the undisguised products of its industry.⁵⁵

The primacy of modernist architecture in the interwar period, particularly on the continent, is the focus of a recent work by Paul Overy. As the title of the work implies, light, air, and openness appear as central tenets in the developing understanding and application of this architectural movement. In accordance with Giedion, Overy analyses industrial and medical facilities as well as extravagant private dwellings to assess the modernist movement's attempts to apply social and medical virtues to the construction of physical structures. In Overy's work the interwar preoccupation with fresh air, sunlight, health, hygiene and cleanliness 'are considered in the context of class and social control, colonialism and race, and the recurring utopian metaphors of "the clean machine" and the model factory.'⁵⁶ These architectural trends will be assessed in relation to contemporary medical and social theories relating to the treatment of wounded soldiers in the healthful environs of the stately home and its locale in the countryside. Furthermore, it will demonstrate how the

⁵⁴ Christopher Wilk, "Introduction: What was Modernism?" in *Modernism: Designing a New World 1914-1939*, ed. Christopher Wilk (London: V & A Publications, 2006), 12.

⁵⁵ Giedion, *Space, Time, and Architecture*, 27-8.

⁵⁶ Paul Overy, *Light, Air and Openness: Modern Architecture Between the Wars* (London: Thames & Hudson, 2007), 13.

virtues of light, air, and openness, and the vision of the clean machine were utilised in the popular representation of the converted country house as an idealised home of healing.

Historiographical attention on the architecture of the post-war period in Britain emphasises a shift in the prioritisation of certain building materials and in the development of smaller offshoots affiliated to the wider modernist movement. The fruition of these principles is epitomised in Alexander Clement's work on Brutalism; a form of British architecture which developed between the years 1945 and 1975. It is associated to constructions with sheer concrete facades, and to the primary use of modern materials like concrete, steel, and glass. Such uncompromising architecture had the unfortunate tendency for creating extreme emotional responses and when concrete was used excessively 'for evoking a bleak dystopian future.'⁵⁷ Understanding differences in pre- and post-Second World War British architecture will allow for a greater contextualisation of the impact of war on the nation's aesthetic and architectural preferences. However, the historical discourse on architecture during wartime is sparse. Until the recent publication of Jean-Louis Cohen's influential work *Architecture in Uniform: Designing and Building for the Second World War*, the academic attention in architecture during the Second World War had been virtually non-existent. Such an omission leads one to suspect a broad academic acceptance of the pessimistic view of Maxwell Fry, who predicted that with the outbreak of war the practice of 'architecture in England would be entirely eclipsed'. However, Cohen contests such a perception, declaring 'far from being a dark and empty hole in the history of architecture in the twentieth century, the war was in fact a complex process of transformation, involving all the components of architecture in its total mobilisation.'⁵⁸ This thesis will highlight how the modernist preoccupation with light, air, and openness, and the architectural fascination with the efficient and hygienic factory infiltrated the medical sphere. These principles underpinned the internal and external design of auxiliary hospitals and convalescent homes as well as the recuperative regimens they practiced.

Within the architectural historiography is a focus on specific types of structure. The architecture of hospitals is a particularly significant example, as in few other cases can the

⁵⁷ Alexander Clement, *Brutalism: Post-War British Architecture* (Wiltshire: The Crowood Press, 2014), 7.

⁵⁸ Jean-Louis Cohen, *Architecture in Uniform: Designing and Building for the Second World War* (New Haven: Yale University Press, 2011), 18-9.

design and aesthetic of a building have such impactful significance to the health and well-being of its occupants. This scholarly discourse predominantly focuses on either, the role of individual architects in the development of new trends in hospital architecture, or the role of architecture itself on the physical and psychological well-being of the patient and on the efficiency and capacity of the institution. Jeremy Taylor highlights the centrality of the architect to these discussions, specifically in relation to the pavilion-style design prominent in the late-nineteenth- and early-twentieth centuries.⁵⁹ Concurrently, Annmarie Adams' work *Medicine by Design* explores the role of the hospital architect between the late-nineteenth and mid-twentieth century. Her work illustrates the array of influences which inspired and impacted hospital design in Canada. Highlighting how broader architectural trends inspired these medical designers, she notes how 'Aristocratic homes and luxurious hotels provided the inspiration for the architecture of the interwar hospital block, upstaging the references to prisons and schools preferred by Snell.'⁶⁰ Cor Wagenaar emphasises the architectural importance of the hospital noting how they 'are among the most fascinating buildings ever conceived.'⁶¹ Furthermore, the sociology of the hospital has highlighted how the institution reflects the wider values of its society. This point has been effectively argued by the eminent social historian George Rosen. In his *Historical Sociology of a Community Institution*, he states that 'to be understood, the hospital has to be seen... as an organ of society, sharing its characteristics, changing as the society of which it is a part is transformed, and carrying into the future evidence of its past.'⁶² Therefore, it is fundamentally connected to, and reflective of the contemporary 'political and economic conditions', the 'social structure' and 'value systems', the 'cultural organization, and social change in relation to the health conditions and needs of populations'.⁶³ This sociology is also evident in the architectural understanding of the hospital. Dana Arnold has analysed the relationship between the hospital and the wider built environment. Emphasising its spatial

⁵⁹ Jeremy Taylor, *The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England 1850-1914* (London: Leicester University Press, 1997), 2-3.

⁶⁰ Annmarie Adams, *Medicine by Design: The Architect and the Modern Hospital, 1893-1943* (Minneapolis: University of Minnesota Press, 2008), XVIII

⁶¹ Cor Wagenaar, "Introduction," in *The Architecture of Hospitals*, ed. Cor Wagenaar (Rotterdam: NAI Publishers, 2006), 10.

⁶² George Rosen, "The Hospital: Historical Sociology of a Community Institution," in *The Hospital in Modern Society*, ed. Eliot Freidson (London: The Free Press of Glencoe, 1963), 2.

⁶³ Rosen, "The Hospital", 2.

significance to the development of the modern metropolis during the long-eighteenth century, Arnold argues that,

This period is important as it witnessed the transformation of the city into a modern metropolis. The hospital was very much part of this process and its spaces, both interior and exterior, help us to map these changes in the built environment of London. In this way we can work towards an understanding of how the interior and exterior spaces of this vast metropolis operated.⁶⁴

The significance of the metropolis to collective and individual national identity during this period heightens the importance of the hospital's contribution to urban development. Furthermore, the sociology of the hospital reveals societal attitudes towards those employed and treated within. Wagenaar highlights the ways in which modern hospitals spotlight and reflect these social mores, noting,

They have a direct impact on the people who use them, whether they are patients, visitors, or the medical staff. Hospitals are public buildings, and they reveal how society treats its citizens once they have fallen victim to illness and injury. They represent social and cultural values, and since the late eighteenth century, they have manifested the way science and philosophy conceive the origins, causes and cures of diseases... Hospitals can also be spas and wellness centers, promoting people's well-being rather than fighting illness. They are often landmarks in the urban tissue and can act as catalysts of further development.

However, just as the architecture and design of the hospital have the potential to improve the health and experience of the patient and the efficiency of the institution, so too can they hinder and detrimentally effect this experience. Wagenaar continues, extolling how the

⁶⁴ Dana Arnold, *The Spaces of the Hospital: Spatiality and Urban Change in London 1680-1820* (London: Routledge, 2013), XV.

vast modern facility confuses and isolates its patients through the scale and systems implemented within the institution:

Hospitals are also built catastrophes, anonymous institutional complexes run by vast bureaucracies, and totally unfit for the purpose they have been designed for. They are hardly ever functional, and instead of making patients feel at home, they produce stress and anxiety. Staying in a hospital is an alienating experience that separates the patient from his family, relatives and friends, confronts him with a labyrinthine structure that makes him feel lost, presents him with the hospital clock that now determines his life, and often forces him to share a room with total strangers.⁶⁵

The sociology of the auxiliary hospital and convalescent home will be central to the analysis within this thesis. It will spotlight the converted country house and argue that the principles and attitudes idealised in its popular representation served as reflections of broader social discourse; narratives which may on the surface appear unimportant at an individual institutional level, but when enlarged to the national level were critically important to sustaining public morale. Furthermore, this thesis will prioritise the importance of the existing domestic architecture as well as the addition of military and medical structures. It will highlight how the popular construction of the newly formed institution emphasised the multifaceted identity of the structure and utilised this multiplicity to demonstrate its innate appropriateness as a medical location as well as its embodiment of the egalitarian values popularised in political and social discourse throughout the war.

The County and the City

Although it may seem paradoxical, it is difficult to truly separate the country from the city. A history of one, almost invariably, incorporates aspects from the history of the other. Even in definition, the country is defined in opposition to that which constitutes the city. Their frequent depiction as binary opposites mean that it is difficult to understand one without

⁶⁵ Wagenaar, "Introduction", 10.

understanding the other. This duality underscores much of the historiography. Unsurprisingly, in a work entitled *The Country and the City*, the inextricable relationship between the urban and the rural and foremost in the formation of their respective identities. For the academic and novelist Raymond Williams, 'A contrast between country and city, as fundamental ways of life, reaches back into classical times.'⁶⁶ In alignment with Williams' thesis is the exemplary work of David Matless. The central argument running throughout *Landscape and Englishness* is the principle that 'the rural needs always to be understood in terms relative to those of the city and suburb and approached as a heterogenous field.'⁶⁷ The country/city dualism frequently results in opposing characteristics being attached, not only, to the understanding of the realms themselves, but also to their respective cultures and inhabitants. This principle will be central to understanding the cultural construction of the converted country house. During a time of unprecedented urban danger, the sanctification of the countryside contributed to the elevated social status awarded to these homes of healing.

The symbolic power of landscape and the countryside is an area of the historiography which has received significant scholarly attention. The potency and longevity of this symbolism is as a result of the extensive opportunities it provides. Matless explains how the power of landscape 'resides in it being simultaneously a site of economic, social, political and aesthetic value, with each aspect being of equal importance'.⁶⁸ Such pervasiveness led historian W. J. T. Mitchell to attempt 'to change "landscape" from a noun to a verb... [to ask] that we think of landscape not as an object to be seen or a text to be read, but as a process by which social and subjective identities are formed.'⁶⁹ It is a canvas through which the real and imagined simultaneously meld shaping and influencing individual and communal identity. Barbara Bender extends this sentiment further explaining that 'Landscapes are created by people – through their experience and engagement with the world around them. They may be close-grained, worked-upon, lived-in places, or they

⁶⁶ Raymond Williams, *The Country and the City* (London: Vintage Classics, 2016), 1.

⁶⁷ Matless, *Landscape and Englishness*, 17.

⁶⁸ Matless, *Landscape and Englishness*, 12.

⁶⁹ W. J. T. Mitchell, "Introduction," in *Landscape and Power*, ed. W. J. T. Mitchell (Chicago: Chicago University Press, 1994), 1.

may be distant and half-fantasized.⁷⁰ This ability to embody the real and the imagined has made landscape, and in particular, the rural landscape, a fruitful site for literary and historical scholars. Exploring the literary and allegorical basis to the popular understanding of landscape, Simon Schama argues that ‘our entire landscape tradition is the product of shared culture, it is by the same token a tradition built from a rich deposit of myths, memories, and obsessions.’⁷¹ The amalgamation of myth and experience in the formation of individual and collective understanding of the rural landscape not only serves to elevate the cultural significance of the site but also creates a shared identity to which the community can relate. Benedict Anderson famously defined the nation as ‘an imagined political community... imagined because the members of even the smallest nation will never know most of their fellow-members, meet them, or even hear of them, yet in the minds of each lives the image of their communion.’⁷² Landscapes and other important cultural sites are important in forming and maintaining individual and collective identities. This sentiment is fundamental in Matless’ ascription of landscape to twentieth century of English national identity. Although variant in form and dependent on external changes to society, the rural landscape remained central to notions of Englishness. For example, Matless connects the English national identity throughout the 1920s and 1930s with the planner-preservationist movement and the affiliated ideals of modernity and orderliness. This rejection of traditional associations between rurality, stagnation, and the antimodern is extended through the heightened cultural status awarded to the planner-preservationist during and immediately after the Second World War.⁷³ This thesis will critically engage with this narrative. It will extend the argument that the rural landscape was central to individual and collective identities and argue that this was furthered through the popular representation of the converted country house as a rural centre for philanthropic enterprise.

The broader historiography on the countryside is extensive. There are numerous works on its social history. Howard Newby plots a vast sociological narrative spanning the seventeenth- through to the twentieth century. He seeks ‘the destruction of illusion’ and

⁷⁰ Barbara Bender. “Introduction: Landscape – Meaning and Action,” in *Landscape: Politics and Perspectives*, ed. Barbara Bender (Oxford: Berg, 1993), 1.

⁷¹ Simon Schama, *Landscape and Memory* (London: Harper Collins, 1995), 14.

⁷² Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London: Verso, 2006), 6.

⁷³ Matless, *Landscape and Englishness*, 14.

'cultural myths' which have customarily become associated to the popular perception of English rural life.⁷⁴ The genesis of these myths appears evident in Jan Marsh's work *Back to the Land: The Pastoral Impulse in Victorian England from 1880 to 1914*. Marsh argues that as 'All sections of society assumed the continuation of Britain's industrial and urban condition'; a continuation which ultimately resulted in a realisation that 'the misery, squalor and brutality of the Victorian city' was not the cause of 'a lack of compassion nor the effects of advanced capitalism, but of the urban industrial system itself.' The response was a nostalgic idealisation of rurality and country life.⁷⁵ Similar works by G. E. Mingay, Alun Howkins, and Trevor Wild have highlighted alterations to the perception and function of the countryside in the late-nineteenth and twentieth centuries. The decline or *Death of Rural England*, as Howkins labelled it, is viewed in relation to the continued problematic growth of urbanity. A situation which witnessed the sustained emigration of labour, the decline of political significance, and an endemic agricultural depression combine with a burgeoning vision of rurality as a place of leisure for an ever-expanding and dissatisfied urban population, to create this fundamentally altered countryside.⁷⁶ Offshoots of this historiography include the histories of social and cultural movements such as the Sunlight League and the outdoor movement. These developed in the early decades of the twentieth century and reached their zenith in the years between the two world wars. Harvey Taylor argues that this period witnessed the maturation of the British outdoor movement; a movement identified with 'the popular expansion of healthy open-air pursuits', and whose formative influences include the anti-industrial responses and athletic impulses of the upper-middle classes of the late-nineteenth century.⁷⁷ Moreover, the growing social and medical credence in the restorative and healthful virtues of sunlight, provides the focus for Simon Carter's work *Rise and Shine: Sunlight, Technology and Health*.⁷⁸ The importance of the anti-industrial undercurrent to these cultural and medical movements will contextualise and inform the significance placed on the converted country houses during the Second World War. This

⁷⁴ Howard Newby, *Country Life: A Social History of Rural England* (London: Weidenfeld & Nicolson, 1987), 3.

⁷⁵ Jan Marsh, *Back to the Land: The Pastoral Impulse in Victorian England from 1880 to 1914* (London: Quartet Books, 1982), 3.

⁷⁶ Alun Howkins, *The Death of Rural England: A Social History of the Countryside Since 1900* (London: Routledge, 2003), 96; G. E. Mingay, *A Social History of the English Countryside* (London: Routledge, 1990), 208; Trevor Wild, *Village England: A Social History of the Countryside* (London: I. B. Tauris, 2004), XV-XVI.

⁷⁷ Harvey Taylor, *A Claim on the Countryside: A History of the British Outdoor Movement* (Edinburgh: Keele University Press, 2004), 1.

⁷⁸ Simon Carter, *Rise and Shine: Sunlight, Technology and Health* (Oxford: Berg, 2007), 5.

thesis will argue that a widely held belief in the innate healthful beneficence of the countryside shaped the idealised construction of the auxiliary hospital and convalescent home.

Changes to the understanding and experience of urban and rural environs is a field of history which, since the spatial turn, has received considerable scholarly attention. Historians of the built environment have highlighted how the city-space has come to predominate our conception of modernity. Peter Brooker and Andrew Thacker highlight this point when they argue that ‘the flexible and sometimes antagonistic relations between the forms of literary “modernism” and the signs of social and economic “modernity”, [are] characteristically but not exclusively [found] in the metropolis.’⁷⁹ This connection is further evident through Alexander C. T. Geppert’s work on imperial expositions in fin de siècle Europe; events he describes as ‘nothing less than a defining feature of modernity.’⁸⁰ The expositions are shown to merge the real and imagined worlds of the built environment through the physical and representational legacy of the events. The physical structures of the exposition fashioned a permanent change to the visual aesthetic of the city, while their political, cultural, and economic symbolism transformed the national and international identity and reputation of the host city. Geppert’s argument centralises the role of the exposition in the broader development of the city, demonstrating the permanent spatial impact of impermanent spatial change. Similarly, Richard Dennis attaches the ongoing dialogue surrounding the spatial identity of the city with the changing understanding of individual and group identities. In his work *Cities in Modernity: Representations and Productions of Metropolitan Space 1840-1930*, he argues that,

Within modern cities, rationalism – the search for spatial and economic order and efficiency, as embodied in planning, zoning and regulation – made space for pluralism – an increasing diversity of social, ethnic, and gendered identities. The development of

⁷⁹ Peter Brooker and Andrew Thacker, “Introduction: Locating the Modern,” in *Geographies of Modernism: Literatures, Cultures and Spaces*, eds. Peter Brooker and Andrew Thacker (London: Routledge, 2005), 4.

⁸⁰ Geppert, *Fleeting Cities*, 1.

specialised neighbourhoods did not simply accommodate existing classes, “races” and sexual identities, but provided spaces in which hybrid identities emerged.⁸¹

Evident throughout these histories of the built environment is an underlying thesis that ‘space is not simply a container in which modern life is played out.’ Instead, it plays an active role ‘in stimulating new forms of representation and shaping new identities.’⁸² The symbolic significance of the city to the formation of individual and collective identity enhanced its strategic value as a military target. Markus Funck and Roger Chickering extend this point further, stating that the modern city ‘is central to the self-representation of people.’⁸³ It is the cultural, political, financial, and industrial centre of the nation. Therefore, the city becomes a legitimate military target within a form of warfare which mobilises large sections of the combatant population (whether this mobilisation is in the form of front-line military service or in an auxiliary capacity as machinists or factory workers producing weapons, ammunition and supplies to those at the front). Disrupting the cohesion and efficiency of this industrial process is vital to defeating the enemy in this modern and industrialised mode of conflict. The aerial bombardment of unifying and popularising urban locations served, not only, the functional purpose of reducing the enemy’s capacity to fight, but also acted as part of the psychological war aimed at demoralising large sections of the enemy population. Anthony Beevor highlights how the built urban environment became intrinsically associated to notions of total warfare during the twentieth century:

It is... images from the fighting in Stalingrad itself that will endure most in the memory. This represented a new form of warfare, concentrated in the ruins of civilian life. The detritus of war – burnt out tanks, shell cases, signal wire and grenade boxes – was

⁸¹ Richard Dennis, *Cities in Modernity: Representations and Productions of Metropolitan Space, 1840-1930* (Cambridge: Cambridge University Press, 2008), 2.

⁸² Dennis, *Cities in Modernity*, 1.

⁸³ Markus Funck and Roger Chickering, “Introduction: Endangered Cities,” in *Endangered Cities: Military Power and Urban Societies in the Era of the World Wars*, ed. Markus Funck and Roger Chickering (Boston: Brill Academic Publishing, 2004), 6.

mixed with the wreckage of family houses – iron bedsteads, lamps, and household utensils.⁸⁴

The First and Second World War transformed the perception of the urban built environment. The vulnerability of the city to aerial bombardment made it an incredibly dangerous place. This fear shaped the attitudes, policies, and behaviours of politicians and urban-dwellers alike and was encapsulated in Stanley Baldwin's pessimistic predication that 'the bomber will always get through.'⁸⁵ The interwar period witnessed a growing concern within Britain and across continental Europe at the implications of weaponised aircraft. Efi Markou highlights the concerns of the French government over the susceptibility of their urban centre to aerial attack. In response, they sought to remove key industries from urban areas. The policy of industrial decentralization in interwar France emphasised the continental concern regarding the issue of aerial bombardment. It illustrated a belief in the inability of urban locations to mount adequate defence of their industrial centres. Thus, the removal of key industries from prime military targets appeared an acceptable and preferable solution to mounting a defence of their current situation. Furthermore, in increasing the danger of urban life, aerial warfare exacerbated a prevailing social narrative which derided the city as physical and morally toxic. Therefore, 'The vision of future war, particularly the emphasis on the vulnerability of cities, harmonized with existing ideas about the dangers posed by urban life during peacetime.' It reinvigorated Jean Jacques Rousseau's oft-cited vision of the city as a 'devourer of human beings' and exposed positivist rhetoric about the innate progressivism of modernity.⁸⁶ Thus, the fallacious vision of the city as a physical and symbolic manifestation of progress and modernity is exposed. The promise offered through its growing political, economic, and cultural significance is fatally undermined by its inability to protect its occupiers. Modern warfare, thereby, transformed the understanding and experience of urban life. Despite a clear awareness of the centrality

⁸⁴ Anthony Beevor, "Total Warfare in the City: Stalingrad, Berlin – and Baghdad," in *Cities into Battlefields: Metropolitan Scenarios, Experiences and Commemorations of Total War*, eds. Stefan Goebel and Derek Keene (Farnham: Ashgate Publishing, 2011), 154.

⁸⁵ *HC Debates* (November 10th, 1932) vol. 270, col. 632.

⁸⁶ Efi Markou, "Military Thinking and the Urban Question: Industrial Decentralization in France between the Wars," in *Endangered Cities: Military Power and Urban Societies in the Era of the World Wars*, eds. Markus Funck and Roger Chickering (Boston: Brill Academic Publishing, 2004), 40.

of the urban locale to modern perceptions of warfare, there remains a lack of scholarly focus on the relationship between the built environment and war. In attempting to understand this omission, historians Stefan Goebel and Derek Keene astutely suggest that war's appearance as 'an aberration on the urban path towards modernity' could explain the generally 'peripheral interest' shown 'in the subject matter.'⁸⁷ In alignment with this perception, Wolfgang Schivelbusch echoes similar concerns regarding the ominous potentialities of technological developments in transportation. In his work *The Railway Journey: The Industrialization of Time and Space in the Nineteenth Century*, he considers the transformative impact such advances had on the popular understanding of geographic space, time, and the safety of separation. Consequently, the mechanization of locomotion was described in alarmist, violent terms and was seen to 'shoot right through like a bullet' and was believed to precede an 'Annihilation of time and space'.⁸⁸ Peter Stansky affirms the general feeling of insecurity felt within the urban environment during the total warfare of the Second World War with his essay on the context behind the first day of the Blitz.⁸⁹ While John Gregg explores the consequences of this uncertainty and the public response to it with an analysis of the mass unauthorised use of London underground stations by significant numbers of the city's population. This was in response to the perceived inadequacy of the government provisions for the protection of Londoners from German air raids.⁹⁰ Therefore, this essay will actively engage with the existing historiography on the built environment in a variety of ways. Central to this research is the historical consensus formed following a series of conferences led by Roger Chickering and Stig Förster. The result of these discussions was an agreement that 'mass-industrialized warfare blurred distinctions between home and front, between civilians and soldiers'.⁹¹ The removal of the traditional separation between the home and front forced the realities of modern industrialised warfare onto ever-increasing numbers of the population. Moreover, growing fears over the safety of the metropolis in the interwar period and the prescient concern about the potentially

⁸⁷ Goebel and Keene, "Towards a Metropolitan History of Total War", 1.

⁸⁸ Wolfgang Schivelbusch, *The Railway Journey: The Industrialization of Time and Space in the Nineteenth Century* (Oakland: University of California Press, 2014), 10.

⁸⁹ Peter Stansky, "'9/7', the First Day of the London Blitz: The Context," in *Cities into Battlefields: Metropolitan Scenarios, Experiences and Commemorations of Total War*, eds. Stefan Goebel and Derek Keene (Farnham: Ashgate Publishing, 2011), 64.

⁹⁰ John Gregg, *The Shelter of the Tubes: Tube Sheltering in Wartime London* (Harrow Weald: Capital Transport Publishing, 2001), 8.

⁹¹ Goebel and Keene, "Towards a Metropolitan History of Total War", 4.

catastrophic ramifications of aerial attack on urban locations are themes which shall also be considered within this research. Hence, the requisitioned country house ties into both threads of this discourse; firstly, as a transitional space it was often located away from the urban battlefields yet it maintained militaristic tendencies and often contained and exposed the horror of modern warfare; and secondly, as a space which offered a resolution to the pre-war pessimism about the inadequacies of urban defence.

Gender

The legitimisation of urban populations as military targets removed the separation between the domestic home and the military front. As a result, members within this victimised population became forced participants in the fighting. This act fundamentally altered one of the primary conventions that had underpinned active service and military strategy throughout the preceding century. The exclusion of women from the military sphere rejected the notion of female involvement due to an alleged biological indisposition to fighting. It is a key example of spatial gendering whereby the contemporary social construction of femininity ascribed characteristics to women that precluded their ability to participate in active military service. Simultaneously, masculinity is defined through its opposition. Therefore, men are believed to naturally manifest the desired martial qualities. Marcia Kovitz highlights how the social construction of gender, built on a series of 'mutually informing binary oppositions', legitimises and underpins a patriarchal military system through alleged biological determinism. Within this system, masculinity is aligned to the specific qualities and character traits required by the military sphere. Thus, 'men/masculinity' are expected to be 'strong', to be 'defenders', to display 'uniformity', and are thereby attached to the notions of 'war', to the 'military' and are frequently depicted as the 'friend'. Femininity and womanhood, on the other hand, is defined and restricted in opposition. 'Women/femininity' are expected to be 'weak', to be 'defended', to display 'diversity', and are thereby attached to notions of 'peace', to the 'civilian' and are frequently depicted as the 'enemy'.⁹² Hence, war provides a central and vital means through which

⁹² Marcia Kovitz, "The Roots of Military Masculinity", in *Military Masculinities: Identity and State*, ed. Paul Higate (Connecticut: Praeger, 2003), 6.

these prescriptive gender constructs are challenged and upheld. Therefore, the impact of war on the construction of gender has, unsurprisingly, received significant scholarly attention. In challenging the traditional assertion that British society during the Second World War was more egalitarian, gender historians noted the persistence of prevailing constructions and a continuation of the process through which gender hierarchies were upheld. This action is encapsulated in what Margaret and Patrice Higonnet have termed the 'double helix'. In this conception, war provides opportunity and forces gender norms to be renegotiated, yet the hierarchical imbalance between the sexes is maintained. Therefore, 'When the home front is mobilized, women may be allowed to move "forward" in terms of employment or social policy, yet the battlefield – pre-eminently a male domain – takes economic and cultural priority.'⁹³ Thus, women are granted access to what were previously male-dominated areas. On the surface, this appears to show an improvement in their social and economic status. However, simultaneously, the process intuitively reaffirms their gender inferiority through the denial of access to other male-dominated domains, which are elevated to the pinnacle of the social and economic hierarchy. So, although the war provided new opportunities for women to disprove restrictive gender stereotypes, the established inequality between men and women, and the differing values placed on their respective labour remained firmly in place. Higonnet affirms this statement, concluding that 'Even when material conditions for women differ after the war, the fundamental devaluation of the tasks assigned to them remains.'⁹⁴ Harold L. Smith reiterates the temporary nature of any enhancement experienced by womanhood during the war, pointing out that 'after 1945 there had been a restoration of pre-war patterns'.⁹⁵ These arguments highlight how, rather than reflecting fundamental change to the social mores and constructions of gender, the employment opportunities and freedoms afforded to women were the result of, and largely dependent upon, the exigencies of war.

⁹³ Margaret R. Higonnet, "Introduction," in *Behind the Lines: Gender and the Two World Wars*, eds. Margaret Randolph Higonnet, Jane Jenson, Sonya Michel, and Margaret Collins Weitz (New Haven: Yale University Press, 1987), 6.

⁹⁴ Margaret R. Higonnet and Patrice L.-R. Higonnet, "The Double Helix," in *Behind the Lines: Gender and the Two World Wars*, eds. Margaret Randolph Higonnet, Jane Jenson, Sonya Michel, and Margaret Collins Weitz (New Haven: Yale University Press, 1987), 35.

⁹⁵ Harold L. Smith, "The Effect of the War on the Status of Women," in *War and Social Change: British Society in the Second World War*, ed. Harold L. Smith (Manchester: Manchester University Press, 1986), 209.

However, as war became more inclusive with participation including an ever-greater cross-section of society, it provided situations and created opportunities which threatened the conventional social mores. For example, Nicoletta F. Gullace, argues that the First World War provided demonstrable evidence of women's capacity to function and contribute to the military sphere. She asserts that 'Women's suffrage was forged in the crucible of war, where both male and female citizenship were increasingly defined and evaluated by the ability to wage war.'⁹⁶ Thus, Gullace is arguing that emancipation is partially a recognition of the need and value of female labour, as the First World War visibly and critically destabilized the alleged biological foundation to the construction of gender. Furthermore, in her work on *Women in the British Army*, Lucy Noakes extends this trend, illustrating how the first half of the twentieth century witnessed a gradual retraction and reconsideration to one of the cornerstones of traditional gender identity: the belief that men go away to fight while women remain at home. The demand for, and utilisation of, female labour in all three arms of military service blurred the formerly distinct boundaries through which the contours of gender could be clearly defined.⁹⁷ The removal of this separation threatened the inherent associations of the civilian to the feminine and the military to the masculine. In so doing, it challenged the underlying principle which dictated that women's 'role in wartime was to symbolise the society for which the men were fighting.'⁹⁸ It is their active and vital participation during periods of conflict which strengthened their claim to full citizenship. In her study of the Special Operations Executive, Juliette Pattinson highlights the significance of gender stereotyping in the depiction of female operatives. During recruitment, preparatory training, deployment, in active service, and even in commemoration, representations of female agents simultaneously challenge and uphold prevailing gender constructs. Having outlined the dangerous and clandestine nature of the work conducted by female and male agents, such as Sonya Butt and Paddy O'Sullivan, press reports sought to immediately reassure the public through stabilising images of these potentially disruptive individuals. The article on Butt and O'Sullivan was accompanied with photographs of female agents sitting in front of a mirror applying make-up and with the concluding statement 'that

⁹⁶ Nicoletta F. Gullace, *'The Blood of Our Sons': Men, Women, and the Renegotiation of British Citizenship During the Great War* (Basingstoke: Palgrave Macmillan, 2004), 4.

⁹⁷ Lucy Noakes, *Women in the British Army: War and the Gentle Sex, 1907-1948* (London: Routledge, 2006), 2.

⁹⁸ Noakes, *Women in the British Army*, 5.

despite undertaking previously male roles in industry and in the services, and being clothed in uniforms and overalls which has a distinct gender tag, [these] women had retained their femininity.⁹⁹ Pattinson demonstrates how the press simultaneously undermined and upheld notions of femininity through their reports on the courage and service of female agents. In aligning the style of media coverage given to the Special Operations Executive with that given to members of the Women's Auxiliary Air Force and female industrial workers, Pattinson highlights a broader trend in the contemporary social discourse surrounding gender. The reaffirmation of the *femininity* of the Special Operations Executive agent, the Women's Auxiliary Air Force recruit, and the female industrial worker, served to reinforce the prevailing social mores. It was an acknowledgement of the extraordinariness of the situation and of the work being conducted by the women in the reports, but also of the temporariness of the transformation. Just as the individual could not completely escape and reject the traditional role and behaviour ascribed to their gender, so society would not permanently abandon the prevailing roles and behaviours it ascribed to men and women. This thesis will contribute to this exemplary scholarship. It will argue that gender disruption on the home front was evident through the experience of military and medical personnel at the auxiliary hospital and convalescent home. Moreover, in the press reporting of events at these institutions there is clear evidence of an inversion to traditional gender stereotypes. In many instances the injured servicemen appear in an emasculated form and are repeatedly depicted in familial roles usually allotted to children. These depictions are loaded with meaning as female members of the nursing staff fulfil a more conventional maternal position within this highly unconventional extended family. Furthermore, this work will highlight how simultaneous to these challenging images, there were substantive representations which served to uphold and promote the innate masculinity of the wounded servicemen. These depictions served to reassure the public of the impermanence of this inversion and the likelihood of an impending return to normality. Concurrently, Penny Summerfield and Corinna Peniston-Bird have explored similar gender disruption through their analysis of the Home Guard. They argue that it was on the home front that gender disruption was most forcibly evident, for it was here, the 'The idea that men should fight, and that women should entrust themselves and their children to men's protection,

⁹⁹ Juliette Pattinson, *Behind Enemy Lines: Gender, Passing and the Special Operations Executive in the Second World War* (Manchester: Manchester University Press, 2007), 3-4.

was both robustly upheld and vigorously challenged'.¹⁰⁰ Similarly, Juliette Pattinson, Arthur McIvor, and Linsey Robb highlight the various ways in which men in reserved occupations understood their wartime contribution and its impact on the construction of their masculine identity. They argue that for many of the men involved 'there seemed to be scant recognition that "doing your bit" did not solely mean military service.' This was in contradistinction to the majority of young men for whom "'to serve" and "to do one's bit" had purely military connotations.'¹⁰¹

Therefore, the study of war and gender has highlighted inconsistencies within the social construction of femininity and masculinity. While traditional conceptions of femininity have been shown to understate the capacity of women to engage in wartime activity, so the equivalent conceptions of masculinity have been shown to overestimate the suitability of men to such scenarios. R. W. Connell discredits any simplistic notion of biological determinism, stating plainly that 'The account of natural masculinity that has been built up in socio-biology is almost entirely fictional.'¹⁰² Within the historiography, much of the focus has been on highlighting and challenging the prevailing assumptions of a militarised form of masculinity. This discussion has largely focused on the fundamental disconnect between constructions of masculinity and the experience of the male body. The male body has been seen as a yardstick reflecting the overall health of the nation and the late-nineteenth and early-twentieth centuries witnessed a growing cultural fascination with it. It was a site of great social, political, military, and religious interest. It was the benchmark of a nation's virility, a symbolic justification for imperial domination, the means through which military success was achieved, and a demonstration of individual and collective morality. J. A. Mangan explains how this period witnessed the 'cultural creation of a self-sacrificial warrior elite – an imperial elite... [conditioned] on the public-school playing fields of the privileged, those important locations of an indoctrination into martial, moralistic manhood with eventually serendipitous global ramifications.'¹⁰³ Much of the scholarly attention dedicated

¹⁰⁰ Penny Summerfield and Corinna Peniston-Bird, *Contesting Home Defence: Men, Women and the Home Guard in the Second World War* (Manchester: Manchester University Press, 2007), 16.

¹⁰¹ Juliette Pattinson, Arthur McIvor and Linsey Robb, *Men in Reserve: British Civilian Masculinities in the Second World War* (Manchester: Manchester University Press, 2017), 103.

¹⁰² R. W. Connell, *Masculinities* (Oxford: Blackwell Publishers, 1995), 47.

¹⁰³ J. A. Mangan, *'Manufactured' Masculinity: Making Imperial Manliness, Morality and Militarism* (London: Routledge, 2013), 126.

to the impact of subsequent conflicts on notions of masculinity relates to the development of this masculine ideal. Jessica Meyer noted how prior to, and during, the early years of the First World War, British social and cultural discourse propagated a vision of the war as a means of 'making men'. Furthermore, war was also believed to be the necessary cure for the ongoing physical and moral degeneracy experienced by vast sections of the working- and middle-class male workforce. It was argued that those demonstrating less-desirable characteristics, and who were unable to summon and express the more desirable traits, were, consequently, more likely to be killed. War would thereby act as a natural means of purifying the nation's male population through its permanent removal of the weak, the sickly, and the effete. These narratives evoked associations 'between participation in warfare and physically and morally virtuous masculinity' and depicted warfare as a purifier of the physical and moral contamination resulting from industrialised urban modernity.¹⁰⁴ In her ground-breaking work *Dismembering the Male: Men's Bodies, Britain and the Great War*, Joanna Bourke powerfully enunciates the transformative impact of the First World War on individual identity and the collective understanding of normative physical masculinity. Highlighting its wider significance, Bourke argues that 'The war magnified the experience of deformity, and the broader reality of disablement in twentieth-century Britain changed dramatically as a result.'¹⁰⁵ Similarly, Seth Koven's work on the disruptive tendency of the war-disabled body illuminates an apparently ambiguous and contradictory affiliation in the representation of two distinctive groups: 'child victims of crippling poverty-related illness at home and adult male victims of the battlefields of Europe and empire.' Koven highlights how these groups demonstrate, in different ways, the social need to forget as well as to commemorate. Through these processes, the individuals become 'dismembered persons in a literal sense but also in a social, economic, political, and sexual sense.'¹⁰⁶ The ramifications of industrial warfare on the physical and psychological integrity of the soldier forced society to reconceptualise what it constituted as normative masculinity. However, the identification of an individual as masculine, or not, was not simply a matter for others to

¹⁰⁴ Jessica Meyer, *Men of War: Masculinity and the First World War in Britain* (Basingstoke: Palgrave Macmillan, 2009), 3.

¹⁰⁵ Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion Books, 1999), 31.

¹⁰⁶ Seth Koven, "Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain," *American Historical Review*, vol. 99, no. 4 (1994), 1169.

judge. Eric J. Leed explores the impact of the First World War on the combatants' sense of self. The identities of returning servicemen were a concern for the men themselves, their families, and society as a whole, as these identities had been 'formed beyond the margins of normal social experience.'¹⁰⁷ Thus, personal reflection and social narratives raised concerns over whether the returning veteran had been 'brutalized or ennobled, infantilized or matured by his war experience'. However, what was not questioned was 'whether a deep and profound alteration of identity had taken place.'¹⁰⁸ The rehabilitation services sought to rebuild the physical and psychological wounds sustained during the war. In her excellent work *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'*, Julie Anderson highlights the prevailing trends in the organisation and development of rehabilitation in Britain. Focusing on the culture of rehabilitation, Anderson illustrates the centrality of corporeal masculinity to its development; in essence, arguing that how the male body is understood and perceived directly impacted the way in which it was treated. Thus, in a society which idealised physical prowess as a hallmark of masculinity, sport and outdoor exercise were shown to be critical components in the successful rehabilitation of wounded servicemen. Therefore, sporting events and demonstrations of the physical robustness of the recovering patients were vital in the reconstruction of the individual's masculine identity. Competitions were organised between patients and staff at auxiliary hospitals and convalescent homes and were widely reported and publicised. These demonstrations were shown to have 'physical and social benefits', as the depicted patients in situations which enhanced and displayed their masculinity. Anderson notes that they were a vital means of maintaining 'their sense of masculinity', while they also provided the men with the opportunity to 'enjoy the company of women.'¹⁰⁹ Thus, rehabilitation is central to the reconstruction of the masculine identity of seriously injured and disabled veterans. This thesis will attempt to extend the existing historiography and align the auxiliary hospital and convalescent home with specialised rehabilitation centres, such as Roehampton. It will demonstrate how images of the recovering servicemen emboldened their physical prowess

¹⁰⁷ Eric J. Leed, *No Man's Land: Combat & Identity in World War I* (Cambridge: Cambridge University Press, 1981), 4.

¹⁰⁸ Leed, *No Man's Land*, 1.

¹⁰⁹ Julie Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'* (Manchester: Manchester University Press, 2011), 64.

through articles and reports on the sporting success and physical capacity of the patients and in doing so, sought to reconstruct a normalised image of masculinity.

The History of Medicine and the National Health Service

The history of medicine is a vast and ever-expanding field of history. It encompasses and encourages an array of historical approaches ranging from the broad chronologically themed studies to the more focused histories of specific individuals, institutions, or innovations. This thesis will predominantly engage with the medical histories of war and the organisational and institutional histories of British public health. Work within the former has frequently illustrated the destructive yet productive relationship between war and medicine. The extraordinary numbers of bodies and cases it provides has repeatedly resulted in significant advancement being made during and immediately after major conflicts. Kevin Brown directly addresses the relationship between public health, medicine, and warfare in his work, *Fighting Fit: Health, Medicine and War in the Twentieth Century*. In emphasising the opportunities and innovations created through the first global war of the century, Brown argues that ‘in many ways the First World War had been a successful one for medicine, whose practitioners had risen to the challenges posed by modern warfare.’¹¹⁰ Mark Harrison expands on this connection summarising the trajectory within his recent scholarly discourse on medicine and war as focusing primarily on two fundamental issues; firstly, the militarisation of medicine, and secondly, the medicalisation of war.¹¹¹ In his work, *Medicine and Victory: Military Medicine in the Second World War*, he adopts an approach aligned with the latter and emphasises the critical importance of medicine to the success of numerous military campaigns. The adherence to medical advice and the implementation of medical procedures by military personnel was integral to their ability to overcome many of the demoralising and debilitating conditions they faced during the Second World War.¹¹² War provided the opportunity for practical, structural, organisational, and institutional

¹¹⁰ Kevin Brown, *Fighting Fit: Health, Medicine and War in the Twentieth Century* (Stroud: The Historical Press, 2008), 64.

¹¹¹ Mark Harrison, “The Medicalization of War – The Militarisation of Medicine,” *Social History of Medicine*, vol. 9 (1996), 267.

¹¹² Mark Harrison, *Medicine and Victory: Military Medicine in the Second World War* (Oxford: Oxford University Press, 2004), 2.

developments within medicine. Mark Harrison, Roger Cooter, and Steve Sturdy have critically engaged with the multifaceted relationship between war, medicine, and modernity. In the introduction to their edited volume, Cooter and Sturdy relate Weberian notions of modernism to the organisational, institutional, and bureaucratic developments evident in the militarised societies during the First World War.¹¹³ This thesis will prioritise an organisational and institutional approach in its analysis of the auxiliary hospital and convalescent home. In so doing, it will critically engage with, and expand on, a number of key works within the historiography. As it has already been noted, hospital architecture has been of considerable significance both to the treatment processes offered at the institution and to the broader aesthetic of its local built environment, and to society at large. Its social significance and cultural meaning have been the focus of a number of studies, including, as has already been mentioned, the work of eminent social historian George Rosen, who conceived of the hospital as a reflection of the society in which it is formed.¹¹⁴ Therefore, it is a valuable signifier of the social mores of contemporary society. The identity and status of the hospital has not been and is not static. The entrenched contemporary perception of the hospital as the primary port of call during times of ill-health or in a medical emergency occasionally leads to a general assumption that it was forever thus. Lindsay Granshaw ably demonstrates that such an understanding is only a relatively recent development, stating that ‘until recent times, most people – especially if ill – would have endeavoured to stay out of hospital. Home was where the sick should be treated: hospitals were associated with pauperism and death.’¹¹⁵ An institutional focus is further evident in Brian Abel-Smith’s thorough and detailed study of the hospitals of England and Wales between 1800 and 1948. Abel-Smith defines the ambition of his work as an analysis of the changing and divergent roles played by the institution of the hospital for physical diseases in relation to the objectives and ambitions of the medical profession.¹¹⁶ Within this professionally-focused assessment of the hospital there is a detailed exploration of the changing organisational and economic structure of the medical service with its subsequent impact on the medical

¹¹³ Roger Cooter and Steve Sturdy, “Of War, Medicine and Modernity: Introduction,” in *War, Medicine and Modernity*, eds. Roger Cooter, Mark Harrison, and Steve Sturdy (Stroud: Sutton Publishing, 1998), 1.

¹¹⁴ Rosen, “The Hospital”, 2.

¹¹⁵ Lindsay Granshaw, “Introduction,” in *The Hospital in History*, eds. Lindsay Granshaw and Roy Porter (London: Routledge, 1989), 1.

¹¹⁶ Brian Abel-Smith, *The Hospitals 1800-1948* (London: Heinemann, 1964), IX.

profession and the patients. Evidence of this economic approach can be seen in his analysis of hospitals in the interwar period. By 1930 a convergence of vast numbers of revenue streams and an array of different insurance provisions combined to create a convoluted system, which contained ‘over 300 different schemes... in different parts of the country.’¹¹⁷ Steven Cherry expands on this economic approach with his analysis of the voluntary hospitals in the years preceding the outbreak of the Second World War. Within his study, Cherry highlights changes to the organisation of medical services and emphasises the evolutionary nature of changes to the status of individual hospitals and the consequential alteration in the means through which these institutions acquired their revenues.

The largely philanthropic approach of the late-nineteenth century came to be replaced in the twentieth century by a situation where the institutions were reliant upon patient payments as ‘a major source of finance.’¹¹⁸ The history of medical provision, prior to the formation of the National Health Service, is one which was continually entwined with the history of philanthropy. Historians of philanthropy have explored its decline and renewal, often in relation to the growth of the welfare state. Frank Prochaska acknowledges the broad social significance of philanthropy, as well as its medical importance to late-Victorian British society. Highlighting how by 1890 the receipts of the thousand largest charities in London exceeded the national budgets of several European countries, Prochaska argues that such ‘a phenomenal growth of charitable funds’ was befitting of ‘a nation which believed that philanthropy was the most effective remedy for its ills.’¹¹⁹ The continued incursion of state services into spheres previously dominated by independent charities led David Owen to conclude that during the 1920s and 1930s there was a growing recognition that the place of philanthropy and the role of philanthropists was changing. He argues that,

When the focus shifted from “the Poor” and what could be done to relieve their distress to poverty and what could be done to abolish it, then it became inevitable that the

¹¹⁷ Abel-Smith, *The Hospitals 1800-1948*, 327.

¹¹⁸ Steven Cherry, “Before the National Health Service: Financing the Voluntary Hospitals, 1900-1939,” *The Economic History Review*, New Series, vol. 50, no. 2 (May 1997), 319.

¹¹⁹ Frank Prochaska, *Philanthropy and the Hospitals of London: The King’s Fund, 1897-1990* (Oxford: Clarendon Press, 1992), 2.

State should intervene more decisively and that the scope of private charity should be correspondingly altered.¹²⁰

However, the importance of philanthropy remained largely undiminished and its affiliation to idealistic notions of national identity endured. This was particularly evident during the two major global conflicts of the twentieth century. In both cases, the British Red Cross Society and the Order of St. John of Jerusalem were amalgamated and attached to various departments of State so that they could act as official auxiliaries to the War Office. The war offered opportunities for charities to fill the inevitable void left by demands placed on state institutions, yet the conscription of men and women into armed and auxiliary services left many philanthropic enterprises without their regular volunteers. Thus, Prochaska argues that war had a complex impact on the effectiveness and opportunities provided to charities in Britain. He stated that 'in general, the war disrupted the work of most charities, killed off others, and promoted a host of new ones.' Therefore, this period is reflective of the wider experience of philanthropy in Britain. The years between 1939 and 1945 demonstrated a trend within the history of philanthropy in Britain; a trend exemplified through 'the process of decline and renewal'. Moreover, it highlighted a persistence within the voluntary sphere and 'reveal[ed] the tenacity of charitable impulses'.¹²¹ This thesis will centralise the role of charitably-organised institutions, such as the auxiliary hospitals and convalescent homes of the Joint War Organisation, in unifying the civilian and military spheres through the communal endeavour to create and maintain medical facilities for the benefit of those injured in service of their country.

Historical discourse on the organisation of medical services in Britain in the twentieth century intuitively pivots around the formation of the post-war National Health Service. It has come to shape not only public health and healthcare provision in Britain, but it has become a defining tenet of British national identity. Yet historians have eruditely argued that the enactment of the National Health Services Act in 1948 did not revolutionise the organisation or the system which preceded. Almont Lindsey, and more recently Charles

¹²⁰ David Owen, *English Philanthropy 1660-1960* (Massachusetts: Harvard University Press, 1965), 525.

¹²¹ Frank Prochaska, *The Voluntary Impulse: Philanthropy in Modern Britain* (London: Faber and Faber, 1988), 81.

Webster, have both defined this transition as an evolution rather than a revolution.¹²² The immediate result of this legislation was not the creation of new hospitals, the training of new doctors, or the provision of new drugs or methods of treatment. The buildings already existed, the doctors were already practicing, and the treatments were already in place. Instead, as Brian Watkin argues, 'in 1948 the most important changes were in the methods of financing health care'. The facilities, personnel, and medicaments being as they were, the use of phrases such as 'the creation of the National Health Service' in relation to the legislation enacted in 1948, 'can be justified only from a legal or administrative standpoint.'¹²³ The transitional rather than transformational nature of the change forces historians to consider the precedent in understanding the consequent. Thus, the development of a complex national medical service during the Second World War is imperative to the subsequent developments in post-war medical provision. As a part of this medical system, the principles which underpinned the running of auxiliary hospitals and convalescent homes were representative of those which permeated throughout the organisation. The esteem placed on individual and institutional efficiency was central to the experience at, and representation of, these locations. Furthermore, it was part of a broader narrative which sought to address the endemic inefficiencies within the existing medical services. As such, the auxiliary hospital and convalescent home, and the wartime Emergency Medical Service, contributed to the conceptualisation and vision of a post-war nationalised health service.

Although the departure from the prevailing system did not mark an organisational or institutional revolution, it did signify a stark ideological shift in the extent to which the government was responsible for the well-being of its citizens. The political and legislative histories of the health service have been explored thoroughly within its historiography. In his political history of the service, Charles Webster adopts an approach taken in a number of other works; that being an assessment of the success and failures of the service. For Webster, political and financial misguidance has ultimately resulted in Bevan's great dream'

¹²² Almont Lindsey, *Socialized Medicine in England and Wales: The National Health Service, 1948-1961* (Chapel Hill: The University of North Carolina Press, 1962), 23; Charles Webster, *The Health Services Since the War. Volume 1: Problems of Health Care and the National Health Service Before 1957* (London: HMSO, 1988), 2.

¹²³ Brian Watkin, *The National Health Service: The First Phase 1948-1974 and After* (London: George Allen & Unwin, 1978), 1.

being ‘translated into [a] disappointing reality.’¹²⁴ Similarly, Jane Lewis adds to this political approach to the history of medical organisation in Britain. She likewise engages with notions of a frustrated medical service unable to fulfil its ultimate ambitions. In her work on community medicine and public health, Lewis argues that a narrowing of the remit and understanding of public health in the years preceding the Second World War were not truly allayed following the creation of the National Health Service. This was despite the extensive statutory powers that were put in place and a clear ambition to do so.¹²⁵ This thesis will highlight the need for greater efficiency at an individual and institutional level. It will connect the local with the national in arguing that the prioritisation of the principles of efficiency and economy at auxiliary hospitals and convalescent homes were part of a wider attempt to develop a more streamlined and functional national medical service.

Nursing

The history of nursing has pivoted around two primary points; firstly, the professional struggle toward certification and an enhanced medical status; and secondly, the role and contribution of the nursing profession in the major conflicts of the nineteenth and twentieth centuries. As a part of the broader medical profession, the wartime history of nurses has largely been obscured and overshadowed by the same myopic focus that repeatedly prioritises the experience of the wounded patient and the combatant over that of the medical practitioner. Carol Acton and Jane Potter have attempted to redress this imbalance through their work on Trauma and Resilience in the Narratives of Medical Personnel in Warzones. They argue that the ‘trauma of those who care for the injured and dying’ has been ‘obscured’ by a historical ‘focus on combatant trauma’.¹²⁶ The silence imposed on medical personnel is not wholly the result of an historical lionisation of the combatant but is also partly due to individual ‘concealment’ and a distinct prioritisation of the patient’s trauma in the personal narratives of the medical professionals themselves.¹²⁷ In seeking to

¹²⁴ Charles Webster, *The National Health Service: A Political History* (Oxford: Oxford University Press, 2002), 2.

¹²⁵ Jane Lewis, *What Price Community Medicine? The Philosophy, Practice and Politics of Public Health Since 1919* (Brighton: Wheatsheaf Books, 1986), 3-4.

¹²⁶ Carol Action and Jane Potter, *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in Warzones* (Manchester: Manchester University Press, 2015), 2.

¹²⁷ Acton and Potter, *Working in a World of Hurt*, 3.

redress this imbalance, Acton and Potter are building on the work of Santanu Das and his comparative study of military and medical experience in the First World War. With a focus on the importance of touch and intimacy to the experience and literary representation of trench- and hospital-life, Das connects the soldier and nurse through their shared participation in this sensory performance. In so doing, he equates experience and offers 'fresh perspectives on certain issues that repeatedly surface in war writings and have become central to contemporary cultural thinking: ideas of space and boundaries, questions of gender and sexuality or the concept of trauma'.¹²⁸ Christine Hallett provides evidence of the self-imposed subjugation of personal trauma from members of the nursing profession during the First World War. Through the perception of their work 'as a process of *containing* trauma', nurses sought to create the safe boundaries 'within which healing could take place'. To enable this containment, Hallett argues that nurses needed to be 'effective, efficient and disciplined', which frequently necessitated the subjugation of compassion so that an emotional separation could be maintained, and professional standards upheld.¹²⁹ In accordance with this scholarship, this work will place equal value on the experience and representation of wounded servicemen and medical personnel. It will argue that as neither a fully military nor a fully civilian space, the converted country house had a contested identity. This fluidity meant that, at different times and in different contexts, the popular representation of the space prioritised the military, medical and civilian participants who lived, worked, and recovered within them. The changing corporate identity of the nursing profession in Britain has been a central component of the historiography. Penny Starns has written extensively on the impact of militarism on civilian and military nursing during and after the Second World War. In her work on *Nurses at War*, Starns contravenes the traditional assertion that 'British nursing developed by adopting a series of professional and educational strategies in order to gain credibility and status', and instead, argues that 'nurses actually turned to the military in order to raise and protect their registered status.'¹³⁰ Furthermore, this wave of militarism permeated the civilian ranks as well as the military ones with Starns emphasising its potency in the transformation of the popular

¹²⁸ Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press, 2008), 6.

¹²⁹ Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009), 16-7.

¹³⁰ Penny Starns, *Nurses at War: Women on the Frontline 1939-45* (Stroud: Sutton Publishing, 2000), XI.

image of the nurse. The adoption of militarist principles eschewed traditional associations with motherhood and denigrated character traits associated with prevailing constructions of femininity. Within this environment ‘the expression of sympathy, tenderness, and compassion, were systematically discouraged, whereas a brisk functional “masculine” approach towards patient care was actively endorsed.’¹³¹ Starns relates this transformation of identity to a wider awakening from within the profession to the limitations resulting from an association with traditional feminine ideals. Conversely, there is a growing awareness of the potential benefits consequent upon an affiliation to the military and the conventional notions of masculinity it embodies. The adoption of a policy incorporating militaristic tendencies by the nursing profession not only served to advance their cause during the Second World War but also enabled them to assist in maintaining the regulated routines and discipline of military life for wounded soldiers recovering in hospital. In overseeing and dictating the daily rituals of male military patients, the nursing staff were inverting the gender hierarchy. This caused tension between the nurse and her patient and frequently resulted in hostility and conflict. Therefore, the hospital ward regularly appears as a site of contest in the testimonies of soldier-patients and nursing staff alike. As part of his analysis of hut culture during the First World War, Jeffrey Reznick focuses on the act of bedmaking as a key cause of dispute on the ward. ‘Hospital beds’, he argues, ‘could often be seen as contested sites between the wounded soldier and the nurse or orderly.’¹³² Ana Carden-Coyne expands the notion of conflict within the ward to incorporate, not only that existing between staff and patient, but also the professional and personal rivalries within and between professions.¹³³ Professional disunity appears prominently within the history of nursing. Brian Abel-Smith’s highly detailed administrative and professional history of British nursing in the nineteenth and twentieth centuries analyses the internal and external disputes which shaped the development of the profession. Both the First and Second World War exacerbated insecurities within the nursing profession with the introduction of large numbers of volunteer and auxiliary nurses to the professional ranks. According to many of

¹³¹ Penny Starns, *The March of the Matrons: Military Influence on the British Civilian Nursing Profession, 1939-1969* (Peterborough: DSM, 2000), 44.

¹³² Jeffrey Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain during the Great War* (Manchester: Manchester University Press, 2004), 71.

¹³³ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford: Oxford University Press, 2014), 314.

the registered nurses, the lack of clear differentiation in the public mind between the professional and the volunteer denigrated a profession which had long sought to enhance its status within the medical field. Furthermore, a general class disparity in the members of these respective groupings further undermined institutional cohesion.¹³⁴ This thesis will add further support to this argument as the testimony and reminiscences of nurses and medical personnel will be utilised to show the professional and personal conflicts which marred and shaped the experience of many nurses working within the voluntary and professional ranks during the Second World War. Thus, Abel-Smith will be shown to be apt in his conclusion that 'The VADs had been a cause of friction in the First World War; the new Reserve created similar difficulties in the Second'.¹³⁵

Methodology

Cultural historians researching the history of built structures and environments employ a variety of approaches in their attempts to understand and reflect the changing social and cultural importance of the sites. In his work on expositions at the turn of the twentieth century, Geppert utilised a spatial-historical approach to demonstrate the real and imagined impact of these cultural phenomena. On a practical level, the exposition is understood through its impact on the surrounding built environment. The 'spatial repercussion' of the event is evident through the resultant physical changes to the local architecture and in the development of the immediate environment. It is a mode of analysis which attempts to understand history 'as a series of spaces, rather than a single, seamless narrative'.¹³⁶

Concurrent with its physical spatial repercussion, the imperial exposition is shown to propagate and perform a variety of representational and symbolic functions. It was simultaneously a part of the exhibiting city, but also separate from it. It sought to represent and reflect the locality, the nation, and the empire. In doing so, 'strategies of representation and layers of meaning overlapped' creating condensed 'spaces of modernity'.

Understanding how these spaces were formed and why certain representational messages were adopted provides vital 'insights into the ways in which modernity was created and

¹³⁴ Brian Abel-Smith, *A History of the Nursing Profession* (London: Heinemann, 1961), 162.

¹³⁵ Abel-Smith, *A History of the Nursing Profession*, 162.

¹³⁶ Geppert, *Fleeting Cities*, 4.

displayed, consumed and disputed'.¹³⁷ Geppert's approach provides a useful grounding for the study of the country houses and stately homes of Britain. By the mid-twentieth century country houses were firmly entrenched within the burgeoning heritage sector, transforming their cultural identity and national significance. They were spaces which simultaneously embodied the locality and the individuality of their current and former owners; the values and virtues of the nation; and in certain cases, the empire and the changing relationship between Britain and her colonies. In a 1950 article from *Country Life* magazine, Christopher Hussey wrote,

The majority of English country houses are not really comparable with continental counterparts. The ideals and ways of life that they express, though superficially similar, differed so radically from those of France or Italy, for example, that they have to be accepted as *sui generis*. In England, it is remarkable... in how many instances their undertakings were adaptations, more or less ingenious, of older buildings, and frequently were left uncompleted. It is surprising that this piecemeal approach to building – which was later condoned as something of a virtue by the national relish for the picturesque and romantic – should have produced so many stately results as it did. It happened so regularly, however, as to be recognizable in retrospect as a national characteristic – counterpart to the evolutionary course of our constitutional history.¹³⁸

In her work on *Country Houses and the British Empire*, Stephanie Barczewski highlights the connection and importance of country houses, such as Osterley in West London, in reflecting the contemporary and prevailing attitude towards empires and colonies. Barczewski argues that the labelling of the bell-pull system at Osterley as the 'Indian Room' potentially reflects both the participation of a family member 'in imperial commerce, administration or defence', as well as 'a more general reflection of the presence of the British Empire in contemporary culture.'¹³⁹ Thus, the country house should be perceived as a structural palimpsest layered with numerous identities and meanings ranging from the local

¹³⁷ Geppert, *Fleeting Cities*, 4.

¹³⁸ Christopher Hussey, "Syon House, Middlesex," *Country Life* (December 1st, 1950), 1873.

¹³⁹ Stephanie Barczewski, *Country Houses and the British Empire, 1700-1930* (Manchester: Manchester University Press, 2014), 2.

to the imperial. Furthermore, during the Second World War the loan and requisition of many private country houses resulted in their structural and aesthetic adaptation. To meet the needs of their wartime function, these properties were reconfigured with modern temporary structures frequently added as extensions to the existing premises or as stand-alone buildings erected alongside the historic monument. The change of use and the addition of new temporary structures transformed the identity and aesthetic of the property. As Clough Williams-Ellis remarked, this change could be catastrophic and permanent with the British Army often reducing 'them to virtual ruin.'¹⁴⁰ However, in many cases the physical and practical change served to cement their position as central components of the collective national inheritance. They were perceived to be a means through which citizens and visitors could connect to a prescribed collective heritage; a vision which remains true to this day.¹⁴¹ Ludmilla Jordanova highlights the problems associated to this mode of displaying and engaging with history,

Visitors are entering a world as close as possible to the 'original', and thereby their fantasies about the past are engaged. Yet, it hardly needs saying, the very notion of an original state is problematic. Houses evolve; there is unlikely to be one single time that they genuinely evoke, although the period of the main building plays an important part in perceptions of the whole. Displays tend to gloss over such questions, so that the main effect, from the point of view of visitors, is of unspecified historical "authenticity".¹⁴²

The problematics of authenticity or historicity in the displaying of these sites does not devalue their importance for the purposes of this thesis. It is the reasons for this myth-making that is of interest and understanding why they came to prominence as symbols of nationhood during the Second World War and continued to flourish in its aftermath that will be the focus of this work. Thus, the thesis will adopt a spatial-historical approach akin to

¹⁴⁰ Robinson, *Requisitioned*, 12-3.

¹⁴¹ English Heritage employs this notion of connection through visitation in much of their current promotional material. Phrases such as 'live and breathe the story of England', 'step into England's story', and 'experience the story of England where it really happened' imply that through attending their sites, the visitor will experience a connection to the national history that otherwise could not be had.

¹⁴² Ludmilla Jordanova, *History in Practice* (London: Hodder Arnold, Second Edition; 2006), 131.

Geppert. However, it will also incorporate elements of a more conventional cultural historical approach. In his explanatory work on cultural history, Peter Burke elucidates specific commonalities shared by cultural historians. One of these areas of common ground relates to ‘a concern with the symbolic and its interpretation.’¹⁴³ With a firm interest in the symbolic significance of country houses and stately homes, this thesis sits comfortably within Burke’s cultural-historical boundaries. Moreover, it will utilise an array of cultural sources, such as newspapers, magazines, journals, and periodicals to garner a firm perception of the broader discourse surrounding these key cultural sites. It will also prioritise the narratives of those individuals who lived, worked, and recovered within the converted institutions. Letters, notes, autograph books, published and unpublished memoirs, as well as interviews and reminiscences will be used to demonstrate the centrality of these temporary alternative spaces to the wartime experience of patients and medical staff alike. The research conducted for this thesis required visitation to a number of country houses and regional archives including the archives at Hatfield House, the Kent County Council Library and Heritage Centre in Maidstone, Herefordshire Records Office, and the Berkshire Records Office in Reading. Furthermore, it also necessitated visits to larger national archives including the British Library, the National Archives, the Imperial War Museum, and the British Red Cross Archive. Finally, consultation was made with a variety of digital repositories including the British Library Newspaper Archive, Hansard Parliamentary Archive, the Archive of the Royal Army Medical Corps, the British Medical Journal Archive, and the Mass Observation Archive.

It should be noted that I found there to be limitations in the range of source material, and this is reflected in my prioritisation of newspaper reports, letters, personal correspondence, and published and unpublished memoirs. The improved organisation of medical treatment during the Second World War, with the creation of an Emergency Medical Service meant that servicemen wounded during this conflict enjoyed ‘a better chance of recovery than any fighters in the history of military medicine.’¹⁴⁴ Moreover, advancements in the treatment process and an improved understanding of effective rehabilitation techniques meant that the sick and injured were spending less time in

¹⁴³ Peter Burke, *What is Cultural History?* (Cambridge: Polity, Second Edition, 2008), 3.

¹⁴⁴ Jane Stafford, “Aid for the Wounded”, *The Science News-Letter*, vol. 45, no. 25 (June 17th, 1944), 390.

recovery than had previously been the case. In November 1944, Howard A. Rusk noted that a recent study into the treatment of pneumonia demonstrated the effectiveness of modern methods of rehabilitation. It contrasted the experience of two parallel test groups. The first group, who were 'permitted to follow normal convalescence in the undisturbed routine fashion averaged forty-five days of hospitalization with a 30 per cent recurrence rate.' The second group, who were put into 'a convalescent training program of graduated physical reconditioning, averaged thirty-one days of hospitalization with but a 3 per cent recurrence rate.'¹⁴⁵ Furthermore, changes to the style of fighting in the Second World War also meant that the number of military casualties was reduced when compared to the First World War. The types of injuries sustained by the casualties were also quite different. All of which contributed to a reduced average length of time spent in institutions such as auxiliary hospitals and convalescent homes. Consequently, certain types of source material which relied upon individuals spending extended periods of time in one location, were produced in far fewer instances during the Second World War than they had been in the First. For instance, hospital magazines, which provided a vital outlet for wounded personnel during the First World War and which offered historians a vital insight into the experience of convalescence during this conflict, are fewer in number and less readily available to historians of the Second World War. Hospital publications can be found at certain larger and more well-established institutions, such as the hospital at Stoke Mandeville and St. Dunstan's. However, the smaller and less permanent hospitals, which are primarily the focus of this thesis, do not appear to have produced magazines to the same extent. The shortening of the convalescent period and the creation of permanent specialised hospitals meant that sick and injured servicemen did not remain in the smaller converted auxiliary hospitals and convalescent homes for prolonged periods. Thus, the regularity and permanence needed for the formation of an institutional culture within the patient population did not occur with the same frequency in the Second World War as it had done during the First. Therefore, this thesis has relied extensively upon the more limited source material available.

¹⁴⁵ Howard A. Rusk, "The AAF Convalescent Training Program: The Role of the Nurse," *The American Journal of Nursing*, vol. 44, no. 11 (November 1944), 1052-3.

Chapter Outline

The key questions this thesis will seek to address are as follows: firstly, it will analyse the popular representation and cultural construction of the country house and how their wartime conversion impacted the ways in which they were perceived; secondly, it will assess to what extent the country house became a military space; thirdly, it will assess to what extent it became a medical space; fourthly, it will examine the impact of philanthropy and the act of donation on the relational dynamics within these institutions and assess the ways in which charitable status of these institutions shaped their depiction in the popular press; and finally, it will explore the ways in which domesticity shaped life at the converted country house and to what extent this impacted the masculine image of the patients. These questions will be explored throughout the thesis and the analysis will be included within the following chapter outline.

Chapter one explores the prevailing understanding of the city, the countryside, and the country house. The 1930s and 1940s were a transitional period in the popular perception of the city and the country. The expansion of the rail network and the standardisation of time transformed the speed and scale of warfare in the late-nineteenth and early-twentieth centuries. It enabled vast armies to be mobilised and transported quickly, effectively, and remotely. The developments in aeronautical technology in the 1920s and 1930s completed what the expansion of railways had started; the annihilation of space and the security formerly provided by geographic isolation. The urban metropolis was particularly vulnerable to this new mode of warfare. Political and social commentators gloomily predicted the catastrophic ramifications of the next major war in Europe on the cities of the combatants and the lives of its occupants. It will be shown that this widespread anxiety shaped the image of the city during the interwar period. The countryside has conventionally been defined in opposition to the city. Therefore, with an image portraying the city as threatening and inherently unsafe, the image of the country was simultaneously idealised as safe and benevolent. It will be shown that the development of anti-industrial movements in the late-nineteenth and early-twentieth centuries culminate in the interwar period. Medical, social, and cultural discourse emphasised the importance of the British countryside in aiding public health, in providing popular entertainment, and in reforming a national identity after the First World War. This thesis will argue that the convergence of

these narratives fostered an idealised image of rurality which underpinned and upheld the popular representation of the auxiliary hospital and convalescent home. Finally, this section will highlight the growing centrality of the country house within the burgeoning heritage marketplace. The economic threats posed in the aftermath of the First World War endangered many of Britain's large and historic private residences. Social changes in employment and aspiration, agricultural depression, and the imposition of death duties contributed to destabilising the cultural climate on which the larger estates depended. With the sale and destruction of numerous grand country houses, preservationist movements garnered support and focused the collective mind on protecting these historic monuments. Therefore, the 1930s witnessed an elevation in the cultural value placed on these properties and it is within this context that their requisition, conversion, and utilisation during the Second World War will be considered.

The second chapter in the thesis will explore the medicalisation of these converted homes. Initially, it will highlight the role played by the natural environment in legitimising the medical value of the institution. Social and medical discourse advocated the physical and psychological benefit of controlled exposure to the natural environment. Sunlight, fresh air, open space, and a rural way of life provided the foundation for a variety of social and cultural movements during the interwar period. This chapter will demonstrate the extent to which a belief in the restorative virtue of the natural environment underpinned the design, practice, and image of the auxiliary hospital and convalescent home. It will highlight the importance of its location and setting in justifying its medical suitability; the ways in which the architectural design of the new structures were moulded by the modernist movement's fascination with light, air, and openness; the frequent utilisation of the outdoors as part of the treatment regimen; and the use of the countryside as a visual background in the popular representation of full-restored servicemen. The second part of this chapter will explore the medicalisation of the internal space. It will spotlight the prioritisation of efficiency and economy in the restoration of wounded servicemen. These virtues permeated all areas of work, and all visions of life at the converted country house. They were used to demonstrate the modernity of the facilities and equipment, the proficiency of the professional and voluntary staff, and the effectiveness of the rehabilitative process. It will be shown how an emphasis on occupational therapy and the products of patient labour, in the popular

depiction of the auxiliary hospital and convalescent home, reaffirmed the current and future value of the institution. In producing and selling products of good quality, the patients were demonstrating their capacity for useful labour. In doing so, they were fulfilling a core tenet of their prevailing gender construct and thereby proving themselves capable of future economic independence and self-reliance.

The militarisation of the converted country house will be the focus of the third chapter. It will highlight how the wartime function of these properties resulted in a militarised identity forming around the institution. The principles which underpinned this transformation were evident in the way the space was designed, experienced, and represented. This chapter will initially highlight how segregation and surveillance were primary to the design and layout of the reformed home. In creating a space which separated men from officer classes from those of lower ranks, the auxiliary hospital and convalescent home were replicating the strict hierarchic structure of military life. Furthermore, the importance of surveillance will be demonstrated through the experience of staff and patient alike. The medical wards were usually designed and laid out in a way which enabled the matron or senior sister to monitor all the beds within her ward from any point in the room. This served a dual purpose. It had a clear medical benefit, as being able to see all the patients in the ward quickened the response time of the nursing team should an emergency occur. However, it also allowed the nursing team to monitor and control the behaviour and routines of the patients and the junior members of staff more effectively. The prioritisation of discipline and control was a key component of the militarisation process and was reflected in the hierarchic relationships that frequently formed within the institution, as well as in the newly constructed architecture of the building. Finally, the chapter will explore the ways in which the militarisation of the country house shaped the popular representation of the injured and recovering patients. It will highlight the historic importance of sport to the formation of martial esprit de corps. Moreover, it will demonstrate the frequency with which sport was utilised as a means of demonstrating the military value of the institution and the extent to which the individual patients had recovered their former masculinity.

The public nature of the converted country house will provide the focus for chapter four. It will highlight how simultaneous to its embodiment of privacy and domesticity the converted country house was also a public place. This identity will be explored through the

lens of collective ownership. Changes in the focus and priorities of the National Trust in the 1930s reflected similar changes to the broader public focus. The interwar period witnessed a significant increase in the numbers of people using and visiting the countryside for recreational and cultural pursuits. The growing availability of motorcars to a wider section of the population and a continued expansion to the rail network allowed urban and suburban residents the opportunity for daytrips and weekend visits to the countryside. The opportunities and challenges this posed contributed to a heightening in awareness of the importance and value of the rural environment and the traditional embodiments of its way of life. Thus, this section will argue that under the threat of urban destruction and in light of a prevailing popular interest, the countryside represented a safe and stable vision of British national identity during a divisive and disruptive Second World War. The country house was central to this idealised image. It provided a focus for the preservationists during the interwar period with these monuments becoming the centrepiece of a collective rural inheritance. The chapter will argue this centrality continued throughout the war offering fruitful representational and symbolic currency to messages of unity and egalitarianism.

Chapter five will offer a counterargument to the preceding chapter, demonstrating once more the duality inherent within the spatial identity of these alternative spaces. It will explore the notions of domesticity, familiarity, and intimacy and how they impacted the appearance and experience of life within the institution. The residue of domesticity will be shown to play a vital role in the enduring spatial identity of the property. The concept of a home of healing will be centralised in the contemporary popular representation of the auxiliary hospital and convalescent home. Artefacts of everyday life were used to validate the inherent medical value of the property. For many of the homeowners who elected to remain at their residence, co-habitation resulted in a greater involvement in the lives of the patients. They provided care and comfort to many of the wounded patients and the nature of the relationship which resulted was one built upon strong emotional bonds and a familiarity that transgressed social class and status. This chapter will demonstrate how these personal connections were formative to the experience of many wounded servicemen. Within the relationship between the property-owner and the patient, a clear hierarchic pattern emerged with the former performing a paternal role and the latter playing the part of the child or junior. As traditionally female-dominated spaces, the country house and

stately home upheld a matriarchal hierarchy which undermined the gendered social status of the male patients. Thus, the final section of the chapter will highlight how the domestic nature of the space created an environment which emasculated the patient. The popular representation of the auxiliary hospital and convalescent home prioritised the innocent and childlike standing of the patients, emphasising their day-to-day reliance on the largely female nursing staff, and frequently the female head of the household.

Chapter 1: The City and the Country

As its name suggests the country house is geographically connected to its wider situation. It is incontrovertibly situated within a rural landscape and has become a fundamental constituent in popular representations of country life. Therefore, the identity of the country house is directly and intricately connected to the identity of the countryside. Understanding what the countryside represented and means to the local and national community is pivotal to understanding the importance of the country house. The city and the country are geographic locations defined in opposition to one another. The synergy of this binarism means that invariably a shift in the conceptualisation of one, results in a change to the other. Thus, as one site is elevated, the other is invariably denigrated. However, the simplicity of this explanation belies the complexity of the broader understanding of each term. The city and the country are loaded with layers of cultural meaning. They are responsive and adaptable to changes in the social fabric and reflect contemporary attitudes. Raymond Williams highlights some of the associations attached to each location,

On the country has gathered the idea of a natural way of life: of peace, innocence, and simple virtue. On the city has gathered the idea of an achieved centre: of learning, communication, light. Powerful hostile associations have also developed: on the city as a place of noise, worldliness, and ambition; on the country as a place of backwardness, ignorance, limitation.¹⁴⁶

These characteristics are often attached to the occupiers of each location, giving the site powerful relevance over the individual and collective identity of the community and the nation. This chapter will explore the impact of total war on the popular understanding of the city and the country in Britain. The twentieth century witnessed the terrifying realisation of fictitious scenarios of complete urban destruction. As war became industrialised, so the

¹⁴⁶ Williams, *The Country and the City*, 1.

focus of the enemy's gaze shifted from the soldier and the military front to the civilian and the key sites of industrial production. The age of total war focused military targets onto civilian populations in an effort to demoralise the work force and destroy the means of production essential to maintaining a war economy. Thus, the catastrophic scenarios which appeared fantastical to readers of early-twentieth century science-fiction, were by the 1930s, plausible, expected, and demonstrable realities of current conflicts and anticipated aerial wars of the future. War dominated the national mindset throughout the interwar years. In 1941 the poet Hubert Nicholson summarised the 1920s and 1930s in relation to the two major conflicts that bookended the period. Therefore, 'The Twenties were post-war', while 'The Thirties were pre-war'.¹⁴⁷ This chapter will explore the connective identities of the city and countryside during this uncertain period. It will highlight how the threats posed by new modes of warfare undermined and encouraged certain threads in the prevailing narratives relating to urbanity and rurality. Progressive visions of the city as a positive symbol of modernity were undermined by anti-industrial sentiment and widespread social anxiety surrounding its vulnerability to aerial attack. Conversely, the image of the countryside as a diminished, anti-modern relic was transformed. Medical and cultural discourse depicted an organised and managed rurality; inherently restorative, beneficent, and combative of the physical, emotional, and moral regress wrought by unhealthy urban environs and the spread of industrial practices. It will argue that changes to its wider environment concurrently altered the popular representation and cultural understanding of the country house.

'Death from the Sky': Fear of the Bomber and the Image of the City

And it came to him suddenly as an incredible discovery, that such disasters were not only possible now in this strange, gigantic, foreign New York, but also in London – in Bun Hill! That the little island in the silver seas was at the end of its immunity, that nowhere in the world any more was there a place left where a Smallways might lift his

¹⁴⁷ Richard Overy, *The Morbid Age: Britain and the Crisis of Civilization, 1919-1939* (London: Penguin Books, 2010), 2.

head proudly and vote for war and a spirited foreign policy and go secure from such horrible things.¹⁴⁸

(H. G. Wells, *The War in the Air*, 1908)

In his fictional work, H. G. Wells foresaw the spatial and psychological ramifications of weaponised aircraft. This form of weaponry was not restricted by the same obstacles that hindered conventional land-based military vehicles. Geographic boundaries and physical distance no longer provided reassuring separation from potential attackers. Moreover, the vastness of the space open to aircraft in comparison to that of land or water-based vehicles meant that defending against this form of attack was far more difficult. These technological advancements had a dramatic impact on the ideology of the city and the experience of urban life. With the advent of total war in the twentieth century, traditional military conventions were largely disregarded. Civilian populations and the means of industrial production became the focus of enemy attacks in an attempt to demoralise the population and disrupt its ability to sustain the exhaustive fighting. The modern city was not only a political, economic, and industrial centre, but was also of cultural and symbolic significance. The built environment was a physical demonstration of the vitality and virtuosity of its population; it is a status symbol and as such it is often vital to the self-representation of its people. Therefore, it offers considerable reward as a military target. Markus Funck and Roger Chickering acknowledge the transformation in military strategy incumbent with this style of warfare. With conflict becoming more industrialised, ideological, and centrally organised, 'cities were transformed into the pivots of military violence in Europe'.¹⁴⁹ This change in focus fundamentally altered the civilian experience of war. The ideological distinction between the military and the civilian became blurred when warfare relies on the labour and continued production of the civilian sphere. Simple denotations of the military as a protector of the civilian were complicated by the synonymous dangers faced by both. Gender and social norms were, thereby, undermined as individuals were forced into situations antecedent to the prevailing social mores. Thus, Roger Chickering and Stig Förster

¹⁴⁸ H. G. Wells, *The War in the Air: And Particularly How Mr Bert Smallways Fared While it Lasted* (London: George Bell & Sons, 1908), 150.

¹⁴⁹ Funck and Chickering, "Introduction", 3.

are apt to conclude that the definitive thread connecting examples and experiences of mass-industrialised warfare is its blurring of ‘distinctions between home and front, between civilians and soldiers.’¹⁵⁰ Within this new form of conflict, every city was potentially a target and thereby a potential battlefield. As such, they remained civilian spaces dictated by the demands and practices of everyday life. Yet there was a necessary military dimension to their continued existence with certain behaviours and routines necessarily altered to country the impending threat. The tension and ambiguity this created was evident through the contradictory representations of these newly militarised alternative spaces. Louise Purbrick argues that the result of this kind of urban warfare is that the cities themselves inevitably become contested ‘as they are sites shaped by conflict that continue to contain its different and opposing interpretations.’¹⁵¹ Thus, the spatial identities of buildings, cities, and regions are layered with additional meaning as they are affected by and utilised in pursuit of military success.

The ascription of light, learning, ambition, and communication to conceptualisations of urbanity were not constant nor universal. They were negotiable and dependent on individual experience and interpretation, therefore, running alongside a narrative which aligns the city with a positivist understanding of modernity, is a simultaneous stream which perceived the modern city as inherently damaging and dangerous. This narrative prioritised the unhealthy surroundings of urban working-class communities and the endemic environmental diseases which plagued these beleaguered enclaves.¹⁵² The city was dirty, damaging, and dangerous to physical, psychological, and moral wellbeing. This version of urbanity is embodied in Jean Jacques Rousseau’s vision of the city as a ‘devourer of human beings’.¹⁵³ Rousseau’s monstrous vision was further exacerbated by growing public and political concern surrounding the vulnerability of the modern city following the expansion of rail networks across continental Europe. This process transformed the contemporary understanding of space and time and in doing so garnered support for anti-industrial urban

¹⁵⁰ Goebel and Keene, “Towards a Metropolitan History of Total War”, 4.

¹⁵¹ Louise Purbrick, “Introduction Sites, Representations, Histories,” in *Contested Spaces: Sites, Representations and Histories of Conflict*, eds. Louise Purbrick, Jim Aulich and Graham Dawson (Basingstoke: Palgrave Macmillan, 2007), 1.

¹⁵² Simon Carter, “Leagues of Sunshine: Sunlight, Health and the Environment,” in *Environment, Health and History*, eds. Virginia Berridge and Martin Gorsky (New York: Palgrave Macmillan, 2012), 95.

¹⁵³ Markou, “Military Thinking and the Urban Question”, 40.

sceptics who spotlighted not only the physical and moral degeneration resultant upon exposure to the unhealthy urban environment but also the military ramifications of the newly implemented transportation network for urban populations. In an article from the 1839 edition of the *Quarterly Review*, this change is reported in an apocalyptic fashion. It argued that the invention and implementation of modern rail networks represented ‘the gradual annihilation, approaching almost to the final extinction, of that space and of those distances which have hitherto been supposed unalterably to separate the various nations of the globe’.¹⁵⁴ The controverting of perceived elemental truths was disquieting for communities and locations whose stability and security was based on this immutable geographic separation. The article accelerated this contraction of space, drawing ‘the whole population of the country... to the fireside of their metropolis’. The conclusion of this vision was a nation concentrated and contracted into ‘one immense city.’¹⁵⁵ Thus, the railroad had a direct impact on perceptions of urbanity and nationhood. Manifest in the article is a perceived closeness in conceptions of the city and the state with the former being, in essence, a miniature version of the latter. Furthermore, this air of disquiet was further evident in Emile Zola’s vision of the city and the railway in his 1890 work *The Human Beast*. Conjuring an updated version of Rousseau’s *devouring city*, Zola depicts a man-made monster sprawling across the country: ‘it was like a huge body, a gigantic being lying across the earth, his head in Paris, his vertebrate all along the line, his limbs stretching out into branch lines, with feet and hands in Le Havre and other terminals.’¹⁵⁶ The enhanced connectivity of urban locations and the reduction to the time needed to make these journeys fostered widespread public concern about the potential military utility of the new technology. After the unveiling of the line connecting Paris with Rouen and Orleans in 1843, Heinrich Heine underscored the transformative power of the railway, comparing it with the inventions of gunpowder and the printing press. Writing with a ‘tremendous foreboding’ for its military potential, Heine concluded:

¹⁵⁴ Schivelbusch, *The Railway Journey*, 34.

¹⁵⁵ Schivelbusch, *The Railway Journey*, 34.

¹⁵⁶ Stephen Kern, *The Cultural of Time and Space 1880-1918* (Massachusetts: Harvard University Press, 1983), 213.

What changes must now occur, in our way of looking at things, in our notions! Even the elementary concepts of time and space have begun to vacillate. Space is killed by the railways, and we are left with time alone... Now you can travel to Orleans in four and a half hours, and it takes no longer to get to Rouen. Just imagine what will happen when the lines to Belgium and Germany are completed and connected up with their railways! I feel as if the mountains and forests of all countries were advancing on Paris. Even now, I can smell the German linden trees; the North Sea's breakers are rolling against my door.¹⁵⁷

The stability and security found in geographic separation was threatened by the introduction of the railroad. Aware of its utility in wartime, military strategists were quick to highlight its innate value to a nation's martial ambitions. In his 1885 text on the strategies of modern warfare, the French General Victor Derrécagaix affirmed its usefulness to the effective waging of war. He argued that it was a primary concern of the combatant nation 'to cover its territory with a network of railways which will ensure the most rapid possible concentration.'¹⁵⁸ Moreover, its vital importance to the effective mobilisation of men and to maintaining the concentration of manpower on the battlefield led to the Prussian General Moltke declaring 'Build no more fortresses, build railways'.¹⁵⁹ Its military importance culminated with its complicity in the rationalised slaughter of the First World War. An observer of the French mobilisation noted the impossibility of organising and moving such large numbers of men without a reliable and standardised means of transportation: 'Each unit, once completed and fully equipped, must be ready to proceed on a given day at the appointed hour to a pre-arranged destination in a train awaiting it, which in its turn must move according to a carefully prepared railway scheme.' The observer concluded, that 'No change, no alternation is possible during mobilization. Improvisation when dealing with nearly three million men and the movement of 4,278 trains, as the French had to do, is out of the question'.¹⁶⁰ Warfare on such a grand scale could not have occurred without a modern, standardised means of transportation; a notion supported by Daniel Pick who

¹⁵⁷ Schivelbusch, *The Railway Journey*, 37.

¹⁵⁸ Kern, *The Culture of Time and Space*, 269.

¹⁵⁹ Kern, *The Culture of Time and Space*, 269.

¹⁶⁰ Kern, *The Culture of Time and Space*, 269-70.

succinctly noted that 'in 1914 the world went to war according to mobilisation timetables facilitated by standard time.'¹⁶¹ The railway 'ended the sanctuary of remoteness' in continental Europe and in doing so fundamentally altered the identity of the city.¹⁶² It created an unease and a sense of vulnerability at the annihilation of previously immutable geographic truths. In connecting urban locations to one another, it removed the security formerly provided by the physical distance which separated them. In response to this development, visions of the city incorporated the popular unease in monstrous depictions of a sprawling giant. Furthermore, the successful military application of the railway allowed for combat on an unprecedented scale. Thus, when weaponised aircraft were developed during and after the First World War the security provided by physical separation and geological boundaries was removed entirely. It reduced the time needed to cross large distances and enabled attacking forces the opportunity to inflict catastrophic levels of destruction without the need for vast armies of men. Therefore, it was during this period that public and political anxiety surrounding the vulnerability of the city reached its zenith.

Aerial attacks on urban and civilian locations occurred during the First World War when German zeppelin airships carried out sporadic air raids on Britain. These attacks were greeted with derision as they targeted civilian locations and highlight the vulnerability of these communities to such attacks. An article in *The Times* sternly criticised the German high command for abandoning international military convention and engaging in what it perceived to be a barbaric military practice,

As for the gross violation of international law implied by dropping bombs upon undefended towns and villages, that is now an old story. The German Government and the German people alike have made it clear... to the whole world that they are ready to commit any outrage... They practise ruthless and inhuman destruction of the weak and helpless... we are confronted with a recrudescence of brutality such as the world has not witnessed for a thousand years...¹⁶³

¹⁶¹ Daniel Pick, *War Machine: The Rationalisation of Slaughter in the Modern Age* (New York: Yale University Press, 1993), 169.

¹⁶² Kern, *The Culture of Time and Space*, 213.

¹⁶³ "The Air Raid in Norfolk," *The Times* (January 21st, 1915), 9.

At the core of the criticism was a rejection of the abandonment of established military convention. The separation of civilian home and military front was directly undermined in a campaign which concerted focus on civilian locations. The targeting of domestic space transforms the understanding and implication of the architecture and practice of day-to-day life. Private homes, places of work and leisure, and spaces broadly associated with safety and security were transformed into hazardous and potentially perilous participants in the aerial assault. The auxiliary nurse Cicely Hamilton described her experience of life under bombardment during the First World War. She explained how this new mode of weaponry transformed the spatial understanding for those under attack,

I remember thinking... that here was a phenomenon unknown to the wars whereof history tells us. In the old wars' men sheltered behind walls and found safety in numbers... But in our wars, the wars of the air and the laboratory, the wall, like enough, is a trap that you fly from to the open, and there is danger, not safety in numbers – the crowd is a target to the Terror that strikes from above. All the country, nightly, was alive with men and women who, in obedience to the principles of the new warfare, had fled from the neighbourhood of the target – the town – and scattered in small groups that they might be ignored and invisible... [W]hat we saw was but a promise of terror to come.¹⁶⁴

Evident in Hamilton's recollection was the unprecedented nature of this new mode of combat and its direct impact on the way in which those under attack viewed and interacted with their surroundings. The convention of finding safety under shelter is reversed. Physical structures no longer protect and instead security is sought through open space. Therefore, the town and the city represented the pinnacle of danger in this form of warfare. The experience of these attacks contributed to a growing pessimism which ultimately pervaded popular and political discourse throughout the interwar period. The vulnerability of the city

¹⁶⁴ Susan R. Grayzel, "A Promise of Terror to Come': Air Power and the Destruction of Cities in British Imagination and Experience, 1908-39," in *Cities in Battlefields: Metropolitan Scenarios, Experiences and Commemorations of Total War*, eds. Stefan Goebel and Derek Keene (Farnham: Ashgate Publishing, 2011), 47.

and the peril faced by its citizens dominated discussions about potential future conflict. In the House of Commons debate on November 10th, 1932 the former Prime Minister Stanley Baldwin gave voice to the growing political fatalism. In expressing his personal concern for the safety of Britain's urban population, Baldwin coined a phrase which reflected the national mood,

These feelings exist among the ordinary people throughout the whole civilised world, and I doubt if many of those who have that fear realise one or two things with reference to its cause. One is the appalling speed which the air has brought into modern warfare. The speed of air attack, compared with the attack of an army, is as the speed of a motor car to that of a four-in-hand and in the next war you will find that any town which is within reach of an aerodrome can be bombed within the first five minutes of war from the air, to an extent which was inconceivable in the last war, and the question will be whose morale will be shattered quickest by that preliminary bombing? I think it is well also for the man in the street to realise that there is no power on earth that can protect him from being bombed. Whatever people may tell him, the bomber will always get through, and it is very easy to understand that, if you realise the area of space. I said that any town within reach of an aerodrome could be bombed. Take any large town you like in this island or on the Continent within such reach. For the defence of that town and its suburbs, you have to split up the air into sectors for defence. Calculate that the bombing aeroplanes will be at least 20,000 feet high in the air, and perhaps higher, and it is a matter of simple mathematical calculation – or I will omit the word “simple” – that you will have sectors of... tens or hundreds of cubic miles. Now imagine 100 cubic miles covered with cloud and fog, and you can calculate how many aeroplanes you would have to throw into that to have much chance of catching off aeroplanes as they fly through it. It cannot be done, and there is no expert in Europe who will say that it can. The only defence is in offence, which means that you have to kill more women and children more quickly than the enemy if you want to save yourselves.¹⁶⁵

¹⁶⁵ *HC Debates* (November 10th, 1932), vol. 270, col. 632.

The language used in Baldwin's speech was reminiscent of that used in the earlier responses to the railway. It was the capacity of this new technology to destroy the prevailing conception and understanding of space which caused grave concern. Furthermore, just as fears surrounding the expansion of the rail network prioritised its urban context, Baldwin emphasised the immediately military implications for Britain's towns and cities. Although this concern was present throughout Europe, there was a feeling that Britain was especially susceptible to the most devastating potentialities of such an attack. The geography of the nation and the location of London presented particular concern to the likelihood of a 'knock-out blow' being delivered. The layout of the city and the density of its population increased the predicted casualty rates, which London's political, cultural, and commercial importance meant that its destruction would significantly impede the war economy and undermine national morale.¹⁶⁶

This new form of modern warfare not only blurred the boundary between the military and the civilian, but also muddied what was real from what was fictional. The science-fiction literature fanned the flames of popular pessimism as the fictitious scenarios of urban destruction portrayed in works such as *The War in the Air* (1908), *The War of the Worlds* (1924), and *The Shape of Things to Come* (1933), appeared less fanciful and ever-more prophetic. Thus, science-fiction writers like H. G. Wells became important contributors to the public discourse on the issue of aerial attack capturing the widespread pessimism when he wrote that 'catastrophe was the logical outcome of the situation created by the application of science to warfare. It was unavoidable that great cities should be destroyed.'¹⁶⁷ These works of fiction blurred the separation of the real from the fictitious and provided visceral depictions around which readers shaped their opinions of urban life under genuine aerial attack. In their 1934 novel *Invasion from the Air: a prophetic novel*, the authors actively encouraged the growing fluidity between what appeared on the pages of science-fiction and what was predicted in the real wars of the future. In their foreword (or 'argument') Frank McIlraith and Roy Turner declared that their 'novel is based on the theory, supported by a growing body of military opinion, that the decision in the next war

¹⁶⁶ Brett Holman, "The Air Panic of 1935: British Press Opinion Between Disarmament and Rearmament," *Journal of Contemporary History*, vol. 46, no. 2 (April 2011), 292.

¹⁶⁷ Wells, *The War in the Air*, 149.

will be reached in the air.' It reiterated the message put forward by Stanley Baldwin, emphasising the innate vulnerability of the city to the new forms of military technology,

There is no adequate defence against aerial attack supplemented with gas and fire... The result of an air offensive on a city like London will be the demoralisation of the population, especially when it finds that there is practically no protection from the deadly gases which are now carried by bombing aircraft.¹⁶⁸

The experience of the Spanish Civil War and the utilisation of the German air force confirmed the predictions of novelist and politician alike. On April 26th, 1937, the Condor Legion assisted the fascist military commander General Francisco Franco in his efforts to overthrow the Spanish government by bombing the spiritual capital of the Basque region of Spain. The attack on Guernica proved that the bomber was, indeed, capable of getting through and delivering catastrophic levels of destruction. Furthermore, it marked the beginning of what had been predicated and feared for the duration of the interwar period and in doing so, it emphasised the truly indiscriminate nature of this new form of modern warfare. Newspaper articles underscored the significance of the attack as a demonstration of the dissolution of prior military convention and the dawning of new era in which civilians were legitimate and strategically valuable targets,

In the form of its execution and the scale of the destruction it wrought, no less than in the selection of its objective, the raid on Guernica is unparalleled in military history. Guernica was not a military objective. A factory producing war material lay outside the town and was untouched. So were two barracks some distance from the town. The town lay far behind the lines. The object of the bombardment was seemingly the demoralization of the civil population and the destruction of the cradle of the Basque race.¹⁶⁹

¹⁶⁸ Ian Patterson, *Guernica and Total War* (London: Profile Books, 2007), 79.

¹⁶⁹ "The Tragedy of Guernica," *The Times* (April 28th, 1937), 17.

The attack on Guernica forcibly demonstrated the strategic and symbolic value of civilian targets. It was the violation of separation between civilian home and military front which outraged commentators. In actively targeting civilian homes the attacks transformed notions of urbanity and domesticity. The perception of the home as a secure and safe familial space was inverted as the architecture and implements of everyday life instantly became artefacts of war. Personal belongings and recognisable domestic objects were frequently used in media reports to highlight this transformation of the city and the domestic space. Following the bombing of Barcelona, press reports emphasises the inherent danger now faced by urban dwellers. The modes of transport which connected the city and enabled its occupants to fulfil their daily routine were targeted as ‘the largest bomb that has ever been dropped on the city destroys a tram and all its passengers.’¹⁷⁰ Moreover, in a more extensive piece of footage from 1938, the reporter evocatively recalled how ‘in our last issue of *Pathé Gazette* we showed pictures of the horror of Barcelona under a rain of death from the sky.’ Such language served to dramatize the accompanying pictures and reinforced the perception of both the vulnerability of the modern city to aerial attacks and the catastrophic power such military assaults produced. The reporter then forcibly reminded the viewer of the perilous situation they and their family would find themselves in should war come to Britain. In a statement, which emphasised the complete removal of any formerly held distinction between the civilian and the soldier, the reporter extolled, ‘death is a guest at the home of Spain’s tortured people.’¹⁷¹ Similarly, a *British Movietone* report reinforced this loss of separation between the two spheres: ‘Here and there through the city where the bombs have fallen, ruined homes pay stark tribute to the ruthlessness of modern war. Beneath the tangled wreckage may lie the bodies of defenceless victims of modern savagery.’ The dehumanising effect of such mechanised warfare is then expressed as the pulverised remains of human bodies are discovered in the resultant wreckage, ‘so the search parties clamber over the ruins and occasionally some mangled form hanging on stubbornly to the thread of life is rescued to be carried away to eek [sic] out a brief and tortured existence.’¹⁷² Furthermore, evident throughout the coverage was a clear

¹⁷⁰ “Barcelona – Another Terrific Air Raid,” *British Pathé* (March 24th, 1938),

<http://www.britishpathe.com/video/barcelona-another-terrific-air-raid/query/Barcelona>

¹⁷¹ “Barcelona Again!” *British Pathé* (March 14th, 1938), <http://www.britishpathe.com/video/barcelona-again/query/barcelona>

¹⁷² “Barcelona Bombed,” *British Movietone*, (February 14th, 1938),

awareness of the universal threat faced by cities across the world. Commentators sought to remind British audiences of the shared vulnerability they also faced through their residence within the city. Bertrand Russell heightened the pessimism which had pervaded cultural discourse for the majority of the preceding decade when he discussed the peril that now faced British towns and cities. Comparing the force of the attacks on Guernica to a volcanic eruption, he warned,

These results can now be achieved by men. They have been achieved at Guernica; perhaps before long they will be achieved where as yet London stands... There is no hope for the world unless power can be tamed... for science has made it inevitable that all must live, or all must die.¹⁷³

Similarly, a poem by Edgell Rickword, published in 1938 in the *Left Review* envisioned a future conflict in which British urban centres fell within range of the German Condor Legion,

Euskadi's mines supply the ore
To feed the Nazi dogs of war
Guernika's [sic] thermite rain transpires
In doom on Oxford's dreaming spires
In Hitler's frantic mental haze
Already Hull and Cardiff ablaze
And Paul's grey dome rocks to the blast

<http://www.aparchive.com/metadata/Barcelona-Bombed/cd8cfdedc7b240fd8ce7b5e3748d4ddc?query=barcelona+¤t=9&orderBy=Relevance&hits=24&referrer=search&search=%2fsearch%3fstard%3d%26endd%3d%26allFilters%3dBritish%2bMovie-tone%257C43894%253APartner%253APartner%26query%3dbarcelona%2b%26advsearchStartDateFilter%3d%26advsearchEndDateFilter%3d%26searchFilterHdSDFormat%3dAll%26searchFilterDigitized%3dAll%26searchFiltercolorFormat%3dAll%26searchFilteraspectratioFormat%3dAll&allFilters=British+Movietone%7c43894%3aPartner%3aPartner&productType=IncludedProducts&page=1&b=8d4ddc>

¹⁷³ Patterson, *Guernica and Total War*, 4.

Of air-torpedoes screaming past.¹⁷⁴

The Spanish Civil War provided the empirical evidence of what had previously been fictitious fancy or political providence. Following the bombing of the Basque city of Guernica, reports of the devastation appeared in *The Times*, *Daily Express*, *Glasgow Herald*, *Manchester Guardian*, *Daily Herald*, *Morning Post*, *Daily Telegraph*, and the *Daily Mail* describing the horrific events to a British audience. Moreover, on May 6th, 1937 a Gaumont newsreel played in British cinemas visually displaying the images from Guernica. It reported the attack to be the 'scene of the most terrible air raid our modern history can yet boast... [where] Four thousand bombs were dropped out of a blue sky into a hell that raged unchecked for five murderous hours.' The conclusion of the report emphasised the shared vulnerability under which all citizens now lived. 'This was a city, and these were homes, like yours.'¹⁷⁵ It was the apparent helplessness and inability to prevent catastrophic loss of life which led respondents from the Mass Observation survey to declare that they would contemplate killing their own families should war be declared. Fear of what had been witnessed in Spain and Abyssinia led one woman to claim that 'I'd sooner see kids dead than see them bombed like they are in some places'.¹⁷⁶ The experience and result of the aerial attack on Barcelona forced a reconfiguration to the estimates provided by the Anderson Committee. In the event of an attack on London it was now predicted there would be fifty casualties per ton of bombs dropped. It was thought that the first twenty-four hours of attack would see 3500 tons unloaded resulting in 58,000 Londoners being killed.¹⁷⁷ These figures did little to dampen widespread concern about the insecurity of the city. In his work *Which Way to Peace?* Bertrand Russell summarised this widespread anxiety as he prophesied that, upon attack, London would become 'one vast raving bedlam, the hospitals will be stormed, traffic will cease, the homeless will shriek for peace, the city will be pandemonium'¹⁷⁸ Therefore, the Second World War marked the apogee of popular fear of the city. At its outbreak, the public and the political elite expected vast numbers of the population of London and other

¹⁷⁴ Patterson, *Guernica and Total War*, 69.

¹⁷⁵ Patterson, *Guernica and Total War*, 69.

¹⁷⁶ Angus Calder, *The People's War: British 1939-1945* (London: Pimlico, 2008), 22.

¹⁷⁷ Philip Ziegler, *London at War 1939-1945* (London: Sinclair-Stevenson Ltd, 1995), 11.

¹⁷⁸ Ziegler, *London at War*, 11.

large urban centres to be killed in aerial attacks. The science-fiction, political pessimism, and military experience of the interwar period contributed to the creation of an image of the city as innately dangerous. This was epitomised in the recollections of everyday residents. Shirley Annand, for instance, recounted how scenes from Wells' novels filled her mind when the first air raid siren sounded. 'Of course, we were afraid. We were absolutely terrified. We had all read H. G. Wells so we knew what it would be like. Bombs raining down, fires everywhere, gas, hundreds of thousands dead.'¹⁷⁹ While, the local clerk and London resident George Beardmore explained it was a combination of the literary, the political, the social, and the technological which exacerbated the public anxiety about the vulnerability of the city to attacks from the air,

It would be impossible to convey the sense of utter panic with which we heard the first air raid warning ten minutes after the outbreak of war. We had all taken *The Shape of Things to Come* too much to heart, also the dire prophecies of scientist, journalists and even politicians of the devastation and disease that would follow the first air raid. We pictured St Paul's in ruins and a hole in the ground where the Houses of Parliament stood.¹⁸⁰

Thus, it was in light of the interwar experience of weaponised aircraft that pessimistic visions of the modern city were cast. From the pages of science-fiction novels came visceral depictions of aerial wars which appeared prophetic to audiences who latterly witnessed the catastrophic destruction of the Spanish Civil War. Furthermore, this new technology completed what had been started with the expansion of the railway in the nineteenth century, the annihilation of space. With the creation of modern aircraft, the protection previously provided through physical separation and natural boundaries was decisively overcome. Within this transformed landscape, the city appeared particularly vulnerable to aerial attack due to its strategic importance and the lack of defence. This inherent vulnerability combined with prevailing anti-industrial narratives to create a problematic vision of urban life as damaging and dangerous to its occupants. Moreover, the symbiotic

¹⁷⁹ Juliet Gardiner, *Wartime Britain 1939-1945* (London: Headline Publishing, 2004), 9.

¹⁸⁰ Gardiner, *Wartime Britain 1939-1945*, 9.

nature of the relationship between the city and the country was evident in this period of popular and political pessimism with relief from the innate insecurity of urbanity being sought and found in a reassuring and restorative vision of rurality; central to which were the physical manifestations that embodied the public imagination of country life, the stately home and the country house.

The Countryside in Interwar Britain

Forget six counties overhung with smoke,
Forget the snorting steam and piston stroke,
Forget the spreading of the hideous town;
Think rather of the pack-horse on the down.¹⁸¹

(William Morris, *The Earthly Paradise*, c. 1868).

Conceptualising the countryside is a particularly challenging task. It is defined through its geographic separation from the town and the city. As such, the cultural meanings attached to one traditionally result in an opposing meaning being attached to the other. The city, for example, is often identified as being modern. In contrast to this modernity, the countryside is associated with tradition and traditional ways of life. The potency of these stereotypes permeated the popular imagination and imbued the countryside with an array of real and imagined affectations. In 1934, J. B. Priestley published his travelogue *English Journey* in which he enunciated the power of these imagined associations in his conceptualisation of the countryside,

I believe most of my pleasure in looking at a countryside comes from its more vague associations. Clamping the past on to the present, turning history and art into exact

¹⁸¹ William Morris, *The Earthly Paradise: A Poem* (London: Longman, Greens, and Co., 1905), 3.

topography, makes no appeal to me; I do not care where the battle was fought or the queen slept, nor out of what window the poet looked; but a landscape rich in these vague associations – some of them without a name – gives me a deep pleasure, and I could cry out at the lovely thickness of life, as different now from ordinary existence as plum pudding is from porridge. It is the absence of these associations, these troupes of pleasant ghosts from history and art, that makes a new country in which nothing has happened, like some great tracts in America, appear so empty and melancholy, so that a man has to get drunk to feel his imagination stirring and rising.¹⁸²

It is this connection to tradition which made the image and the idea of the countryside so appealing during times of rapid and dramatic social change. In effect, it offered a vision of stability and provided reassurance to people experiencing and living through this transformation. In the mid-nineteenth century, the American novelist Washington Irving wrote evocatively about the English village,

It is associated in the mind with ideas of order, of quiet, of sober, well established principles, of hoary usage and reverend custom. Everything seems to be the growth of ages of regular and peaceful existence. The old church of remote architecture... the parsonage, a quaint irregular pile... the stile and footpath leading from the churchyard, across pleasant fields, and along shady hedgerows, according to an immemorial right of way – the neighbouring village, with its venerable cottages, its public green sheltered by trees, under which the forefathers of the present race have spotted – the antique family mansions, standing apart in some little rural domain, but looking down with a protecting air on the surrounding scene: all these common features of English landscape evince a calm and settled security, and hereditary transmission of home-bred virtues and local attachments.¹⁸³

In his espousal of the virtues of rural England, Irving's sentiment was in alignment with those of William Morris, John Ruskin, and Edward Carpenter. All shared a collective belief in

¹⁸² J. B. Priestley, *English Journey* (London: Heinemann, Jubilee Edition, 1984), 24.

¹⁸³ Sydney R. Jones, *English Village Homes* (London: B. T. Batsford Ltd, Second Edition, 1947), 5.

the sanctity of the countryside and traditional ways of life. The industrialisation of Victorian Britain witnessed the rapid growth of urban populations throughout the country. In 1837 (when Victoria came to the throne), only six cities in England and Wales had a population of over 100,000. By 1891 this number had risen to twenty-three. London's population experienced a similarly dramatic increase, rising from 1,873,676 in 1841, to 4,232,118 by 1891.¹⁸⁴ In response to this urban growth, anti-industrial reformers sought to elevate a traditional way of life. The rejection of industrialisation manifested itself in a variety of forms. A belief that 'the Industrial Revolution had devalued the work of the craftsman and turned him into a mere cog on the wheel of machinery' inspired Arts and Crafts reformers like Thomas Carlyle, John Ruskin, and William Morris. They encouraged traditional artistic and creative practices in an effort to 're-establish a harmony between architect, designer and craftsman and to bring hand-craftmanship to the production of well-designed, affordable, everyday objects.'¹⁸⁵ The reification of nature and the promotion of its restorative virtues inspired other anti-industrial reformers. The physical and emotional damage wrought by the living conditions endured by vast numbers of the urban working-class revealed a fundamental flaw in the industrial process. It injured and crippled the bodies upon which the system itself relied, a consequence which caused considerable political consternation following the revelations of the Boer War at the turn of the century.¹⁸⁶ In accordance with this view, Edward Carpenter highlighted what he perceived to be the inevitable ramifications of removing people from their natural environment. 'Plain food, the open air, the hardness of the sun and wind, are things practically unobtainable in a complex ménage', he noted, continuing 'No individual or class can travel far from the native life of the race without becoming shrivelled, corrupt, diseased'.¹⁸⁷ The reification of nature

¹⁸⁴ Asa Briggs, *Victorian Cities* (London: Penguin Books, 1990), 59.

¹⁸⁵ Elizabeth Cumming and Wendy Kaplan, *The Arts and Crafts Movement* (London: Thames and Hudson, 1995), 6.

¹⁸⁶ In 1892, approximately one-third of military recruits did not meet the army's own basic physical standard. The standard included vision requirements and a minimum number of teeth. It also stipulated a minimum height of 5 foot 3 inches and a minimum chest size, usually no less than 34 inches. Between 1900 and 1905, 31.3 per cent of applicants were rejected due to medical reasons. For the ten years preceding the outbreak of the First World War the army rejected, on medical grounds, between 284 and 355 out of every 1,000 recruits. Quoted in David Sibley, "Bodies and Cultures Collide: Enlistment, the Medical Exam, and the British Working Class, 1914-1916," *Social History of Medicine*, vol. 17, no. 1 (2004), 64-5.

¹⁸⁷ Edward Carpenter, *England's Ideal and Other Papers on Social Subjects* (London: Swan Sonnenschein, Lowrey & Co., 1887), 75.

and the sanctification of the countryside continued into the twentieth century and were central to multiple cultural narratives between the First and Second World War.

The philosophies of these earlier reformers inspired and informed much of the rhetoric surrounding debates on the appropriate use and importance of the countryside in the interwar period. A belief in the healthful quality of nature and of the natural elements permeated medical, cultural, and architectural narratives. In his 1938 book on *The Practical Way to Keep Fit*, Dr Harry Roberts underscored his positive message about the physical and psychological benefits of ‘a return to a simpler, a humbler, and individually, a more active and more emotionally satisfying life’ with a critique of the problems resulting from the ‘monotony’ and ‘mechanical nature of the daily routine of work.’ These, he argued ‘are the chief things that are wrong with modern industry.’¹⁸⁸ Furthermore, the belief in the restorative and beneficent power of nature was at the centre of a number of prosperous cultural movements in the early-twentieth century. Within their remit were aspects of older physical health movements, such as Muscular Christianity, which advocated physical exercise as a means of combatting physical and moral degeneration caused by enfeebling urban environments.¹⁸⁹ The Sunlight League was another such organisation. Formed in 1924 by Dr Caleb Saleeby, the organisation promoted heliotherapy (the treatment of tuberculosis and rickets through exposure to natural and artificial sunlight) as a means of strengthening the general health of the population. For Saleeby, the smoke produced by industry obstructed exposure to the healthful rays of sunlight and made the inhabitants of large towns and cities particular susceptible to rickets and tuberculosis. Thus, sunlight and the natural environment were believed to offer a cure to these diseases of squalor. In the 1924 edition of the Sunlight League’s journal, an article emphasised this point, extolling the importance of natural light in planning the houses and communities of the future,

We declare war against the powers of darkness, smoke and slums must go... our new houses must be placed so as to receive the sun... We seek to multiply the sources of information and education to such an extent that... no man or woman shall be stricken

¹⁸⁸ Harry Roberts, *The Practical Way to Keep Fit* (London: Odhams Press Limited, 1938), 14, 15-6.

¹⁸⁹ Carter, “Leagues of Sunshine”, 95.

with disease for lack of knowledge of the light that heals... it is ours to better the environment and bring forth a fitter race for humanity's high purposes.¹⁹⁰

The belief in the restorative power of sunlight and the natural elements informed wider popular and professional discourse on public health in the interwar period. Modernist architects and architecture were proponents and propagators of this rhetoric. Jan Duiker's Zonnestraal Sanatorium in Hilversum (1931) and Mies van der Rohe's Barcelona Pavilion (1929) provided examples of structures which embodied these principles. Through their prioritisation of natural elements, modernist architects and designers incorporated a reification of nature within the structure and layout of their buildings. In his summation of the medical facility at Hilversum, Paul Overy describes the perceived therapeutic value of this form of architecture,

When Zonnestraal was fully operational as a sanatorium its elegant white-painted concrete walls and shimmering sheets of rolled glass must have spectacularly embodied the modernist belief in sunlight, fresh air and openness, hygiene, and health. The surrounding pine woods scenting the fresh air that flowed into the patients' rooms through the huge windows, the enormous swathes of glass creating an almost unbelievable intensity of light which would have given patients and staff a sense of continual emotional and spiritual uplift – even on grey or dull days.¹⁹¹

These architectural examples are in the Netherlands and Spain and reflect the well-established practices of heliotherapy and actinotherapy in continental Europe. Similarly, the interwar period witnessed a growing acceptance and popularisation of these treatments in Britain. For example, in 1925 'the first municipal clinic in London for the provision of treatment by artificial sunlight was formally opened'. The Times report on the St. Pancras Clinic quoted Sir Alfred Fripp who optimistically declared that 'they had there one of the best examples of preventative treatment.' The potential of this new regiment was in its

¹⁹⁰ Carter, *Rise and Shine*, 75.

¹⁹¹ Overy, *Light, Air and Openness*, 8.

‘raising the power of resistance’ within the sick of ailing child.¹⁹² In another article from *The Times’* Medical Correspondent, the use of heliotherapy and the natural environment in the treatment of surgical tuberculosis demonstrated the growing acceptance of the principles which underscored and encouraged the anti-industrial movement. The report connected the rise of tuberculosis and rickets with ‘sunlight-starvation’ resulting from ‘the march of industrialisation’. The success in treating surgical tuberculosis at the Lord Mayor Treloar Hospital for Cripples at Alton in Hampshire is subsequently ascribed to the utilisation of nature and sunlight therapy as the article explains,

No longer does one see pale faces and wasted bodies... Instead, children who look almost robust lie easily in the open, enjoying the freshness and beauty of the English countryside. Under the rays of the sun, helped out in winter by artificial sunlight, their swollen and distorted joints are healed as it seems miraculously, and their bodily strength increased from day to day.¹⁹³

It is evident through the article that there is an established and growing acceptance of heliotherapy as a standard medical practice for the treatment of surgical tuberculosis and the diseases of industrialisation. It is through the removal of subjects from the obstructive urban environment that they receive the necessary benefit stemming from controlled exposure to sunlight and other natural elements. Furthermore, the article demonstrated the symbiotic nature of the relationship between the city and the country, as the former is shown to produce ‘pale faces’ and ‘wasted bodies’, while the latter is shown to restore physical ‘robust[ness]’ through its ‘freshness’ and ‘beauty’. This casual reference to the inherently healthful quality of the natural landscape demonstrated a growing sanctification of rurality; a sanctification which also included the country pursuits and outdoor activities which constituted the rural way of life.

The interwar period saw a dramatic increase in the numbers of people engaging in outdoor activities and rural pursuits. Social discourse surrounding these endeavours

¹⁹² “Artificial Sunlight Treatment,” *The Times* (March 19th, 1925), 11.

¹⁹³ “Heliotherapy,” *The Times* (May 22nd, 1928), XII.

connected them with notions of active citizenship, heightened masculinity, and robust physical health. During the early decades of the twentieth century a host of sporting clubs and associations were formed, and it was through the two decades between the First and Second World Wars that these associations reached maturation. The Federation of Rambling Clubs (founded in 1905) had over 40,000 members by 1931. Within a decade of its foundation in 1930, the Youth Hostels Association had a membership of over 83,000, while the Cyclists' Touring Club recorded approximately 36,000 members by 1939.¹⁹⁴ In 1908 Robert Baden-Powell published *Scouting for Boys*. It highlighted the health and social benefits gained through outdoor physical training. The principles laid out by Baden-Powell were an extension of those which had formerly idealised the public-school playing field as a military proving ground and a producer of imperial leaders.¹⁹⁵ For the Scouting movement, similar sanctification was placed on the rural campsite. It was the experience and knowledge gained through time spent in the outdoors that provided the scout with the desired character and qualities needed for leadership. Therefore, just as the public-school playing had produced men fit for imperial leadership a generation previous, so the scouting movement offered the campsite as the means of creating the future leaders of the nation and the empire. Baden-Powell explained that having endured the adversities and challenges of living under camp conditions, the scout would naturally find 'if ever he goes on to service, or to a colony, that he will have no difficulty in looking after himself and in being really useful to his country.'¹⁹⁶ Moreover, the experience of camp conditions offered more than just the opportunity to enhance the boys' physical and martial qualities. It also professed to aide their moral development,

Young fellows in this rutting stage are apt to get together and to tell smutty stories and look at lewd pictures... aimless loafing encourages loose talk. If you carry out Rovering, you will find lots to do in the way of hiking and the enjoyment of the out-door manly activities. To get rid of the bad you must put something good in its place.¹⁹⁷

¹⁹⁴ Carolyn Harrison, *Countryside Recreation in a Changing Society* (London: TMS Partnership, 1991) 24.

¹⁹⁵ Mangan, *Manufactured Masculinity*, 126.

¹⁹⁶ Carter, *Rise and Shine*, 34.

¹⁹⁷ Carter, *Rise and Shine*, 34.

Underlying this message was a fundamental belief in the connection between ‘the healing and regenerative power of nature and the development of the whole personality’.¹⁹⁸ It was through this engagement in physical activity in the natural environment that principles of self-sufficiency and good citizenship were learned. A similar moralising over physical exercise was evident in the discourse involving the physical culture movement. Popularised by Eugen Sandow in the 1890s and with the formation of a Health and Strength League in 1906, the movement grew significantly in response to the bodily destruction wrought during the First World War. Membership of the League increased from 2,400 in 1908 to over 100,000 in 1931. By 1939 the figure had reached over 160,000.¹⁹⁹ The Festival of Youth (held at Wembley Stadium on July 3rd, 1937) brought together over forty athletic, physical culture, and youth organisations to demonstrate and publicise their skills to an audience of over 11,000 spectators, which included King George VI and Queen Elizabeth. These groups included the Boy Scouts, the Girl Guides, the Boys’ Brigade, the National Council of Girls’ Clubs, the English Folk Dance and Song Society, and the National Cyclists’ Union.²⁰⁰ During a period of political controversy surrounding the ‘Hungry England’ debate, demonstrations such as these served to reinforce the message propagated by Neville Chamberlain through his National Fitness Campaign and draw ‘attention to the significance of exercise and outdoor recreation to health cultivation.’²⁰¹ An article from *The Times* emphasised the pride to be taken from the demonstrations, extolling ‘This delightful manifestation of health vitality, suppleness of limb, and bodily poise’. The special correspondent continued that the event ‘made one feel proud of young England’.²⁰² Moreover, it was through such physical endeavour and bodily poise that good citizens and imperial leaders were made as a concurrent editorial explained,

¹⁹⁸ Carter, *Rise and Shine*, 34.

¹⁹⁹ Ina Zweiniger-Bargielowska, “Building a British Superman: Physical Culture in Interwar Britain,” *Journal of Contemporary History*, vol. 41, no. 4 (October 2006), 602, 606.

²⁰⁰ Ina Zweiniger-Bargielowska, *Managing the Body: Beauty, Health, and Fitness in Britain, 1880-1939* (Oxford: Oxford University Press, 2011), 279.

²⁰¹ Zweiniger-Bargielowska, *Managing the Body*, 10.

²⁰² “British Youth Festival,” *The Times* (July 5th, 1937), 11.

These young men and women, boys and girls, were representative of those who have to bear the burden of Empire in the new reign; and here at least were eleven thousand of them, rejoicing in that disciplined vigour of the body which is the first security for the facing of political, moral, and spiritual problems with the sane intelligence required of a free people.²⁰³

Therefore, it was evident that narratives surrounding physical culture and bodily health aligned with those involving the countryside as the popularity of rural pursuits and outdoor activities continued to increase throughout the interwar period. Engaging in outdoor exercise and managing bodily health became important facets in the contemporary understanding of citizenship. Groups such as the Boy Scouts and Girl Guides promoted the usefulness of the training and experiences their members enjoyed. In so doing, they expanded on what had previously been perceived to be the remit of the public-school playing field; casting and creating the moral and physical qualities needed for good citizenship, military service, and imperial leadership.

The early decades of the twentieth century witnessed a heightening in the cultural importance placed on the countryside and its historic monuments. It was a period embodied largely by the sentiments of its premier political figure, Stanley Baldwin. Well known for his rural eulogies, Baldwin stated to the members of the Royal Society of St. George on May 6th, 1924, that,

To me, England is the country, and the country is England. And when I ask myself what I mean by England when I am abroad, England comes to me through my various senses – through the ear, through the eye and through certain imperishable scents... The sounds of England, the tinkle of the hammer on the anvil in the country smithy, the corncake on a dewy morning, the sound of the scythe against the whetstone, and the sight of a plough team coming over the brow of a hill, the sight that has been seen in England

²⁰³ "A Festival of Youth," *The Times* (July 5th, 1937), 15.

since England was a land... the one eternal sight of England. It became, for many, an embodiment of Englishness and a central tenet of the national identity.²⁰⁴

Baldwin's extolling of rurality as the hallmark of Englishness was reflected through its broader significance to the burgeoning heritage sector. Protectionist societies such as the National Trust, experienced significant growth in their membership during the interwar period. With only 713 members in 1920, the Trust grew to a membership of 6,800 by 1940. This was mirrored by an increase in their total acreage from 13,200 acres to more than 68,000 acres in the same twenty-year period.²⁰⁵ The growing interest in the National Trust demonstrated a public awareness of the need to protect rural locations and historic monuments from damage caused by misuse and over-development. The expansion of the rail network enabled and encouraged a dramatic growth in suburban developments in the early decades of the twentieth century.²⁰⁶ Within this context, the railway was perceived very differently. It was providing opportunities for urban communities to migrate outward, away from the polluting and dangerous city centre into safer, more healthful environments. Southern Railway vigorously promoted Kent, Sussex, and Surrey as ideal locations for suburban development. With slogans such as 'Live in Surrey Free From Worry' and 'Live in Kent and Be Content' these developments offered a progressive vision whereby 'London's daily workers can spend their leisure, and sleep, in pure air and in a beautiful country which before was more or less inaccessible'.²⁰⁷ It was the openness and accessibility to nature which proved so appealing to a growing number of urban dwellers. Thomas Sharp epitomised the motivations of many when he wrote in 1932 that 'People have lived too long in dreary streets. They had seen too few trees and too little grass in their sordid towns. They were tired of the squalid paved back yards. They wanted gardens of their own, back and front, with a space between their house and the next.'²⁰⁸ Suburbia, however, represented more than just a physical hinterland between town and country. It became a symbol of a

²⁰⁴ Stanley Baldwin, *On England and Other Addresses* (London: Philip Allan & Co., 1926), 5-6.

²⁰⁵ David Cannadine, "The First Hundred Years", 18.

²⁰⁶ The population of Epsom and Ewell increased from 22,953 in 1921 to 35,228 in 1931 and 62,960 in mid-1939; Leatherhead expanded from 11,233 in 1921 to 21,170 in mid-1938, and Caterham and Warlingham from 17,108 to 27,100 in the same period. Quoted in Howkins, *Death of Rural England*, 99.

²⁰⁷ Howkins, *Death of Rural England*, 99.

²⁰⁸ Mingay, *A Social History of the English Countryside*, 229.

broader societal change following the First World War. Alison Light highlights how alterations to the patriotic ideal and constructions of nationhood rejected the ‘formerly heroic... masculine public rhetorics of national destiny’. These were replaced with an identity ‘at once less imperial and more inward-looking, more domestic and more private – and, in terms of pre-war standards, more feminine’. Its archetype was ‘the suburban husband pottering in his herbaceous borders’.²⁰⁹ Thus, suburbia embodied more than just a physical move away from the urban environment. It was part of a reconfigured vision of the countryside; a vision which shaped the changes to the social mores surrounding national and gender identities. David Matless affirms this sentiment as he views the 1920s and 1930s as a time in which narratives surrounding landscape and Englishness were guided by the ‘movement for the planning and preservation of landscape which sought to ally preservation and progress, tradition and modernity, city and country in order to define Englishness as orderly and modern.’²¹⁰ The central voice in these discussions were the Council for the Preservation of Rural England. The growing cultural significance of the countryside provided both opportunity and concern for the Council. Ribbon development and the increasing numbers of urban visitors resulted in what C. E. M. Joad viewed as an ‘invasion of the untutored townsman.’²¹¹ This threatened the preservation of what had become the definitive tenet of British national heritage. In *Britain and the Beast* (1938), Clough Williams-Ellis attempted to calm the fears of Joad and others concerned with the potential damage wrought by the uninitiated countryside visitor. Speaking directly to the future of British country houses, Williams-Ellis argued that it was only through exposure to these ‘national heirlooms’ that the ‘barbarously-reared’ townsman could be educated as to their cultural value.²¹² Thus, Joad’s *invasion* was necessary for Williams-Ellis as he explained that,

Being thus gradually educated, the general public will demand that such graciousness, far from being allowed to wither away, shall be more and more extended into the

²⁰⁹ Alison Light, *Forever England: Femininity, Literature and Conservatism between the Wars* (London: Routledge, 2001), 8.

²¹⁰ Matless, *Landscape and Englishness*, 14

²¹¹ Helen Walker, “The Popularisation of the Outdoor Movement, 1900-1940,” *The International Journal of the History of Sport*, vol. 2, no. 2 (1985), 140.

²¹² Williams-Ellis, “Houses and Parks – National and Private”, 92, 94.

ordinary surroundings of its own everyday lives – a better, more respectful use of the countryside through more thorough control and guidance from improved Town and Country Planning laws, cities more splendid, villages more coherent and harmonious, the individual homes once more reasonable and seemly, their very contents gracious and unpretentious.²¹³

The creation and defence of the C.P.R.E demonstrated the significance placed on the countryside and the historic monuments it housed. In his address to the Council in 1931, the writer and philosopher G. K. Chesterton espoused the historic value of these sites as he referred to the English village as ‘a marvellous relic, like the relic of a great saint. It was something that would not be replaced.’ He concluded that the C.P.R.E. ‘were guarding not stones but jewels.’²¹⁴ Thus, it is evident that during the 1930s the countryside was understood to be one of Britain’s finest attributes. It was a place of popular visitation and migration where increasing numbers of the urban community sought respite from the unhealthy metropolis. Moreover, its cultural value was evident through the growth of preservationist societies such as the National Trust and the Council for the Preservation of Rural England. Finally, within the broader sanctification of the rural landscape, the country house took on an ever-more central role. Williams-Ellis touched on its significance in his writings, but in Lord Lothian’s 1934 speech at the annual general meeting of the National Trust, the centrality of the country house to the future of Britain’s national heritage was inexplicably cast. The speech, entitled *England’s Country Houses – the Case for their Preservation*, situated the country house at the very heart of this burgeoning sector,

I venture to think that the country houses of Britain, with their gardens, their parks, their pictures, their furniture, and their peculiar architectural charm, represent a treasure of quiet beauty which is not only especially characteristic but quite unrivalled in any other land. In Europe there are many magnificent castles and imposing palaces. But nowhere, I think, are there so many or such beautiful country manor houses and gardens, and nowhere, I think, have such houses played so profound a part in moulding

²¹³ Williams-Ellis, “Houses and Parks – National and Private”, 96.

²¹⁴ Mingay, *A Social History of the English Countryside*, 229.

the national character and life. Yet most of these are now under sentence of death, and the axe which is destroying them is taxation, and especially that form of taxation known as death duties.²¹⁵

Lord Lothian's speech centralised the country house in his understanding of British national identity. The unique beauty and contribution of the properties were singular to Britain and as such they were to be jewels of the architectural and cultural crown. They were, according to an article in *Country Life* magazine, 'living settings for English life in its finest form'. Age only improved the properties as they are 'perfected through the centuries' of their existence.²¹⁶ Furthermore, their ever-strengthening rootedness within the natural landscape enhanced the real and imagined connection between the man-made structures, the natural environment, and the collective past. The first edition of Edward Hudson's *Country Life* magazine, published in 1897, emphasised the ability of the country house to connect visitors with their cultural heritage. The article on Baddesley Clinton, a medieval property in Warwickshire, invoked images of an imagined national history as it described the architecture and experience of visiting the property,

Among all the counties of Great Britain there are few shires more famous for princely mansions and quaint old houses of long-lineaged [sic] English gentleman than that of Warwick. Standing amid great elms, in which for generations countless rooks have been accustomed to make their homes, they life their many-windowed walls and battlements over old-world gardens to end in high gables and twisted chimneys, where doves flutter and coo in the sunshine. Mailed knights have dwelt within their walls, fugitives in troublous [sic] times have fled to their secret chambers, cavaliers have knocked at their oaken doors.²¹⁷

As a means of connecting individuals with an imagined past, the country house became a symbol of stability and continuity. Adrian Tinniswood argues that 'The country house was

²¹⁵ Jenkins and James, *From Acorn to Oak Tree*, 79.

²¹⁶ "The Future of Great Country Houses," *Country Life* (February 22nd, 1941), 160.

²¹⁷ Tinniswood, *The Polite Tourist*, 170.

becoming the flagship of conservatism' with age being one of its most advantageous virtues.²¹⁸ Applied literally, the age of the property demonstrated its capacity to endure time and change. Therefore, its age enhanced its connection with its surroundings while its survival demonstrated its continued importance to its immediate and wider community,

Age only mellows and improves our ancient houses. Solidly built of good materials, the golden stain of time only adds to their beauties. The vines have clothed their walls and the green lawns about them have grown smoother and thicker, and the passing of the centuries has served but to tone them down and bring them into closer harmony with nature. With their garden walls and hedges they almost seem to have grown in their places as did the great trees that stand nearby. They have nothing of the uneasy look of the parvenu about them. They have an air of dignified repose; the spirit of ancient peace seems to rest upon them and their beautiful surroundings.²¹⁹

While applied figuratively, the age of the property demonstrated a continuation of the principles attached to its historic identity. Thus, during periods of turmoil and social upheaval, country houses provided a means of connection to a stabilising vision of a fictitious anti-industrial past. They were thereby the central manifestation of an idealised Arcadian rurality. Therefore, it is evident that the interwar period witnessed a convergence of medical, social, and cultural narratives around the subject of the countryside. It was simultaneously a health-giving and beneficent space in which the value of medical treatment could be enhanced using restorative natural elements. Moreover, as a place of leisure and outdoor activity, it offered physical and moral improvement to participants and a foundation upon which notions surrounding citizenship were constructed. Finally, with an increase in public visitation the countryside and its historic monuments were centralised within preservationist movements. The effect of death duties and agricultural depression on the welfare of numerous large country estates focused the collective mind of protectionist

²¹⁸ Tinniswood, *The Polite Tourist*, 170.

²¹⁹ Tinniswood, *The Polite Tourist*, 170.

organisations. Therefore, the identity of the country house was invigorated as it became an integral site of national importance, vital to the burgeoning heritage sector.

In conclusion, this chapter has explored the connective identities of the city and countryside during the interwar period. It has highlighted how the threats posed by new modes of warfare undermined and encouraged certain threads in the prevailing narratives relating to urbanity and rurality. Progressive visions of the city as a positive symbol of modernity were undermined by anti-industrial sentiment and widespread social anxiety surrounding its vulnerability to aerial attack. Conversely, the image of the countryside as a diminished, anti-modern relic was transformed. Medical and cultural discourse depicted an organised and managed rurality; inherently restorative, beneficent, and combative of the physical, emotional, and moral regress wrought by unhealthy urban environs and the spread of industrial practices. The chapter has argued that changes to its wider environment concurrently altered the popular representation and cultural understanding of the country house.

This chapter has highlighted the changing understanding of both the city and the countryside. It has demonstrated the impact of advanced transportation networks and weaponised aircraft on the popular and political perception of the city. A pessimistic vision of urban life under the threat of aerial bombardment enhanced existing narratives which emphasised its detrimental effect on the physical, psychological, and moral well-being of its occupants. Thus, the interwar period cast a long shadow over the towns and cities of Britain as future conflicts predicted catastrophic ramifications for urban populations. In contradistinction to the understanding of the city as innately damaging, was an idealised construction of the countryside as beneficent, wholesome, and reflective of a reformed national identity. Central to this construct was the image of the country house; an image which emphasised its embodiment of stability and continuity and its fundamentality to the wider rural landscape.

Chapter 2: Spaces of Recovery:

Efficiency and the medicalisation of the country house

The location of the converted country house was critical to its elevated cultural status and its popularisation as a space of healing. Lucy Noakes highlights the vitality of the countryside to the broader understanding of nationhood and collective identity. Consensus formed around the importance of rurality and, in particular, the English country village to the popular perception of Britishness. Noakes argues that ‘to a remarkably large extent, given that the majority of British people lived in towns and cities, the unifying picture of the nation... was a rural one... [and] in particular the gentle, tamed, rolling countryside of Southern England.’²²⁰ Thus, situated within an idealised natural landscape the auxiliary hospital and convalescent home utilised the beneficent environment to enhance its social standing as well as its restorative credentials. It prioritised recuperative natural elements in the design and layout of additional structures as well as implementing treatment regimens which incorporated the outdoor space. However, the auxiliary hospital and convalescent home were single cogs in a vast military-medical machine. When the injured party arrived at one of these locations, they had likely endured physical injury as a result of the fighting and experienced medical treatment at various stages throughout the medical chain. The system progressed the sick and injured party through various stages of treatment removing and returning them at different points depending on the severity of the injury. Starting with an initial inspection at the aid station, where the prevention of haemorrhage was the primary concern, the injured serviceman experienced transportation, inspection, and treatment at the collecting station or mobile surgical unit, the evacuation hospital, the base or general

²²⁰ Lucy Noakes, “‘Deep England’: Britain, the countryside and the English in the Second World War,” in *Fighting for Britain? Negotiating Identities in Britain During the Second World War*, eds. Wendy Ugolini and Juliette Pattinson (Oxford: Peter Land, 2015), 32-3.

hospital, and finally the auxiliary hospital and convalescent home. The medical chain and the treatment it provided were significantly improved from the service offered during the First World War, where it had quickly been realised that ‘advanced first aid for the serious casualties needed to happen sooner – as close to the moment and place of wounding as possible.’²²¹ Furthermore, the Second World War witnessed greater coalescence between the military and medical professions. This enhanced cooperation was referred to by Mark Harrison in his work *Medicine and Victory: Military Medicine in the Second World War*, and is evident in Field Marshal Bernard Montgomery’s declaration in 1945, that the contribution of military-medical services to the overall Allied victory was ‘beyond all calculation’.²²² Thus, during this conflict medical commentators were justly able to claim that medical personnel ‘take the first steps in the swift, efficient chain of events which gives our wounded fighting men a better chance of recovery than any fighters in the history of military medicine.’²²³ The auxiliary hospital and convalescent home were primarily involved in the convalescent and rehabilitative phase of treatment. It was here that the results of surgical procedures and medical intervention were realised as patients discovered the extent to which they could expect to recover the physical capacity they had formerly enjoyed. They were critical sites in which the future aspiration and physical limitation of individual servicemen were initiated and outworked. Underscored by economic principles akin to the ‘Make Do and Mend’ campaign, rehabilitation sought to ensure that no men, however severe their disability, were ‘to be left on the scrapheap’.²²⁴ The aftermath of the First World War ably demonstrated the unpreparedness of the British government in dealing with the consequences of vast numbers of war-disabled servicemen. The corporeal destruction wrought by modern mechanised warfare resulted in over 41,000 British servicemen requiring single or multiple limb amputations. A further 270,000 suffered injuries to limbs not resulting in amputation, 60,000 received serious injuries to their head or eyes, and a further 89,000 suffered serious injury to other parts of their bodies.²²⁵ Medical limitations prior to 1939 meant that at the outbreak of the Second World War over 220,000 officers and over 400,000 servicemen of other ranks were still receiving some form of war disability

²²¹ Emily Mayhew, *Wounded: From Battlefield to Blighty 1914-1918* (London: The Bodley Head, 2013), 6.

²²² Harrison, *Medicine and Victory*, 1.

²²³ Jane Stafford, “Aid for the Wounded,” *The Science News-Letter*, vol. 45, no. 25 (June 17th, 1944), 390.

²²⁴ Anderson, *Disability and Rehabilitation in Britain*, 2.

²²⁵ Bourke, *Dismembering the Male*, 33.

pension.²²⁶ The financial cost of this provision was exhaustive. Moreover, the inability of the state to adequately retrain or provide long term employment opportunities for these men contributed to their reliance on war disability pensions. Ana Carden-Coyne refers to the American war-disabled as ‘the awkward symbols of social amnesia.’²²⁷ Unlike the war dead, who were honoured in remembrance, the war-disabled veteran exacerbated social ‘anxieties about the nation’s responsibilities to soldiers wounded in its service.’²²⁸ Therefore, when hostilities resumed in 1939 considerable political attention in Britain was directed at the means through which expensive recompense and societal guilt could be avoided. On September 3rd, 1939, the *Pensions (Navy, Army, Air Force and Mercantile Marine) Act* was passed which handed over responsibilities relating to the pensions of members of the various armed service departments to a centralised Ministry of Pensions. It effectively continued the system implemented back in 1917, dictating that an individual’s disability was necessarily ‘attributable to military service during the war.’ The individual’s former occupation was not considered when allocating their pension, neither were their prior earnings. The rate of pension was singularly assessed according to physical criteria,

The degree of disablement of a member of the Military Forces shall be the measure of disablement (expressed by way of a percentage, one hundred degrees representing total disablement) which is certified to be suffered by that member by a comparison of the condition of a normal healthy person of the same age and sex, without taking into account the earning capacity in his disabled condition of that member in his own or any other occupation, and without taking into account the effect of any individual factors or extraneous circumstances.²²⁹

Similar legislation was passed regarding civilian casualties in the form of the *Personal Injuries (Civilian) Scheme*, introduced in September 1939. The scheme applied to employed

²²⁶ Bourke, *Dismembering the Male*, 33.

²²⁷ Ana Carden-Coyne, “Ungrateful Bodies: Rehabilitation, Resistance, and Disabled American Veterans of the First World War,” *European Review of History*, vol. 14, issue 4 (December 2007), 543.

²²⁸ Carden-Coyne, “Ungrateful Bodies”, 543.

²²⁹ Emma Newlands, *Civilians into Soldiers: War, the Body and British Army Recruits, 1939-45* (Manchester: Manchester University Press, 2014), 170.

and unemployed civilians, pensioners, housewives, and children who suffered injury or death resulting from enemy attacks. Once more, the criterion for which disability was assessed was based on loss of faculty.²³⁰ Therefore, rehabilitation and the minimising of a loss of faculty were hugely significant in combating the long-term financial dependence of injured and disabled veterans. The auxiliary hospital and convalescent home were sites of considerable political, social, and medical import. For it was at these locations that the extent of the physical and psychological recovery of the individual, and thus the likely extent to which they would be able to perform their role as an active and financially independent citizen, was revealed. This section will argue that in response to concerns surrounding the longer-term ramifications of the Second World War, the popular representation of the converted country house idealised these locations as inherently healthful sites combining the beneficent virtues of the natural environment with up to date modern medical innovation and practice. Firstly, it will highlight the role of the natural environment and the outside space surrounding the property in the creation of a secure and restorative image of the auxiliary hospital and convalescent home. It will be seen that prevailing social and medical discourse served to produce a vision of rurality which emphasised its direct contribution to the restoration of sick and injured patients. The second part of the chapter will highlight how conceptions of modernity and efficiency altered the organisation of medical provision during the Second World War; a shift reflected in the design, layout, and function of the converted country house. It will view the auxiliary hospital and convalescent home as a central component in the wartime Emergency Medical Service and a useful signifier of the founding principles which underpinned this reformed service. Finally, the chapter will conclude by highlighting how the organisational and institutional prioritisation of efficiency impacted the representation of individual patients. It will argue that individual efficiency and an ability to demonstrate a continued capacity for useful labour were central to the idealised vision, not only of the institution, but also of the wounded veteran.

Therapeutic landscapes: the wartime medicalisation of the countryside and the country house

²³⁰ Newlands, *Civilians into Soldiers*, 172-3.

Even though there has long been an awareness of its benefit to patients, the role and importance of outside space in modern medical institutions is an often-overlooked aspect of their design and layout. The prevailing historiography tends to prioritise the medical value of the architecture and design of the internal space rather than the external. Clare Hickman has sought to redress this imbalance with her exemplary study of *Therapeutic Landscapes*. In her work, Hickman powerfully argues as to the value of the hospital garden, calling for it to be considered 'an important space in its own right; one which was intentionally included as part of the overall design of institutions.'²³¹ In accordance with this view, scholarly studies have highlighted the positive impact of access to outdoor space on the recovery times, attitude, and behaviour of patients. In a 1984 study, it was revealed that patients 'assigned to rooms with windows looking out on a natural scene had shorter post-operative hospital stays, received fewer negative evaluative comments in nurses' notes, and took fewer potent analgesics.'²³² Therefore, the setting of an institution was and remains pivotal to its overall efficacy. The landscape was central to the medical identity of the converted country house. Contemporary medical thinking emphasised the importance of specific natural conditions to the creation of an ideal restorative environment. In his presidential address to the Section of Epidemiology and State Medicine of the Royal Society on October 28th, 1938, Dr J. A. H. Brincker (Principal Medical Officer for the Public Health Department of the London County Council) outlined the current medical thinking on best practice regarding convalescent hospitals. A key component in this thinking involved the siting of an institution, and specifically its exposure to the natural elements,

The ideal site was well away from streets, houses, and trees, so that the hospital might benefit to the fullest extent from sunlight and freely circulating air. It should have rising ground on the north, north-east, and south-west, to protect the buildings from the winds from these quarters. The site should slope gently to the south, the soil should be dry, and the subsoil preferably rocky or chalky. The site at Littlehampton, to which reference had been made, satisfied these conditions. As regards temperature, Littlehampton might be classified as a resort with a moderately tonic climate, the

²³¹ Clare Hickman, *Therapeutic Landscapes: A History of English Hospital Gardens Since 1800* (Manchester: Manchester University Press, 2013), 2.

²³² Hickman, *Therapeutic Landscapes*, 1.

minimum temperature in winter seldom reaching freezing point. The amount of sunshine enjoyed during 1937 was 1,693 hours, a daily average of 4.64 hours.²³³

The terrain and the local climate were pivotal to conceptions of the healthy natural environment. The countryside and the country house thereby provided the greatest access to these restorative elements. Brincker's declaration reflected broader social and medical discourse around the health and unhealthy environment; a narrative which frequently positioned the countryside and the city as opposing embodiments of this duality. It was not only the heightened danger posed by aerial attack that undermined confidence and positivity in the urban environment. Population density condensed the living space apportioned to inhabitants while the architecture and design of the modern city denied access to sunlight and fresh air. *Country Life* magazine contrasted the inhibitive city with the liberated countryside; the former restricted the health of its community while the latter enhanced and provided for the health of its people,

It is difficult to understand why it should be considered remarkable or even daring, to spend one's days in quiet and freedom, in fresh air and clean sunshine, under a wide, un-polluted sky, among trees and birds and fields, and in sight of the ever-changing beauty and friendly inspiration of the hills. Surely it is abnormal to be enclosed in warrens of concrete and iron, surrounded by millions of other victims, to exist in continual noise and an atmosphere charged with exhaust fumes and engines.²³⁴

Regular access to sunlight was understood to have especial health benefits, and conversely a lack of exposure was blamed for the prevalence of certain ailments within toxic and poorly designed urban communities. The interwar period witnessed a growth in the awareness and utilisation of sunlight as a medical treatment, with facilities such as the St. Pancras clinic in London (opened in 1925) providing heliotherapy for the treatment of rickets, tuberculosis,

²³³ "Convalescent Hospitals of the Future," *British Medical Journal*, vol. 2, no. 4061 (November 5th, 1938), 291-2.

²³⁴ "Living in the Country," *Country Life* (February 11th, 1944), 250.

and other conditions resulting from what it termed 'sunlight-starvation'.²³⁵ The popularity of heliotherapy spread beyond the walls of specialised institutions such as the St. Pancras clinic. The mainstream media regularly demonstrated a casual acceptance of the principle which underpinned heliotherapy; a belief in the restorative power of sunlight. For example, the opening of a new hospital at Westminster in June 1939 drew considerable attention from the press, with *The Times* reporting favourably on specific aspects of its design and focus. Under the heading 'The sunny side of healing', the report highlighted the importance of sunlight to the treatment and experience of the patients. 'Some 550 contributors... wondered freely through sunny wards', it noted, expressing 'unqualified admiration for the private patients' rooms, especially the lounge and solarium, which are more reminiscent of the sundeck of a luxury liner than a hospital.' Modern medicine was viewed as working in collaboration with nature through the effective design of the institution and the use of technology when nature was unable to provide the necessary radiance. Within the infant ward 'babies of less than a year are to be in glass-walled, single-cot rooms to guard them from infection,' evincing the impact and effectiveness of medical progress and technology. Meanwhile, the import of sunlight is not forgotten as the article immediately depicts the 'cheerful' scene from the older children's wards, noting how they 'were filled with the afternoon sunshine.'²³⁶ Thus, it was argued that modern medicine was most effective when it worked in collaboration with the natural environment. It was through the expertise of medical practitioners and the utilisation of the natural environment that the fullest recovery could be achieved for the patient. This was not a new idea. In his 1938 work *The Practical Way to Keep Fit*, the medical practitioner Harry Roberts demonstrated a clear belief in both the limitations of surgery and the need to allow nature to play its part in the recovery process,

I wonder how many people realize what a small part is played by the arts of medicine and even surgery in the remedying of our physical ills and accidents, compared with the part played by the natural forces within us, of whose activities we are entirely unconscious... All that the cleverest surgeon can do is to observe how Nature does her

²³⁵ "Heliotherapy," *The Times* (May 22nd, 1928), XII.

²³⁶ "The Sunny Side of Healing," *The Times* (June 2nd, 1939), 7.

work, and then to endeavour to provide conditions within which she may work most favourably. In truth, the actual work of healing wounds of every description is done by Nature, though the surgeon is constantly rendering priceless service by making Nature's work possible. If this is true of the surgeon, it is a thousand times more true of the physician. The surgeon's interference, in a large proportion of cases, actually involves the question of life or death to the individual. The physician's interference, except in so far as it takes the form of advising the patient to leave the cure of Nature and of suggesting the best conditions which Nature can carry out her processes, only in one case out of ten makes a scrap of difference.²³⁷

The countryside provided unfettered access to the beneficent natural elements. Therefore, the utilisation of a restorative and protective natural landscape was central to the medicalised image of the converted country house. In an interview with a researcher from the Imperial War Museum, the former physiotherapist Jessie-Anne Cloudsley-Thompson recalled the importance of the external space to the treatment regimen at Hatfield House Auxiliary Hospital (Hatfield House is located in the town of Hatfield in Hertfordshire. The property was transformed into an auxiliary hospital in 1939 with capacity for more than 100 patients. In 1945 the function of the property was changed again as it became a Resettlement Centre for repatriated prisoners of war, with a capacity of approximately 250). Cloudsley-Thompson, who served as a physiotherapist at Hatfield House between 1939 and 1942 recalled how the 'huge park' surrounding the property provided a vital location in the final phase of recovery. It was in the parkland that the patients were able to take 'a class and do some physiotherapy', and it became a 'very nice adjunct' to the gymnasium and medical facilities located within.²³⁸ Furthermore, the broader popular representation repeatedly emphasised the effective utilisation of the natural environment in the design of the converted facilities. An article in *The Times* echoed the sentiment of Harry Roberts as it prioritised the collaboration between modern technology and the natural environment in its report on the presentation of the Canadian Red Cross Auxiliary Hospital at Cliveden (Cliveden is located in Maidenhead in Buckinghamshire. It was converted into an auxiliary

²³⁷ Roberts, *The Practical Way to Keep Fit*, 21.

²³⁸ Imperial War Museum, London, Interview with Jessie-Anne Cloudsley-Thompson, *Catalogue number. 31559*, Reel 2.

hospital for Canadian servicemen and opened in 1940. It had capacity to care for between 480 and 750 patients, depending on the current need). *The Times*' article noted how the hospital was situated over twenty-two acres 'in a quiet and beautiful corner of Lord Astor's estate.' The location is sheltered from excessive exposure to cold winds or bad weather as it is 'almost completely hidden by trees on all sides'. The sizeable wards were over one-hundred feet in length and equipped with 'no limit' of 'modern scientific equipment', The article concluded with reference to the 'French doors opening on to a sun porch at the end' of each ward, and remarked that the array of modern scientific equipment merely 'assist' nature 'in the work of healing.'²³⁹ Similarly, at the opening of Aldershawe Auxiliary Hospital, the connection between the property's natural surroundings and its suitability as a medical facility is made explicitly clear. Its setting, 'in the midst of lovely old gardens and a thickly-wooded park... [with] two lakes for boating and bathing... [meant] the hospital provides every chance for a weary soldier or airman to be completely restored to health.'²⁴⁰ The houses' situation, within a medicalised natural environment, served to engender a vision of these homes as idealised locations for their wartime utilisation (Aldershawe is located near the city of Lichfield in Staffordshire. It was opened as an auxiliary hospital in 1941 and could accommodate up to 60 patients). Evidently, the choice of location for these hospitals and treatment regimens they employed were impacted and inspired by the same principles which underscored outdoor movements and aspects of the Sunlight League. Moreover, the frequent reference to the external spaces surrounding the properties and, in many instances, the rurality of the setting, encouraged the connection in the popular imagination between the institution and its natural environment. For many of those who were sent to a converted country house to work or recover, it was these surroundings that provided the immediate focus of their attention. In a letter written on May 17th, 1940 by a nurse recently arrived at Ashridge Hospital, it was the hospital gardens which drew the strongest response,

We have been evacuated at last, and is it wonderful to be in the country... The grounds are beautiful, and the avenues of rhododendrons coming into flower, not to mention the roses ditto are an added attraction to us nurses, who have the free run of the

²³⁹ "Canadian Soldiers' Hospital," *The Times* (June 8th, 1940), 5.

²⁴⁰ *Staffordshire Advertiser* (March 29th, 1941), 8.

grounds. There are rare trees, such as incense cedars, and wellingtonias, and avenues of flowering chestnuts, not to mention the Spanish kind at the edge of the beechwood... I am typing this in the garden, it is gorgeous warm weather, and remembering Rudyard Kipling's poem "Our England is a garden that is full of stately views". Ashridge is just like that even to the gardeners and their potting sheds.²⁴¹

The emotive language used by Nurse Phipps demonstrated the importance of the outside space to her immediate perception of the auxiliary hospital (Ashridge House is located near the town of Berkhamsted in Hertfordshire. It was a large institution with capacity to accommodate up to approximately 640 patients). The connectivity between the medical institution and its natural environment was the focus of numerous other personal narratives. For example, in his recollection of Ashridge, it was the 'gorse and heather-aproned... forest [that] shielded the buildings' which immediately came to mind for the double amputee Eric Cottam.²⁴² The forest is pivotal to Cottam's remembrance, as he recalled spending,

Many sunny afternoons in the forest. The weather was glorious during that long, hot summer of 1940, and the beauty and natural scenic splendour of the secret woodland glades breath-taking. The only sounds, in this haven of peace with an atmosphere of timelessness, were of rustling leaves and the chorus of songbirds.²⁴³

It was this rootedness in an idealised vision of rurality which enhanced the converted properties medical identity. It shaped the experience of those who worked and recovered within the institution and was central to its wider popular representation. Local and national newspapers routinely emphasised the rural situation of these converted properties in descriptions of daily life under their new medical guise. It served to reassure readers that in

²⁴¹ London, Imperial War Museum, *Documents*. 9791, Private Papers of Miss K. M. Phipps (May 17th, 1940).

²⁴² London, Imperial War Museum, *Documents*. 18942, Private Papers of F. T. Cottam, Long and Short of It, p. 99.

²⁴³ London, Imperial War Museum, *Documents*. 18942, Private Papers of F. T. Cottam, Long and Short of It, p. 100.

response to the realities of modern industrialised warfare shelter and security was found in the restorative natural landscape. Thus, in a review of the work conducted at Broomhill Bank Auxiliary Hospital, the *Sevenoaks Chronicle and Kentish Advertiser* enhanced the suitability and effectiveness of the institution by emphasising its situation within ‘lovely grounds which overlook some of Kent’s most beautiful countryside’ (Broomhill Bank is located near the town of Tunbridge Wells in Kent. It opened as an auxiliary hospital in 1941 and during its four years of service it treated approximately 2,000 patients).²⁴⁴ Meanwhile, in a separate report focusing on a different Kentish convalescent home, the protective nature of the landscape is invoked. The county’s proximity to London and the long-precided focal point of German aerial attack, raised concerns about its security. Thus, in response reassurance is provided through the protective environment, with the institution described as ‘nestling among the rolling hills to the South-East of London’.²⁴⁵ Therefore, it is evident that the countryside and the natural landscape played a role in the treatment process offered at converted country houses. Furthermore, the natural environment was pivotal to the popular representation of the auxiliary hospital and convalescent home. These institutions were portrayed as providing an inherently restorative and secure environment in which the physical restoration of the injured patient could occur in collaboration with nature. Thus, in the description of a large converted country house in Kent, it was the property’s ‘airy spaciousness’ which made it ‘ideal for... [its] purpose’ as a convalescent home.²⁴⁶

Founding principles: efficiency and the creation of a national medical service

Efficiency was central to the medicalised identity of the auxiliary hospital and convalescent home as well as the wider wartime medical service. It permeated all levels of medical provision and was critical to the formation of the Emergency Medical Scheme. In 1944 the coalition government published a white paper on *The New National Health Service* which outlined a plan to create a comprehensive and publicly organised health service. It did not deride the existing system. Instead, it argued that ‘The record of this country in its health

²⁴⁴ *Sevenoaks Chronicle and Kentish Advertiser* (December 28th, 1945), 2.

²⁴⁵ “Caring for Convalescent Soldiers,” *Sevenoaks Chronicle and Kentish Advertiser* (July 4th, 1941), 1.

²⁴⁶ “Caring for Convalescent Soldiers,” *Sevenoaks Chronicle and Kentish Advertiser* (July 4th, 1941), 1.

and medical services is a good one... There is no question of having to abandon bad services and to start afresh. Reform in this field is not a matter of making good what is bad, but of making better what is good already.²⁴⁷ Thus historians of the National Health Service, such as Almont Lindsey and Charles Webster, have described its formation as 'evolutionary rather than revolutionary.'²⁴⁸ The medical landscape in 1939 was a complicated and confused environment. It is epitomised in a speech given by the Right Honourable A. J. Balfour to the House of Commons on October 25th, 1911. With regard to the impending passing of the National Insurance Bill into an act of legislation, Balfour noted that it constituted 'the most complicated Bill of the last hundred years, and it touches more sets of people in more obscure and unanalysable ways than any measure which has been tried.'²⁴⁹ The complexity of the act was reflected in the medical landscape resulting from its enactment. Growing state involvement in the health and welfare of its citizens was evident, not only, through its financial contribution to the National Health Insurance Scheme, but also in increases to the cost of local authority medical health provision (50 per cent of which was government funded). The gross cost of these services rose from around three million pounds in 1900, to approximately fifty million pounds by 1938.²⁵⁰ Furthermore, it was also evident with the formation of the Ministry of Health in 1919. The incumbent of the newly-created position of Minister of Health was tasked with taking 'all such steps as may be desirable to secure the preparation, effective carrying out and coordination of measures conducive to the health of the people'.²⁵¹ Moreover, government involvement was increased further following the Local Government Act (1929), which transferred the powers formerly held by the Poor Law Boards of Guardians into those of the local authorities. While an audit of hospital beds in England and Wales in 1939 highlighted that there was a total of about 3,000 hospitals providing approximately 500,000 beds. Of this number, only about 100,000 were provided by voluntary hospitals. The remaining 400,000 hospital beds were in the 2,000 local authority hospitals.²⁵² However, the national picture was not one of universally improved access to medical provision. In fact, even within the state supported

²⁴⁷ Watkin, *The National Health Service*, 3.

²⁴⁸ Lindsey, *Socialized Medicine in England and Wales*, 23; Webster, *The Health Services Since the War*, 2.

²⁴⁹ Sir George Newman, *The Building of a Nation's Health* (London: Macmillan and Co. Ltd, 1939), 390.

²⁵⁰ Webster, *The Health Services Since the War*, 8-9.

²⁵¹ Webster, *The Health Services Since the War*, 124.

²⁵² Watkin, *The National Health Service*, 8.

strands of health provision the quality of treatment and administration differed dramatically depending on geographic location. Charles Webster has noted how 'prosperous urban areas witnessed a transformation of their local authority health services', while, 'large tracts of Britain, especially in the north and west, were lumbered with obsolete services and backward-looking attitudes in health administration.'²⁵³ The inconsistency and unevenness of service was further evident within the National Health Insurance Schemes; schemes which insured over 20 million people (43 per cent of the population) by the outbreak of the Second World War.²⁵⁴ Although providing coverage to a significant section of the population, National Health Insurance did not remove the fear of unemployment or ill-health for the average working-class citizen. In illness, the contributor could gain access to free medical treatment. However, the benefit to which they were entitled averaged little more than fourteen shillings per week. Dependents were not covered by the insurance so if a family member fell ill, the cost of their medical treatment had to be found within this meagre budget, forcing many to resort to seeking charity and Poor Law Relief.²⁵⁵ As many of the schemes became more profitable, government contribution was reduced. This resulted in schemes being offered by a number of Approved Societies with no central organisation and regional variation in the quality and level of coverage provided. It was a wholly inefficient and uneven system, as the following example demonstrated,

... in a factory in the south-west, 337 employees were members of 37 different societies, 16 of which had only one member at the firm; and in 1926 it was stated that 98 societies had one member each in Glasgow. The range involved may be seen from the fact that though 65 per cent of the societies insured 2 per cent of the population, 76 per cent of the population were insured by 2.5 per cent of the societies. While some societies paid only minimum benefits, others paid for dental and optical treatment, hospital treatment and nursing homes. By 1936 it was estimated that some 13.1 million people were entitled to dental benefit, as compared with 11.3 for optical benefit and 1.9 for hospital care. In other words, equal contributions led to unequal benefits.²⁵⁶

²⁵³ Webster, *The Health Services Since the War*, 12-4.

²⁵⁴ Webster, *The Health Services Since the War*, 11.

²⁵⁵ Lindsey, *Socialized Medicine in England and Wales*, 4-5.

²⁵⁶ Martin A. Powell, *Evaluating the National Health Service* (Buckingham: Open University Press, 1997), 15-6.

There was an awareness of the inefficiency of the developing system. The 'Interim' or Lord Dawson Report of May 1920 outlined many of the fundamental inefficiencies of a non-centrally organised medical service. It noted the connection between the growth of medical knowledge, the complexity of administering the necessary measures, and the inherent need for an extended organisation oversee this administration. In fact, historian John E. Pater argues that in a very real sense 'the story of the making of the NHS is the story of the long-delayed implementation of the Dawson report'.²⁵⁷ The strength of the calls for improved efficiency in medical provision grew as the Second World War approached. In the House of Commons debate on Medical Services in Civil Defence (November 30th, 1938), Dr Edith Summerskill called for 'the national control of medical supplies.'²⁵⁸ In response, the Conservative Member of Parliament, Samuel Storey extolled the virtue of, and need for, 'a well-planned medical service in war time, particularly as such a plan, unlike many of our Defence preparations, would have definite peacetime value.' Inefficiency would be the enemy of a functional wartime medical system, as Storey stated,

If that willingness to serve were properly organised, it would play a very important part in our emergency medical services. Upon the efficiency of our first-aid posts, under proper medical services, will depend whether our hospitals and our medical staffs are to be overwhelmed with minor cases or are to be unhampered and left free to deal with very serious cases.²⁵⁹

To create an efficient and effective service, Storey demonstrated an awareness of the need for greater cooperation, not only between existing voluntary hospitals bus also between the privately financed institutions and their state-sponsored equivalents,

²⁵⁷ John E. Pater, *The Making of the National Health Service* (Bath: The Pitman Press, 1981), 7-8.

²⁵⁸ *HC Debates* (November 30th, 1938), vol. 342, col. 541.

²⁵⁹ *HC Debates* (November 30th, 1938), vol. 342, col. 542.

Such work will need the collaboration, not only of the voluntary hospitals, but of the local authorities who control public hospitals, and I am sure that such cooperation will be welcomed by the voluntary hospitals, for in some such plan of co-ordination lies the solution of the problem of voluntary or public hospitals. To a regional council on which both are adequately represented, both voluntary and public hospitals could surrender control of general and major policy, while maintaining the domestic management of their own institutions. Only by such a surrender, only by such co-ordination and cooperation, by the elimination of wasteful overlapping and the filling of obvious gaps, can a proper hospital service for the country be built up. That coordination and co-operation is a very pressing need in peace-time; it will be essential and vital if ever this country has to face war.²⁶⁰

The wartime Emergency Medical Service or Emergency Hospital Scheme centralised efficiency in both its organisational structure and through the daily routines prescribed within its institutional wards. It implemented many of the collaborative proposals outlined in the aforementioned House of Commons debates and as the 1944 White Paper acknowledged transformed ‘a collection of individual hospitals into something of a related hospital system’.²⁶¹ The system necessitated cooperation and collaboration as it sought to provide a service in which those in greatest need had access to proficient care as quickly as possible. Thus, a zonal ‘Sector System’ was formed in which hospitals in dangerous urban areas sought to maintain a pool of empty beds by transferring existing patients to affiliated institutions within their regional network.²⁶² An article in the *British Medical Journal* demonstrated the planned organisation of medical services for London. It proposed a scheme which ‘is based on the affiliation of certain casualty hospitals in the more dangerous areas to others in outer areas.’ In effect, London would be arranged into ‘ten sectors radiating from the centre. Each of these sectors contains voluntary and municipal hospitals of widely differing types’. The plan advocated utilising the ‘casualty hospitals near the centre of each sector’ for ‘immediate treatment only,’ and for the injured to ‘be transferred at the earliest opportunity from the centre to affiliated casualty base hospitals in the outer

²⁶⁰ *HC Debates* (November 30th, 1938), vol. 342, col. 543.

²⁶¹ Webster, *The Health Services Since the War*, 22-3

²⁶² Ruth Levitt, Andrew Wall and John Appleby, *The Reorganized National Health Service: Fifth Edition* (London: Chapman & Hall, 1995), 4.

areas'.²⁶³ In fact, the entire medical chain was arranged to be an efficient machine designed to remove and treat the wounded soldier quickly. For the medical chain to work effectively, it necessitated all constituent parts to run efficiently. The efforts of the Joint War Organisation were vital to the efficacy of the overall rehabilitative process. Many of the institutions which oversaw the latter stages of recuperation were organised and maintained by members of the British Red Cross Society or the Order of St. John of Jerusalem. This included auxiliary hospitals and convalescent homes. The Joint War Organisation, although independently organised and managed, was directed by dictation from the Ministry of Health and the War Office. Following the formal amalgamation of the two charities on September 2nd, 1939, the remit of their labour was negotiated. Having initially requested for the Organisation to provide six convalescent homes of no more than one hundred beds for officers only, the Ministry of Health ultimately asked for the provision, adaptation, and equipping of hospitals for up to twenty thousand officers and men of other ranks.²⁶⁴ This was funded primarily by the Duke of Gloucester Appeal which contributed over fifty-four million of the Joint War Organisation's sixty-four million pound total wartime costs.²⁶⁵ Comforts and supplies were produced by local work parties, which were part of a larger regional organisation which provided war materiel to both the central organisation and to local institutions. Measuring the output of these parties is nigh on impossible. Estimates have suggested that at its peak, there were over a quarter of a million volunteers labouring for these parties producing millions of articles for use at home and overseas.²⁶⁶ Moreover, the Joint War Organisation-run institutions were staffed by a combination of professionally trained and voluntary personnel. An article in *The American Journal of Nursing* highlighted how in 1939 the Ministry of Health had sought to create a Civil Nursing Reserve to meet 'the increased demand for nurses in time of war without lowering the standards'. It included trained nurses (not currently working), assistant nurses (who had some training), and nursing auxiliaries.²⁶⁷ Within each institution there were a designated number from each of

²⁶³ "Emergency Hospitals Scheme for London: Grouping for Casualties," *British Medical Journal*, vol. 1, no. 4081 (March 25th, 1939), 634.

²⁶⁴ Cambray and Briggs, *Red Cross & St. John*, 125.

²⁶⁵ Cambray and Briggs, *Red Cross & St. John*, 531-2

²⁶⁶ Cambray and Briggs, *Red Cross & St. John* 594-5

²⁶⁷ R. A. Darbyshire, "Britain Meets Increased Demand for Nurses in Time of War," *The American Journal of Nursing*, vol. 41, no. 2 (February 1941), 214; The latter group is composed of members of the British Red Cross Society or the Order of St. John of Jerusalem who are qualified in first aid and home nursing and are being

these various ranks. The nurse staffing included a matron-in-chief or sister-in-charge, a fully trained nurse per twenty-five patients, and three nursing members of the British Red Cross Society or St. John Ambulance Brigade per twenty-five patients.²⁶⁸ Thus, the Joint War Organisation reflected the wider Emergency Medical Service. It was, in many ways, a microcosm of the broader structure. It was centrally led with the War Office and Ministry of Health dictating the direction of its voluntary efforts, yet it necessitated a degree of regional and institutional independence. Much like its larger organisational affiliate, the Joint War Organisation prioritised efficiency and its embodiment of this principle contributed to the effective management of the Emergency Medical Service. This was evident in the summarising comments of the Minister of Health and Conservative Member of Parliament, Henry Willink. In his comments from May 1945, he applauded the role of the Joint War Organisation in enabling the broader medical service to run effectively. He emphasised the importance of a thorough adoption of the principles of efficiency and economy, on an individual, institutional, and organisational level,

The county committees and the commandants and staffs of the auxiliary hospitals have laboured long and faithfully. Individual members have given splendid service in rest centres, public air raid shelters, sick-bays, and hostels and in finding billets for the sick and helpless. The Government is most grateful to them all. To those responsible for the organisation and the day to day work of the auxiliary hospitals a special word of thanks is due. These hospitals have provided primarily for the convalescent stage of recovery of our Service casualties and sick and of our air raid casualties, but some have cared for the very young and the very old from bombed cities. They have not only relieved the acute hospitals of a heavy load but have enabled them to clear their beds more quickly. But for the willing help given at all times by the auxiliary hospitals the work of the Emergency Hospital Scheme could not have proceeded so smoothly. This assistance has been invaluable.²⁶⁹

supplemented by others taking special courses of training in first aid and home nursing arranged by the Red Cross or St. John Ambulance Corps with 50 to 96 hours practical work in hospitals.

²⁶⁸ Cambray and Briggs, *Red Cross & St. John*, 618.

²⁶⁹ Cambray and Briggs, *Red Cross & St. John*, 626.

Thus, efficiency was a central and fundamental tenet to the organisational structure of both the wartime Emergency Medical Service and the affiliated charitably-run Joint War Organisation. As a constituent within this wider system, the auxiliary hospital and convalescent home were inculcated with the same founding principle. Efficiency was central to the ambition and success of every institution. It guided and governed the behaviour and expectation placed on the medical personnel and military patients. Therefore, it will be shown that at an institutional and individual level, acts of efficiency were utilised to demonstrate the medical viability of the institution and the physical recovery of the patient.

Recovering masculinity: the importance of institutional and individual efficiency

Preservationist movements sought to connect the traditionally opposing notions of modernity and rurality. The interwar period witnessed a growing awareness of the damage resulting from inefficient design and ad hoc development of the countryside. Clough Williams-Ellis decried the current lack of control regarding suburban encroachment into rural sites, declaring,

We need direction and leadership now as never before, because now, in this generation, a new England is being made, its form is being hastily cast in a mould that no one has considered as a whole... If there is no master-founder, no co-related plan, we may well live to be aghast at what we have made – a hash of our civilisation and a desert of our country. What then must we do to be saved from this future state of chaos, ugliness, and inefficiency?²⁷⁰

Thus, the planner-preservationist movement sought to modernise the scope and understanding of rurality as it was through controlled and centrally organised development of rural space that its value and benefit would be most effectively harnessed. Just as advocates of rurality sought to incorporate aspects of modernity within a reformed vision of the countryside, so too did proponents of Modernism seek to utilise the environment and

²⁷⁰ Matless, *Landscape and Englishness*, 31.

the natural elements in their architecture and design. Cor Wagenaar states that ‘hospitals are among the most fascinating buildings ever conceived... [They] are temples, “machines à guérir” (curing machines), the built manifestoes of (alleged) medical supremacy’. In accordance with George Rosen’s historical sociology of the modern hospital, Wagenaar highlights how these institutions were manifestations of the ‘social and cultural values’ of the society in which they were found.²⁷¹ Therefore, they provide a useful lens through which the principles that govern contemporary society can be magnified and scrutinised. In labelling the modern hospital a curing machine Wagenaar alluded to certain aspects of its functionality and design. Fundamentally and functionally, the hospital provides a venue in which the curing and restoration of sick and injured people takes place. The machine aspect of this label refers to the spatial contribution to the process. It is through the efficiency and economy in the design and practice of these institutions that their mechanised status appears. The mechanised vision of spatial efficiency was a prominent theme within the modernist movements of the early twentieth century. In his pioneering work *Vers une architecture* (1923), the architect Le Corbusier discussed a perceived stagnation in the design of domestic buildings when contrasted with recent developments to the theory and practice of industrial architecture. The contradiction revolved around the image of the ‘clean machine’ with its embodiment of efficiency and its prioritisation of light, air, and openness. The traditionally cramped urban home adjoined on either side and suffering from poor ventilation marked the antithesis to Le Corbusier’s vision of a domestic equivalent to the contemporary modern factory. Thus, he derided these ill-suited and ineffective ‘old snail shells’ and described them as old coaches ‘full of tuberculosis’.²⁷² The modern workplace, on the other hand, is a completely different type of vehicle. It embodied light, air, and openness through both the layout of the space and the materials used in its construction. The activity produced within, is reflective of the broader space, Le Corbusier argued. Therefore, while domestic architecture remained stagnant there could be ‘no real link between our daily activities at the factory, the office or the bank, which are healthy and useful and productive, and our activities in the bosom of the family which are handicapped at every turn.’²⁷³ The image of the clean machine embodied the convergence of the

²⁷¹ Wagenaar, “Introduction”, 10; See also Rosen, “The Hospital”, 2.

²⁷² Overy, *Light, Air, and Openness*, 192-3.

²⁷³ Overy, *Light, Air and Openness*, 192-3.

sociological with the architectural, as the contemporary social prioritisation of efficiency and economy was enacted through the design and practice of the modern factory, office, and bank. The principles which underpinned this idealised industrial vision were equally transferrable to medicine and the medical workplace. For example, the tuberculosis sanatorium designed by Jan Duiker and built at Hilversum in the Netherlands during the 1920s and 1930s suitably demonstrated the interwar architectural fascination with the notions of light, air, and openness within a medical context. Situated among pine woodland, the design of the building utilised white-painted concrete and large sheets of rolled glass. The use of these carefully selected materials and the distinct lack of unnecessary adornment or decoration meant that any imperfection was immediately conspicuous. Equally, the presence of dirt and the effect of discolouration were heightened in such a sparse yet radiant environment. However, the effective design and the efficient use and maintenance of the space meant that these places came to be viewed as symbolic manifestations of good health and hygiene.²⁷⁴ Medical institutions were thereby incorporated within the growing cultural cache of the clean machine. In his introduction to the 1927 translation of Le Corbusier's *Vers une architecture*, the British architect Frederic Etchells emphasised the centrality of efficiency to the understanding of a well-designed medical space. The lack of decoration was pivotal to its success as he argued, 'the modern hospital is a triumph of the elimination of the detrimental and the unessential.' Furthermore, it is its absolute prioritisation and functionality that elevated the hospital to the lofty heights of the modern mechanised workplace. Etchells continued, stating that 'because of its absolute fitness to purpose its operation theatre – like the engine room of an ocean liner – is one of the most perfect rooms in the world.'²⁷⁵ Thus, the image and experience of wartime institutions like the auxiliary hospital and convalescent home emphasised their embodiment of efficiency and economy.

Efficiency was a central component in the adaptation of properties and in the construction of additional medical space. Typically, the layout of the ward followed a standardised form, with beds running along each side of the room. This enabled the nursing staff to monitor the entire ward effectively from any one position. The following image is of

²⁷⁴ Overy, *Light, Air and Openness*, 29-30.

²⁷⁵ Overy, *Light, Air and Openness*, 43.

a Royal Navy Auxiliary Hospital stationed at Cholmondeley Castle. It highlighted how ill-designed domestic rooms were adapted to maximise the useable space, while still maintaining an emphasis on the restorative principles of light, air, and openness. The white-boxed walling protected valuable paintings and antique panelling while also lightening the room and visibly displaying the cleanliness of the ward. The layout of the beds enabled the nursing staff to move freely between their patients without risk of knocking or falling into them.



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Figure 1: One of the wards at the Royal Naval Auxiliary Hospital Cholmondeley Castle, Cheshire. Cholmondeley Castle was one of several naval hospitals especially set up to treat patients with severe or chronic psychiatric illness.

²⁷⁶ London, Imperial War Museum, A 11514, Admiralty Official Collection, "Auxiliary Hospital, Cholmondeley Castle. 7 – 14 July 1942."

A similar method was employed in the design and layout of wards in hutted hospitals. Prefabricated structures were erected in the grounds when the ward space within the central residence was restricted or oversubscribed. Developed during the First World War by Major Peter Norman Nissen, the Nissen hut was an especially popular choice during the Second as it provided an efficient and healthy workplace, while remaining cost- and time-effective. An article from the *Aberdeen Journal* highlighted the versatility of this mode of construction. The ‘Nissen buildings were easy to transport and easy to construct... [meaning] key-points of nationally important works could be duplicated within a week by the Nissen method of construction.’ They provided ‘light, airy working conditions’, were ‘easy to erect and, by virtue of their special construction, can rapidly be extended with the minimum of inconvenience’, and ‘can be erected for a fraction of the cost of conventional construction – and have proved themselves to be exceptionally inexpensive in maintenance.’²⁷⁷

Prefabricated structures thereby offered an effective solution for a variety of industries and institutions in need of additional or alternative space. The use of hutments aided the individual hospital in standardising its practices as they could create wards of identical size and layout. Newspaper reports and personal testimonies repeatedly emphasised the uniformity of their design. In a letter written from Ashridge Emergency Medical Services Hospital, Nurse Phipps contrasted the wards within the converted property to those without (Ashridge House is located near the town of Berkhamsted in Hertfordshire. It was a large institution with capacity to accommodate up to approximately 640 patients). When talking about her work in the hutted wards, she immediately relayed their uniformity referring to them as ‘the sixteen huts of forty beds each’. Interestingly, her description of the ‘two wards of patients in the house itself and a staff ward’ include no similar accompanying figure relaying their capacities.²⁷⁸ A similar pattern is evident in the media representation of these newly constructed hutments. The Canadian Red Cross Auxiliary Hospital, built in the grounds of Lord Astor’s estate at Cliveden, was a particularly large and impressive example of this form of hospital design, with *The Times* labelling it ‘one of the finest [examples] of its kind.’ It covered twenty-two acres of land and just like Ashridge it utilised a standardised form of construction and design to create a uniform size and layout to each of the wards.

²⁷⁷ “Building Without Bricks and Mortar,” *Aberdeen Journal* (June 12th, 1941), 1.

²⁷⁸ London, Imperial War Museum, London, *Documents. 9791*, Private Papers of Miss K. M. Phipps (May 17th, 1940).

The hospital had fifteen wards, each of which has '32 beds, which could be increased to 50 in an emergency'. Each ward was over one hundred feet in length with a set of 'French doors opening on to a sun porch at the end' (Cliveden is located in Maidenhead in Buckinghamshire. It was converted into an auxiliary hospital for Canadian servicemen and opened in 1940. It had capacity to care for between 480-750 patients, depending on the current need).²⁷⁹ This standardisation contributed to the effectiveness and efficiency of the medical staff and the institution. It is telling that ward layouts which hindered efficiency drew strong criticism from the medical staff as it disrupted and impeded a central principle which underscored the entire medical profession. The lack of any clear strategy or programme in the development of the former monastery at Ashridge registered immediately with the staff who were sent there from more conventional hospitals. Having completed her training at University College Hospital in London, Nurse Phipps was evidently shocked by the lack of architectural order in the design and layout at Ashridge Emergency Medical Service Hospital (Ashridge House is located near the town of Berkhamsted in Hertfordshire. It was a large institution with capacity to accommodate up to approximately 640 patients). In a letter, written shortly after her arrival, she commented on the disordered recent history of the property and the way this had been reflected in the development of the site, 'in recent years the place has had a good many different owners who have added "here a wing and there a wing, everywhere a new wing" it would appear! Really a hodge potch [sic] of varied architectural styles, with towers and spires and near battlements'.²⁸⁰ Furthermore, the impact of this architectural inefficacy on the ability of the medical staff to perform their roles effectively was noted by Nurse Phipps, when she explained,

It is surprising how rambling this house is. I sometimes have to take peoples' temperatures in their various rooms or deliver hot drinks. Sisters' floor is over the dining room and reached by the baronial stairs (still a slippery menace if one is carrying a tray of drinks)! At the moment Sister W. has a poisoned finger and Sister X. sleeps badly, they have Ovaltine. The orangery, which is now a series of two-bedded cubicles for VADs, is reached by a circuitous route up and down stairs. Then there is the turret

²⁷⁹ "Canadian Soldiers' Hospital," *The Times* (June 8th, 1940), 5.

²⁸⁰ London, Imperial War Museum, *Documents. 9791*, Private Papers of Miss K. M. Phipps (May 17th, 1940).

with its narrow curly stairs. I have a patient in each of these... and Curtis has to be visited in a cubicle off the gallery which runs round the top of the hall.²⁸¹

Furthermore, efficiency permeated down to the level of the individual patient and was a central tenet in their popular representation. One of the central pillars in the traditional construction of masculinity was the notion of the male breadwinner. It determined that the financial security of the family was the responsibility of the father. Laura King argues that despite changes to the image and depiction of the male breadwinner in social and political discourse, it remained one of the four core elements in the popular understanding of fatherhood from the end of the First World War through to the 1960s.²⁸² Although this period witnessed significant change to the scope and context of the provision incorporated within the image of the male breadwinner, its vitality to the construction of masculinity hardened. Tolerance for fathers unable to provide sufficiently decreased and an expectation that men should enjoy the responsibility of being the primary breadwinner developed during the 1930s. The press praised individuals who sought to fulfil these paternal obligations. An article in *The Times* 'heartily agree[d]' with a letter from 'A Grateful Father' who wished to contribute to his wife and children's subsistence following their evacuation abroad. This vocal acclamation reflected a perceived broader consensus.²⁸³ Thus, the image of fatherhood and its innate connection to the construction of masculinity emphasised the importance of male provision, and the capacity of the father to provide useful labour to support his family. The Second World War heightened the importance placed on productivity. In the era of total warfare, individual and corporate efficiency were pivotal to the military success of the combatant nation. It thereby became synonymous with notions of citizenship. Sonya O. Rose describes citizenship as 'a membership category, defining who does and does not belong to a particular (national) community... it is one that is formally linked to the notion of rights that accrue to members, and to the obligations they owe to

²⁸¹ London, Imperial War Museum, *Documents. 9791*, Private Papers of Miss K. M. Phipps (May 19th, 1941).

²⁸² The other three elements were entertaining, guiding and disciplining, and supporting the mother. Laura King, *Family Men: Fatherhood and Masculinity in Britain, c. 1914-1960* (Oxford: Oxford University Press, 2015), 16.

²⁸³ *The Times* (May 9th, 1941), 5; *The Times* (May 8th, 1941), 5.

the state in return.²⁸⁴ Therefore, during periods of conflict an individual's capacity and willingness to contribute to the national war effort is pivotal to their social inclusivity and citizenship. An inability or unwillingness to do so frequently resulted in ostracization and outright hostility. The obligation to produce useful labour for the benefit of the family and the nation connected the wartime understandings of citizenship and fatherhood. Thus, as Rose astutely argues there was an innate connection between the wartime image of maleness and the notion of citizenship. In other words, 'masculinity... was normative personhood.'²⁸⁵ War-related injury and disablement destabilised these constructs as it is in fulfilment of their innate masculine obligation that wounded and disabled servicemen were rendered incapable of adhering to them. In response, the auxiliary hospital and convalescent home were idealised as efficient and effective places of industry where wounded men were visibly depicted fulfilling a version of this social construct. The image below showed patients from Cholmondeley Castle Auxiliary Hospital constructing a small wooden bridge in its grounds. The extent of their recovery is evident in visual and metaphorical terms. The men appear shirtless openly displaying their physical recovery and restored health. Simultaneously, the context of the display demonstrated their capacity to perform useful labour and the restoration of their masculine identities.

²⁸⁴ Sonya O. Rose, *Which People's War? National Identity and Citizenship in Wartime Britain 1939-1945* (Oxford: Oxford University Press, 2003), 15-6.

²⁸⁵ Rose, *Which People's War*, 152.



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Figure 2. Patient building a bridge in the grounds of the Royal Naval Auxiliary Hospital Cholmondeley Castle, Cheshire. Cholmondeley Castle was one of several naval hospitals especially set up to treat patients with severe or chronic psychiatric illness.

Occupational therapy and the production of saleable artefacts was pivotal to this reconsidered representation. Despite it being a valuable means of rehabilitative treatment during the First World War, occupational therapy did not achieve full maturation in Britain until the formation of the British Association of Occupational Therapists in 1936. Within the resulting orthodoxy were two distinct treatment pathways with differing focus and aspirations. Diversional training or diversional occupation sought to provide psychological relief from the boredom and mundanity of convalescence. Vocational training and guidance offered more practical assistance in retraining and preparing patients with more serious

²⁸⁶ London, Imperial War Museum, A 11537, Admiralty Official Collection, "RN Auxiliary Hospital, Cholmondeley Castle. 7 – 14 July 1942."

injuries for a future in alternate careers.²⁸⁷ The utilisation of each aspect was very often dependent on the severity of the injuries sustained by the wounded serviceman and the likelihood of their making a full physical recovery. Thus, for those with more minor physical injuries occupational therapy was ‘useful in the early mobilization of stiff joints – e.g., fingers and shoulders.’ Basket-making, embroidery, and other forms of handiwork encouraged greater dexterity and freedom of movement in the injured joints and appendages. Whereas, for men enduring permanent disability with significant physical limitations, occupational therapy provided a ‘useful preliminary to the later vocational training’.²⁸⁸ However, despite the variant regimens within the field of occupational therapy, the popular representation prioritised its propensity to produce useful labour from patients. The importance of this aspect of the rehabilitative process is epitomised in newspaper reports which emphasised its contribution to the physical restoration of the wounded. The *Aberdeen Weekly Journal* highlighted the success of this form of treatment, arguing that,

Soldiers convalescing at a Scottish auxiliary hospital are working their way back to health at jobs which they never dreamed they would tackle. Foot-slogging and fatigues [were] expected when they joined the Army, but never anything like rug-making and basket-work – the tasks which are now helping to restore them to fighting fitness. These are part of an occupational therapy scheme which has been developed at the hospital for the past six months, with beneficial results.²⁸⁹

Evident within the article is an awareness of a renegotiated masculinity demonstrated through the men’s successful participation in rug-making and basket-weaving. This was resultant on these forms of labour not having an immediate association with contemporary constructions of masculinity. They were not the conventional pursuits or forms of employment expected of military men. A quote from a recovering serviceman demonstrated an awareness of the cultural inversion resulting from his participation in

²⁸⁷ G. D. Kersley, “Occupational Therapy,” *Journal of the Royal Army Medical Corps*, vol. 78, Issue 5 (May 1942), 236.

²⁸⁸ S. Alan S. Malkin and Gilbert Parker, “Rehabilitation in an E.M.S. Orthopaedic Unit,” *British Medical Journal*, vol. 1, no. 4288 (March 13th, 1943), 317.

²⁸⁹ *Aberdeen Weekly Journal* (August 21st, 1941), 3.

these unusual activities. "If only mother could see me now", grinned one soldier, when... putting the finishing touches to a rug draped over his knees'.²⁹⁰ The serviceman's personal surprise at his new-found employment is exemplified by the expectation of his mother's astonishment. However, any disruption to conventional social mores is negated by the article's subsequent caveat that such employment is but an effective means of enabling the men to fulfil and uphold established masculine codes of behaviour. The article simultaneously reinforced the heightened value of this form of labour while reassuring the audience of its ascription to social convention as it outlined the 'twofold usefulness' of the work: firstly, as a way of helping 'to pass the time and keep patients cheerful'; and secondly, as a way of keeping the 'mind and arm muscles in play' and hastening 'the return of strength'.²⁹¹ Thus, this unusual form of employment contributed to the restoration of the individual masculinity of the patient by quickening his recovery and demonstrating his ability to remain within the boundaries of what constituted normative masculinity. Moreover, it was not only in a practical sense that occupational therapy restored the masculine identity of wounded patients. It was also a useful means of visually demonstrating their restored self to the wider population. The capacity of patients to produce useful labour was central to the narrative surrounding the popular representation of injured and disabled servicemen. Charities for injured veterans, such as St. Dunstan's home for blinded ex-servicemen sought to provide such services and simultaneously re-affirm the masculine identity of the men. An article in *The Times*, demonstrated the centrality of useful labour to the construction of the war-disabled veteran and the attempts being made at St. Dunstan's to realign the blinded servicemen with this conventional male image: 'the aim of St. Dunstan's... is to assist its men to become useful and productive citizens rather than idle and unhappy pensioners, the basic view being that true happiness can only be enjoyed by those who contribute in some way to the work of the world.'²⁹² In response to this loss of amenity, ministerial offices constructed two different and occasionally conflicting narratives of appropriate masculinity for the war-disabled veteran. The first was that of the heroic cripple, uncomplaining in his sacrifice for society and the state. The second narrative stream was that of the disabled ex-serviceman as an

²⁹⁰ *Aberdeen Weekly Journal* (August 21st, 1941), 3.

²⁹¹ *Aberdeen Weekly Journal* (August 21st, 1941), 3.

²⁹² Anderson, *War, Disability and Rehabilitation in Britain*, 50.

independent worker, who although reduced in earning potential maintained an ability to earn a proportion of his former salary and thus, was only reliant on the state to meet the shortfall. Therefore, it was vital to align injured and disabled servicemen with these narratives to reconnect them with a reformed masculine identity. One means through which this was conducted was through visible demonstrations and frequent reporting on the products of their labour. As the following article highlighted, the community were vital in providing much of the equipment necessary during the rehabilitative process. This included equipment for physical training and occupational therapy,

In connection with the rehabilitation treatment of war-wounded and civilian patients at the Bradford Auxiliary Hospital, the Committee would be grateful for gifts of any gymnastic apparatus for the purpose. The items particularly required are: - sculling machines, punch ball, medicine balls, Indian clubs, pressure dumb-bells, double cycle racing machines etc. The Committee would also be glad to receive gifts of apparatus suitable for occupational therapy, such as hand looms, knitting machines, and any apparatus or tools for handicrafts.²⁹³

The converted country house provided the location for the successful utilisation of this equipment and allowed for the impressive levels of physical recovery to be demonstrated to the public. These were critical sites in the refashioning of the wounded patients' masculine image as they provided the wounded servicemen with the opportunity to actively demonstrate the extent of their physical and psychological recovery. At a garden fete hosted at Ashe Hall Auxiliary Hospital, the Deputy Chairman of the British Red Cross Executive Committee, Lady Limerick, highlighted the multifaceted nature of the event and the opportunities they provided to the men (Ashe Hall is located in the village of Etwall in Derbyshire. It could accommodate up to 100 patients and by the end of 1945 had treated approximately 7,000 patients). The fete incorporated demonstrations of the servicemen's physical recovery as 'wounded patients ran their own side shows, including darts and houp-la, [sic] and one party of soldiers had their own race-track on the lawn with wooden horses

²⁹³ "A Hospital Appeal," *Yorkshire Evening Post* (June 29th, 1944), 2.

and jockeys.’ However, their representational significance went beyond a demonstration of physical prowess. These events also spotlighted the patients’ capacity to provide useful labour and create products of saleable quality, with the ‘leather handbags and brightly coloured felt toys, made at the hospital,’ reportedly attracting ‘many buyers.’²⁹⁴ The importance placed on demonstrating the capacity of the men to produce useful labour is evident in the prioritisation given to the products of their labour, and the quality of the work they had undertaken. Upon the visit of the Princess Royal to an auxiliary hospital near Tamworth, the local newspaper reported that it was ‘an exhibition of occupational therapy work undertaken by the patients [which] aroused her special interest.’²⁹⁵ Similarly, at a show put on by the local branch of the Women’s Institute, the products of occupational therapy from the local convalescent home were the central focus,

In addition to the competitive exhibits, which were an excellent lot considering, as regards the vegetables and fruit, the vagaries of the weather, there was a display of handicrafts by Service patients at Trewidden Convalescent Home. They included soft toys, embroidered shopping bags, regimental crests and other designs worked in colour on linen for use as tray cloths or for framing. They were admirable examples evoking a good deal of interest and appreciate comment, of what is known as occupational therapy by which many wounded and sick Servicemen in hospitals and convalescent homes all over the country usefully and happily pass away the sometimes rather tedious hours... Mrs. LeGrice drew attention to the beautiful display of work by Trewidden Convalescent Home patients. She recalled that she began the job of instructing the men in the kind of work that was on show, and said it was now being carried on by Miss. E. M. Collins, to whom much of the credit was due. Some of the men showed great cleverness with a needle – better than many women – and had turned out some excellent work.²⁹⁶

The quality of the work was necessarily required to be of a saleable standard for the effort invested in providing the convalescing patients with this opportunity. In popular press

²⁹⁴ “Red Cross Plans for Peace,” *Derby Daily Telegraph* (September 24th, 1945), 4.

²⁹⁵ “H.R.H. the Princess Royal Visits Auxiliary Hospital,” *Tamworth Herald* (February 17th, 1945), 3.

²⁹⁶ “Heamoor Show,” *Cornishman* (September 21st, 1944), 2.

reports, the quality and financial value of the products produced through the occupational therapy centres were emphasised as a reassurance to the public that the recovering men were being adequately retrained for a future beyond the on-going conflict. A report on the previous six-months of occupational therapy at an unnamed auxiliary hospital in Scotland noted how the men had engaged in rug-making and basket-weaving. It reported that ‘the quality of their workmanship is high – so high that when the rugs, baskets and trays which they make are offered for sale there is no lack of customers. The hospital’s welfare fund for its patients benefits from the proceeds.’ The financial aspect of the work is reinforced as the article concluded with the comments of one of the patients who stated that what began as ‘a hobby’ has now grown ‘into an industry’.²⁹⁷ Concurrently, an article in the *Cornishman* noted how the patients at Trewidden Convalescent Home had been shown how to make ‘soft toys’, embroidered shopping bags, regimental crests and other designs worked in colour on linen for use as tray cloths or for framing.’ The article then noted how this kind of occupational therapy provided injured men across the country with the opportunity to ‘usefully’ pass their time in convalescence before concluding with the excellent and ‘cleverness’ of the men and their work (Trewidden House is located in the town of Penzance in Cornwall. It was opened as an auxiliary hospital in 1941 and had capacity for fewer than 50 patients).²⁹⁸ While a subsequent article in the *Cornishman* emphasised the masculine aspect of the craftsmanship, highlighting that ‘in many of the bigger medical centres there are workshops where patients can fashion in wood, metal, plastics and other materials.’²⁹⁹ Therefore, it is evident that the media representation of the auxiliary hospital and convalescent home emphasised its employment of occupational therapy. Those engaging in this form of treatment were shown to be ably demonstrating a newly acquired practical skillset which provided optimism for a future beyond the cessation of hostilities. Moreover, this display served to associate the identity of men who prior to their injuries frequently appeared as embodiments of an idealised masculinity with a reformed vision of maleness. It is through fulfilment of their inherent masculine pledge to partake in combat that they appear reduced and their abilities restricted. Thus, a reformed vision of masculinity is needed to accommodate these compliant male citizens. Therefore, in emphasising the

²⁹⁷ “Soldiers Convalesce,” *Aberdeen Weekly Journal* (August 21st, 1941), 3.

²⁹⁸ “Heamoor Show,” *Cornishman* (September 21st, 1944), 2.

²⁹⁹ “Wounded Men Make Things of Beauty,” *Cornishman* (June 21st, 1945), 7.

quality of the work resulting from the occupational centres at auxiliary hospitals and convalescent homes, the popular representation was actively reforming the male image and public understanding of the wounded servicemen. This point is made explicitly clear in an article from the *Yorkshire Evening Post*. The article uses the same heroic language to describe the physical and military accomplishments of the men prior to injury as it does to depict their efforts during recovery and their attempts to produce useful labour during their rehabilitation. It declared,

Sun-tanned warriors, who a few months ago met and crushed Rommel's panzer divisions in North Africa are tackling with the same tenacity the arts of peace, weaving, carpentering, basket and net-work. It is part of their treatment to recover the use of limbs, hands and fingers which have been temporarily put out action by wounds.³⁰⁰

Thus, the message is clear: their physical capacity may be altered through their injuries, but their fundamental masculinity was not.

In conclusion, the auxiliary hospital and convalescent home were sites of considerable political, social, and medical import. For it was at these locations that the extent of the physical and psychological recovery of the individual, and thus the likely extent to which they would be able to perform their role as an active and financially independent citizen, was revealed. This chapter has argued that in response to concerns surrounding the longer-term ramifications of the Second World War, the popular representation of the converted country house idealised these locations as inherently healthful sites combining the beneficent virtues of the natural environment with up to date modern medical innovation and practice. It highlighted the role of the natural environment and the outside space surrounding the property in the creation of a secure and restorative image of the auxiliary hospital and convalescent home. It showed that prevailing social and medical discourse served to produce a vision of rurality which emphasised its direct contribution to the restoration of sick and injured patients. Moreover, the chapter also highlighted how conceptions of modernity and efficiency altered the organisation of medical provision

³⁰⁰ "Building Up the Wounded," *Yorkshire Evening Post* (August 12th, 1943), 4.

during the Second World War; a shift reflected in the design, layout, and function of the converted country house. The auxiliary hospital and convalescent home were shown to be central components of the wartime Emergency Medical Service and a useful signifier of the founding principles which underpinned this reformed service. As such, it demonstrated how the organisational and institutional prioritisation of efficiency impacted the representation of individual patients, arguing that individual efficiency and an ability to demonstrate a continued capacity for useful labour were central to the idealised vision, not only of the institution, but also of the wounded veteran.

Chapter 3: Surveillance, Segregation, and the Militarisation of Space

Modern industrial warfare transformed the geography, experience, and understanding of urban life. The increased vulnerability of the city to new forms of weaponry encouraged political pessimism and public paranoia surrounding the insecurity of its citizens.

Furthermore, its heightened strategic value as a cultural, political, and industrial centre placed it firmly within the modern military gaze. As such, 'cities were transformed into the pivots of military violence in Europe.'³⁰¹ Through this process the urban architecture was redrawn as the rituals and means of conducting daily life in the city were disrupted or destroyed. As a result of the transformation of city into battlefield, the utility and identity of locations, spaces, and structures within its confines were consequently transformed.

Famously, London underground stations became improvised air-raid shelters adding layers of cultural meaning to their functional spatial identity. As spaces of communal refuge, they were adopted, employed, and are remembered as demonstrations of popular defiance and national unity.³⁰² Through this process sites such as tube stations acquired elevated social standing as they embodied and empowered a plethora of wartime narratives. In a similar vein, the requisitioning of stately homes and country houses, and the subsequent change to their function, layered what were already palimpsest-like sites with additional meaning and authority. Frequently, these private residences were requisitioned by the military or in service of the military. For example, Goodnestone Park Estate in Kent was requisitioned, and its grounds were used as a tank training area, while in countless other instances large country homes were converted into medical facilities for sick and injured servicemen.³⁰³ This militarisation was visible through physical changes to the structure and appearance of the

³⁰¹ Funk and Chickering, "Introduction", 3.

³⁰² Gregg, *The Shelter of the Tubes*, 8.

³⁰³ Maidstone, Kent County Council Library and Heritage Centre, *EK/U1276/B4/232*, Tank training areas: requisition of land by the military, correspondence and plans, Letter from Captain W. D. Land Agent and Valuer (September 11th, 1941).

property and its estate. It was evident in the principles and routines which governed the daily existence of its occupants, and it was reinforced through the popular representation of the activities and achievements of those living, working, and recovering within. Thus, the impact of requisitioning on these locations was both tangible and conceptual. All too often this tangency was visible in the permanent damage caused to the physical structure of the house. One of the premier figures in the interwar fight for rural conservation and the preservation of country houses, Clough Williams-Ellis, decried the consequences of military requisitioning. He remarked, 'that their last tenants our own British army too often reduced them to virtual ruin.'³⁰⁴ Physical alterations and a scarring legacy were but a part of the implications of militarisation. In her scathing evocation of the insidious contribution of the medical profession in enabling the industrialised slaughter of the First World War, Mary Borden highlighted the prioritisation of military need over that of the medical professional or the individual patient,

It is all carefully arranged. Everything is arranged. It is arranged that men should be broken and that they should be mended. Just as you send your clothes to the laundry and mend them when they come back, so we send our men to the trenches and mend them when they come back again.³⁰⁵

Many owners sought reassurance and affirmation that their precious home would not end up as a military training facility; the armed forces being, according to John Martin Robinson, 'the most dreaded' occupants of all.³⁰⁶ However, whatever their use, the requisitioned property's identity was fundamentally altered. As a private residence, the home was ascribed with an array of characteristics attached to conventional forms of sociality and family life. However, in its transformed state the spatial identity of the country house underwent a similar change with additional layers of cultural meaning being added to what was already a dense layering. Alterations to the physical appearance and layout of the property were implemented to create an atmosphere which encouraged certain behaviours

³⁰⁴ Robinson, *Requisitioned*, 12-3.

³⁰⁵ Borden, *The Forbidden Zone*, 79.

³⁰⁶ Robinson, *Requisitioned*. 7.

from the staff and patients alike. This chapter will initially highlight the physical alterations which immediately accompanied the properties' functional change. It will argue that the militarisation of the country house resulted in a segregated space governed by a strict hierarchic code. The relational strictures dictated and controlled the behaviour and interactions of the medical practitioners and their patients and it, largely, fell to the professional nursing staff to implement and uphold the militaristic principles which underpinned daily life on the hospital ward. This chapter will argue that the professional nursing staff were primary proponents in the creation of a military environment. Furthermore, it will argue that the militarisation of the medical wards in auxiliary hospitals and convalescent homes was encouraged by a concomitant adoption of militarist principles by the registered nursing profession. Finally, this chapter will highlight the importance of sport to the militarised image of the converted country house as well as to the recuperative process. It will argue that demonstrations of physical prowess were central to the popular representation patients and served to spotlight the extent to which they had recovered their masculine identities.

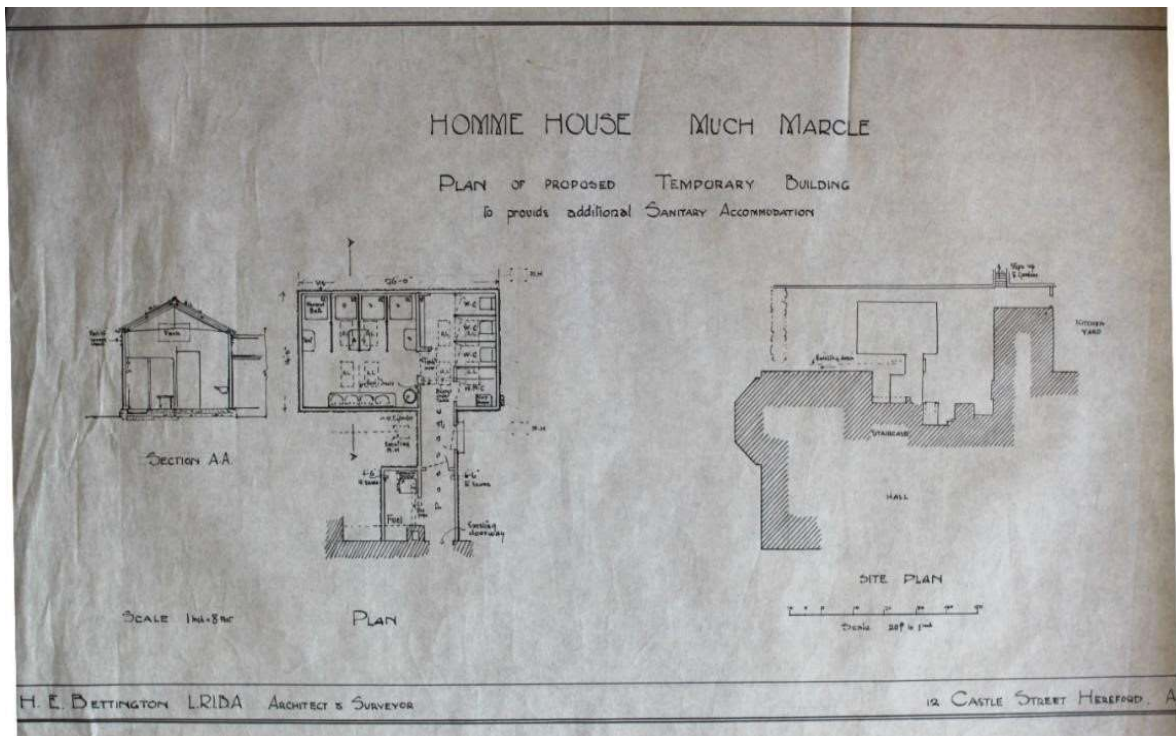
Physical change and the militarisation of a domestic space

As war takes hold of a society, so it transforms the understanding and utilisation of space. In relation to the Second World War in Britain, the most powerful and enduring example of this transformation is the understanding and experience of urban space. The German bombing raids not only effected catastrophic change to the architecture of the city, but through this destruction forced citizens to alter their behaviour. In doing so, aerial warfare transformed the way Londoners, and other victims of such attacks, used and perceived the spaces and structures which surrounded and supported their everyday existence. Homes, places of work, places of leisure, and transportation centres were all similarly impacted. The uncomfortable reality of domestic life under the new conditions of war was expressed by one London resident, who noted that it is the coalescence of the familiar and the unimaginable which struck such a powerfully disturbing chord. 'What a domestic sort of war this is... it happens in the kitchen, on landings, beside washing baskets; it comes to us without stirring a yard from our own doorsteps to meet it. Even its catastrophes are made

terrible not by strangeness but by familiarity.³⁰⁷ The function and value of each of these structures no longer solely rested on their capacity to fulfil their original purpose. Additional requirements resultant upon the mode and nature of the ongoing conflict encouraged citizens to view each location through a military lens. Stefan Goebel and Derek Keene highlight the centrality of the urban space to the experience and commemoration of total warfare in the twentieth century, arguing that ‘while no place was safe, the great cities were in the forefront in the transition to the era of total warfare: they were sites of heightened anticipation, dense experience and concentrated commemoration of military conflict.’³⁰⁸ The spatial impact of the Second World War transcended the urban locale and vicariously effected the buildings and locations utilised by the armed forces, government departments, industries and individuals who were forced to vacate their primary premises for alternative residence in safe zones. Through the act of converting large country houses into suitable venues for their new-found occupation, these properties were visually and identifiably transformed. The conversion of Homme House and Berrington Hall in Herefordshire necessitated the construction of additional buildings. The architectural plans of these would-be auxiliary hospitals highlighted the frequent need to extend and alter the visual aesthetic of the requisitioned property.

³⁰⁷ Juliet Gardiner, *The Blitz: The British Under Attack* (London: Harper Press, 2010), 49.

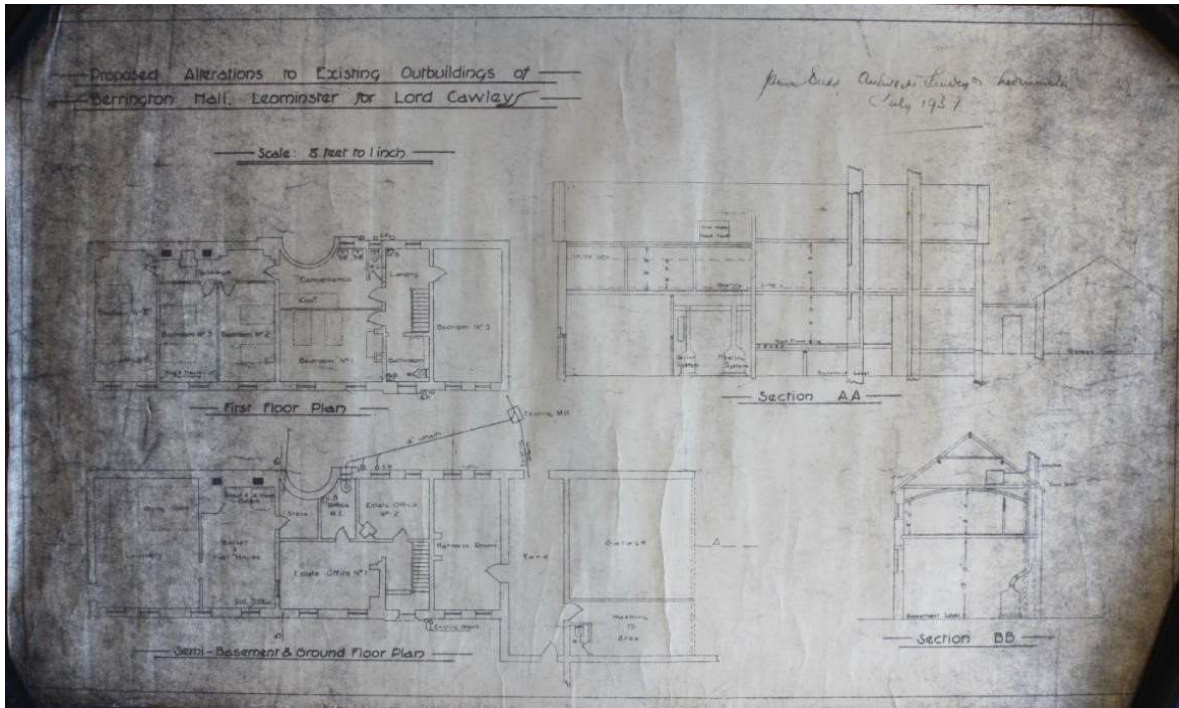
³⁰⁸ Goebel and Keene, “Towards a Metropolitan History of Total War”, 1.



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Figure 3. Architectural plans of the additional structures required to convert Homme House into a functional auxiliary hospital.

³⁰⁹ London, The National Archives, E44/2/lvii-lxiii, Herefordshire Archive and Records Centre, "Plans of Homme House." (Homme House is located in the village of Much Marcle in Herefordshire).



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Figure 4. Architectural plans for the proposed alterations to outbuildings at Berrington Hall prior to its conversion to an auxiliary hospital.

The Second World War witnessed a maturation of prefabrication techniques with updated versions of Peter Nissen’s original design being recommended as a possible solution to the predicted post-war housing crisis, as well as an economic and efficient means of providing accommodation to an array of wartime services. An article in the *Aberdeen Journal* emphasised the potential of the prefabricated mode of construction during wartime and in the subsequent reconstruction period as it explained how it has been ‘difficult in those days before evacuation began, to find accommodation for workpeople; but the Nissen method of construction could solve that problem.’ It provided,

Comfortable homes for the workpeople and their families... rest and recreation rooms, canteens and even a Nissen Church, in fact a Nissen village could come into being, out of sight from the air. Factories, works and villages could be merged into any background

³¹⁰ London, The National Archives, E44/1/xxix-xxxiii, Herefordshire Archive and Records Centre, “Berrington Hall floor plans.” (Berrington Hall is located near the town of Leominster in Herefordshire).

so as to be invisible from the air, for Nissen Buildings are more easily camouflaged than any other type of construction.³¹¹

Moreover, it was professed to offer 'the best answer to the problem of after war reconstruction.'³¹² The versatility of the space, the speed, ease, and cost of construction, and the low maintenance costs made prefabricated structures an efficient and economical means of creating the additional bed space needed to meet the demands placed on the existing hospital system. Converted country houses were thereby visibly and aesthetically transformed with the imposition of additional structures in the grounds surrounding the property. At Cliveden, an extensive series of huts were erected to form a hut hospital for sick and injured Canadian troops. A newspaper report about its impending opening emphasised the solidity of the new structure declaring, 'this is no temporary building, but a modern reinforced brick structure with the latest fittings.' Furthermore, in this instance, the new hospital was secreted away from Lord Astor's property, it being noted how the hutments were 'almost completely hidden by trees on all sides' (Cliveden is located in Maidenhead in Buckinghamshire. It was converted into an auxiliary hospital for Canadian servicemen and opened in 1940. It had capacity to care for between 480 and 750 patients, depending on the current need). Moreover, the aesthetic and architecture of the new structures were evidently a consideration for their constructors as the main building is described as having 'a graceful entrance porch with white colonial pillars'.³¹³ In personal correspondence sent during her time at Ashridge Hospital Nurse Phipps noticed the stark visual contrast between the sections of the hospital within the original priory, which she describes as striking a similar appearance to a 'medieval town complete with cathedral', and the 'ultra-modern' military additions (Ashridge House is located near the town of Berkhamsted in Hertfordshire. It was a large institution with capacity to accommodate up to approximately 640 patients).³¹⁴ The visual impact of this militarisation was furthered through the use of camouflage to screen the new buildings from German pilots. Nurse

³¹¹ "Building Without Bricks and Mortar," *Aberdeen Journal* (June 12th, 1941), 1.

³¹² "Building Without Bricks and Mortar," *Aberdeen Journal* (June 12th, 1941), 1.

³¹³ "Canadian Soldiers' Hospital," *The Times* (June 8th, 1940), 5.

³¹⁴ London, Imperial War Museum, *Documents. 9791*, Private Papers of Miss K. M. Phipps (June 13th, 1940).

Phipps expressed the negative effect of this aesthetic alteration to her and her patients' feelings about the structures,

Our huts are being camouflaged incidentally and look most dreary in their drab greeny [sic] brown new look striped in irregular blotches and curly lines. Certainly, they are not now seen from a distance and one is reminded of Rudyard Kipling's "Just So" tale of how the leopard got his spots and the zebra his stripes. They are also moving the patients from Fairhaven into huts... which they won't like at all (ward 16 is to be women's surgical) and is all set for air raid casualties.³¹⁵

The effective militarisation of the requisitioned country house occurred, not only, through visible and dramatic changes to the external vision of the property. It also altered its internal layout as recognition of the military importance of the work necessitated the production of an environment which recreated various aspects of the military barracks. The physical design and layout of the property after requisitioning prioritised the principles of surveillance and segregation. Paul Overy has successfully argued that between the wars modern architecture had a 'preoccupation with cleanliness, health, hygiene, sunlight, fresh air and openness'.³¹⁶ Hospitals and sanatoria frequently appeared as actualised examples of these architectural principles; principles which underpinned hospital architecture throughout the war. Openness was a critical component of ward design. It allowed nurses' to monitor multiple patients easily and effectively from any one fixed position. This meant that in surgical wards, and those caring for patients with other critical injuries, the nursing staff could immediately spot if patients were in trouble or in need of attention. Catherine Hutchinson explained the formulaic approach to the layout of the wards at the auxiliary hospital where she served during the Second World War,

In the surgical wing's "Nightingale" wards, designed so that a nurse anywhere in them (except the bathrooms, toilets, and sluices, and the "urine-testing" rooms at the

³¹⁵ London, Imperial War Museum, *Documents. 9791*, Private Papers of Miss K. M. Phipps (June 24th, 1940).

³¹⁶ Overy, *Light, Air and Openness*, 9.

opposite end of the long wards), could by turning around see every patient in the ward. There were high ceilings and many tall windows to conform with Nightingale's admirable focus on hygiene and space per patient.³¹⁷

Therefore, good hospital design contributed to the improved treatment of patients. In this case, the layout of the ward granted the medical staff with a panoramic view of the patients under their care. It thereby reduced the risk of a nurse or medical practitioner missing a medical emergency and increased the likelihood of early recognition as the staff were able to visually monitor all patients at virtually all times. It is noticeable that in converted hospitals, where such modern design was not always possible, inefficient, and ineffective spatial arrangement drew stern criticism. In a letter from Ashridge Hospital, Nurse Phipps wrote of the physical danger and her continued frustration at the awkwardness of certain wards within the converted property (Ashridge House is located near the town of Berkhamsted in Hertfordshire. It was a large institution with capacity to accommodate up to approximately 640 patients),

It is surprising how rambling this house is. I sometimes have to take people's temperatures in their various rooms or deliver hot drinks. Sisters floor is over the dining room and reached by the baronial stairs (still a slippery menace if one is carrying a tray of drinks)! At the moment Sister W. has a poisoned finger and Sister X. sleeps badly, they have Ovaltine. The orangery which is now a series of two bedded cubicles for VADs is reached by a circuitous route up and down stairs. Then there is the turret with its narrow curly stairs. I have a patient in each of these for tprs [temperatures], and Curtis has to be visited in a cubicle off the gallery which runs round the top of the hall.³¹⁸

However, the sound medical principles which underpinned good hospital design served ulterior motives within militarised wards. The openness of the layout which enabled senior sisters to effectively monitor the condition of their patients also provided them with the

³¹⁷ London, Imperial War Museum, London, *Documents. 11950*, Private Papers of Mrs. C. Hutchinson, 'My War and Welcome to It,' 16-7.

³¹⁸ London, Imperial War Museum, *Documents. 9791*, Private Papers of Miss K. Phipps (May 19th, 1941).

means to monitor and control behaviour. The double amputee Eric Cottam demonstrated an awareness of the connection between the open layout of the hospital ward and its utility for implementing militaristic discipline. It was laid out very much in the style of a military barracks, he recalled, with the beds 'jammed together in two opposed rows... separated by wedged-in lockers.' Cottam followed this description with a statement of his belief that 'with very few exceptions [the patients] were to be made potentially fit for active military service rather than being repaired after it.'³¹⁹ Interestingly, the Second World War witnessed a maturation of rehabilitation and a hardening of attitudes toward the convalescent phase of recovery for injured military personnel. Underscoring the positive rhetoric regarding the rehabilitation of servicemen in the Second World War was a criticism of those who endured injury and rehabilitation during the First. This point was forcefully made in a newspaper article which highlighted the shortening of the rehabilitative period during the current conflict. It aligned this reduction, not only to advancements in treatment and an increased understanding of rehabilitation, but also to a change in the attitude of the injured personnel. It was the willingness of the current generation to engage with modern rehabilitative techniques that enabled them to recover more quickly. The preceding generation were defined by their aversion to 'physical jerks in hospital'.³²⁰ Ana Carden-Coyne affirms this sentiment. In her study of American war-disabled servicemen from the First World War, she spotlights the experience of a significant number of patients who resisted attempts at physical rehabilitation and rejected the efforts of the medical services due to a perceived militarisation of the process.³²¹ The hardening of attitudes was further evident through changes made to the convalescent phase of recovery. Hospitals caring for military personnel were no longer to be places 'where a soldier, after definitive medical care, sits around in his ward all day, gripes, reads comic books, gripes, works jigsaw puzzles, gripes, writes letters, and gripes again.' Instead, the men were to remain busy and 'start taking graduated progressive physical reconditioning... as soon as forty-eight hours following surgery or as soon as they become afebrile.'³²² The primary institution in which this forceful

³¹⁹ London, Imperial War Museum, *Documents 18942*, Private Papers of F. T. Cottam, 'Long and Short of It,' 111-2.

³²⁰ "Hospital P.T. Mends Broken Limbs Quickly," *Daily Mirror* (July 23rd, 1942), 6.

³²¹ Carden-Coyne, "Ungrateful Bodies", 544.

³²² Howard A. Rusk, "The AAF Convalescent Training Program: The Role of the Nurse," *The American Journal of Nursing*, vol. 44, no. 11 (November 1944), 1051.

approach to convalescence took place was the convalescent depot. It was designed and understood as a preparatory centre for returning servicemen to reacclimatise to military life. In his article in the *Journal of the Royal Army Medical Corps*, Lieutenant-Colonel E. L. Sandiland affirmed the notion that these were primarily military centres,

The atmosphere in the Convalescent Depot is military with parades and strict military discipline. The wards are similar to bar-nick bedrooms and biscuits are piled at the foot of the beds with kit every morning with military precision. Patients are not allowed to remain in bedrooms after they have been cleared in the morning.³²³

Therefore, it is unsurprising that the attitude of staff at these facilities and the expectation placed on the patients were in accordance with those of a conventional military setting. Michel Foucault has highlighted the insidious nature of certain societal institutions and the ways in which they were used as a means of enforcing social control. In his oft-cited work *Discipline and Punish: The Birth of the Prison*, he explored the effect of enclosure on the production of discipline, explaining how sites such as schools, colleges, and military barracks were pivotal in disciplining and controlling formerly, and potentially, unruly sections of society.³²⁴ Within these institutions behavioural and physical conformity was achieved through disciplining and punishing those who had contravened the prescribed and desired social norms. The correction of deviant individuality necessitates the removal of personal freedom, and in certain circumstances, the freedom of movement.

This form of dehumanisation occurs to greater and lesser extents in other social institutions too. Cor Wagenaar highlights how the modern hospital 'depersonalizes what people experiences as very personal.'³²⁵ Upon admission the patient has an array of fundamental freedoms revoked as control over his or her daily routine is transferred to the medical professionals overseeing their recovery, and all is subject to the demands of the

³²³ E. L. Sandiland, "The Army Convalescent Depot in this War up to Date," *Journal of the Royal Army Medical Corps*, vol. 78, issue 4 (April 1942), 156.

³²⁴ Michel Foucault, *Discipline and Punish: The Birth of the Prison* (London: Penguin Books, 1991), 135-40.

³²⁵ Wagenaar, "Introduction", 15.

hospital clock.³²⁶ Thus, it is, that within medical institutions the individual routine and independence of the patient is necessarily sacrificed in aid of recovery and the maintenance of ward, and institutional, efficiency.

Within a military-medical establishment the depersonalisation experienced by civilian patients in civilian hospitals is extended as the priorities of the institution are fundamentally different. In his address 'to all Medical Officers', Colonel Kenneth Comyn explained the differences between civilian and military medicine. Accordingly, a practitioner of the former prioritised patient welfare, professional interest, and to a lesser extent, financial consideration. However, as a medical officer in the military Comyn stated 'we are servants of the Government and, through the Government, of the Public'. The change in focus switched the prioritisation of the medical profession away from the needs of the individual patient and onto the collective need of the regiment, the military, and the nation. 'Hard through sometimes it may be,' he concluded, 'the welfare of your patients must at times be subordinated to the common good and the prosecution of the war.'³²⁷ The common good and the prosecution of the war necessitated that sick and wounded servicemen recover and return to active service as rapidly as possible. The convalescent period was targeted as a phase in the medical process which could be more efficiently managed. Convalescent depots were instructed to enforce the codes and practices which governed military life to improve the condition of the returning men. Complaints were raised about the effect of civilian medicine on the returning physical condition and psychological attitude of the soldier-patients. Lieutenant-Colonel E. L. Sandiland complained that men who spent time in Emergency Medical Service hospitals, where they received 'the advantage of a completely civilian atmosphere', and in many cases frequent visits 'by relatives and friends' were, 'not being trained to make them fit for military duty prior to their return to their units.'³²⁸ Thus, the atmosphere and experience of convalescence needed to be militarised to reduce the recovery period of individual patients and better

³²⁶ Wagenaar, "Introduction", 10.

³²⁷ Kenneth Comyn, "Lecture to all Medical Officers," *Journal of the Royal Army Medical Corps*, vol. 78, issue 2 (February 1942), 63-4.

³²⁸ E. L. Sandiland, "The Army Convalescent Depot in this War up to Date," *Journal of the Royal Army Medical Corps*, vol. 78, issue 4 (April 1942), 155.

prepare them for their return to military life. This process would largely be overseen by the nursing staff who were required to implement the necessary treatment regimens.

Discipline, segregation, and the militarisation of nursing

The Second World War marked a controversial phase in the twentieth century history of nursing in Britain. Penny Starns argues that the period between 1939 and 1969 was a time of professional stagnation in which, contrary to the professionalisation model of nursing history, nurses 'frequently turned to militarisation... in an effort to raise and protect their status.'³²⁹ In an attempt to cement the reputation of the civilian and military nursing profession, senior figures advocated the adoption of military principles and behaviours. Katharine Jones (the Matron-in-Chief of the Army) was a vocal proselytiser of the perceived benefits of militarisation. Having closely monitored the military assimilation of the Auxiliary Territorial Service (ATS), she endorsed and encouraged a similar professional closeness between the armed forces and the nursing profession. The assimilation of the ATS had enabled female members to achieve commissioned officer status. For Matron-in-Chief Katharine Jones, the importance of militarisation was not only that it allowed women to achieve military recognition and an elevated status, but also that it visibly connected the individual and the service to the armed forces.³³⁰ The uniform was an important visual signifier of status. It immediately identified the rank of the nurse and the service to which she was attached. Monica Baly highlighted the appeal of the militarised uniform of the Royal Air Force Nursing Service,

What upsets nurses more than anything I think is to be lowly regarded. The Civil Nursing Reserve on the whole was fairly lowly regarded, and the sisters in the services were highly regarded. I think the other thing of course is the uniform, undoubtedly. I mean, I went into the Air Force because I liked its uniform. If you couldn't look good in the Princess Mary Royal Air Force Nursing Service uniform, you couldn't look good in

³²⁹ Starns, *The March of the Matrons*, 9.

³³⁰ Starns, *The March of the Matrons*, 40-1.

anything. It was also, I might add, very expensive, and as a rather sartorial snob that rather appealed to me.³³¹

The aesthetic quality of the uniform was evidently a consideration for nurses such as Monica Baly. However, it was the enhanced status achieved through a military connection that encouraged many toward military nursing, and it was the uniform that visually signified this connection. Moreover, it was argued that providing military nurses with the opportunity to achieve commissioned officer status would simultaneously elevate the status of their civilian colleagues. In her address to the East Anglian Group of the Association of Hospital Matrons on September 2nd, 1944, Matron-in-Chief Katharine Jones emphasised the broader impact, declaring,

I want you to understand this as the imposition of the military rank pattern on the nursing profession. By superimposing this rank pattern on one particular section of the nursing profession, it seemed possible to not only confer status but to provide a framework to hold that status firmly in place.³³²

The imposition of military rank also required the imposition of military practice and behaviour. Emulating their military brethren was a vital means through which the militarisation of nursing was enacted, and the popular image of the profession transformed. Efficiency became an increasingly desirable virtue with nurses expected to perform effectively under the severest of pressure. To meet the heightened physical and psychological demands, the fitness and discipline of the average nurse needed to be improved. Physical training became an important part of preparing a new recruit for military service. One nurse recalled that, 'until this stage we sisters had never been drilled, suddenly we found ourselves forming fours and route marching three miles into the desert and back, all to get us fit for the Greek episode.'³³³ The implementation of rigorous physical training

³³¹ Starns, *Nurses at War*, 5.

³³² Penny Starns, "Fighting Militarism? British Nursing During the Second World War," in *War, Medicine and Modernity*, eds. Roger Cooter, Mark Harrison and Steve Sturdy (Stroud: Sutton Publishing, 1998), 195.

³³³ Starns, *The March of the Matrons*, 40.

further connected members of the nursing profession with their military colleagues through the endurance of shared hardship. It was through these experiences and the demonstration of traditionally masculine qualities that frontline nurses embodied the military principles required to refashion the image of the profession. Furthermore, the transformation to the traditional image of nursing in Britain was encouraged by government propaganda directed at potential recruits. The traditionally masculine virtue of courage was inculcated within the propagated vision of the nurse. In the 1943 film *The Lamp Still Burns* (made in collaboration with the Ministry of Health), the director Maurice Elvey opened the picture with ‘a tribute to all those who nurse’ emphasising the vital importance of their work. In a conversation with a senior member of staff, the recruit is informed as to the challenging nature of the training she is about to undertake and the military standards she must attain,

It's rather like joining the army, only a hospital is always at war against disease and accident. It's like training to be a commando. There simply isn't room for anyone who can't take it. And when you're in uniform my girl, everyone expects everything of you. And in order to give them what they expect, like any soldier, you have to be ready for any sacrifice.³³⁴

The language used in the propaganda film lionised the position of the nurse directly comparing her efforts with those of elite military personnel. In comparing the hospital to the army, a nurse's training to that of a commando, and the sacrifices of the nurse to that of the soldier, the film powerfully illustrated the centrality of a traditional martial masculinity to the reconstructed image of the nurse. Moreover, in a promotional poster produced by the Ministry of Health, the past record of the nursing profession is outlined to demonstrate its critical importance to the nation during wartime,

In every war in our history, Britain has looked to the women to care for the sick and wounded. It is women's work. The nurses never let us down. Florence Nightingale lit a candle in the Crimea 85 years ago. The women of today have kept it burning brightly

³³⁴ Maurice Elvey, *The Lamp Still Burns* (1943).

not only in France, Egypt, and Greece but in Poplar, Portsmouth, Liverpool, Hull, and all other battlefields of the Home Front.³³⁵

Therefore, it is evident that a concerted effort to militarise the nursing profession came both from within the professional ranks, through senior individuals such as Matron-in-Chief Katharine Jones, and from without, with government ministries attempting to propagate an elevated vision of nursing as a means of encouraging recruitment. Thus, Penny Starns is apt when she concludes that the war 'witnessed the transformation of the traditional image of the nurse from that of an 'angel of mercy' to a more masculine and 'unfeeling' 'battleaxe'.³³⁶

The militarisation of nursing impacted, not only, the nurses at the military front, but also those serving at home. For those within the professional ranks, the prioritisation of masculine traits and military principles were vital to securing their professional status and future security. However, for many of the volunteer nurses working alongside registered colleagues, the strict adherence to militarised codes of conduct was a constant cause of friction. In replicating military hierarchies, the relationships within the professional ranks and between professional and voluntary nurses were shaped by the traditional conventions which governed military life. The correspondence and memoirs of V.A.D. nurses were littered with bitter complaints about the strictures and unnecessary cruelty of senior sisters and ward matrons. In her memories of life as a V.A.D. nurse, Mrs. H. M. Gallaway recalled the strictness and scrutiny of life on the hospital ward. The drill-like nature of ward life is evident as she remembered how, 'the Matron was so strict and difficult, it was almost unbelievable. One day she made us strip all the perfectly made beds and remake each one again (still with gas masks on). You can imagine how we muttered and grumbled as loud as we dare.' Furthermore, it is the surveillance and scrutiny under which she served that caused her the greatest consternation as she recalled being alone on night duty when 'the Matron would creep down to see if we were awake! I got caught slumbering once. What a telling off!'³³⁷ Similarly, for the volunteer nurse Jo Westren, it was the 'rigid discipline that pertained on the wards' of Hintlesham Convalescent Hospital that remained firmly

³³⁵ Starns, *The March of the Matrons*, 39.

³³⁶ Starns, "Fighting Militarism", 198.

³³⁷ London, Imperial War Museum, *Documents. 18954*, Private Papers of Mrs H. M. Gallaway, "Broome Place Revisited," 2.

entrenched in her memory of the hospital. She recalled in considerable detail the order and importance placed on routine and petty regulation,

Their [the patients'] lockers comprised an open upper section, above a cupboard. The filling of the upper compartment had to conform to unbreakable rules: the blues, shirt and tie had to be folded by us, and put into it in a special way laid down by some long-ago Army ruling. This folding had to be done in so exact a way that one had to be taught how to achieve the required perfection.³³⁸

The strictures and protocol that governed appropriate behaviour on the hospital ward similarly dictated the nature of the relationship between nurses of differing levels. Jo Westren described the dining experience for the nursing staff at the convalescent hospital where she was stationed in a manner which clearly evoked the level to which hierarchy shaped the relational aspect of life at the institution,

We sat at a vast square dining-table, Matron who ranked as Commandant at one end, with her Assistant Commandant, Miss Steward beside her, facing the other couple of Sisters, Angell and Browne, (and later also Willis), at the other; and flanked on both sides of the table by eleven VADs, all reduced to near mutes owing to the proximity of so much Rank.³³⁹

Concurrently, in her published memoir, Brenda McBryde affirmed the strict hierarchy which underpinned the hospital system, referring to it as 'a kingdom on its own [with] a carefully graded society of doctors, nurses and domestics, held in a framework of unwritten laws.'³⁴⁰ Furthermore, during her first year as a nurse probationer, her lowly gradation severely restricted her access to various parts of the hospital. As a 'back-shop nurse', her work was

³³⁸ London, Imperial War Museum, *Documents. 433*, Private Papers of Miss J. Westren, "Memoirs of a Very Able Damsel (1939-1945 War)," 70.

³³⁹ London, Imperial War Museum, *Documents. 433*, Private Papers of Miss J. Westren, "Memoirs of Very Able Damsel (1939-1945 War)," 16.

³⁴⁰ Brenda McBryde, *A Nurse's War* (London: Chatto & Windus, 1979), 14.

hard and unrewarding, and she compared it to working in 'a devil's kitchen' as much of her time was spent scrubbing and sterilising 'dirty instruments'. The extent to which hierarchic regulation governed the daily life of the nursing probationer was made explicitly clear on the occasion when the nurse contravened the prescribed directive. Brenda McBryde described the harsh stricture which immediately accompanied the minutest of transgressions. She recalled being severely reprimanded for attempting to go and collect the dirty instruments herself. Such contraventions resulted in a stern reaffirmation of the spatial limitation incumbent on her lowly position. 'You're not allowed to put a foot inside here,' a senior sister warned her 'imperiously' and scolded, 'I'll bring you the dirty instruments at the end of every case.' The incident underscored her awareness that her position as a 'back-shop nurse was the lowest form of life' at the hospital.³⁴¹ Nursing probationers were the lowest ranked members of the professional nursing team. As such, they were often poorly treated with personal narratives frequently revealing the harassment and maltreatment they endured from more senior personnel. Catherine Hutchinson recalled the cyclical nature of the bullying on the hospital wards at which she served. For the first-year probationers, 'nervous to do well', 'the petty rules and injustices inflicted upon them' eroded their confidence and set into motion a cycle of abuse. Hutchinson stated that it was invariably 'the nurses in their final year, who recalled how they had been bullied and badgered and belittled when they were new recruits, [who] determined that those following them should suffer in the same way.'³⁴² Moreover, during her time spent at a Preliminary Training School, Nurse Hutchinson recalled the attitude of one particular tutor. The ward was 'her little domain' and she was the 'petty tyrant and bully' in charge of it. It was Hutchinson's lack of deference which caused especial tension in their relationship,

She once told me that she would have liked to get me rejected from "going down" to the Infirmary but was prevented because I came top of the weekly exams, and she was aware that I would probably pass the various exams at the end of the course with flying colours. It was not that I was ever anything but polite and hard-working, but I had no

³⁴¹ McBryde, *A Nurse's War*, 29.

³⁴² London, Imperial War Museum, *Documents. 11950*, Private Papers of Mrs C. Hutchinson, "My War, and Welcome to it," 14.

fear of her. Her spiteful comments and sarcasm passed over my head. This irked her; she liked to feel her power over us.³⁴³

Similarly, in a letter from April 8th, 1940, Nurse Phipps recorded an incident involving a senior sister; 'Sister Chip'. In describing her as behaving 'like an angry swan' (a notoriously aggressive animal), Nurse Phipps admitted that Sister Chip has a reputation that 'terrifies the nurses'.³⁴⁴ Hardship was understood to be a vital component in the formative training of a nursing probationer. The personal character of the recruit became ever more important to a profession aspiring to military levels of efficiency. Jo Westren recalled the cruel initiation she received upon arrival at Hintlesham Convalescent Hospital. Arriving thirty minutes prior to the time agreed with the hospital matron, Nurse Westren was met by a senior member of the nursing staff (an individual she referred to as being of 'the battle-axe type'). A terse discussion ensued in which the senior nurse 'practically bit me', Westren recalled, snapping 'you're late, nurse... very late – why didn't you report for duty yesterday as you were told?' In protesting that she was in fact early, her accuser retorted aggressively, 'how dare you argue with me, nurse!' The hostility demonstrated within this opening exchange was not purely a result of an aggressive nature on the part of the interrogator, for as Nurse Westren later discovered, it was a routinely employed tactic designed to help ascertain the nature and temperament of the new recruit.³⁴⁵ It was an example of the harsh criticism and intense scrutiny under which junior nurses were expected to serve. Thus, the import of discipline and efficiency were pivotal to securing and maintaining the reputation of the profession and legitimising its connection with the armed forces.

The centrality of hierarchy in constructing and constraining the relationship between different ranks of nurses directly replicated the model formalised by the military. It is imperative to outline the protocols and influences through which the hierarchies within the armed forces were affirmed and upheld. It may seem self-evident, but rank remained the critical determinant in the governance of military life. The system of ranking not only

³⁴³ London, Imperial War Museum, *Documents*. 11950, Private Papers of Mrs C. Hutchinson, "My War, and Welcome to it," 7.

³⁴⁴ London, Imperial War Museum, *Documents*. 9791, Private Papers of Miss K. M. Phipps (April 8th, 1940).

³⁴⁵ London, Imperial War Museum, *Documents*. 433, Private Papers of Miss J. Westren, "Memoirs of a Very Able Damsel (1939-1945 War)," 13.

delineated the various roles and responsibilities of various groups within the armed forces, it also prescribed with whom and where you would socialise while serving, with whom you would share a dormitory, and the course of medical treatment you would receive upon injury. These all differed depending on the rank of the individual serviceman. Therefore, the ranking system was one built upon a principle of segregation. Separate messes were created for officers, sergeants, and men of other ranks to prevent familiarity forming between the men of various classes; familiarity which would undermine the authority of those in senior positions. The extent of this formality is emphasised by the regulation which accompanied the way officers addressed one another. When on parade, an officer must always address all his seniors as 'Sir'. However, once in the officers' mess, and with his sword and belt removed, a greater degree of informality was permitted. Within most regiments an attempt to emphasise the common identity of the officer corps resulted in an officer addressing all other officers 'of whatever seniority in the regiment by his Christian name, except the colonel. You called him "Colonel". This was by way of emphasising the family nature of it.'³⁴⁶ The continued importance of these strictures is evident through the conclusions of a 1947 War Office committee who noted, 'we are convinced that the status of the officer has so important an influence on the discipline and efficiency of the Army that the restoration and maintenance of high mess standards must be accorded the highest priority.'³⁴⁷ These relational nuances underpinned the interaction between individuals from within the same class and heavily restricted the communication between individuals of different ranks. It was this model of relational segregation and strict hierarchic regulation that was being emulated within military-medical institutions such as auxiliary hospitals and convalescent homes. Moreover, the differing experience of men of differing rank incorporated all aspects of the military-medical process. In all sections of the armed forces, hospitals for injured personnel were delineated and demarcated due to rank. Officers would usually either be treated in different wards within the same auxiliary hospital or convalescent home, or in many cases they would have separate hospitals and convalescent homes entirely. Dutton Homestall in East Grinstead, Middleton Park in Oxfordshire, and Corsham Court in Wiltshire

³⁴⁶ David French, *Military Identities: The Regimental System, the British Army, & the British People, c. 1870-2000* (Oxford: Oxford University Press, 2008), 124.

³⁴⁷ French *Military Identities*, 124.

are all examples of converted country houses which were specifically allocated to officers. These spaces embodied the hierarchies which governed life in the military.

Separation and segregation of the different ranks was fundamental to maintaining discipline and respect between them. In fact, the entire process of injury and disablement was one built on a fundamental undercurrent of class and rank inequality. The professed equality of sacrifice which manifested itself through the shared burdens of all sections of the population did not apply when it came to the physical injuries and disablement sustained in combat. Emma Newlands emphasises this point as she argues that ‘at every level of disability a clear hierarchy was in place. The body of a colonel was valued at twice as much as that of a captain and almost four times as much as a Class V, or lowest ranked, private soldier.’ The pensions of men assessed at the highest level of disablement ranged from Class V soldier, who was entitled to thirty-two shillings and six pence per week (or eighty-four pounds per year), to a captain who would be entitled to a yearly sum of one hundred and fifty pounds.³⁴⁸ The figures progressively increased throughout the war but the level of distinction between the ranks remained constant. Furthermore, the disparity in the values attributed to individuals based on rank extended to the monetary price placed on injury to specific body parts. ‘Minor disabilities were categorised simply into two groups, “officer” and “other ranks”. For example, the loss of the whole right finger would award an officer £120 while an ordinary soldier received £60.’ Evident in these figures, once again, is the fundamental disparity in worth attributed to the different ranks of men, with ‘the body of an officer, or rather his respective bodily parts, valued at exactly twice as much as those of a man from the ordinary rank and file.’ Interestingly, even after death, the differing values of the individual servicemen affected the remuneration of wives and dependents. ‘The wife of a deceased private soldier was entitled to 35 shillings per week, or £91 per year, if she was less than forty years of age or had a dependent child. The wife of a captain, in the same circumstances, was entitled to £150 per year. A deceased general’s wife, however, was entitled to £540 per year, irrespective of personal circumstance.’³⁴⁹ This disparity further demonstrated the inequality which underpinned the experience of recovery, and even death, for injured and deceased servicemen during the Second World War. This was

³⁴⁸ Newlands, *Civilians into Soldiers*, 170-2.

³⁴⁹ Newlands, *Civilians in to Soldiers*, 172.

reflective of the extent to which military hierarchies and militarist principles shaped and permeated life on the wards of military-medical establishments.

Moreover, the militarist principles which structured the relationships between members of different levels within the nursing profession, also impacted the relationship between professional nurses and their patients. Patients, such as Eric Cottam demonstrated a firm awareness of the shared suffering experienced by all who lived, worked, and recovered under strict military regulation. As an amputee, Cottam spent an extensive period recovering and convalescing in a variety of medical institutions. Through this period, he developed a comprehensive understanding of the way in which wards operated and the principles which upheld and undermined their successful operation. Once more,

The tight rules and regulations of the hospital had to be obeyed. Staff and patients alike suffered under them. The strict discipline descended pyramidically from the martinet of a matron: typically, a middle-aged spinster dedicated to a life of nursing. It descended to the ward sisters and to the patients; to staff nurses and to patients; to graded ranks of nurses and to patients; and to orderlies and cleaners who were on the same level as patients. Staff below the status of ward sister tended to exert authority self-defensively and self-consciously.³⁵⁰

For the patients, the militarisation of the medical ward was hardest felt when it inflected and impacted their limited private space. The most immediate and personal space was the individual hospital bed. It was where many of the patients spent much of their time and where relief from injury and illness was innately sought. Therefore, patients were particularly aggrieved with its utilisation as a means of conformity. In the testimonies and memoirs of staff and patients it was the hospital bed which frequently appeared as the key site of contestation. It was a means of preparing men for a return to the strictures and regulations of military life. The act of bed-making was a highly significant part of the daily routine. From a medical perspective, it provided a vital signifier to the senior nursing staff of

³⁵⁰ London, Imperial War Museum, *Documents. 18942*, Private Papers of F. T. Cottam, "Long and Short of It," 124.

the efficiency and overall standard of the ward. Thus, the regulation surrounding the act provided a particularly fractious node from which emanated disquiet and conflict. Nurse Westren recalled the importance placed on bed-making by her matron. As one of the tasks she was responsible for, Westren remembered the senior sister's insistence on the beds in her ward being made with 'geometrical perfection'.³⁵¹ With the matron's private room adjoining the ward, Westren recalled despondently the extent of her inspections and the standard she demanded. 'Whichever end... [matron] entered the Gallery', she noted,

She could see the beds in line ahead of her: and would cast her eye along them for the least discrepancy in the smallest measurement of turned down sheet, the corners of counterpanes, and the angle of the casters which must be identical, as had to be the distance of the bed-end casters from the strip of carpet running the length of the Gallery! Why, I wondered often and distractedly, had counterpanes with triple lines across each bed, top and bottom, been chosen? Matron could see in a moment if the measurements of the space, the straightness of the lines, and distance of them from the bed ends were a fraction out of true, - and did!³⁵²

Bed-making was not only a vital indicator of the broader efficiency of the nursing staff, it was also a valuable means through which nurses demonstrated and enforced control over their patients. In his description of the process, Eric Cottam emphasised the restrictive implication of the form of bed-making utilised at his hospital. It is particularly limiting for patients with serious physical injuries, who were often unable to easily manoeuvre themselves up or out of bed,

The two staff nurses, having allowed their juniors a few beds start, rounded off the proceedings. Beds were re-made. Open parts of pillowcases made to face away from the door. Sheets were pulled taut over bed patients and then turned down just below

³⁵¹ London, Imperial War Museum, *Documents. 433*, Private Papers of Miss J. Westren, "Memoirs of a Very Able Damsel (1939-1945 War), 32.

³⁵² London, Imperial War Museum, *Documents. 433*, Private Papers of Miss J. Westren, "Memoirs of a Very Able Damsel (1939-1945 War)," 33.

chins and venomously tucked in. The movements of the mummified patients were then limited to shallow breathing.³⁵³

The language used by Cottam in his description of the bed-making process is indicative of how it was perceived and experienced by patients. Using a pejorative term such as *venomously* to describe the way the routine was conducted amplified the contested nature underlying this daily ritual. The nurse and the act are evidently viewed negatively by the recipient. It is reasonable to surmise that the primary objection in this example stemmed from the restrictions resulting from the act itself, as Cottam compared the injured servicemen to *mummified patients* and defined the limits of their movement and autonomy as being reduced to *shallow breathing*. Restricting the movement of seriously injured patients was a valuable means of preventing further injury. However, the frequency with which the act appeared negatively within the personal correspondence and testimonies of recipients demonstrated how it was predominantly understood as a means of control and a manifestation of petty regulation and uniformity. The First World War witnessed similar expressions of animosity in commentaries from wounded servicemen about the militaristic nature of bed-making. *Southern Cross*; the hospital magazine of the First Southern General Hospital published articles from patients on a variety of issues. In one article entitled ‘beds and bed-making’, published in December 1917, the distain of the author for the repetitiveness of the bed-making process appeared as the focus of his on-going frustration. The bed was ‘made at least once every day and “straightened up” on other occasions, such as [during the] appearance of the Matron, or the Orderly Officer; [or]... just before the visitors come; just before an inspection; and so on, *ad lib, ad nauseum*’.³⁵⁴ Moreover, the objection at the enforced performance of sick and injured servicemen for the benefit of others was central to Nurse Westren’s critical commentary of visits from senior members of military personnel. Each week they conducted an inspection of the ward, viewing and visiting each patient. The programme for this visitation insisted that all those classified as ‘up-patients’ were to stand to attention prior to the medical officer’s arrival and remain

³⁵³ London, Imperial War Museum, *Documents, 18942*, Private Papers of F. T. Cottam, “Long and Short of It,” 122.

³⁵⁴ Reznick, *Healing the Nation*, 71.

standing in position for the entire duration of the officer's inspection. Nurse Westren noted how at the end of a sixteen-bed examination many of the standing patients were found to 'be rocking sickly, hardly able to stand.' Furthermore, patients unable to stand were not excluded from this military-style parade. They were required 'to lie there at attention,' with their 'hands to side'. She goes on to illustrate that due to 'the covers being thin' at this time, non-compliance was easily spotted, as it was easy to see 'if they didn't continue to do that [lie at attention] throughout!'³⁵⁵ Central to the grievance of the author is the enforced participation of the patients in a performance for the benefit of the matron, orderly officer, or visitor. It is the powerlessness of the injured party which is critical to her objection. The patients are enforced participants in a process which attempted to restrict and control their movement and behaviour. Furthermore, the regularity with which the act was conducted and the seriousness with which it was implemented enabled the medical staff to create a militarised environment which exhausted individual attempts at defilement. Eric Cottam elucidated the passivity resulting from the constant repetition and enforcement of this process. Having had their movement heavily restricted by the nurses, he concluded his recollection be envisaging the 'ambulatory patients' who now 'sat dutifully and quietly by their beds in the reverently hushed ward.'³⁵⁶ The passivity of these individuals is directly connected to the daily ritual of bed-making as it is through this process that individual acts of deviance can be broken down and uniformity and order instilled. In accordance with this view, articles from the First World War powerfully highlighted the crushing impact of this form of petty regulation on the individuality of the patient. The psychological conflict between the nurse and the patient is invoked in the article from December 1917. The theme underpinning the commentary is futility; the pointlessness of rebelling against an exhaustively implemented regimen. 'Even when a soldier patient "at last succeeds in loosening the [bed] clothes over him"', it begins again, as 'he is detected [by the nursing sister]' and his bed is 'retucked and patted and the one inside admonished... weeks pass and the patient's spirit is broken; he becomes meek as a lamb and turns the corners of the blankets down, just as though it was natural to do so'. It is at this point that the author fully

³⁵⁵ London, Imperial War Museum, *Documents. 433*, Private Papers of Miss J. Westren, "Memoirs of a Very Able Damsel (1939-1945 War)," 72.

³⁵⁶ London, Imperial War Museum, *Documents. 18942*, Private Papers of F. T. Cottam, "Long and Short of It," 22.

exposed the extent of the cruelty of the process and its overarching ambition to control the patient population. Having been transferred to a different ward under the stewardship of a different senior sister, the scene is repeated again, as the patient “turns the corners of the blankets”, but is caught by the sister’, as ‘in this ward, the bottom of the quilt is tucked along up the edge of the bed’. Evidently, there was a minor difference in the way in which the beds are made in this new ward. Therefore, the patient is further denigrated as he is forced to adhere to a new set of petty regulations. Thus, the article concluded that ‘the bed is no longer a bed, it is a nightmare.’³⁵⁷ Bed-making is evidently a significant act in the creation of a controlled and uniform military environment. It was a contested site through which acts of autonomy and defiance were enacted and subjugated. Furthermore, it was an important signifier of the efficiency of the ward and the staff who maintained it. As part of the wider militarisation of the converted country house, it powerfully demonstrated the ongoing transformation to the image of the property and those living, working, and recovering within.

A militarised image: sport and the reconstruction of the masculine ideal

In his seminal work on ‘Masculinities’, R. W. Connell argued that ‘the sociobiological account of a “natural masculinity” which ‘presupposes differences in the character traits and behaviours of women and men’ is ‘almost entirely fictional.’ Connell continues, ‘the natural-masculinity thesis requires strong biological determination of group differences in complex social behaviours (such as creating families and armies).’³⁵⁸ This fiction underpins the rationale which attributes men and women to appropriate roles and specific realms. Therefore, the qualities required for combat are alleged to be biologically inherent within normative masculinity and fundamentally alien to normative femininity. Thus, men are supposed to be naturally equipped with the characteristics needed to be successful in warfare. Sonya O. Rose centralises the importance of male physicality in the construction of military masculinity, ‘with its emphasis on bravery, courage, physical strength and endurance, and male bonding.’³⁵⁹ Physical strength and bodily fitness had been closely

³⁵⁷ Reznick, *Healing the Nation*, 71.

³⁵⁸ Connell, *Masculinities*, 47.

³⁵⁹ Rose, *Which People’s War*, 160.

associated to the understanding of masculinity since the popularisation of the mid-nineteenth century Muscular Christianity movement. Muscular Christianity propagated a vision of 'healthy' masculinity which could be achieved 'through disciplined and codified physical activity.'³⁶⁰ The ideology of this philosophical movement permeated the public-school system with its playing fields perceived to be vital proving grounds for the development of the healthy masculine qualities essential to martial success and imperial rule. The early-twentieth century witnessed the apotheosis of the natural-masculinity thesis. Social commentators prophesised that the stunting and effeminising effects of industrialisation and aestheticism would be eradicated by a great European war which would ultimately aid in the 'making [of] men'.³⁶¹ It is logical for advocates of natural-masculinity to perceive war as an opportunity for validation of their belief. However, the need for a great war to purify masculinity of its contamination hinted at practical flaws in the biologically determined narrative. Ultimately, war does not provide the categorical demonstration of natural-masculinity predicted by social commentators and advocates. Instead, it destabilised prescriptive gender constructs and as Joanna Bourke argued, it visible demonstrated that 'there is no inevitable association between the male body and masculinity.'³⁶² One is biologically determined, while the other is socially constructed. It is in the theatre of war that the fictions and contradictions inherent within the social construction of gender are most brutally revealed, for as R. W. Connell highlights, 'the constitution of masculinity through bodily performance means that gender is vulnerable when the performance cannot be sustained – for instance, as a result of physical disability.'³⁶³ Hence, the industrial wars of the twentieth century posed a significant problem to the prevailing constructions of masculinity, as it was in fulfilment of their innate masculine duty that vast numbers of formerly healthy and athletic young men returned incapacitated and unable to meet the standards and behaviours expected of their gender.³⁶⁴ Therefore, during the First and Second World Wars the construction and understanding of

³⁶⁰ Carter, *Rise and Shine*, 33.

³⁶¹ Meyer, *Men of War*, 3.

³⁶² Bourke, *Dismembering the Male*, 11.

³⁶³ Connell, *Masculinities*, 54.

³⁶⁴ Throughout the First World War, over 41,000 British servicemen had limbs amputated because of an injury sustained during the fighting. Prior to the outbreak of the Second World War, approximately 222,000 officers, and over 419,000 men of other ranks were still receiving disability pensions. Quoted in Bourke, *Dismembering the Male*, 33.

gender was continually being negotiated as the reality of modern warfare forced men and women into situations which challenged and frequently undermined the prevailing gender norms. The auxiliary hospital and convalescent home were central locations in this on-going negotiation. As medical institutions which primarily administered to the convalescent and rehabilitative phase of treatment, they marked an important transitional moment between the injury and recovery of the individual patient. It was frequently while at these sites that the wounded serviceman discovered the extent to which they might achieve a full recovery. It was the limitations resulting from war-disablement and permanent physical and psychological injury that threatened the ability of the veterans to achieve full masculine status. Thus, through the implementation of sport and physical and occupational therapies in their treatment regimens, and through the propagation of masculinised imagery in the popular press, the auxiliary hospital and convalescent home served as pivots on which the renegotiation and reconstruction of masculinity depended. Julie Anderson argues that 'sport gave disabled ex-servicemen a space to renegotiate their position, restoring their masculine identity.'³⁶⁵ Sport provided a means through which a construction of masculinity based on physique and corporeal prowess was demonstrated and upheld. It has, and remains, a means through which men assert and enhance their individual masculine identity. The importance of sport to the construction of masculinity increased with the rise of Muscular Christianity and a growing belief in its virtue as a way of producing a male population fit to fight and to rule. It was on the public-school playing fields that middle-class British schoolboys developed and enhanced the moral, martial, and masculine qualities needed for the continued expansion and rule of the empire. The result was a vision of martial masculinity built on male physicality honed through sporting competition and idealised in the image of the 'self-sacrificial warrior elite'.³⁶⁶ The Boer War and, to some extent, the First World War highlighted the generally poor physical condition of vast sections of the British male population. George Orwell connected the growing numbers of 'little fat men' with changes to the nature of industrial labour brought on by the 'ever more rapid march of mechanical progress' which had made the 'environment safe and soft' and physical strength and courage redundant.³⁶⁷ Thus, in the early decades of the twentieth century bodily health

³⁶⁵ Anderson, *War, Disability and Rehabilitation in Britain*, 55.

³⁶⁶ Mangan, *Manufactured Masculinity*, 126.

³⁶⁷ Zweiniger-Bargielowska, *Managing the Body*, 9.

became and remained an enduring political concern with legislation, such as the *Physical Training and Recreation Act* (1937), popularising and promoting the benefits of achieving good physical health and personal hygiene, both to the individual and the nation. Maintaining physical health thereby became, not only, a measure of masculinity but also a marker of good citizenship. Large organised demonstrations of physical culture aided the propagation of this message. The Festival of Youth from June 1937 attracted over eleven thousand participants and was attended by King George VI and Queen Elizabeth. Physical culture connected the act of outdoor exercise and bodily health with notions of imperial leadership and good citizenry. Within this framework, the individual citizen was responsible for maintaining their bodily health as physical fitness was essential to productivity. Therefore, good bodily health enabled working men to fulfil their peacetime masculine obligation and provide useful labour for the benefit of their family, their employer, and their country. In doing so, physical culturalists and the physical culture movement counteracted the growing concern about the physical deterioration of the male population in the years after the First World War.³⁶⁸

The wartime needs for military expediency and fiscal efficiency amplified the importance placed on the individual adherence to the principles of physical culture. The need to maximise productivity was applied to various aspects of civilian life. On October 4th, 1939 a broadcast from the Minister of Agriculture Sir Reginald Dorman-Smith rallied the nation: ‘let “Dig for Victory” be the motto of everyone with a garden and of every able-bodied man and woman capable of digging an allotment in their spare time.’³⁶⁹ Similarly, the ‘Make Do and Mend’ campaign implored citizens to resist the temptation to discard worn items of clothing. In a broadcast by the President of the Board of Trade, Oliver Lyttelton on June 1st, 1941, the military implication of these small individual acts was explicitly made as he declared, ‘we must learn as civilians to be seen in clothes that are not so smart, because we are bearing... yet another share in the war. When you feel tired of your old clothes remember that by making them do you are contributing some part of an aeroplane, a gun or a tank.’³⁷⁰ The principles of military efficiency and expediency

³⁶⁸ Zweiniger-Bargielowska, “Building a British Superman”, 596.

³⁶⁹ Norman Longmate, *How We Lived Then: A History of Everyday Life during the Second World War* (London: Pimlico, 2002), 228.

³⁷⁰ Longmate, *How We Lived Then*, 245.

underscored each of these campaigns and, as Julie Anderson argues, they were also central to the understanding of wartime rehabilitation and the belief that ‘severely disabled men were not to be left on the scrapheap.’³⁷¹ The medical value attributed to sport and physical training during the convalescent phase of recovery were heightened as the medical understanding of the body’s reaction to physical injury and surgical procedures developed throughout the interwar period. Therefore, during the Second World War, it became a central component in the treatment regimen provided at auxiliary hospitals and convalescent depots. Many of the hospitals created specialist rehabilitation annexes which played host to ‘outdoor games and exercises’, ‘a gymnasium’, ‘recreation rooms’, and in some cases, ‘an outdoor swimming pool’. Every auxiliary hospital was required to have an Army physical training instructor attached to it to ensure the patients were partaking in the necessary exercises.³⁷² The images below show patients at Cholmondeley Castle Auxiliary Hospital engaging in various forms of physical therapy.

³⁷¹ Anderson, *War, Disability and Rehabilitation in Britain*, 2.

³⁷² S. Alan S. Malkin and Gilbert Parker, “Rehabilitation in an E.M.S. Orthopaedic Unit,” *The British Medical Journal*, vol. 1, no. 4288 (March 13th, 1943), 315.



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Figure 5. Patients participating in physical training which was part of the treatment offered at the Royal Naval Auxiliary Hospital Cholmondeley Castle, Cheshire. Cholmondeley Castle was one of several naval hospitals especially set up to treat patients with severe or chronic psychiatric illness.

³⁷³ London, Imperial War Museum, A 11522, Admiralty Official Collection, "RN Auxiliary Hospital, Cholmondeley Castle. 7 – 14 July 1942."



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Figure 6. Patients participating in physical training which was part of the treatment offered at the Royal Naval Auxiliary Hospital Cholmondeley Castle, Cheshire. Cholmondeley Castle was one of several naval hospitals especially set up to treat patients with severe or chronic psychiatric illness.

³⁷⁴ London, Imperial War Museum, A 11518, Admiralty Official Collection, "RN Auxiliary Hospital, Cholmondeley Castle. 7 – 14 July 1942."



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Figure 7: Patients participating in physical training which was part of the treatment offered at the Royal Naval Auxiliary Hospital Cholmondeley Castle, Cheshire. Cholmondeley Castle was one of several naval hospitals especially set up to treat patients with severe or chronic psychiatric illness.

Studies were conducted in which traditional methods of convalescence were compared to modern regimens which encouraged the men to begin ‘taking graduated progressive physical reconditioning, often as soon as forty-eight hours following surgery or as soon as they become afebrile.’³⁷⁶ With infectious diseases, such as atypical pneumonia, a medical trial found that the group of patients who were put in a convalescent training programme averaged thirty-one days of hospitalisation with a three per-cent recurrence rate. While those permitted to

³⁷⁵ London, Imperial War Museum, A 11516, Admiralty Official Collection, “RN Auxiliary Hospital, Cholmondeley Castle. 7 – 14 July 1942.”

³⁷⁶ Howard A. Rusk, “The AAF Convalescent Training Program: The Role of the Nurse,” *The American Journal of Nursing*, vol. 44, no. 11 (November 1944), 1051.

follow 'normal convalescence in the undisturbed routine fashion' experienced forty-five days of hospitalisation on average with a thirty per-cent recurrence rate.³⁷⁷ The results of these trials demonstrated the success of this new form of rehabilitation. Therefore, soldiers who were shown to be actively engaging in physical training and sporting activity during their convalescence were understood to be doing their utmost to return to fitness and military service as quickly as possible. As such, they were endorsing and encapsulating the characteristics which underpinned the contemporary construction of military masculinity. This is evident in the comparison made between the wounded of the Second World War, who were willingly partaking in this new form of rehabilitation, with those from the First World War,

Wounded and injured soldiers nowadays are not wearing hospital blue as long as they did during the war. The reason is that physical training instructors are now helping doctors to get the Army's casualties well again in less time... Physical jerks in hospital will not sound too good to the Old Contemptibles of a quarter of a century ago, but the modern soldier who has tried it knows it is the royal road to a quick home leave. The way recovery is being speeded up is one of the wonders of the military hospitals who have adopted and improved upon some of the experiments carried out in miners' hospitals before the war. At one time, a man with a strained cartilage in his knee would be three months after an operation, before he was able to use the affected leg. Now in the grounds adjoining military hospitals they are playing ball games within five weeks.³⁷⁸

Thus, there is an evident connection between contemporary conceptions of masculinity and notions of citizenship as in fulfilling the requirements of the former, individual men were actively contributing to the protection of the latter. Sonya O. Rose argues that during the Second World War, 'there was a rough equivalence between the strictures of wartime masculinity and the World War II constructions of Englishness and Britishness.' Therefore, "'good citizenship" and masculinity were virtually the mirror images of one another.'³⁷⁹ The

³⁷⁷ Howard A. Rusk, "The AAF Convalescent Training Program: The Role of the Nurse," *The American Journal of Nursing*, vol. 44, no. 11 (November 1944), 1052-3.

³⁷⁸ "Hospital P.T. Mends Broken Limbs Quickly," *Daily Mirror* (July 23rd, 1942), 6.

³⁷⁹ Rose, *Which People's War*, 152.

media elevated both the importance placed on physical training and exercise and the status and identity of the wounded patients participating in it. Sport and the physical capacity of an individual to participate and succeed was, therefore, vital to their ability to ascribe to contemporary notions of masculinity and citizenship. Team sports developed and required an array of useful social and relational qualities which served to prepare new recruits for the rigours and hardships of military life. They demonstrated the direct correlation between the efficiency, obedience, and perseverance of the individual and the ultimate success of the collective. In doing so, sport served to lionise self-sacrifice and a willingness to put the needs of the group above those of the individual. Conversely, it had the potential to highlight the detrimental effect of a rogue team member on the collective when they abandoned or refused to adhere to the necessary principles and behaviours. Therefore, team sports were a useful means through which the military practically illustrated the validity of collective conformity and the principles which upheld military service. In the 1932 edition of *Infantry Training*, the full extent of sports' military utility was expressed as it was shown to endorse the physical, social, and structural aspects of life in the armed forces,

Fighting spirit, discipline, esprit de corps, and mobility are bound up with physical fitness. The efficient fighting man required a sound mind in a fit body. For this the physical exercise of drill and physical training are most valuable for developing quickness of mind and eye but are not by themselves sufficient. Fitness of body and contentment of mind come more readily in the free atmosphere of games. The platoon commander should organise in the afternoon football, cricket, boxing, and cross-country running, especially in competition with other platoons, and take part in them himself. The men will respond wholeheartedly and will carry the spirit of their games into their work. A platoon which plays football, runs, or boxes, will be qualified to meet, and overcome the stress and strain of battle and of long marches.³⁸⁰

Therefore, sport was a vital component in the training and socialisation of military personnel. During the Second World War sport and physical training served the additional function of

³⁸⁰ French, *Military Identities*, 115-6.

contributing to the rehabilitation of wounded veterans and the reconstruction of their masculine identity. A publication in the *St. Dunstan's Review* reported on the success of one of its blinded veterans in participating and competing with able-bodied sportsmen. In a letter to Lord Lonsdale, veteran G. Stanley explained how he had been included in his Works Office bowls team. He reflected on his performance positively, noting, 'they have promised me a game each week. I can boast, although not on the winning side, that I was able to win two or three ends for them. I also do some swimming these fine days; this was my keenest sport previously, and it is nice to know that I can still follow it.'³⁸¹ The publication of patient Stanley's letter demonstrated the need to emphasise the ability of war-disabled men to compete and contribute alongside their able-bodied counterparts. His declaration that he was able to win two or three ends for his team illustrated his return to a version of normalised masculinity through sporting competition. Similarly, in many of the press reports covering outdoor events hosted at auxiliary hospitals and convalescent homes sporting activities and games frequently appeared to demonstrate the patients' progression toward their former normative masculine identity. At garden parties hosted at Thorpe Hall Auxiliary Hospital, the results of competitions between members of the medical staff and the patients in activities including clock golf, bean bag throwing, darts, bagatelle, billiards, treasure hunting, and croquet hoops were recorded in articles published by the local press (Thorpe Hall is located near the town of Tamworth in Staffordshire. It remained open and functioned as an auxiliary hospital through 1945).³⁸² These activities served the men and the public as they acted as a gradation on the road to full recovery, providing the patients with the opportunity to participate in leisurely sporting competition, while reassuring the public that their contributions toward these institutions were having positive results. Moreover, the importance of sport to the patients' recovery is emphasised in the 'Diary of a Yorkshireman', published in the *Yorkshire Evening Post* on August 14th, 1940. It claimed that,

"Sport counts for almost everything in this work," ... "The big thing is to get the convalescent interested – to get him moving and doing something – and this is the best of all methods. Look at the men on the clock golf course or the bowling green. You'll see

³⁸¹ "Notes and News", *St. Dunstan's Review*, vol. 27, no. 287 (July 1942), 2.

³⁸² *Tamworth Herald* (July 4th, 1942), 3; *Tamworth Herald* (July 17th, 1943), 6; *Liverpool Daily Post* (July 25th, 1944), 4.

that some of them have left their crutches behind. They start, of course, by putting down the crutch while they make a shot. Then they bend down to pick up the crutch to move to the spot for the next shot.” “Before long, they get tired of dropping the crutch and bending down to pick it up. The game takes hold of them, they forget about the crutch – and it is just as it should be. They make themselves stronger as they play.”³⁸³

In the events described by Corporal Wainwright, it is through their participation in competitive sport that the wounded veteran achieved greater physical recovery. It is through playing bowls and clock golf that the patients’ inherently masculine nature returned as ‘the game takes hold of them’ and ‘they forget about the crutch’.³⁸⁴ The message is clear, it is through competition and engagement with conventional masculine pursuits that the manly identity of the wounded patients is restored. This notion is underscored by the concluding remark, ‘and it is just as it should be.’ Moreover, there is a distinct heightening of the masculine imagery used in descriptions and representations of recovering patients in the final stage of treatment prior to returning to military service. The convalescent depot marked the final post in the medical chain for the serviceman whose injuries were not permanently restrictive. It was at these military facilities that men were prepared for a return to their respective units. Therefore, the language and rhetoric used in describing their physical ability and capacity for endurance bordered on the hyperbolic. Having visited a convalescent depot in South-West Scotland, a local reporter from the *Aberdeen Journal* eulogised over the complete restoration of the physical capacity of the men and their embodiment of a martial masculinity. Under the title ‘Back to Fighting Fitness’, the article emphasised the militarised nature of life at the depot,

The hospitals have healed the men’s broken bones and mitigated their medical disabilities, but they are still cripples in some way or other, and this Scottish camp’s task is to re-educate them back to the full use of their bodies... Games play a big part in the treatment and they range from bowling and putting to cricket, hockey, football, tennis,

³⁸³ “Diary of a Yorkshireman,” *Yorkshire Evening Post* (August 14th, 1940), 4.

³⁸⁴ Clock golf is a game based on the act of putting, where each player putts from 12 different positions encircling the hole.

and tug-of-war... To show the high standard of rehabilitation attained, press representatives witnessed a most realistic Commando "raid" by men who two months previously were cripples in some form or other but were now classed A1. Along thickly wooded country which ran precipitously down to a swollen stream they raced to the attack, setting all sorts of barriers, crossing the stream hand over hand along a thick rope, then re-crossing by jumping from one fallen log to another and finally scaling and almost perpendicular bank seventy feet in height.³⁸⁵

There is stark contrast in the language used to describe the various stages of recovery and the conditioning of the men at these different points. They have, according to the press representative, been transformed from 'cripples' just two months previously, into men categorised as 'A1.', with the capabilities to conduct 'Commando' style raids. Thus, it is evident that sport and physical training were vital components in the medical regimen at the auxiliary hospital, convalescent home, and convalescent depot. The well-established utilisation of sport by the armed forces, and its traditional association with constructions of masculinity made it a valuable tool in the reconstruction of the masculine image of wounded servicemen. It was while convalescing at these medical institutions that depictions of the wounded veterans participating in these activities were captured and distributed. Furthermore, the patient demonstrations of physical prowess at auxiliary hospitals and convalescent homes enabled the servicemen to show members of the local community the extent of their recovery. These demonstrations provided a vital means through which personal connections developed between the community who supported and provided for the institution and the recipients of this charitable impulse. Therefore, auxiliary hospitals and convalescent homes were pivotal locations in the renegotiation of gender constructs during the Second World War.

Therefore, in conclusion, this chapter has highlighted how the physical alterations which immediately accompanied the properties' functional change were representative of its new military identity. Moreover, this militarisation of the country house resulted in a segregated space governed by a strict hierarchic code. The relational strictures dictated and controlled the behaviour and interactions of the medical practitioners and their patients and it, largely,

³⁸⁵ "Back to Fighting Fitness," *Aberdeen Journal* (July 19th, 1943), 2.

fell to the professional nursing staff to implement and uphold the militaristic principles which underpinned daily life on the hospital ward. This chapter has argued that the professional nursing staff were primary proponents in the creation of a military environment within the medical wards in auxiliary hospitals and convalescent homes. The professional nursing staff were themselves shown to thereby experience heightened levels of bullying and maltreatment during the probationary stage of their training as they were exposed to harsh military strictures in an attempt to cement the certified status of the profession. As a result, the professional and personal relationships which formed between professional and voluntary members of the nursing staff, as well as a between professional nurses and their patients, were frequently shown to be underpinned and, on occasion, undermined by the strict hierarchic code which accompanied this militarisation. The militarised image of the converted country house was further evident through the frequent use of sport in visual and written depictions of daily life within auxiliary hospitals and convalescent homes. Sport and physical therapy were of primary importance to the militarised image of the converted country house as well as to the recuperative process of its patients. It highlighted how demonstrations of the patients' physical prowess were central to their popular representation and served to reassure the wider population of the extent to which the men had recovered their former masculine identities.

Chapter 4: Public Space: Philanthropy, unity, and an equality of sacrifice

The distinction between ‘public’ and ‘private’ has preoccupied Western thought since classical antiquity. It has framed sociological and political analysis, debates on the moral and political environment, as well as the structure of daily life. It is an ill-defined and protean dichotomy; one of Norberto Bobbio’s ‘grand dichotomies’ as it subsumes a wide range of other significant distinctions and effectively seeks ‘to dichotomize the social universe in a comprehensive and sharply demarcated way.’³⁸⁶ Jeff Weintraub successfully reduces the distinction between public and private to two fundamental and distinct contradictions. Firstly, that which is open, revealed or accessible, versus that which is hidden or withdrawn, and secondly, that which is collective, or which affects the interests of a collective, versus, the which is individual or pertains only to an individual.³⁸⁷ The spatial identity of the converted country house embodied aspects from both sides of the private versus public dichotomy. It was a public space, in as much as it was a place of popular visitation and spectatorship and a focal point for communal philanthropic endeavour. Simultaneously, it was also a private space in which the buildings’ domestic identity was partially retained; an identity which shaped and fostered the intimate and familial relationships that frequently developed between the homeowners, the voluntary nurses, and the patients. This chapter will explore the former, highlighting how these charitable institutions relied upon and encouraged community engagement and support. It will argue that they provided a vital means through which non-combatant members of the population could contribute to the national war effort. Moreover, the initial act of donation and the continued presence of the benefactor/homeowner provided a vital example of the shared burdens of war. As embodiments of an equality of sacrifice, the converted country house fostered social cohesion during a period when class conflict was potentially a hugely damaging and disruptive event. Finally, this section will argue

³⁸⁶ Jeff Weintraub, “The Theory and Politics of the Public/Private Distinction,” in *Public and Private in Thought and Practice*, eds., Jeff Weintraub, and Krishan Kumar (Chicago: University of Chicago Press, 1997), 1.

³⁸⁷ Weintraub, *Public and Private in Thought and Practice*, 4-5.

that these communally-run institutions were firmly understood to be part of the collective national inheritance and their utilisation during the Second World War enhanced and cemented this perception.

A collective enterprise: the unifying nature of the auxiliary hospital and convalescent home

As an institution which was organised and maintained by and through charitable endeavour, the converted country house was literally and metaphorically a collective space. On September 2nd, 1939, a formal agreement was signed between the British Red Cross Society and the Order of St. John of Jerusalem. The two distinct charities were thereby amalgamated under the guise of the Joint War Organisation and a continuation of the voluntary work they undertook on behalf of the nation during the First World War rekindled. In the preliminary discussions between the Ministry of Health and the organisation, it was agreed that part of their duty was to maintain and oversee the running of auxiliary hospitals and convalescent homes for officers and men of other ranks.³⁸⁸ Therefore, the continued existence of these institutions depended upon the strength of the collective voluntary impulse. In the organisation's first annual review, the Deputy Chairman reflected on the extent to which the British public had engaged with its activities and institutions. In his BBC broadcast on September 9th, 1940, Lord Iliffe noted that over three million pounds had been raised, over three-and-a-half million workers had enrolled in the Penny Per Week Scheme, and countless parcels with an estimated value of over one million pounds had been sent to British prisoners of war overseas. In his concluding comments, Lord Iliffe asked why the establishment and maintenance of these services was not being overseen by the government. The answer, he thought, was that 'the great-hearted British public would prefer to have the opportunity of continuing to provide for all these and other services on a voluntary basis.'³⁸⁹ This provision entailed the donation of money, goods, and medical materiel. The auxiliary hospital and convalescent home provided a focus for collective charity. It was a means through which communities and local societies contributed to the war effort. Supporting the local auxiliary hospital or convalescent home was an accepted and expected form of contribution. In fact,

³⁸⁸ Cambray and Briggs, *Red Cross & St. John*, 6.

³⁸⁹ "Valuable Work of Red Cross," *Coventry Evening Telegraph* (September 10th, 1940), 8.

charitable endeavour had, since the First World War, been understood as a demonstration of individual and collective citizenship. In his work on the *Rise of the Red Cross*, John F. Hutchinson noted how supporting the Red Cross 'became both an outlet for, and a measure of, a citizen's patriotic enthusiasm.'³⁹⁰ Therefore, when institutions placed advertisements in the local newspaper requesting specific items or materials the community was expected to meet this demand. An article from the *Aberdeen Journal* exemplified the relationship between the hospital and its community,

Comforts are urgently needed for wounded soldiers already at and expected at auxiliary hospitals set up in the North-East. It is up to the Home Front to supply these comforts. This is not so much a work of mercy as the part-payment of an enormous debt of gratitude which can never fully be redeemed. From one North-East auxiliary hospital, has come an appeal – "We will be most grateful for whatever you can give us." A list of articles needed is enclosed and is as follows: - 24 dressing gowns, 24 pairs of slippers (various sizes), 12 bed tables or trays, 2 folding screens, 2 letter boards, 24 tray cloths, golf clubs, putters and golf balls, tennis racquets and balls, garden cushions, sunglasses or eyeshades. "The grounds of the hospital are very lovely," continues the appeal, "and it will be indeed a good deed to give the soldiers the means to take full advantage of the golf course, tennis courts and putting green."³⁹¹

Having made the request, the expectation was on the community to provide the item themselves or the necessary funds to purchase them. The extent and scale of the operation necessitated the creation of a specialised Stores Department within the Joint War Organisation. It organised the collection and delivery of vital medical materiel to regional county stores when stocks were running low. It was an effective enterprise, as the figures from the period immediately after the D-Day landings demonstrated. In the two-week period after in the invasion, the Stores Department issued,

³⁹⁰ John F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Colorado: Westview Press, 1996), 256.

³⁹¹ "Here's a Task for the Home Front," *Aberdeen Journal* (June 19th, 1940), 4.

5,036,000 cigarettes, 53,500 razor blades, 25,000 toothbrushes, 19,000 handkerchiefs, 26,000 Dorothy bags, 21,700 tubes of toothpaste, 16,400 sticks of shaving soap, 20,500 facecloths, 29,000 pyjamas, 17,500 packets of stationery, and 14,000 pencils. Among other issues were razors, combs, hand towels, mirrors, slippers, bed-socks, day shirts, bed-jackets, hot water bottles, bed-screens, playing cards, and indoor games.³⁹²

To collect, produce, and dispatch such vast quantities of goods required an extensive network of local depots as well as contributions from large numbers of people. Following the cessation of hostilities, a thorough audit of the Joint War Organisation was conducted. It found that in the six years ending September 2nd, 1945, the Stores Department of the Organisation had procured and handled stores to the value of thirty-one million pounds.³⁹³ Moreover, one year later an evaluation of its financial records revealed that the income of the Organisation over the preceding seven years totalled upwards of sixty-four million pounds. Of that total, the Duke of Gloucester's Appeal had singularly raised £54,324,408.³⁹⁴ In light of this achievement an editorial in *The Times* declared it 'magnificent testimony to the vitality of the long British tradition of voluntary service, both personal and pecuniary, in supplement of official provision'. Furthermore, it demonstrated the collective efforts of all sections of society as 'the published accounts indeed contain abundant evidence that every class, from the highest to the lowest, has contributed according to its means, or beyond them – in money or in kind.' Similarly, 'old and young have been equally active in the work; and the gifts of schoolchildren have been of outstanding use.' Such impressive figures, the article concluded, could only have been achieved through 'a sustained effort of the whole people.'³⁹⁵ Therefore, the success of the Joint War Organisation depended on the support of the nation at large. At a local level, the same was true for individual institutions who relied on the continued backing of their immediate community. For the communities themselves, the support they provided, and the quantity of donations received were a source of considerable regional pride. An article from the *Western Morning News* reported proudly on the 'great work being done by the Cornwall Joint War Committee'. It recorded the exact numbers of articles ordered and returned by the

³⁹² Cambray and Briggs, *Red Cross & St. John*, 100-1.

³⁹³ Cambray and Briggs, *Red Cross & St. John*, 582.

³⁹⁴ Cambray and Briggs, *Red Cross & St. John*, 532, 531.

³⁹⁵ "The Greatest Charity," *The Times* (May 31st, 1945), 5.

local supply service, listing the garments returned to headquarters as follows: '600 bed socks, 1,870 pullovers, 40 gloves, 20 scarves, 20 helmets and 10 pants.' There were a further 23,285 gifts received at the central depot. Continuing in this precise manner, the report detailed that,

The Reserve Store report concluded that hospital furniture issued were 224 items, including ward screens, food trollies, chairs, bed trays &c.; 2,900 garments and 2,645 comforts, and a total of 5,769 articles were sent to hospitals, camp reception stations, and Naval and Air Force sick quarters in Cornwall. Cigarettes 206,510 and tobacco 11 lbs., had been issued to accredited hospitals in the county.³⁹⁶

The significance of the regional output evidenced in the article is underscored by the concluding remarks, which claimed that 'the work was of vital importance in helping to maintain the morale of the country'.³⁹⁷ Furthermore, it was in a similar vein that a Kentish newspaper reported on the success of a local convalescent home. The 'nearby village' was proudly reported to have made 'particularly useful effort in support of the Red Cross Funds'.³⁹⁸ Therefore, it is evident that in their wartime identity as auxiliary hospitals and convalescent homes, the converted country houses were principally maintained and upheld through public beneficence and support. As a part of the Joint War Organisation of the British Red Cross Society and the Order of St. John of Jerusalem they were charitable enterprises and were reliant on the support of the local community and the wider nation for their continued existence. Moreover, for local communities, the success and productivity of their regional Joint War Committee was a source of public pride and a means of collective contribution to the wider war effort. Thus, these institutions offered a mutually beneficial relationship to the local community.

Equality of sacrifice: philanthropy, social cohesion, and the auxiliary hospital

³⁹⁶ "Cornwall War Committee," *Western Morning News* (July 18th, 1942), 6.

³⁹⁷ "Cornwall War Committee," *Western Morning News* (July 18th, 1942), 6.

³⁹⁸ "Caring for Convalescent Soldiers," *Sevenoaks Chronicle and Kentish Advertiser* (July 4th, 1941), 1.

The phrase 'equality of sacrifice', although coined prior to the conflict, became a significant political slogan throughout the Second World War. In a House of Commons debate on February 25th, 1942, the Member of Parliament for Bridgwater, Vernon Bartlett, emphasised 'the need for equality of sacrifice.'³⁹⁹ Total war necessitated the effectual militarisation of society. It demanded the participation of all citizens and fully utilised all available resources. For, as Churchill declared in the summer of 1940,

This is a war of the unknown warriors... [where] the whole of the warring nations are engaged, not only soldiers, but the entire population, men, women, and children. The fronts are everywhere. The trenches are dug in the towns and streets. Every village is fortified. Every road is barred. The front lines run through the factories. The workmen are soldiers with different weapons but the same courage.⁴⁰⁰

Morale was imperative to sustaining the high levels of civilian productivity required to support the military war machine. Therefore, means through which morale could be raised were of national importance, and conversely, threats to it were taken very seriously. Home Intelligence reports from the 7th to the 14th May 1941 noted that it was 'unfairness' that people resented most.⁴⁰¹ Unfairness could relate to an array of perceived disparities and discrepancies. These ranged from differing levels of individual contribution to the war effort, to discrepancies in the availability of material goods during a time of nationwide rationing. Whether real or imagined, the perception of divergent wartime experiences had the potential to destabilise society. Thus, the report of a Regional Commissioner from July 1940 noted that, 'if national unity is to be preserved, nothing is more important than that any suspicion of favouritism to the well-to-do should be sedulously avoided... It is important that any appeal to class feeling should be avoided by those who share the responsibilities of Government.'⁴⁰² Unsurprisingly, therefore, Vernon Bartlett MP was able to conclude that the phrase, which encapsulated the collective suffering and shared burden of war, had become, by 1942, 'an

³⁹⁹ *HC Debates* (February 25th, 1942), vol. 378, cc. 230-322.

⁴⁰⁰ Calder, *The People's War*, 17.

⁴⁰¹ Rose, *Which People's War*, 33.

⁴⁰² Rose, *Which People's War*, 34.

accepted national slogan.⁴⁰³ Within this potentially fractious climate, events and locations that visibly demonstrated and defended this rhetoric provided examples through which voices of dissent could be quietened and a message of national unity propagated. Therefore, they were of great national significance.

During the Second World War over 515,000 patients received treatment in auxiliary hospitals and convalescent homes maintained by the Joint War Organisation.⁴⁰⁴ These were situated in hundreds of different private residences converted for medical use. In June 1940, the War Office rescinded its opinion that it had enough hospital and convalescent home accommodation for men of other ranks and approached the War Organisation again, requesting its support in locating and providing 10,000 additional beds (a figure which subsequently rose to 20,000). Each potential site would need to house no fewer than 50, and no more than 100 beds.⁴⁰⁵ This requirement made the donation of suitable private residences a uniquely middle- or upper-class act as smaller properties were unable to meet such demands. Furthermore, an act of donation had the potential to transform the status and identity of the property and its owner. The formerly private homes became a vital community and national resource. This symbolism transcended popular depictions of both the properties and their owners. The sociologists Susan A. Ostrander and Paul G. Schervish have highlighted the multiplicity of non-material incentives which inspire donors to give. These range ‘from making a sincere effort to meet social needs[,] to fulfilling a moral duty, obtaining psychic satisfaction, achieving social and personal legitimation, gaining status in the community, or achieving a social agenda.’⁴⁰⁶ Evident in many of these incentives is an external compulsion to achieve a form of social legitimacy. The donation of an individual property served this function as it practically and symbolically legitimised the benefactor through aligning their actions with those of the national war effort. At the opening of the auxiliary hospital at his mansion in north Derbyshire, the Duke of Devonshire explained how his donation was reflective of the wider war effort (Lombardale Hall is located in the town of Bakewell in

⁴⁰³ *HC Debates* (February 25th, 1942), vol. 378, cc. 230-322.

⁴⁰⁴ Cambray and Briggs, *Red Cross & St. John*, 126.

⁴⁰⁵ Cambray and Briggs, *Red Cross & St. John*, 123.

⁴⁰⁶ Susan A. Ostrander and Paul G. Schervish, “Giving and getting,” in *The Philanthropy Reader*, eds. Michael Moody and Beth Breeze (London: Routledge, 2016), 286.

Derbyshire. It opened as an auxiliary hospital in 1941 and could accommodate up to 37 patients). He proclaimed,

The changing over of the mansion from a home to a hospital was symptomatic of how the whole resources of the nation were being changed over from peace time purposes to war-time needs, and of how the war was daily playing a larger part in the lives of everyone in the country... The hospital was part of the nation's war effort. We did not know when it would be required, but while we hoped we should be spared heavy fighting in this country we had to be prepared. It might be that for long months those who had undertaken to staff the hospital would have nothing to do, and they might feel that their services could be better employed elsewhere, but he urged them to stick to the task they had undertaken, for they formed an essential part of the national organisation.⁴⁰⁷

Evident in the extract is an awareness of the transformative effect of conversion on the status of the home. Not only has its function changed from domestic to medical, but through that change the property has become a resource of the nation. It is no longer merely the possession of an individual but is instead 'an essential part of the national organisation.' Moreover, in certain cases the converted homes were formally bequeathed to the nation through the National Trust. In an article titled 'Cliveden for the Nation', *The Times* highlighted that Lord Astor 'has arranged to hand over his house and estate at Cliveden, Buckinghamshire, to the National Trust... The famous Cliveden Woods, with their mile-long frontage to the Thames, are also part of the gift.' It was currently being used as a Canadian Military Hospital, but upon cessation of hostilities the estate, the hospital buildings, and the medical equipment would all be donated 'so that the British people may have the benefit of them.' (Cliveden is located in Maidenhead in Buckinghamshire. It was converted into an auxiliary hospital for Canadian servicemen and opened in 1940. It had capacity to care for between 480-750 patients, depending on the current need).⁴⁰⁸ Thus, the popular understanding of these locations changed from private to public spaces. Within this transformation, the status of the homeowner is also altered. Social discourse depicted the homeowners as custodians of a vital

⁴⁰⁷ "Mansion Opened as Auxiliary Hospital," *Derbyshire Times and Chesterfield Herald* (April 11th, 1941), 2.

⁴⁰⁸ "Cliveden for the Nation," *The Times* (December 9th, 1942), 2.

national resource, whose possessions and ownership deserved acclaim as they were now in the service of, and a benefit to, the wider community. In the following newspaper report from the *Lichfield Mercury*, the efforts of the owners in restoring Aldershawe are shown to be of direct benefit to its current use as an auxiliary hospital (Aldershawe is located near the city of Lichfield in Staffordshire. It was opened as an auxiliary hospital in 1941 and could accommodate up to 60 patients),

Mr. Allen, the owner, is a gentleman widely known for his generosity and interest in all good causes, and since his residence at Aldershawe he has had the spacious grounds redeemed from an arid tangle of weeds and dilapidation to its present well-nigh perfect state. The new hospital, which has now been admirably equipped, has accommodation for the provision of sixty beds and a staff of fourteen. On the ground floor, there are two wards, which have been named the Allen and Toy wards, the latter being the maiden name of Mrs. Allen... At the present moment there are eleven soldier patients including five bed cases. They have excellent facilities provided for them in the shape of recreation, and a wireless set has been given by the Red Cross Society. Mr. Allen has allowed them the use of his superb billiard table and 750 volumes of books in the library, which should suit all and varied tastes. Mr. Allen's generosity, however, does not end there, as he has also provided a piano, darts, dominoes, and cards.⁴⁰⁹

The article connected the generosity evident in the owner's act of donation to his preceding stewardship of the site, as Mr. Allen's 'interest in all good causes' is demonstrated through his redemption of the 'spacious grounds'. The care and devotion focused on maintaining the property during peacetime is now of direct benefit to the current and future patients of the hospital. Furthermore, the personal luxuries and entertainments, formerly the preserve of the owners, became publicly accessible recuperative aids for the use of the war-wounded servicemen. Therefore, in answering the wartime needs for large properties, middle- and upper-class homeowners secured their inclusion within the national war effort. The recognised importance of the institutions and the treatment they provided to the patients heightened the significance placed on the initial act of donation. It thereby increased the

⁴⁰⁹ "New Red Cross Hospital Opened," *Lichfield Mercury* (March 28th, 1941), 5.

cultural authority awarded to the benefactors. In his address at the opening of Sandon Hall Auxiliary Hospital, the Bishop of Lichfield declared that,

He felt the whole community was greatly indebted to Lord and Lady Harrowby for their magnanimous action in giving up part of their beautiful home as a hospital. The gesture was characteristic of what every section of the community was doing in helping forward the war effort. By their kindly act Lord and Lady Harrowby had given great encouragement to the cause of healing, so consonant with the spirit of devotion to public welfare. It was in line with what former owners of that historic spot did to help the country in times of great stress and in accord with the old motto, 'Noblesse Oblige,' which has run through a great part of the English public life through the centuries, and became after the war stronger than ever.⁴¹⁰

(Sandon Hall is located near the city of Lichfield in Staffordshire. It opened as an auxiliary hospital in 1941 and could accommodate up to 85 patients). The speech initially unified the donors with the wider community and the national war effort, in stating that their 'gesture is characteristic of what every section of the community was doing in helping forward the war effort'. Yet, simultaneously, it elevated the contribution of the homeowners above that of their fellow citizens. The debt the community owed Lord and Lady Harrowby stemmed from the value placed on the gift. Moreover, in associating the beneficence of the act 'with the old motto, "Noblesse Oblige"', the Bishop is further elevating the cultural authority of the benefactors. He is propagating a message of unity and social cohesion through the creation of the auxiliary hospital and through the donation of its owners. Therefore, it is evident that the auxiliary hospital and convalescent home were opportunistically utilised as literal and metaphorical demonstrations of an equality of sacrifice. In the positivist reports which universally accompanied the act of donating and converting a property, the middle- and upper-class homeowners were shown to be making a significant personal sacrifice for the benefit of the nation. With potential social unrest providing a major threat to the war effort, locations such as the auxiliary hospital and convalescent home offered a vital example of the

⁴¹⁰ "Hospital at Sandon Hall," *Staffordshire Advertiser* (August 2nd, 1941), 3.

shared burden experienced by all sections of society and a focal point for the collective charitable impulse.

Sites of visitation: Heritage and shared ownership of the converted country house

Peter Mandler asserts that ‘the mid-nineteenth century was the first great age of country-house visiting.’⁴¹¹ It was a period marked by an invigorated anti-industrial movement emboldened by the rhetoric of Thomas Carlyle and Edward Carpenter, and enamoured with the work of John Ruskin and William Morris. Landowners capitalised on and served the public interest, opening their gates to visitors seeking a connection to a pre-industrial heritage. The manifestation of the growing cultural importance of historic country houses and the countryside is arguably most clearly demonstrated through the formation of organisations tasked with their protection. The National Trust (1895) and the Council for the Preservation of Rural England (1926) vociferously campaigned for greater protection of monuments and landscapes which they perceived to be pivotal to the nation’s history and representative of the national character. The increasing importance of these organisations is evidenced through their steady growth during the years between the First and Second World Wars. This growth reflected a growing cultural prioritisation of rurality. It was the prospect of permanently losing these embodiments of Englishness that revitalised tired voices during the interwar period. An increased accessibility to motorcars in the early decades of the twentieth century removed many of the obstacles which had formerly prevented vast swathes of the urban and suburban population from regularly venturing out into the countryside.⁴¹² Paradoxically, a growing reverence for the countryside threatened its very existence. The imposition of urban visitors disconnected from the rhythms of a rural way of life and uneducated in the art of its preservation concerned preservationists who connected their growing presence with the rapid expansion of suburban developments. Clough Williams-Ellis derided ‘the overwhelming mass of our teeming population’ as being ‘town-bred, barbarously reared in far other than splendid cities, having had little contact with beauty of any kind and therefore knowing or

⁴¹¹ Mandler, *The Fall and Rise of the Stately Home*, 4.

⁴¹² In 1919 there were approximately 250,000 motorcars in Britain. This number rose to almost 1.5 million a decade later. These figures are taken from Tinniswood, *The Polite Tourist*, 160.

caring little for it'.⁴¹³ It was in part due to this lack of appreciation that the disembowelling and destruction of numerous stately homes following the First World War was contextualised. In the years between 1918 and 1945 over four hundred and fifty country houses were destroyed.⁴¹⁴ It is in response to this loss that the rhetoric of Williams-Ellis, Sir Patrick Abercrombie, and his colleagues in the CPRE must be understood. Thus, Williams-Ellis concluded that despite their inexperience and ignorance of country matters, it was imperative that urban visitors were educated as to the cultural importance of the country house. 'The time is apparently coming', he noted,

When we can no longer look to unaided private piety for the upkeep and safeguarding of what are or should be our national heirlooms. The changes and chances of these unstable and swift-moving times are unfavourable to the ancien regime and the great memorials of that order; and many a fine old house has already suffered grievously either through the crippling poverty of its traditional owners or the prodigality of some new-rich carpet-bagger.⁴¹⁵

It was through exposure to the 'noble architecture and fine craftsmanship' that an ever-larger proportion of the population 'will rightly come to consider such treasures as in some sort their own.'⁴¹⁶ Furthermore, the popularity of visiting these locations was in part due to what they represented; stability. As embodiments of a traditional landowner paternalism, these structures connected the visitor to a pre-industrial society. This vision appeared particularly alluring during periods of popular anxiety and social upheaval. Thus, as Alex Potts argues during both World Wars and during the 1930s, with the rise of Fascism on continental Europe, 'such images were often invoked to celebrate an English essence, enduring, safe and beautiful, a home, a haven, and at the same time England's glory.'⁴¹⁷ An article in *Picture Post* from July 6th, 1940, emphasised this point as it claimed that it was 'the villages of Britain, the

⁴¹³ Williams-Ellis, "Houses and Parks – National and Private", 92.

⁴¹⁴ Tinniswood, *The Polite Tourist*, 185.

⁴¹⁵ Williams-Ellis, "Houses and Parks – National and Private", 94.

⁴¹⁶ Williams-Ellis, "Houses and Parks – National and Private", 96.

⁴¹⁷ Alex Potts, "'Constable Country', Between the Wars," in *Patriotism: The Making and Unmaking of British National Identity. Volume III: National Fictions*, ed. Raphael Samuel (London: Routledge, 1989), 162.

villages which are Britain' that 'we are fighting for' during this current conflict.⁴¹⁸ Within this sanctified vision of rural Britain, the country house retained its cultural potency as an integral part of the image and the experience. In response to the general ban on visiting seaside resorts, a correspondent from *The Times* advocated the restorative value of a short break on the Upper Thames. Within this promotion, visitation to stately homes and country houses located near to this section of the river are central components of the holiday experience:

... to voyage on its upper waters is to be reminded not only of the beauty, but of the long history of England. There are Windsor Castle and the great estates of Cliveden and Nuneham to recall the continuity of English home life; there are gracious manor houses like Bisham Abbey (where the young Queen Elizabeth was imprisoned by her sister Mary) and Medmenham Abbey of "Hell Fire Club" memories to provide historical side-notes; there are lovely little village churches such as that perched on a small embankment at Clifton Hampden... This year's voyager cannot refrain from speculations on how long the ancient peace of all these places will remain undisturbed. But at least the Thames has brought rest and refreshment to many minds during anxious weeks of waiting for the unknown.⁴¹⁹

As the article illustrated, visitation to a country house offered a connection to the national history as well as a means of relaxation and recuperation and its popularity was sustained during periods of conflict. As a holiday attraction and a site of public visitation, the appeal of the country house was not only resultant upon the architectural quality, interior artwork, and historic connection provided by and within the physical structure. The external grounds and the picturesque gardens which surrounded the property were as much a part of the attraction as were the interior decorations. In its appraisal of the virtues of Nuneham Courtenay, *Country Life* magazine emphasised 'the idyllic beauty conferred on this famous reach on the Thames by preceding generations at Nuneham'. It is the property's gardens which appeared central to its perceived quality and appeal as the review concluded that 'the gardens and landscape setting, for close on two centuries regarded as the place's outstanding features,

⁴¹⁸ "The Land We Are Fighting For," *Picture Post* (July 6th, 1940), 28.

⁴¹⁹ "A River of Peace," *The Times* (August 29th, 1940), 6.

have been so admirably kept up, improved, during the last 25 years as alone to justify illustration at this juncture.⁴²⁰ The continued popularity of country house gardens are further evident in the popular press reports on public open days. The columns of provincial newspapers were frequently filled with acclaim for homeowners who sought to preserve tradition and uphold these major events within the local social calendar. In many instances this involved opening their gardens to the public. An article in the *Manchester Evening News*, for example, recalled the annual opening of the gardens at Lyme Hall. Evident through the acclamatory language used to describe the event is both a fondness for the location and an awareness of its social significance. 'It is one of the show places of Cheshire,' the correspondent asserted, 'and each year at the height of the season Captain Leigh has thrown the beautifully laid-out gardens open to the public.' Regrettably, due to the ongoing conflict and the impending conversion of the property, 'the famous annual sheep-dog trials' have had to be suspended (Lyme Hall is located in the village of Disley in Cheshire).⁴²¹ Similarly, an article from the *Chester Chronicle* celebrated the announcement that the gardens of many of the principal seats of Cheshire would remain open to public visitation,

It is gratifying to know that despite the stress and strain of the War, opportunity will be given during the coming summer, as in ordinary times, to visit many of the beautiful private gardens and grounds of Cheshire, which will be thrown open to the public by the kindness of their owners, for a small admission charge in aid of the excellent cause of sick nursing... Since the inception of this popular scheme Cheshire has always held a high place among the counties of England and Wales for the support it has given to these objects, and for the success of the scheme a large share of the credit is due to the honorary organiser, Mr. R. H. G. Tatton, whose own gardens at Wybunbury Cliffe, Nantwich, are among those open to visitors. This year's attractive programme of open gardens will begin on May 1st, with Dorfold Hall, Nantwich. From that date onwards throughout the summer, on week-days and Sundays, the public will have the choice of viewing the gardens of many of the principal county seats.⁴²²

⁴²⁰ "Nuneham Courtenay," *Country Life* (November 7th, 1941), 866.

⁴²¹ "Lyme Hall may be a Hospital for Wounded," *Manchester Evening News* (March 26th, 1940), 5.

⁴²² "Gardens Open to the Public," *Chester Chronicle* (April 27th, 1940), 12.

Therefore, it is evident that for the potential visitor to the country house, the garden was as much a part of the location's appeal as was the physical property. This is most strongly embodied in the declaration of Lord Lothian at the 1934 annual general meeting of the National Trust. In his speech calling for greater protection of these historic sites, it was not just the physical structures, with 'their pictures, their furniture and their peculiar architectural charm', that constituted 'a treasure of quiet beauty... specially characteristic [and] quite unrivalled in any other land.' It was also 'their gardens' and 'their parks'.⁴²³ Thus, it is evident that the country house enjoyed and endured the ramifications of a reformed popular image. At the time of the Second World War it had an established identity as a venue for popular visitation and public engagement. Furthermore, with the rise of the National Trust and the Council for the Preservation of Rural England, there was a concerted effort to recognise and elevate the importance of these vital cultural landmarks. With the passing of the National Trust Act in April 1937, the centrality of the organisation to the preservation and protection of these monuments was enshrined and their identification as national heirlooms cemented.

Having been converted into hospitals and convalescent homes, the requisitioned country houses and their gardens remained public spaces; open, accessible, and seeking popular visitation. As charitable institutions they were reliant on the local community's support to fund their ongoing work. The country house garden provided an ideal venue for large communal events. Thus, garden parties, fetes, and bazaars were regular occurrences throughout the clement periods of the year. They were not only a vital means of raising considerable amounts of money, but also provided the beneficent community with an opportunity to engage with the recipients of their charity and inspect the conditions and range of treatments provided by the hospital. As such, they continued a practice enjoyed and endured by wounded and disabled servicemen during the First World War. Hospital visiting is a centuries-old tradition dating back to the sordid spectatorship of madhouses and asylums in the seventeenth and eighteenth centuries. Although visitation during the First World War was largely driven by benevolence and often included the visitor taking the patients out on day trips and excursions, the act retained an element of the spectacle associated with its earlier incarnation. Thus, servicemen privately expressed their reticence at being subjected to public display and questioned the intentions of those attending. The experience of a

⁴²³ Jenkins and James, *From Acorn to Oak Tree*, 79.

blinded veteran from St. Dunstan's epitomised the degrading and questionable aspect of the practice. In a conversation with a VAD nurse, the disabled serviceman asked,

But, in general, why do people make such a fuss of us? Take us to theatres, and concerts, and drives?... Day after day, as I've sat in the lounge, I've observed your 'disinterested, grateful people'... Down the room they come, staring at us as though we were animals at the Zoo. Then stopping in front of a particular man, they decide he'll do; they won't be ashamed to take him out; they'll even enjoy parading him before their friends... being fairly passable in my uniform with my Military Cross, I'm in great demand... whereas old Podds, who's in mufti, and Jimmy, who's disfigured... they never get a chance... Now we're the 'fashion'; we're 'those dear brave lads who have sacrificed so much'... but how long will it last?⁴²⁴

The largely shorted periods of convalescence experienced during the Second World War meant that the nature of hospital visiting was altered from that which had preceded as patients were less likely to be stationed at one institution for such extended periods. Throughout the Second World War, the primary focus of the engagement between civilian and soldier was an expression of communality and the commonality of experience. The garden parties, fetes, and bazaars were primarily fundraising ventures, but they also acted as a mechanism for social rehabilitation and reconciliation. Frank Prochaska outlines the continued appeal and success of the philanthropic bazaar. Its durability, he argues, is directly connected to its capacity to unify as it brings 'the community together, not least in the making of elaborate preparations.' It is the shared and innate human interest in buying and selling which unavoidably draws members from all social groups and classes together at the bazaar. Thus, Prochaska concludes, 'few other forms of philanthropy are so well suited to human behaviour, which is why it has adapted so well to contemporary life.'⁴²⁵ The large numbers who frequented such events evidenced their inherent popularity. The garden party held at Aldershawe Auxiliary Hospital recorded attendances of 'upwards of six-hundred people' and 'over two thousand present' at the event in 1941, and 1943 respectively (Aldershawe is

⁴²⁴ Anderson, *War, Disability and Rehabilitation in Britain*, 53.

⁴²⁵ Prochaska, *The Voluntary Impulse*, 66.

located near the city of Lichfield in Staffordshire. It was opened as an auxiliary hospital in 1941 and could accommodate up to 60 patients).⁴²⁶ These events provided an opportunity for those within the local civilian population to show their gratitude visibly and directly to the wounded servicemen who had been injured on their behalf. It was a potent means of securing and reinforcing social stability. Having organised an outdoor party in the Tamworth Castle pleasure grounds for the entertainment and benefit of sick and injured men from the nearby Canadian Military Hospital and Thorpe Hall Auxiliary Hospital, Major G. D. Mayhew declared it was his 'very great pleasure... to do what so many of them were only too glad to do – to entertain any of their serving Forces' (Thorpe Hall is located near the town of Tamworth in Staffordshire. It remained open and functioned as an auxiliary hospital through 1945). 'It gave him special pleasure', he continued,

To entertain the Canadians, because he had been over there seven or eight times and had always received the greatest hospitality from people in Canada. Wherever they came from, it always gave the greatest pleasure to do anything one could for them. They were all very grateful to all the Colonies for everything they were doing in the war in which they were all fighting for one end, and the least that they who were too old to serve was to do their little bit to entertain those who were fighting for them. He hoped the visitors would have a good time and enjoy the concert provided for them.⁴²⁷

Evident throughout the above extract is the intention on the part of the benefactor to utilise the event as an opportunity to demonstrate his personal gratitude towards the injured for their individual sacrifices. Charity and voluntarism have a well-established tradition of connecting and uniting individuals from disparate backgrounds through the shared interest in a common cause. Therefore, charities are vital mechanisms through which social integration is promoted and social fragmentation prevented.⁴²⁸ This is highlighted in the response from the Canadian officer, Captain Oliver, to a similar event hosted on behalf of the Canadian soldiers at the same venue. In thanking the organisers, Captain Oliver emphasised

⁴²⁶ "Successful Garden Party at Aldershawe," *Lichfield Mercury* (August 22nd, 1941), 6; "Aldershawe Garden Party," *Lichfield Mercury* (June 18th, 1943), 7.

⁴²⁷ "Soldiers' Party at Tamworth," *Tamworth Herald* (July 31st, 1943), 5.

⁴²⁸ Frank Prochaska, *Schools of Citizenship: Charity and Civic Virtue* (Wiltshire: The Cromwell Press, 2002), 7, 12.

the impact of this form of philanthropy on their experience of recovery. In his evocation, he stated that the organisers 'had little idea of what it meant to the men from the hospitals to have that hospitality shown to them.' The kindness and generosity shown to them at these events shaped their experience of recovery and would remain central to their memory of their time spent in England. 'When they went back to Canada,' the Captain stated, 'if they were spared, they would love to talk about the good times they had had in England.'⁴²⁹ Therefore, it is evident that the communal events organised by individuals and local groups for the benefit of wounded servicemen served as a means of connecting and uniting the injured men with their immediate community. Thus, it is in alignment with Deborah Cohen's assertion that 'voluntarism brought about a reconciliation between disabled veterans and those for whom they had suffered' following the First World War, that the impact of the community-centred charitable events of the Second World War must be understood.⁴³⁰

As a venue for communal charitable activity, the success of the country house garden party was dictated by the numbers who attended and the finances the event generated. As the attendance figures demonstrated, the garden parties and fetes hosted at various requisitioned country houses were able to attract large numbers of people from the local towns and villages. The well-maintained and extensive grounds which accompanied many of the requisitioned properties fulfilled the spatial requirements for hosting large community events. While, in many cases the home and its garden's established identity as a local attraction enhanced its viability as a fundraising venue. It was this innate suitability which frequently underscored the popular press reports of the event. An article on a successful garden party held at Aldershawe Auxiliary Hospital emphasised the significance of the aesthetic appeal of the garden in attracting visitors both to the event and in future (Aldershawe is located near the city of Lichfield in Staffordshire. It was opened as an auxiliary hospital in 1941 and could accommodate up to 60 patients):

More beautiful grounds for a function of this character would be most difficult to envisage, and great interest was evinced in the delightful dells and artistic stonework.

⁴²⁹ "Canadian Soldiers Entertained at Tamworth," *Tamworth Herald* (January 16th, 1943), 5.

⁴³⁰ Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1919-1939* (Berkeley: University of California Press, 2001), 7.

This treat alone was well worth a visit, and it must have been somewhat of a surprise to many citizens to discover that they had such a charming venue practically on their doorsteps.⁴³¹

Therefore, it is the beauty of the gardens as much as the philanthropic exercise which attracted visitors to the garden party. Similar reports on events at Saighton Grange and Thorpe Hall emphasised how it would be hard to ‘imagine a more beautiful setting for such an event’ and that ‘an inspection of the beautiful gardens enhanced the pleasure of the visitors’.⁴³² The success of these events was demonstrated through the income they generated. During the summer season outdoor events provided a valuable revenue stream for the Joint War Organisation. Individual bazaars and garden parties raised significant sums of money for the charity’s various campaigns. The annual garden party at Aldershawe Auxiliary Hospital was reported to have realised over one hundred pounds in 1941 and over five hundred pounds by 1943 (Aldershawe is located near the city of Lichfield in Staffordshire. It was opened as an auxiliary hospital in 1941 and could accommodate up to 60 patients).⁴³³ An emphasis on the financial receipts accrued through these events demonstrated their principal function. In a local newspaper report on the garden show at Saighton Grange, the ‘wise-cracking microphone commentator’ is quoted as having ‘urged people to spend more money to help the Red Cross.’ While in opening the fete, the local Superintendent of the St. John Ambulance Brigade for Chester ‘reminded the people of the enormous number of activities their joint war organisation had been called upon to undertake during the last 4 ½ years and the immense cost of it all.’ Its expenditure had already totalled approximately £22,375,000 and the Superintendent reminded the audience of the extended duration of the work. She predicted that,

⁴³¹ “Aldershawe Garden Party,” *Lichfield Mercury* (June 18th, 1943), 7.

⁴³² “Garden Show at Saighton Grange,” *Chester Chronicle* (September 2nd, 1944), 6 (Saighton Grange is located in the village of Saighton in Cheshire); “Thorpe Hall Garden Party,” *Tamworth Herald* (July 17th, 1943), 6 (Thorpe Hall is located near the town of Tamworth in Staffordshire. It remained open and functioned as an auxiliary hospital through 1945).

⁴³³ *Lichfield Mercury* (August 21st, 1941), 6; “Aldershawe Garden Party,” *Lichfield Mercury* (June 18th, 1943), 7.

The expenses would not cease for a considerable time after the war had ended. “Just think,” she said “of the number of hospitals that will inevitably be filled for some time after the war, and the poor homeless children who will require our help. The war victims at home and abroad will still need comforts.”⁴³⁴

These communal outdoor events and their popular representation in the print media emphasised the institutional reliance on the support of the local community and the centrality of the community to their continued existence. The events provided an opportunity for members of the community to connect and interact with wounded personnel who had been injured in defence of their country. The charitable status of the institution necessitated the involvement of the community in providing for the maintenance of the medical facility and its occupants and the garden parties, fetes, and bazaars were a vital means through which injured servicemen were reintegrated into civilian society. Therefore, auxiliary hospitals and convalescent homes were important sites in the prevention of social fragmentation and disunity.

In conclusion, the converted country house was a public space, in as much as it was a place of popular visitation and spectatorship and a focal point for communal philanthropic endeavour. This chapter has highlighted how these charitable institutions relied upon and encouraged community engagement and support. It has argued that auxiliary hospitals and convalescent homes provided a vital means through which non-combatant members of the population could contribute to the national war effort. Moreover, the initial act of donation and the continued presence of the benefactor/homeowner provided a vital example of the shared burdens of war. As embodiments of an equality of sacrifice, the converted country house fostered social cohesion during a period when class conflict was potentially a hugely damaging and disruptive event. Moreover, this chapter illustrated how these communally-run institutions were firmly understood to be part of the collective national inheritance and their utilisation during the Second World War enhanced and cemented this perception.

⁴³⁴ “Garden Show at Saighton Grange,” *Chester Chronicle* (September 2nd, 1944), 6.

Chapter 5: Private Space: domesticity and the emasculation of injured servicemen

In the process of requisition and adaptation, the country house acquired additional layers of cultural meaning. The spaces were physically and metaphorically transformed. Temporary structures were regularly erected in the surrounding grounds to increase the patient capacity of the hospital. Internally, domestic rooms were converted into wards and operating theatres, and were filled with the medical and surgical equipment needed to restore the wounded men and women to health and fitness. The physical alterations to the property reflected an underlying functional change. However, the original design and architecture of the residence meant that the newly acquired medical identity never fully overshadowed the fact that these were homes intended for private, family life. The distinction between a medical and domestic space has not always been as well-defined as it is today. Lindsay Granshaw argues that the home has a long and well-established history as a place for treating sickness and infirmity. In fact, it is only fairly recently that the hospital has come to be understood as ‘the central institution in medical care’. Prior to this, ‘most people – especially if ill – would have endeavoured to stay out of hospital. Home was where the sick should be treated.’⁴³⁵ Therefore, it is unsurprising that the utilisation of large country houses and stately homes for medical purposes during the First and Second World Wars was positively received. Within this broader context a wartime identity was formed which incorporated both functional aspects. The popular representation of the converted country house emphasised its innate suitability as a medical institution while reaffirming its fundamentally domestic character. These principles were amalgamated within the image of the property as a ‘home of healing’.⁴³⁶ It was a place where the war-wounded body and mind could be restored, but it unquestionably

⁴³⁵ Granshaw, “Introduction”, 1.

⁴³⁶ “Queen Mary Visits Hospital,” *Gloucester Citizen* (April 28th, 1941), 4.

remained a private space and a home. Furthermore, it was the private aspect of the building which directly contributed to its capacity to heal. This chapter will explore the ways in which the auxiliary hospital embodied this idealised vision. It will emphasise the ways in which these requisitioned properties remained private spaces underscored by the rituals and routines of domestic family life. It will highlight the importance of the domestic architecture and the artefacts of everyday life to the creation of an idealised domestic image of the converted country house. Newspaper reports described a collaborative scene in which medical and domestic material functioned comfortably and effectively together. Furthermore, the continued residency of many requisitioned properties by their original owners contributed to this domestic image. The involvement of these owners in the running of the institution resulted in strong personal relationships forming between them, the medical staff, and the patients. The hierarchical nature of this relationship will be demonstrated through the experience and recollection of those who lived, worked, and recovered within the medical institution. Finally, this chapter will argue that the masculine image of the patients was impacted by the creation of an idealised domestic vision of the institution. Within popular press reports, senior members of the nursing staff and the female homeowner were frequently cast in reassuringly maternal roles. However, in doing so, these depictions challenged conventional gender norms as they simultaneously emphasised the authority of the matron or female homeowner and highlighted the vulnerability and dependency of the male patients. Thus, the domestic image of the auxiliary hospital and convalescent home placed the adult male patients in an ambiguous position as they were cast as childlike beneficiaries of this maternal care and attention.

Spatial transition and the continued prioritisation of domesticity

The requisition of a property had the potential to fundamentally transform its appearance and identity. Bentley Priory, for example, became the temporary headquarters of the Royal Air Force Fighter Command. Its external aesthetic was transformed as the exterior stucco was painted in camouflage, dug-outs and sandbags encircled the buildings and the Victorian conservatory was demolished to enable the erection of additional temporary structures.⁴³⁷

⁴³⁷ Robinson, *Requisitioned*, 42.

The transformation of private residences into auxiliary hospitals and convalescent homes required extensive alteration to the visual aesthetic of the exterior and interior of the property. Prefabricated huts and permanent structures were often erected in the grounds and estates of large properties to provide vital additional ward space. These structures utilised materials, techniques, and designs that starkly contrasted with the historic architecture of the established buildings. Moreover, the changes made to the interior of the property fundamentally altered the way in which the space was utilised. Rooms designed for the purpose and ritual of aristocratic domesticity were converted to meet the needs of injured and disabled servicemen and the medical personnel who treated them. However, despite the visual changes to the appearance of these rooms and the functional changes to the way they were utilised, the domestic nature of the space remained a central component in its wartime identity. This chapter will argue in alignment with John Martin Robinson's assertion that the architecture and atmosphere of these properties actively contributed to their appropriation and utilisation as medical facilities. To demonstrate his point, Robinson contrasts the experience of the modern hospital to that of Hatfield House Auxiliary Hospital (Hatfield House is located in the town of Hatfield in Hertfordshire. The property was transformed into an auxiliary hospital in 1939 with capacity for more than 100 patients. In 1945 the function of the property was changed again as it became a Resettlement Centre for repatriated prisoners of war, with a capacity of approximately 250). The importance of the domestic architecture to the medical suitability of the private residence is clear as he argues,

Unlike post-war National Health hospitals where every manifestation of modernist architectural hideosity [sic] and soul-crushing utilitarianism were deliberately cultivated to depress the patient's spirit, and make him long for instant death, part of the point of country house hospitals in wartime was to 'heal the soul' as well as the body with fine architecture and lovely gardens. The traditional beauty of the house and gardens was intended to play a very large part in the healing process.⁴³⁸

⁴³⁸ Robinson, *Requisitioned*, 104.

This argument demonstrates an underlying belief in the significance of the immediately environment to the well-being and recovery of the patient. The building and the gardens were a part of the medical regimen. Their aesthetic beauty and relaxed atmosphere contributed to the creation of a restorative environment in which men received physical and psychological relief from the burden and brutality of modern industrialised combat. The atmosphere and setting of the convalescent home were understood to be critical to its suitability and success. In his Presidential address to the Section of Epidemiology and State Medicine of the Royal Society of Medicine, Dr J. A. H. Brincker (the Principal Medical Officer for the Public Health Department of the London County Council) outlined the primary function and ideal location for convalescent homes. Serving as auxiliary institutions to the larger metropolitan hospitals, their purpose was to oversee the latter stages of recovery. This, according to Brincker, was best achieved in the relaxed and restorative environments of ‘the seaside or the country’ in institutions which replicated the atmosphere and experience of ‘spa establishments.’⁴³⁹ Even with its strict military focus, the *Journal of the Royal Army Medical Corps* acknowledged the benefit of providing a pleasant environment for wounded servicemen to recover in. The ideal location was naturally a military one but the article recognised ‘there is no reason why it should not be so chosen and developed as also to conform to aesthetic standards which react so favourably upon the susceptible’s [sic] sense of well-being and “worth-while.”’ In continuing, the article stated that the ‘ideal locus is an estate of some 50 acres’ and ‘it should be – or be made by its occupants – a place of beauty affording them both pleasure and pride.’⁴⁴⁰ The importance of the aesthetic quality of the convalescent home enhanced the viability of utilising country houses and stately homes for this purpose during wartime. In his letter to Lady Salisbury, John Gayford acknowledged the significance of the homes’ aesthetic to his experience as a patient at Hatfield House (Hatfield House is located in the town of Hatfield in Hertfordshire. The property was transformed into an auxiliary hospital in 1939 with capacity for more than 100 patients. In 1945 the function of the property was changed again as it became a Resettlement Centre for repatriated prisoners of war, with a capacity of approximately 250),

⁴³⁹ “Convalescent Hospitals of the Future,” *British Medical Journal*, vol. 2, no. 4061 (November 5th, 1938), 291.

⁴⁴⁰ Stanley D. Large, “Rehabilitation,” *Journal of the Royal Army Medical Corps*, vol. 80, issue 4 (April 1943), 167.

Dear Lady Salisbury, I should like you to know how I have appreciated being at Hatfield during the past ten weeks. I write as only one of the many who have passed through Hatfield Hospital since the beginning of the war, and we can all count ourselves fortunate in having been cared for in your beautiful house and in such lovely surrounding.⁴⁴¹

Moreover, newspaper articles frequently celebrated the opening of auxiliary hospitals and convalescent homes with reports that prioritised the natural beauty of the homes' setting and the aesthetic quality of the property. In an article reporting on the grand opening of Aldershawe Auxiliary Hospital in Staffordshire, the local journalist declared, 'it would be difficult to visualise a residence more typical or suitable for the purpose' (Aldershawe is located near the city of Lichfield in Staffordshire. It was opened as an auxiliary hospital in 1941 and could accommodate up to 60 patients).⁴⁴² Similarly, the celebratory unveiling of Lord and Lady Craigmyle's converted property at Clovenfords, near the Scottish Borders, drew equal acclaim as it was stated that 'no more ideal site or surrounding could be wished for... than Peel House and its grounds' (Peel House is located near Galashiels in Selkirkshire. It was converted into an auxiliary hospital in 1939 and had capacity to care for up to 400 patients).⁴⁴³ This form of praise encouraged public interest in, and support for, these local institutions. Furthermore, it attempted to reassure the population of the medical provision available to wounded servicemen and the appropriateness of these venues in their newfound function. The acclamation bestowed upon the converted properties within these media reports were invariably followed by a description of the domestic amenities and personal luxuries accessible to the patients. This cemented the connection between the domestic nature of the space, its architectural and aesthetic quality, and its suitability as a place of medical treatment and restoration. The article from the *Lichfield Mercury* substantiated its claim that Aldershawe was innately suitable for use as an auxiliary hospital with a detailed description of the decoration and architectural style of the property (Aldershawe is located near the city

⁴⁴¹ Hatfield, Hatfield House Archives, *Papers of the 4th Marquess and Marchioness of Salisbury*, Letter from John Gayford (July 6th, 1941).

⁴⁴² "New Red Cross Hospital Opened," *Lichfield Mercury* (March 28th, 1941), 5.

⁴⁴³ "Clovenfords Mansion Now Base Hospital," *Edinburgh Evening News* (November 28th, 1939), 2.

of Lichfield in Staffordshire. It was opened as an auxiliary hospital in 1941 and could accommodate up to 60 patients),

Aldershawe is a handsome building of red brick, with terra-cotta dressings, gables half-timbered in solid oak, with intervening spaces plastered in finished creamy white; the roof is covered with brown tiles, and the whole building is of a light, graceful character, and is fitted with electric light and central heating.⁴⁴⁴

The description included internal amenities and external architecture, demonstrating the significance of these components in creating the desired character and atmosphere. The underlying message was that it is these attributes which enable the successful transition from a domestic to a medical space. During the rehabilitative phase of treatment patients did not require constant medical attention. The acute care provided at base hospitals and specialised surgical centres was not needed in the final stages of the medical process. It was at these later points that patients discovered the extent to which they might expect to make a full recovery. Therefore, the institutional requirements were less specialised meaning the artefacts of everyday life were of greater utility and frequently fulfilled a recuperative function. In various instances it was the domestic appliances which actively contributed to the homes' reincarnation. The amenities at Dungavel House, in South Lanarkshire, significantly enhanced its capacity to successfully function as an auxiliary hospital (Dungavel House is located near the town of Strathaven in South Lanarkshire. It opened as an auxiliary hospital in 1939 and could accommodate up to 100 patients),

As an auxiliary hospital, Dungavel House has many advantages. The grounds are extensive, electric light and power are generated on the premises, and the house has its own fire engine and hydrants, and several fire escapes outside. Though there will be 100 beds for patients, the staff accommodation is still ample. The extras include Turkish

⁴⁴⁴ "New Red Cross Hospital Opened," *Lichfield Mercury* (March 28th, 1941), 5.

baths, a hot water system throughout, no fewer than 10 baths on one floor, a lift, and a telephone exchange.⁴⁴⁵

The article directly connected the domestic amenities at the property to its suitability for conversion and utilisation as an auxiliary hospital. This further strengthened the importance of domesticity to the negotiated identity of these homes of healing. It is a central component in the practical transition as these amenities offer a clear benefit to the future occupants. Within this idealised construction, the hallmarks of domesticity are also vital in creating a positive atmosphere. Objects and artefacts of everyday life not only made the experience of those living, working, and recovering within more straightforward, but it helped to create a less clinical environment than that experienced in more conventional medical settings. It was through ‘the equipping of several wards with period furniture, and by the display of portraits and other pictures’, that the ‘atmosphere of Dungavel House is retained’ (Dungavel House is located near the town of Strathaven in South Lanarkshire. It opened as an auxiliary hospital in 1939 and could accommodate up to 100 patients).⁴⁴⁶ In fact, the addition of domestic architecture and artefacts to these medical spaces actively opposed the sterile impersonal atmosphere of a conventional hospital. The negative connotations attached to the latter are made evident in an article from *The Times*. It noted the distinct lack of a ‘hospital atmosphere’ at an unnamed Royal Air Force convalescent hospital, adding that ‘everything is done to help the men forget that they are in a convalescent hospital and to make them feel at home and at ease.’ It was through the provision of access to the leisurely pursuits and daily pleasures enjoyed by the men in their former private lives that this atmosphere and feeling was created. The institution provided the patients with ‘reading and writing rooms’, ‘billiard rooms’, ‘libraries’, and ‘a very large gymnasium’. While the external grounds include ‘a golf course, wooded slopes, smooth green lawns and colourful flower beds.’ The result is ‘a roomy, cheerful place’ representative of ‘comfortable apartments’.⁴⁴⁷ Therefore, it is evident that underlying this depiction of a converted convalescent home was a rejection of traditional medical spatial design and practice. In its place was an image which elevated the importance

⁴⁴⁵ “Auxiliary Hospital,” *The Scotsman* (December 16th, 1939), 13.

⁴⁴⁶ “Auxiliary Hospital,” *The Scotsman* (December 16th, 1939), 13.

⁴⁴⁷ “Injured R.A.F. Pilots,” *The Times* (May 15th, 1941), 2.

of domesticity in creating a softer, more intimate space in which recovery was achieved, in part, through the routines and habits of everyday family life.

Security was a vital component within the idealised construction of a domesticated medical space. However, the innate security of the home was undermined by the fear of aerial attack and the perceived inability of the government to prevent the bomber from getting through. The experience of the Spanish Civil War visibly shattered the sanctity of urban domesticity and forcibly demonstrated the totality of modern warfare and expectations for Britain and its urban population were bleak in light of an impending second major European conflict. In contradistinction to this inverted image of urban domesticity is the image of the country house. These converted properties provided a stabilising vision of domesticity; traditional, safe, and rural. The countryside situation immediately opposed that of its urban equivalent. The modern and unstable experience of urban life during wartime was starkly contrasted by a stabilising vision of traditional rurality embodied through the country house and the rural way of life. Thus, as the city became ever more dangerous in wartime, so the countryside became a provider of shelter and security. The evacuation of civilians from designated urban centres to rural 'safe zones' demonstrated an awareness of the government's inability to protect its urban population. In readiness for the expected aerial assault nearly one and a half million people were transported from crowded cities to safer reception areas in the countryside.⁴⁴⁸ In response to the fear of urban destruction and the practical need to remove citizens from areas of strategic military value, an idealised vision of rurality was propagated which emphasised the beneficent and restorative qualities of rural life and the natural environment. The countryside was depicted as a restorative space, with participation in a rural way of life portrayed as a means of achieving physical and psychological respite from the rigours of industrial warfare. An article in *Country Life* magazine warned against the abandonment of these traditional pleasures, as 'in them we shall find healing and refreshment not only for the soul but for the body too.' It was through an engagement with 'the graces of life' that 'reinvigoration' was to be achieved. The graces,

⁴⁴⁸ Gardiner, *Wartime Britain 1939-1945*, 17.

Abound about us in the beauties of the landscape of our native land, in our great art and great literature, in contact and converse with men like-minded with ourselves. All these are ready at our disposal. We can submit our minds to all that is uplifting in aesthetic achievement and our bodies to “the cool lap of the green earth.” These are the scenes and experiences into which we may escape untrammelled and in which the clash of armed controversy is unseen and unheard. They belong to the things that are eternal, and utterly to forsake them will be to perish. The spirit, fighting as it must with carnal weapons, against a foe essentially carnal, shall yet replenish its vigour from sources and springs that rise from no earthly soil.⁴⁴⁹

Thus, it was through a combination of man-made and natural beauty that the body and mind were restored. As an integral part of country life, the country house and stately home provided a vital medium through which the beneficence of this aesthetic could be experienced. It was the comforting and stable image of traditional, domestic rurality which was used to restore the wounded individual and reassure the collective consciousness. Furthermore, the comfort found in the enduring legacy of these properties was reflected in a newspaper report on a Kentish convalescent home. In it, the stability of the property is highlighted as it is described as a ‘fine old house’ that had endured ‘many ups and downs in its long history.’⁴⁵⁰ In emphasising the durability of historic properties and their proven ability to endure social upheaval, these articles sought to assuage public anxiety as the buildings’ continued existence provided stabilising reminders of Britain’s rural heritage.

Within the personal correspondence and reminiscences of patients, medical staff, and homeowners, there was a common understanding that these converted spaces provided sanctuary from the danger and reality of modern industrial warfare. For a volunteer nurse sent to the convalescent home at Broome Place in Norfolk, the architecture and natural setting combined in her vision of the location as distinct from the trauma of war:

As we drove over the tiny bridge to go up the little hill, I took a deep breath as the House came into view. Standing supreme and gracious surrounded by lawns and gardens,

⁴⁴⁹ *Country Life* (November 18th, 1939), 512.

⁴⁵⁰ “Caring for Convalescent Soldiers,” *Sevenoaks Chronicle and Kentish Advertiser* (July 4th, 1941), 1.

looking down on the spreading green meadows and grassy park, could I help but love it at first sight – splendid in its majesty. The red brick glowed warmly, the Dutch gables curved gracefully, the tall chimneys towered proudly, but the little white balconies added a homely doll’s house touch. The many windows winked a welcome in the sun – while the foaming, frothy wisteria hung in luxurious clusters everywhere. To go into the shady drive amidst the cool greenness of the massive spreading trees was Peace in the midst of War.⁴⁵¹

The relationship between the real and imagined, the man-made and the natural, were synchronised in this idealised vision of the converted country house. The age and legacy of the property root it ever more deeply to its natural surroundings until it became a part of the landscape. The rootedness of the country house within conceptions of rurality affixed these properties with the virtues attached to the wider environment. Thus, the popular representation of the converted country house emphasised its embodiment of an idealised image of domestic rurality where the stability, security, and sanctity of everyday country life was shown to aid the recovery of those injured in defence of the nation. The following extract, taken from a newspaper article at a large Kentish convalescent home, illustrated the way in which the property, its grounds, and the activities it encouraged combined to create a space which was ‘ideal for the purpose’ of healing,

It would be hard to conceive a building better suited to the purpose to which it has now been adapted – the whole of one side of the home, including a drawing-room cum library, notable for the splendour of its mural and roof decoration, looks out upon a lawn which covers the better part of a couple of acres and which in turn leads to grounds which, in the house agent’s vernacular, can only be described as “many acres in extent” – and beautiful in direct proportion to their size. Upon the lawn and in the grounds the men followed their own intent – seated round, reading or chatting or casually disporting on the croquet lawn...⁴⁵²

⁴⁵¹ London, Imperial War Museum, *Documents. 18954*, Private Papers of Mrs. H. M. Gallaway, “Broome Place Revisited,” 1.

⁴⁵² “Caring for Convalescent Soldiers,” *Sevenoaks Chronicle and Kentish Advertiser* (July 4th, 1941), 1.

Evidently, the external grounds were a central component in the idealised image of converted country house. The pleasant surroundings offered patients the opportunity to relax and enjoy their time at the transformed home. Furthermore, the internal space was shown to be equally important to the property's viability as a restorative medical space, as the article continued,

Within was the same "do as you please" spirit and the large parquet-floored recreation room... was continuously in use. Billiards, table-tennis, cards – in fact, the whole range of indoor games was available here... It would be difficult indeed to describe, without risking the reproach of overstatement, the beauty of the surroundings, the suitability of the house (architecturally, it may fall short of perfection, but it has a degree of airy spaciousness which is ideal for the purpose) or the pleasantness of the atmosphere. The whole, in fact, represents a worth-while job well done and it was with a feeling of the appropriateness of things that one realised that the nearby village was one which has made a particularly useful effort in support of the Red Cross funds.⁴⁵³

Furthermore, the potency of this cultural construction is evident in the recollection of Margaret Phillips, the Countess of Lichfield and owner of Heath House Auxiliary Hospital in Staffordshire (Heath House is located in the village of Tean in Staffordshire. It opened as an auxiliary hospital in 1941 and provided up to 55 beds). In recalling her experience of the requisition, conversion, and utilisation of Heath House, Margaret Phillips centralised the role of the space in aiding the recovery of her patients. The example she opted to relay prioritised the importance of the natural setting and the man-made additions in miraculously healing one of her patients,

We had these gorgeous woods at Heath House, with rhododendrons and azaleas, and wonderful rides. At the end of one of the rides was a temple, with pillars, steps, and a dome. The view from this temple was out of this world, across the whole of England. So, one afternoon I took the man with the fractured skull out with me and said to him, "Look

⁴⁵³ "Caring for Convalescent Soldier," *Sevenoaks Chronicle and Kentish Advertiser* (July 4th, 1941), 1.

at this, really take it in. Drink it in with body and soul because this is really heaven on earth... The next morning there were lots of men outside my door waiting to see me, and as the passage was so dark, I could never see who it was standing there, so I would say good morning to them all. And I had about three men in my room when suddenly the door burst open and a man, I was sure I had never seen before said, "Look, Look! It's me! I woke up in the night and a great pair of hands came and picked up my head and took away the pain! I haven't got any more pain!"⁴⁵⁴

Whether the events described were accurate, or whether the individual involved was correct in attributing his recovery to the environment is immaterial. What is significant is a continued belief in the narrative; a belief which demonstrated the potency of contemporary perceptions of rurality and domesticity. The sanctified nature of these ideals is further evident in the Countess' concluding remark that 'these country houses and their lovely gardens played a very large part in the healing of men in mind, body and soul, when they came out of hell and found themselves in heaven.'⁴⁵⁵ Thus, domesticity and rurality contributed to the creation of a vision of the country house as an antidote to the unstable, modern, industrial realities of total warfare.

Philanthropy and familiarity: gift-giving and the benefactor-beneficiary relationship

Having donated their properties for the use of the nation during the Second World War, many homeowners elected to remain present throughout the duration of their home's occupation. This provided the owners with the opportunity to assist in the work following conversion and to ensure that due care and attention was being given to the upkeep and maintenance of their property. Lord and Lady Salisbury, for example, opted to remain at Hatfield House in Hertfordshire during its occupation (Hatfield House is located in the town of Hatfield in Hertfordshire). The property was transformed into an auxiliary hospital in 1939 with capacity for more than 100 patients. In 1945 the function of the property was changed again as it became a Resettlement Centre for repatriated prisoners of war, with a capacity of

⁴⁵⁴ Seebohm, *The Country House*, 131-2.

⁴⁵⁵ Merlin Waterson (ed.), *The Country House Remembered: Recollections of Life Between the Wars* (London: Routledge & Kegan Paul, 1985), 242.

approximately 250). The memoirs of Catherine Arnold Hutchinson recalled how the 'Duchess... took great interest in the hospital and regularly walked around accompanied by her dog.'⁴⁵⁶ Similarly, a newspaper article on the utilisation of Dungavel House as an auxiliary hospital reported that the Duke of Hamilton and his family remained present, 'living in cottages on the estate' (Dungavel House is located near the town of Strathaven in South Lanarkshire. It opened as an auxiliary hospital in 1939 and could accommodate up to 100 patients).⁴⁵⁷ In remaining at their converted properties, whether as co-habitants or as the institutional commandant, individual homeowners maintained and acquired a position of authority both within the institution, and in the personal relationships that were formed with the medical staff and the injured patients. Moreover, as an act of charity, the donation and conversion of an individual private residence placed the homeowner and the wounded patient in a benefactor-beneficiary relationship. Susan A. Ostrander and Paul G. Schervish have unpicked the dynamics in the giving and receiving of gifts. As with other social relations it manifests 'identifiable patterns of social interaction.' One of these is the inherently unequal nature of the relationship. 'The general tendency', Ostrander and Schervish argue, 'is for donors to occupy positions that give them substantially more active choice than recipients about how to define the philanthropic transaction and how to take part in it.'⁴⁵⁸ The relationship between many of the homeowners and their patients mirrored the parental model with strong feelings of care and concern evident in the testimony and behaviour of owners and patients alike.

Moreover, the involvement of female homeowners in the running and routine of the hospital cemented the position of femininity within the public image of the institution. Many of the female homeowners provided vital administrative, organisational, and emotional support, utilising their social and philanthropic contacts to provide vital resources for their institution. From the late-nineteenth century women had become increasingly prominent in philanthropic activity, with the wives, daughters, and unmarried sisters of middle- and upper-class men becoming more proactive in public life; a shift James Hinton referred to as 'a

⁴⁵⁶ London, Imperial War Museum, *Documents. 11950*, Private Papers of Mrs. C. Hutchinson, "My War and Welcome to it: Part II," 6.

⁴⁵⁷ "Auxiliary Hospital," *The Scotsman* (December 16th, 1939), 13.

⁴⁵⁸ Ostrander and Schervish, "Giving and getting", 284.

feminization of paternalism.⁴⁵⁹ Barry Doyle affirms this sentiment as, in relation to the interwar social activism undertaken by the female family members of the Norwich business elite, he argues that the ‘input from the wives, daughters and sisters of the “public men” has been greatly underestimated in accounts of the functioning of urban middle-class power in the period after 1900.’⁴⁶⁰ Moreover, there was an expectation incumbent upon the position from many middle- and upper-class women that they would participate and lead various local charities and voluntary groups. Thus, having married Sir William Hyde Parker in the early 1930s, Lady Ulla Hyde Parker rapidly discovered the additional responsibilities that accompanied her marital position. ‘I hardly knew what the Women’s Institute was at the age of twenty-two,’ she recalled, ‘but I was made President. I had to be Vice President of the Conservatives at Sudbury... I was President of the Mental Hospital in Colchester, [and] I was Chairman of the District Nursing Association’.⁴⁶¹ Therefore, it was unsurprising to find middle- and upper-class women dominating senior positions within the charitably-run auxiliary hospital. The experience of Nurse H. M. Gallaway, at the auxiliary hospital at which she was stationed, was representative of many similar institutions as it remained ‘partly occupied by the owners’, with ‘the lady of the house’ fulfilling the important and symbolic role of ‘Commandant’.⁴⁶² However, the involvement of female figureheads in the daily lives of the patients and hospital staff was not limited to strategic philanthropic planning or symbolic association. In many instances, they formed close personal relationships with members of their medical staff and their patients. In a letter from John Gayford to Lady Salisbury, the former patient of Hatfield House Auxiliary Hospital, recounted the personal attention Lady Salisbury provided to him and her other patients, and the repeated efforts she made to relieve the frequent spells of boredom and mundanity experienced during convalescence (Hatfield House is located in the town of Hatfield in Hertfordshire. The property was transformed into an auxiliary hospital in 1939 with capacity for more than 100 patients. In 1945 the function of the property was changed again as it became a Resettlement Centre for repatriated prisoners of war, with a capacity of approximately 250). Gayford extolled, ‘I want to thank you too, for

⁴⁵⁹ James Hinton, *Women, Social Leadership, and the Second World War: Continuities of Class* (Oxford: Oxford University Press, 2002), 5.

⁴⁶⁰ Hinton, *Women, Social Leadership, and the Second World War*, 5.

⁴⁶¹ Pamela Horn, *Country House Society: The Private Lives of England’s Upper Class after the First World War* (Stroud: Amberley Publishing, 2013), 100-1.

⁴⁶² London, Imperial War Museum, *Documents. 18954*, Private Papers of Mrs H. M. Gallaway, “Broome Place Revisited,” 2.

your great kindness to me personally. I enjoyed and looked forward to your many visits immensely and they helped greatly to lighten what might have been a very tedious period of my existence.⁴⁶³ The relationships between female homeowners and the men recovering within their homes were structured around a clear hierarchy emanating from the philanthropic basis of their interaction. Sociologists and philosophers have noted the benefactor-beneficiary relationships are inherently uneven, with the benefactor adopting a position of authority over the beneficiary. The general tendency is for donors to occupy positions that give them substantially more active choice than recipients about how to define the philanthropic transaction and how to take part in it. Recipients are not without agency and they can and do make choices that affect what happens to themselves and to donors.⁴⁶⁴ However, it is invariably the benefactor who fills the dominant position within the relationship. This imbalance frequently results in a parental element attaching itself to the interaction with the benefactor developing feelings of a familial nature toward the beneficiary, 'for the beneficiary is the work of the benefactor.'⁴⁶⁵ For the homeowners who opted to remain in their converted homes and assist in the running of the hospital and the lives of its patients, the relationships which therein developed regularly replicated the model outlined by Aristotle. Nurse Catherine Arnold Hutchinson recalled how during her time at Hatfield House Lady Salisbury 'took great interest in the hospital... both in the welfare of the patients and what damage her fabulous historic mansion might be suffering.'⁴⁶⁶ Her concern for the well-being of the patients at Hatfield House was firmly evident in the correspondence she received from former patients. In a letter from James Hardman, the hierarchic structure of their relationship is evident through the elevated position she adopted in resolving his dispute with the Ministry of Pensions. In Hardman's letter from December 21st, 1942, he thanked Lady Salisbury for her continued interest and support and acknowledged her seniority by acquiescing to her involvement in rectifying his case.⁴⁶⁷ Furthermore, in the subsequent letter sent by Lady Salisbury to the then Minister of Pensions, Sir Walter

⁴⁶³ Hatfield, Hatfield House Archives, *Papers of the 4th Marquess and Marchioness of Salisbury*, Letter from John Gayford (July 6th, 1941).

⁴⁶⁴ Ostrander and Schervish, "Giving and getting", 284.

⁴⁶⁵ Aristotle, "On benefactors and beneficiaries," trans. Leon Kass, in *The Philanthropy Reader*, eds. Michael Moody and Beth Breeze (London: Routledge, 2016), 253.

⁴⁶⁶ London, Imperial War Museum, *Documents. 11950*, Private Papers of Mrs C. Hutchinson, "My War and Welcome to it: Part II", 6.

⁴⁶⁷ Hatfield, Hatfield House Archives, *Papers of the 4th Marquess and Marchioness of Salisbury*, Letter from James Hardman (December 21st, 1942).

Womersley, she provided testimony in defence of Hardman's character and challenged the decision of the Ministry. Arguing on behalf of Hardman, she wrote,

Dear Sir Walter,

You have been very kind before in helping me about cases and I am therefore venturing to write to you again. The man about whom I am writing was here sometime in our Hospital and was a particularly nice fellow. I enclose all particulars about him as far as his work is concerned... He had, as you will see, a good character, and was given a recommendation to employers of labour which is however rather useless to him as he is unable to take normal work owing to his physical condition, and if he is able to find very light work it will be with correspondingly small pay. Having been refused a pension and having therefore only 10/6d a week National Health Insurance he has to depend on his family for his keep. He is only 25... There is one point which strikes one particularly and that is that he was three times medically examined – once before and twice after he joined the Army – and was passed as physically fit for overseas, and (2) when asked for an independent doctor's opinion the doctor selected by the Ministry did not see him himself nor make an examination. I know how dreadfully difficult it must be to deal with cases of this kind, but I think you will agree that there is a real reason for reconsideration of this particular case. There is a good deal of feeling about it and of course it does create great bitterness, and that must be my excuse for troubling you in the matter.⁴⁶⁸

The action demonstrated the depth of feeling that punctuated the relationship between Lady Salisbury and James Hardman and was reflective of the close emotional bonds that connected numerous homeowners to their patients. In requesting support from Lady Salisbury, Hardman was acknowledging the inferiority of his position and reinforcing the authority of hers; she was witness to his character and crucially, the person he opted to look to for support in a period of personal crisis. Such an acknowledgement demonstrated the maternal nature of the benefactor-beneficiary relationship. Furthermore, the testimony of other female homeowners underscored the strength of these relationships. Margaret, the Countess of

⁴⁶⁸ Hatfield, Hatfield House Archives, Papers of the 4th Marquess and Marchioness of Salisbury, Letter from Lady Salisbury to Sir Walter (undated).

Lichfield opted to involve herself with the daily running of the auxiliary hospital based at her property, Heath House (Heath House is located in the village of Tean in Staffordshire. It opened as an auxiliary hospital in 1941 and provided up to 55 beds). She remembered speaking with the men on a daily basis and recalled the emotional devastation which accompanied their departure and return to military service,

No Englishman of that class, I don't think, would ever own to fear. But they used to come and talk to men about the war, and about their experiences. Every morning when I arrived, there would be a handful of the men waiting in the dark passage to see me, and we would go into my office and talk a little and I would try to cheer them up. Then they would leave. They had to go back to the war, we all knew that. Those awful goodbyes...⁴⁶⁹

Evidently, the trauma of separation was not limited to the emotionally invested benefactor but was also experienced by the beneficiaries. The diary of an unnamed nurse highlighted the strength of the bond that developed between the medical personnel and the wounded servicemen. She was stationed at a convalescent hospital in Hereford and wrote fondly of the 'lovely house' which 'had been given for this purpose'. Moreover, she recalled the affection that developed between the staff and patients, writing of the 'great fun' she and her volunteer nurses had in 'adapting it', before adding, and 'when we got the boys how they loved it, we fed them very well. And it was all so homely. They nearly wept when they had to go.'⁴⁷⁰ The description emphasised the imbalance within the relationship between the female medical staff and their patients. The choice of language in referring to the to the male patients as 'the boys' who 'nearly wept' at the prospect of leaving the hospital underscored the ambiguity of their status. This is furthered by the parental undertone running throughout the piece evident in both the declaration that 'we [the nursing staff] fed them very well' and the description of the scene as 'all so homely'. The extract demonstrated an awareness of the gender inversion resulting from the injuries to the male patients. Their masculine status is challenged and undermined by their incapacity and it is in meeting the needs of the

⁴⁶⁹ Seebohm, *The Country House*, 131.

⁴⁷⁰ London, Imperial War Museum, *Documents. 16749*, Account written by a nurse who served in the First and Second World Wars, "Nursing in Peace and War," 5.

incapacitated patients that female nurses are routinely cast (by themselves, the patients, and the wider community) in maternal roles. Moreover, the description highlighted the centrality of domesticity to the experience of recovery and treatment at these institutions as it evidently constituted an intentional aspect of the work of the voluntary nursing team. Through their continued occupation after requisition homeowners contributed to the continued centrality of domesticity in the identity and understanding of the property. Their constancy encouraged a familial atmosphere to develop within the institution; an atmosphere built on the parental relationship which frequently accompanied these benefactor-beneficiary interactions.

In the auxiliary hospital and convalescent home, the physical and emotional closeness which developed between the homeowners or senior members of the nursing staff and their patients resulted in familial bond developing between the individuals. This was reflected in the popular representation of these institutions as embodiments of a happy extended family. Within these depictions, female benefactors and senior members of the nursing staff were routinely ascribed the role of the loving mother; the wounded servicemen filled the part of their brave boys. An article from *The Cornishman* highlighted the familial nature of the relationships at Trewidden Auxiliary Hospital. Within this depiction, the commandant appeared as a comforting authority figure whose kindness toward her subjects is only matched by their universal love and respect for her (Trewidden House is located in the town of Penzance in Cornwall. It was opened as an auxiliary hospital in 1941 and had capacity for fewer than 50 patients). The report claimed that,

All members [of the staff are] of either the Red Cross or St. John organisations, they work together as one happy family. They enjoy their work there, with the one idea of bringing sunshine into the lives of the men and the latter, realising this, do all they can to help and to play their part in making Trewidden a gradely place to recuperate in. The Commandant, whose motto appears to be “discipline by kindness,” is beloved by patients and staff alike. A member of the staff best expressed everyone’s feelings for the Commandant when learning that I was a reporter, she said: “O, do say something nice

about the Commandant; if anyone deserves it, she does.” Equally charming too was the Sister-in-Charge and she appears to rule by the same quiet but effective method.⁴⁷¹

In emphasising the authority of both the commandant and the senior sister, the article highlighted the predominance of women within charitable organisations. Women constituted a large proportion of the workforce at most auxiliary hospitals and convalescent homes. Nurse Gallaway outlined the composition of staff at a mid-sized auxiliary hospital. It ‘usually consisted of a Commandant, Matron, Sister, 4 to 6 V.A.D.s, an Army Sergeant and about forty patients and some domestic staff.’⁴⁷² With the exception of the Army Sergeant the majority of the other positions would have been filled by women. Thus, the authority awarded to the commandant, matron, and senior-sister and the control they had over the lives and routines of the patients resulted in their idealisation as maternal guardians of the institutions and its occupants. Communication and correspondence from patients routinely acknowledged the motherly aspect which accompanied these positions. Numerous entries in an autograph from Bucklebury Place Auxiliary Hospital illustrated the maternal relationship between the institutional matron and her patients (Bucklebury Place is located near the city of Reading in Berkshire. It operated as an auxiliary hospital between 1942 – 1945). Within these extracts, her authority is occasionally challenged but ultimately respected. The note left by Private M. Welsh acknowledged his subservient position. He wrote, much as a child might write to his mother, demonstrating contrition for his own misbehaviour and awareness of the consistency and wisdom of his female superior. ‘You have at all times been very considerate and have shown this, even when the subject of your consideration may not, at least, have expressed their appreciation’, concluding ‘your nature and manner have been such that many little things you have done will be a model for me to attempt to do.’⁴⁷³ While for a fellow patient, it was the ‘nice days... spent under your supervision’ that were worthy of remembrance. Once again, the recovering serviceman acknowledged the authority of the matron over him and his

⁴⁷¹ *The Cornishman* (November 13th, 1941), 6.

⁴⁷² London, Imperial War Museum, *Documents. 18954*, Private Papers of Mrs H. M. Gallaway, “Broome Place Revisited,” 1.

⁴⁷³ Reading, Berkshire Records Office, *Autographs D/EX 2135/1*, Entry from Alfred M. Welsh (September 9th, 1941).

time at the auxiliary hospital.⁴⁷⁴ Evident in both extracts is a subordination on the part of the patients to the experience and authority of the matron. Furthermore, love, kindness, and compassion also proliferated the words of the wounded in their notes to senior members of the nursing staff. In his entry in the institutional autograph book, Harold Emery wrote lovingly to his 'Dear Matron', stating that he wished to express 'just a few words of appreciation for the care and attention showered upon me during my stay at Bucklebury Place. What has been done for me here has proved to me that Angels are not only found in heaven.'⁴⁷⁵ While for countless others there were messages of 'heartfelt thanks' for the 'radiant tenderness', and 'homely kindness' shown to them during recovery and convalescence.⁴⁷⁶ These feelings are expressions of gratitude resulting from the intimacy which has developed between the servicemen and the matron during their recovery. They reflect a growing closeness built upon the matron's participation in and alleviation of their suffering. As the authoritative figurehead, the matron appeared to many, in a similar role as their mother. This is explicitly enunciated by one soldier-patient from Bucklebury Place who penned a poem in honour of 'Matron Mother to all' (Bucklebury Place is located near the city of Reading in Berkshire. It operated as an auxiliary hospital between 1942 – 1945):

Matron Mother to all
Always bright and cheerful
Trouble put too is nothing to her and staff
Ready aye ready to comfort you
Only those past and present patients know
Never tiring of those in their care.⁴⁷⁷

⁴⁷⁴ Reading, Berkshire Records Office, *Patients Autographs – Matron D/EX 2484/1*, Entry from unnamed author (July 18th, 1943).

⁴⁷⁵ Reading, Berkshire Records Office, *Autographs D/EX 2135/1*, Entry from Harold Emery (September 11th, 1941).

⁴⁷⁶ Reading, Berkshire Records Office, *Autographs D/EX 2135/1*, Entry from Signalmen A. W. Temple (October 11th, 1941); *Patient Autographs – Matron D/EX 2484/1*, Entry from F. Ball (June 6th, 1944).

⁴⁷⁷ Reading, Berkshire Records Office, *Autographs D/EX 2135/1*, Entry from unnamed author (July 21st, 1942).

Framing senior members of the nursing staff in traditionally feminine roles contradicted Penny Starns' argument that the nursing profession actively sought to reform its image during the Second World War as a means of protecting and progressing its professional status. One of the ways through which this was achieved was through the implementation of an array of militaristic principles, the adoption of an equivalent hierarchy, and through the donning of military-style uniforms. In her article on nursing during the Second World War, Starns argues that,

Nurse character traits associated with femininity, such as the expression of sympathy, tenderness, and compassion, were systematically discouraged. Stressed instead was the image of efficient functionality which men already enjoyed. Priority was given to tidying lockers and straightening beds rather than the care of patients. Thus, the traditional image of the nurse was transformed from that of an "angel of mercy" to that of an unfeeling "battleaxe".⁴⁷⁸

However, the conventional image of the nurse as an angel of mercy was difficult to remove entirely and the auxiliary hospital and convalescent home reinforced the association between nursing and traditional conceptions of femininity through the popular representation which cast senior female figures in a maternal role as institutional mothers. This image was most forcibly propagated during specific times of the year. At Christmas, for example, when families traditionally spent time together, the familial aspect of life at the auxiliary hospital and convalescent home was strongly enforced. The local and national press frequently published reports which prioritised the efforts of volunteers and staff to provide a conventional Christmas experience for the patients. An article in *The Cornishman*, for example, highlighted the ways in which attempts are made to replicate a familial festive period at Trewidden Auxiliary Hospital in Cornwall (Trewidden House is located in the town of Penzance in Cornwall. It was opened as an auxiliary hospital in 1941 and had capacity for fewer than 50 patients),

⁴⁷⁸ Starns, "Fighting Militarism", 198.

The Boys in Blue have always been given a happy time at Christmas at Trewidden Convalescent Home, where the Commandant... and her staff, never spare themselves in a desire to bring pleasure to those who are unable to be with their own families during the festive season.⁴⁷⁹

However, the creation of this popular image placed the male patients in a compromising position as they were cast in junior roles inverting the conventional status enjoyed by an adult male family member. In his study of war-disabled servicemen from the First World War, Seth Koven drew comparison between the social, economic, political, and sexual dismemberment of injured veterans and that of deformed children from the late-nineteenth and early-twentieth centuries.⁴⁸⁰ He argued that 'the experience of war bitterly reimposes on wounded male soldiers the dependence, but not the innocence, of childhood.'⁴⁸¹ The reinstatement of dependence without the accompaniment of innocence is similarly evident in the idealised representation of the auxiliary hospital and convalescent home at Christmas. The inversion evident within the image placed the female members of the nursing staff in positions of authority and dominance, while the male patients were shown to have little control over their daily routines. This starkly contradicted the contemporary social construction of normative masculinity and fatherhood. Many of the activities undertaken by the recovering patients were reminiscent or identical to those enjoyed by children throughout the nation. An article in *The Cornishman* described the Christmas Eve festivities at Trewidden in considerable detail. It began by highlighting the Christmas Eve 'scavenge[r] hunt' which was prepared for the patients. The article further explained the nature of this exercise and emphasised how it was reminiscent of a universally known childhood game, remarking that it is 'something after the style of a treasure hunt' (Trewidden House is located in the town of Penzance in Cornwall. It was opened as an auxiliary hospital in 1941 and had capacity for fewer than 50 patients).⁴⁸² Furthermore, the description of the proceedings on Christmas Day underscored the familial nature of the events with staff and patients sitting down together to enjoy 'a "prewar"

⁴⁷⁹ *The Cornishman* (December 20th, 1945), 7.

⁴⁸⁰ Koven, "Remembering and Dismemberment", 1169.

⁴⁸¹ Koven, "Remembering and Dismemberment", 1171.

⁴⁸² "Christmas at Trewidden," *The Cornishman* (January 6th, 1944), 6.

Christmas dinner [with] “Real” turkey and plum pudding.’ The image reinforced the normative aspects of this extraordinary family Christmas spotlighting the act of eating Christmas dinner together. Following this depiction is another account which undermined the masculine status of the patients as the men receive gifts from two senior female members of the local Joint War Organisation,

Tea followed games in the afternoon, after which the long-awaited moment came, and the patients gathered around the large and beautifully decorated Christmas tree. They were each given two presents, the gifts of Miss E. H. P. Grylls (County Lady Supt. Of St. John Ambulance Brigade) and Mrs. Edward Bolitho (County President of the British Red Cross) with Dr Chown in the chair.⁴⁸³

The use of the phrase ‘long-awaited moment’ in describing the presentation of gifts to the men imbued the event with a sense of childish excitement. Furthermore, the act of gift-giving and the receiving of presents repeatedly utilised this form of language to incite a notion of gaiety into the proceedings and the behaviour of the men.⁴⁸⁴ Tellingly, it is routinely a female member of the institutional or wider organisational staff who presented the gifts to the expectant audience. The image reflected a loss of male independence as the men lack the necessary means to be donors in this gift exchange; instead, they are reduced to passive recipients unable to return the generosity of the female benefactors. Furthermore, the newspaper reports replicated the pattern identified by Seth Koven in his First World War study, as the patients are depicted in a state of child-like dependency, yet they are shown not to hold the innocence of authentic childhood. The patient’s response to the events are invariably included to reassure the public of their gratitude. Declarations such as ‘it is by far the best Christmas I have ever had’ and ‘I have certainly enjoyed this Christmas’ are included at the conclusion of the report.⁴⁸⁵ Attached to these comments are brief summations of the men’s military background which serve to revoke any notions of childish innocence from their persona. For example, the review of ‘an old soldier’ recorded his joyful acclamation that ‘I

⁴⁸³ “Christmas at Trewidden,” *The Cornishman* (January 6th, 1944), 6.

⁴⁸⁴ “Christmas at Trewidden,” *The Cornishman* (January 1st, 1942), 3.

⁴⁸⁵ “Christmas at Trewidden,” *The Cornishman* (January 6th, 1944), 6.

have never had such a lovely time. It has been a non-stop Christmas since Friday night.’ This exuberance is contextualised by his identification as ‘an old soldier’ and through the preceding annotation which explained that the patient was a veteran who had served ‘in the army for four and a half years during the last war, and who has been right through this one.’⁴⁸⁶ Therefore, it is evident that the domestic identity of the converted country house shaped its popular representation as a home of healing. The continued presence of the homeowners encouraged a familial atmosphere within the institution and the inherent imbalance within the benefactor-beneficiary relationship produced relational bonds which replicated the parental. Moreover, these aspects combined in the depiction of the auxiliary hospital and convalescent home at Christmas wherein an idealised vision of familial life at the institution cast adult male patients in subservient roles as children.

Touch, intimacy, and the development of sexual attraction between nurses and their patients at the converted country house

Physical injury inverted convention in the gender dynamic between a female nurse and her male patient. The militarisation of the auxiliary hospital and convalescent home fostered uniformity within its resident population through medical routines and personal strictures which sought to convert defiance into docility. Massage and physical therapy were a means through which the control and domination of the injured male body was enacted. Ana Carden-Coyne argues that ‘built into the techniques of massage was a therapeutic discourse about the passivity of the wounded male body and the strength of the physical therapist.’⁴⁸⁷ Furthermore, the hierarchic inversion incumbent through remedial massage and physical therapy placed female medical practitioners in positions of physical dominance over their male subjects. In response to this, the patients created narratives which attempted to restore a degree of normalcy to the situation through the sexualisation of their tormentors.⁴⁸⁸ Thus, it will be argued that the physical intimacy incumbent in the rehabilitative process encouraged a sexual dimension to the relationship between female members of the nursing

⁴⁸⁶ “Christmas at Trewidden,” *The Cornishman* (January 6th, 1944), 6.

⁴⁸⁷ Carden-Coyne, “Painful Bodies and Brutal Women: Remedial Massage, Gender Relations and Cultural Agency in Military Hospitals, 1914-18,” *Journal of War & Culture Studies*, vol. 1, Issue 2 (2008), 140.

⁴⁸⁸ Carden-Coyne, “Painful Bodies and Brutal Women”, 140.

staff and their male patients. In his letter to Lady Salisbury, former patient Gerald Woodworth contrasted his current experience at Shenley Military Hospital with his time spent at Hatfield House Auxiliary Hospital (Hatfield House is located in the town of Hatfield in Hertfordshire. The property was transformed into an auxiliary hospital in 1939 with capacity for more than 100 patients. In 1945 the function of the property was changed again as it became a Resettlement Centre for repatriated prisoners of war, with a capacity of approximately 250). The letter stated ‘well my dear Lady, it is quite nice here as I expected it to be from your description but there is not that feeling of being at “home” as there is at Hatfield.’⁴⁸⁹ To feel at home implies comfort, familiarity, and contentment with one’s surroundings. It is an acknowledgement of a relational connection with both a place and its fellow occupants. It involves strong personal relationships and a level of intimacy between inhabitants which pushes beyond the friendly and into the familial. The diaries, correspondence, and memoirs of nurses and servicemen attest to the proliferation of strong emotional bonds formed during periods of recovery and convalescence. Santanu Das’ definitive work on *Touch and Intimacy in First World War Literature* connects the intimacy shared by medical and military personnel to their physical closeness and the sensory contact incumbent throughout the recuperative process. In it, Das argues that,

Vision, sound, and smell all carry the body beyond its margins; tactile experience, by contrast, stubbornly adheres to the flesh. At once intense and diffuse, working at the threshold between the self and the world, touch can be said to open up the body at a more intimate, affective level, offering fresh perspectives on certain issues that repeatedly surface in war writings and have become central to contemporary cultural thinking: ideas of space and boundaries, questions of gender and sexuality or the concept of trauma.⁴⁹⁰

Evidently, there will be unavoidable physical contact between the surgeon, the doctor, the nurse, and his or her patient, as touch is fundamental to the act of healing. However, it is not

⁴⁸⁹ Hatfield, Hatfield House Archives, *Papers of the 4th Marquess and Marchioness of Salisbury*, Letter from Gerald Woodworth (July 22nd, 1941).

⁴⁹⁰ Das, *Touch and Intimacy in First World War Literature*, 6.

restricted to solely understanding and rectifying the corporeal fragility of the patient. Touch can also be a means through which trauma is shared and comfort given and received. Thus, during times of conflict the relationship between the medical practitioner and his or her patient is one resultant on both a physical and an emotional closeness. Carol Acton and Jane Potter have explored the traumatic experience of medical personnel serving in different warzones throughout the twentieth century. In concluding their comprehensive study, they note,

That the intimacy between the carer and the sufferer is the common element in all of the narratives... and the source of the emotional pain that we find represented throughout, whether directly or indirectly. This is the “world of hurt” in which all of these individuals work, and which remains with them long after the work itself is over.⁴⁹¹

Therefore, the experience of war unites medical and military personnel as they share extraordinary levels of intimacy through the process of injury and recovery. This experience occurred at any and all of the locations in the medical chain. Within the environment of the auxiliary hospital and convalescent home, the physical closeness incumbent to the nursing profession, contributed to the strong emotional bonds which appeared in the personal correspondence and reminiscences of former volunteer nurses and patients alike. In treating the patient’s physical injuries, medical personnel are forced to transgress ‘thresholds of intimacy without permission or even intention.’⁴⁹² Therefore, intimacy is central to the experience and representation of these medical spaces. In an interview with the Imperial War Museum, the former volunteer nurse Annie Wallis recalled the extent of the physical intimacy incumbent upon her role as a VAD. In giving the injured men regular bed baths she was a witness to their corporeal fragility. Moreover, the practice of seeing and touching their naked bodies necessitated an unconventional level of physical intimacy. Having been asked if she found the practice a bit embarrassing, Nurse Wallis responded,

⁴⁹¹ Acton and Potter, *Working in a World of Hurt*, 242-3.

⁴⁹² Das, *Touch and Intimacy in First World War Literature*, 225.

Very embarrassing and the first patient that I had to do on my own, he could see that I was a bit embarrassed, so he said if you start at the top and do down the bottom and I'll do the middle myself. But then by the time you got round the ward you were doing it all because the patients were too ill to do it themselves, so you just got on with it and it didn't bother you after that. It was only the initial start because they were mostly young men.⁴⁹³

Wallis highlighted an awareness of the potential inappropriateness of the situation as both she and the initial recipient acknowledged their mutual embarrassment at the prospect of the inexperienced nurse seeing and touching the middle section of the patient's body. She recognised the sexual dimension to her initial reservation as it is the age of the male patients which is the primary cause of her immediate reticence. In witnessing the naked form of their patients, a threshold of intimacy was breached through the act of bed-bathing. The professional status of registered nurses legitimised this aspect of the job. A fundamental part of the nurses' training was upholding the desired moral and professional standard. In 1920, an article in *The Nursing Times* summarised the expectations placed on the nursing probationer. It described the harshness and restrictions they could expect during their training and in their future career, informing potential candidates to prepare for,

Three and sometimes four years of strict discipline under the rule of another woman, accompanied by hard physical and mental work, an atmosphere of sickness and suffering, a perpetual sense of unnecessary restrictions, an exile from the world of art and letters and human progress and the narrowing effect of institution life. And all the time there lurks around the spectre of fear. For if she thinks for herself and speaks out fearlessly and independently, if she rebels against anything that seems tyrannical or wrong, she will incur the displeasure of the authorities at the present moment, run the risk of losing her certificate, and forfeit the help of her training school when she launches out as a fully trained nurse.⁴⁹⁴

⁴⁹³ London, Imperial War Museum Oral History, *Catalogue No. 28701*, Annie Wallis, 'British aircraftwoman served as nurse and wireless operator with Women's Auxiliary Air Force in GB, 1941-1945'.

⁴⁹⁴ *Nursing Times* (October 30th, 1920), 1264.

With attempts to militarise nursing during the Second World War, these high professional standards were elevated even further. In response to the personal imposition this created, nursing recruits complained vociferously to the Ministry of Health about the 'lack of privacy in the nurses' home. Cupboards and drawers were periodically inspected by the home's sister; letters were given out irregularly through a hatch because it was said that nurses could not be trusted to take their own.'⁴⁹⁵ The increased scrutiny on the personal and professional conduct of registered nurses was part of an overarching directive which sought to militarise the nursing profession as a means of preserving and enhancing its status. With the creation of the Civil Nursing Reserve as an adjunct to the registered ranks, the reputation of professional nursing was threatened by their association with the partially qualified and volunteer nurses who filled the Reserve. The assistant and volunteer nurses were derisively tagged 'bath attendants', referring to the less technical nature of their employment.⁴⁹⁶ In a poem written in 1944, the role of the Voluntary Aid Detachment nurse is defined by the mundane daily tasks she is expected to complete:

And what of all the worthy folk
Who wield these weapons – It's no joke
To scrub day in and scrub day out,
But Victory is brought about
By just such people who, unsung,
Un-lauded and unpraised have done
For five long years, come scorch or freeze,
Their worthiest work upon their knees.⁴⁹⁷

⁴⁹⁵ Starns, *Nurses at War*, 32-3.

⁴⁹⁶ Starns, *Nurses at War*, 4.

⁴⁹⁷ London, British Red Cross Archives, RCB/2/35/8/1, "'Lines to a Scrubbing Brush' (Not forgetting its most worthy friend and ally, the V.A.D.) – a poem referring to the Voluntary Aid Detachment."

Similarly, while serving at Hintlesham Convalescent Hospital, the voluntary aid detachment nurse, Jo Westren described the mundanity of her duties as follows,

All day long we dusted, polished, washed down and scoured; and all day, too, we joked and laughed if the men were there, and they usually were. The only nursing necessary was to take their TPSs [temperatures] and deliver to them the Tabs. [tablets] Codeine and Tabs. Cascara as required.⁴⁹⁸

Evidently, there was a fundamental difference in the expectation and nature of the work undertaken by professional nurses and their voluntary assistants. Unhindered by professional insecurity and with a focus on 'jollyng up the chaps', volunteer nurses were able to develop personal relationships with their patients that were not structured around professional boundaries or social hierarchy.⁴⁹⁹ The photographs below show nurses at the Royal Naval Auxiliary Hospital at Cholmondeley Castle playing cricket and relaxing with the patients in the hospital grounds.

⁴⁹⁸ London, Imperial War Museum, *Documents. 433*, Private Papers of Miss J. Westren, "Memoirs of a Very Able Damsel (1939-1945 War)," 32.

⁴⁹⁹ London, Imperial War Museum, *Documents. 433*, Private Papers of Miss J. Westren, "Memoirs of a Very Able Damsel (1939-1945 War)," 32.



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Figure 8. A VAD nurse joins in a game of cricket with convalescent patients being played at the Royal Navy Auxiliary Hospital at the stately home of Cholmondeley Castle, Cheshire. Cholmondeley Castle was one of several naval hospitals especially set up to treat patients with severe or chronic psychiatric illness.

⁵⁰⁰ London, Imperial War Museum, A 11524, Admiralty Official Collection, "HM Auxiliary Hospital – Cholmondeley Castle (July 1942).



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Figure 9. Patients convalescing in the grounds of the Royal Naval Auxiliary hospital at Cholmondeley Castle, Cheshire. Cholmondeley Castle was one of several naval hospitals especially set up to treat patients with severe or chronic psychiatric illness.

The familiar and relaxed relationship between the volunteer nurse and her patients is evident through their involvement in jocular activities. Playing games and spending social time together highlighted one of the primary ways in which members of staff were able to strengthen burgeoning relationships with their patients. Furthermore, these activities were critical in sustaining the collective morale within the institution. The large rooms and vast gardens of the converted country house provided the venues for an array of alternative entertainments. One particularly popular example were the concerts organised by, or in collaboration with, the Entertainments National Service Association. Professional playwrights and actors were employed to travel around the country and overseas to perform popular shows to military audiences. This included visits to hospitals and convalescent homes. These

⁵⁰¹ London, Imperial War Museum, A 11523, Admiralty Official Collection, "Royal Naval Auxiliary Hospital, Cholmondeley Castle, 7 – 14 July 1942."

visits were important social events for injured personnel as they raised morale and provided relief from the mundanity of convalescence. One of its members, the playwright and actor Emyln Williams performed a version of his stage play *Night Must Fall* 'to about 400 convalescent soldiers and airmen at Ashe Hall' Auxiliary Hospital (Ashe Hall is located in the village of Etwall in Derbyshire. It could accommodate up to 100 patients and by the end of 1945 had treated approximately 7,000 patients). It was, as the *Derby Daily Telegraph* noted, 'the first show of any kind they had seen for months.' The space offered at Ashe Hall was vital in enabling a 'replica of their set' from the Grand Theatre in Derby to be constructed especially for the performance at the home.⁵⁰² Furthermore, these events not only served to entertain and distract the patients from their injuries but they also provided an opportunity for the men and women living, working, and recovering at the hospital to socialise together. These social events often represented the pinnacle of a volunteer nurses' social existence. For example, Nurse Gallaway reflected on the importance of the organised dances hosted at her auxiliary hospital. The dances provided necessary relief from the pressure of their service. As such, the dance signified 'the highlight of our lives... we would dash up to make ourselves as smart as possible – to hurry down and whirl away to the strains of Victor Silvester and all the well-loved tunes of the war years.'⁵⁰³ These events were vital in creating a harmonious social environment. They simultaneously raised the morale of sick and wounded patients while providing respite to the overlaid medical staff. For the former nurse, Jo Westren, it was the combination of the beautiful location, the positive and friendly attitude of the VAD's, and the organisation of an occasional 'ENSA concert party', which created the atmosphere of 'peace, cheerfulness, and enjoyment' at her convalescent hospital.⁵⁰⁴ Furthermore, social occasions such as these provided the opportunity for expressions of mutual physical intimacy between the men and women working and recovering at the institution. Through the act of administering care and attention, the nurse is granted access to the injured male body. This exposure fosters a level of intimacy between the two individuals, but it is a closeness formed upon a professional relationship and an unequal dynamic. The concerts and dances fundamentally altered the nature of this relationship. They were social situations and thus

⁵⁰² "400 Patients See Emyln Williams' Play," *Derby Daily Telegraph* (August 23rd, 1943), 5.

⁵⁰³ London, Imperial War Museum, *Documents. 18954*, Private Papers of Mrs H. M. Gallaway, "Broome Place Revisited," 3.

⁵⁰⁴ London, Imperial War Museum, *Documents. 433*, Private Papers of Miss J. Westren, "Memoirs of a Very Able Damsel (1939-1945 War)," 25.

the interactions were personal rather than professional. Therefore, they served to strengthen the emotional bond between the men and women involved. In her recollection of these concerts, Nurse Westren emphasised the mutual physical intimacy which frequently resulted from them,

However tired we were we rarely went to our rooms for long at the end of the day, but took off our caps and aprons, which we were allowed to do in the evening, and went down to the "Rec. Room" to "jolly up the chaps" as we called it, - trying to dance to the radiogram with men in leg plasters and stirrups, and with other disablements: or perambulating slowly around to "Amapola" with someone in an "aeroplane splint" which was a weird contraption of plaster of Paris, stuck out at right angles from the shoulder, the elbow crooked, and held up by a strut to a chest plaster. More often than not the patient and his partner would collapse, defeated, in helpless laughter, onto a couch!⁵⁰⁵

Through these shared social experiences, the preceding relationship between the participants was distorted. The professional dynamic was undermined by the addition of a social and sexual dimension. In her diary entry from June 24th, 1940, Nurse Phipps recorded witnessing an expression of this loss of distinction. She complained that 'I was more than usually exasperated by a staff nurse who sat on the men's bed flirting (sister's day off) which is strictly against orders both military and nursing! I had to do her work as well as my own and was dead tired on going to bed.'⁵⁰⁶ Thus, the addition of a socio-sexual dimension to the relationship between the nurse and her patient was problematic when it involved professional nurses and when it intruded into the workplace. However, the volunteer nurse frequently appeared as the embodiment of friendship and the focus of romantic and sexual desire in patient literature. In an autograph book from Seacroft Auxiliary Hospital near Leeds, the response to the departure of a particularly popular volunteer nurse demonstrated the social nature of her relationship with the patients (Seacroft Auxiliary Hospital is located near

⁵⁰⁵ London, Imperial War Museum, *Documents. 433*, Private Papers of Miss J. Westren, "Memoirs of a Very Able Damsel (1939-1945 War)," 25.

⁵⁰⁶ London, Imperial War Museum, *Documents. 9791*, Private Papers of Miss K. M. Phipps (June 24th, 1940).

the city of Leeds in Yorkshire). In his poem to Nurse Dufton, patient Cecil Mitchell enunciated the impact of her kindness and company on his experience at the hospital,

You made me smile,
And made life worthwhile,
By a way of expressing your wit,
Contented by having to lay or to sit,
A memory to cherish, for one "Nurse Dufton".⁵⁰⁷

Similarly, in a short verse written by a member of the Pioneer Corps, the strength of the friendship formed between the injured serviceman and the voluntary nurse is apparent as he thanked Nurse Dufton 'for all your kindness', whilst noting that 'true friends are like diamonds, precious and rare.'⁵⁰⁸ Evident throughout these messages is an identification of the nurse as a loving carer and genuine friend to the patient. She provided a vital means of support and sustenance to the injured servicemen. The intimate nature of the contact which occurred between these men and women, and the strong emotional bonds that were formed during the process of recovery frequently resulted in an implicit or explicit romantic undertone to the relationship. In a message written to the departing nurse, one patient invited her to come and stay with him in Edinburgh.⁵⁰⁹ While in another poem, a patient explicitly described his desire for Nurse Dufton as he remarked on altering the situation of her singlehood,

Nurse Dufton is her name,

⁵⁰⁷ London, Imperial War Museum, *Documents. 10644*, Nurse's Autograph Books, Second World War, Cecil Mitchell, "Just Thanking You" (August 18th, 1941).

⁵⁰⁸ London, Imperial War Museum, *Documents. 10644*, Nurse's Autograph Books, Second World War, J. Murphy, "P Ward. Seacroft Hospital" (Undated).

⁵⁰⁹ London, Imperial War Museum, *Documents. 10644*, Nurse's Autograph Books, Second World War, J. Queen, "To Nurse Dufton" (Undated).

Single is her station,
Happy be the man,
Who makes the alteration?⁵¹⁰

Therefore, it is evident that intimacy was formative to the experience of patients and staff at the converted country house. Social events provided a vital opportunity for the men and women at the institution to interact and enjoy each other's company. For VAD nurses, the voluntary status of their employment freed them from certain strictures applied to their certified colleagues. Thus, they were more able to develop friendlier and less formal relationships with the recovering servicemen. Therefore, it is unsurprising that invariably it is within the letters, correspondence, and memoirs of volunteer nurses that the social dimension of hospital life appears most prominently and most positively. In the infrequent occasions when professional nurses are discussed socially or sexually engaging with their patients the entry is underscored with criticism of her ill-discipline and a loss of professional integrity.

In conclusion, this chapter emphasised the ways in which these requisitioned properties remained private spaces underscored by the rituals and routines of domestic family life. It highlighted the importance of the domestic architecture and the artefacts of everyday life to the creation of an idealised domestic image of the converted country house. Newspaper reports described a collaborative scene in which medical and domestic material functioned comfortably and effectively together. Furthermore, the continued residency of many requisitioned properties by their original owners contributed to this domestic image. The involvement of these owners in the running of the institution resulted in strong personal relationships forming between them, the medical staff, and the patients. The hierarchical nature of this relationship was demonstrated through the experience and recollection of those who lived, worked, and recovered within the medical institution. Furthermore, the chapter argued that the masculine image of the patients was impacted by the creation of an idealised domestic vision of the institution. Within popular press reports, senior members of

⁵¹⁰ London, Imperial War Museum, *Documents. 10644*, Nurse's Autograph Books, Second World War, Curly Crowther, Untitled (March 25th, 1942).

the nursing staff and the female homeowner were frequently cast in reassuringly maternal roles. However, in doing so, these depictions challenged conventional gender norms as they simultaneously emphasised the authority of the matron or female homeowner and highlighted the vulnerability and dependency of the male patients. Thus, the domestic image of the auxiliary hospital and convalescent home placed the adult male patients in an ambiguous position as they were cast as childlike beneficiaries of this maternal care and attention.

Conclusion

This thesis has attempted to prioritise the role of the country house in wartime. It has shown how these sites acquired additional layers of cultural meaning through the divergent identities they displayed. As cogs in a national medical service, as important military proving grounds, as pivots around which communal philanthropic endeavour revolved, and as symbolic manifestations of national identity and heritage, these historic private residences provided succour, security, and stability at a time of social turmoil. To understand the importance of their rural identity this thesis highlighted the interwar discourse surrounding the city and the country. Technological advancements in transportation were shown to have annihilated the contemporary understanding of space and distance. The continental concerns regarding the expansion of the rail network in the nineteenth century were mirrored by the political pessimism in Britain during the 1930s when weaponised aircraft removed the sanctity of remoteness. The urban environment was believed and demonstrably shown to be vulnerable to aerial attack. The grave predictions of an impending European conflict exacerbated and encouraged a social discourse which depicted the city in modernity as a devourer of its occupants. The synchronicity in the understanding of the city and the country meant that opposing notions were simultaneously attached to countryside. The interwar period witnessed the peak of popular pessimism toward the city and the pinnacle of public pride in the countryside. An idealised vision of rurality emanating from the principles of nineteenth century proselytisers advocated exposure to the restorative virtues of the natural landscape and promoted the beneficence of a traditional rural way of life. Moreover, the country house was central to this imagined version of the countryside with a growing preservationist movement seeking to enshrine its cultural value and protect its legacy. It became the central component in a burgeoning heritage marketplace with its popularisation necessitating greater protection from the increasing numbers of inexperienced and uneducated visitors. Furthermore, the rootedness of the country house within the popular understanding of the countryside inculcated its wartime utilisation with beneficial associations. As a medical space, the auxiliary hospital and convalescent home gained added legitimacy through its situation within a restorative natural environment. The popularity of heliotherapy and a belief in the utilisation of natural elements to combat urban diseases

underscored the design and layout at the newly created medical institutions. Hutments and prefabricated structures demonstrated a prioritisation of light, air, and openness as the medical profession sought to utilise their beneficial qualities through the design of additional wards and the implementation of treatment regimens which incorporated the outdoor space. Moreover, the uniform layout of these new wards evidenced an organisational and institutional valorisation of efficiency. The inefficient pre-existing medical services were gradually reformed through the creation of a national Emergency Medical Scheme and with the reformation of the Joint War Organisation under direction from the Ministry of Health. Efficiency was the guiding principle which underpinned both organisations. Therefore, the credibility of a medical institution depended heavily on its efficiency and effectiveness. The popular representation of the auxiliary hospital and convalescent home highlighted examples of institutional and individual efficiency as a means of underscoring the medical identity of the property. While at the level of the individual, it provided a means by which the male patients demonstrated the restoration of their masculinity. Occupational therapy and the production of saleable artefacts served to publicly illustrate the capacity of patients to produce useful labour. It simultaneously reassured the public of the effectiveness of rehabilitation while visibly connecting the men to the prevailing social construction of normative masculinity. As medicine became ever more important to the waging of war, so the militarisation of medicine transformed the principles, attitudes, and status of practitioners and patients. The creation of a military atmosphere at the converted country house frequently required a visual transformation to the external aesthetic appearance of the property. Moreover, a more surreptitious alteration occurred within the institution as military principles shaped the behaviour and relationships between professional nurses, their colleagues, and their patients. The efficient layout of the hospital ward enabled senior members of the nursing staff to survey and subdue their subordinate sisters and their sick and injured patients. As the primary actors in the militarisation of the medical ward, professional nurses experienced and endured the benefits and hardships resultant upon a stratified working environment. Thus, the prioritisation of discipline and control was a key component of the militarisation process and was reflected in the hierarchic relationships that frequently formed within the institution, as well as in the newly constructed architecture of the building. Furthermore, the militarisation of the country house was shown to shape the popular representation of the injured servicemen. Sport and physical training were prominent

constituents within the rehabilitative regimen at these institutions. Through their participation in organised sporting events and demonstrations of physical prowess, patients were able to validate their masculine identity. Thus, the militarisation of the converted country house was evident through a physical and structural change to the aesthetic of the property, through the behaviour and attitude of professional nursing staff, and through the use of sport in the popular representation of its patients.

These sporting and social events attracted visitors and benefactors from the local community and were a vital means through which the institution could raise necessary funds. As such, the auxiliary hospital and convalescent home were fundamentally public spaces. They were reliant on the generosity of the owners and the continued support of the community. As a focus for philanthropic and charitable enterprise these country houses were important sites in the prevention of social fragmentation and the maintenance of societal cohesion. Under the threat of urban destruction and in light of a prevailing popular interest, the countryside represented a safe and stable vision of British national identity with the country house at the centre of this idealised image. Through their embodiment of an equality of sacrifice these sites were shown to offer fruitful representational and symbolic currency to messages of unity and egalitarianism. Moreover, the properties' domestic character was upheld throughout the duration of its medical utilisation. The continued occupancy of the homeowners frequently created a constancy in the patterns of daily life. While the artefacts of everyday life were used to enhance the properties' credibility as a medical home of healing. For the many homeowners who elected to remain at their residence, co-habitation resulted in a greater involvement in the lives of the patients. The homeowners provided care and comfort to many of the wounded and the nature of the relationships which resulted were ones built upon strong emotional bonds and a familiarity that transgressed social class and status. These personal connections were formative to the experience of many wounded servicemen and were underpinned by a clear hierarchic pattern emanating from the charitable foundation of the relationship. As traditionally female-dominated spaces, the country house and stately home upheld a matriarchal hierarchy which undermined the gendered social status of the male patients. Thus, the domestic nature and familial representation of the space created an environment which ultimately emasculated the male patient and portrayed him in a childlike state.

Therefore, in conclusion, the transitional nature of the converted country house, as both a military and a civilian space, imbued the property with contradictory and often conflicting identities. These identities resulted from physical changes to the structure and layout of the residence, were implemented by the staff who organised and oversaw its daily running and shaped the experience and popular representation of those who lived, worked, and recovered within.

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