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A 'Lack of Moral Fibre' in Royal Air Force Bomber Command and Popular Culture

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ABSTRACT

Royal Air Force aircrew endured mental and physical stresses during bombing operations. Their chances of completing a tour of operations unscathed were around one in four, and many were aware the chances were slim. Some who refused to fly were accused of 'lacking moral fibre' (LMF). Although this was not a medical diagnosis it is frequently viewed through the lens of mental health and reactions to trauma and it has become a powerful and important cultural phenomenon. This article re-examines LMF in the culture of the wartime Royal Air Force, before considering how and why LMF is remembered by veterans and in popular histories since the war.

Introduction

'Lack of moral fibre' (LMF) was a metaphorical 'dreadful stick' intended to deter aircrew refusals to fly and displays of 'cowardice' during the Second World War.¹ Cases were rare, but there are tales of humiliating parades; offenders were publicly stripped of their 'wings' and rank and marched away. LMF was never a medical diagnosis, but its history is complicated by how changing medical theories are understood and by assessments of the numbers involved using imprecise definitions. By re-examining the historiography of this accusation and many of the sources historians have used, this article explores beliefs about courage and ostensible cowardice within Royal Air Force (RAF) Bomber Command during the war itself, and how it has been remembered. It argues that LMF is shrouded in myths influenced by changing medical beliefs, the limitation of archival sources, and veterans' hopes for recognition. The article is in three sections and examines the LMF procedure during

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¹Imperial War Museum (IWM), Sound Archive, 22367, Bird, P D. See also Edgar Jones, 'LMF: The Use of Psychiatric Stigma in the Royal Air Force during the Second World War' *The Journal of Military History*, No. 70, (April 2006) p. 440.

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the war, the historiography and how the process has been remembered in veterans' oral testimonies. The first part uses archive material and medical sources to examine the deployment of this assertion during the war in the context of beliefs about mental health, military discipline, and morale. It argues that LMF was an executive process intended to reduce the numbers of aircrew who refused to fly. However, as will be discussed, it was frequently conflated with mental health issues and often regarded as a medical problem. As Daniel Ussishkin argues, by the twentieth century, it was recognised that military discipline resided in the individual, and it was thought that modern society produced 'men who were selfish, effeminate, individualistic and excitable.'² The consensus of medical opinion during the war was that people diagnosed with hysteria or anxiety were thought to be predisposed to illness or were simply the wrong 'type.'³ Aircrew were expected to be the pinnacle of society and the military hierarchy however, and in 1939, the RAF was unprepared for neuropsychiatric casualties or men who refused to fly. By 1945, medical professionals were more inclined to accept that everyone had a limit to their endurance. However, there has been a further, significant paradigm shift since then. Rather than the individual being at fault, the primacy of a traumatic event has become established in both the medical profession and in popular understanding.⁴ It is now accepted that anyone can succumb to trauma and since the creation and popularisation of the diagnosis in the 1980s, LMF is often recalled in the context of Post Traumatic Stress Disorder (PTSD). The second part of this article considers the historiography of LMF as well as discussing its cultural representations in film, television and published veteran memoirs. LMF has continued to be regarded as a medical issue by many. The concept of LMF has remained a popular trope within the RAF, among veterans and within the general population. It has been amplified and mythologised over the last seven decades. The final section uses oral histories recently recorded for the International Bomber Command Centre's (IBCC) Digital Archive and considers veterans testimonies about LMF as victim narratives. The article concludes that tales of LMF were embellished and circulated verbally throughout the RAF, during training and on operational stations. Many aircrew who were assumed to be LMF may have been posted away for medical or other reasons. This article argues that for many airmen, witnessing the humiliating ritual was not necessary; rumours of LMF were as effective and made a lasting impression on them.

²Daniel Ussishkin, *Morale: A Modern British History*, (New York: Oxford University Press, 2017), p. 49, p. 61.

³The National Archives (hereinafter TNA) AIR 20/10727, David Stafford-Clark, 'Personal Observations on Flying Stress.'

⁴Edgar Jones and Simon Wessely, 'A paradigm shift in the conceptualisation of psychological trauma in the 20th Century', *Journal of Anxiety Disorders*, Vol. 21, No.2, (2007), pp. 164-175.

LMF during the war

In 1939, the British government determined to avoid a costly repetition of the volume of shell shock cases from the First World War. A memorandum was distributed explaining that the term 'shell shock' was not to be used.⁵ The symptoms of thousands of men suffering from shell shock during the First World War were explained by their own inherent weaknesses rather than the trauma of industrial warfare.⁶ Often hidden from the gaze of their immediate superiors, soldiers were increasingly expected to find their discipline from within, but men who had fought in the previous war did so knowing there was the ultimate sanction of execution for desertion or cowardice. This was not the case in the Second World War, but as aircrew were selected and well-trained volunteers, it was expected that the numbers of those who found themselves unable to perform their duties would be limited. Even so, some symptoms of stress were expected, and the Air Ministry published 'Pamphlet 100' informing Medical Officers how to support aircrew. The pamphlet outlined prevalent theories on the causation and symptomology of neuroses. The warning signs of a 'pre-neurotic state' included:

- a. Fatigue.
- b. Increased indulgence in alcohol or tobacco.
- c. A tendency to become unsociable or irritable.
- d. Loss of interests, disinclination for effort.
- e. Emotional crises, loss of self-control.
- f. Falling off in flying efficiency.
- g. Physical symptoms such as loss of appetite, of sleep or of weight, the presence of tremors and tachycardia, and typical anxiety facies.⁷

Medical Officers were to refer individuals to specialists at RAF hospitals. From there, airmen could be returned to duty, be admitted for convalescence or invalided from the service.⁸ The RAF was under the illusion, that as an elite with a high proportion of

⁵Neuroses in War Time: Memorandum for the Medical Profession' *British Medical Journal*, Vol. 2, No. 4119, (1939) p. 1200.

⁶Mathew Thomson, 'Status, Manpower and Mental Fitness: Mental Deficiency in The First World War' in: Roger Cooter, Mark Harrison, and Steve Sturdy, (eds.), *War Medicine and Modernity*, (Stroud: Sutton, 1999), pp. 154-155.

⁷TNA AIR 2/8591, Air Ministry 'Pamphlet 100' 'Notes for Medical Officers on the Psychological care of flying personnel' May 1939. Tachycardia is the medical term for a heart rate over 100 beats per minute. Anxiety facies are the typical facial expressions and appearance of someone experiencing anxiety. For the flyers' experience in the First World War see: Lynsey Shaw Cobden 'The Nervous Flyer: Nerves, Flying and the First World War', *British Journal of Military History* Vol. 4, No. 2, 2018, pp.121-142.

⁸TNA AIR 2/8591, Air Ministry 'Pamphlet 100'.

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officers, aircrew would not be too susceptible to stress, but after some squadrons experienced unsustainable losses, they found that this assumption was false.⁹

The term 'lack of moral fibre' was first used at a meeting 21 March 1940 to discuss the increasing number of airmen who refused to fly on operations, and a set of rules was circulated to all Commands the following month.¹⁰ A revised version dated 28 Sept 1941, stipulated the management of airmen, 'who though not medical cases, come to forfeit the confidence of their Commanding Officers without having been subjected to any exceptional strain of operational flying.' Often referred to as the 'waverer letter', it stated, the individual, though physically fit, must be proved to be lacking in moral fibre. There must be no question of any medical disability, and if the individual shows any medical symptoms to account for his inability to face operational flying he must be regarded as a medical case.¹¹

On an operational station, it is likely that only senior officers knew the content of the letter regarding LMF, and it must be remembered that the guidance on LMF was altered throughout the war.¹² It also meant different things to different people. Senior officers often believed LMF required a medical diagnosis, while the RAF's medical consultants and some Medical Officers were determined to ensure that LMF was an executive and not a medical matter.¹³ However, the distinction between LMF and psychoneuroses was never resolved. Medical Officers were caught in the middle of the conflict, while RAF personnel and members of the public were left to rely on rumour and speculation for their understanding of LMF.

Both psychological illnesses and a lack of discipline were thought to be influenced by issues of class and an individual's inherent weakness of character. As Martin Francis argues, concepts of fear and bravery within the RAF were 'closely attuned to the emotional codes and standards of a wider society'. Reactions to stress and anxiety were shaped by the concepts of Edwardian stoicism and masculinity.¹⁴ Wartime psychiatry rested on the belief that some people were predisposed to mental

⁹Richard Overy, *The Bombing War: Europe 1939 – 1945*, (London: Allen Lane, 2013), p. 242.

¹⁰John McCarthy, 'Aircrew and Lack of Moral Fibre in the Second World War' *War and Society*, Vol. 2, No. 2, (1984), p. 87.

¹¹TNA AIR 2/8591, Letter S.61141/S.7.C, 28 September 1940.

¹²McCarthy, 'Aircrew and Lack of Moral Fibre', p. 88.

¹³TNA AIR 29/764/6, RAF Hospital Rauceby, May 1943.

¹⁴Martin Francis, *The Flyer: British Culture and the Royal Air Force 1939-1945*, (Oxford: Oxford University Press, 2008), p. 203, p. 130.

breakdown through inherited or acquired characteristics.¹⁵ The RAF's medical consultants believed that non-commissioned officers (NCOs) broke down more frequently because of these fixed and 'inherent qualities'.¹⁶ In the previous war, officers were diagnosed with anxiety while similar symptoms displayed by other ranks were interpreted as hysteria.¹⁷ In the 1940s, eugenicist discourses were still prevalent in a class bound society.¹⁸ The attitude to class within the RAF was similar; ground personnel and women in the Women's Auxiliary Air Force were expected to be less disciplined and more prone to mental health problems.¹⁹ Responsible for investigating potential cases of LMF, Wing Commander James Lawson found that almost half were from wireless operators and gunners and 'that the educational standard was the main cause.' He felt that some aircrew struggled with the 'unwelcome knowledge, however true, that they were of inferior quality.'²⁰ Medical Officer, Squadron Leader David Stafford-Clark suggested that aircrew sergeants, especially air gunners and flight engineers, were more prone to neuropsychological illnesses or LMF because, for a problematic minority, their motive for volunteering to become aircrew was often 'simply glamour and promotion'.²¹ Lawson and Stafford-Clark were not representative of most officers on operational stations who had to decide what to do with a 'wavering' airman however. Both were actively involved in the process of LMF and in defining what it meant. Stafford-Clark devoted time and effort considering the management and treatment of personnel, while Lawson was in charge of the LMF process.²² Both were, and have continued to be, influential in creating the social, and

¹⁵Mark Harrison, *Medicine and Victory: British Military Medicine in the Second World War*, (Oxford: Oxford University Press, 2004), pp. 58-59.

¹⁶Charles Symonds and Denis Williams, 'Personal Investigation of Psychological Disorders In Flying Personnel of Bomber Command.' Air Ministry, *Psychological Disorders in Flying Personnel of the Royal Air Force Investigated During The War 1939-1945*, (London: HMSO, 1947), p. 51.

¹⁷Richard Gillespie, *Psychological Effects of War on Citizen and Soldier*, (London: Chapman and Hall, 1942), p. 210.

¹⁸Felix Brown 'Heredity in the Psychoneuroses' *Proceedings of the Royal Society of Medicine*, Vol. 35, No. 12, (1942), pp. 785-790.

¹⁹Francis, *The Flyer*, pp. 49-53. For more on the role of the medical officer and mental health within Bomber Command see Dan Ellin, *The many behind the few: the lives and emotions of Erks and WAAF's of RAF Bomber Command 1939-1945*. PhD thesis, University of Warwick, (2015), pp. 246-297.

²⁰ Wellcome Collection (WC), WL, PP/DSC/E/1, Stafford-Clark, Private Papers, Letter from Wing Commander Lawson to David Stafford-Clark 14 August 1945.

²¹David Stafford-Clark, 'Morale and Flying Experience: Results of a Wartime Study', *Journal of Mental Science*, Vol. 95, No. 398, (1949), p. 16.

²²Air Historical Branch (AHB), James Lawson, 'Memorandum on executive action (LMF)'; David Stafford-Clark, 'Aspects of War Medicine in the RAF' *British Medical*

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cultural perceptions around the concept of LMF. The treatment aircrew received varied between stations and depended on senior officers' interpretation of the procedure. The disproportionate number of NCO cases may partly be explained because senior officers could not observe aircrew in the sergeants' mess; consequently, they were less able to offer advice, prophylactic treatment or rest.²³ Often, neither Medical Officers, nor Commanding Officers wanted to be responsible for the process. By 1944, some senior officers noted the 'confusion which arises between "Anxiety" and LMF cases' and concluded that it was 'entirely a medical matter.'²⁴ LMF was a medical responsibility at other stations too. In May 1944, a Medical Officer recorded 'Lack of confidence – Nil' in 12 squadron's Operational Record Book.²⁵ The management of LMF cases was inconsistent throughout the war and across different stations. However, many of the beliefs about LMF were consistent with what the aircrews themselves understood about LMF, then, and decades later. LMF was equated with fear, cases occurred in 'epidemics' and effective leadership was believed to help reduce the likelihood of occurrences.²⁶

Many sources give an insight into the development of the LMF policy by the Air Ministry, but they are not relevant to its practical application. Historians have used sources about the medical treatment of neuropsychiatric patients by the RAF, but while the consultants and Medical Officers had a role to play, LMF was not a medical diagnosis. The problem was, and remains, a matter of definition. It relied on senior officers making a judgement about the motives, morale, and mental health of an individual. Some aircrew who refused to fly flagrantly disobeyed orders, while others were suffering from neuropsychiatric disorders. Unfortunately, there was never an effective administrative procedure in place to make a distinction between the two.²⁷ Historians have attempted to find the numbers involved, but there is no definitive answer. Sources from early in the war offer a snapshot of the procedure before it was well established, but later sources tend to be rather generalised.²⁸ In April 1945, the Director-General of Medical Services reported that

Journal, Vol. 1, No. 4282, (1943), pp. 139–140; Stafford-Clark, 'Morale and Flying Experience', pp. 10-50; David Stafford-Clark, *Psychiatry Today*, (London: Penguin, 1952).

²³Symonds and Williams, 'Personal Investigation', p. 38.

²⁴TNA AIR 29/851, 31 Base, Stradishall, Base Commanders conference 3 March 1944.

²⁵TNA AIR 27/168, 12 Squadron operational record book.

²⁶Symonds and Williams, 'Personal Investigation', pp. 53-54.

²⁷Lynsey Shaw-Cobden, *Neuropsychiatry and the management of aerial warfare: the Royal Air Force neuropsychiatric division in the Second World War*, PhD thesis, University of Oxford, (2016), pp.194-197.

²⁸TNA AIR 2/8591, Aircrew who refuse or are unfit to fly: disposal policy.

Each year there are about 3000 cases of nervous breakdown in air crew and about 300 cases of lack of confidence. A third of the neurosis cases occur in Bomber Command.²⁹

James Lawson's papers are perhaps the best source we have. Dated 23 November 1945, it is probable that the figures in his memorandum are the final total of cases examined:³⁰

Total submitted	4059
Officers	746
Airmen	3313
Total classified	2726
Officers	389
Airmen	2337

Lawson found that a third of cases were in Bomber Command, that LMF was applied to more NCOs than officers,³¹ and that more gunners and wireless operators were submitted than other trades.³² The evidence also highlights that a large proportion of cases occurred at training units.³³

The 'waverer letter' is also worthy of a re-examination. The paragraphs concerning medical diagnoses were altered in different versions of the letter, but the three categories of airmen who were deemed not to cope with the stresses of flying remained relatively unchanged. The 1943 letter categorised them as:

- (i) Those who though medically fit... come to forfeit the confidence of their Commanding Officers without having been subjected to any exceptional flying stress...
- (ii) Those who are given a permanent medical category... solely on account of symptoms which are nervous in origin arising from inability to stand up to the strain of their duties, and without having been subjected to any exceptional flying stress...
- (iii) Those not included in (ii) above who are given a medical category lower than A1B or A3B... on account of physical disability; physical illness or

²⁹TNA AIR 2/6252, Psychological disorders in flying personnel: occurrence reports.

³⁰AHB, Lawson 'Memorandum'.

³¹Ibid.

³²WC, PP/DSC/E/I, Letter from James Lawson to David Stafford-Clark 14 August 1945.

³³AHB, Lawson 'Memorandum'.

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injury complicated by nervous symptoms; or nervous illness caused by factors entirely unrelated to their duties...³⁴

Whether they were LMF or given a medical diagnosis, officers in the first two categories lost their commission, and NCOs were re-mustered to a ground trade or transferred to the Army. Officers and NCOs in category three were invalided from the service or re-mustered to ground duties.³⁵ Some at the Air Ministry were aware that there was little separating the treatment of airmen discharged under the first two categories of the letter

In effect we accord to the airman who had honestly tried to make good but who failed and was declared permanently unfit for flying duties because of inherent physical disability the same treatment, so far as the outward and visible signs were concerned, as we accorded to “W” cases.³⁶

Throughout the war, those in both category one and two had permission to wear their aircrew badge withdrawn. However, all versions of the letter made it clear that the LMF procedure did ‘not preclude court martial for flagrant cases of refusal to fly’, and although the airman’s documents were to have a ‘W’ marked on his Form 1580, no reference was ‘to appear on any documents issued to the airman on discharge from the service.’³⁷ Archived examples of the paperwork required for the LMF procedure include a signed statement by an airman and reports by the Commanding Officer and Medical Officer. They show that the procedure in the waverer letter could be followed without the humiliating ritual.³⁸

The waverer letter encouraged the Medical Officer to take the responsibility for the decision, but the RAF’s neuropsychiatric consultants argued that the amount of flying stress endured was ‘best judged by men who themselves have experience of operational flying.’³⁹ Although few Medical Officers flew on operations, the importance

³⁴TNA AIR 19/632, Letter S.61141/S.7.C, 1 June 1943.

³⁵Ibid.

³⁶TNA AIR 19/632, Air Council conclusions of a meeting 24 August 1943.

³⁷TNA AIR 19/632, Letter S.61141/S.7.C, 1 June 1943. The letters are dated 28 September 1940, 19 May 1941, 16 June 1941, 19 July 1941, 19 September 1941, 1 June 1943 and 1 March 1945.

³⁸TNA AIR 2/8591, Aircrew who refuse or are unfit to fly.

³⁹TNA AIR 2/4935, Consultants in Neuro-psychiatry ‘Comments on the memorandum on the Disposal of Members of Aircrews who Forfeit the Confidence of their Commanding Officers, S.61141/S.7.c (1), 1 June 1943.

of the role of the Medical Officer is often stressed.⁴⁰ David Stafford-Clark's opinions in particular have been influential in the understanding of LMF. Contrary to the Air Ministry's three categories, he placed airmen in four distinct groups consisting of temporary and permanent failures. Only a minority who suffered exceptional strain would return to flying duties; almost all the others required 'executive and not medical action.'⁴¹ Stafford-Clark believed that few required 'recourse to the services of a neuro-psychiatrist'.⁴² However, although he had the confidence to categorise airmen, many others did not. Qualifying in psychiatry after the war, he was not a typical Medical Officer. The treatment of wavering aircrew varied considerably between stations and depended on the knowledge and understanding of individual Medical Officers, who sought the opinion of a specialist more frequently.⁴³ While Medical Officers found predisposition to neurosis in 45 percent of cases, neuropsychiatric specialists found it in almost 75 percent.⁴⁴ Aircrew themselves, had an inherent suspicion of 'trick cyclists' as they called psychiatrists, and this has also fed into the myth of LMF.⁴⁵

Aircrew were seen by neuropsychiatric specialists at Not Yet Diagnosed Neuropsychiatric (NYDN) centres. They were based at RAF Hospitals, and led by a neuropsychiatric specialist, provided for both in and out-patients.⁴⁶ An article in the *British Medical Journal* claimed that every new patient was 'reviewed completely and anew'.⁴⁷ However, the psychiatrist, Eric Jewesbury, stressed the importance of the opinion of others. He wished that the staff on stations had the confidence to shorten

⁴⁰ 120 medical officers were qualified pilots by 1945. See: 'Aviation Medical Research: Air Marshal Whittingham's Address' *British Medical Journal*, Vol. 1, No. 4390, 1945, p. 271. Some doctors flew on operations. See for example: Roland Winfield, *The Sky Belongs to Them*, (London: William Kimber, 1976), p. 134.

⁴¹ TNA AIR 20/10727, Stafford-Clark, 'Personal Observations'; Stafford-Clark, 'Aspects of War Medicine', pp. 139-140; Stafford-Clark, 'Morale and Flying Experience', pp. 10-50.

⁴² TNA AIR 20/10727, Stafford-Clark, 'Personal Observations'.

⁴³ Charles Symonds and Denis Williams, 'Investigation of Psychological Disorders in Flying Personnel by Unit Medical Officers', Air Ministry, *Psychological Disorders in Flying Personnel of the Royal Air Force Investigated During The War 1939-1945*, (London: HMSO, 1947), p. 92.

⁴⁴ Symonds and Williams, 'Investigation of Psychological Disorders', p. 92.

⁴⁵ Tom Sawyer, *Only Owls and Bloody Fools Fly at Night*, (William Kimber, London, 1982), p. 136. See also: Campbell Muirhead, *The Diary of a Bomb Aimer*, (Tunbridge Wells: Spellmount, 1987), p.124.

⁴⁶ TNA AIR 2/5998, Organisation of Neurology and Psychiatry in the Royal Air Force.

⁴⁷ S. I. Ballard and H. G. Miller, 'Neuropsychiatry at a Royal Air Force Centre: an Analysis of 2,000 Cases' *British Medical Journal*, No. 2, Vol. 4357, (1944), p. 42.

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the tours for some aircrew without referring them to specialists.⁴⁸ Like Stafford-Clark, Jewesbury criticised the LMF procedure and had his own system of categorising aircrew depending on the amount of individual predisposition and flying stress experienced. He did not think it was right that ground personnel could be given a medical discharge and pension for a condition aggravated by their service, while aircrew with a neurosis could be 'ignominiously reduced in rank' or discharged without a pension. He felt it was unnecessary to stigmatise aircrew by removing their flying badge and also pointed out the similarities between the treatment of airmen in categories one and two.⁴⁹ Medical professionals like Jewesbury and Stafford-Clark refused to label aircrew as LMF, and the numbers assessed by Jewesbury suggest that many station Medical Officers felt the same. Airmen who were not given a medical diagnosis were attached to RAF Uxbridge, RAF Eastchurch or, after October 1943, the Air Crew Disposal Unit (ACDU), for an executive decision.

RAF Eastchurch, infamous in stories about LMF, became the reselection centre in May 1943.⁵⁰ Aircrew from the ACDUs continued to be sent there for reselection, and other airmen briefly posted to reselection centres spread rumours that added to the mythology of LMF.⁵¹ The conditions at RAF Eastchurch were not pleasant but aircrew were not cruelly treated. Found 'unfit to captain an aircraft', a Flight Sergeant posted there was tasked to paint posts around the parade ground. However, he soon realised that it was only necessary to attend the morning parade and it was common practice for personnel to leave the camp through a hole in the fence.⁵² A Senior Medical Officer, highlighted that delays in reselection from Eastchurch were caused by the necessity of further investigation of both medical and executive cases.⁵³ Airmen were not badly treated at ACDUs either, and it is clear that individual cases were still being investigated at both establishments. Airmen at Chessington, Usworth and Keresley Grange were entertained with dances, trips and lectures, and it is possible to follow

⁴⁸A typical first tour was expected to be 30 operations, although the squadron commander had some discretion. Pathfinder crews were expected to complete 45 operations in their first tour. See: Mark K Wells, *Courage and Air Warfare: The Allied aircrew Experience in the Second World War*, (London: Frank Cass, 1995), p. 125.

⁴⁹TNA AIR 49/357, Eric Jewesbury, 'Work and Problems of an RAF Neuropsychiatric Centre'.

⁵⁰TNA AIR 28/243, Eastchurch.

⁵¹TNA AIR 28/243, Eastchurch; Miles Tripp, *The Eighth Passenger*, (Ware: Wordsworth, 2002), p. 39; Don Charwood, *No Moon Tonight*, (Manchester: Crecy Publishing, 2007), p. 56.

⁵²Norfolk Record Office (NRO), Wartime Memoirs, MC 2153/3, 926X7, Roy J. Larkins, 'The Pilot who missed the war: an everyday story of flying folk 1623560 Flight Sergeant Larkins, R.J.', pp. 461-470.

⁵³TNA AIR 28/243, Eastchurch.

the progress of individuals through the system. Some visited Ear, Nose and Throat specialists and had decompression tests. Airmen sent to the ACDU were not treated harshly or hastily and were not all found LMF. Some were downgraded medically, while others were Court Martialled. Personnel were also interviewed by Wing Commander Lawson and his importance in the LMF process is clear.⁵⁴ Lawson highlighted that the treatment of airmen varied throughout the war and at different stations. He thought it unfair that wireless operators could remain in the RAF as ground based wireless operators, while other aircrew had no relevant trade.⁵⁵ In an attempt to avoid using LMF procedure, some airmen were transferred to different aircraft types or given temporary medical categories. In contrast, others were told they were 'yellow' and dismissed or dealt with by the orderly room NCO. Reflecting on the airmen he interviewed, Lawson believed that most were happy to be removed from flying 'whatever the consequences', and many were relieved to be able to discuss their fears. He maintained that many classified under the memorandum 'accepted the decision without demur' but that 'all those who resented the decision' were found to be 'medically unfit'. Some men were more upset to have a medical diagnosis than to be labelled LMF, and while many were not concerned about the loss of rank, all mourned the loss of their flying badge.⁵⁶

The military has a long history of employing the fear of punishment to deter men from avoiding duty,⁵⁷ and the fear of being thought of as LMF and experiencing the ritualistic stripping of rank and aircrew badge in front of their peers, was a cruel but effective deterrent. There is evidence that this ritual did occasionally occur, but it was not official policy. It is the narrative of this ritual however, that spread and effectively discouraged aircrew from refusing to fly. Airmen would have no way of knowing what happened to others once they left the station, but they understood that those found to be LMF were conscripted into the Army, sent to the coal mines, or forced to do menial tasks if they remained in the Air Force. It was also understood that a mark on their record would hinder their employment after the war. Recruits and trainee aircrew learned of the concept of LMF as they picked up the service 'slanguage'.⁵⁸ LMF was one of the many new acronyms they learned in the RAF, and for many, there was little between the judgement of LMF and a diagnosis of mental illness. LMF was one of the many phrases in the force's vernacular to filter into the wider population. The Oxford English Dictionary records the first use of the term in Terrence Rattigan's

⁵⁴TNA AIR 29/603/13, Air Crew Disposal Unit.

⁵⁵TNA AIR 2/8592, Aircrew who refuse or are unfit to fly.

⁵⁶AHB, Lawson, 'Memorandum'.

⁵⁷Daniel Ussishkin, *Morale*, pp. 21-50.

⁵⁸E. H. Partridge, 'Slanguage' in R. Raymond and D. Langdon, (eds) *Slipstream: A Royal Air Force Anthology*, (London: Eyre and Spottiswoode, 1946), pp. 60-65.

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Flare Path in 1942.⁵⁹ In the play, a pilot confesses he is losing his nerve and would be 'grounded. Lack of moral fibre.'⁶⁰ An article in the *Daily Express* in January 1943 discussed men who were 'reduced in rank for loss of moral fibre',⁶¹ and the Secretary of State for Air was questioned about LMF in Parliament.⁶² The limited number of mentions of LMF in the press should not be regarded as being due to a lack of knowledge of the term. It was agreed in a secret meeting in 1943, that the LMF 'arrangement would be difficult to defend if it ever attracted public criticism.'⁶³ From then on, reporting on LMF in the press was restricted.⁶⁴ The practice of LMF was officially discontinued in May 1946, but as Edgar Jones has argued, the 'term had become part of RAF culture, and it continued to be used in peacetime'.⁶⁵ As Martin Francis maintains, many of the myths about the RAF were already in place by 1945. The concept of LMF became increasingly important culturally as documents were declassified, people began to talk about their experiences, and challenge the stereotypical image of the heroic and glamorous flyer.⁶⁶

Historiography and Post War Representations of LMF

In *The Flyer*, Francis examined cultural representations of airmen in the press, literature and cinema. His chapter 'The Flyer and Fear', discusses the concepts of courage and cowardice and how fears impacted on their identity.⁶⁷ Their masculinity was a complex construction encompassing a combination of the gentle, thoughtful artist and a cold-blooded killer.⁶⁸ A similar wide variety of cultural sources as those used by Francis have influenced public understandings of LMF and it has become increasingly well known outside the RAF. Reports in the press complained that airmen were reduced in rank and had their records marked LMF, and another referred to LMF as 'medical

⁵⁹Oxford English Dictionary, (2019), <https://www.oed.com/view/Entry/122086> Accessed 17 February 2020.

⁶⁰Terrence Rattigan, 'Flare Path' in: *The Winslow Boy: with two other plays, French Without Tears, Flare Path*, (London: Pan, 1950), p. 227.

⁶¹'Clipped wings' *Daily Express*, 4 January 1943, p. 2 and 'Clipped wings' *Daily Express*, 6 January 1943, p. 2. See the Air Ministry response to the article in TNA, AIR 19/632.

⁶²Hansard, ROYAL AIR FORCE (REDUCTIONS IN RANK) HC Deb 28 July 1943 Vol 391 cc1607-8W <https://api.parliament.uk/historic-hansard/written-answers/1943/jul/28/royal-air-force-reductions-in-rank> Accessed 17 February 2020.

⁶³TNA AIR 19/632, Air Council conclusions of a meeting 24 August 1943.

⁶⁴AHB, James Lawson, 'Memorandum'.

⁶⁵Jones, 'LMF', p. 454.

⁶⁶Francis, *The Flyer*, p.7

⁶⁷Ibid., pp. 106-131.

⁶⁸Ibid., pp. 201-204.

phraseology adopted by the Cabinet.⁶⁹ In the film, *Appointment in London*, a pilot is clearly suffering from stress towards the end of his third tour,⁷⁰ and although Joseph Heller's *Catch 22*, is about an American experience in Italy, it and its adaptations, have also influenced the ideas about mental health, morale and duty.⁷¹ The concept began to be associated with Bomber Command crew more than those in other commands as it became more widely known. References to LMF began to appear in memoirs published from the late 1950s, and as Frances Houghton has discovered, it has left 'a visible imprint' in their writing.⁷² Miles Tripp's autobiography, *The Eighth Passenger* was one of the first Bomber Command veteran narratives published, and is probably the first to describe the LMF ritual.⁷³ However, it was something that he had heard happened at a neighbouring squadron, rather than an event he witnessed.⁷⁴ Very few actually claim to have witnessed it. The first published account is probably in Norman Longmate's *The Bombers: The RAF Offensive against Germany 1939 – 1945*. He quotes an airman who witnessed a 'punishment' at RAF Langar.⁷⁵ Two memoirs report similar parades at RAF Wickenby, but at different times.⁷⁶ Other texts have also been influential in the construction of the public memory of LMF during the last decades of the twentieth century. In his novel, *Bomber*, Len Deighton brought LMF to millions of readers,⁷⁷ and Martin Middlebrook's *The Nuremberg Raid* helped to construct a popular narrative of aircrew being victims of poor strategic and tactical planning.⁷⁸ In *Bomber Command*, Max Hastings reiterated the LMF ritual, but by his calculation that one in

⁶⁹G. Alligham, 'L. M. F' *Daily Mail*, 20 April 1945, p. 2; 'RAF Discharges, protest against offensive phraseology' *The Manchester Guardian*, 20 June 1945, p. 8.

⁷⁰Philip Leacock, *Appointment in London*, (British Lion Film Corporation, 1953).

⁷¹Joseph Heller, *Catch 22*, (London: Vintage Books, 1994); Mike Nichols, *Catch-22*, (Paramount Films, 1970); Luke Davies, and David Michôd, *Catch 22*, (Hulu, 2019).

⁷²Frances Houghton, *the Veterans' Tale: British Military Memoirs of the Second World War*, (Cambridge: Cambridge University Press, 2019), pp. 199. See for example: Charlwood, *No Moon Tonight*, p. 56; John Wainwright, *Tail-End Charlie: One Man's Journey Through a War*, (London: Macmillan, 1978), pp. 178-185; Sawyer, *Only Owls and Bloody Fools*, pp. 135-137, and Harry Yates, *Luck and a Lancaster: Chance and Survival in World War Two*, (Marlborough: Airline Publishing, 2005), p. 48.

⁷³Houghton, *The Veterans' Tale*, p.19.

⁷⁴Tripp, *The Eighth Passenger*, pp. 39-40.

⁷⁵Norman Longmate, *The Bombers: The RAF Offensive against Germany 1939 – 1945*, (London: Hutchinson, 1983), p. 188.

⁷⁶Jack Currie, *Lancaster Target*, (1981) (Manchester: Crecy Publishing, 2008), pp. 113-114; Muirhead, *The Diary of a Bomb Aimer*, p. 31. Currie left RAF Wickenby in February 1944. Muirhead was posted there in May 1944. See: TNA, AIR 27/167, and AIR 27/2145.

⁷⁷Len Deighton, *Bomber* (London: Grafton, 1978), p. 294.

⁷⁸Martin Middlebrook, *The Nuremberg Raid*, (London: Cassell, 1980), pp. 55-57.

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seven airmen failed to perform their duty due to 'morale or medical causes', he also effectively conflated LMF with medical diagnoses.⁷⁹ The television play, *The Brylcreem Boys*, and a radio adaptation of Deighton's *Bomber* brought many themes associated with war trauma to new audiences. In what is effectively a flashback, the cast of *The Brylcreem Boys*, relive the traumatic Nuremberg raid in their hospital ward.⁸⁰ The aircrew are medical cases, but reviews and notes in the script discuss the play in terms of LMF, shell shock and PTSD.⁸¹ The adaptation of *Bomber* pitted a crew against their senior officers and the enemy defences.⁸² Both plays have references to anti-aircraft fire, night-fighters armed with upwards firing *Schräge Musik* cannon, and exploding aircraft mistakenly thought to be 'scarecrow shells'. Both conform to the trope of aircrew as victims and arguably, both have influenced the popular memory of Bomber Command.

The first academic study of LMF was by John McCarthy in 1984. He investigated its origins, tracked how the procedure changed during the war and attempted to calculate the numbers involved. He pointed out the weakness in Hastings' calculations and, making the distinction between issues of morale and medical diagnoses, he suggested that less than one percent of Bomber Command aircrew were LMF.⁸³ He discussed stress and the concept of predisposition, as well as highlighting the roles of Medical Officers, the RAF's consultant neuropsychologists and ACDUs. In *The Right of the Line*, John Terraine examined LMF from the perspective of fear and bravery. Quoting extensively from the Lawson memorandum held by the Air Historical Branch, he concluded that less than half of a percent of bomber aircrew were LMF.⁸⁴ Terraine saw the RAF as an elite and downplayed the cultural importance of LMF, but both he and McCarthy attempted to put the numbers in perspective and were the first to use many of the archival sources that would be revisited by other historians.

⁷⁹Max Hastings, *Bomber Command*, (London: Michael Joseph, 1980), pp. 214-216.

⁸⁰Roger Bamford and Peter Durrant, *The Brylcreem Boys*, (BBC2 Playhouse, 1979); Peter Durrant, *The Brylcreem Boys*, (Oxford: Oxford University, 2014), p. 28. The play aired on BBC 2 in 1979 and was repeated in 1981.

⁸¹Durrant, *The Brylcreem Boys*, p. 71. See also: Internet Movie Data Base, 'BBC2 Playhouse (TV Series) *The Brylcreem Boys*'

https://www.imdb.com/title/tt0926882/plotsummary?ref=tt_ov_pl#synopsis; British Film Institute 'The Brylcreem Boys', <https://www.bfi.org.uk/films-tv-people/4ce2b6bbc4da9> Accessed 17 February 2020.

⁸²Joe Dunlop, *Bomber - Len Deighton*, BBC Radio 4, 1995. The play was repeated in 2011.

⁸³McCarthy, 'Aircrew and Lack of Moral Fibre', p. 97.

⁸⁴John Terraine, *The Right of the Line*, (1985), (Ware: Wordsworth Editions, 1997), pp. 532-536.

The next academic studies were published ten years later. Alan English examined the role of Medical Officers and Neuropsychiatric Specialists. He was one of the first to make use of David Stafford-Clark's work and Ironside and Batchelor's *Aviation Neuro-Psychology*.⁸⁵ He stressed that RAF specialists largely conformed to theories of predisposition and breeding. Quoting a consultant neurologist, he acknowledged that 'flying stress' was an umbrella term for the physical stresses of flight, not a diagnosis or the name of a new disorder. English calculated that 9431 aircrew were removed from flying duties.⁸⁶ However, by speculating aircrew 'were killed or wounded because they, or one of their companions, were mentally unsound' and combining LMF airmen with those with a medical diagnosis, English fuelled the controversy surrounding the subject.⁸⁷ In perhaps the most comprehensive study of this topic to date, Mark K Wells compared the management of emotional casualties by the British and American air forces. He discusses the work of ACDUs and was the first to examine the importance of NYDN centres.⁸⁸ By considering Lawson's figures and those from a Flying Personnel Research Committee report, he estimated that there were only around 200 LMF cases in Bomber Command each year.⁸⁹ Wells uses many of the same sources as English, but written and published in 1995, neither were able to consider each other's work.

Later studies examined the use of psychiatry in the services. Sydney Brandon looked at recruitment, training and NYDNs. He concluded that the LMF procedure was neither necessary nor effective.⁹⁰ Ben Shephard examined the concept of predisposition and the wartime understanding that neurosis only followed a traumatic event if the patient gained an advantage through it.⁹¹ He investigated the roles of the RAF's consultant neurologists and psychiatrists and concluded that men were treated

⁸⁵Alan English, 'A Predisposition to Cowardice? Aviation Psychology and the Genesis of Lack of Moral Fibre' *War and Society*, Vol. 13, No. 1, (1995), p. 24; Alan English, *The Cream of the Crop: Canadian Aircrew, 1939-1945*, (Montreal & Kingston: McGill-Queen's University Press, 1996), pp. 72-73; David Stafford-Clark, 'Morale and Flying Experience', pp. 10-50; R. N. Ironside, and I. R. C. Batchelor, *Aviation Neuro-Psychology*, (London: Morrison and Gibb, 1945).

⁸⁶English 'A Predisposition to Cowardice?' pp. 20-27.

⁸⁷English, *The Cream of the Crop*, p. 100.

⁸⁸Wells, *Courage and Air Warfare*, pp. 189-193.

⁸⁹*Ibid.*, pp. 204-205.

⁹⁰Sydney Brandon, 'LMF in Bomber Command 1939-45: Diagnosis or Denouncement?' in Hugh L. Freeman and G. E. Berrios, (eds) *150 Years of British Psychiatry, Vol. 2: The Aftermath*, (Athlone, 1996), pp. 119-129.

⁹¹Ben Shephard, 'Pitiless Psychology: the role of prevention in British military psychiatry in the Second World War' *History of Psychiatry*, Vol. 10, No. 40, (1999), pp. 491-524.

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harshly as a deterrent to preserve the fighting force.⁹² Edgar Jones attempted to 'assess the impact of the procedure on morale and performance and answer why the deterrent of LMF was needed.'⁹³ He placed it in the context of both shell shock and contemporary attitudes to combat and PTSD. He was the first to quote from a report by Squadron Leader Eric Jewesbury, the neurologist at RAF Hospital Rauceby, but there are contradictions in his work. Jones claimed that aircrew ranks and badges were lost at NYDN centres before they were posted to ACDUs, and he also mentioned that specialists saw aircrew as out-patients at NYDN centres. It was not within the remit of neuropsychiatric specialists to make an executive decision about an individual's right to wear wings. Unless they were admitted for further tests and observation, aircrew who attended hospitals such as RAF Rauceby as outpatients return to their units; they also were not LMF. Like English, by discussing the treatment of patients with diagnosed medical conditions at NYDN centres, he conflates LMF with medical illnesses. He also fuelled the mythology around LMF by suggesting that Wing Commander Lawson's papers were lost.⁹⁴ In *Bomber Boys*, popular historian, Patrick Bishop used two anonymised cases of LMF as well as referencing previous studies and their primary sources. He concluded that 'no one seemed to know what happened to LMF cases after they disappeared from sight.'⁹⁵ However, by including an example of a crew who was court martialled, his later *Air Force Blue*, conflated LMF with the kind of outcome the procedure was intended to avoid.⁹⁶ Richard Overy's summary of LMF avoids these pitfalls. He describes it as 'a stigma designed as an emasculating deterrent to any sign of weakness.' He discusses predisposition and stress but makes the distinction between those with diagnosable 'neurotic conditions' and those who were 'defined as fully fit but fearful.' Highlighting that that only around a quarter of those referred to a neuropsychiatric specialist were passed to an executive board for a decision on LMF, he referenced Wells and quoted from Jewesbury's report.⁹⁷ This review of the literature highlights that the limited sources on and around the subject have been used and reused in order to calculate the numbers involved and to describe and explain the process. However, those who failed to make the distinction between LMF, medical cases and court martials have contributed to the mythology and notoriety of LMF.

⁹²Ben Shephard, *A War of Nerves*, (London: Jonathan Cape, 2000), pp. 209-297.

⁹³Jones, 'LMF', p. 441.

⁹⁴*Ibid.*, pp. 439-458.

⁹⁵Patrick Bishop, *Bomber Boys: Fighting Back 1940-1945*, (London: Harper Press, 2007), pp. 238-255.

⁹⁶Patrick Bishop, *Air Force Blue: The RAF in World War Two – Spearhead of Victory*, (London: William Collins, 2017), pp. 281-283.

⁹⁷ Overy, *The Bombing War*, pp. 353-354. The figures Overy uses were taken from Lawson and the Flying Personnel Research Committee.

Bloggers and public historians who have written specifically about LMF tend not to have engaged with new primary sources, rather they have relied on material published by those discussed above.⁹⁸ These are important cultural sources as they influence both public understanding of the war and how veterans themselves may frame their experience in their testimonies. However, the nuances and distinctions between the executive and medical treatment of airmen are often lost in popular memory, and as Wells maintained, emotional responses plague discussions of the LMF disposal policy.⁹⁹ Repetitions of myths, inaccuracies, generalisations and unsubstantiated conclusions also riddle the history of LMF. After the publication of *The Diagnostic and Statistical Manual 3* in 1980, PTSD 'has mutated from a diagnostic category to a social trope.'¹⁰⁰ Retrospective diagnoses of PTSD are often inferred or applied to RAF aircrew and numerous other sources link LMF with PTSD.¹⁰¹ As Tracey Loughran, Edgar Jones, Simon Wessely, and others have argued however, shell shock, PTSD and LMF are not synonymous. There is an element of cultural construction to the manifestation of the symptoms of functional somatic syndromes and it is a mistake to diagnose PTSD retrospectively.¹⁰² The majority of the documents used by historians in previous examinations of LMF have been 'top down' sources written by medical professionals, senior officers and officials in the Air Ministry. Few describe the process from a first-person perspective, and many veterans' testimonies amplify the mythologies created

⁹⁸See for example: 'Ted Church: Tail end Charlie Aircrew Stress: LMF Records of Psychiatric Casualties in the RAF During WW2'

<https://tailendcharlietedchurch.wordpress.com/halifax-bomber/halifax-aircrew/aircrew-stess/?fbclid=IwARIHUNVMO8YzPgEExCzk2I63-MKectkUvDxRiDYwbj6G2nQF6QHRMWzvsGg> Accessed 2 February 2019.

A recent play, 'Wireless Operator' also discusses LMF in its publicity see: Silksheen Productions, 'Wireless Operator' 2019,

<http://wirelessoperator.co.uk/background/> Accessed 17 February 2020.

⁹⁹Wells, *Courage and Air Warfare*, p. 197.

¹⁰⁰Grace Huxford, Ángel Alcalde, Gary Baines, Olivier Burtin, and Mark Edele, 'Writing veterans' history: a conversation on the twentieth century', *War and Society*, Vol. 38, No. 2, (2019), p. 21.

¹⁰¹See for example: Nigel C. Hunt, *Memory, War and Trauma* (Cambridge: Cambridge University Press, 2011), p. 26; Ron Butcher, *Been There, Done That: Through Treacherous Skies*, (Victoria: Trafford Publishing, 2006) pp. 106-107.

¹⁰²Tracey Loughran, 'Shell-shock, trauma and the First World War: The making of a diagnosis and its histories' *Journal of the History of Medicine and Allied Sciences*, No. 67, Vol. 1, (2012), p. 103; Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, (Princeton: Princeton University Press, 1995); Edgar Jones and Simon Wessely, 'War syndromes: the impact of culture on medically unexplained symptoms' *Medical History*, Vol. 49, (2005), p. 57; Edgar Jones and Simon Wessely, 'Psychological trauma: a historical perspective' *Psychiatry*, Vol. 5, No. 7, (2006), p. 219.

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during and since the war. As with veteran memoirs published after the 1980s, when veterans discuss LMF in oral history interviews, their memories are sometimes coloured by their understanding of PTSD.

Oral histories and victim narratives

The history of Bomber Command is an example of difficult heritage, and frequently divides opinion.¹⁰³ Strategic bombing has always been controversial and does not fit comfortably with the dominant cultural memories and an over simplified narrative of a 'just war'. Bomber Command veterans have been labelled as heroes, as victims of poor leadership or as villains.¹⁰⁴ As Frances Houghton has highlighted, many Bomber Command veterans are of the opinion that they were omitted from much of the formal post-war commemoration and 'dominant national recollections'.¹⁰⁵ In 2016, a veteran expressed his disappointment in the Bomber Command Clasp: 'We've never got credit for what we did... we got a stupid little medal, it's not a medal it's a piece of tin'.¹⁰⁶ Bomber Command only recently received official recognition with the memorial in London and the issue of the Bomber Command Clasp in 2012 and 2013. However, veterans continue to tell interviewers that despite their losses, a 'proper' campaign medal was not awarded, Churchill ignored them in his victory speech, and

¹⁰³Sebastian Cox, 'Setting the Historical agenda: Webster and Frankland and the Debate over the Strategic Bombing Offensive against Germany, 1939-1945' in Jeffrey Grey, (ed) *The Last Word?: Essays on Official History in the United States and British Commonwealth* (Westport: Praeger, 2003), p. 147. See also Conan Lawrence and Dan Ellin, 'After Them, The Flood: Remembering, Performance and the Writing of History' In: Michael Pinchbeck and Andrew Westerside (eds) *Staging Loss: Performance as Commemoration*, (London: Palgrave Macmillan, 2018), pp. 117-118; Andrew Knapp, *The horror and the glory: Bomber Command in British memories since 1945*. (2016) Mass Violence and Resistance, pp. 32-33. Available at: http://centaur.reading.ac.uk/68690/2/Civilians_AndrewKnapp_Draft3_CA%2526AK.pdf Accessed 17 February 2020.

¹⁰⁴For a discussion of the historiographical and cultural representations of Bomber Command see: Mark Connelly, *Reaching for the Stars: A History of Bomber Command*, (London: Tauris, 2014), pp. 137-157.

¹⁰⁵Frances Houghton, 'The "missing chapter": Bomber Command aircrew memoirs in the 1990s and 2000s,' in Noakes, L. and Pattinson, J. (eds), *British Cultural Memory and the Second World War*, (London: Bloomsbury, 2014), p. 170. See also Lawrence and Ellin, 'After Them, The Flood', pp. 117-118;

¹⁰⁶International Bomber Command Centre Digital Archive (IBCC) Julian Maslin, 'Interview with George Eric Cromarty,' <https://ibccdigitalarchive.lincoln.ac.uk/omeka/collections/document/3387> Accessed 17 February 2020.

Arthur Harris, their Commander, did not receive a peerage.¹⁰⁷ Still shrouded in myth, LMF is a powerful and popular motif in these memories and is often used as an emotive example of injustice within their narratives. Believing they are still fighting for recognition, some veterans privilege anecdotes that reinforce a victim narrative. As well as LMF, they discuss the 'chop rate' (the number of air crew killed), being outgunned by night fighters, the danger from flak (anti-aircraft fire), and how the RAF lied to them about 'scarecrow shells' for example.¹⁰⁸

As part of the 'memory boom' identified by Erika Doss, as they reached their old age, many Second World War veterans felt the need to tell their stories and actively to transmit the past to future generations.¹⁰⁹ At the time of writing, over 1,100 oral history interviews have been recorded for the IBCC Digital Archive. Almost half have searchable transcriptions; from these, 76 mention LMF.¹¹⁰ George Doble's recollection of LMF conforms to the typical narrative of injustice

I've known an instance of a guy who'd done thirty ops and he was told he'd got to do an extra five... and he said, "I'm not doing it." He said, "I've had enough. I've done my bit and that's it." And that's where this business of LMF comes in and they were sent to Eastchurch, where the LMF place was, and they were demoted, AC2s, and, I don't know, just, used as spare parts I suppose.¹¹¹

¹⁰⁷IBCC, Tom Ozel, 'Interview with Bernie Harris. Two',

<https://ibccdigitalarchive.lincoln.ac.uk/omeka/collections/document/3419> Accessed 17 February 2020.

¹⁰⁸IBCC, Tom Ozel, 'Interview with Harry Irons. Two,'

<https://ibccdigitalarchive.lincoln.ac.uk/omeka/items/show/3430>; Gemma Clapton, 'Interview with John Cuthbert,'

<https://ibccdigitalarchive.lincoln.ac.uk/omeka/admin/collections/document/8396>

Accessed 17 February 2020. See also IBCC interviews with Jack Smith and Philip Bates.

¹⁰⁹Erika Doss, 'War, memory, and the public mediation of affect: The National World War II Memorial and American imperialism', *Memory Studies*, Vol.1, No. 2, (2008), p. 229. See also Timothy G. Ashplant, Graham Dawson and Michael Roper, *Commemorating War: The Politics of Memory*, (London: Transaction, 2004), p. 44.

¹¹⁰IBCC, <https://ibccdigitalarchive.lincoln.ac.uk/omeka/> Accessed 17 February 2020. Interviewees were encouraged to tell their own stories. Not all were asked about LMF.

¹¹¹IBCC, Chris Brockbank, 'Interview with Ronald George Doble,'

<https://ibccdigitalarchive.lincoln.ac.uk/omeka/admin/collections/document/8411>

Accessed 17 February 2020.

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Many interviewees took the place of a previous crewmember, or had a crewmember replaced; Alexander Lamb's navigator just 'disappeared' at a training unit.¹¹² Other narratives of LMF include considerable amounts of flying stress. Percy Cannings told how the sole survivor of a mid-air collision was subjected to the LMF ritual in front of his peers.¹¹³ However, 13 interviewees are vague as to whether the reason airmen disappeared was due to illness or LMF. Alun Emlyn-Jones knew his pilot refused to fly because of pain following an injury, but was unaware how he was categorised.¹¹⁴ Thomas Payne's 'frozen' gunner 'was taken away' by ambulance never to be seen again, but Payne presumed 'he was marked LMF'.¹¹⁵ Other interviewees saw LMF as a disciplinary process. Richard Franklin recalled that his flight engineer was 'placed under arrest' after he refused to fly.¹¹⁶ Seven interviewees describe the LMF ritual that occurred on other stations, but only three claim to have personally witnessed the humiliating stripping of rank and badges. Charles Green recalled a gunner who refused to fly after being 'hose-piped' by night fighters

...this air gunner came in and he was ruddy crying. Absolutely crying. A bloke. You know. And he was trembling all over and he was saying, "never again. I'm not going never again. Never again." ... Everybody was talking about it... Then one day we were called out on parade... Everybody on the parade ground. Everybody. And they marched this lad out, air gunner, and stripped him of his, stripped him off of his, he'd been court martialled 'cause he wouldn't, wouldn't fly again. And they stripped his tapes off and his brevet off and everything... they were that ruddy cruel but I know they marched him off and that was it.¹¹⁷

¹¹²IBCC, Bruce Blanche, 'Interview with Alexander Lamb,' <https://ibccdigitalarchive.lincoln.ac.uk/omeka/collections/document/3459> Accessed 17 February 2020.

¹¹³IBCC, Adam Sutch, 'Interview with Percy Cannings,' <https://ibccdigitalarchive.lincoln.ac.uk/omeka/collections/document/8372> Accessed 17 February 2020.

¹¹⁴ IBCC, Anne Roberts, 'Interview with Alun Emlyn-Jones,' <https://ibccdigitalarchive.lincoln.ac.uk/omeka/admin/collections/document/8832> Accessed 17 February 2020.

¹¹⁵IBCC, Chris Brockbank, 'Interview with Thomas Peter Payne. Two,' <https://ibccdigitalarchive.lincoln.ac.uk/omeka/collections/document/8893> Accessed 17 February 2020.

¹¹⁶IBCC, Sue Walters, 'Interview with Richard Franklin,' <https://ibccdigitalarchive.lincoln.ac.uk/omeka/admin/collections/document/10811> Accessed 17 February 2020.

¹¹⁷IBCC, Brian Wright, 'Interview with Charles Frederick Green,' <https://ibccdigitalarchive.lincoln.ac.uk/omeka/admin/collections/document/5756> Accessed 17 February 2020.

Interviewees had no way of knowing what happened to others, but their testimony often includes aspects of the accepted narrative of LMF that were outside their experience. Several spoke of airmen having 'LMF' rubber stamped in red on service documents and the shame of having this classification follow them into civilian life after the war.¹¹⁸ Only one source found for this study gives a first-person narrative of the LMF procedure. Flight Sergeant Roy Larkins was posted from Coastal Command to RAF Eastchurch in February 1945. Rather than being publicly humiliated, a 'sympathetic officer' told him to hand in his flying badge, stripes and crown. He was given a choice of outcome, and after a period of leave and some time at RAF Silloth as an orderly room runner, he was transferred to the mines. Larkins maintains that he was not LMF, but that he was victimised by his Commanding Officer.¹¹⁹ His testimony demonstrates that the LMF procedure was applied without recourse to the humiliating ritual stripping of badges. In 36 of the IBCC's interviews men disappeared and were only presumed to be LMF. In the Imperial War Museum (IWM) sound archive 40 oral histories with veterans of Bomber Command have been tagged with 'lack of moral fibre' and are available online. All know the story, but none witnessed the humiliating parade. Most who remember someone on their squadron as potentially being LMF say they were quietly and quickly posted away.¹²⁰ A squadron commander admitted he occasionally 'had to send odd people off on LMF'; they saw the Medical Officer and were 'quietly shipped out'.¹²¹ The evidence shows that it was more common for men to be discreetly removed from the station before any of the three categories in the waverer letter was applied to them. The ritual stripping of brevet and rank was not a common occurrence. The rumour of it was enough and many men posted away for medical or other reasons were thought to be LMF.

Oral and written accounts created years after the events they describe must be used carefully. Veterans' memories can be vague and although these oral histories possess the 'powerful authority of survivor testimony',¹²² they are hard to corroborate using other sources. Noble Frankland, Bomber Command veteran and historian, questioned eyewitnesses who asserted 'I know, I was there'.¹²³ Brian Harris had heard of LMF

¹¹⁸IBCC, Chris Brockbank, 'Interview with Hugh Parry. One,' <https://ibccdigitalarchive.lincoln.ac.uk/omeka/admin/collections/document/8890>; Tom Ozel, 'Interview with Harry Irons. Two,' <https://ibccdigitalarchive.lincoln.ac.uk/omeka/admin/collections/document/3430> Accessed 17 February 2020.

¹¹⁹NRO, Larkins, 'The Pilot who missed the war', pp. 461-485.

¹²⁰See for example: Imperial War Museum (IWM) Sound Archive, 29529, Austin, T.

¹²¹IWM, Sound Archive, 22367, Bird, P D.

¹²²Houghton, 'The "missing chapter"', p. 162.

¹²³Noble Frankland, *History at War*, (London: Giles de la Mare, 1998), p. 27.

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during the war but admitted to learning about it in the books he had read after the war.¹²⁴ The veterans interviewed for the IBCC Digital Archive suffer from the fallibility of memory, but their discussions of LMF are largely conjecture; LMF was something that happened to someone else. Veterans are also part of 'mnemonic communities'.¹²⁵ They produced their testimony within the social, cultural and political context of the present, shaped by what they have seen, heard and read.¹²⁶ Some embellish their narrative, tell the interviewer what they think they want to hear and project a favourable image of themselves. Originally influenced by wartime rumours, their understanding of LMF was reworked by their engagement with cultural sources, popular memory and histories since the war.¹²⁷ Veterans joined associations and formed 'fictive kinship' groups and 'families of remembrance'.¹²⁸ They shared their stories amongst themselves at reunions and in association newsletters. During the war, the stigmatising LMF procedure and reassuring concept of 'scarecrows' both affected the morale of aircrew and helped them to continue flying operations. Since the war, these tropes have continued to resonate as part of the narrative veterans employ to gain recognition and to counter arguments that they were war criminals. The veteran interviews recorded for both the IWM and the IBCC appear to reinforce many of the myths about LMF. However, reading them across the grain, and in sufficient quantity, offers a new insight into LMF.

Conclusion

During the war, the different versions of the Air Ministry's waverer letter were open to interpretation. Working together, the Commanding Officer and Medical Officer were entitled to categorise an airman as LMF, but most tried to avoid making such a decision. The waverer letter was amended throughout the war, and its interpretation varied from station to station depending on the senior officers' beliefs and style of leadership. The LMF ritual was performed at some stations, but it was not part of official policy and far more men were passed to a NYDN centre or ACDU for assessment. Senior officers were keen to remove suspect aircrew from the station as quickly as possible to avoid any contagion. This also contributed to aircrew's suspicion of the RAF's psychiatrists and their mistaken understanding of the classification as a medical diagnosis; it fed the rumours of LMF. Once someone was removed from

¹²⁴IWM, Sound Archive, 18747, Harris, B. See also: Rodney Earl Walton 'Memories from the Edge of the Abyss: Evaluating the Oral Accounts of World War II Veterans', *The Oral History Review*, Vol. 37, No. 1, (2010), p. 26.

¹²⁵Huxford, Alcalde, Baines, Burtin and Edele, 'Writing veterans' history', p. 22.

¹²⁶Houghton, *The Veterans' Tale*, p. 246; Alistair Thomson 'Anzac Memories Revisited: Trauma, Memory and Oral History', *The Oral History Review*, Vol. 42, No. 1, (2015), p. 26.

¹²⁷Walton 'Memories from the Edge', pp. 26-28.

¹²⁸Ashplant, Dawson and Roper, *Commemorating War*, p. 29.

operations however, a considerable effort was made to rule out a medical reason why they should not fly before their brevets were taken from them.

The conditions at RAF Eastchurch and ACDUs were not as terrible as was rumoured; the established LMF procedure required decisions by Senior Officers, neuropsychiatric specialists, James Lawson, and a final board. It is important that all those discharged from flying duties, under both category one and two of the letter, lost their flying badges. This included men who were LMF and men who were medically downgraded; it is likely that anyone who saw the marks on their uniform where their wings and badges of rank once were assumed that they were LMF. Their sighting then became another anecdote reinforcing the myth. Due to the limited number of archival records, historians have explored medical sources, but this is not why LMF continues to be conflated with medical diagnoses. The RAF's medical consultants argued that LMF was not a medical issue and attempted to change the procedure. At odds with the Air Ministry's categories for disposal of airmen, Jewesbury and Stafford-Clark both described four categories according to predisposition and the amounts of stress experienced, but Stafford-Clark's treatment of aircrew should be regarded as unusual. The history of Bomber Command is far more complex than the simple binary narratives of heroes or villains, victors or victims. Further mythologised and amplified after the war, LMF is part of the cultural memory constructed by veterans and their families as part of the victim narrative used to push for recognition for Bomber Command.

From over 125,000 aircrew in Bomber Command, only a tiny percentage were removed from flying in any of the three categories. More aircrew were removed from flying duties during training – but stories about aircrew who were washed out during training are not as useful to either the wartime narrative of LMF or the post-war victim narrative of a draconian policy. It is a mistake to apply an anachronistic diagnosis retrospectively, but it has become common to consider LMF through the lens of trauma and to claim that those who were LMF were suffering from undiagnosed PTSD.

Veterans reiterate the rumours they heard about LMF during the war and embellish their tales with information from popular history and cultural sources, but they have no idea what happened to their colleagues after they disappeared. Airmen 'disappeared' from bomber stations for many reasons during the war. Men were sent on leave, they were attached or transferred to other squadrons, or posted away after completing their tour. Some were sent to NYDN centres for assessment, a few were LMF and of course, many failed to return from operations. LMF was never a medical condition, but as part of the rumours about it that served to keep aircrew flying, a number of those who departed from their squadron for medical or disciplinary reasons were regarded as LMF. RAF personnel confused LMF with both psychological casualties and court martial cases at the time, and they continue to be conflated by

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veterans and historians today. The rumours of what happened to airmen after they disappeared were almost as effective as actually witnessing a ritual parade. These horror stories reinforced the procedure as a deterrent to prevent airmen from refusing to fly. They continue to be repeated by surviving veterans. Although it was an indeterminate category, LMF has solidified since the war to become an important part of the history of Bomber Command.