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Malingering and Escape: Anglo-American Prisoners of War in World War II Europe

It was about a month later, at the end of April [1942], that we first heard a rumour that Headquarters in Rome had decided that our camp was not good enough for desperate characters like us, and were opening a really escape-proof prison somewhere in the south of Italy. ...

Realising that our next camp was going to be no sinecure, I decided that I must make an [escape] attempt before the move. ... My only chance seemed to be to get to a hospital whilst still in the north of Italy. I had been operated on for mastoids behind my left ear when I was a boy, and so it was not difficult to pretend extreme pain and deafness. The local doctor said I must see a specialist at once, so the next day I was taken to Florence Military Hospital.¹

Anthony Deane-Drummond, the author of the above passage, was a British Army lieutenant who had been captured the 13th of February 1941 after a successful drop into Italy to destroy a bridge. The bridge was dutifully dispatched, but plans for getting the paratroopers out of Italy proved suboptimal. In December 1941 Deane-Drummond had escaped from an Italian prison camp and arrived within twenty yards of the Swiss border before being recaptured, and that had not been his only attempt. Because of these escape attempts, he anticipated being sent to a more secure facility.

Taken to Florence Military Hospital, the malingering Deane-Drummond spent a month loafing around and deciding on a way out. He deliberately developed a habit of nighttime trips to the lavatory down the hall from his private room. One night after such a trip, he left the restroom window open and the door ajar. Returning to his fourth-floor room, he closed the door. Once the guard posted in the corridor had settled down, Deane-Drummond opened the window of his room; eased his way out; edged precariously along a six-inch wide, decorative ledge; went in the restroom window, out its door, down the staircase, and out through a ground-floor window. He was a free man, and this time he made it to Switzerland and eventually back to England.²

Malingering may be defined as, “the willful, deliberate, and fraudulent feigning or exaggeration of the symptoms of illness or injury, done for the purpose of a consciously desired end.”³ Historians have recognized that POWs during WWII did from time to time fake illness or injury for various reasons, including escape.⁴ This article explores the use by POWs, primarily British and Americans POWs in the European theatre, of malingering as a means of facilitating escape.

Deane-Drummond, one of approximately 300,000 British, Commonwealth, and American troops captured and held as prisoners of war (POWs) by Italy and Germany

during World War II,⁵ pretended mastoid disease to trick the Italian military into placing him in a position from which escape would be easier than from the prison camp. The hospital had no barbed wire or search lights, and there was only one guard, who fell into the habit of allowing his prisoner privacy at night.

Deane-Drummond was not the only POW who deliberately engineered a trip to a medical facility with the hope of escaping while there or en route. Escape from prison camps, while not impossible, was certainly difficult and somewhat dangerous. An oft-repeated truism was that there were only three ways out of a prison camp: over the wire, through the wire, or under the wire. A favorite route through the wire was straight out the front gate. Any time a prisoner could find a reason to go outside the wire, escorted by his captors, the first part of an escape was taken care of for him. He was through the wire, and he had only to slip away. Major Jerry Sage, an American Office of Strategic Services (OSS) officer captured by German forces while operating behind enemy lines in North Africa, realized this as well as anyone.

One day during July 1943, Al LaChasse, a prisoner at Stalag Luft III, an air force officers' camp in Sagan, Germany, where Sage had been sent, having passed himself off as an airman,⁶ was injured while playing on a homemade vaulting horse. La Chasse was sent off to a nearby hospital for x-rays. When he returned, Jerry Sage talked with him to discover if this route out of camp might lead to any good opportunities for escape. They decided there was potential, if someone could remove two loose bolts holding a grille over one of the back windows of the paneled truck that transported prisoners to the hospital. Once the bolts were gone, the grille itself could be removed, and the escaper could then reach around outside and open the back door to the truck. Potential complications included the two armed guards in the front of the truck with no partition between themselves and their prisoners and the need to accomplish all this and be gone within twelve to fifteen seconds, before the truck left the area adjacent to a small woods outside camp. Sage sought and received permission to try the plan from Roger Bushell, head of the camp escape committee. Now he just needed an excuse to be sent for x-rays.⁷

Sage then visited Bill Jennens, one of the camp's best soccer players, and persuaded Jennens to kick in a couple of his ribs. The rib injury, though deliberately inflicted, was genuine, but just in case the German doctor did not realize how badly an x-ray was needed, on the way over to the dispensary, Sage manipulated the fractured rib ends until they didn't quite line up, and there was a palpable bump. He also used a small knife to nick his finger, and sucked some blood into his mouth. At an opportune moment, when the doctor had just (correctly) proclaimed the medical irrelevance of rib fractures, Sage declared that he was worried about his lungs. He then hit himself right over the fractures. The rest

required no acting. He screamed with pain and spewed the blood out of his mouth and over the edge of the doctor's desk. Sage was sent back to his room with orders to report the next day to be loaded on the truck and taken with several other prisoners for x-rays. The plan worked as expected except that he was unable to open the door and had to squeeze out the tiny window.⁸ He enjoyed five or six days of freedom and traveled about 130 miles before being recaptured and returned to camp.⁹

Sometimes prisoners recuperating from legitimate injuries at a hospital attempted to prolong the hospital stay until well enough to slip away. Walter Morison, a British flyer, spent time soon after his capture at the hospital at Stalag VI J, where he was cared for by French doctors. Too ill to take leave of his German hosts at that time, he hoped to stay until he was well enough to have a reasonable chance to escape. After he had been there three weeks, however, he was told that he would be moved. He explained his hopes to the French doctor, who obligingly charted a fever and painted his patient's throat in the expectation of a final visit from the German doctor. The German physician did not come, however, and so the theatrics were for naught.¹⁰

Just as malingering could be used to facilitate a prisoner's own escape, so could it cover for or assist in the escape activities of others. At Stalag Luft III during the summer of 1942, an American pilot named Bill Nichols, who had flown with the Royal Air Force (RAF), and a British prisoner named Ken Toft escaped in full daylight by cutting the wire and walking away. They had discovered a blind spot where the guards could not see them once they had reached the perimeter fence. To get there, though, they had to cross the warning wire, strung about ten feet inside the perimeter fence. Prisoners found between the warning wire and the perimeter fence could be shot. As recalled by A. P. Clark, one of the senior American officers in the camp at that time, guards in the towers on each side of that stretch of fence were distracted by a supposedly spontaneous fight and shouting match on one side and a dramatic fainting spell on the other side. Thus, one prisoner's malingering was used as cover for others' escape activities.¹¹ Nichols and Toft got out of camp but were recaptured later and returned.

One of the successful tunnels out of Stalag Luft III was dug in an open recreation field, using a wooden vaulting horse as cover. Each day a group of prisoners carried the horse out to the field and set it up in precisely the same location. They spent their exercise time vaulting over the horse, while one or two others, who had been carried out to the field hidden in the hollow base of the horse, got their exercise by digging. One day as a prisoner dug away underground, the tunnel collapsed in one spot, trapping him. There were now two dangers, both that the trapped prisoner would suffocate and that the tunnel would be discovered. The

digger was rescued by another prisoner, and the tunnel was masked by a quick-thinking vaulter, who plopped down over the sudden new depression in the ground and sat there as though he had injured his leg. The others sent for a stretcher and first aid kit, and the supposedly injured vaulter was bandaged and carried back to camp. Meanwhile others scuffed enough sand over the depression to fill it.¹²

Similar ruses were used at other prison camps as well. An enlisted man named Peppiatt, one of a handful of other ranks serving as orderlies in the officers' camp at Spangenburg¹³ assisted Eric Foster in escaping. Foster had been appointed to oversee laundry services that were contracted out to women in the surrounding town. He would leave camp accompanied by a guard, two POW orderlies, and a cart of laundry. Once the routine was down pat, he began staying at the camp and allowing the orderlies and guard to accomplish delivery of laundry alone. One day, the cart left with Foster and a companion hidden among the dirty socks and shirts. Peppiatt was to fake a foot injury with the hope that the guard would abandon the laundry to take him back to camp. Peppiatt was so eager to do a good job, however, that he really did allow the cart to run over his foot, and the resulting injury required no faking. As hoped, the guard left the laundry cart on the street and accompanied the limping Peppiatt and the second orderly back to camp. Within seconds Foster and his companion were out and gone, though their freedom proved short-lived.¹⁴

When prisoners at Oflag IVC, an officers' camp at Colditz for prisoners deemed by the Germans extraordinary escape risks or exceptionally anti-German, hatched the idea of breaking out through the floor under one of the German security officers' desks, they chose the adjacent sick ward as the staging area for the escapers and those who were to close up the hole created in the floor. Kenneth Lockwood gained entrance to the infirmary by complaining of stomach pain. Once there, his job was to open and close the door to the office using an illicit set of keys manufactured by one of the escapers. The escapers walked out the main gate of Colditz disguised as a German sergeant escorting a work party. Two of the six made it back to Allied control.¹⁵

In the closing days of the war, as invading armies pushed back the borders of the Third Reich, the Germans evacuated a number of prison camps and moved the POWs deeper into Germany. Stalag Luft III was evacuated, with men from the first compound to be moved marching out late on the night of 27 January.¹⁶ In March 1945, after a stay at a prison camp near Nuremberg, prisoners from Stalag Luft III left on another march, this time to Moosburg. While on that march, American William Laubner and two companions decided to break away from the column and try to make their way to Allied lines. Laubner, however, developed painful blisters

on his feet and realized that he could not walk well enough to get to the front lines and into American hands. He gave the other two most of his food, and on a dark and rainy night, they took off into the dense brush along the roadside. Laubner covered for them by exaggerating his limp and stumbling. The guards came to his aid, and the other two prisoners made their departure while the guards were occupied getting Laubner back on his feet.¹⁷

As these examples demonstrate, malingering could be used to put a prisoner in a better location from which to attempt an escape, and it could also be used to cover or assist escape attempts by others. For some prisoners, however, malingering was itself the ticket home. The Geneva Convention, signed in 1929 by Germany, Great Britain, and the United States, among other countries, provided that badly injured and seriously ill POWs should be sent home. Those developing signs of mental instability should also be sent back. The Convention enumerated classes of diseases considered appropriate for repatriation but deliberately left room for extrapolation to similar disorders. Recovery should not reasonably be expected within a year, and the practical intent was to send back people who were seriously enough incapacitated that it was not likely they could again take up arms against the country relinquishing them.¹⁸ The first exchange of wounded and sick prisoners took place in October 1943.¹⁹ The Geneva Convention also encouraged exchange or internment in a neutral country of long-term POWs, but this never occurred during World War II.²⁰

Richard Pape, a British bomber navigator who was captured after his Sterling bomber was shot down 6 September 1941, found his inspiration in a companion in the hut where he was assigned in April 1944 after being sent to Stalag Luft VI following the latest of several unsuccessful tries to make it back to Britain. This hut mate, whom Pape designates only as Jimmy N. in his memoirs, suffered from acute nephritis, a severe inflammation of the kidneys. On meeting Jimmy and learning that the German doctor had told Jimmy he could expect to be repatriated, Pape conceived a most elaborate scheme. He secured the approval of the escape committee, known at Stalag Luft VI as Tally Ho.²¹

Jimmy began to coach Pape in the symptoms and signs of nephritis.²² Symptoms are the problems that bring a patient to the doctor. Headache, for example, is a symptom. Signs are the more objective manifestations of illness. Fever is a sign.

Among the signs of nephritis is ankle swelling. To achieve the desired appearance, a third hut mate, Mac, who had been a physiotherapist before the war, perfected the technique of flicking Pape's ankles with towels so they would swell

without developing bruises or welts. To give his skin an unhealthy yellow cast, Pape ate bar after bar of soap and painted his skin with a solution made by boiling yellow crepe paper.²³

Symptoms and signs were now taken care of, but some diseases also have characteristic laboratory or x-ray findings. Richard Pape needed to give a diseased urine specimen. Jimmy told Pape that when he presented to the German doctor's office to be examined, he would be asked for a urine specimen and would be expected to produce it in the doctor's presence. Two other prisoners built a realistic prosthetic penis that Pape could strap on under his pants. He practiced using it until he could pull it out of his trousers and fill a container as quickly and seemingly naturally as he could have with his own equipment.²⁴

Finally the day arrived when Pape went to the doctor's complaining of not feeling well. He recited his litany of symptoms, the doctor examined Pape's badly swollen ankles, and when asked for a urine specimen, Pape was ready. The false penis had been filled with Jimmy's diseased urine. The doctor was watching, but not closely enough.²⁵

Not content with one disease worthy of repatriation, Pape decided he needed a second. He smoked sunflower seeds until he was wheezing badly, and when the doctor sent him for a chest x-ray, the German orderly, having been forewarned, sent him back with an x-ray from a truly sick Polish prisoner. Pape's identifying data had been placed on the x-ray. When Pape inquired about details, Tally Ho told him only that the orderly had studied radiology and the radiologist at the hospital had been supplied with some cigarettes, tobacco functioning late in the war as a near equivalent of cash.²⁶

Prisoners being considered for repatriation on medical grounds were presented to a three-doctor committee authorized by Article 69 of the Geneva Convention and consisting of two doctors from a neutral country, usually Switzerland, and one from the country detaining the POW, in this case Germany. Decisions were by majority, and one of the neutral physicians presided. By the time this committee, called the Mixed Medical Commission but also often referred to as the repatriation committee or repatriation board, visited, Pape had swollen ankles, jaundiced skin, and a bad wheeze. He was gaunt and haggard after restricting his diet to one piece of bread a day for three weeks and staying awake two nights in a row. The ruse worked. Pape arrived in neutral Sweden 7 September 1944 and was back home in England two weeks later.²⁷

Others also managed to get home by faking illness, though often the details left in the historical record are tantalizingly few, partly for the obvious reason that such charades were less likely to work, the more people who knew about them at the time they were being carried out. According to accounts by other prisoners, Skipper Barnet, a prisoner at Colditz, practiced yoga and learned to raise his blood pressure at will, finally convincing his German jailers that he was very sick and needed to go home.²⁸ Flight Lieutenant Charles Lucky, an inmate of Stalag Luft I in Barth, developed apparent heart disease. He drank as much black coffee as possible and smoked as many cigarettes as possible to induce a cardiac arrhythmia. Whenever the German doctor called, Lucky drank even more coffee and smoked even more cigarettes. He was finally repatriated in early 1944.²⁹

Not all attempts to get home by faking an illness were successful. Eric Fearnside, a British corporal captured during the German invasion of Crete in 1941 and sent to Stalag 18A in Austria, recalled a fellow prisoner named Johnson who, during the winter of 1943-1944, suddenly went stone deaf. His friends had to write down everything they wanted to say to him, and one day when working near a railroad track, he was nearly killed by a locomotive that he did not seem to hear. He was sent back to the Stalag and went before the repatriation board. All went well, and Johnson was told that he would get his certificate of repatriation and would be going home. As Johnson was leaving the room, the president of the board called his name quietly. Caught with his guard down, Johnson turned around. The president of the repatriation board tore up his certificate.³⁰

Thomas Calnan, a British Spitfire pilot who was shot down while on a reconnaissance mission on 30 December 1941 and captured, attempted numerous times to escape by conventional means. Once he jumped from a train.³¹ Another time he got out through a tunnel.³² On a third occasion he arranged an elaborate deception and walked straight through the front gate of Stalag Luft III.³³ Though he managed to get outside the prison camp on these occasions and enjoy the sensation of freedom for short periods, he was always recaptured. With no better success, he tried faking illness. In this, as in his more ordinary escape attempts, he was persistent. Every time the Mixed Medical Commission came to call, he was ready for them. The first time, he claimed to be blind in one eye. He had actually suffered burns around the eyes when his Spitfire, true to its name, had spat burning fuel into his face, so that was superficially believable, but a careful examination by a medical specialist had indicated otherwise. The next time he had duodenal ulcers. The visit after that, tuberculosis. Nothing worked.³⁴

Sometimes a prisoner hoping for repatriation had a real illness and tried to make it seem worse than it really was. Tommy LaMore, while working with

diphtheria patients as a medic at Stalag Luft IV, contracted diphtheria. He recovered from the acute illness and then developed post-diphtheria paralysis. The paralysis was genuine, but from the time it began, LaMore had his eye on repatriation. He timed his complaints to the German doctor for two days before the repatriation board was to come. That visit was cancelled, but LaMore was sent to Frankfurt to be examined by German medical personnel.³⁵

Unfortunately for LaMore, post-diphtheria paralysis is usually a self-limited disorder from which the patient recovers spontaneously in weeks. LaMore was already recovering by the time he got to Frankfurt. On arrival at the hospital he, who had been barely able to move when first he complained to the German doctor back at camp, walked seemingly for miles through various corridors before arriving at the ward where he was to stay. When LaMore was examined, the doctor tested his reflexes repeatedly, paying close attention to the results of his hammer tapping. How much experience this particular doctor had with post-diphtheria paralysis is unknown, but there was an outbreak of diphtheria in Germany during the later years of the war, and about a quarter of the victims developed characteristic neurological symptoms during the recovery phase. Thus the disease, its management, and its prognosis were not unknown. The day after his examination, LaMore was informed that his illness was in regression and that he would be reassigned to a POW camp.³⁶

Mental illness was a tempting charade. It was specifically included in the Geneva Convention as an ailment worthy of repatriation,³⁷ and there were no laboratory tests, x-ray studies, or specific physical signs that needed to be faked or exaggerated. Unlike with physical illnesses, however, most malingerers who tried this tactic avoided a direct approach to enemy medical personnel. It apparently seemed insufficiently subtle to go directly to the doctor complaining of having become insane or, in POW slang, having gone round the bend. Instead, the doctor had to be put in a position to notice for himself how far gone the sufferer was.³⁸

After failed conventional attempts at escape, the most nearly successful of which was the laundry cart attempt that brought about Peppiatt's foot injury, Eric Foster decided to be repatriated.³⁹ Foster, then at Stalag Luft III, discussed his plans with only one other officer. He started quarreling with others, stopped eating and began wearing three watches, including one on his ankle. Anyone asking the time would receive odd replies before Foster walked away, a vacant look on his face. Finally, his roommates decided he needed some help and invited the German physician, Dr. Keil, to tea. Keil, in turn, invited Foster to come spend some time with him at the camp hospital and after talking with him for several days in a row, suggested that he apply for repatriation. Keil secured a consultation with the

British doctor, Dr. Hutt, who agreed that Foster probably should be repatriated. Together they decided to send him to a specialist, and on 16 December 1943, he was sent with two other prisoners and a guard to the POW hospital at Lamsdorf.⁴⁰

While there, Foster kept up his act and even added a new twist. When the medical orderly checked Foster's room at night, he would find Foster sitting up in bed reading a book in the dark while wearing sunglasses.⁴¹ On the whole, though, Foster tried to maintain a fairly consistent act, and he had some guidance. Back at Stalag Luft III he had obtained a copy of a handbook on mental illness for nurses, and at Lamsdorf one of the medical orderlies lent him a copy of a similar book.⁴²

On 9 January 1944 Foster saw the specialist, who recommended repatriation. Soon Foster was on his way back to Stalag Luft III. On 3 May 1944 the repatriation board visited Sagan, and Foster was among those they interviewed. He had prepared for the visit and showed up unshaven, hair unkempt, blue circles painted under his eyes, wearing ill-fitting pajamas.⁴³ It worked. The repatriation board recommended that he be sent home, and he was back in Britain by October 1944.⁴⁴ Going back on active duty with the RAF, he was assigned to help organize procedures for receiving former prisoners of war back to Britain once the war was concluded.⁴⁵

Vincent "Paddy" Byrne, a British flyer captured when he was shot down over France in 1940, was also repatriated from Stalag Luft III in 1944, having convinced the Germans and the repatriation board that he was mad. On his return to England he was received once more into the RAF and given a ground position.⁴⁶

Insanity could work as a ticket home from Italy as well as from Germany. British Flight Lieutenant John Leeming was repatriated from an Italian prison camp in April 1943 after feigning paranoia.⁴⁷

As with feigned physical illness, ersatz mental illness did not guarantee a trip home. Julius Green, a British Army dentist who counted among the thousands who were not evacuated from Dunkirk when France fell in June 1940, also tried for repatriation on the grounds of mental illness. He had some coaching from the British medical staff, and one of the British doctors gave him a referral to visit the German doctor. He showed up neatly attired, in stark contrast to the studiedly sloppy dress of most of his compatriots. He insisted that there was nothing wrong with him. He was perfectly sane, but all the other prisoners were insane. All his problems would be solved by getting him away from them. At the same time that he was working on his act for the German doctor, he was also writing letters to the camp Commandant and the regional German commander threatening them with

legal action for continuing to hold him prisoner after the conclusion of the war. Eventually a repatriation board did recommend he be sent home, but the Germans refused to do so.⁴⁸

Thomas Calnan's fourth and last attempt to get home by malingering involved a feigned mental illness. When the Swiss colonel who headed the medical commission, and who had also done so during Calnan's three previous attempts to be repatriated, greeted the former Spitfire pilot by enquiring solicitously about his tuberculosis, peptic ulcers, and blindness, Calnan concluded that he was not going to be believed that time, either. He was correct.⁴⁹

Axis POWs, like captured Allied soldiers and airmen, were not above faking illness in the hope of getting home. Ulrich Steinhilper, a Luftwaffe officer captured in October 1940 after flying on the offensive side during the Battle of Britain, tried several times to escape in conventional ways from his prison camps in Britain and later in Canada, without success. In December 1943 he decided to try for repatriation. He had been struck in the head during a hockey game. That night, as he lay in his bunk, he decided to parlay the knock on the head into a trip home.⁵⁰ He began acting irrationally and violently, first putting his fist through a window, then on another occasion diving bodily through a larger window.⁵¹ Confiding in the German doctor in camp, he was discouraged from trying, but when it became apparent that he was determined, another of the German medical staff suggested that for a swift trip out of camp and into a mental hospital, he should attack the Canadian doctor.⁵²

When next the Canadian medical officer came to call, a screaming Steinhilper leaped for his throat. Two other Germans, who were in on the scheme, immediately came to the doctor's rescue and pulled Steinhilper away. The Canadian physician was uninjured, but Steinhilper was on his way to a mental hospital. There he languished for over a year. Finally the neutral powers that arranged repatriation stopped the transfers. When the war ended, Steinhilper staged a recovery over a few weeks.⁵³ Though Steinhilper was unsuccessful, he told in his memoirs of several other German POWs who were sent home from Canada on the basis of their acting ability.⁵⁴

In some ways, malingering might seem to be an ideal way to get out of a prison camp, particularly if it produces a free trip straight home through repatriation. Malingering was generally less physical work than many other methods of escape, and it was relatively safe.⁵⁵ No one was going to shoot an unsuccessful malingerer. Indeed, I am not aware of any instance in which someone was punished for attempting repatriation in this fashion. A prisoner brought back

after cutting the barbed wire, walking away from a work site, or digging a tunnel, could expect some time in solitary confinement, usually with less to eat than normal.

There were, however, prices to be paid for this method of escape, also. One problem was that if the disease were taken seriously by the captor's medical officers they might, reasonably enough, want to treat it. Charles Lucky found this out while a POW at Chieti, Italy, during his first attempt at malingering. Hoping to be sent to the hospital, from which he intended to launch a conventional escape, Lucky rubbed moldy bread under his eyes every day for several weeks, presumably to induce redness and puffiness in and around the eyes. He then complained to the physicians at his prison camp of migraines and sinus disease. An x-ray was taken and fortuitously (or was it faked?) confirmed sinus disease. Probably Lucky would have been content at that point to sit back and look for a way out, but the Italian doctors had other ideas. They insisted on operating over Lucky's vociferous protests. The result was real sinus disease.⁵⁶

Ulrich Steinhilper's pretended mental illness was taken seriously enough that he traded the relative freedom of a prison camp for a solitary cell in the basement of a mental hospital. Whenever he staged one of the violent fits that were a hallmark of his particular brand of ersatz mental derangement, he was immediately beaten nearly unconscious by the orderlies and put back into solitary confinement. Because he did not want to seem to be getting better, which might have bought him a ticket back to the prison camp instead of back home, he had to throw repeated fits and endure repeated beatings.⁵⁷

Besides the threat of unneeded medical attention, a prisoner might endure injury and considerable deprivation merely to bolster his own fraudulent claim. Jerry Sage allowed his ribs to be broken. Richard Pape endured starvation and tortured his lungs with sunflower seeds. John Leeming also paid a high price for his ticket home. His first attempt to be taken before the repatriation board was rejected. To obtain another doctor's recommendation, he arranged to be taken to the military hospital at Florence, where his desperate mental condition could be noticed by a particular psychiatrist, known to have anti-Fascist leanings and considered likely to help. To get to that hospital, he, with help from a friendly Italian doctor, arranged for a dentist to pull all his teeth, the good and the bad, no questions asked. Eventually he got home. His teeth stayed in Italy.⁵⁸

A final health-related risk involved in all forms of malingering, particularly when undertaken as an adjunct to a more conventional escape, was the effect it might have on future attempts to obtain genuinely needed medical care. Reinhold

Eggers, German security officer at Oflag IVC, Colditz, realized such schemes were being carried out, and did what he could to counter them.⁵⁹ A trip to the hospital for a French officer who seemed to be suffering from gallbladder disease was cancelled when inspection of a parcel from home revealed three ampoules of medicine and a note from a French doctor testifying that the officer had suffered all his life from gallbladder disease. Thereafter all medicines coming in from France were sent to the University of Leipzig for testing. If they were genuine, they were allowed back into camp but kept by the Germans to be doled out as appropriate.⁶⁰ During Harry Elliott's first attempt to get sent home for invented ulcer disease, his stay at the hospital was abruptly cut short after the Germans discovered civilian clothes belonging to another officer, who was planning a conventional escape. All remaining prisoners from Colditz were sent back to camp. Later, when Elliott was genuinely suffering from arthritis, he could not persuade the Germans to take him for treatment.⁶¹ Pat Reid, a former Colditz inmate and author of popular books about the prison, also mentioned one mentally ill officer at Colditz who was a danger to himself and others. The prisoners had to mount a constant guard on him to keep him out of trouble. Reid wrote that it took months for the Germans to be convinced that he was not faking and to send him home.⁶²

One worry occasionally expressed was that those who faked mental illness might truly become mentally ill. In other words, at some point the pretense would become reality.⁶³ On the eve of Ulrich Steinhilper's departure from a Canadian prison camp to a mental hospital, Dr. Eitze, acting on this fear, extracted a promise that Steinhilper would not continue his charade of mental illness more than six weeks.⁶⁴ When the weeks stretched to months and the months to a year, Eitze and others at the prison camp from which Steinhilper had been sent, seemingly insane, began to worry that he had truly become mentally ill.⁶⁵ I have found no convincingly documented case in which this actually happened.⁶⁶ If it ever seemed to happen, it is also possible that the person was truly ill to begin with. Robin Tabor, a POW at Stalag Luft III who was repatriated for mental illness in the summer of 1944, sent a postcard back to his friends at camp. "Who's crazy now?" it read.⁶⁷ Though his postcard certainly suggested that he was faking, Tabor later wrote a letter to historian Arthur Durand giving his own opinion that he had indeed been round the bend at the time of his repatriation.⁶⁸

Another relative drawback to malingering as a ticket home was the limit as to how many people could be included. The perceived number of deserving injured and sick prisoners seemed to exceed the number who were allowed out. While it would be difficult, probably impossible, to find specific examples of truly ill individuals who were specifically excluded from repatriation because of a lack of space while others feigning illness were sent home, the likelihood of this happening

clearly would reflect the number and proportion of malingerers in the mix.⁶⁹ Indeed, in his discussion of the visit of the Mixed Medical Commission to Colditz in May 1944, Pat Reid described an officer “who had gone round the bend and who should have been repatriated long ago.” This man left ranks just as one of the German officers, Hauptmann Priem, had called out the names of those to go before the repatriation board and signaled that the parade should be dismissed. He marched up to Priem, solemnly saluted and handed him a blank piece of paper, then marched back to his place. Reid reported that to those watching, this interlude pointed to the arbitrariness of German decisions as to who would, and who would not, be considered for repatriation.⁷⁰ Yet the Germans did not have sole responsibility for deciding who would be considered, for Allied medical personnel generally had input into this decision⁷¹ and at what point this officer was left off is unclear. He may have been left off so that there was room to return a healthy officer to Allied service. Though the Geneva Convention stipulated that repatriated personnel should not again serve in their country’s military, this provision was apparently ignored by both sides.⁷²

How many malingerers were repatriated and their proportion among other repatriates is far from clear. At least in some camps, however, the proportion seems to have been fairly high. When Eric Foster was sent to Lamsdorf, he had an opportunity to become acquainted, away from German ears, with the two other prisoners sent with him from Stalag Luft III. Both admitted that they, too, were merely trying to get their ticket punched for home.⁷³ Foster did not record their names, supposed illnesses, or eventual success or failure, but it is certainly interesting that in that particular shipment of potentially ill prisoners for evaluation at Lamsdorf, all were apparently faking.

Thomas Calnan, discussing the visit of the Mixed Medical Commission to Stalag Luft III in 1944, indicated that most of the large crowd who gathered to present their cases was malingering. “Most of them were tough, able-bodied individuals who had never had a day’s illness in their lives. Their faces were more familiar in the dim glow of a margarine lamp in any of the tunnels in progress,” he wrote. Mixed in with them were a distinctly smaller number of prisoners who were genuinely ill.⁷⁴

Among the estimated twelve to twenty-nine prisoners taken before the repatriation board at Colditz in May 1944, at least six apparently were malingering, either completely or by exaggerating symptoms to some degree. Harry Elliott had once again concocted a bad case of duodenal ulcer disease, and Kit Silverwood-Cope hoped to get home due to a thrombosed vein in his leg. The thrombosis was apparently genuine, but both men did their best to look horrible for the Mixed

Medical Commission, staying up all night and walking up and down one of the many staircases in Colditz Castle. Skipper Barnet was to be seen for his high blood pressure.⁷⁵ Miles Reid, a Royal Army officer captured in Greece in 1941, with coaching from an Irish doctor at Colditz, perhaps Ion Ferguson, managed a convincing heart condition.⁷⁶ As mentioned previously, British dentist Julius Green was pretending mental illness. On the way to Leipzig for an interview with a psychiatrist Green had been paired with an RAF flyer nicknamed “Errol” Flynn. The night before the trip to Leipzig, Green stayed up and walked up and down the stairs so as not to look too fresh the next day. He found Flynn on the stairway doing much the same thing, and they confessed to one another that they were both pretending.⁷⁷ Elliott, Silverwood-Cope, Green, Flynn, and Barnet were all among those passed for repatriation, though the Germans held back both Green and Silverwood-Cope. Interestingly, the reasons they were held back, both as speculated upon by the prisoners and as related by Reinhold Eggers, involved security and intelligence matters rather than any explicit suspicion that they were faking or exaggerating their illnesses.⁷⁸ Miles Reid was turned down on this occasion but repatriated with a later group.⁷⁹

I. Schrire, a captured Royal Army Medical Corps physician from South Africa, who was assigned in June 1943 to work at a camp in Hoensalza for patients awaiting repatriation, estimated that of approximately 500 men collected there, more than 300 were in perfect health, bursting with energy.⁸⁰ When the German commander commented on their obvious good health, Schrire repeatedly offered the explanation that they had recovered from their illness or injuries, but he admitted in his memoirs that he knew better.⁸¹

Allied doctors showed some ambivalence in their attitude towards malingering. Schrire, when working in a military hospital for POWs, encountered some RAF flying officers who had contrived to be sent there for the express purpose of escape. He and the other doctor working there tried to dissuade them. The medical officers were legitimately worried that such schemes would discourage their German hosts from sending sick or injured officers for treatment. When it became clear that the RAF-types were not to be dissuaded, however, both doctors provided assistance.⁸²

Captured medical officers frequently helped those attempting repatriation, usually with advice but sometimes with more concrete assistance such as faked lab results or x-ray reports. During Harry Elliott’s first attempt to be repatriated from Colditz due to duodenal ulcer disease, he was given medical advice regarding the types of illness that might prove a ready ticket home. Then, sent to a hospital for his supposed ulcers, he confided in two Indian doctors who announced they needed

to draw some blood. They later brought him a cup of cocoa. After he drank it, they told him they had mixed his vial of blood into the chocolate, so a test of his stool would show blood. Elliott shied away, however, from confiding in the French radiologist, who later told him that if he had only known, he could easily have slipped a picture of a nice duodenal ulcer from a different patient into Elliott's upper GI study, properly marked with Elliott's name. Elliott ended up back in prison camp, largely because of the negative x-ray study.⁸³

On his second attempt, Elliott approached the radiologist, this time an Australian, who made quite a show of refusing to fake an ulcer, but the next day a duodenal ulcer showed up on the asymptomatic Elliott's x-ray. The German doctor kept Elliott in the hospital for six weeks' treatment, at the end of which he was sent for another barium study. Elliott again approached the Australian radiologist and asked if perhaps there could be another ulcer. The Australian told him he was a fool. After six weeks of treatment, he said, the ulcer would be gone, and it was. Nonetheless, when Elliott appeared before the Mixed Medical Commission, he was passed for repatriation largely based on the initial x-ray study and the reports of the doctors. Elliott never knew for sure where that ulcer came from.⁸⁴

At least two captured Allied medical officers faked illnesses themselves to be sent home. Major R. R. Mackay, a Scottish radiologist and senior British officer at Reserve Lazarett Schmorkau, decided in late summer 1943 to go home with simulated gastric ulcer disease. He was in a unique position to fake his own x-ray, and when it was suggested that he should be sent elsewhere for a confirmatory radiologic examination, his colleagues convinced the German doctor that he was too ill to travel. He was sent home that autumn.⁸⁵

Ion Ferguson was working as a psychiatrist at the same Reserve Lazarett when Major Mackay was sent home. A year later Ferguson approached the new senior British officer. He sought and received permission to attempt repatriation based on insanity. Dr. Butter, the German psychiatrist who oversaw the psychiatric service at Schmorkau, had been furnished for some months with gifts of real coffee, available to POWs in Red Cross parcels but otherwise essentially unknown in Germany in 1944. When Butter saw that the Allied doctors had prepared documents testifying to Ferguson's insanity, he signed the necessary papers recommending that Ferguson be considered for repatriation. No acting was needed on Ferguson's part. While waiting for repatriation, he continued to practice medicine, including psychiatry, presumably with Dr. Butter's approval.⁸⁶ Before his own repatriation, Ferguson coached two RAF prisoners until they could convincingly simulate schizophrenia. They were repatriated, too.⁸⁷

Though only a small percentage of POWs ever tried to escape,⁸⁸ many were willing to help in others' attempts.⁸⁹ Just as Richard Pape enlisted the help of several other POWs in his bid for repatriation, other malingerers sometimes also had help from fellow POWs. During his second, successful attempt to simulate ulcer disease, Harry Elliott had John Watton, an artist, make him up to look ill. Pat Reid, who had recently reached Switzerland due to a successful conventional escape, sent Elliott a postcard with wishes that his ulcers would improve. Naturally this postcard would have passed through the hands of the German censors who could note its content. Reid probably realized the ulcers were imaginary.⁹⁰



Fig. 1

This cartoon, in which a rather insane-appearing British medical officer offers his opinion that a prisoner hoping for repatriation is no more mad than he, was originally drawn and circulated in a German prison camp. Reproduced from Anderson, R. and Westmacott, D. *Handle with Care: A Book of Prison Camp Sketches Drawn and Written in Prison Camps in Germany*. (Belper, Derby, UK, JoTe Publications, 2005). p. 47.

him; that was how he himself had gotten out of being sent to the Russian Front.⁹¹ (Fig 1)

Foster may have been more sensitive than most prisoners to the attitude of others towards his method of getting home. He was a little ambivalent about it himself. He definitely wanted to get home, and when the time came to leave, he walked through the gate of Stalag Luft III with a tremendous feeling of elation.⁹² Nonetheless, as he wrote the story down in his memoirs nearly fifty years later, he characterized his method of escaping as unethical.⁹³ What bothered Foster's conscience was the need to deceive the doctors, both the German medical staff and the kind Swiss president of the Mixed Medical Commission. Considering the thick cloak of deception surrounding most conventional escape attempts, this reluctance

Many malingerers had help from medical personnel or others, but there was also sometimes an attitude of wry amusement directed at such schemes and the individuals who pursued them. Eric Foster attended a camp theatrical performance during the period between being granted his certificate for repatriation and his actual departure. During an interlude, one POW comedian asked another if he had heard the repatriation theme song, "Here we come

gathering nuts in May." A German guard, also attending the evening's entertainment and seated next to Foster, nudged Foster and asked if he, too, had worked the repatriation racket. Foster assured him that he was really a sick man. The guard, however, asserted that Foster could not fool

to deceive the doctors, particularly the enemy medical personnel, seems odd. It probably has two roots. One is that a gentleman's word was supposed to be good and reliable, even to an enemy. The deception associated with many escape attempts involved concealment and nuance, stopping short of outright lying. To walk into a doctor's office and complain of entirely fabricated symptoms crossed that line. Second, an ordinary enemy soldier or military officer might be justifiably deceived in the same way that in other circumstances he could justifiably be shot, but medical officers were noncombatants. Therefore, they were not supposed to be shot, and, particularly when they seemed actually to have the prisoners' best interests at heart, it was harder to justify misleading them.⁹⁴

Thomas Calnan also had mixed feelings about faking illness to be repatriated. He emphasized that this was a legitimate escape like any other, yet in the same sentence he described the method as underhanded.⁹⁵ On his fourth and last attempt to be repatriated, his guilty thoughts were heightened by a meeting with an old friend. Waiting his turn to visit with the Mixed Medical Commission at Stalag Luft III in the Spring of 1944, Thomas Calnan saw again his friend Bill Joyce. He had first met Joyce when the two were in the hospital together in the days following Calnan's capture. Bill Joyce had been seriously injured but had finally recovered enough to attempt an escape. He was detected before getting out of camp, however, and was shot. Though Joyce's injuries had been treated, it was clear to Calnan that his friend was dying. Bill Joyce wanted badly to die at home. Calnan later recorded his feelings while visiting with his friend. "I had the chilling thought that if the Commission should pass me for repatriation, and I was one of the biggest phoney's in the room, and at the same time turn down Joyce, I would never be able to live with myself."⁹⁶ When the Swiss colonel quickly made it clear that he was not prepared to believe the British flyer's story on this fourth attempt, Calnan felt relief rather than disappointment.⁹⁷

The attitude of enemy medical personnel towards malingerers apparently varied. Eggers thought that the prisoners at Colditz made a fool of the German physician with their malingering and associated escape attempts, not to mention the tunnel they started from the infirmary. The doctor would become angry at such attempts, but he was apparently willing to risk occasional escapes to assure access to medical care such as surgery that he could not personally provide at Colditz, because he kept sending prisoners away for seemingly needed hospital treatment, even though he tried to be more cautious as time went on.⁹⁸

The attempts that roused Eggers's ire and that of his medical colleague were conventional escape attempts made in the course of obtaining treatment for real or faked illnesses. The attitude may have been different towards those trying for

repatriation. A likely reason was that, while the commandant and other officers at a prison camp could find themselves in serious trouble due to ordinary escapes, repatriation was a legitimate route home, sanctioned by the governments of the warring states and overseen by neutral powers. Therefore, it was appropriate that some prisoners left by that route, and if some were suspected of faking, the approval of the Mixed Medical Commission took the responsibility off the shoulders of the local camp officials, both medical and administrative. Physicians may also not have considered prevention of malingering an essential part of their duty.

When Julius Green was sent to see Professor Werner Wagner, then acting head of the department of psychiatry at the University of Leipzig,⁹⁹ he was shown into the professor's study and left alone with him. The psychiatrist questioned him and listened to Green's recitation of how it was not he, but everyone else, who was mentally ill, then Wagner stated that he would recommend Green go before the repatriation board. "And I will swear he winked," Green later wrote.¹⁰⁰

Eric Foster had a somewhat similar impression of the German doctors he encountered in his own quest for repatriation. Of the specialist he consulted at Lamsdorf, Foster later wrote that he had no idea whether the doctor was satisfied of his need for repatriation or really just did not care.¹⁰¹ On his return to Sagan, Foster spent most of the time until the visit of the repatriation board in the camp infirmary. Three days later, however, he asked Dr. Keil if he might be transferred back into the main camp. Keil commented on what a remarkable recovery Foster seemed to have made once he got his certificate for repatriation. Though he obviously suspected the charade, Keil wrote the order and allowed Foster back into the main camp, where he could once again see his friends, and where there was more potential for entertainment than in the hospital.¹⁰²

Doctor Häring, the German physician who unwittingly helped Major Mackay be repatriated for ersatz ulcer disease, was clearly amazed at the Major's quick recovery once he was passed for repatriation, but he was considerate enough not to direct any unpleasant recriminations towards his Allied colleagues.¹⁰³ Later, it was with the cooperation of the German Dr. Butter that Ferguson was repatriated.¹⁰⁴

The motivation for the episodes of malingering described in this article was escape, either the malingerer's own or another's. But why malingering? One reason, of course, is that it was often effective. Everyone knew when the Mixed Medical Commission was coming to see potential repatriates, and the departure of the successful candidates was often publicized in camp newspapers.¹⁰⁵ Indeed, about the same time that he began to feign nephritis, Richard Pape contributed a poem to the newspaper of Stalag Luft VI about POWs who had been repatriated the

previous October.¹⁰⁶ A surprisingly good grapevine operated between prison camps, and about four months before he used pretended mastoiditis to get to Florence Military Hospital, Deane-Drummond had heard of Donald Stuart's escape. Stuart had faked kidney disease to be sent to the hospital at Chieti.¹⁰⁷

Even if a POW were not aware of examples of malingering by other prisoners, most POWs could probably look back on examples from childhood. In addition, malingering is fairly common in the military. The Good Soldier: Schweik, a novel about a German soldier from World War I, contains an entire chapter on Schweik as a malingerer.¹⁰⁸ Finally in the same way that books and movies about World War II prison camp escapes have been popular since that war, so, too, were similar stories from the First World War widely read between the two wars. In The Road to En-Dor, British Lt. E. H. Jones told how he and E. W. Hill attained freedom from a Turkish prison camp through an extremely elaborate pretense of mental illness.¹⁰⁹ This book was very popular between the world wars, and Hill and Jones's success was specifically cited by Pat Reid as one reason why, in his capacity as head of the escape committee at Oflag IVC Colditz, he consented to another POW's plan to fake mental illness to be repatriated.¹¹⁰ The Road to En-Dor was also one of John Leeming's inspirations.¹¹¹

Finally, a few generalizations may be possible about the POWs who attempted to escape through malingering. Malingering as a means to enable a conventional escape was a ploy that some prisoners resorted to soon after capture. Long before he let another POW kick in his ribs to get out of Stalag Luft III, Jerry Sage had played on relatively minor wounds to persuade guards to allow him to sit in the comfort of the cab of a truck while they ate their lunch on the tailgate. The guards were roused from their ill-advised apathy by Sage's attempts to start the engine.¹¹² American paratrooper George Henry Leidenheimer, Jr., suffered a minimal ankle injury in the jump into France as part of the D-Day invasion force. Captured by German forces soon thereafter, he immediately and quite deliberately began limping. A German officer dividing members of the 82nd Airborne division from members of the 101st noticed Leidenheimer's limp and had him go sit on a bench next to a barn. Other prisoners, sent to stand in the same area, soon screened Leidenheimer from view. He slipped into the barn, hid himself, and eventually made his way back to American forces.¹¹³

For the thousands of POWs who ended up in prison camps, it was important for morale that they stay busy. Enlisted men were often sent out of the camp to work, and thus labor occupied much of their time. Officers could not be required to work under the terms of the Geneva Convention,¹¹⁴ so the thousands of young officers who found themselves suddenly plucked out of the excitement, danger, and

exhaustion of war and deposited in prison camps had to find something else to do. There were books to read, plays to produce and attend, sports to play. These were all good for morale, but perhaps nothing was better than working at getting out.¹¹⁵ A good tunnel could occupy scores, sometimes even hundreds, of men, both physically and mentally, for months.¹¹⁶ For some POWs it was enough to be one of the helpers on such a project, even knowing it would be others who eventually went out through the tunnel, if and when it broke the surface. For others, however, getting out really was the goal, and it was these men who carried out and later wrote about the elaborate repatriation schemes that have occupied much of this article. As a rule, they were from Britain or the Commonwealth countries rather than the United States. This is probably because they resorted to malingering only after a series of failed conventional escapes and because it could easily take a year for repatriation to occur. Many British POWs simply were in the bag longer than most Americans and had more time to work on such schemes. Further, as suggested by Kochavi, Americans may have been at a disadvantage in dealing with the Mixed Medical Commission as compared with British POWs.¹¹⁷

Just as the tunnel diggers could mobilize the assistance of hundreds of other prisoners, so too could malingerers expect help, though usually from a small handful of associates. Captured medical personnel helped, usually with advice, and surprisingly often enemy medical officers either assisted as well or at least did not hinder the malingerers.

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77. Green, From Colditz in Code (n. 48), p. 128-129.
78. Reid, Escape from Colditz (n. 15), p. 549-555; Booker, Michael, Collecting Colditz and its Secrets: A Unique Pictorial Record of Life Behind the Walls, (London, Grub Street, 2005), p. 93-97; Green, From Colditz in Code (n. 48), p. 135, 143-144; Eggers, Colditz: The German Story (n. 59), p. 174, 175.
79. Reid, Into Colditz (n. 76), p. 77-79.
80. Schrire, Stalag Doctor (n. 71), p. 135, 140.
81. Schrire, Stalag Doctor (n. 71), p. 140.
82. Schrire, Stalag Doctor (n. 71), p. 131; for another example of an Allied doctor assisting medically with a conventional escape, see Crook, Barbed-Wire Doctor, (n. 56), p. 70.
83. Booker, Collecting Colditz (n. 78), p. 93-95; Reid, Escape from Colditz (n. 15), p. 549.
84. Booker, Collecting Colditz (n. 78), p. 94; Reid, Escape from Colditz (n. 15), p. 550.

85. Ferguson, Doctor at War (n. 71), p. 171, 192-195; There may have been a third; See Crook, Barbed-Wire Doctor, (n. 56), p. 69.
86. Ferguson, Doctor at War (n. 71), p. 213-217; Chancellor, Henry, Colditz: The Definitive History: The Untold Story of World War II's Great Escapes, (New York, Perennial, 2003), p. 210.
87. Ferguson, Doctor at War (n. 71), p. 176.
88. Bailey, Prisoners of War (n. 4), p. 24; Reid, Pat and Michael, Maurice, Prisoner of War, (New York, NY, Beaufort Books, 1984), p. 185.
89. Kee, Robert, A Crowd is Not Company, (London, Phoenix Press, 2000), pp. 60, 92-93; Morison, Flak and Ferrets (n. 10), p. 94-95; Westheimer, David, Sitting It Out: A World War II POW Memoir, (Houston, Texas, Rice University Press, 1992), pp. 86-87, 118-119, 204-205; Clark estimates that 60% of POWs at Stalag Luft III in mid 1942 were actively supporting escape efforts; Clark, 33 Months (n. 11), p. 59.
90. Booker, Collecting Colditz (n. 78), p. 93-95; Reid, Escape from Colditz (n. 15), p. 277.
91. Foster, Silken Thread (n. 14), p. 182.
92. Foster, Silken Thread (n. 14), p. 182.
93. Foster, Silken Thread (n. 14), p. 171.
94. Steinhilper, Full Circle (n. 50), p. 239, 259, 300; Foster, Silken Thread (n. 14), p. 181; Ferguson, Doctor at War (n. 71), p. 194.
95. Calnan, Running Fox (n. 31), p. 272.
96. Calnan, Running Fox (n. 31), p. 273.
97. Calnan, Running Fox (n. 31), p. 275; Leaving other prisoners behind could also be a source of regret; Ferguson, Doctor at War (n. 71), p. 216-217, Reid, Escape from Colditz (n. 15), p. 555.
98. Eggers, Colditz: The German Story (n. 59), p. 74, 195.

99. Steinberg, H. and Angermeyer, M.C. "Two Hundred Years of Psychiatry at Leipzig University: An Overview." History of Psychiatry, 2002, 13: 267-283.
100. Green, From Colditz in Code (n. 48), p. 128-130.
101. Foster, Silken Thread (n. 14), p. 178.
102. Foster, Silken Thread (n. 14), p. 181-182.
103. Ferguson, Doctor at War (n. 71), p. 195.
104. Ferguson, Doctor at War (n. 71), p. 213-217.
105. For example: Mungo, "A Letter Home," Stalag Hot Pot, Vol., 2, No. 7, November 1943, MS 25, Soderberg, Henry, Carton 9, Box 5, United States Air Force Academy, McDermott Library, Colorado Springs, Colorado; "Repatriation," Gefangener Gazette. Vol. I, Issue 9, May 7, 1944, SMS 792, Durand, Arthur A., Box 12a, United States Air Force Academy, McDermott Library, Colorado Springs, Colorado; "Repatriation!" Gefangener Gazette. Vol. VI, Issue 1, May 3, 1944, SMS 792, Durand, Arthur A., Box 12a, United States Air Force Academy, McDermott Library, Colorado Springs, Colorado; Woolley, A. W., "Medical," Monthly News Letter Stalag VIII B Teschin, No. 1, January 1944, MS 25, Soderberg, Henry, Carton 9, Box 5, United States Air Force Academy, McDermott Library, Colorado Springs, Colorado.
106. Pape, Boldness (n. 20), p. 301-302; Pape, Richard, "Repatriation Compound," Yorkshire Post Kriegie Edition, Vol 1, No. 3, May 1944 in MS 25, Soderberg, Henry, Box 3, Item 2, United States Air Force Academy, McDermott Library, Colorado Springs, Colorado.
107. Deane-Drummond, Return Ticket (n. 1), p. 85.
108. Hasek, Jaroslav, The Good Soldier: Schweik, (New York, New York, The New American Library of World Literature, 1963), p. 72-87; Though my copy of Schweik was published in 1963, the book was available in English at least as early as 1930. See cover page.
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- William Kimber & Co. Limited, 1975), pp. 144-201; Hill went on to finish a career in the RAF, eventually retiring as a Group Captain in 1944. He spent much of WWII working in training facilities. It would not be too surprising if he had told the story to at least a few RAF recruits. See: Hill, Spook and Commandant (n. 109), title page; Parker, Neville and Bennet, Darryl, Hill, Cedric Water (1891-1975) (Australian Dictionary of Biography – Online Edition), <http://www.adb.online.anu.edu.au/biogs/A140518b.htm>, accessed 13 November 2006.
110. Reid, Escape from Colditz (n. 15), p. 210.
111. Leeming, Natives (n. 47), p. 196.
112. Sage, Sage, (n. 8), p.71.
113. Leidenheimer, George H., Interview, Courtesy of National D-Day Museum, New Orleans, Louisiana; Leidenheimer, George H., Mr. Leidenheimer and the 507th Parachute Infantry Regiment, http://www.costoffreedom.org/CoF_pg33_Leidenheimer_507th_PR.html Accessed 13 October 2006.
114. Geneva Convention, Art. 27 (n. 6).
115. Kee, A Crowd is Not Company (n. 89), pp. 76-79, 92-93, 114-115; Moore, John Hammond, The Faustball Tunnel: German POWs in America and Their Great Escape, (New York, Random House, 1978), pp. 102-103, 111-112; Reid and Michael, Prisoner of War (n. 88), p. 170; Reid, Escape from Colditz (n. 15), p. 17; Duggan, Margaret (ed.), Padre in Colditz: The Diary of J. Ellison Platt M.B.E., (London, Hodder and Stoughton, 1978), p. 43.
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117. Kochavi, Confronting Captivity (n. 69), p. 134.