

**Queen Alexandra's Imperial Military Nursing Service:
A study of female active service during the First World War**

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Abstract

In August 1914, women of the Queen Alexandra's Imperial Military Nursing Service accompanied the first troops of the British Expeditionary Force to France, but the predominant story of the First World War is the experience of the combatant soldier in the trenches. This thesis seeks to re-instate the voices and perspective of the war's active female participants – the nurses of the QAIMNS. Army nurses are seen as fulfilling a traditional, non-threatening, feminine duty and, as such, are frequently overlooked in both the historiography of the First World War and within the field of Women's History. Using an extensive sample of army service records, this thesis identifies the background of women who enlisted to serve as professionally trained nurses with the QAIMNS, considered to be the elite military nursing service. This study places them within the context of female employment in early 20th century Britain and investigates the power and authority of Dame Maud McCarthy as a singular example of a woman serving in a British governmental role overseas for the entirety of the First World War. Using nurses' autograph albums, diaries and hospital gazettes, this thesis provides a fuller perspective of the complex relationships on the wards of military medical units as the female nurses carefully negotiated a male dominated world. Finally, using QAIMNS medical board records, this thesis argues that female participants of war also suffered from mental exhaustion and experienced breakdowns as a direct consequence of their war trauma and displayed symptoms akin to the male diagnoses of 'shell shock'.

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Acknowledgements

The roots of this thesis stem from my time working as Assistant Curator at the Army Medical Services Museum (now the Museum of Military Medicine). I have worked in the museum sector for twenty years and was fortunate to spend the early years of my career in regimental museums. My time at the AMS Museum has stayed with me as one of the most fascinating museum collections that I have had the privilege to work with. But it was evident that the collections of the Royal Army Medical Corps, Queen Alexandra's Royal Army Nursing Corps, Royal Army Dental Corps and Royal Army Veterinary Corps were severely underused by researchers. The museum contains a wealth of materials, both in objects and archives, and I felt there was always more to discover. Fortunately, in recent years, this realisation is becoming more widely recognised. It was a pleasure to go back to the museum for the purposes of my research and my sincerest thanks go to my former colleagues, Capt (Retd) Pete Starling and Rob McIntosh for their support and assistance. I must also acknowledge the assistance of staff at the Documents department of the Imperial War Museum, London.

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Glossary

ADMS	Assistant Director Medical Services
AMS	Army Medical Services
ANS	Army Nursing Service
ANSR	Army Nursing Service Reserve
BEF	British Expeditionary Force
CCS	Casualty Clearing Station
DGMS	Director General Medical Services
DMS	Director Medical Services
FANY	First Aid Nursing Yeomanry
GHQ	General Headquarters
PCANSR	Princess Christian's Army Nursing Service Reserve
QAIMNS	Queen Alexandra's Imperial Military Nursing Service
QAIMNS(R)	Queen Alexandra's Imperial Military Nursing Service Reserve
QAMFNS	Queen Alexandra's Military Families Nursing Service
RADC	Royal Army Dental Corps
RAMC	Royal Army Medical Corps
TANS	Territorial Army Nursing Service
TFNS	Territorial Force Nursing Service
VAD	Voluntary Aid Detachment
WAAC	Women's Auxiliary Army Corps

Introduction

During the First World War, contemporary propaganda, art and literature portrayed army nurses as ministering angels perpetuating an idealistic, almost holy, feminine ideal. This was not an image created, or necessarily recognised, by the nurses themselves yet, astoundingly, this portrayal of First World War nurses (most predominantly the image of the volunteer nurse) has saturated the British public consciousness throughout the 20th century. Frequently, nurses of the First World War are generalised as volunteers or attributed minor side roles of women fulfilling traditional feminine duty in non-threatening, philanthropic duties. These interpretations fail to understand the full active participation of women who served overseas during the war, often only a few miles from the front line, living in field service conditions, and working continuously with death, injury and disease.

This thesis seeks to look more closely at the role of the professional British Army nurses of the Queen Alexandra's Imperial Military Nursing Service (QAIMNS) to identify more fully the experiences of women who participated in active service during the First World War. In doing so, I will reveal that the experiences of professional army nurses had a wider impact on the role of women in female employment in the early 20th century and highlight the role of women as active participants in military history. I have concentrated on the women of the QAIMNS and its reserve service because they formed the permanent official arm of the British Army nursing service and are the direct precursors to the current Queen Alexandra's Royal Army Nursing Corps (QARANC) that serve as part of the British Army today. The QAIMNS and its precursor, the Army Nursing Service (ANS), had served with the British Army in other campaigns around the world in the late 19th and early 20th centuries, with a lineage that is recognised as originating with Florence Nightingale and the Crimean War. In August 1914, women of the QAIMNS and QAIMNS(R) accompanied the first troops of the British Expeditionary Force to France as active participants of the war and serving members with the British Army.

The role of these nurses is frequently overlooked in academia and popular culture. For example, when the BBC and Royal British Legion Festival of Remembrance celebrated 100 years of women in the British Army in 2017, it was a celebration of the women of the Women's Auxiliary Army Corps, formed in 1917 and whose members

served alongside the army on similar terms to army nurses. The role of nurses in the First World War was not acknowledged during the Festival of Remembrance service, despite serving QARANC members being present. Nurses are overlooked in the historiography of the First World War because they are perceived as non-threatening, familial, non-sexual and offer no challenge to traditional gender constructs. Nurses are considered as fulfilling a traditional, feminine duty. Yet in truth, the women of the QAIMNS placed themselves in non-traditional, challenging environments and as single working women in paid employment were already living outside of traditional middle-class societal norms in early 20th century Britain. Their role has been misunderstood by historians of the First World War. Using service records and written testimony of the women themselves, this thesis will challenge assumptions about the role of women in warfare and the impact conflict had on them as individuals.

Throughout the 20th and early 21st centuries, there has been increasing academic interest in the cultural and social impact of the First World War. However, much of this historical focus has concentrated on the experiences of men and particularly life in the trenches of Flanders. This was initially fuelled by the postwar disillusionment literature and wartime poetry published in the late 1920s and 1930s, which focused on the experiences of male front-line soldiers. Names such as Siegfried Sassoon, Edmund Blunden and Robert Graves are synonymous with the First World War and the iconography of the trenches has dominated the symbolisation of the First World War in British popular culture. In the 1970s, Paul Fussell argued that the myth and memory of the First World War had become so closely interwoven with historical events that it had become understood as truth although he too focused solely on the literary accounts of life in the trenches.¹

Whilst there can be no doubt that war in an entrenched, relatively static battlefield was gruelling and horrific, it is only one aspect of a war that was fought on several continents with multiple nationalities and in varying geographical and military circumstances. As historians of the 20th century concentrated on the experiences of

¹ Paul Fussell, *The Great War and Modern Memory* (Oxford, 1975). Critics of Fussell, such as Adrian Gregory, argue that Fussell was also part of the myth creation because he concentrated so narrowly on the postwar disillusionment literature of the 1920s and 1930s, which centred around the experiences in the trenches and accounts of war which Fussell accepted as absolute truth. Gregory also argued that Fussell, as a veteran of World War Two, was heavily influenced by his own experiences of war and the political and social landscape of the Vietnam War in America during the 1970s. See Adrian Gregory, *The Last Great War: British Society and the First World War* (Cambridge, 2008), p191

men in the trenches, which as a rule was usually a concentrated rotation period of weeks rather than months, the voices of the many non-combatant soldiers were lost from the First World War narrative. There were thousands of non-combatant military personnel serving overseas during the war, including cooks, engineers, drivers, quartermasters, pioneers, postal staff and padres. Army nurses were part of this vast non-combatant army and their voices are still missing from the wider historiography of the war.

In the 1960s and 1970s, as social and cultural historians began to study the First World War in much broader terms, the war was perceived as a catalyst of positive change for British society. In 1965, Arthur Marwick argued that the First World War had offered the opportunity for positive and permanent change to social policy and social cohesion through individual participation.² He later contended that the war was also a pivotal moment of long-term permanent change for British women as they had opportunities to develop new skills, enter professions and gain enfranchisement.³ In essence, he argued female enfranchisement in 1919 was a ‘reward’ for the contribution made by women during the war.⁴ Although many of Marwick’s arguments have since been contested, he began the historiographical debate about the impact of the war on society in Britain and expanded the study of the First World War beyond the field of military history. The 1960s marked fifty years since the outbreak of the war and it was from this point onwards that the development of academic interest in the war grew.⁵

In the 1980s, Gail Braybon and Penny Summerfield challenged Marwick’s assertion that the First World War had been a ‘victory’ for women and were critical of Marwick for his legacy that perpetuated a myth of the war that men suffered whilst women prospered.⁶ They argued that positive social change for British women during the First World War was only ever intended to be a temporary wartime measure and any

² Arthur Marwick, *The Deluge: British Society and the First World War* (London, 1965)

³ Arthur Marwick, *Women at War, 1914-1918* (London, 1977), p12, p73

⁴ Ibid, p157. Marwick argued there were two turning points for women; the establishment of the Ministry of Munitions in 1915 and the Conscription Act of 1916, both of which enabled growth and opportunity for female employment.

⁵ Adrian Gregory has argued that this era marked the deaths of all major military and political leaders from the First World War, closed archives were opened following the 50-year rule and the first generation of historians emerged who had no personal experience of the war themselves, providing objectivity to the historiography. Adrian Gregory, *A War of Peoples 1914-1919* (Oxford, 2014), p183

⁶ Gail Braybon and Penny Summerfield, *Out of the Cage: Women’s Experiences in Two World Wars* (London, 1987)

subsequent benefits were limited in scope.⁷ Instead of an expansion of women's roles and opportunities, Braybon and Summerfield suggested that women in the First World War were predominantly confined to roles that were an extension of traditional female domestic duties and this created an invisibility to female participation in the war.⁸ In addition, they argued that women were not only expected to remain within an acceptable sphere for their gender but also for their social status, which further narrowed the field of opportunity for women during the war.⁹ Braybon and Summerfield concentrated their study primarily on women who were considered to be working outside of traditional female roles, namely female munition and factory workers and women of the Land Army. Professional British Army nurses were not part of Braybon and Summerfield's study of women's experiences of war and so their argument of the invisibility of female participation in warfare was, to some degree, self-fulfilling. However, their study marked a changing shift in the historiography of women's history as an academic field as it was the first analysis of women's war work that focused on the experiences and voices of women themselves rather than the reactions of men to wartime female employment and participation.¹⁰

As interest in the social and cultural impact of the First World War grew during the latter half of the 20th century, it was also a period in which women's history was emerging as a field of specific interest amongst academics. Johanna Alberti has suggested that women's history developed as a conscious element of the campaigns of female liberation movements in the 1960s and 1970s.¹¹ She argued that until the 1960s the lives of 'ordinary' women were not considered of interest to most historians, but by the 1970s feminist historians were looking for a methodological framework for women's history.¹² As an example of this type of framework, Alberti referenced Olwen Hufton who, in *History Today* in 1985, wrote of her triple commitment in writing women's history, that is; to identify women's role and situation, to provide a gender balance and to examine assumptions about men and women.¹³ Tess Cosslett noted that the development of women's history as an academic field highlighted the fluidity of

⁷ Gail Braybon and Penny Summerfield, *Out of the Cage: Women's Experiences in Two World Wars* (London, 1987), p281

⁸ Ibid, p5

⁹ Ibid, pp77-78

¹⁰ Ibid, p1

¹¹ Johanna Alberti, *Gender and the Historian* (Harlow, 2002), p3

¹² Ibid, p34

¹³ Ibid, p69

female identity and recognised the importance of accepting that women's experiences are not homogenous simply because of gender alone.¹⁴ Deborah Thom has also argued that whilst it is important to recognise that women are separated by gender as a distinct section of society there are many other distinctions within society, and classifying women by gender alone is too broad and becomes problematic.¹⁵ Braybon and Summerfield's study is an example of the broad range of different female wartime experiences. However, Joan Scott has argued that the significant question about female wartime experiences is not the impact of war on women but the impact of women on war.¹⁶ Women's wartime experiences, although different to men's, are equally valid and can provide historians with a more complete understanding of the war and its impact on society and culture.

The role of women in the First World War was often divided between those who were active participants, for example as nurses, munitions workers and ambulance drivers, and those who were wives and mothers at home. There was an elevated status of motherhood during the war and in the immediate postwar era. Martin Pugh argued this was due to the majority of women remaining at home, which reinforced traditional gender roles.¹⁷ This is disputed by other historians who have considered far more nuanced interpretations regarding the emphasis placed on maternity and motherhood during the war. Susan Grayzel has argued that women deliberately fuelled their own image and enhanced the status of motherhood to enable them the social freedoms to contribute to the war effort.¹⁸ If women were fulfilling maternal, traditionally feminine roles they were far less threatening to the state and machinery of war. In contrast, Gillian Sutherland has suggested that by creating an ideology of women in the home, women were deliberately kept out of the traditional male sphere, that is the public sphere.¹⁹ Deirdre Beddoe also argued that the increased status of motherhood in postwar Britain was a deliberate mechanism by the government to encourage women

¹⁴ Tess Cosslett (ed), *Women, Power and Resistance: An Introduction to Women's Studies* (Buckingham, 1996), p4

¹⁵ Deborah Thom, 'Making Spectaculars: Museums and how we remember gender in wartime' in Gail Braybon (ed), *Evidence, History and the Great War: Historians and the Impact of 1914-18* (New York, 2005)

¹⁶ Johanna Alberti, *Gender and the Historian* (Harlow, 2002), p76

¹⁷ Martin Pugh, *Women and the Women's Movement in Britain since 1914* (London, 3rd edition 2015), p7

¹⁸ Susan R. Grayzel, *Women's Identities at War: Gender, Motherhood and Politics in Britain and France during the First World War* (North Carolina, 1999), p3

¹⁹ Gillian Sutherland, *In Search of the New Woman: Middle-Class Women and Work in Britain, 1870-1914* (Cambridge, 2015), p2

to return to the subservient patriarchal society which had been challenged as a consequence of the First World War.²⁰ An emphasis on maternity and motherhood during the war was therefore seen as a patriarchal means of maintaining the traditional gender constructs of pre-war society; wives and mothers in the home posed no threat to male authority in the public sphere. Beddoe argued that by encouraging maternity, women were deliberately removed from the workforce where they were viewed as a threat to male employment. She demonstrated this by the 2% decrease in female employment in 1921 compared to the workforce of 1911.²¹ Beddoe suggested that many women were unsatisfied with the enhanced status of motherhood and unemployed women of the postwar era missed the financial security, work and friendships that came with being employed and financially independent.²² Feminist campaigns for improvements to women's education, legal rights and social reforms had been growing since the late 19th century and for many women the return to an emphasis on maternity and motherhood in the 1920s and 1930s felt like a backwards step.

The campaigns for female suffrage in the late 19th and early 20th centuries had developed from previous lobbying for social reforms affecting women and children. For example, Penny Summerfield has argued that for many suffragists obtaining the vote was primarily about generating social change and improving the welfare of women and young girls.²³ Carol Dyhouse has similarly identified the suffrage movement as a middle-class campaign primarily about education and increasing opportunities for women.²⁴ By the turn of the 20th century, opportunities for women in the fields of education and employment were improving, but options were still fairly limited and progress was slow. In the late 19th century, there had been improvements to female education with widening employment opportunities and political gains such as the Married Women's Property Act of 1882 but as women in Britain began to outnumber men, and the birth rate fell, many women had to consider means of living

²⁰ Deirdre Beddoe, *Back to Home and Duty: Women between the Wars, 1918-1939* (London, 1989), p4

²¹ Ibid, p4, p48

²² Ibid, p87

²³ P. Summerfield, 'The Women's Movement in Britain from the 1860s to the 1980s' in Tess Cosslett (ed), *Women, Power and Resistance: An Introduction to Women's Studies* (Buckingham, 1996), p230

²⁴ Carol Dyhouse, *Girl Trouble: Panic and Progress in the History of Young Women* (London, 2013), p42

independently.²⁵ Dyhouse has argued it was the opportunity for women to earn their own wage that was central to Victorian feminism as this was the key to independence.²⁶ Without an income of their own, women were wholly reliant on a husband or their male relatives and this left them potentially vulnerable.

Sheila Jeffreys argued that although women in pre-war Britain were making a conscious choice to remain single and seek employment and independence through economic means, what might be seen as advancement for women, in roles such as female police and police doctors, was in reality a reaction to social reforms rather than true female equality in the workplace.²⁷ For example, although there were increasing numbers of women entering clerical work prior to 1914, women employed in positions of responsibility were few and far between.²⁸ During the First World War, female employment in the Civil Service expanded rapidly but any senior female roles remained gendered positions; senior female civil servants were heads of women's services or departments only.²⁹ Meta Zimmeck has noted that the earliest female senior positions in the Civil Service were created in 1873 with supervisory roles of female Post Office staff and female inspectors of boarded-out children by the Local Government Board.³⁰ Throughout the early 20th century, female Civil Service roles were limited – female education inspectors inspected primary or all girls schools and female factory inspectors inspected women's trades. Only male inspectors were permitted to inspect the machinery. Even the first female Post Office doctor, Edith Shove, was not permitted to treat sick or wounded male staff. Zimmeck noted, 'Senior women might outrank junior men, but they were never put in charge of men, not even

²⁵ Sheila Jeffreys, *The Spinster and her Enemies: Feminism and Sexuality 1880-1930* (London, 1985), p86. The 1851 Census indicated women outnumbered men by 405,000. Combined with a falling birth rate this led to a population crisis that also influenced social purity movements. Population surveys, such as Charles Booth's *Life and Labour of the People in London*, published in 1889, raised public awareness of poverty and class distinctions within fertility and morbidity rates that fuelled social reform movements of the late 19th and early 20th centuries.

²⁶ Carol Dyhouse, *Feminism and the Family in England, 1880-1939* (Oxford, 1989), p54

²⁷ Sheila Jeffreys, *The Spinster and her Enemies: Feminism and Sexuality 1880-1930* (London, 1985), p89, p60

²⁸ Meta Zimmeck, 'The "New Woman" in the Machinery of Government: A Spanner in the Works?' in Roy MacLeod (ed), *Government and Expertise: Specialists, Administrators and Professionals, 1860-1919* (Cambridge, 1988)

²⁹ Female employment in the Civil Service expanded rapidly during the war, from 5,000 female employees in 1914 compared to 107,000 by 1918. Clerical work was considered more respectable than munitions work, it was certainly cleaner and less dangerous, but it was also much lower paid. George Robb, *British Culture and the First World War* (London, 2nd edition 2015), p67

³⁰ Meta Zimmeck, 'The "New Woman" in the Machinery of Government: A Spanner in the Works?' in Roy MacLeod (ed), *Government and Expertise: Specialists, Administrators and Professionals, 1860-1919* (Cambridge, 1988), p185

such lowly creatures as boy messengers.’³¹ Women managed other women not men. But as nurses, in both civilian and military hospitals, women did have authority over male bodies. This illustrates the singularly unique role of nurses who had to negotiate gendered responsibilities and relationships within a professional environment in early 20th century Britain.

As demonstrated, historians of female employment in early 20th century Britain, such as Braybon and Summerfield, have concentrated heavily on working-class trades and women working within traditionally male spheres, whilst the development of female employment in clerical work, particularly within the Civil Service, was closely linked to the welfare of managing female staff.³² The development of nursing in this era should be seen within the context of this growing sphere of female opportunity and increasing professionalism. Anne Summers has suggested that the 18th century ‘Enlightenment liberal intellectualism, which opened doors for women, hardened into professionalism, which excluded them.’³³ By the late 19th century, nursing was one of very few professional occupations accessible to women. Sue Hawkins has argued that the history of nursing has not been considered by gender historians because it has been dominated by one gender and therefore not recognised or fully acknowledged as an intrinsic part of women’s history and the history of women’s employment, in particular.³⁴ For example, Hawkins has noted that despite the growth of public health provision in the late 19th century, private nursing was an increasingly popular occupation.³⁵ Unmarried, professional women could work free of an institution, in a flexible role with excellent rates of pay.³⁶ Hiring a private nurse was also fashionable and demonstrated the social status of a family. For many ambitious young women, nursing offered independence and financial security. This thesis argues that the professional army nurses of the QAIMNS were part of this female workforce of ambitious and independent women in early 20th century Britain.

³¹ Meta Zimneck, ‘The “New Woman” in the Machinery of Government: A Spanner in the Works?’ in Roy MacLeod (ed), *Government and Expertise: Specialists, Administrators and Professionals, 1860-1919* (Cambridge, 1988), p194

³² See also Selina Todd, *Young Women, Work, and Family in England 1918-50* (Oxford University Press, 2005)

³³ Anne Summers, *Female Lives, Moral States* (Newbury, 2000), p25

³⁴ Sue Hawkins, *Nursing and Women’s Labour in the Nineteenth Century: The Quest for Independence* (London, 2010), p1

³⁵ *Ibid*, p166

³⁶ Hawkins has suggested that in the early 20th century a private nurse earned £140 per annum compared to £90 per annum employed in a public hospital. Sue Hawkins, *Nursing and Women’s Labour in the Nineteenth Century: The Quest for Independence* (London, 2010), p167

However, whilst opportunities for female employment were growing in the early 20th century, limitations on women's careers, such as the marriage bar and unequal pay, were deliberately put in place to limit the opportunities of senior female roles.³⁷ This example of deliberately constrained progress for female employment supports the double helix feminist theory of Margaret Higonnet. In 1987, Harvard University published a collection of papers from its workshop, *Women at War*, in which Higonnet described women sitting on one strand of a helix and men on the other.³⁸ Where women are able to progress in one sphere, for example economically, the double helix causes them to regress in another, for example socially. Higonnet argued that women are therefore in a fixed constant relationship with men because even if their situation progresses so men's will also move forward ensuring the advancement of women is constrained and women remain subordinated solely because of gender.³⁹ Although Alison Fell has argued that the double helix theory failed to consider the nuanced shift of women's aspirations in the interwar period, Higonnet was one of the first historians to consider the female experience of the First World War specifically in relation to gender constructs as opposed to the confines of military, social or political history and the double helix theory has influenced subsequent interpretations of women's history and perspectives of understanding women's experiences.⁴⁰

By the late 19th century, teaching and nursing were the two primary professional occupations for women and both professions were viewed as roles within traditional female spheres. Nursing also had connotations of philanthropy, which was strongly associated with perceptions of feminine duty. However, nursing as a profession did not offer women the same respectability as teaching. For example, Gillian Sutherland has argued that whilst female doctors were considered ladies in the early 20th century, the same could not be said for nurses and although nursing as a profession ranked above working in a shop, it was still viewed as having a lower social status than many clerical roles.⁴¹ During the early 19th century nurses were, at best, considered the same

³⁷ Sue Hawkins, *Nursing and Women's Labour in the Nineteenth Century: The Quest for Independence* (London, 2010), p190

³⁸ M.R. Higonnet, J. Jenson, S. Michel and M. Collins Weitz (eds), *Behind the Lines: Gender and the Two World Wars* (Yale, 1987)

³⁹ *Ibid*, p6

⁴⁰ Alison S. Fell, *Women as Veterans in Britain and France after the First World War* (Cambridge, 2018), p13

⁴¹ Gillian Sutherland, *In Search of the New Woman: Middle-Class Women and Work in Britain, 1870-1914* (Cambridge, 2015), pp48-49. Gillian Sutherland has looked in detail at the work of women from

as servants and even by the end of the century, nurses remained in an uneasy position somewhere between servant and trained professional. Nursing reforms, led by Florence Nightingale following the Crimean War, had gone some way to improving public opinion of nursing as a profession, but class and social status remained significant factors in female employment in the early 20th century. The development of nursing through the 19th century, as an increasingly respectable career for women, can be viewed as part of the wider high-profile female political movements of the era. For example, the campaign for State Registration of Nurses is an example of the drive for the increasing professionalisation and respectability of nursing. It was a movement that ran parallel to the female suffrage campaigns and similarly reached fruition with the Nurses Registration Act of 1919 and the establishment of the General Nursing Council.⁴² The First World War underpinned a demand for recognition that nursing was a skilled and respectable profession for women. Nurses were generally not perceived to challenge or threaten traditional gender constructs but nursing also offered women an opportunity for financial independence.

Whilst there has been increasing academic study of female participation in the First World War, there has been relatively little written about the role of the professional army nurse of the QAIMNS. In recent years, historians such as Christine Hallett and Alison Fell have begun to look at the role of nurses in greater depth but nurses are still frequently overlooked as fulfilling an extension of traditional feminine duty or are studied primarily in relation to their medical role.⁴³ Wartime nursing can be a conceptually difficult subject as nursing fulfils a traditionally caring vocational role, but it is also paid work and is usually a civilian occupation. In wartime, nurses were both civilian and military, professional and volunteer, at home and overseas; divisions which created multiple dualities to their role. This thesis strives to place the women of the QAIMNS firmly into the historiography of women in work in Britain in the early

1870 to 1914 and the opportunities that arose for women in the pre-war era. Her work focused primarily on female university graduates, predominantly from Oxford and Cambridge, and the concept of the 'New Woman,' a term which originated in the late 19th century and referred to educated middle-class women and their increasing desire for social and economic independence. Sutherland argued that the 'new woman' challenged traditional feminine stereotypes and faced a backlash of criticism for moving into public spheres that were traditionally dominated by men, such as university education.

⁴² The Royal College of Nursing was founded in 1916.

⁴³ See Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester, 2009), Alison S. Fell, *Women as Veterans in Britain and France after the First World War* (Cambridge, 2018) and Alison S. Fell and Christine E Hallett, *First World War Nursing: New Perspectives* (New York, Abingdon, 2013).

20th century but also into the historiography of women in conflict and the wider historiography of the female experience of the First World War. It is a relatively small demographic of women, but their experiences tell a much bigger story.

In contrast to the traditionally maternal sphere of the home, the nurses of the QAIMNS were situated within a very public and male dominated sphere. Sutherland has suggested that whilst nursing was a traditional female duty, it could also lead to a professional role within the public sphere although this was not its primary nor its intended function.⁴⁴ This was the position of the army nurses of the First World War, who found themselves within the structures of a large military organisation at a time of immense public focus and pressure. However, Anne Summers has stated that to be a military nurse in the First World War was to have ‘freedom and agency.’⁴⁵ She argued that nurses were able to achieve this because military nursing was established within a framework of supporting men whilst not assuming a masculine role, namely women did not take up arms.⁴⁶ Within the complicated arena of active service, these boundaries between male and female spheres had to be carefully managed and negotiated by the nurses. For example, the ‘masculine’ khaki uniforms of the Women’s Army Auxiliary Corps (WAAC) represented a crossing of the boundaries of male and female spheres and the women of the WAAC were accused of lesbianism, prostitution and promiscuity.⁴⁷ They had stepped too far into the male domain and were ridiculed for it. Women of the WAAC fulfilled primarily administrative roles and did not take up arms with the British Army but they did not have the same ‘freedom and agency’ as army nurses.

QAIMNS nurses had to negotiate the same masculine world as the women of the WAAC and were deeply entrenched within the British Army, living within its rules and regulations, but their role was seen within the context of a traditional female sphere. In contrast to the khaki uniforms of the WAAC, the long grey dresses and muslin veils of the nurses of the QAIMNS reflected a traditional femininity reminiscent of the habit and veil worn by nuns and representative of the nursing duties

⁴⁴ Gillian Sutherland, *In Search of the New Woman: Middle-Class Women and Work in Britain, 1870-1914* (Cambridge, 2015), p12

⁴⁵ Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914* (London, 1988), pp2-3

⁴⁶ *Ibid*, p277

⁴⁷ Janet Watson, *Fighting Different Wars: Experience, Memory and the First World War in Britain* (Cambridge, 2004), pp55-56

of religious orders. This was intended to be a deliberately non-threatening uniform, particularly important for the women as they entered a male dominated sphere in which they were in the position of authority. Their uniform was their enabler, allowing them to appear non-threatening and feminine to their patients and male colleagues. It worked to such an extent that even today the QAIMNS nurses of the First World War are perceived as fulfilling a traditionally feminine and non-threatening role, overlooked as active participants of the war. Yet the women of the QAIMNS fully adopted army life which included, at times, living in tents or hutted accommodation with limited sanitary arrangements, living and working within a predominantly male environment and in daily intimacy with men's shattered bodies. Their feminised uniform of formal dresses, aprons and starched caps belie the harsh reality of their work as well as the power and authority they had over male patients and other military personnel.

However, the uniform of the QAIMNS was more militarised than it appears to the casual modern-day observer. Firstly, very few women in early 20th century Britain wore a uniform and the Army red, short tippet cape (believed to be designed to disguise the female breasts⁴⁸) immediately reflected its militarisation.⁴⁹ For men who served in the Armed Forces, there were other noticeable military markers, such as the cape badge worn on the tippet that was reminiscent of the regimental cap badges of the male regiments. The cape badge of the QAIMNS was designed by Queen Alexandra on the formation of the service in 1902 and features the cross from the Danish Order of Dannebrog, surmounted by the monarch's crown and the QA motto, *Sub Cruce Candida* (Under the White Cross).⁵⁰ It was instantly recognisable as a British Army regimental badge and is still worn as the regimental cap badge of the Queen Alexandra's Royal Army Nursing Corps (QARANC). QAIMNS uniforms also reflected a nurse's rank, distinguishable by the facings on the sleeves of their grey dresses: Staff Nurses had plain cuffs, Sisters had two red bands an inch thick around each cuff, Matrons had solid red cuffs and Principal Matrons had a white edging to red cuffs.⁵¹ During the war, QAIMNS nurses were subject to military authority and were under the direct command of the War Office, led by Matron-in-Chief Ethel Becher.

⁴⁸ Susan Cohen, *Medical Services in the First World War* (Oxford, 2014), p7

⁴⁹ Nurses of the Queen Alexandra's Imperial Military Nursing Service (Reserve) wore a grey tippet with red trim, which made them immediately distinguishable from the Regular QAIMNS.

⁵⁰ Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, 1975), p40

⁵¹ Sue Light (2013). *Scarlet Finders*. Available at www.scarletfinders.co.uk/150.html (Accessed 25th May 2016)

The War Office assigned QAIMNS nurses officer rank, in accordance with the equivalent male military authority; a Staff Nurse was equal to Lieutenant, Sister equivalent to Captain, Matron equivalent to Major and Principal Matron to the rank of Lieutenant Colonel.⁵² By doing this, the War Office deliberately empowered women to have authority over male soldiers of Other Ranks and it protected the women themselves by raising their status within the British Army. Distinctions in uniform and rank were significant because it allowed women to exercise their authority over their patients, male colleagues and each other.

Despite being embedded into the traditionally male sphere of the British Army, Susan Grayzel argued that nurses remained subservient to the patriarchal system, in this instance doctors, and that the traditional role of nursing did not challenge the gender constructs of Edwardian society.⁵³ Grayzel is not the only historian to consider military nursing as a traditional female duty that did not challenge traditional gender constructs. Historians who have studied the role of women in the First World War, such as Braybon and Summerfield, and more recently Lucy Noakes, have often focused primarily on the role of the munition workers or the women of the WAAC, women perceived to be working outside of traditional gender constructs. Noakes, for example, who concentrated her study on women in the British Army during the first half of the 20th century, does not even acknowledge the existence of the QAIMNS during either the First or Second World Wars.⁵⁴ This is a significant omission given that the QAIMNS was one of the very few official female services of the British Armed Forces. Whilst Noakes identified that the male combatant has the highest symbolic status in the Armed Forces and argued that all support services (both male and female) are overlooked, she failed to even reference the QAIMNS. Instead, she referred only to nursing being an acceptable and rewarding means for women to participate in warfare.⁵⁵ It only demonstrates how the nurses have been excluded not only from military history, but also from women's history.

When historians do discuss wartime nursing, female nurses are often grouped collectively with no distinctions given to the different types of nursing organisations

⁵² This became official in 1926 with nurses of the QAIMNS granted 'relative rank' and included in the King's Army Regulations. Ian Hay, *One Hundred Years of Army Nursing* (London, 1953)

⁵³ Susan Grayzel, *Women and the First World War* (London, 2002), p37

⁵⁴ Lucy Noakes, *Women in the British Army: War and the Gentle Sex, 1907-1948* (London, 2006)

⁵⁵ *Ibid*, p25

during the war. But I believe it is important and helpful to recognise the different nursing organisations because it was significant to the women themselves as to which nursing service they were part of and their different roles, regulations and pay directly impacted on women's experiences. When the QAIMNS was formed in 1902, it was deliberately named in the style of a British Army corps or regiment and was formed as an organisation serving alongside and in support of the British Army. In the late 19th and early 20th centuries, it was common practice for elements of the British Army to be working alongside the Regular Force rather than as an official corps or regiment. For example, Medical Officers were only absorbed into the British Army in 1898 with the formation of the Royal Army Medical Corps (RAMC) and dental care was provided by civilian dentists up until 1916 when the demand for specialist dental and maxillo-facial treatment became a matter of military necessity.⁵⁶

There was no single co-ordinated British military nursing service in 1915 and, to some degree, the structure of army nursing services remained fragmented throughout the war with various military nursing organisations in existence, including the Territorial Force Nursing Service (TFNS) and the First Aid Nursing Yeomanry (FANY).⁵⁷ For the purposes of managing data and ensuring uniformity within this thesis, I have concentrated primarily on the experiences of the nurses of the QAIMNS and QAIMNS(R). The women of the QAs, particularly those of the Regular service, had enlisted with the prior knowledge and commitment to overseas military service. The QAIMNS also considered themselves to be the elite military nursing service and this perception is worth bearing in mind when looking at the organisation, management and expectations of its members.⁵⁸ This seniority had a huge impact on their everyday

⁵⁶ During the First World War, dentists were part of the RAMC and it was not until 1921 when the Royal Army Dental Corps (RADC) was formed, which continues as a regiment of the British Army to this day.

⁵⁷ In 1908, as part of the Haldane Reforms and the creation of the Territorial Force, the TFNS was formed with its own administration and members. Women of the TFNS were professionally trained civilian nurses who would provide nursing services within Britain in the event of a national emergency. Although not originally intended for overseas service, demand for trained nurses during the First World War meant that nurses of the TFNS were also posted overseas. Sometimes they worked alongside nurses of the QAIMNS and QAIMNS(R) but often they were stationed at different medical units. With the creation of the TFNS in 1907, Princess Christian's Army Nursing Service Reserve (PCANSR) became amalgamated with the QAIMNS to form Queen Alexandra's Imperial Military Nursing Service Reserve (QAIMNS(R)). PCANSR was formed in 1897 and served with the British Army during the Second Boer War in South Africa. With the formation of the QARANC in 1949, members of the Territorial Army Nursing Service (TANS), the successor to the TFNS, were absorbed into the QARANC Army Reserve so that today the QARANC incorporates all forming nursing services.

⁵⁸ Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, 1975), p43

lives and wartime experience but it is a status that has not transferred to popular thinking and historians make little, if any, distinction between the branches of the army nursing services of the First World War.

Although the image of the First World War nurse in popular culture, and in many fields of academia, has focused on the nurses of the Volunteer Aid Detachments (VADs) (perhaps because of a modern-day horror that anyone with limited medical training should find themselves in the midst of the First World War) very few trained nurses had experienced anything like the circumstances of the war. As well as providing medical care, professional nurses had additional responsibility for management and training. So why have historians failed to fully investigate the role of the professional army nurse? One of the reasons for ignoring the experiences of the nurses of the QAIMNS is the belief that as professionally trained nurses, women of the QAIMNS were unaffected by the medical circumstances in which they worked. Santanu Das provided a unique perspective on the physical intimacy of nursing in the First World War and, in particular, the significance of the sense of touch, which he argued is more visceral than any other human sense.⁵⁹ However, Das concentrated his study on the women of the VADs because, unlike the professionally trained army nurse, he claimed they were, 'not trained to be desensitized to the sight, smell or touch of exposed flesh.'⁶⁰ Das wholly dismissed the professional nurses because of their training and previous experience yet very few professional nurses had witnessed or dealt with injuries as seen on the Western Front in the early stages of the war. In fact, had Das included professional nurses within his study, their responses as trained nurses could provide greater understanding of the trauma women experienced during the war and the coping mechanisms they deployed.

However, some of the arguments presented by Das could potentially be applied to the professional army nurses. He argued that wartime nurses wrote about their experiences with an emotional detachment, which he suggested was part of their coping mechanism in responding to the trauma they had witnessed. He claimed that pressures on time, exhaustion and horror led to, '... the amputation of one's own intimate nerves.'⁶¹ There were also social pressures. For example, nurses felt it was socially unacceptable

⁵⁹ Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge, 2008), p7

⁶⁰ Ibid, p176

⁶¹ Ibid, p175

to succumb to trauma and to do so would have been considered shameful.⁶² Although Das was writing about the volunteer nurses, trained nurses also had their professional reputation to consider as well as the social stigma of being unable to cope. Das also suggested that, compared to male combatants, women had a different emotional and clinical response to trauma because women were not active participants of war. For example, he argued women did not have the same visible physical responses to trauma as men, such as mutism or involuntary physical tics.⁶³ Das also suggested that the nurses' emotionless response to trauma was because of the helplessness they felt as witnesses to horror. This thesis will argue that women, and significantly professional nurses, did not have an emotionless response to trauma and were, in many regards, active participants of war.

There has been little academic study of women's psychological response to the trauma of war and this thesis hopes to further stimulate discussion surrounding the emotional response of female participants.⁶⁴ Carol Acton and Jane Potter have argued that army nurses may have felt they could not be seen to break down, or be unable to cope, because they were acutely aware that they were forging a new path for women in the nursing profession.⁶⁵ The First World War was a large-scale public platform on which to provide justification for the social and political campaigns of women who had been fighting for emancipation and improvements to human rights. Women may have felt that they could not be seen to fail. QAIMNS nurses would have been conscious that they were pioneers of nursing and, as members of an elite military nursing service, they were also individually responsible for maintaining the professional reputation of the QAIMNS. These considerations would have been further psychological burdens, on top of the responsibilities of their day-to-day work and their own personal ambitions.

⁶² Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge, 2008), p195

⁶³ *Ibid*, p193

⁶⁴ For a singular example of a specific study into the psychological response of nurses during the war see Denise J Poynter, 'The Report on her Transfer was Shell Shock', A Study of the Psychological Disorders of Nurses and Female Voluntary Aid Detachments who served alongside the British and Allied Expeditionary Forces during the First World War, 1914 - 1918.' (Unpublished doctoral thesis), University of Northampton, 2008. Available at <https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.527270>

⁶⁵ Carol Acton and Jane Potter, 'These frightful sights would work havoc with one's brain': Subjective experience, trauma and resilience in First World War writings by medical personnel,' *Literature and Medicine*, Vol 30, Issue 1 (2012)

When scholars, such as Das, focus on the role of the volunteer nurses, the role of the professional army nurse is often segregated or lost from the female experience of the war. Female wartime literature written by nurses is dominated by the work of women who served as volunteer nurses, such as Vera Brittain, Mary Borden and Enid Bagnold.⁶⁶ Christine Hallett has argued that the professional army nurses have been overshadowed in history because of the self-publication tendencies of the volunteer nurses to proclaim their own work louder than the QAIMNS; she suggested that a professional nurse would not have sought the same demand for recognition and that the volunteer nurses often had a political agenda behind their literary work.⁶⁷ Certainly many of the published VAD nurses had a literary and educated background prior to the war. Literature produced by women of the VADs, such as Vera Brittain, has also perpetuated a sense of division between the volunteer and professional nurses. At the outbreak of war, the campaign for state registration of nurses was an active political movement so the use of untrained and inexperienced female nursing volunteers potentially undermined nurses' political demands for professional recognition. Anne Summers has argued that some Registrationist nurses may have resented volunteer nurses because they were fearful that the widespread use of untrained nurses threatened the status of the nursing profession and was a potential threat to wages.⁶⁸ Although Hallett has recognised that there were wider tensions between the volunteer and professional nurses, most notably due to the issue of state registration, she argued it is more nuanced than this and many autobiographical accounts suggest individual nurses and VADs worked well together.⁶⁹ Whilst there may have been hostility between the professional nurses and volunteers because of the wider political nursing landscape it may not have transmuted itself to individuals working together under difficult circumstances.

Professional nurses had increased responsibilities compared to the untrained volunteers. But, like Das, Hallett has argued that the professionalism of trained nurses allowed them to manage their own emotional responses to the trauma they were

⁶⁶ See Vera Brittain, *Testament of Youth* (1933), Mary Borden, *The Forbidden Zone* (1929) and Enid Bagnold, *A Diary Without Dates* (1917)

⁶⁷ Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester, 2009), pp8-10. Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford, 2014), pp27-28

⁶⁸ Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914* (London, 1988), p261

⁶⁹ Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford, 2014), p23

witness to. Hallett has suggested that professionally trained nurses were able, and willing, to suppress their own emotional response to trauma in order to benefit and support the recovery of their patients.⁷⁰ She argued that nurses went along with a conspiracy of normality where cheerfulness acted as a deliberate defence mechanism.⁷¹ Hallett has also argued the stoicism of soldiers and nurses during the First World War was not the damaging repression we might consider it to be from a 21st century perspective.⁷² The basis of Hallett's study focused on the concept of containment, which in turn stemmed from the work of psychoanalyst Wilfred Bion.⁷³ Bion's theory of containment suggested that soldiers suffering from trauma in the First World War felt as though they were physically and emotionally falling apart. He argued this was a response that echoed their primal infant fears and, as a child would look to its mother for security and reassurance, the mother (the nurse in this instance) would be able to 'contain' those fears.⁷⁴ Bion argued that when soldiers experienced the trauma of warfare this infantile response of feeling as though one was falling apart was re-awakened. For Hallett, the nurses became replacement maternal figures responsible for containing the trauma and physically and psychologically holding the men together.⁷⁵ Within the hospital wards, the British military deliberately encouraged a familial relationship, with surgeons as paternal figures and nurses in a maternal or familial role.⁷⁶ Hallett has argued that the familial environment was beneficial to all parties, aiding emotional recuperation and creating 'safe boundaries' for patients and staff alike.⁷⁷

However, Hallett did not consider how the responsibility for bearing the containment and emotional wellbeing of men affected the female nurses. She even suggested that nurses were unaware of their role in alleviating the trauma of their patients despite acting as a conduit for therapy by listening to patients' accounts of the trauma they had

⁷⁰ Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester, 2009), p194

⁷¹ Ibid, p163

⁷² Ibid, p226

⁷³ Wilfred Bion (1897-1979) was a leading psychoanalyst and President of the British Psychoanalytical Society from 1962 to 1965. He served as a Captain with the Tank Corps during the First World War.

⁷⁴ Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester, 2009), p173

⁷⁵ Ibid, p176. Hallett herself poses the questions of the benefit or negative effect of the containment of emotions but makes no attempt to offer a conclusion.

⁷⁶ Colloquially all nurses, professional or volunteer, appear to have been called 'Sister' by the patients regardless of rank, much to the frustration of many senior nurses.

⁷⁷ Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford, 2014), p49

experienced.⁷⁸ It is difficult to ascertain how conscious the nurses were of ‘containing’ their own trauma for the benefit of their patients, but I disagree that the nurses were unaware of their role in emotionally supporting their patients and believe it would only have added to their sense of responsibility for ensuring the wellbeing of others above their own emotional needs. Hallett is also dismissive of all notions of any sexualisation of the nurses, maintaining that the professional nurse did not approve and would not engage in any flirtation or crossing of professional boundaries.⁷⁹ This is a naïve interpretation and makes no allowance for men projecting emotions onto the female nurses. It also fails to consider the complex social relationships within the hospital environment. However, Hallett is one of the very few historians to focus on the role of army nursing in the First World War and approaches the history of these women from the unique perspective of being both a nurse and a nursing historian.⁸⁰ This thesis intends to shift the focus to the wider impact of the war on women of the QAIMNS and QAIMNS(R) and to consider less about their contribution in containing the war trauma of others but to better understand their personal experiences of war and how they managed their own emotional and physical trauma.

The women of the QAIMNS were working in predominantly male environments under military terms of service and in extreme wartime conditions. Military hospitals were unlike the civilian hospitals that most of the professional nurses had worked in previously, especially in those medical units based overseas. Few professional nurses had encountered injuries, wounds, death and disease on the scale they experienced in the wards of the army hospitals of the First World War. Joanna Bourke outlined the severity of the injuries caused by mechanised warfare citing that 41,000 men lost a limb, 272,000 suffered injury to a limb, 60,500 were wounded in the head or eyes and 89,000 suffered serious damage to the body.⁸¹ High explosive shells, used for the first time, carried soil and clothing into wounds causing infections that could prove fatal. Bourke suggested that whilst people were used to seeing disabilities from industrial accidents or disease, such as rickets or polio, the First World War created the new

⁷⁸ Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester, 2009), p194

⁷⁹ Ibid, p8

⁸⁰ Christine Hallett is Professor of Nursing History at the University of Huddersfield and Chair of the UK Association for the History of Nursing. She is also a trained nurse. University of Huddersfield, <https://pure.hud.ac.uk/en/persons/christine-hallett> (Accessed 17th February 2021)

⁸¹ Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London, 1996), p33

disabled; middle class men aged under 30.⁸² Army nurses witnessed first-hand the wounds, injuries and diseases that these men suffered. Bourke argued that the mutilation of men's bodies directly impacted on concepts of Edwardian masculinity. An emasculation that was compounded by the fluidity of gender roles and the feminine tasks of cooking, cleaning and sewing that were standard duties of soldiers.⁸³ Gender roles in the First World War were not delineated as rigidly as they were in civilian life.

Ana Carden-Coyne has argued that gender and power concepts were 'topsy-turvy' in military hospitals during the war.⁸⁴ For example, occupational therapy often consisted of traditional feminine crafts, such as knitting, needlework and painting.⁸⁵ These were activities that had sensory qualities, both tactile and aesthetic to aid rehabilitation, yet were emasculating to men. Gender constructs were further destabilised by male patients infantilised in hospital blues uniform or pyjamas.⁸⁶ In contrast, the uniform of the nurses was viewed as militarised and empowering. Carden-Coyne argued that many wounded men felt powerless, in pain and traumatised by their experiences as they were hospitalised and subjected to rules and regulations by the military doctors and uniformed nurses. Carden-Coyne stated that the wounded felt '...obliged to accept certain treatments, and without personal authority over their own bodies.'⁸⁷ She suggested that the destabilisation of traditional gender roles was seen as a potential threat to masculinity and contributed to the emasculation of the wounded, particularly when confronted with militarised women as their primary carer.⁸⁸ Prior to the war, many soldiers had little or no experience of hospitalisation. For most people, medical care was provided in the home, either by family members or hired private nurses, whilst others may have accessed medical assistance at the local workhouse infirmary.

⁸² Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London, 1996), p37

⁸³ Men in the front line were responsible for repairing their uniform and kit and each soldier had his own 'housewife'; a material roll containing needles, thread, buttons and scissors. In military hospitals and camps, men would also frequently dress as women for plays and performances, usually for comedic effect. Bourke noted that whilst adopting these feminine roles, men's masculinity was simultaneously enhanced by physical training and improved fitness, diet and a smart military uniform. Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London, 1996), pp133-134

⁸⁴ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford, 2014), pp255-256. See also Laura Doan, *Disturbing Practices: History, Sexuality and Women's Experience of Modern War* (Chicago, 2013) for her analysis of the role of female ambulance drivers and sexuality in the First World War.

⁸⁵ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford, 2014), pp265-266

⁸⁶ *Ibid*, p215

⁸⁷ *Ibid*, p275

⁸⁸ *Ibid*, p296

For many men, this was the first time that women outside of the family had such authority over them and their bodies.

Army nurses were exposed to a physical and emotional intimacy with their patients, which Carden-Coyne has argued was not always appreciated by the male patients who felt they had no control of their own personal circumstances. She has suggested that because of heightened emotions compounded by pain and trauma, hospital wards could sometimes become sexually charged as men tried to 'reclaim their fragile masculinity through the sexual objectification of nurses.'⁸⁹ Carden-Coyne makes observations about the experiences of male patients, but this thesis seeks to provide a deeper understanding of the experiences of women working as professional army nurses on the wards of British medical units in the First World War. The dependency and intimacy of the hospital ward created its own sub-culture and the women (nurses) who were exposed to it were an integral part of the emotional response to pain and trauma. The dynamic on the hospital ward between patient and nurse was complicated and could be fluid dependent upon circumstances and individuals. Male-female relationships were complex; a nurse could simultaneously represent mother, sister and lover, and women could be a source of resentment as well as comfort.

Army nurses had two key aspects to their role in the First World War. Firstly, nurses were active participants as primary caregivers and, secondly, they had personal wartime experiences outside of their official nursing duties. Like many of the male medical personnel of the RAMC, the majority of QAIMNS nurses did not serve with the Regular Army in peacetime and were unused to military life. Referring to male medical personnel, historians have identified the internal conflict between the civilian medical role to heal and protect the patient and the military strategy to return fighting men to the front line as soon as possible as particularly difficult to reconcile.⁹⁰ The fundamental purpose of the RAMC Medical Officer was to heal the sick and injured so they could return to the front line to kill or be killed. It was a task that Freud

⁸⁹ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford, 2014), p338

⁹⁰ Carden-Coyne noted that 82% of the wounded were returned to the front line during the First World War. She argued this was a political agenda carried out by military medical personnel. Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford, 2014), pp1-2

described as ‘irreconcilable.’⁹¹ Carden-Coyne has also highlighted the psychological challenges and difficult ethical decisions faced by medics in continuing to work hard for patients who would inevitably die.⁹² But, whilst historians acknowledge the psychological strain placed on male doctors of the RAMC, it should also be recognised that army nurses experienced the same emotional and psychological challenges. In fact, it was often the nurses who had the most intimate and personal contact with the wounded and terminally ill. Emily Mayhew has highlighted that it was the responsibility of army nurses to provide end of life care on moribund wards, which doctors never worked (or checked) as nothing could be done for the soldiers there.⁹³ Female nurses experienced comparative psychological strain as male doctors, but it is less well recognised or acknowledged.

The struggle of coping with the trauma of the First World War is almost solely associated with the male experience of ‘shell shock’. There are no truly comparative studies of how women coped with the trauma of the war they experienced. Bridget Keown has argued that women ‘are not an established part of the historical discourse of war trauma’ because they have been excluded from the language surrounding psychological trauma of the First World War and assumptions have been made about women’s role in war.⁹⁴ This thesis seeks to challenge the stereotypes surrounding the role of professional army nurses in the First World War and will argue that women who served experienced an equally psychologically demanding role as many male combatants and non-combatants. The psychological impact for these women has not been fully investigated and the emotional response of nurses coping with trauma is an area of history that demands further study.

This thesis will use a range of primary sources including autobiographical accounts, diaries and service records to reinstate the voices of QAIMNS nurses and their experiences of the war as women. Chapter One will focus on the nurses’ writing during the war, incorporating published literature as well as private diaries and

⁹¹ Roger Cooter, ‘Malingering in Modernity’ in Roger Cooter, Mark Harrison and Steve Sturdy (eds), *War, Medicine and Modernity* (Stroud, 1998), p130

⁹² Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford, 2014), pp67-69

⁹³ Emily R. Mayhew, *Wounded: From Battlefield to Blighty, 1914-1918* (London, 2013), p102

⁹⁴ Bridget E. Keown, ‘‘A Perfect Hell of a Night which We Can Never Forget’’: Narratives of Trauma in the Private Writings of British and Irish Nurses in the First World War’ in P. Leese, J.B. Köhne and J. Crouthamel (eds.), *Languages of Trauma: History, Memory, and Media* (University of Toronto Press, 2021), p32

reminiscences. First World War literature is dominated by male accounts of the war, but Chapter One will seek to provide a female perspective of active service. Army nurses of the First World War were not a homogenous group. They were segregated by nursing branch, rank, and socio-economic background and the literature created by army nurses during the war reflects the diversity of female wartime experience.

Chapter Two focuses on the recruitment and socio-economic background of the women of the QAIMNS. In August 1914 there were 500 nurses of the QAIMNS and QAIMNS(R) ready to be mobilised within 24 hours.⁹⁵ By 1919 over 10,000 women had served with the QAIMNS and its reserve service. Despite a desperate need for qualified nurses, which became more apparent as the war went on, entry to the QAIMNS was strictly controlled. Although female recruitment was very different to male recruitment, trained nurses were equally subjected to government appeals, a sense of duty and patriotic pressure to enlist. Wartime nursing offered women the chance to be part of the war effort but becoming an army nurse was more than just patriotism and duty. Using a sample of QAIMNS service records to gather details such as father's occupation, age on recruitment, length of service and reasons for leaving, I have been able to build a fuller picture about who these women were and their motivations for joining, and leaving, the service.

Chapter Three concentrates on the role of the most senior female military nurse serving overseas during the First World War; Dame Maud McCarthy, Matron-in-Chief QAIMNS of the British Expeditionary Force (BEF). McCarthy arrived in France in August 1914 and served there for the duration of the war. A forthright Australian, she was the only British Army officer who remained in charge of a military unit for the entirety of the war making her unique amongst her male and female contemporaries. The authority and power McCarthy had in her role in France was unprecedented.⁹⁶ As a female representative of the British government overseas during the First World War, McCarthy played a major role in the organisation, management and administration of medical care for British and Allied Forces. Her role as the most senior female figure

⁹⁵ Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, 1975), p47

⁹⁶ The Sex Disqualification (Removal) Act of 1919 allowed women to enter the Civil Service but they were barred from overseas service and women were excluded from the Diplomatic Service until 1946. Helen McCarthy, 'Gendering Diplomatic History: Women in the British Diplomatic Service, circa 1919-1972' in G. Sluga and C. James (eds), *Women, Diplomacy and International Politics since 1500* (London, 2016)

-serving overseas during the First World War merits further study relating to the influence, power and legacy of working women in the early 20th century.

Chapter Four uses nurses' autograph books, diaries and hospital gazettes to look at the complex roles within the military hospital. In addition to the provision of medical care for patients, professional nurses were responsible for the supervision, discipline and training of junior members of staff, both male and female, and within military medical units QAIMNS nurses held seniority of rank over non-commissioned male soldiers. When working as Night Superintendent the QAIMNS nurse held the most senior military rank in a military hospital.⁹⁷ This in an era where women in civilian Britain did not work as senior managers responsible for male staff. This chapter will look more broadly at the relationships nurses had to negotiate both professionally and personally whilst on active service. The military medical unit was a complex community that extended beyond the patient/nurse relationship and encompassed professional rivalry, friendship and camaraderie.

Chapter Five will concentrate on the impact of war on women's mental health. The psychological impact of war and wounding is central to many of the historiographical debates surrounding the First World War but predominantly from the male perspective of the trenches. There have not been comparative studies about female trauma as a result of active wartime service. For Chapter Five, I have used a sample of medical board reports from the QAIMNS service records to identify the psychological impact of the war on female participants. Many front-line nurses experienced aerial bombardment and rapid evacuation as well as the trauma of nursing the dying and wounded whilst encountering devastating injuries that had rarely been seen before. Acknowledgement of female war neurosis is lacking in the historical study of the First World War. This chapter provides evidence that women's mental health also suffered as a direct consequence of their wartime service and considers the implications of how ill-health as a result of the war impacted their future career and financial independence in postwar Britain.

⁹⁷ Museum of Military Medicine, Notebook of Matron M.S. Tyers, QAM1960/7

Over 2 million men from British and Dominion Forces were wounded during the First World War.⁹⁸ Most of these would have been cared for by army nurses at some stage of their medical treatment, either at a Casualty Clearing Station, on an ambulance train, barge, hospital ship or at a military hospital. Yet nursing in wartime is still woefully neglected and overlooked as an area of study in the historiography of the First World War, which remains focused on the male experience of warfare. Wartime nursing is viewed as a non-threatening role, an extension of traditional feminine duty. The women who served as members of the QAIMNS are simply not recognised as active participants. There were 10,404 professionally trained QAIMNS and QAIMNS(R) British nurses who served across the globe during the First World War and approximately 200 British Army nurses died as a direct result of their military service.⁹⁹ Many more were wounded, became sick or left with distressing psychological trauma. Yet their voices have been almost lost from the historiography of the First World War. British Army nurses were part of military operations from the outset of war in August 1914, they were geographically closer to the conflict and witnessed the physical repercussions of militarised warfare more closely than any other branch of female service during the First World War. These women were not just witnesses to war they were an integral part of it.

⁹⁸ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World* (Oxford, 2014), p4

⁹⁹ Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, 1975), p46 and p62

Chapter One: Female Voices

During the First World War, and in the years following, many participants wrote about their experiences, be it through letters, diaries and journals, autobiographical accounts or works of fiction. Whilst much of this written work is seeking to understand the human experience of total war, the literature of the First World War predominantly focuses on the experiences of the male combatant in the trenches of the Western Front. This aspect of the war has become the focal point for popular understanding of the First World War, but military personnel served across the globe, in varying circumstances in the Mediterranean, Egypt, Mesopotamia, East Africa, India and Russia. The iconography of the infantry soldier in the trenches of Flanders overrides all other roles of active participants of the First World War, including male non-combatants, such as padres, medics, orderlies, drivers, cooks, pioneers, signallers and engineers. To provide some scale of the contribution of these participants, Dan Todman has argued that by 1918 one-third of the British Army in France were non-combatants.¹ In wartime commemorations and academic study, the role of the non-combatant soldier is rarely even acknowledged.

If this is the case for male non-combatants, even less attention has been given to the role of women on active service in the First World War. Studies of women in the war concentrate on the experiences of munition and factory workers, or the women who served as auxiliary volunteer nurses.² But women had served as nurses with the British Army in an official capacity since 1881 and were some of the first members of the British Armed Services to arrive in France in August 1914.³ The voices of the women who served with the British Army as members of the QAIMNS have largely been lost amongst these modern perceptions of the First World War that focus on the dead in the trenches on the Western Front. Did women not fully experience the war because they did not serve in a trench? The male experience of the First World War is only part of the story of the war and reading about the female experience adds greater depth and understanding of the war and its impact on British society. Written accounts by

¹ Dan Todman, *The Great War: Myth and Memory* (London, 2005), p4

² Scholars such as Santanu Das and Lucy Noakes, in their wartime studies of nursing literature and women respectively, fail to consider the role of professionally trained nurses of the First World War. See Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge, 2008) and Lucy Noakes, *Women in the British Army: War and the Gentle Sex, 1907-1948* (London, 2006).

³ Women of the Army Nursing Service served in Egypt (1882), the Sudan War (1883-1884) and the Second Boer War (1899-1902).

the professional army nurses of the First World War provide a greater understanding of what the war was really like for women as active participants. Their writing also demonstrates the different ways in which women recorded their experiences of war and captures their emotional response to it.

Much of the known literature by women in the First World War originates from the work written by volunteer nurses, for example women such as Vera Brittain, Mary Borden and Eleanor Rathbone. These women wrote deliberately with publication in mind, hoping to reach a wide readership. This literature has formed the predominant historical understanding of women's nursing experiences during the war. However, these women had no long-term affiliated ties to the British Army and were educated, privileged women, many of whom were authors or journalists prior to their wartime nursing role. Their motivations for writing about their experiences of the war can vary hugely compared to the writing by women of the QAIMNS. To provide a greater depth to the understanding of the wartime service of professional army nurses, this chapter will consider the role of private diaries maintained by nurses throughout their wartime service. Ostensibly written for personal reasons, wartime diaries often became a public record intended to be read by close friends and family so that events could be re-told in the future. Nurses' diaries also provided a means of recording the emotional responses of women in their participation in a significant historical event. This chapter will also consider brief accounts written for *Reminiscent Sketches 1914 to 1919*, a small publication of wartime experiences produced by the QAIMNS in 1922. Many of the original submissions are held in the archives of the Museum of Military Medicine in Surrey, and it was these sources that I have referenced for this chapter. Together these sources provide an overview of women's wartime writing by nurses of the QAIMNS.

The literature of the First World War is some of the most well-known and familiar of the 20th century and continues to fuel popular perceptions of the war. However, there is generally a distinct difference between writing in wartime and postwar literature. During the war, autobiographies and works of fiction were far less critical of the war than the literature of the late 1920s and 1930s, when there was a wave of published literature that is now considered to represent the postwar disillusionment era. It is literature dominated by male authors, such as Siegfried Sassoon, Robert Graves, Edmund Blunden and Erich Maria Remarque who focused on their personal

experiences of war, predominantly the trenches in Flanders and reflects a growing anti-war and pacifist perspective. These literary responses to war did not necessarily appear ten years after the end of the war because the authors suddenly believed the war was wrong. Instead, they are viewed as part of an increasing concern about life in postwar Britain. The growth of postwar disillusionment literature ten years after the war was also partly because the British government had lessened restrictions on wartime publications and publishing houses felt there was a growing audience willing to read them. By the late 1920s with global economic depression and increasing instability in Europe, the anti-war literature of the First World War finally had access to a wider audience.

However, Samuel Hynes has argued the disillusionment literature of the 1920s and 1930 did not necessarily reflect the general mood of the public at the time and a sense of government betrayal was not widely accepted in society because men needed a moral justification for their participation in the war.⁴ The war generated complex emotions and part of the postwar literature stemmed from a desire to explore individual responses to war. Joanna Bourke has noted how difficult it is for an individual to reconcile killing in warfare and argued that whilst many attempted to view it as their duty to obey orders, soldiers also often sought to accept their own responsibility for killing others.⁵ Individual responsibility for killing is easier to accept if the war is considered just and morally right. If the war is considered morally wrong and futile, the psychological responsibility for active participation is therefore more difficult and challenging to reconcile. Postwar literary responses to the war could therefore be understood as part of an attempt by the authors to expunge their own guilt in their involvement of killing.

Although wartime literature is dominated by male authors, women wrote about their wartime experiences too. It is only during the course of the 20th century that female literature has become increasingly side-lined. For example, there was an enormous amount of fiction produced by female writers during the war, but it was predominantly

⁴ Hynes suggested it was future generations who accepted the 'myth' of disillusionment literature because it provided an acceptable interpretation of such a horrifying and morally difficult event. Samuel Hynes, *Fear: The Soldiers' Tale: Bearing Witness to Modern War* (New York, 1997), pp104-105

⁵ Joanna Bourke, *An Intimate History of Killing: Face-to-Face Killing in Twentieth-Century Warfare* (London, 2000), p370

romantic novels based on relationships with soldiers and brave heroines, for which there was then a commercial market.⁶ A notable exception to this was the debut novel of Rebecca West, *The Return of the Soldier* published in June 1918.⁷ West was an educated and well-established journalist when she wrote *The Return of the Soldier*, and, although it was not particularly well-received critically at the time, it has become more widely known since for its themes of male war neurosis, psychoanalysis and feminism. It was an unusual publication for 1918, pre-dating similar male postwar disillusionment literature by some ten years. Perhaps West's novel achieved publication in 1918 because it was considered a fictional story for women by a woman, set within the female domestic sphere of the home and therefore within 'traditional' feminine boundaries. Although West's work was ultimately a piece of fiction, by 1918 many women were seeing the devastating reality of wounded soldiers returning to the home.

As well as fiction, women also wrote accounts of their wartime service and published diaries and poetry. The most well-known female literature of the war is undoubtedly *Testament of Youth* by Vera Brittain, published in 1933. Brittain served as a VAD nurse in the UK and France and suffered the deaths of both her fiancé and brother during the war. Since its publication, *Testament of Youth* has been reprinted numerous times and adapted for television, radio and film, allowing it to continually reach new audiences.⁸ It has become one of the most well-known wartime works of literature and, for many people, Brittain represents the voice of a lost generation. However, Brittain was a lone voice - a privileged educated woman, who had temporarily left her academic studies at Somerville College, Oxford, to join the war. During the 1920s, she became an ardent pacifist and *Testament of Youth* was written with a deliberate political message about the impact of war and grief on a generation. She was not necessarily widely representative of women but her experience of war, and her personal grief, was so powerful that she is viewed as representing 'a lost generation'.

Brittain did not consider herself first and foremost as a nurse, but her story of a female wartime experience came to represent all nurses. Christine Hallett argued that whilst

⁶ See Sharon Ouditt, *Women Writers of the First World War: An Annotated Bibliography* (London, 2000)

⁷ Rebecca West, *The Return of the Soldier* (1918). Rebecca West was the pseudonym of Dame Cicely Fairfield.

⁸ The most recent film adaptation was released in 2015.

Brittain brought wartime nursing to the forefront of people's consciousness, it was as a volunteer nurse and *Testament of Youth* created 'a mythology of wartime nursing.'⁹ In fact, Brittain was particularly brutal about the professional army nurses she worked with:

There is something so starved and dry about hospital nurses – as if they had to force all the warmth out of themselves before they could be really good nurses.¹⁰

She separated herself from these emotionless women and did not recognise any similarities in their role. Brittain's version of army nursing, and her image as an idealised feminine nursing volunteer, has remained the most prominent, recognised account of nursing in the First World War. Janet Watson has argued that Brittain is often held up as the perfect example of feminine duty and that her, and her contemporaries, believed their role as volunteer nurses represented the female equivalent of male military service.¹¹ However, Brittain was not solely responsible for creating the image of the heroic, feminine VAD nurse. Contemporary portrayals of the women of the VADs as ministering angels pervaded the public image of army nurses through propaganda, news reports and recruitment drives throughout the war. Brittain was building on an already established perception.

Testament of Youth was one of the last contemporary written accounts of the First World War to be published and Brittain's legacy has overshadowed many other contemporary female accounts of wartime nursing.¹² For example, in 1932, Irene Rathbone published her anti-war novel, *We That Were Young*, which was based on her experiences as a VAD in the UK and France in the First World War.¹³ Although Rathbone's account is a fictionalised version of true events, it was based on the experiences of herself and her close family and friends and, like Brittain, she focused on the way in which war impacted the lives of the young generation of the 1920s. Rathbone was amongst some of the first published critical voices of the war, pre-dating

⁹ Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford, 2014)

¹⁰ Vera Brittain, *Testament of Youth* (1933, reprinted London, 1978), p211

¹¹ Janet Watson, *Fighting Different Wars: Experience, Memory and the First World War in Britain* (Cambridge, 2004), p255

¹² Brittain initially tried to publish her diaries in 1922. It was only after editing and altering the diaries into a memoir that publication was finally achieved in 1933.

¹³ Irene Rathbone, *We That Were Young* (London, 1932)

Brittain's publication and existing within the wave of male postwar disillusionment literature of the late 1920s and early 1930s. Yet her writing is less well-known.

During the war, educated and privileged women, like Kate Finzi, Olive Dent and Violetta Thurstan, all published popular contemporary accounts of their wartime nursing experiences.¹⁴ Although they wrote openly about how difficult wartime nursing was, these accounts conformed to wartime ideological values about heroic soldiers and brave young women. Critical accounts of army nursing published during the war were rare. It was not until after the war that literature began to appear which was more critical of the war and the nursing experience. However, in 1917, Enid Bagnold published *A Diary Without Dates*, a literary account based on her experiences as a VAD nurse at the Royal Herbert Hospital in Woolwich.¹⁵ Her public criticisms of the nursing administration led to Bagnold's immediate dismissal as a VAD. Through her writing Bagnold admitted an infatuation with a patient and was critical of the professional nurses, who she clearly felt held an undeserved power and authority over the patients and the volunteer nurses. In one instance, she wrote:

I think it is I who am wrong when I consider the men as citizens, as persons of responsibility, and the Sister right when she says 'the boys.'¹⁶

A Diary Without Dates was no more critical than any later published works but publishing autobiographical literature in wartime was problematic because it could be viewed as damaging to morale and unpatriotic. Bagnold presented nurses as cold, hard and uncaring – it was not a reputation that the nursing profession wanted to have, and Bagnold was dismissed.

Bagnold was not the only nurse to discover that she was unable to tell her story as she experienced it. In 1915, Ellen La Motte, an American nurse known for her work on tuberculosis, volunteered to nurse overseas and joined L'Hôpital Chirurgical Mobile

¹⁴ Kate Finzi, *Eighteen Months in the War Zone* (1916). Olive Dent, *A VAD in France* (1917). Violetta Thurstan, *Field Hospital and Flying Column: Being the Journal of an English Nursing Sister in Belgium and Russia* (1915). Thurstan was a trained nurse who volunteered with the British Red Cross during the First World War. She was an ardent campaigner for the State Registration of Nurses and much of her writing stems from her desire to highlight the need for professionally trained nurses.

¹⁵ Enid Bagnold is most well-known as the author of *National Velvet*, published in 1935. She went on to have a long and successful literary career.

¹⁶ Enid Bagnold, *A Diary Without Dates* (1917, The Project Gutenberg EBook edition, 2010), p124

No.1 in Belgium.¹⁷ Whilst working as a nurse in Europe she wrote short accounts of her experiences that were published in *Atlantic Monthly* in America. These accounts were collated as a book in 1916, entitled *The Backwash of War: The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse*.¹⁸ La Motte wrote of the wounded, the death and the horror on the wards in the tone of an observer noting horror as fact, as life:

This is the day of an attack. Yesterday was the day of an attack. The day before was the day of an attack. The guns are raising Hell, seven kilometres beyond us, and our baracques shake and tremble with their thunder. These men, grey and bearded, dying in our clean beds, wetting our sheets with the blood that oozes from their dressings, have been out there, moaning in the trenches. When they die, we will pull off the bloody sheets, and replace them with fresh, clean ones, and turn them back neatly, waiting for the next agonizing man. We have many beds, and many fresh, clean sheets.¹⁹

Despite having an established American readership, or more likely because of it, when America entered the war in 1917, La Motte's book was immediately banned by the American Government. La Motte no longer had the freedom to write openly about her wartime experiences once American citizens were involved.

Mary Borden was another American author who struggled with publication during the war, yet her writing provides one of the most powerful female literary voices of the First World War. Borden was a wealthy American philanthropist who funded and managed L'Hôpital Chirurgical Mobile No.1, where she worked alongside La Motte.²⁰ Borden first tried to publish her collection of short vignettes, or 'fragments' as she called them, in 1917 but was unsuccessful and finally achieved publication in 1929.²¹ Based on Borden's experiences at the hospitals in France and Belgium, *The Forbidden Zone* focused on the experiences of patients, the de-humanising aspect of the war and

¹⁷ Ellen La Motte had published *The Tuberculosis Nurse* in America in 1914 and was a specialist in her field.

¹⁸ Martin Robson, 'Introduction' to Ellen La Motte, *The Backwash of War: The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse* (reprinted London, 2014)

¹⁹ Ellen La Motte, *The Backwash of War: The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse* (1916, reprinted London, 2014), pp85-86

²⁰ Ibid, p43. La Motte referred to Borden in her accounts as 'Directrice' and in some instances they write about the same event within the hospital. Agnes Warner, *My Beloved Poilus*, was also written based on Warner's experiences at this hospital.

²¹ Mary Borden, *The Forbidden Zone* (1929, reprinted London, 2008)

the futility of it. Borden also recognised that she occupied a space where humanity was no longer recognisable and an environment where traditional gender constructs no longer applied – no-one was human in this horror:

There are no men here, so why should I be a woman? There are heads and knees and mangled testicles. There are chests with holes as big as your fist, and pulpy thighs, shapeless; and stumps where legs once were fastened. There are eyes - eyes of sick dogs, sick cats, blind eyes, eyes of delirium; and mouths that cannot articulate; and parts of faces – the noses gone, or the jaw. There are these things, but no men; so how could I be a woman here and not die of it?... It is impossible to be a woman here. One must be dead.²²

Borden's writing illustrates the de-humanising mutilation of the wounded and lays bare the numbing emotionless experience of total war for female nurses. Borden adds the voice of a female perspective to a historical event that is dominated by men, and it is a perspective that cannot be offered by those men who died. The powerful story of the dying in wartime medical units can only be told by the women who witnessed it.

Female authors like Borden, La Motte, Rathbone and Bagnold tell a unique story. However, these women were all privileged educated women prior to their wartime roles and although they faced difficulties in publishing their work they were in a position to do so. Significantly, they were also politically motivated to publish their experiences – some had been active in the suffrage movement and were motivated by their feminist ideals. Individual circumstances led to them becoming volunteer nurses in France and Belgium during the war, but they were able to use their literary skills to record and disseminate accounts of their experiences. They write predominantly as observers of the war and have a deliberate agenda to highlight the futility, horror and destruction of war. Their writing is powerful and articulate. But if the voices of these accomplished female authors are lost from the First World War, then what of the unpublished contemporary sources? What then of the professional nurse?

The voice of the professional army nurse of the QAIMNS has been almost lost from the history of the First World War. But there are numerous written accounts by professionally trained army nurses, many of whom had served with the British Army

²² Mary Borden, *The Forbidden Zone* (1929, reprinted London, 2008), pp43-44

prior to the outbreak of war in 1914. Nurses recorded their experiences through the written word in a variety of ways. Some nurses wrote for personal reasons in letters or diaries and journals, whilst other women were writing more publicly to disseminate their wartime experiences to a wider audience of family and friends. Sister Kate Luard regularly maintained journals while she was in France, which she sent home at intervals to her family in Essex so she could share her experiences with her twelve siblings. It was her family who encouraged her to have her diary published, which she did anonymously in 1915 in *Diary of a Nursing Sister on the Western Front*.²³ She is the only example of a QAIMNS nurse whose writing was published during the war. When she joined the QAIMNS(R) in August 1914, aged 42 years old, Luard was an experienced army nurse who had served in South Africa with the Army Nursing Service (ANS) during the Second Boer War. She must have known she was taking a risk in publishing directly from the Western Front. By publishing her work anonymously, Luard avoided the repercussions Enid Bagnold later suffered in 1917.

Luard's second book, *Unknown Warriors: The Letters of Kate Luard RRC and bar, Nursing Sister in France 1914-1918*, was originally published in 1930, based on a collection of letters she sent home to her family.²⁴ This time there was no need for the anonymity of fifteen years previously. *Unknown Warriors* was published in the midst of the anti-war disillusionment literature yet struck a very different tone, as illustrated by the preface written by Field Marshall Viscount Allenby, which effectively officially sanctioned her version of events – it gave her the military seal of approval. He wrote:

It is a tale of heroism, modestly told, but unsurpassed in interest by any War novel yet written.... I remember well those days and nights of bitter fighting, and how crushing was the burden which fell upon the gentle women who tended our wounded... Miss Luard does not hide us from the pain and the cruelty of War, but there is no attempt to shock or horrify. Rather she attracts our interest in her work at the same time as she enlists our sympathy for the broken heroes to whom she ministered with such loving care.²⁵

²³ Kate Luard, *Diary of a Nursing Sister on the Western Front, 1914-1915* (Edinburgh and London, 1915)

²⁴ John and Caroline Stevens (eds), *Unknown Warriors: The Letters of Kate Luard RRC and bar, Nursing Sister in France 1914-1918* (London, 2017)

²⁵ *Ibid*, pp21-22

Luard's account of the First World War was not only accepted by military authorities but was actively endorsed and Allenby sets it apart from 'any War novel yet written.'²⁶ Luard's writing conformed to the popular expectations of army nurses. Allenby's reference to 'ministered with such loving care' hints at the popular imagery of the nurse as a ministering angel.

In publishing her diaries and letters, Luard made a private account public and although they were not written with widespread publication in mind, they were written for an audience she knew well, and this is reflected in Luard's honesty in her writing. Luard wrote primarily about her role and the suffering of her patients and does not shy away from the horrors of warfare. For example, she describes a patient who throws a handful of his own brains on the floor, wounds crawling with maggots and men stuck to stretchers by their own blood, '...blood is like glue if you leave it long enough. They have to have an anaesthetic before you can try to unstick them.'²⁷ Luard's writing is articulate, good-humoured, honest and interesting to read. Although she brings the reality of the hospitals to life, she also demonstrated the care and treatment the wounded received and it is perhaps this that allowed her work to find favour with the military establishment. War was a dirty, miserable business but here were British soldiers being nursed by professional, caring women, such as Kate Luard. Hallett has suggested that the primary reason behind Luard publishing her diaries was to highlight the plight of the wounded and their bravery in the face of death.²⁸ But in publication, Luard also highlighted the good humoured, hard-working professional nurses who were caring for the wounded, simultaneously offering reassurances to the families at home that their loved ones were well cared for in their hour of need. Unlike the literature of volunteer nurses, Luard is not critical of the nursing administration and the provision of care.

Luard was not the only QAIMNS nurse to maintain a journal or diary; the practice was extremely common. Edith Appleton QAIMNS(R) also wrote diaries to send home to

²⁶ John and Caroline Stevens (eds), *Unknown Warriors: The Letters of Kate Luard RRC and bar, Nursing Sister in France 1914-1918* (London, 2017), pp21-22

²⁷ Ibid, p63

²⁸ Christine E. Hallett and Tim Luard, 'Introduction' in John and Caroline Stevens (eds), *Unknown Warriors: The Letters of Kate Luard RRC and bar, Nursing Sister in France 1914-1918* (London, 2017), p10

her family.²⁹ Appleton had trained as a nurse in 1904 and enlisted with the QAIMNS(R) on the outbreak of war, sailing for Belgium on 9th October 1914.³⁰ Appleton is frank in the details of the horror of war. On 10th October 1915, she wrote of one of her patients:

One poor man who came in this morning, shot right through the head, is trying hard to die, but it's taking a long time. We wouldn't allow an animal to remain alive in the condition this poor fellow is in. He can scarcely breathe for all the brain matter that is oozing down his throat.³¹

But as well as the trauma, Appleton wrote about daily events, friendships, social events, walks, trips out and added small cartoon sketches. When reading the diaries of Luard and Appleton, there is a familiarity in their writing which reflects their intended readership. By writing in a private journal or diary, nurses were able to record events in greater detail, and over a longer period of time, than in a brief letter.

Although Luard and Appleton rarely record details such as names that would identify their patients, diaries maintained privately and then passed onto family members avoided, or circumnavigated, the issue of censorship. In Luard's letters home she wrote, 'I shall have to be very careful myself, not to mention names, numbers, passing through, regiments, plans, or anything interesting.'³² Diaries and journals were subject to censorship (or at least self-censorship), but they did provide a more lenient means of recording the war as long as they remained out of the postal system. When Ina Humfrey QAIMNS arrived in Amiens in August 1914, she recorded details of the lecture on censorship in her diary:

We were here given the strictest orders to send only Post Cards home, never putting any name of place we have been to or were at. Letters, if written at all, would be severely censored, we are to speak to no strangers on any Military or Nursing matters and we are not to answer any questions put to us, unless by people whom we know to be in the service!³³

²⁹ Ruth Cowen (ed), *A Nurse at the Front: The First World War Diaries of Sister Edith Appleton* (London, 2012). Edie Appleton's diaries were first published online by her family in 2008, see www.edithappleton.org.uk There are four original diaries dating from 1915 to December 1918.

³⁰ Ibid, p8

³¹ Ibid, p62

³² John and Caroline Stevens (eds), *Unknown Warriors: The Letters of Kate Luard RRC and bar, Nursing Sister in France 1914-1918* (London, 2017), p26

³³ Museum of Military Medicine, Diary of Ina Humfrey 'An Unfinished Record', 17th August 1914

This was the first lecture on wartime procedures that Humfrey received after arriving in France so censorship was clearly considered a significant priority by British Army authorities. Luard would also have known the implications surrounding censorship. At her hospital unit, there were three people responsible for censoring letters home: the Commanding Officer, the Padre and Kate Luard, as the Senior Sister. This expectation of secrecy and confidentiality explains why Luard published her first account anonymously.

With an increasingly literate population following the Education Acts of the late 19th century, letter writing during the First World War was a significant activity for both men and women and censorship was critical to communication, or the lack of it, in wartime correspondence. By the end of the war, the Home Depot of the Army Postal Service (based in Regent's Park, London) had handled 2 billion letters and 114 million parcels.³⁴ For loved ones, separated from each other by the war, it was a crucial means of contact and reassurance and the British Government recognised the benefit letters and parcels made to morale both at home and overseas. However, censorship prevented soldiers and nurses from telling loved ones about certain events even if they wanted to. Writing about soldiers, Michael Roper has argued that there were several practical difficulties with letter writing during the First World War including censorship, literacy levels, time, writing materials and finding a dry, safe space in which to write.³⁵ Roper also argued that the letter writer at the front line felt obliged to offer reassurances rather than the reality of warfare in order to prevent distress and increased anxiety.³⁶ This is supported by Luard who cited the example of a young man with gas gangrene due to have an iodine bath, for whom she was writing a letter:

He dictated this afternoon, 'Dear Mother, just a few lines to let you know I am in the pink of health, hoping it finds you the same.' ('Mustn't let her worry,' he explained.)³⁷

For Roper, these limitations in the freedom of expression contributed to the physical and emotional disconnect between home life and the front line. Letter writing therefore

³⁴ The Postal Museum (no date). *The Post Office and the First World War*. Available at <https://www.postalmuseum.org/collections/ww1/> (Accessed 11th July 2018)

³⁵ Michael Roper, *The Secret Battle: Emotional Survival in the Great War* (Manchester, 2009), pp55-57

³⁶ *Ibid*, p66

³⁷ John and Caroline Stevens (eds), *Unknown Warriors: The Letters of Kate Luard RRC and bar, Nursing Sister in France 1914-1918* (London, 2017), p91

contributed to a sense of physical and emotional distance between the writer and recipient. In 1916, Luard wrote home to her family, ‘All your letters about the garden are so otherworldly from the place we live in.’³⁸ Luard recognised that she lived in a different world to her family and the letters that she received from home fuelled the distance between them. She felt just as emotionally remote from her family as the men serving overseas.

If letter writing was curtailed by censorship, time and social expectations, the written experience of war had to be channelled elsewhere. For many participants in the First World War the greatest freedom of personal expression could be found in diary writing. The diaries of Appleton and Luard remained with the family and it is recorded that these women wrote their diaries knowing that they would be passed to their parents and siblings so they could share their wartime experiences. When looking at the diaries of Luard and Appleton there is no reticence in protecting the reader from the horrors of war. For example, on 27th August 1915, Appleton wrote:

Only admitted 15 or 16, but three were dying and one was screaming with pain....One of the dying was shot clean through the middle of the forehead – his brains were pouring out and he had fits at intervals of no more than ten minutes all day.³⁹

On 24th May 1916, Luard wrote of wounds ‘crawling with a seething, wriggling mass of live maggots.’⁴⁰ Unlike the male soldiers that Roper describes, Luard and Appleton felt no need to protect their loved ones from the grim reality of war. As female participants of the war, they appeared to show no concern from shielding their family and friends from the horrors they witnessed. Unlike male participants of war, the personal risk to their own wellbeing would have been considered far less than the risk of loss of life or severe wounding suffered by combatant soldiers. This perhaps enabled them, as female non-combatants, to write more openly about the trauma of the war.

Luard and Appleton are two examples of published QAIMNS diaries but there are many nurses’ diaries accessible in public archives in the UK. They are often

³⁸ John and Caroline Stevens (eds), *Unknown Warriors: The Letters of Kate Luard RRC and bar, Nursing Sister in France 1914-1918* (London, 2017), p65

³⁹ Ruth Cowen (ed), *A Nurse at the Front: The First World War Diaries of Sister Edith Appleton* (London, 2012), p47

⁴⁰ John and Caroline Stevens (eds), *Unknown Warriors: The Letters of Kate Luard RRC and bar, Nursing Sister in France 1914-1918* (London, 2017), p62

incomplete, some cover several months or years, but very few span the entire war. The fact that these diaries were retained suggests they held a strong personal significance for the author, but it is almost impossible to be certain of their original motivations in maintaining them. It is even more difficult to know if these diaries were intended for a readership other than the original owner. It is possible that some were written with the same intent as Luard and Appleton, to share with relatives, as it is likely that this was a fairly common practice and intent of diary writing during this time period. There are common features within many of these diaries – text is descriptive and very little detail is included about individual patients. The focus is on the personal life of the nurse and her own emotions and experiences. Private diaries were not generally about seeking an understanding of the experience of war but were for the purposes of recording the personal emotions and experiences within a significant historical event.

In September 1914, a QAIMNS nurse wrote in her diary at Nantes about the events of the previous few days. She observed that there was, ‘...no time to write really but if something doesn’t get put on paper the daily doings are so absorbing, it will all be a jumble.’⁴¹ In December 1914, she echoed this sentiment, ‘I’ll forget many a thing I want to remember if I don’t write oftener.’⁴² This nurse was explicit about her reasons for writing down the daily events - she wanted to remember things, to perhaps look back in the future and reflect on the events she was part of. Samuel Hynes has argued that soldiers of the First World War were very aware they were living through a significant point in history.⁴³ This holds equally true for the women involved in the war and diary entries often reflected this desire to record events and emotions for future posterity. But life in wartime was moving at such a hectic and unusual pace, the act of writing in a diary was also a cathartic process that helped women to make sense of, or to order, the events that they experienced – to prevent everything becoming a ‘jumble.’ Luard described the physicality of diary writing in one of her letters home: ‘My diary oozes out of me, like a vent.’⁴⁴ It was as if she had no control over her diary writing - it was a physical being, this outpouring of her inner self.

⁴¹ Museum of Military Medicine, Diary of Jean, September 1914

⁴² Museum of Military Medicine, Diary of Jean, 20th December 1914

⁴³ Samuel Hynes, *Fear: The Soldiers’ Tale: Bearing Witness to Modern War* (New York, 1997), p3

⁴⁴ John and Caroline Stevens (eds), *Unknown Warriors: The Letters of Kate Luard RRC and bar, Nursing Sister in France, 1914-1918* (London, 2017), p194

The act of diary writing naturally generates a degree of self-reflection. There is the physical aspect of sitting and writing down the day's events, experiences and emotions; choosing what to focus on, perhaps on a limited supply of paper and with a limited amount of time. Even the simplest diary entry requires thought, process and action. Under extreme physical living conditions this could create a concentration of information. Contemporary personal diary writing during the war therefore provides the closest insight we can have to the emotional mindset of an individual at a given point of time. Roper has argued that writing in wartime was an introspective activity, which could be problematic for mental wellbeing as experiences were often so traumatic.⁴⁵ However, diary writing appears to have been an outlet, part of a cathartic process of choosing what to remember, what to record and what to think about. Diaries can reflect opinions, experiences and physical and emotional health. What is not written about may be as significant as what is. Diary writing can therefore be viewed as part of a broader coping mechanism for managing stress and anxiety. Claire Tylee has argued that during the First World War the physical process of writing, '... was a means of purging the memory of shock, of bitterness and pain, and of anger.'⁴⁶ Diary writing could offer a time for self-reflection. Bridget Keown has also argued that '...women often turned to their diaries to attempt to record and contextualize their memories, providing personal insight into the deeply emotionally troubling experiences of their wartime service.'⁴⁷ This is evident in the sense of immediacy in nurses' diaries and the blunt honesty to their emotional tone. As a historical source they provide an insight to the true day-to-day physical and emotional responses to the First World War for individual participants.

Frequent themes from the diaries of QAIMNS nurses are travel, accommodation, friendships, social events, bombing raids, sightseeing trips and the sudden influx or evacuation of patients, which determined how busy a shift would be. The private diaries of most professional nurses contain very little detail of their actual nursing work. Instead, these women have privately prioritised the details of their wartime experiences that they most want to remember. Nurses chose to concentrate on the

⁴⁵ Michael Roper, *The Secret Battle: Emotional Survival in the Great War* (Manchester, 2009), p66

⁴⁶ Claire M. Tylee, *The Great War and Women's Consciousness: Images of Militarism and Womanhood in Women's Writings, 1914-64* (Basingstoke and London, 1990), p187

⁴⁷ Bridget E. Keown, 'A Perfect Hell of a Night which We Can Never Forget': Narratives of Trauma in the Private Writings of British and Irish Nurses in the First World War' in P. Leese, J.B. Köhne and J. Crouthamel (eds.), *Languages of Trauma: History, Memory, and Media* (University of Toronto Press, 2021), p36

experiences that were pertinent to them as individuals. The excitement of travel and adventure is a recurring theme in many diaries by QAIMNS nurses. Hynes has suggested that personal written accounts of war are akin to travelogues because wars are fought in unfamiliar countries that provide new, different and unusual experiences.⁴⁸ For many men and women, the First World War offered them the opportunity to travel and this was an exciting prospect. In July 1914, one nurse in Aldershot recorded her emotions at the thought of war, 'Oh – horrid thought – who might be left behind.'⁴⁹ The fear was not of war, but of not being a part of it. Diary entries are often most animated when nurses visit new places, see new sights and have new experiences. For example, in July 1915 Nurse E.M. Carter was onboard HMHS *Asturius* travelling to Gallipoli and her description of the journey conveys her excitement and amazement at the new sights, smells and people she was meeting. In her diary Carter wrote about the journey down past the Spanish and Portuguese coastline, describing it as 'very, very beautiful' and comparing it to Irish mountains.⁵⁰ She writes of the excitement onboard when they passed Gibraltar and describes the African coast as 'majestic'.⁵¹ Carter also writes about sighting whales and rainbows in the water for the first time, the glorious sight of the Sierra Nevada snow-capped mountains and the traders of Algiers who sailed out to their ship in small rowboats to sell their wares – 'it was a sight never to be forgotten.'⁵² These exciting adventures were significant positive wartime experiences that nurses wanted to remember for the rest of their lives.

As well as excitement and adventure, many professional nurses openly wrote of their fear and exhaustion. On arrival at Gallipoli, Nurse Carter's tone had changed significantly as she wrote:

There is really no need to write abt these next few days for none of us will ever be likely to forget the horror of it all. I feel I've lived five years, instead of one week... the number of deaths are terrible, about 36 from the peninsular to Alexandria - 2½ days. Some of the cases brought to the ship were hoisted from the stretcher, & often then found to be dead when uncovered.⁵³

⁴⁸ Samuel Hynes, *Fear: The Soldiers' Tale: Bearing Witness to Modern War* (New York, 1997), p5

⁴⁹ Museum of Military Medicine, Diary of Jean, July 1914

⁵⁰ Museum of Military Medicine, Diary of Ellen Mary Carter, 30th June 1915

⁵¹ Museum of Military Medicine, Diary of Ellen Mary Carter, 2nd July 1915

⁵² *Ibid*

⁵³ Museum of Military Medicine, Diary of Ellen Mary Carter, 14th July 1915

Nurse Carter was not alone in working in such stressful and difficult conditions. On the Western Front, in August 1914, Ina Humfrey recorded in detail the chaotic evacuation of her 500-bed hospital in Amiens as the British Army retreated from the Battle of Mons. In just nine days, 900 men had passed through her hospital. In the midst of this turmoil, preparations were made for the eventuality that the hospital would be captured by the German Army as the heavy guns of the German artillery could be clearly heard approaching the town. On 27th August 1914, Humfrey wrote a long diary entry in which she recorded the following comment:

About 6 this morning our A.D.M.S.[Assistant Director Medical Services] came and said ‘good-bye’ to me. He was leaving with the General Staff immediately, and said we [the nurses] should all follow during the next two days.⁵⁴

Humfrey does not seem to offer this information as a complaint, merely making a statement of fact. But here is an example of British women fully immersed in the First World War from as early as August 1914. Women who were being placed at risk of capture. Women who stayed at their post as the German Army approached whilst senior male medical staff were evacuated to safety. Humfrey and her female colleagues were safely evacuated before the German Army arrived, but this example illustrates how it was women, in their role as nurses, who were expected to remain with the sick and wounded, no matter what the risk might be to their own personal safety.

Matron M.S. Tyers also wrote about how nurses on night duty remained on the wards with their patients during air raids in France. These women were putting their own safety at jeopardy in their role as nurses during the war and experiencing the reality of war. Tyers wrote:

The noise of an air raid is unbelievable. It seems to fill the world. I had never imagined what noise could be till I heard it there. I am sure if someone had asked me my name at these times I could not have remembered it.⁵⁵

Tyers also wrote of the alternative option of the dug-outs in air-raids when not on duty:

⁵⁴ Museum of Military Medicine, Diary of Ina Humfrey ‘An Unfinished Record’

⁵⁵ Museum of Military Medicine, Notebook of Matron M.S. Tyers, QAM7/1960

The heat and confinement, the mosquitoes, the tremendous concussion where a bomb dropped and the feeling that any moment the whole contraption might fall in on top of you.⁵⁶

Nurses on active service experienced all aspects of the war, including the very real threat of death or serious injury, and openly wrote about it. Alison Fell has suggested that through their writing, nurses were consciously demonstrating their experiences of war as 'active service'.⁵⁷ She argued that nurses' writing demonstrates they are both witness and active participant and their war memoirs reflect a mixture of both roles.⁵⁸ This is certainly evidenced in many of the diaries I have studied where nurses write of their own personal experiences and emotions. Christine Hallett has gone further and argued that, in their writing, nurses deliberately fuelled their public image as ministering angels by portraying themselves as heroines and 'fearless participants in warfare'.⁵⁹ However, I have found that in most diaries and personal accounts professional nurses openly wrote of their fear, exhaustion and boredom in equal measure and there is nothing to suggest they wanted to be recognised as heroines although they did want to acknowledge their full participation in the war.

Nurses often wrote in very little actual detail about their patients and their day-to-day nursing work. When nurses did write about their patients, it was most often relating to those patients who were Dangerously Ill or 'D.I.'⁶⁰ These were the most difficult patients to nurse and also the patients most likely to die. When writing about these patients it was usually with sadness or regret that they have died from their wounds and nurses often wrote of their helplessness and impotency at alleviating suffering. This was the true nature of the war and some nurses struggled to resolve their own psychological distress with their inability to save others. On 15th August 1915, Ina Humfrey wrote:

Four ops today. 23 in 5 days. Three men have died today. It is heartbreaking!
One just goes on hour after hour doing ones' very utmost for these men, but
oh! how little it is! For there are so many, and we are but 12 women!⁶¹

⁵⁶ Museum of Military Medicine, Notebook of Matron M.S. Tyers, QAM7/1960

⁵⁷ Alison S. Fell, *Women as Veterans in Britain and France after the First World War* (Cambridge, 2018), p5

⁵⁸ *Ibid*, p139

⁵⁹ Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford, 2014), p16

⁶⁰ 'Dangerously Ill' or 'D.I.' was a triage term used by the RAMC to determine the status of a patient.

⁶¹ Museum of Military Medicine, Diary of Ina Humfrey 'An Unfinished Record', 15th August 1915

Humfrey did not refer to herself and her colleagues as nurses, instead she used the term 'but women', and placed herself and her colleagues in a subservient role to the soldiers who had died. This may reflect the inadequacy she felt as a woman who was unable to fight and give her life, as these men had done, simply because of her gender. Yet Humfrey was an educated, fully trained and experienced army nurse who had served with the QAIMNS prior to the First World War.⁶² Humfrey was very aware of the gendered experience of war in 1915 and wrote her diary to reflect on how she felt as a nurse, but also as a woman. Humfrey was recording her personal emotional response to war.

Nurses rarely wrote about their day-to-day work or their patients, instead they concentrated primarily on experiences that were personal to them. Perhaps they did not want, in later years, to recall the suffering and death of individuals. If they did write about their patients, they were almost always described anonymously without names, or assigned nicknames such as 'the boy' or 'Jock.' This appears to have been a deliberate degree of separation – a de-personalisation of patients that prevented emotional attachment. It is possible that maintaining a professional distancing of emotions formed part of a subconscious strategy as a coping mechanism for dealing with the death and injury on such a large and devastating scale as the nurses witnessed. However, although rare, not all nurses adopted this approach and Edith Appleton was one of the very few nurses who referred to patients by name. For example, on 12th March 1916 she wrote:

Too much sadness to write about, besides being dead beat. My poor little boy, Kerr, died today. He had been in 15 days, suffering from gas, pneumonia, bronchitis – and has been extremely and dangerously ill all the time, but only the day before yesterday he realised that he was not going to get well. I am glad to say we never left him night or day, and he was fond of us all. He kept whispering all sorts of messages for home and his fiancée – then he would call, 'Sister,' and when I bent down to hear, 'I do love you. When I'm gone, will

⁶² Humfrey trained at Leeds General Infirmary from 1898 to 1901 and had worked in district and private nursing before joining the Army Nursing Service Reserve (ANSR) in 1906, transferring to the QAIMNS in 1908. On 14th August 1914, then aged 38 years old, Ina Humfrey was one of the first British women to arrive in France for overseas active service.

you kiss me?... I did kiss the boy – first for his mother and then for myself – which pleased him.⁶³

In naming this patient, Appleton humanises him and restores his dignity in death.

Nurses were pragmatic in recognising the futility in their work in attempting to save life but reflected on the comfort they may bring to the dying. It is a common theme in the writing of nurses and the private diaries demonstrate the emotional, physical and psychological struggles professional army nurses faced. Death was so frequent in many of the hospital wards that it was something the nurses became accustomed to. Luard was quite blunt about it, stating, ‘One has got so used to their dying that it conveys no impression beyond a vague sense of medical failure.’⁶⁴ To heal was a personal challenge but, in many instances, this was impossible and nurses needed to protect their own emotional wellbeing in order to continue their work. Diaries reflect the psychological difficulties in nursing the terminally wounded.

As well as distress and fear, nurses’ diaries also provide a broader account of the female experience serving overseas. Moments of humour, excitement and joy were as frequent as times of horror, exhaustion and desperation. War is a complex psychological experience. In 1933, Matron M.S. Tyers wrote her autobiography when the publication of postwar disillusionment literature was at its height.⁶⁵ She offered an alternative perspective. Writing about the year 1918, she tells the reader:

You need not think that life was all tragedy and unhappiness with us. The war had been going on for 4 years, it had become our daily work; at least we nurses had not the misery of killing our fellow men our duty was to try to save life, in itself a happier thing than having to destroy it.⁶⁶

For Tyers, the war had been a positive experience for the women of the QAIMNS. Perhaps her ‘autobiography’ was prompted by the postwar disillusionment literature that did not reflect her own experiences. The First World War had given the nurses of

⁶³ Ruth Cowen (ed.), *A Nurse at the Front: The First World War Diaries of Sister Edith Appleton* (London, 2012), p110

⁶⁴ John and Caroline Stevens (eds), *Unknown Warriors: The Letters of Kate Luard RRC and bar, Nursing Sister in France 1914-1918* (London, 2017), p146

⁶⁵ It has never been published and it is likely that it was written for private purposes. Museum of Military Medicine, Notebook of Matron M.S. Tyers, QAM7/1960

⁶⁶ Museum of Military Medicine, Notebook of Matron M.S. Tyers, QAM7/1960

the QAIMNS a worthwhile purpose, opportunity and freedom that nursing in peacetime did not fulfil in the same way. The QAIMNS nurses witnessed terrible deaths, wounds and disease in their professional capacity, but the war had also been exciting, exhilarating and full of opportunities for travel, career development and new experiences. The written accounts of professional nurses focus on the experiences that affected them most on a personal level; the places, events and friendships they wanted to remember. The First World War offered British Army nurses a new freedom and personal empowerment and their writing reflected this. Nurses were writing for their own personal benefit – to remember how they felt and to identify how they were experiencing the war as an individual and as a woman.

In 1919, the Matron-in-Chief of the QAIMNS, Dame Ann Beadsmore Smith, wrote to individual nurses inviting them to submit accounts of their wartime experiences for a small QAIMNS publication entitled, *Reminiscent Sketches 1914 to 1919*. Each account provides a brief synopsis of an individual nurse's wartime experience. Unlike retrospective literature published in the 1920s and 1930s, these accounts were gathered immediately following the end of the war and were intended primarily for a military audience who had shared similar experiences. Small nuances and military peculiarities did not need to be explained to this audience of readers because there was a shared understanding of wartime service. The nurses of the QAIMNS were very aware that they had lived through an extraordinary period of history and each account provides something different. The varied selection of geographical locations and medical units seem to suggest this group of nurses were deliberately chosen for their diverse range of experiences. For example, there are recollections of establishing new hospitals in Egypt, of service in Italy, in northern Russia at Arkhangelsk, nursing with the Salonika Force in 1917 at the fire of Thessaloniki, onboard hospital ships in the English Channel, the Mediterranean and at Gallipoli, on hospital barges on French canals, on hospital trains on the French railway system as well as working at medical units and hospitals in France.

There are some issues with using these accounts as historical sources. Firstly, the nurses appear to have been handpicked by Dame Beadsmore Smith, possibly due to an unusual location or with a particularly interesting account to tell. For example, Matron Minne begins her account, 'You ask me to give you some experiences of Women's

Work in France.’⁶⁷ Beadsmore Smith would also know which nurses would tell an ‘appropriate’ story of their wartime experiences. The small publication was probably intended for military readership, and possibly the intended audience was other QAIMNS nurses, although it may have extended to personnel of the Army Medical Services. In most likelihood, it was part of the process of recording the history of the QAIMNS. With this intended military readership, it would have felt a safe space in which to describe wartime events and this is evidenced by the frankness of these accounts. There appears to be an implicit understanding by the authors that their experiences would be understood by the reader. This makes them focused and concentrated – they act as snapshots of wartime service. As a historian this is useful, but they are influenced by the individual selection of the Matron-in-Chief and the editing process prior to publication.

These accounts are also historically significant in terms of the image and reputation of army nursing the QAIMNS are deliberately trying to create, particularly as the QAIMNS considered themselves to be the elite army nursing service. Like the rest of the British Army, the QAIMNS and QAIMNS(R) began immediate demobilisation in 1919 as far fewer army nurses were needed in peacetime. The Army Medical Services faced major re-organisation during the 1920s and the re-structuring of the Army nursing services was part of that review, which would consider the organisational complexity of having so many branches of the nursing services.⁶⁸ The QAIMNS wanted to retain their reputation and had a vested interest in securing the position of the QAIMNS for the future by highlighting the important role these women had played during the war.

These original submissions are mostly typescript with edited content added in pencil. In some instances, sentences have been scored through by the QAIMNS Regimental Headquarters (RHQ) although the text is just about visible. This editing of wartime accounts in 1919 provides an insight into what was deemed acceptable by the military authorities and, perhaps of most interest, what was not. For example, when Nurse D.M.

⁶⁷ Museum of Military Medicine, Matron B. Minne, ‘A Matron’s Impression of Life in a Base Hospital in France in 1914 and 1915’

⁶⁸ There were a number of different army nursing organisations during the First World War. As well as QAIMNS and QAIMNS Reserve, there were nurses of the Queen Alexandra’s Military Families Nursing Service (QAMFNS), Territorial Force Nursing Service (TFNS), First Aid Nursing Yeomanry (FANY), nurses of the Volunteer Aid Detachments (VADs), British Red Cross nurses and private nurses and medical units supported by individual philanthropists.

Taylor arrived at Turin in December 1917, she wrote ‘They knew nothing about us.’ This was altered to, ‘They appeared to know nothing about us.’⁶⁹ Although only a very slight change, it alters the inclination of blame and disorganisation of the service. Several accounts have the last paragraph inexplicably crossed out as the nurse reflects on her experiences. One innocuous final paragraph begins:

When the War and all its adventures seem like a dream we dreamed many years ago, and later still, when the place and those who worked in it and for it are dust and ashes, the spirit that rose out of it all will still exist...⁷⁰

Another final paragraph removed from an account by Matron Minne QAIMNS was a comical tale of an Australian VAD tripping over the guy rope of the tented accommodation on her way to the bathroom in the dark, landing in the mud and losing her sponge in the process.⁷¹ Perhaps, the idea of QAIMNS nurses laughing at the expense of a nurse of the VADs was too politically sensitive at the time and would have caused increased tension between the nursing services.

All these accounts talk about the war from the perspective of the individual experience – the sights, living and working conditions, the help the nurses provided the men and their personal contribution to the war effort. One nurse wrote:

...minor personal discomforts as difficulties with one’s laundry, and even sometimes with one’s personal cleanliness, were all lost sight of in the feeling that one was doing real work.⁷²

This reflects the image the QAIMNS probably wanted to portray of women facing personal discomfort to make real contributions to the war effort. These accounts also reflect both the excitement and hard work of wartime nursing. Because they are condensed accounts of service, they are also far more concise than personal diaries and therefore the writer focuses on the events that remain most prominent in her memory. For example, Sister Alice Meldrum writes about her experience onboard the hospital ship HMHS *Anglia* when it struck a mine in the English Channel. Meldrum was in the water for forty minutes before she was rescued. The ship sank rapidly and 133 patients,

⁶⁹ Museum of Military Medicine, D.M. Taylor, ‘Italian Expeditionary Force’

⁷⁰ Museum of Military Medicine, Miss Fox, ‘An Officers’ Hospital in France During the War’

⁷¹ Museum of Military Medicine, Matron B. Minne, ‘A Matron’s Impression of Life in a Base Hospital in France in 1914 and 1915’

⁷² Museum of Military Medicine, Sister M. Phillips, ‘Life on an Ambulance Train in 1914’

nine RAMC medical staff and one nurse of the QAIMNS drowned, but Meldrum describes the harrowing experience as ‘... the most exciting moment of my life as a member of the Q.A.I.M.N.S.R.’⁷³ Santanu Das has argued that nurses of the First World War were observers, rather than active participants, and this drives their narrative but I would argue that nurses’ written accounts suggest that they had an equally legitimate and participatory experience of war.⁷⁴

The literature of the First World War is dominated by men’s accounts, and predominantly men’s accounts of the trenches. But women wrote prolifically during the war as well and there has been far less interest in female accounts of war, particularly of women doing ‘womanly’ things, such as nursing. For women who operated outside of traditional female roles, such as in munitions and factory work, as ambulance drivers or women of the WAAC, there is a higher wartime profile as women stepped into what was perceived as traditionally male roles. However, this chapter has argued that QAIMNS nurses were taking on a role that was physically and mentally challenging often in active service conditions that put themselves at risk of physical danger. These women were operating far outside of the traditional female sphere and taking on enormous responsibilities, personal and professional challenges and risking their own lives for the care and safety of their patients. By failing to recognise the pivotal role of these women during the war we perpetuate the iconography of the trenches and fail to understand what the First World War was truly like for its participants. We are silencing the women who were there and, in doing so, we are misinterpreting the male experience of war as well.

The horrific imagery of the trenches pervades First World War literature, in print and film, yet there are other voices from the war that have stories to tell. The women who nursed the dying and the mortally wounded have a story that the dead and wounded can never tell themselves. The written word of professional army nurses of the QAIMNS provides not only an in-depth and alternative view of the war from the perspective of the medical unit, but it provides a rich source on the emotional responses to war by active female participants. Their writing provides us with evidence of their key role in active wartime service. By studying the wealth of written sources generated

⁷³ Museum of Military Medicine, S.A. Meldrum, ‘A Few Notes on a Sister’s Experiences on a Hospital Ship’

⁷⁴ Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge, 2008), p188

by these women, we can reach a fuller understanding of the true social and cultural impact of military service during the First World War. The female army nurses were deeply embedded in the war and should not have to have their experiences legitimised. Army nurses must be recognised as active participants of war.

Chapter Two: Enlistment

Perceptions about the women who worked as nurses during the First World War often focus on the upper class, privileged, educated young women who volunteered to join nursing organisations like the British Red Cross. Christine Hallett has argued that the self-publication tendencies of well-known VAD authors, such as Vera Brittain and Irene Rathbone, have contributed to this long-lasting concept of First World War nurses.¹ Certainly, modern historians have often neglected the role of professional army nurses. For example, Santanu Das focused his study on touch and intimacy solely on volunteer nurses and stated that professional nurses were ‘desensitised’ to injury, trauma and death as a result of their nurse training.² Even the development of women’s history, by historians such as Braybon, Summerfield and Grayzel, has often sidelined the nurses of the First World War because their work is seen as fulfilling traditional feminine duty that posed no threat to the gender constructs of the early 20th century.³ Lucy Noakes’s work, specifically on women in the British Army during the 20th century, woefully neglected any references to the role of the women who served in two world wars with the Queen Alexandra’s Imperial Military Nursing Service (QAIMNS).⁴ In more recent years, there has been increasing interest in the role of army nurses but this is often from nursing or medical historians, such as Hallett, or social historians, such as Joanna Bourke and Ana Carden-Coyne, who have considered the role of army nurses in relation to the impact on their male patients.⁵

The purpose of this thesis is to re-instate the voices of women of the QAIMNS as a central female force during the First World War and this chapter seeks to first identify who these women were, using the administrative records of the QAIMNS and QAIMNS(R). To determine more about the women who were members of the QAIMNS, I have sampled the service records held at The National Archives in Kew.⁶ Each service record is a file of correspondence and paperwork relating to the

¹ Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester, 2009), p8

² Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge, 2008), p176

³ Gail Braybon and Penny Summerfield, *Out of the Cage: Women’s Experiences in Two World Wars* (London, 1987). Susan R. Grayzel, *Women and the First World War* (London, 2002). These historians are not alone in overlooking the role of the professional army nurse.

⁴ Lucy Noakes, *Women in the British Army: War and the Gentle Sex, 1907-1948* (London, 2006)

⁵ Joanna Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (London, 1996) Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World* (Oxford, 2014)

⁶ The National Archives, document series WO399

recruitment, management, health and military postings for every individual member of the British Army.⁷ There are almost 10,000 surviving service records for the QAIMNS and QAIMNS(R).⁸ This is an unusually complete set of records as many British Army service records suffered fire damage from German bombing raids in September 1940 and the equivalent scope of service records for male regiments and corps are much more incomplete. Although Army service records are not comprehensive, having been weeded by government officials in the 1930s, they provide a wealth of information about individual members of the Armed Forces. Service records are primarily a bureaucratic record of wartime service with snippets of personal detail, but the administrative paperwork provides valuable information about the wartime experiences of the military nurse. By studying individual service records, it is possible to build a more complete picture of the socio-economic background of the professional army nurses, and to identify recruitment and service patterns throughout the war. By using these records, we can broaden our knowledge and understanding of female military service during the First World War and the impact and contribution of women at the front line.

To delve deeply into this phenomenal source of archives, I collected a 5% sample by sampling every 20th record in sequential alphabetical order, as categorised by The National Archives cataloguing system. This ensured that the random patterning of sample records was maintained and systematically managed. This has provided me with over 500 QAIMNS and QAIMNS(R) service records to form a randomly but evenly selected source material for this chapter. I believe it is the first time the breadth of QAIMNS records has been sampled in this way and provides a new dataset about the women who served during the First World War. Using this 5% sample of 516 nurse service records, I have collected the following information:

- Individual name
- Branch of service, i.e. Regular or Reserve
- Rank
- Father's occupation
- Place of birth

⁷ The QAIMNS and QAIMNS(R) were managed and administrated by the War Office along the same procedural systems as male service personnel. For example, official Army administrative forms are identical for both male and female personnel and service record files for men and women follow the same documentation patterns.

⁸ There are a further 5,000 plus records for the Territorial Force Nursing Service.

- Date of birth
- Training hospital
- Training dates
- Pre-war role
- Date of enlistment
- Age on enlistment
- Membership of nursing insurance schemes
- Military postings
- Honours and awards
- Date of leaving the service
- Reason for leaving
- Miscellaneous notes

In addition, I have used this sample to study the medical board records, which form the source material in Chapter Six, to discuss the impact of the war on women's mental and physical health.

At the turn of the 20th century, British Army medical services were undergoing a series of reforms, which included the expansion of the army nursing service.⁹ This was largely due to the medical failings of the Second Boer War (1899 to 1902), when medical provision in South Africa was so inefficient that of the 22,000 British troops who died, only 8,000 were killed in action and the remainder died from enteric fever and disease.¹⁰ Although there were a number of contributing factors for this, insufficient staffing levels of nurses formed part of the failure in delivering adequate medical care. For example, Eric Taylor has stated that at the beginning of the war in South Africa in 1899 there were only 80 nurses of the Army Nursing Service (ANS) compared to over 1,400 by the end.¹¹ As a direct result of the experiences of the British Army in South Africa, emergency wartime reforms recommended an expanded permanent army nursing service and in March 1902 the Queen Alexandra's Imperial

⁹ The Royal Army Medical Corps (RAMC) was formed in 1898, as the result of a long campaign by the civilian medical profession for the organisation of medical care to be directly under the Army's control. Previously, Army doctors served as private individuals attached to army regiments - the hope was that if doctors and medics were an official part of the British Army it would enable greater efficiency and a higher standard of medical care.

¹⁰ Oscar Craig and Alasdair Fraser, *Doctors at War* (County Durham, 2007), p25. Eric Taylor, *Wartime Nurse: One Hundred Years from the Crimea to Korea 1854-1954* (London, 2001), p46

¹¹ Eric Taylor, *Wartime Nurse: One Hundred Years from the Crimea to Korea 1854-1954* (London, 2001), p54

Military Nursing Service (QAIMNS) was formally established as a direct replacement of the ANS.

Prior to the outbreak of the First World War, nursing was viewed as an increasingly acceptable field of employment for women who had either a need or desire to work. By 1914, qualified nurses underwent training in recognised training hospitals and were campaigning for the State Registration of Nurses to professionalise the sector further. Nurses mainly worked either in civilian hospitals or as private nurses who could be hired to nurse the sick in private homes. As now, nurses specialised in certain fields, such as children's medicine, surgical, medical, midwifery or district nursing. From 1902 onwards, some professionally trained nurses chose to join the Queen Alexandra's Imperial Military Nursing Service (QAIMNS) and serve with the British Army.

The QAIMNS had a permanent peacetime staffing level set at 330 nurses, but at the outbreak of war in August 1914 the establishment was slightly below this at 298 members.¹² In 1908 a new permanent reserve had been founded, the QAIMNS(R), to provide supplementary support in British military hospitals and a pool of nurses willing and able to serve with the British Army in the event of a war or national emergency.¹³ In August 1914, 800 additional nurses of the QAIMNS(R) were available for mobilisation.¹⁴ The Territorial Force Nursing Service (TFNS) was also formed in 1908 as part of the Haldane Reforms, to provide nursing support to the Territorial Force. The TFNS had a nominal roll of over 2,000 members and were highly successful in meeting their staffing requirement.¹⁵ TFNS members were civilian nurses originally designated for home service across 23 military hospitals in the UK in the event of a national emergency. Although in 1913, as tensions mounted in Europe, TFNS members and prospective members were asked to indicate their

¹² Sue Light, 'Before the War', *The Fairest Force: Great War Nurses in France and Flanders* <http://www.fairestforce.co.uk/3.html> (Accessed 17th January 2021)

¹³ Sue Light, 'The Reserves', *The Fairest Force: Great War Nurses in France and Flanders* <http://www.fairestforce.co.uk/4.html> (Accessed 23rd February 2021). The QAIMNS(R) superseded the Princess Christian's Army Nursing Service Reserve (PCANSR), which was formed in 1897 but no longer recruited members after 1908. In September 1914 there were 337 nurses enrolled with the PCANSR. These women were mobilised and wore the uniform of the QAIMNS(R) but technically remained PCANSR.

¹⁴ Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, 1975), p46

¹⁵ Sue Light, 'The Reserves', *The Fairest Force: Great War Nurses in France and Flanders* <http://www.fairestforce.co.uk/4.html> (Accessed 23rd February 2021). On its creation in 1908, Elizabeth Haldane, the Vice Chair of the TFNS Council and sister of Lord Haldane, and Alfred Keogh, Director General of the Army Medical Services conducted a nationwide provincial tour of the UK, which undoubtedly aided recruitment.

willingness to serve overseas if required to do so.¹⁶ In contrast, on enlistment in 1908, nurses of the QAIMNS(R) could be posted to any geographic location as the need arose, including service overseas. Although the current lineage of the Queen Alexandra's Royal Army Nursing Corps (QARANC) recognises the women of the TFNS, and later the Territorial Army Nursing Service (TANS), as precursors to the Reserve force of the QARANC, during the First World War there were organisational differences between the nursing branches. For this reason and for the purposes of this thesis, whilst recognising the role of women who served in the TFNS and the similarities of their service, I have concentrated my study solely on the women of the QAIMNS and QAIMNS(R) to ensure the most consistent uniformity of experiences regarding the recruitment and administration procedures, as well as the management, documentation, structure and organisation of the nursing service.

The basic entry requirements for nurses of the QAIMNS, QAIMNS(R) and the TFNS were identical; each nurse was expected to have completed a minimum of three years' nurse training in a QAIMNS or TFNS Nursing Board approved training hospital, they had to be single or widowed and aged over 25 years.¹⁷ To join the QAIMNS, nurses had to apply in writing to the Matron-in-Chief. For example, in March 1917, Jenny Arthur wrote to Ethel Becher, Matron-in-Chief at the War Office:

Dear Madam

I write to offer my services to QAIMNS. I am 30 years of age, a Protestant and have had nearly 10 years nursing experiences.

I was trained and obtained my certificate from Leith General Hospital beds 115. I have been Sister in Bellefield Sanatorium Lanark, Matron of the County Sanatorium Elgin and at present I am Sister in Gray's General Hospital Elgin in charge of 50 wounded soldiers and 20 civilian patients. If possible I would prefer foreign service, Hospital train or ship, but I shall be very willing to go any where.

Yours faithfully

Jenny Arthur¹⁸

¹⁶ Sue Light, 'The Reserves', *The Fairest Force: Great War Nurses in France and Flanders* <http://www.fairestforce.co.uk/4.html> (Accessed 23rd February 2021).

¹⁷ Sue Light, 'Before the War', *The Fairest Force: Great War Nurses in France and Flanders* <http://www.fairestforce.co.uk/3.html> (Accessed 17th January 2021)

¹⁸ The National Archives, letter by Jenny Arthur, dated 10th March 1917, WO399/192

Arthur's letter is typical of the many letters found in service records written by nurses requesting to join the QAIMNS during the First World War. She has clearly outlined her eligibility, age, status and experience to emphasise her suitability for the role. If the initial letter of interest was approved, as was the case for Arthur, a prospective nurse would then be sent the requisite application forms, which included the Form of Admission. The Form of Admission required information that we would recognise today on a modern job application form. For example, details such as name, place and date of birth, education, training details and references. However, it also required details of father's occupation, marital status and one reference from a lady not of the immediate family. This indicates the importance that was placed on social standing when applying to the QAIMNS, who considered themselves to be the elite military nursing service.¹⁹ Of the service records I sampled, almost 75% contained a Form of Admission and the information provided forms the basis of my analysis of the socio-economic background of QAIMNS nurses.²⁰

The QAIMNS Nursing Board maintained reports about which candidates were rejected, but it is difficult to quantify the criteria the QAIMNS were attempting to fulfil. Reasons for rejecting prospective nurses included insufficient training, inadequate social status, too old and the more generic reason of 'not considered suitable.'²¹ The QAIMNS Nursing Board remained highly selective despite not meeting their recruitment targets. However, those prospective QAIMNS nurses who successfully met the initial criteria, submitted through their Form of Admission, were invited to attend an interview and medical board examination in London. It was neither a fast-moving, nor particularly efficient, bureaucratic process and probably contributed to the QAIMNS's pre-war difficulties in fulfilling its membership quota in the intervening years between its creation in 1902 and the outbreak of war in 1914.

In August 1914, 516 nurses of the QAIMNS, QAIMNS(R) and TFNS arrived in France on the same troopships as the first male servicemen of the British Expeditionary Force.²² During the war the QAIMNS and QAIMNS(R) had expanded rapidly and by

¹⁹ Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, 1975), p43

²⁰ Only 141 service records out of a sample of 516 contained no Form of Admission.

²¹ The National Archives, *The Nursing Board QAIMNS: Proceedings and Reports*, Vol I, 11th February 1903, WO243/20

²² W.G. Macpherson (ed), *Medical Services General History, Vol II: The Medical Services on the Western Front, and during the Operations in France and Belgium in 1914 and 1915* (first published in 1923) Reprinted by The Naval & Military Press Ltd, p161

the Armistice in 1918 over 10,000 women had served as members.²³ Despite the increased demand for military nurses, the recruitment practices of the QAIMNS and QAIMNS(R) remained relatively unchanged throughout the war. In fact, the surviving service records of the QAIMNS held at the National Archives illustrate just how consistent the application procedure remained. Even by 1919, the Form of Admission was exactly the same as it had been in 1908, reflected in the requirement to know of a nurse's experience of Enteric Fever, which was a major cause of death in the Boer War but not during the First World War.

However, I have found that there was some relaxation of the strict pre-war entry criteria, most notably regarding the requirement of previous nursing experience. The QAIMNS service records show that from 1916 onwards there are significantly more nurses recruited directly from training hospitals. For example, in 1914, only 5% of QAIMNS nurses were recruited straight from nurse training. This had increased to 15% in 1915 and had risen again to 25% of QAIMNS nurses by 1916. Newly qualified nurses joining straight from training hospitals remained at this level for the remainder of the war. But, when looking at the data in more detail, 40% of nurses who enlisted in 1918 had less than one year of qualified nursing experience so although only a quarter of all QAIMNS nurses came straight from training, many were still relatively inexperienced. In addition, my analysis of the service records also demonstrates that at the beginning of the war, in 1914, nurses recruited to the QAIMNS and QAIMNS(R) had, on average, five years of previous nursing experience. Over the course of the war, this decreased year on year and by 1918 this average had halved to 2.4 years.²⁴ These combined statistics reflect the increased demand for professional military nurses over time as the war went on and provides evidence that professional nurses joining the British Army in 1917 and 1918 had much less previous nursing experience than those enlisting in 1914 and 1915. This is particularly relevant when considering the arguments of historians who overlook the army nurses of the First World War as trained professionals experienced in responding to medical trauma.

The stipulation for three years of professional nurse training was never removed for the members of the QAIMNS and the practicalities of a three-year timespan to train a

²³ Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, 1975), p46

²⁴ I have found that for the duration of the war overall, the average number of years of previous civilian nursing experience of a QAIMNS nurse was 4.1 years.

professional nurse meant that there was always going to be difficulty in recruiting qualified nurses in a national crisis. For the QAIMNS, their strict criteria of social standing, marital status, age and perceived respectability narrowed that employment market even further. Significantly, the QAIMNS accepted nurses from a variety of medical backgrounds and the type of training and previous experience of applicants could vary widely. I have used the data from the Form of Admission, which details the previous or current role of the applicant, to determine the type of previous nursing experience of the members of the QAIMNS during the First World War.

Between 1914 and 1918, I have found that 62% of QAIMNS and QAIMNS(R) nurses were previously employed in civilian hospitals, of which only 7% specifically described themselves as surgical nurses. A further 19% of successful applicants were previously employed as private nurses, whilst the remaining 19% were midwives, children's nurses, district nurses or health visitors. This is potentially 38% of wartime military nurses who essentially worked in, what we would now consider to be, community medicine and healthcare. I have found that this pattern of previous nursing experience remained consistent throughout the war and it is evident that many nurses who successfully joined the QAIMNS had very limited experience of nursing male surgical patients. This is not to say that they were not capable nurses but to emphasise that the role of a wartime military nurse could be very different to the role of a peacetime children's nurse. For example, in peacetime, nurses of the Queen Alexandra's Military Families Nursing Service (QAMFNS) worked in the Military Family Hospitals specifically for the wives and children of Regular serving soldiers in garrison towns such as Aldershot and Colchester. Some of these permanent army nurses were temporarily re-allocated to the QAIMNS(R) and served overseas on active service during the First World War.

Recruitment during the First World War is one of the first processes of warfare where we witness the stark difference between the military experiences of men and women. The recruitment of professional female army nurses was very different compared to the experiences of young British men joining the Armed Forces. For women there were no local recruitment offices or temporary recruiting stations, no compulsory conscription and no public accusations of cowardice. The recruitment of the QAIMNS, the QAIMNS(R) and Territorial Force Nursing Service (TFNS) was based entirely on voluntary enlistment, but women were equally susceptible as men to the pressures of

propaganda, patriotism, duty and the lure of adventure. It is evident that there were patterns of enlistment during the war with peak recruiting years. For example, from my sample of service records I have found over 35% of QAIMNS nurses enlisted in 1915 alone.

Year	Recruitment figures
Pre-war	25
1914	70
1915	181
1916	93
1917	91
1918	50
1919	1
Total:	511

Figure 1: QAIMNS and QAIMNS(R) recruitment of nurses per year in sample study

This statistical breakdown aligns with the figures for QAIMNS recruitment provided by Ian Hay, which also has 1915 as the peak year of recruitment of QAIMNS nurses.²⁵

This is a pattern of recruitment that would be expected following the initial excitement and propaganda drives at the outbreak of war. However, it is apparent that later propaganda drives and newspaper appeals also directly impacted the recruitment of nurses and many nurses refer specifically to newspaper appeals when they write their initial letters offering to serve with the QAIMNS. For example, on 28th April 1917, Lord Derby, Director General of Recruiting, published an appeal for Army nurses in *The Times* newspaper:

Within the last few days the Government has had to call upon the medical profession for services of more of its members, in order to meet the situation caused by the dastardly torpedoing of hospital ships by the enemy. It is necessary, in order to complete hospital establishments, that a similar demand should be made upon nurses for their services, and I venture now to make that appeal.

²⁵ Hay's breakdown of recruitment figures for the war suggests a slightly higher figure of 37.5% of nurses were recruited in 1915. These figures also suggest that 1914 and 1916 were both at 22% with a decrease to 15.5% in 1917 and much bigger decrease to just 4% in 1918. However, Hay does not seem to take account of nurses who were enlisted pre-war. Ian Hay, *One Hundred Years of Army Nursing* (London, 1953)

Fully-trained nurses are a most urgent need; they must be forthcoming immediately, and in large numbers. But I feel that, just as in the case of doctors, it is necessary to safeguard the welfare of the civil population at home, and that nurses should only be secured with the cooperation and good will of the authorities of every civil hospital, Poor Law infirmary, and institution supplying nurses. I therefore appeal to these authorities to review at once their present staffs of nurses, and to set at liberty for military service every available certified nurse who is willing to serve, and I would ask that the names of such nurses should at once be reported to the Secretary War Office, Adastral House, Embankment, E.C.4.

I also appeal to every nurse who has retired from her profession to offer her services to her training school, or to one of the local hospitals or institutions, in order that she may thereby enable the authorities of those institutions to release a nurse capable of undertaking the more strenuous duties of military service.

I also appeal to those trained nurses who have left the military service to consider whether they will not again enrol themselves in that service.

Finally, I appeal to every nurse who is in possession of a three years' certificate for general training, and who is free to offer her services, to apply at once to the Matron-in-Chief, War Office, Adastral House, Embankment, E.C.4.

I cannot end this appeal without making reference to the splendid work of nurses for the sick and wounded and to the courage and devotion to duty displayed under fire, in the field, and in mined and torpedoed hospital ships in this war. The Nursing Service has a glorious record, and I feel confident that many will now answer the call to join a service which has done so much for the country, and to which the country owes such a debt of gratitude.²⁶

The shortage of nurses was an essential matter to be resolved and Lord Derby's appeal emphasised the work the nurses had already done as well as their bravery under fire. This appeal publicly lauded women for their wartime work and, together with an urgent emergency tone, the newspaper article directly prompted women to give up the

²⁶ 'More Nurses', *The Times*, Saturday 28th April 1917, p9, Issue 41464, Gale Document Number: CS152635548, Times Newspapers Limited. Available at <https://www.gale.com/intl/c/the-times-digital-archive> (Accessed 7th September 2016)

security of their civilian employment and opt for the dangerous and challenging work of nursing overseas with the British Army.

From studying the Forms of Admission in the service records it is evident that there was a direct response from nurses because of this appeal, as there was a 39% increase in successful applications to the QAIMNS compared to the previous six months. One application letter, written by Edith Humphrey, specifically references the newspaper article and is dated the same day, 28th April 1917:

I see in today's paper an appeal for Army nurses. Will you please send me particulars for entrance in QAIMNSR. If accepted is it possible to be sent straight out abroad? as I would prefer foreign service. I am a fully trained nurse – at present holding a Sister's post.²⁷

Newspaper appeals fuelled a sense of urgency to the immediate recruitment of nurses and it is interesting to note that when nurses responded to this type of public newspaper appeal, their letters to the Matron-in-Chief echoed the same sense of urgency as the newspapers. Nurses often wrote with a desire to be accepted to the service and posted overseas as soon as possible. Appeals, like this from Lord Derby, fuelled not only a sense of duty in women but possibly fostered a sense of guilt too. The influx of wounded soldiers to UK hospitals meant that many civilian nurses directly encountered military patients whilst caring for them within the UK civilian hospital system. These women would have been fully aware of the type of injuries and diseases that sick and wounded soldiers were suffering from. An urgent national newspaper appeal for qualified nurses to serve overseas would have weighed heavy on their conscience as professional, skilled women.

As more civilian hospitals began to take military patients, more civilian nurses encountered first-hand experiences of the war. I believe that these face-to-face encounters with wounded soldiers were a strong motivating factor for the enlistment of nurses and influenced the decision of many women up and down the country as the war began to directly impact on the day-to-day work of civilian nurses in the UK. Jenny Arthur, for example, enlisted with the QAIMNS in March 1917 but had been eligible to do so at the outbreak of war in 1914.²⁸ In her initial letter to the Matron-in-

²⁷ The National Archives, service record of Edith Humphrey, WO399/3732

²⁸ The National Archives, service record of Jenny Arthur, WO399/192

Chief, Arthur stated that she had been nursing for almost 10 years. Arthur's service record provides a possible reason for delay as on 3rd August 1914, only the day before Britain declared war, she had started in a new role as Matron of Elgin County Sanatorium (a position she held until August 1915). In 1914, when it was widely believed the war would be short-lived, it would have seemed foolhardy to give up a secure paid nursing role for the uncertainty of a European war. However, by August 1915 the serious nature of the war would have been much clearer with over 100,000 British servicemen already killed in action.²⁹ Yet Arthur still did not volunteer for service with the Army. Instead, she accepted the position of Sister at Gray's General Hospital in Elgin. It is likely that it was here where she first began to regularly encounter soldiers returning from the front-line, hearing first-hand accounts of their wartime experiences. Gray's General Hospital was associated with the First Scottish General Hospital at Woodend, Aberdeen and, although officially a civilian hospital, it admitted over 900 military patients during the course of the First World War.³⁰ In her application letter, Arthur stated that she was responsible for 50 military and 20 civilian patients. She probably included this fact to demonstrate to the Matron-in-Chief that she had experience of caring for the military, but it also demonstrates that the balance of her work has shifted. I believe this shift in emphasis of Arthur's civilian role influenced her personally and ultimately led to her decision to enlist with the QAIMNS and leave the security of her civilian employment.

It could be argued that civilian nurses were already contributing to the war effort in the UK by nursing military personnel in civilian hospitals so there had to be other personally motivating factors that led them to enlist for military service. For many women, it seems it was the prospect of service overseas that was driving military enlistment. This is very evident in Edith Humphrey's letter: 'If accepted is it possible to be sent straight out abroad?'³¹ Jenny Arthur was also very specific in her letter to the Matron-in-Chief and notably requested service on a hospital train or ship before acquiescing '...but I shall be very willing to go any where.'³² Arthur had gone further than most, not only offering to serve overseas but specifically requesting medical

²⁹ Commonwealth War Graves Commission (2016). Available at www.CWGC.org (Accessed 19th September 2016)

³⁰ J.C. MacDonald, 'The History of Dr Gray's Hospital, Elgin,' *Medical History* (Cambridge University Press, 1976), pp174-175

³¹ The National Archives, service record of Edith Humphrey, WO399/3732

³² The National Archives, service record of Jenny Arthur, WO399/192

transports, which were uncomfortable, arduous and dangerous. She went beyond a simple offer of help; she was willing to put her life at risk. Whilst a sense of duty, and possibly guilt, were likely to have been motivating factors for the enlistment of nurses to the British Army, there was also the draw of adventure, the thrill of travel and potential dangers, which could be too tempting to resist for these ambitious, educated women. Why else would Arthur volunteer for the hospital transports if she did not have a sense of adventure? Arthur not only offered her expertise, but her letter suggests that she wanted to make an active contribution to the war effort and to experience the war for herself. This was nursing beyond the ordinary and presented both professional and personal challenges.

Arthur was not alone in requesting to serve abroad as many nurses specifically requested overseas service. They were to discover the War Office took little, if any, notice of individual requests and asking for specific postings was generally futile. After an interminable wait, Arthur was posted to the Sunderland War Hospital despite her passionate letter offering her nursing services to the war effort with a deliberate request for overseas service onboard hospital ships or trains.³³ On entering the service, each nurse underwent a medical examination and her suitability for overseas service was noted, but there were no guarantees as to where a nurse might serve and nurses of the QAIMNS were posted across the globe. Nurses were located according to operational need. From my sample of service records, I have found almost 70% of QAIMNS and QAIMNS(R) nurses served overseas during the First World War with France, Egypt and Salonika as the most common geographical locations although nurses were also posted to Mesopotamia, Malta, East Africa, Greece, Turkey, Italy, India and Palestine. In addition, nurses also served onboard hospital ships, which operated across the English Channel and in the Mediterranean Sea. Many nurses had more than one geographical posting. For example, almost a quarter of nurses in my sample study served both in the UK and overseas.³⁴ The most common combination of military postings was France and the UK, but almost 40% of nurses served in two

³³ It is likely it was not the wartime role Arthur had envisaged for herself particularly as she was already based in a UK hospital nursing military personnel. However, on 17th August 1917 she signed on for the duration of the war not knowing how long the war was going to last nor how long she would remain in the UK. Perhaps she still hoped for a chance of overseas service. Arthur remained at Sunderland War Hospital as Sister-in-Charge of the Operating Theatre until her demobilisation on 31st October 1919. The National Archives, service record of Jenny Arthur QAIMNS(R), WO399/192.

³⁴ 115 nurses from a sample of 504 served in the UK and overseas during the war – this equates to 23%.

or more locations, with 17% never serving in the UK and 6% serving in at least three different countries. From my study, I found that 30% of nurses remained in the UK, but army nursing provided many women with the opportunity to travel and to see the world.

Voluntary enlistment with the British Army in wartime was a huge decision to make and application letters written by First World War nurses, such as Arthur and Humphrey, illustrate that when a nurse made the decision to enlist there was a real sense of wanting an immediate participatory role in the war. This could be seen as a zeal for patriotic duty or perhaps, having made that decision, it was an urgency created by seeing it through. There was also a practical need for nurses to organise their finances, current employment and living accommodation. This pressing practical arrangement of life in general is particularly evident in many letters held in the service records of the QAIMNS(R). For example, following her successful application to join the QAIMNS(R) in April 1917, Arthur quickly discovered that the bureaucracy of the War Office was a slow-moving machine, even in the crisis of war. Arthur had resigned from her post at Gray's General Hospital with effect from 27th July 1917, no doubt believing that a three months' notice period was more than adequate during this wartime emergency. However, the 27th of July 1917 came and went and Arthur had still not received a start date with the QAIMNS(R). Her letters to the War Office, during the course of July and beyond, illustrate her increasing anxiety at being left not only without an income but also without a home. Writing on 9th August 1917, Arthur complained:

I applied to Q.A.I.M.N.N.S.R in April and was accepted, I give up a good post in Elgin, especially to be called up for duty on July 27th. I have no home and can not afford to be out of employment.³⁵

The practicalities of leaving a civilian post to transfer to a military role had left Jenny Arthur out of pocket and homeless. After several stressful weeks, on 14th August 1917 she finally received confirmation of her new military posting. Sadly, this was not an unusual experience for many nurses following enlistment with the QAIMNS(R), as evidenced by correspondence in the service records. The delay from being informed of acceptance into the QAIMNS(R) to confirmation of a date of posting was hugely

³⁵ The National Archives, letter by Jenny Arthur, WO399/192

frustrating and difficult for women trying to make personal and professional arrangements.

In 1914 and the early part of 1915, the existing nurses on the QAIMNS, QAIMNS(R) and TFNS nominal rolls were gradually called up for active service but, as the war progressed and more nurses were required, there was a steady but slow growth in additional recruitment. Even during the years of 1915 and 1917, when there was an increased response to direct appeals, the bureaucracy of the War Office prevented sudden excesses of nurses for posts. The placing of nurses was a highly managed and defined process according to the need of individual medical units. The War Office, and most notably the Matron-in-Chief, Ethel Becher, would not be rushed. Shortages in nursing staff meant that she, along with Maud McCarthy, Matron-in-Chief of the British Expeditionary Force, had to decide the areas of most need and nurses were placed on an almost individual basis. The papers of Maud McCarthy provide evidence that she found the process hugely frustrating. McCarthy's Annual Report for 1916 clearly set out the nursing shortage in France of 415 trained nurses plus 125 VADs.³⁶ When she requested more nurses, the War Office in London informed her 'that every effort was being made to meet the needs, but nurses were scarce, and the needs of other fronts had also to be met.'³⁷

There were continuous tensions between Becher at the War Office and Maud McCarthy, Matron-in-Chief of the BEF stationed in France. On 18th September 1916, McCarthy received a letter from Becher expressing surprise at McCarthy's demands for more nurses and accusing McCarthy of never providing her with the scale on which the proportion of required nurses was calculated.³⁸ McCarthy responded by stating that the nursing numbers were calculated on pro rata scale as set out in Army Orders. In addition, McCarthy recorded that she had telegraphed General Headquarters (GHQ) with the number of nurses in France as at 1st July 1916, as asked for by the War Office on 4th September 1916. She checked again with GHQ when this information had been forwarded to the War Office as Becher was claiming she had not received it. Becher's constant questioning of McCarthy's increased demands for more nurses did not help relations between the two women. The War Diary clearly shows there were

³⁶ Museum of Military Medicine, Annual Report of the Matron-in-Chief, British Expeditionary Force, 1916, QARANC/CF/4/3/3/MCCA

³⁷ Ibid

³⁸ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3989/5

heavy casualties at this time, the Battle of the Somme had begun on 1st July 1916, and McCarthy was inundated with requests from all sides for more nurses on the ground.³⁹ It is evident that McCarthy felt that Becher did not fully appreciate the military and medical circumstances in France.

Meanwhile, letters written by nurses to the War Office simultaneously demonstrate the anxiety they felt as individuals as they frequently requested further information about when they might begin their wartime service due to civilian posts they had on hold that they needed to either accept, reject or resign from. Although many nurses wrote repeatedly to Becher for further details, they could do nothing but wait and rely on the goodwill of employers, family and friends. Many women found they had been too hasty resigning from their civilian posts. Prior to enlistment with the QAIMNS(R), most women had worked in civilian nursing and it is highly likely that paid employment was their primary source of financial independence. Anxiety about being left without any income between leaving civilian employment and official appointment in the QAIMNS contributed to the increasing sense of urgency found in letters in the service records.

Within the initial application procedure to join the QAIMNS, the Form of Admission provides various background details for each individual nurse including 'Father's Occupation', which particularly illustrates the range of socio-economic backgrounds of the QAIMNS nurses. The most predominant fathers' occupation was farmer, followed by skilled tradesmen such as builders, carpenters and silversmiths, while salesmen and merchants made up the third largest occupations. Prospective applicants often emphasised their father's profession as of particular significance, or they identified him as an expert in his field. This is especially evident where a simple statement on its own may not provide enough information about a father's skill or social standing. For example, fathers' occupations included 'Master Painter', 'Gentleman Farmer', 'Master Manufacturer' and 'Tobacconist (own business)'. Despite the emphasis of a father's respectable credentials, I found that 26% of nurses could be categorised as coming from a working-class background, with examples of fathers' occupations as tradesmen, railwaymen and fishermen. These were women who were unlikely to be able to rely on the financial support of their fathers. However,

³⁹ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3989/3-4

although the vast majority of QAIMNS nurses were from middle class and upper-middle class backgrounds, it cannot be assumed that these women had alternative means of income aside from their paid employment.⁴⁰

Whilst the War Office placed emphasis on employing women from a particular social background, a higher respectable social status did not automatically equate with financial security, particularly for women. Family inheritance may have passed to an older male sibling, for instance, or there may have been other siblings or family members that also needed financial support. Significantly, 38% of fathers were deceased at the time of enlistment in the QAIMNS. My study of QAIMNS service records also found that the average age of women on enlistment was 31 years and many of these women had been supporting themselves independently for several years before joining the military. In some instances, these women appear to support not only themselves but also the wider family, as was the case with Mary Crone.

Mary Crone enlisted with the QAIMNS(R) in February 1917 and was one of the few nurses to enlist with the QAIMNS(R) directly from her nurse training. Additional correspondence in her service file indicates that she was possibly a woman who needed to work in order to support her wider family at home. On her Form of Admission, Crone had listed her father's occupation as 'Farmer and Contractor' but noted that only her mother was now living.⁴¹ Mary Crone was Irish and the 1911 Irish Census makes no mention of her father but records that Crone's mother was a farmer and shopkeeper living with Mary Crone's two younger sisters, a male groom and four brothers who were all boarders with the Crone family.⁴² Mary Crone is listed on the Irish Census as resident in a nurses home in Dublin where she was then a student nurse, whilst back at the family home in Kilcullen, her mother was single-handedly supporting Crone's siblings and running the family business, supported with additional income from the family of male boarders.

⁴⁰ See also Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester, 2009), pp148-149

⁴¹ The National Archives, service record of Mary Ellen Crone, WO399/1882

⁴² The National Archives of Ireland, *1901/1911 Census of Ireland*. Available at http://www.census.nationalarchives.ie/pages/1911/Kildare/Carnalway/Kilcullen_Town/543173/ (Accessed 24th January 2021)

Shortly after joining the QAIMNS(R), Mary Crone left England for Salonika and her service record contains the letters her mother wrote to the Matron-in-Chief at the War Office claiming that her daughter had left some money for her. The War Office were not aware of this and it was not usual procedure, so it appeared there had been some confusion or miscommunication between mother and daughter. Mary Crone had not worked with the QAIMNS(R) prior to embarking for Salonika so she had thus far received no pay. However, she had received £24 and 15 shillings as an allowance.⁴³ This worked out as £8 5s for outfit allowance, £7 10s for camp kit allowance and £9 uniform allowance. Crone should have spent this money to buy the equipment she would need for Salonika but presented with such a large sum it might be possible that she considered skimping on the economies and sending some home to her family in Ireland. Her mother was certainly aware that her daughter had received a sum of money as on 5th April 1917 she wrote:

My daughter who is at present a nurse in Salonika has written to me saying she left some money to come to me direct from the War Office when she was leaving England on the 6th February. Will you kindly advise me what to do in the matter as some say I have to make a claim.⁴⁴

The War Office was unable to find any record of Crone leaving a sum of money for her mother and although further details are requested there is no record of how the matter is finally resolved. However, the correspondence relating to the additional financial benefits of military service suggest that it may have been influential on Crone's decision to serve with the British Army and this financial motivation for women to enlist may not have been uncommon.

This type of documentation in service records makes it clear that QAIMNS nurses were often supporting the wider family, either financially, as appears to be the case with Mary Crone, or physically and emotionally. In my sample study, 203 nurses voluntarily resigned from the QAIMNS and whilst most nurses gave no specific reason for their resignation, 17 nurses specifically resigned from the service for urgent private family matters with some leaving so they could care for sick and dying relatives. The British Army authorities accepted this as a reason for resignation without question and often arranged the return passage for nurses as swiftly as possible. It would have been

⁴³ The National Archives, service record of Mary Ellen Crone, WO399/1882

⁴⁴ The National Archives, letter from Mrs M Crone, service record of Mary Ellen Crone, WO399/1882

unthinkable for a male serving member of the British Army to do the same yet for the QAIMNS nurses it was socially and politically acceptable. It was even expected as it was considered a woman's primary duty and responsibility to care for the home. It is possible that some nurses used this as an opportunity to leave the QAIMNS, but it is almost impossible to quantify that this was the case and many nurses were blunt when they gave their reasons for leaving the service so there would not appear to be a need to make an excuse unless one felt morally obligated. For example, one nurse resigned because she could not stand another damp winter in Aldershot!⁴⁵ My study of service records demonstrates there are also examples of nurses re-enlisting at a later date when their relative has recovered or died, which suggests that there was some legitimacy for leaving due to 'urgent private affairs'. Florence Henderson, for example, resigned from the QAIMNS(R) in 1917 to care for her sister but then later re-enlisted and served until the end of the war.⁴⁶ It seems incredible that the British Army allowed somebody on active overseas service permission to return home to the UK on a private matter. The ease with which a nurse could resign and take advantage of this loophole in the military machine distinguishes the QAIMNS from the Regular British Army. This military freedom of the Army nurses was occurring at a time when infantry soldiers were being shot for desertion and cowardice.

The terms of service and regulations for the nurses of the regular QAIMNS and the nurses of the QAIMNS(R) were slightly different. In this regard the nurses of the QAIMNS were more closely aligned to the Regular Army. For example, initially the women of the QAIMNS served under a three-year contract whereas nurses of the QAIMNS(R) served one-year annual contracts, which could be renewed or the nurse could choose to resign at the end of her contracted period.⁴⁷ In my sample of service records I have found that between 1914 and 1919, 41% of nurses resigned from military service and 10% of nurses served less than one year. Most nurses, 60% in total, served between one to three years during the First World War.⁴⁸ This is possibly connected to the introduction in 1916 of a financial gratuity designed to incentivise nurses to sign up for the duration of the war. Nurses of the QAIMNS(R) who agreed

⁴⁵ The National Archives, service record of Florence Farndon, WO399/2652

⁴⁶ The National Archives, service record of Florence Henderson, WO399/3742

⁴⁷ Sue Light, 'Contracts', *The Fairest Force: Great War Nurses in France and Flanders*. Available at <http://www.fairestforce.co.uk/11.html> (Accessed 24th January 2021)

⁴⁸ This breaks down fairly evenly as 21% served for one year, 19% for two years and 20% for three years.

to sign up to the gratuity and make a longer-term commitment became tied into a legal contract that required ill-health, marriage or extenuating personal circumstances to release them. Although bound to the Army, the arrangement was not reciprocal and at the end of the war these nurses found they could be demobilised with just 48 hours' notice.⁴⁹ From my sample study, 48% of nurses left military service as a result of demobilisation at the end of the war and only 9% of nurses served with the QAIMNS or QAIMNS(R) for over five years.

Letters and forms regarding the pay, pensions and financial gratuities of nurses form a large bulk of correspondence held within the QAIMNS service records and this is as a result of the type of correspondence the nurses would have had with the administrative branch of the War Office. Although it could be argued that nursing is a predominantly vocational profession, and for some women this was probably true, there can be no doubt that many women of the QAIMNS and QAIMNS(R) were wholly reliant on their wage. For women of the QAIMNS and QAIMNS(R), nursing was their profession, career and, for most, their only means of financial independence. From my sample study, it is evident that the majority of women of the QAIMNS and QAIMNS(R) were members of nurses' insurance schemes.⁵⁰ The insurance schemes safeguarded their earning potential and illustrate that these were independent women working for a salary with no other means of guaranteed financial support.

In addition to their private insurance schemes, members of the Regular QAIMNS were also eligible for an army pension. This was not the same for the nurses of the Reserve who were only entitled to disability pensions. The War Office provided women of the QAIMNS and QAIMNS(R) with disability pensions if a medical board regarded their disability to be a direct result of wartime service. Wartime disability pensions were awarded to QAIMNS nurses but, as with men, it was difficult to secure and service records contain correspondence requesting disability pensions or access to hardship funds in the 1920s and 1930s. For some nurses, this was almost impossible to prove even with medical board records. For one nurse, despite a medical board examination and diagnosis of neurasthenia and alopecia areata in 1919, her illness was officially deemed 'aggravated' by military service but not 'attributable' to it, even though its

⁴⁹ Sue Light, 'Contracts', *The Fairest Force: Great War Nurses in France and Flanders*. Available at <http://www.fairestforce.co.uk/11.html> (Accessed 24th January 2021)

⁵⁰ For those records with surviving details of insurance schemes, 77% of QAIMNS nurses were insured.

official recorded date of origin was in 1918 whilst she was serving in France.⁵¹ This subtle difference in terminology prevented any eligibility for a postwar disability pension.

A basic wartime salary for a QAIMNS nurse was comparable to the mid-range pay of civilian nurses and in 1916 the starting salary for a Staff Nurse of the QAIMNS was £40 per annum. A Sister's starting salary was £50 per annum, Matron £75, Principal Matron £175 and Matron-in-Chief £305.⁵² In addition to this, each nurse received an allowance for board and laundry of £39 (Home Service) or £54 12s (overseas service). Uniform allowance was either £8 (Home Service) or £9 (overseas) and fuel, light and lodging allowance (if not provided by Army barracks) enhanced the basic pay of a military nurse.⁵³ Military authorities also provided financial incentives in a deliberate bid to recruit and retain qualified nurses. As well as the financial benefits of active service, from 1916 onwards, nurses were eligible for a gratuity paid at the end of the war on completion of their army contracts. For nurses of the QAIMNS it was a system that ran parallel to the gratuities paid to male officers of the Regular Army. For example, Staff Nurses and Sisters received the same as Lieutenants (£40 for one year's war service then an increment of £1 or 10s for each subsequent month of service), Principal Matrons the same as Captains (£45 for one year's service) and Matrons-in-Chief the same as Lieutenant-Colonels (£75 for one year's service). For nurses of the QAIMNS(R), Staff Nurses received £20 for one year's war service, Sisters £30 and Matrons £40 (all with 10s increment for each month served).⁵⁴ It was a substantial amount of money and equivalent to a 50% increase in pay.

Many of the service records from The National Archives contain letters from nurses to the War Office requesting confirmation of their eligibility for the gratuity. The correspondence regarding gratuities is likely to be so predominant because of an Army Order issued in May 1919, which stated that there would be an increase to the gratuity to be paid retrospectively regardless of when a nurse had left the army as long as she had completed her terms of service. Hundreds of nurses therefore wrote to the War

⁵¹ The National Archives, service record WO399/5474

⁵² The salary of a QAIMNS Staff Nurse was capped at £45. See Sue Light, 'Pay', *The Fairest Force: Great War Nurses in France and Flanders*. Available at <http://www.fairestforce.co.uk/12.html> (Accessed 24th January 2021)

⁵³ Sue Light, 'Pay', *The Fairest Force: Great War Nurses in France and Flanders*. Available at <http://www.fairestforce.co.uk/12.html> (Accessed 24th January 2021)

⁵⁴ *Ibid*

Office requesting confirmation of their eligibility for this new gratuity. The gratuity payment was designed to encourage nurses to stay in service, but most nurses completed at least their annual contract. From my sample study, 52% of the nurses who enlisted in 1914 remained in service until 1918, which would indicate a reasonably high retention level. I would argue that the financial incentive was as much about recruiting new nurses as it was about retaining existing nursing staff. The medical services of the British Army had severe staffing shortages throughout the war and there was a need to entice women out of secure civilian nursing positions where they were already fulfilling their moral duty in nursing sick and wounded military personnel in the UK.

In August 1919, an additional war bonus was also introduced. The war bonus gave nurses enhanced pay if they agreed to work until 30th April 1920 or demobilisation. An active process of demobilisation had begun in 1919, but the Army soon realised it could not afford to lose all its nurses at once as it needed to retain enough nurses to manage the many hundreds of men still invalided or undergoing treatment either overseas or in the UK. By offering a financial incentive, the War Office hoped to secure nursing services for as long as there was a military need. Demobilisation was a further period of uncertainty for many women. Some nurses were fortunate in being able to return to civilian posts that had been held open for them. Others knew that there would be fierce competition for jobs and there was particular concern about women who had served as experienced volunteer nurses flooding the job market. Of the nurses sampled for this chapter, only 12% remained with the QAIMNS beyond 30th April 1920. A further 40% were demobilised between January 1919 and 30th April 1920, but all were eligible for this extra gratuity. For many nurses, this was a last hurrah of additional independent financial gain as they returned to civilian life.

By 1919, many nurses were keen to return to the stability of civilian posts. Some nurses of the QAIMNS(R) resigned rather than wait for the uncertainty of demobilisation as did the handful of nurses who had civilian jobs to return to. For these women, the security of a post-war civilian nursing job was too much to risk in favour of the financial incentive of the 1919 war bonus. Although there were still military personnel overseas and military hospitals operating at full capacity, the nurses of the QAIMNS(R) began to feel vulnerable. Demobilisation could be swift and without warning and there was a real fear of post-war unemployment and competition

for jobs. The lack of civilian nursing posts in the UK was a concern for nurses who felt the profession was threatened by the large numbers of untrained women who had been working as nurses during the war. In 1919 the Nurses Registration Act was passed, establishing the General Nursing Council and the professional register of nurses. This legislative reform formalised the nursing profession and should have allayed many of the fears of the professional nurses.

Although many army nurses were eager to secure or return to civilian roles, the service records show that there were many other nurses of the QAIMNS(R) who were reluctant to leave army service and applied to transfer to the Regular QAIMNS or Permanent Reserve at the end of the war. Some nurses returned to civilian jobs only to find they missed Army life. Eva Court wrote to the Matron-in-Chief on 20th June 1920 and her desire to return to the QAIMNS is evident:

I was demobilised in Feb 1919 to return to a post which I had previously held. I should so much like work in the Army again if there is now, or likely to be a vacancy.⁵⁵

For Court, army nursing had been a rewarding experience and something that she now missed in civilian life. It could be equally difficult for women, as it was for men, to return to 'normality'. During the 1920s and 1930s there are frequent examples of nurses, like Court, writing to the War Office offering to re-enlist with the Regular service. Very few of these requests were accepted and it is evident that the Army was extremely reluctant to expand either the QAIMNS or the Permanent Reserve at the end of the war or later during the 1920s and 1930s. Although the First World War had created opportunities for nurses, its swift end and poor management of the demobilisation process left women frantically trying to secure their future.

The criteria for accepting women to the Regulars or Permanent Reserve remains unclear as there are examples of nurses with excellent references being refused acceptance to the Permanent Reserve and nurses with mediocre reports joining the Regulars. For example, one nurse was rejected on her personal appearance alone as a confidential note tucked into her service record, dated 3rd July 1919, reads:

⁵⁵ The National Archives, service record of Eva Court, WO399/1782

Private

Miss [X] is talking of applying for the QAIMNS. While everything is in her favour as to capability etc her appearance is against her and I do not think she is quite the style for the Regular Service; if she applies I shall not recommend her.⁵⁶

This illustrates how the transferral selection process appears to have been arbitrary and inadequate, perhaps at the liberty of the personal discretion of a few senior individuals. This is further illustrated by the service records of two nurses who were transferred to the Regular service; one was later accused of neglect and the other embezzlement of mess funds.⁵⁷ Hardly testimonial to a successful transferral scheme.

Army nursing in the First World War was unpredictable for women in military service. Postings and promotions often appear to be down to luck and the favour of the Matron or Commanding Officer. But there were real career opportunities too. For example, Jenny Arthur's experience as Sister-in-Charge of the Operating Theatre was one that she may not have been presented with had it not been for joining the QAIMNS(R).⁵⁸ Promotion and career development could be fast-tracked by the opportunities of war. I have found, from my study of QAIMNS service records, that Arthur is largely representative of a QAIMNS nurse; she was an educated, experienced, professional woman, aged approximately 30 years old, reliant on a wage and hopeful of overseas wartime service. Whilst the military authorities struggled throughout the war to recruit and retain nurses, my study suggests that on average nurses served just over three years with the QAIMNS. More nurses remained in service than left, despite the difficult circumstances in which they worked.

The war offered trained nurses the opportunity to further develop their medical knowledge, skills and expertise but it also provided the opportunity for travel, adventure and financial reward. Combined with her power and influence on the wards, the military nurse of the QAIMNS had freedom, agency and financial independence. The service records of the QAIMNS and QAIMNS(R) demonstrate how integrated these women were into the British Army and highlight some of the key elements surrounding their terms of military service, such as postings, pay, allowances and

⁵⁶ The National Archives, service record WO399/3812

⁵⁷ The National Archives, service records WO399/1922 and WO399/2862

⁵⁸ The National Archives, service record of Jenny Arthur, WO399/192

suitability for promotion. The information contained within Army service records can be used to build a fuller picture of female military service with the QAIMNS and can provide not just a social history of army nursing but also an economic and political context of who served and their potential motivators for enlisting. These factors relate to a wider context of female participation in the war because if we can better understand the socio-economic background of QAIMNS nurses, then we can more fully understand their experiences of, and responses to, the First World War and military service.

Chapter Three: Establishing Authority: Dame Maud McCarthy

There was nothing new about the concept of women serving as army nurses in 1914. Florence Nightingale had famously developed the role and status of military nursing during the Crimean War and women of the Army Nursing Service had previously accompanied troops to the Zulu War (1879-1881), the Sudan War (1883-1884) and the Boer War (1899-1902).¹ However, the First World War demanded greater nursing support than any previous military conflict with over 10,000 women serving with the QAIMNS and QAIMNS(R) between 1914 and 1919. Plus, an additional 8,000 nurses served with the Territorial Force Nursing Service (TFNS).² The First World War changed the status and perception of army nursing as the nurses of the QAIMNS were incorporated more deeply into the British military structure than ever before. As a result of the war, the QAIMNS reinforced its role as the primary British Army nursing service and when the Second World War broke out in 1939 the improved efficiency and militarisation of army nursing was evident. The mechanisation of warfare and the wounds it inflicted between 1914 and 1919 had devastatingly shown that there was a need for an efficient, highly trained permanent nursing service for the British Army and, although reduced in size during peacetime, the QAIMNS was far better prepared for war in 1939 than it had been in 1914.

One woman, in particular, was at the heart of the changing face of the QAIMNS during the First World War and her role on active military service was the most high-profile of all army nurses. With the outbreak of war, Maud McCarthy became Acting Matron-in-Chief of the British Expeditionary Force in France and Flanders and was responsible for all members of the QAIMNS and QAIMNS(R) serving in France and Belgium. She was one of the first senior British Army officers to arrive in France in August 1914. McCarthy's role was to manage the staffing requirements of nurses according to medical and military need, but she was also responsible for all aspects of the female

¹ Eric Taylor, *Wartime Nurse: One Hundred Years from the Crimea to Korea 1854-1954* (London, 2001), pp42-43

² Christine Hallett has noted there is some debate surrounding the figures of the TFNS. She has found inconsistencies in official figures and cites a 1918 TFNS report stating there were 7,145 TFNS members, whilst a later report on the war by Elizabeth Haldane claims there were a total of 8,140 TFNS members during the war. Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford, 2014), p279. It is not unfeasible that a further 1,000 nurses were enlisted over the course of the final year of the war. The QARANC website also states there were over 8,000 TFNS nurses during the First World War, see <http://www.qaranc.co.uk/Territorial-Force-Nursing-Service-Medal-Rolls-TFNS.php> (Accessed 11th February 2021)

branch of army service ensuring adequate housing arrangements, leave, uniform, pay, training and wellbeing of the female nurses as well as the medical provisions within hospitals, such as ensuring appropriate medical equipment and ward management to provide adequate healthcare for the sick and wounded. McCarthy worked closely with senior male British Army officers on co-ordinating military medical provision and was successful in driving change.

Maud McCarthy was not in France in a primarily diplomatic role, but it is interesting to consider her position as a woman working in an official governmental capacity overseas during the First World War. Helen McCarthy has studied the role of women in the Civil Service, most notably within the Foreign Office, and has argued that it was the contribution of women in the Second World War that finally allowed women a role as British diplomats.³ She supports this argument by citing the Sex Disqualification (Removal) Act of 1919, which allowed women to enter the Civil Service but remain barred from overseas service. It is therefore interesting to consider the diplomatic role of a woman, such as Maud McCarthy, who served in France for the entire duration of the First World War. Maud McCarthy was a senior female figure in the War Office operating overseas and whilst Helen McCarthy has cited the example of Gertrude Bell in the First World War as the exception to the rule, Maud McCarthy's significant diplomatic and strategic role in the war is overlooked.⁴ Helen McCarthy's study is a comprehensive analysis of women in the Diplomatic Service but she has not considered women undertaking official diplomatic work overseas prior to 1939 and I would argue that the role of Maud McCarthy is evidence that women were involved in diplomacy at governmental level prior to 1919. McCarthy was permanently stationed in France for the duration of the war and had regular meetings and negotiations with high-ranking army officers of British and Allied Forces, as well as meetings with foreign officials, British diplomats and members of the Royal Family.

During the late 19th century, the Civil Service had seen a growth of administrative roles for women, such as typists and clerks, but senior female managers in the Civil

³ Helen McCarthy argued that the diplomatic and intelligence work of women in the Second World War could not be ignored so that from 1946 women were no longer excluded from Diplomatic Service. Helen McCarthy, 'Gendering Diplomatic History: Women in the British Diplomatic Service, circa 1919-1972' in G. Sluga and C. James (eds), *Women, Diplomacy and International Politics since 1500* (London, 2016), p168

⁴ Helen McCarthy, *Women of the World: The Rise of the Female Diplomat* (London, 2014), p71

Service only ever existed as heads of women's services or departments. Meta Zimmeck has also studied the entry of women into the senior civil service and argued that real opportunities for women in the Civil Service during the early 20th century were extremely limited.⁵ Certainly, Maud McCarthy is a rare example of a woman in a senior government role overseas. Zimmeck argued that in instances where women were in a senior role it was only because they were female and were working in a role that was deemed unsuitable for men to fulfil because it involved either intimate management of, or physical contact with, women.⁶ Their roles were gendered roles. The role of Matron-in-Chief and Principal Matron of the QAIMNS are examples of this. Becher and McCarthy were based in Whitehall as heads of a women's organisation; they were in gendered positions of responsibility.

Zimmeck cites two senior female civil servants as case studies that demonstrate her argument of gendered responsibility; Maria Constance Smith, Lady Superintendent of the female staff of the Savings Bank Department of the Post Office from 1875 to 1913, and Maude Lawrence, the first Chief Woman Inspector at Board of Education, 1905 to 1920.⁷ These two women were contemporaries of Becher and McCarthy as they all worked at a senior level in the Civil Service during the same time period. Zimmeck argued that Smith and Lawrence provided no challenges to the establishment and instead bowed to the patriarchal system of the Civil Service.⁸ She suggested that although Smith believed women were more than capable of being good employees and could work to a high standard, Smith was in favour of maintaining the segregation of the Civil Service and opposed equal pay for women, suggesting that women should remain within traditional spheres of female employment. Zimmeck argued that Lawrence did even less than Smith and was merely a society lady who acted as nothing more than a figurehead at the top of her department. By citing only these two examples, Zimmeck's argument is centred around the belief that active female participation in the senior Civil Service was not evident prior to the First World War.

⁵ Meta Zimmeck, 'The "New Woman" in the Machinery of Government: A Spanner in the Works?' in Roy MacLeod (ed), *Government and Expertise: Specialists, Administrators and Professionals, 1860-1919* (Cambridge, 1988)

⁶ Ibid, p194

⁷ Lawrence was later Director of Women's Establishments at the Treasury from 1920 to 1933.

⁸ Meta Zimmeck, 'The "New Woman" in the Machinery of Government: A Spanner in the Works?' in Roy MacLeod (ed), *Government and Expertise: Specialists, Administrators and Professionals, 1860-1919* (Cambridge, 1988), pp192-193

From this perspective then, it would appear early senior female civil servants offered no threat to the male establishment of Whitehall. However, I would argue that Becher, McCarthy and their army nursing predecessors were far more than remote or limited figureheads at the top of a gendered organisation.⁹ The QAIMNS was a new administrative organisation in 1902 and, in the years prior to the First World War, the priorities of the Matron-in-Chief and Principal Matron focused primarily on establishing the membership, regulations and administration of the newly formed QAIMNS and QAIMNS(R). Whilst the QAIMNS was undoubtedly a gendered organisation it was set within the context of the British Army, which was also fundamentally gendered as a male organisation and deliberately patriarchal in its structure and management. Zimmeck's argument is that the responsibility of women in senior positions in government departments was strictly limited to managing other women, but this was not the case for the women of the QAIMNS.¹⁰ Not only were these women responsible for the management and training of male orderlies of the RAMC, the whole purpose of the QAIMNS was to provide nursing care to men of the British Army and this makes these women a fascinating case study of professional working women in the early 20th century.

I would argue that for too long historians have failed to consider the role of the women of the QAIMNS precisely because it has been viewed as a traditionally gendered organisation within a military administration and is therefore outside of mainstream British consciousness. Instead, I would strongly suggest that two senior female civil servants located at the heart of Whitehall and working within a dominant patriarchal organisation, such as the British Army, is worth greater study. Ethel Becher and her predecessors were far more than compliant figureheads. Not only were they striving to establish a female military organisation that pre-dates the First World War, nowhere else at senior governmental level were women so directly involved with the welfare of men during the early 20th century. The women of the QAIMNS were employed with one primary purpose: to provide nursing and healthcare to the men of the British Army. During the First World War, Becher and McCarthy had more power and responsibility within an official government department than any other woman previously.

⁹ The first Matron-in-Chief of the QAIMNS was Dame Sydney Browne, 1902-1906, followed by Miss Caroline Keer, 1906-1910.

¹⁰ Meta Zimmeck, 'The "New Woman" in the Machinery of Government: A Spanner in the Works?' in Roy MacLeod (ed), *Government and Expertise: Specialists, Administrators and Professionals, 1860-1919* (Cambridge, 1988), p194

Emma Maud McCarthy was born into a middle-class family in a suburb of Sydney, Australia, on 22nd September 1859.¹¹ Her father was a solicitor and Maud McCarthy was educated at Springfield College in Sydney and, according to the Australian Dictionary of Biography, she passed the University of Sydney's senior examination with honours.¹² In 1891, McCarthy arrived in England to undertake general nurse training at the London Hospital, Whitechapel (now the Royal London Hospital) and by 1899 she was Sister-in-Charge of a women's ward at the London Hospital.¹³ At the outbreak of the Boer War, McCarthy was selected by Princess Alexandra as one of six Sisters to serve in South Africa with the British Army as a military nurse. This event was to change the course of Maud McCarthy's life. She served in South Africa throughout the war as a member of the Army Nursing Service Reserve (ANSR) and returned to London as a recipient of the Royal Red Cross awarded for her services during the war.¹⁴ After the Boer War, McCarthy remained in military service and was involved in the creation of the Queen Alexandra's Imperial Military Nursing Service (QAIMNS) in 1902. The following year, she was promoted to Matron and went on to serve at three of the largest Army hospitals in the UK: the Duke of Connaught Hospital in Aldershot, Netley Hospital in Southampton and Millbank Hospital in London.¹⁵ On 5th April 1910, aged 50, McCarthy was promoted to Principal Matron at the War Office, under Ethel Becher, who was simultaneously promoted to Matron-in-Chief of the QAIMNS.¹⁶ They were both highly experienced nurses working in administrative roles that could be considered the pinnacle of their careers.

By August 1914, Becher and McCarthy had spent the previous four years as senior female managers in Whitehall at a time when very few women were working at such a senior level. In August 1914, Becher was due for imminent retirement and it was

¹¹ McCarthy's year of birth is recorded as 1863 on her Form of Admission to the QAIMNS in 1903. The National Archives, service record of Dame Maud McCarthy QAIMNS, WO399/12912. However, the New South Wales Registry of Births, Deaths and Marriages has her year of birth listed as 1859. Available at <https://www.nsw.gov.au/births-deaths-marriages> (Accessed 11th February 2021)

¹² See Australian Dictionary of Biography (2006-2021). Available at <http://adb.anu.edu.au/biography/mccarthy-dame-emma-maud-7306> (Accessed 11th February 2021). The University of Sydney admitted women on the same terms as men from 1881. See also University of Sydney, New South Wales (no date). Available at <https://www.sydney.edu.au/about-us/our-story/australias-first-university.html> (Accessed 11th February 2021)

¹³ Australian Dictionary of Biography (2006-2021). Available at <https://adb.anu.edu.au/biography/mccarthy-dame-emma-maud-7306> (Accessed 11th February 2021)

¹⁴ Award notice in The London Gazette, 27th September 1901. Available at <https://www.thegazette.co.uk/London/issue/27359/page/6324> (Accessed 11th February 2021)

¹⁵ Australian Dictionary of Biography (2006-2021). Available at <https://adb.anu.edu.au/biography/mccarthy-dame-emma-maud-7306> (Accessed 11th February 2021)

¹⁶ The National Archives, service record of Dame Maud McCarthy, WO399/12912

widely expected that McCarthy, as Principal Matron, would step into the role of Matron-in-Chief QAIMNS. The First World War immediately altered these plans and changed their professional circumstances. On the outbreak of war, Becher's retirement was immediately postponed and, instead of taking charge at the War Office, Maud McCarthy became the Acting Matron-in-Chief of the British Expeditionary Force (BEF).¹⁷ On 15th August 1914, she accompanied the first British troops to sail to France and for the next five years McCarthy was based in France on active military service with the British Army. McCarthy's role in France was primarily an administrative one. Her purpose was to ensure the care and well-being of both the nurses and the patients, as well as providing adequate nursing support to the Army Medical Services as requested. Also, as Matron-in-Chief of the BEF, McCarthy was responsible for all branches of military nursing in France and Flanders. This included both the Regular and Reserve nurses of the QAIMNS, the Territorial Force Nursing Service (TFNS), the VAD nurses of the British Red Cross and St John's Ambulance and the Indian branch of the Queen Alexandra's Military Nursing Service (the QAMNSI), as well as the Allied nurses from Canada, Australia, New Zealand and later America. Although each of these arms of the nursing service had their own Matrons-in-Chief, or Lady Superintendents, it was Maud McCarthy's responsibility to liaise with these women and co-ordinate resources. Ultimately, she had overall responsibility for every Allied nurse serving in France and Flanders and her duties included overseeing discipline, dress and behaviour, accommodation, and health and welfare of the nurses, in addition to the overall responsibility of providing adequate medical support in the form of well-trained and knowledgeable professional nurses.

McCarthy's activities during the war are well-documented as she maintained an official unit war diary and (apart from a five-month hiatus when she was recovering from appendicitis) she recorded an entry every day for the duration of the war from 12th August 1914 until her last entry on 25th July 1919. Every British Army unit maintained a war diary but what makes McCarthy's so interesting is that, unlike any other British Army unit, she remained the officer-in-charge throughout the course of

¹⁷ In 1917 this became a permanent role of Matron-in-Chief in France. At the end of the war, the QAIMNS reverted to having only one Matron-in-Chief based at Whitehall. McCarthy effectively retired from her role with the QAIMNS on her return to England in 1919 but became Matron-in-Chief of the Territorial Force Nursing Service (TFNS) from 1920 to 1925.

the war.¹⁸ It is an official army document but McCarthy wrote with an unofficial tone and her own character and thoughts are strongly evident throughout.¹⁹ This chapter draws heavily on McCarthy's war diary as it helps to define the key role she played in establishing the professional authority of the QAIMNS as a women's military organisation but it also demonstrates the authority of the army nurses and the opportunities they had to play an active and strategic role within a traditionally patriarchal (military) society.

As well as having a profound effect on the wartime experiences of female nursing personnel, McCarthy was also responsible for ensuring the appropriate nursing care of the wounded, sick and deceased. She was a direct influence on the male medical experience of the First World War. One of McCarthy's key tasks was to ensure adequate nursing staffing levels, a particularly difficult task, demonstrated by her visit to 6 London Field Ambulance in 1915. 6 London Field Ambulance was then based in Lillers, 16 miles from the battle front at Loos and within earshot of the battle which had begun on 25th September. Field Ambulances were comprised of several smaller units including stretcher bearer relay posts, advanced dressing stations (ADS), walking wounded collecting stations and main dressing stations (MDS).²⁰ The purpose of a Field Ambulance was to aid evacuation and move wounded men as quickly as possible to the most suitable medical treatment area. The advanced dressing station was designed to accommodate 100 men, the main dressing station was similarly designed for 100 severely wounded men and a further 20 or 30 gassed cases, but at times of military engagement there would be many more.²¹

When McCarthy arrived at 6 London Field Ambulance on 26th September 1915, she found the unit full of seriously wounded soldiers with only three nurses to care for them. Later that day she wrote:

¹⁸ Becher and McCarthy were the only two departmental heads in the War Office who stayed in the same role throughout the First World War, and Becher remains the longest serving Matron-in-Chief of the QAIMNS or QARANC.

¹⁹ When McCarthy is absent from April to August 1917 the diary is maintained by Miss Beadsmore Smith, Principal Matron, and it has a much more official and less personal tone.

²⁰ W.G. Macpherson (ed), *Medical Services General History, Vol II: The Medical Services on the Western Front, and during the Operations in France and Belgium in 1914 and 1915* (first published in 1923) Reprinted by The Naval & Military Press Ltd, pp23-24

²¹ *Ibid*, p33

...on to 6 London Field Ambulance – difficulty in finding it – roads bad. Passed convoys & thousands of troops moving – incessant booming of guns. Hundreds of minor wounded waiting to go down... Found the Field Ambulance crowded with dreadfully wounded men – only 3 nurses. Arranged to send 6 more, these have been working night & day. Three specialists operating - chest & abdominal wounds being dealt with & nursed.²²

On the same day, she travelled to 26 Field Ambulance at Bac St Maur, close to heavy firing, and again found only three nurses. At both these units, difficult surgical procedures were being carried out and the nursing levels were woefully inadequate. McCarthy immediately decided that 6 Field Ambulance should have a further six nurses and 26 Field Ambulance should have an additional three nurses immediately posted to each unit. This level of micro-management involvement of McCarthy in the individual movement of nurses is surprising, but it is repeated frequently throughout the war diary when McCarthy would visit units and make rapid decisions as to staffing levels.

The issue of nursing shortages is a continual theme of the war diary and was also a contemporary political issue in the UK. It would have been a pressure that McCarthy was very aware of and the frequency with which she writes about it suggests that it was a predominant cause for concern. On 14th June, McCarthy wrote:

The need of Nurses is very much felt. Everyone tired, unable to arrange leaves, the work continuous & heavy. Not realised at War Office. 25 VADs arrived, they fill up gaps & are all very good on the whole, but they cannot take the place of all trained people.²³

The pressure was on. In June 1916, the British Army was experiencing a massive shortage of nurses and McCarthy was increasingly drawing on Canadian and Australian nurses to help meet supply. She was caught in the middle between the Director of Medical Services (DMS) who was telephoning her almost daily requesting more nurses and Ethel Becher at the War Office who informed her they were either on their way or she had none to send. McCarthy considered her primary duty was to provide enough nurses in the right area to ensure efficient medical care for the soldiers

²² The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3988/5

²³ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3989/3

and the difficulty in achieving this proved frustrating. On 16th June 1916, McCarthy wrote:

DMS 4 Army telephoned for Nursing Staff for 9 C C Stations now opening = 63 Nurses, & 2 Field Ambulances = 8. All must be drawn from Base. The need of more nurses is becoming critical....Matron 2 General wrote to say beds now 1300 – quite full, more help needed.²⁴

It is worth bearing in mind that this extreme nursing shortage was occurring just a few weeks before the British offensive at the Battle of the Somme. Despite her frequent submissions to London for more trained nurses there was simply not enough nursing staff and, because of the rapid developments on the ground, McCarthy began to make decisions without the authority of Ethel Becher. She would act first and explain later. It is a period when tensions between McCarthy and the War Office build and she begins to firmly establish her own authority in France.

As Matron-in-Chief of the BEF, McCarthy was kept abreast of official information and informed in advance of military operations in an attempt by British authorities to anticipate casualties and provide appropriate medical support. On 23rd June 1916, she visited 34 and 45 Casualty Clearing Stations, which had been set up alongside one another as tented units, in advance of the opening of the Battle of the Somme. Like many others, McCarthy would have been aware of a large impending battle from rumour and hearsay on the ground but, unlike lower ranking personnel, she was fully briefed in advance by the Director of Medical Services (DMS), 4th Army. Similarly, in October 1917 she met with the DMS of the 2nd Army and received orders about new units and extra staff needed as a result of an imminent British military engagement.²⁵ In March 1918 she was in constant communications with the Directors of Medical Services (DMS) for both the 5th and 1st Armies as they fought along the Somme at St Quentin, Bapaume, Rosières and Arras.²⁶ The communications worked two ways; the DMSs needed to know what arrangements were in place for the rapid mobilisation of nurses to Casualty Clearing Stations (CCSs) and McCarthy needed to know the number of nurses required and in which area they were most likely to be needed. Few, if any, women were so well informed of the British Army's plans for battle.

²⁴ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3989/3

²⁵ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3990/2. This was likely to have been the Battle of Broodseinde, near Ypres.

²⁶ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3990/4

By 1917, McCarthy had proved she was a capable manager and her confidence in her own position had grown considerably since the beginning of the war. The war diary shows that she made moves to firmly establish her authority during 1917 by making greater demands clarifying her areas of responsibility. In August 1917, she submitted proposals for approval to General Headquarters which gave her ultimate responsibility for managing staffing levels and postings in all army units, including operating theatres.²⁷ McCarthy also proposed that nursing staff at units which closed at short notice should be sent down to rest homes and she would then be responsible for returning them to their unit. In addition, she demanded that staff would no longer be attached to a unit on only a temporary basis. By this time, McCarthy had completed three years in post and had encountered most situations and emergencies. Her confidence in her role and in what she knew she could deliver had increased over the course of the war and she was far more independent from the ties of Ethel Becher and the War Office in London. All her proposals were approved.

By the end of the war, McCarthy was firmly established as the authority in France on issues far broader than nursing alone. As the most senior female Army official overseas she was consulted on a wide range of issues concerning women on active service. This included acting in an advisory capacity for the women serving with the Pay Office, General Service VADs and the Queen Mary's Army Auxiliary Corps (WAAC later QMAAC). In September 1918, Sir Arthur Lawley, Commissioner of the British Red Cross, actively sought McCarthy's expertise regarding the establishment of the General Service VAD Section.²⁸ Her advice was that they should be established on the same lines as the QMAAC as they would be doing the same work but attached to medical units. Lawley approached McCarthy for her advice prior to a British Red Cross committee meeting he was attending in London and clearly valued her opinion and experience. It is an example of McCarthy's wider involvement in diplomacy, advocacy and political involvement.

In February 1917, McCarthy described a meeting in her diary with 'Mrs Leech from the National Women's League' and Miss Holmes, Superintendent of Women Clerks

²⁷ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3990/1

²⁸ The National Archives, War Diary Matron-in-Chief QAIMNS, 13th September 1918, WO95/3991/1

in the Pay Department of the War Office.²⁹ Mrs Leach and Miss Holmes were in France to arrange the accommodation for 500 women who were replacing the male staff of the War Office Pay Department based in France. The evening before her meeting with Mrs Leach and Miss Holmes, McCarthy had a pre-dinner meeting with Colonel Forrest, the Deputy Assistant Director Medical Services (DADMS) and Major Isaacs, acting representative of the Paymaster-in-Chief. She met with these men on an equal footing to discuss matters privately before discussing the issues with the women who had come to seek her advice.³⁰ This could be viewed as McCarthy acting as a mouthpiece for the male officers, but McCarthy's war diary does not present an image of a woman doing as she was told. Instead, McCarthy was preparing for her visit and ensuring she was as widely briefed on the situation as possible. McCarthy had experience of accommodating large numbers of women and her experience and advice would have been invaluable. She accompanied the representatives from the Pay Department, and other army officials, to carry out inspections of suitable premises and demonstrated the comparable accommodation provision for nurses. Responsibility for women of the War Office Pay Department was certainly not in the remit of the Matron-in-Chief but her active participation in arranging accommodation demonstrates her seniority within the female management framework in France.

McCarthy's role as a senior female manager in a male dominated war zone placed her in an unusual situation. Technically responsible for women, she found herself in a position where those women were working alongside men within a patriarchal military organisation. Whilst male military managers, such as the Quartermasters and Commanding Officers, impacted on the management and day-to-day reality of the nursing sisters, the nurses on the wards were managed and administrated by the Sisters, Matrons and ultimately the Matron-in-Chief of the QAIMNS. Officially, in accordance with British Army regulations, these women were not answerable to the Commanding Officer of their unit as the QAIMNS served with the British Army and were not an official regiment or corps during the First World War. This predominantly female management system left Maud McCarthy as the sole point of reference for the male Army officers who had little choice but to refer to her for all management issues

²⁹ The National Archives, War Diary Matron-in-Chief QAIMNS, 8th February 1917, WO95/3989/6. 'Mrs Leech' was probably Florence Leach (later Simpson) of the Women's Legion, who became Chief Controller of the WAAC in February 1918. See National Army Museum website <https://ww1.nam.ac.uk/stories/florence-simpson/#.YZT7ldDP02y> (Accessed 17th November 2021)

³⁰ The National Archives, War Diary Matron-in-Chief QAIMNS, 8th February 1917, WO95/3989/6

regarding nurses. It is probably this management structure for women, combined with McCarthy's previous experience, that led other army departments and high-ranking male army officers to actively seek her opinions and advice regarding the welfare of members of all female organisations serving in France.

By the time McCarthy became Matron-in-Chief of the BEF in August 1914, she was 55 years old and had been due to take up a four-year posting in a desk job. The war diary entries of 1914 to 1919 make it apparent that despite being a senior nurse in an administrative role, McCarthy relished in being as hands-on as she possibly could. She had, after all, served with the British Army in a very practical role during the Boer War and she clearly thrived on taking direct action. During the First World War a major part of her role was to conduct inspections of hospitals and medical units on which she would base her recommendations for improvements to the medical care of patients, as well as recommendations for the increased comfort of patients and nurses regarding issues such as welfare, accommodation and food. If McCarthy found conditions were of an unacceptable standard, she was quick to act and where she found fault McCarthy never held back from apportioning blame, writing candidly in an official unit war diary that she was aware would eventually form a permanent official record of the nursing services during the war. One instance is a visit to 42 Casualty Clearing Station (CCS) in Aubigny, on 2nd June 1916, when she noted that it was:

... dirty, ill managed & a lack of interest & management everywhere. This I told the O.C. [Officer Commanding] & said that I was not satisfied with the nursing arrangements, and that after reporting the matter to the DMS I would make certain changes which I hope may improve matters at any rate in my department I hope.³¹

McCarthy made sure to re-visit 42 CCS at the end of the month and was pleased to find it had improved. She wrote that it was, 'entirely bettered in every way since certain of the Staff had been moved.'³² Since she was responsible for moving the staff, McCarthy obviously felt that her personal intervention was behind the improvements to the CCS, which was working in difficult circumstances and housed in tented accommodation.

³¹ The National Archives, War Diary Matron-in-Chief QAIMNS, 2nd June 1916, WO95/3989/3

³² Ibid, 28th June 1916

On 20th September 1917, McCarthy carried out a routine inspection of 59 General Hospital, at St Omer, where she found a sick nurse confined to a camp bed having been ill from the previous day but receiving no medical care.³³ McCarthy immediately addressed the issue with the Matron pointing out firmly that all sick nurses should be transferred immediately to 10 Stationary Hospital. However, the problem went much deeper than one sick nurse and on further investigation McCarthy concluded that the Matron was struggling to cope. Specifically, McCarthy found that the nurses at 59 General Hospital were being deliberately obstructed by the Quartermaster who was refusing to accept the seniority of the Matron and had limited supplies to the nursing staff. McCarthy discovered that the Quartermaster refused to issue nurses more than one blanket, even a single blanket was issued reluctantly as ‘a favour’, and he also refused to supply nurses with candles or any form of lighting for their accommodation.³⁴ Nursing staff were also refused any coal allowance and instead had to buy coal from their own wages, unlike their male colleagues who were issued coal as part of their army allowance.³⁵ McCarthy felt the Matron was unsupported in her role and laid the blame with the Commanding Officer. She wrote immediately of her concerns to the Assistant Director Medical Services.³⁶

McCarthy was bold and strident in her decision making and was never intimidated by senior male army officers. In October 1918, at a meeting with the Director General Medical Services (DGMS), McCarthy was informed of various complaints about No. 8 Stationary Hospital. These complaints consisted of nursing shortages, the quality and supervision of meals and the high number of patients suffering from bed sores; issues that suggested there was a much wider concern regarding inadequate nursing care and provision for the sick and wounded soldiers at this hospital. McCarthy was already aware of the problems at this hospital:

I told him that there had been constant difficulties in this Hospital as far as the Nursing arrangements were concerned in consequence of the Matron not receiving the support she should from the O.C.: that I had gone into the matter

³³ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3990/1

³⁴ *Ibid*, 20th September 1917

³⁵ The National Archives, War Diary Matron-in-Chief QAIMNS, 20th September 1917, WO95/3990/1

³⁶ Lt Col James Shine RAMC. 59 General Hospital was a large hospital with 1000 beds. Adequate accommodation for the large nursing staff had occupied McCarthy’s time for several months. In October 1917, the hospital suffered damage from bombing raids and it was eventually closed in April 1918. The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3990/2 and WO95/3990/5.

with the D.D.M.S. Boulogne, and he had repeatedly gone personally to the Unit to investigate the matter, and until he went, the O.C. had never been round the Wards with the Matron.³⁷

McCarthy skilfully deflected the blame from her nursing staff and redirected the responsibility for the inadequacy of medical provision back to the Commanding Officer of the Royal Army Medical Corps, which was under the responsibility of the DGMS. Whilst this could just be seen as an example of McCarthy defending her own position, she often referred to Matrons failing to be supported by the Officer Commanding (OC) of British Army medical units. McCarthy recognised that when senior female staff were not supported by the male senior officers, and sometimes deliberately obstructed by them, there were frequently issues arising that were damaging to the quality of care for the patients, as well as poor morale and living and working conditions of the nursing staff.

Following news of the conditions at No. 8 Stationary Hospital, McCarthy decided to carry out an inspection for herself and went the very next day on 25th October 1918. She was particularly concerned by the criticism levelled at the nurses regarding the high number of patients suffering from bed sores, which reflected poorly on the quality of nursing care. Following her inspection, she determined that the nurses at No. 8 Stationary Hospital were struggling due to the heavy manual work of nursing numerous patients with femur wounds.³⁸ McCarthy noted that the nurses were doing the best they could under Active Service conditions, but the manual lifting and demanding care required for this type of patient made the nursing care especially difficult and it was impossible to eliminate the high risk of patients developing bed sores. As a Stationary Hospital, No.8 was the last overseas medical station in the long chain of evacuation from the front line and McCarthy noted that many of the patients had arrived at the hospital with pre-existing bedsores as a result of their immobility due to injury. She provided the nurses with a personal lecture about ensuring the best possible treatment of bedsores:

I spoke at length of the necessity for all Nurses to recognise the fact that bedsores are a reflection on the nursing of a patient, and that when they exist it is

³⁷ The National Archives, War Diary Matron-in-Chief QAIMNS, 24th October 1918, WO95/3991/2

³⁸ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3991/2

necessary to make a point of explaining how they originated, and how they had been treated.³⁹

McCarthy was extremely conscious of the different types of nursing care required for specific injuries. She referred frequently to the consideration needed when nursing patients with certain wounds; femur patients were an example of particularly heavy and demanding nursing. McCarthy's primary concern was that the patient should receive expert care, but she was also concerned about the physical and psychological demands placed on her nurses in delivering such specialist care. On 2nd November 1918, there was an official ruling from the Director General of Medical Services (DGMS) that nurses on fractured femur wards would work for no longer than six months on these wards – this was as a direct result of McCarthy's intervention.⁴⁰

Whilst conscious of the demands placed on the nurses, McCarthy also had a professional medical interest in many of the scientific and medical developments that were occurring during the war and the needs of specialised nursing care for certain injuries and wounds. She took particular interest in patients with facial injuries who required a new type of highly specialised nursing care. Initially she appeared irritated by Major Valadier, the pioneering maxillo-facial surgeon, who made frequent requests for more nurses in his 50-bed ward.⁴¹ She wrote:

...unlike most consultants, he is not content to leave these arrangements to the Matron and OC, but continues insisting of more and more help. At the present moment there being 12 on day and 8 on night in this one ward!⁴²

However, following a visit to his ward and witnessing Valadier's patients and his work for herself, McCarthy no longer complained but actively moved to protect the interests of the patients on these specialist maxilla-facial wards. In January 1918, when she received orders from the War Office that nurses and VADs on jaw wards should be moved every six months, she strongly advised that this needed individual

³⁹ The National Archives, War Diary Matron-in-Chief QAIMNS, 25th October 1918, WO95/3991/2

⁴⁰ McCarthy had sent a memo on 20th October 1918, just prior to her inspection of No.8 Stationary Hospital, requesting that, 'para.2 of the ACI referred to in War Office Letter 24/Gen:No/6262/AMD4 of 21st January may be modified as regards members of the Nursing Staff.' She directly requested that nurses on fractured femur wards work no longer than 6 months due to physically demanding nature of these wards. The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3991/2.

⁴¹ Major Sir Auguste Charles Valadier (1873-1931) was a French American dental surgeon who was attached to the Royal Army Medical Corps during the First World War and was a pioneer of maxillo-facial surgery.

⁴² The National Archives, War Diary Matron-in-Chief QAIMNS, 15th August 1916, WO95/3989/4

consideration from the Medical Officer in charge due to the nursing expertise and experience required for these patients.⁴³ McCarthy had a dual responsibility to the patients and the nurses and acted to support them equally. In September 1918, when she visited No.57 Casualty Clearing Station she found it, ‘overflowing with terribly wounded and sick men.’⁴⁴ The maxillo-facial surgeon, Major Kazanjian, from 20 General Hospital, was busy operating on the wounded but had neither his specialist Theatre Sister nor dental mechanic with him. McCarthy sprung into action, ‘I saw him, found out the name of the Theatre Sister, and telephoned for her to be sent at once.’⁴⁵ Although in a senior administrative role, her medical training and nursing experience meant that she was fully aware of the importance of continuity of care and specialist nursing for the patients of these horrific and unprecedented wounds.

As well as ensuring the best possible care for the patients, McCarthy repeatedly lobbied senior officers on behalf of the army nurses and tried to ensure they received the rights they were entitled to. In August 1916, she spoke to the DGMS regarding the lodging, fuel and light allowance for nurses:

He is going to take this matter up as an urgent one – our Staff are getting over tired. The expenses are increasing daily, the allowances not covering them & in consequence they are resigning to obtain better paid civil posts.⁴⁶

Retention and dissatisfaction of living and working conditions for the nurses was a very real issue for McCarthy. She had to balance the needs of the nurses with the reality of the difficult nursing conditions they were working in, and it was up to McCarthy to negotiate with the British Army on their behalf. Given the physical and mental effects of exhaustion and overwork, McCarthy worked hard to ensure nurses received their full leave entitlement. On 13th May 1916, she had written a confidential letter to DGMS requesting that nurses serving at the Front should have 14 days leave every six months: the same entitlement as the male Line of Command.⁴⁷ McCarthy had seen the effect of tiredness and overwork on her nurses and one of her priorities was ensuring the wellbeing of the nursing staff. She frequently recommended that any nurse who was ‘seedy’ or tired should be taken off duty immediately and she took

⁴³ The National Archives, War Diary Matron-in-Chief QAIMNS, 18th January 1918, WO95/3990/3

⁴⁴ The National Archives, War Diary Matron-in-Chief QAIMNS, 3rd September 1918, WO95/3991/1

⁴⁵ Ibid

⁴⁶ The National Archives, War Diary Matron-in-Chief QAIMNS, 23rd August 1916, WO95/3989/4

⁴⁷ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3989/4

great personal interest in the establishment of Nurses Clubs and Convalescent Homes.⁴⁸ She was perhaps even more conscious of this towards the end of the war as by this time she had encountered and lost, through ill-health or resignation, so many nurses suffering from nervous exhaustion and overwork.

McCarthy was a pragmatist and could ill-afford to lose experienced, capable nurses and she worked hard to support them wherever she could. For her, the development of a strong female management structure was critical to the success of the nursing service in France. She actively campaigned for the established authority of Matrons within medical units and was a vocal advocate of Matrons-in-Charge receiving the recognised authority owed to them as she considered the authority of the Matron central to running a well-organised, efficient and disciplined nursing staff. The war diary entry of 26th January 1916 explicitly demonstrates the power McCarthy invested in the role of Matron.⁴⁹ McCarthy noted how she met with Lt Col Stewart RAMC and outlined several measures, which would ensure better medical care but also reinforce the Matron's authority. She specified that the Matron should accompany the Commanding Officer on weekly inspections of the hospital, that the Commanding Officer should discuss any proposed changes to the nursing arrangements with the Matron prior to issuing orders and that the Matron had ultimate authority of the male orderlies on her wards including authority to move them as she, the Matron, considered necessary. All her demands were approved and this last instruction regarding male orderlies is particularly significant as it removed the control of male orderlies away from the jurisdiction of the unit Sergeant Major to a female nurse.

In her role as the senior female officer in a war zone and the person with ultimate responsibility for British nurses, Maud McCarthy operated within a male management structure at a strategic level. As part of her role, she regularly conducted high level negotiations about the living and working conditions of the British nurses as well as the living conditions and medical care and treatment for patients in medical units. Her war diary suggests that McCarthy was never daunted by her male contemporaries or senior officers and was confident in putting forward her own proposals as to staffing levels and the conditions of work for the army nurses; these matters were rarely imposed from above. On 29th April 1918, she visited the 1st Army Headquarters at

⁴⁸ The National Archives, War Diary Matron-in-Chief QAIMNS, 24th May 1918, WO95/3990/5

⁴⁹ The National Archives, War Diary Matron-in-Chief QAIMNS, 26th January 1916, WO95/3989/1

Materingham where she discussed various matters with the Director of Medical Services, Major-General Henry Thompson.⁵⁰ This discussion included the dispersal of nurses when a medical unit had to evacuate or rapidly advance and her recommendations that there should be two Theatre Sisters on the permanent staff and three Staff Nurses available for team duty. McCarthy also recommended that if nurses were removed no further staff should be withdrawn from a unit without her authority. Her proposals were approved without question. These decisions regarding the appointment of permanent nursing staff, adequate rest and recuperation and fixed staffing levels ensured a long-term nursing care plan for the wounded but also better nursing care and improved conditions of work for the nurses themselves. It also assured the greater authority of Maud McCarthy.

Although the Army Nursing Service had served alongside the Regular Army during the Boer War, nursing on the Western Front was at a much more intense level and the number of army nurses serving overseas was far higher. In both civilian and military life, very few men had lived and worked in such close proximity with women, especially in such a pressured and difficult environment. The relationship of McCarthy with her male military counterparts in managing these professional relationships was an interesting dynamic. There can be little doubt that her manner and her experience demanded respect, and her gender may have played a part in the deference that men showed her. But McCarthy had to be diplomatic and forthright, maintaining her own position of authority. This was not an easy role as head of a women's organisation in a predominantly male environment yet McCarthy was frank and straightforward and was never fearful of making her opinions known. In June 1916, she wrote:

DMS 4 Army rang up saying OC 29 CCS in distress at Miss Pears & Hayes being transferred - pointed out they were being replaced by excellent people - & that they had been there 8 months, and that it would not be advisable for them to stay longer, in view of the heavy work expected almost hourly, that 2 first-rate Sisters were joining, & from their unit the same appeal had come might they remain.⁵¹

It did not matter to McCarthy who complained about her decisions, she always maintained her own position and acted strictly within the orders she had been given

⁵⁰ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3990/5

⁵¹ The National Archives, War Diary Matron-in-Chief QAIMNS, 25th June 1916, WO95/3989/3

regardless of who may have been challenging them. McCarthy was not intimidated by rank, position or gender and this was critical to her success in maintaining her authority in France.

One example of this is the case of Countess Bathurst who, in November 1915, was keen to enlist with the VADs and serve overseas in France.⁵² McCarthy thought that Lady Bathurst was unsuitable and would find the work both unpleasant and unamenable and had pointed out to her that there could be no exceptions made regarding living conditions; all VADs would be subject to the same regulations as army nurses. Katharine Furse, the Commandant of the VADs, and Alfred Keogh, Director General of the Army Medical Services (DGAMS) both tried to intervene on Lady Bathurst's behalf, but McCarthy refused to concede and managed to delay the inevitable until May 1916. McCarthy would not make exceptions for special treatment – everyone was treated according to their professional status, not their social status. It is clear from her war diary that male military personnel were far more willing to try and allow exceptions to the rule. McCarthy was not as flexible and perhaps this partly stemmed from her background as an Australian less familiar with the game of patronage that still heavily influenced the male career ladder, but she was also a professional woman who had worked her way to the top and she expected others to do the same.

In December 1915, she came under pressure again. This time from Sir Arthur Lawley, a Commissioner of the British Red Cross in Boulogne. His daughters were serving in France as VADs and he visited McCarthy to request permission for them to live with him in Boulogne and travel to the hospital daily. McCarthy noted her response:

Said that the Regulations clearly stated they were to live in the Mess under the supervision of the Matron, & felt no exceptions could be made, as other privileges & exceptions would be asked for... I mentioned also Lady Bathurst had asked when she came as a VAD whether she might take her own rooms & that she did not wish to be paid, & that we had replied that all VADs employed in Military Hospitals must abide by the same regulations.⁵³

⁵² The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3988/6. Countess Bathurst owned the newspaper, *The Morning Post* and was a predominant public figure.

⁵³ The National Archives, War Diary Matron-in-Chief QAIMNS, 30th December 1915, WO95/3988/7

McCarthy made no exceptions for special treatment, even when King George V dared to express an opinion:

Letter from Principal Matron - Etaples saying that Miss E K Ward QAIMNSR, who recently had nursed the King, had been to see her, & said the King had said she might ask to go on a Barge for duty, or a C C Station. As Miss Ward is neither young or active, she would not, I feel sure be suitable in a C C Station, but I will of course bear her in mind for a Barge later.⁵⁴

However, McCarthy's bark was worse than her bite and, six months later, Miss E.K. Ward was given temporary duty onboard a hospital barge in France.⁵⁵ McCarthy had to maintain her own authority and balance that with external pressures of the highest order. Her treatment of Miss Ward is an example that demonstrates how McCarthy would only concede on her own terms.

McCarthy was supremely confident in making people come round to her way of thinking. In July 1916, she wrote about her meeting with Surgeon-General Macpherson, Deputy Director General of the Medical Services (DDGMS) and later Colonel Commandant of the Royal Army Medical Corps:

Discussed the question of A/Matrons in charge of C.C.Stations - [Macpherson] did not think it advisable - didn't until I pointed out the necessity - think that at a CCS there should be a Sister in Charge, however he afterwards realized the importance of having head no matter how small the unit.⁵⁶

Macpherson was a senior Regular Army officer yet, as a consequence of their discussion, he altered his opinion and was now in agreement with McCarthy. There was subsequently a Sister-in-Charge of all Casualty Clearing Stations for the remainder of the war. McCarthy achieved results that directly impacted on the medical management and care within the British Army. She did this by having frank discussions with male officers and presenting her arguments concisely and with reason. McCarthy always spoke her mind, but she also needed these men on her side. She had to work closely with senior officers of the Royal Army Medical Corps and ultimately needed their consent for the things she wanted to achieve but she was not

⁵⁴ The National Archives, War Diary Matron-in-Chief QAIMNS, 11th May 1916, WO95/3989/3

⁵⁵ The National Archives, service record of Edith Kirwan Ward, WO399/8701

⁵⁶ The National Archives, War Diary Matron-in-Chief QAIMNS, 29th July 1916, WO95/3989/4

daunted or intimidated by them. She met with them as equals working for a common cause and they equally needed her co-operation and assistance to ensure adequate medical support for the soldiers of the British Army. It was a mutually reliant relationship borne out of necessity and I believe that McCarthy was very conscious of the responsibility on her shoulders, not just of providing professional nursing care but of demonstrating that women could meet and exceed expectations.

In 1918, McCarthy persisted with her proposal that each British Army Division in France should have its own Acting Principal Matron.⁵⁷ This would be a nurse of the Regular Army (QAIMNS) and she would be appointed as Acting Principal Matron at the Stationary Hospital of the Army Division to which she was posted. McCarthy argued:

She [A/Principal Matron] would be able to deal with the official correspondence and therefore relieve the D.M.S. of a certain amount of routine work in connection with the Nursing Staff. These appointments would not in any way cause additional expense to the public.⁵⁸

Her arguments were persuasive and subsequently approved. Although the new role of Acting Principal Matron would primarily aid administrative efficiency and offer improved support for the (predominantly male) senior management, McCarthy was very aware that she was creating several additional senior posts and promotional opportunities for women of the QAIMNS. Whilst personal successes, such as this, demonstrated that McCarthy could meet with senior British Army officers on an equal footing, she often found that her nurses and Matrons were not always as fortunate in being supported by their male colleagues or Commanding Officers.

Some nurses were critical of McCarthy. Despite what she considered to be her best efforts to support nurses, McCarthy was criticised by those who felt they were unfairly treated, particularly regarding promotion or the lack of it. McCarthy appears to have actively tried to ensure fair and deserved promotion amongst the ranks of the nursing service but one of the difficulties surrounding the issue of promotions stems from communications with London. Based in the War Office in London, Ethel Becher was responsible for recruitment and it was Becher who decided which nurses would be

⁵⁷ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3991/2

⁵⁸ Ibid, 3rd October 1918

posted overseas and with what rank. McCarthy clearly felt this was a process that was not as efficient as it should be and a process that caused resentment on the ground in France. In June 1916, she commented on the lack of promotion within the nursing staff in France compared to the comparatively inexperienced military nurses arriving from England already holding the rank of Sister. McCarthy wrote:

Considerable dissatisfaction exists in consequence of so many young nurses coming out straight from England with stripes, while many who have been here from the beginning are still only doing Staff Nurses duties.⁵⁹

She clearly held Becher responsible for this by prematurely promoting nurses who had less experience than the ones already serving in France. Throughout the war, McCarthy was frustrated by Becher's management of movement, postings and promotions. Decisions were made at the War Office in London without consultation and this sometimes made for a difficult working relationship between the two Matrons-in-Chief.

Yvonne McEwen has suggested that promotion within the QAIMNS often appeared to be down to the individual preference of Maud McCarthy herself.⁶⁰ The war diary certainly makes it evident that McCarthy was making decisions as to which individual nurse would be best suited to a particular unit, both in terms of nursing experience and temperament. For example, on 15th July 1916, McCarthy wrote:

... Got back to Abbeville 9pm & found much correspondence awaiting me, among them a letter from Matron-in-Chief saying she would shortly require Miss A B Smith & Miss Clements for Malta, & saying that if I was wanting a Matron I could have Miss Hoadley. I wrote suggesting either Miss Fox or Miss Lang instead of Miss Clements, as I know Miss A B Smith does not like her, & also thanking her but saying I would try & manage without Miss Hoadley. She has always caused trouble where ever she has been & Malta, which she has just left, is quite in chaos, so I hardly feel she would be a help, Miss A B Smith being sent to put things right.⁶¹

⁵⁹ The National Archives, War Diary Matron-in-Chief QAIMNS, 10th June 1916, WO95/3989/3

⁶⁰ Yvonne McEwen, *In the Company of Nurses: The History of the British Army Nursing Service in the Great War* (Edinburgh, 2014), p80

⁶¹ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3988/4

There are frequent examples like this in the unit war diary where personality or competency issues involve McCarthy personally becoming involved and authorising transfers. But this example also demonstrates the disconnect between London and France or Becher and McCarthy. McCarthy was in the field working with and responding to individual personality clashes and competencies. It made sense that she tried to promote people she believed were capable nurses. This entry in the war diary also illustrates her reliance on ‘Miss A B Smith’ – Ann Beadsmore Smith, her Principal Matron and right-hand woman in France. McCarthy sought and respected other people’s opinions and did not act in isolation.

McCarthy also demonstrated a very balanced response to the use of VAD nurses. Her initially hostile attitude towards VADs appeared to soften quickly once she realised the full-scale of the issue the nursing service was facing and McCarthy treated VADs, as she would trained nurses, on their individual merits and achievements. She was aware that many were worthy of greater responsibility. Her war diary entry for 9th January 1917 illustrates this:

Saw all the Matrons of the area at 6 General ... I pointed out the importance of finding out what work the V.A.D.’s are most capable of undertaking and doing their very best to train them in the department for which they are suited, that the senior V.A.D.’s ought to be given more responsibilities in their own special branch, and that I am anxious to have regular reports on their capabilities, that they should push the most capable – trained and untrained – into posts of responsibility and give those who are capable of doing it, the junior members under them for instruction.⁶²

In October 1917, McCarthy made moves to extend women’s military nursing experience to civilian life so that the skills and training these women had received could be of use on their return to the UK. She wrote to the Director General Medical Service (DGMS) asking that the War Office approach UK civilian hospitals to establish whether nursing experience acquired by VADs in France may be counted towards their first year probationer’s nurse training on their return to the UK, should they wish to take up nursing as a career.⁶³ A few weeks later she wrote, ‘There is a strong feeling that the work of VADs in Military Hospitals should count for something

⁶² The National Archives, War Diary Matron-in-Chief QAIMNS, 9th January 1917, WO95/3989/6

⁶³ The National Archives, War Diary Matron-in-Chief QAIMNS, 13th October 1917, WO95/3990/2

and it is hoped that the Nursing Board may express this view.⁶⁴ McCarthy would have been aware that such a large body of women would not be needed to support the British Army in peacetime, but by her efforts to ensure VADs had an opportunity to continue nursing careers in their civilian lives, should they wish to do so, she was directly offering women a choice over their future career and independence. There could be several reasons as to why she chose to do this and, given her drive for the professional standards of nursing, it is possible that she recognised the skills and experiences developed over the war years could broaden the expertise and knowledge of civilian nursing as a profession. In doing so, McCarthy was actively encouraging the development and professionalization of women and offering women the opportunity of a career, broadening skills and financial independence outside of wartime.

Maud McCarthy was not only an advocate for professional military nursing, but she also held a position of power. This power was two-fold. Firstly, she was responsible for the professional development of individual nurses and the reputation of the military nursing service and secondly, her decisions and professional relationships had an immediate impact on the treatment and medical wellbeing of British servicemen. She was accountable only to her senior officer, the Matron-in-Chief at the War Office, Ethel Becher, and not to the male staff officers of the British Army. This gave her an immense authority on the ground in France that was unprecedented and unequalled. McCarthy was the only senior ranking female military nursing officer to be permanently stationed overseas during the whole of the First World War.⁶⁵

Given her high female status and the political female arena of the Edwardian period, it would perhaps seem natural to assume that Maud McCarthy set out in 1914 on a mission to empower female British Army nurses but this would be misleading. There is no evidence to suggest that she was a supporter of the enfranchisement of women or had any active involvement in the campaign for women's rights. However, she was ardently in support of creating a professional and respected elite female nursing organisation. McCarthy wanted to present the military nurses as professional women and she fought hard to maintain their reputation, not only as individuals but as

⁶⁴ The National Archives, War Diary Matron-in-Chief QAIMNS, 13th October 1917, WO95/3990/2

⁶⁵ Ethel Becher (Matron-in-Chief QAIMNS), Katharine Furse (Commandant of the VADs) and Sidney Browne (Commandant of the TFNS) were all based in London, although each did visit France on several occasions in their official capacities.

members of the QAIMNS. Provided the women of the QAIMNS, QAIMNS(R), TFNS and VADs met her standards of professionalism and social behaviour she was more than willing to support, encourage and promote them. For those nurses who fell below McCarthy's standards, or behaved in a manner she considered inappropriate, she would dismiss them rather than risk damage to the reputation of the nursing service. At times it is difficult to distinguish between her concern for the reputation of the QAIMNS and the wellbeing of individual women. She offered women opportunities to advance themselves and it was up to them to take advantage of that. As a professional career woman, McCarthy knew that there were opportunities for women to earn an independent wage, to travel and to have a fulfilling career. She offered these opportunities and encouraged women to take advantage of them without direct political activism but with a determination to succeed in a man's world.

Although she was appointed in a traditional gendered role, McCarthy challenged expectations. In March 1918, during the German Spring Offensive, she was travelling across the French countryside assessing for herself the needs of the medical services.⁶⁶ McCarthy was both a nurse and a woman of action. She travelled extensively, conversed widely and wielded power over both women and men. With McCarthy having total responsibility for British nurses in France, senior British male military personnel rarely interfered or crossed military authority by implementing changes to nursing practices. Her speed of response to military evacuations or advances and her strategic decision-making in promoting and transferring nursing personnel directly impacted on the wounded soldiers of the British Army.

McCarthy's role was central to nursing care during the First World War and, despite being in a primarily administrative role, she made a real impact on the wards of the hospitals. McCarthy's frequent inspections and subsequent recommendations for improvements on the hospital wards, nurses' living quarters, dietary arrangements, mortuaries and medical care were all implemented. She worked within an Army framework and, as the senior nursing officer, her orders had to be followed. McCarthy would even repeat inspections to ensure her recommendations had been implemented and liaised directly with the Commanding Officers, surgeons and physicians. She also maintained daily communications with senior military officers including the Director

⁶⁶ The National Archives, War Diary Matron-in-Chief QAIMNS, WO95/3990/4

General of the Army Medical Services (DGAMS) and the Directors of Medical Services (DMSs) of the various Army Divisions in France. No other woman had such high-level influence and responsibility - McCarthy was, without doubt, the most powerful and influential woman of the First World War.

This chapter has highlighted the significance of Maud McCarthy as a woman with unprecedented authority in early 20th century Britain but she is missing from much of the wider historiography of the First World War and of women's history more generally. I believe this is because she sits within the context of the traditional feminine sphere of nursing and has therefore been overlooked from wider historical perspectives. The impact of military nursing has been misunderstood by historians as a submissive feminine role and not viewed as an integral element of active overseas service. The role and influence of McCarthy in the military strategy of providing adequate healthcare in France during the First World War demonstrates the significance of the QAIMNS within the British Army and is an example of a woman working far outside traditional feminine boundaries.

Chapter Four: Managing Relationships

Prior to the First World War, very few men had been hospitalised in the UK. Hospitalisation was normally as a result of industrial accidents, or for sickness and ill-health, accessed only through institutions such as the workhouse infirmaries, or fever and isolation hospitals. Most people were cared for by relatives in their own home or, if they had the financial means, by hired private nurses. For many men, hospitalisation in the war was a new and unique communal experience. Large scale hospitalisation of British men was a cause for concern for the British government during the war and their intimate care by women was a particular issue. The image of the British Army nurse was deliberately manipulated in contemporary propaganda as a heavily romanticised role and the nurse was portrayed either as a saintly carer or an angelic ideal of womanhood. Throughout the war, newspapers frequently referred to army nurses as angels.¹ Portraying the nurses in this image, recalling the traditional duties of women of a holy order, was deliberately intended to be reassuring to women at home in Britain that should their menfolk be injured they would be cared for by safe, non-threatening, non-sexual hands. The alternative reality was of capable, trained, professional and educated, but single, women, which authorities considered was less psychologically reassuring. To deliver care, nurses had to be considered as non-threatening women.² This saintly, non-threatening image of Army nurses of the First World War has pervaded public consciousness and these women are still often considered to have fulfilled traditional feminine, non-threatening roles that are closely linked to those previous experiences of nursing care provided by female holy orders.

This traditional image of the First World War nurse has, to some extent, distorted the reality of their role and relationships within military medical units and there has been increasing historical debate about the role of army nurses, with opinions ranging from professional angels to brutalisers and emasculators of men.³ Christine Hallett has

¹ This saintly and angelic terminology occurred across publications, including in The Times and Daily Mail. One example is the Daily Mail headline of 18th May 1917: 'The Angels of War', *Daily Mail Historical Archive 1896-2016*. Available at <https://www.gale.com/intl/c/daily-mail-historical-archive> (Accessed 3rd March 2021). It was a recurring theme throughout the war and the term 'ministering angel' appeared in numerous publications.

² Nursing historian Christine Hallett has argued that nurses themselves deliberately fuelled their image as heroines. Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford, 2014), p16

³ See Christine E Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester, 2009), Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World* (Oxford, 2014) and Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the*

recognised that the British Army deliberately fostered a familial atmosphere in military hospitals to ensure they were safe places for both patients and female staff alike.⁴ The management of the military hospitals were certainly organised along the lines of a traditional patriarchal family, with senior male medical staff fulfilling a paternal role, the Matron as matriarch and nurses considered as ‘sisters’ or close family members.⁵ In many ways, this structure reinforced traditional patriarchal constructs and de-sexualised women. Hallett takes a rather naïve approach in that she argues nurses were too professional to move outside of these familial boundaries.⁶ She suggested that, because romantic involvement with patients was not tolerated by the British Army, relationships did not occur and argued that professional army nurses were deliberately non-sexual and non-threatening in their conduct towards patients.⁷ I would argue that by creating a familial environment, the military hospital re-emphasised traditional gender boundaries and together with its propaganda campaign army nurses were deliberately de-sexualised by the state. It was a co-ordinated and concerted effort to maintain state control of a new intimate social dynamic, but it did not necessarily mean that hospitals were non-sexual spaces.

Recently, historians have begun to question the relationship between nurses and their male patients arguing that it was far more complex than has previously been considered. Ana Carden-Coyne has looked in detail at the patient relationships within military hospitals during the First World War.⁸ Like Hallett, she recognised the deliberately familial structure of the military hospital was a means of creating a non-threatening environment, but she argued the reality of the hospital ward was vastly different and could often be an environment that was ‘sexually charged.’⁹ Contrary to

Great War (London, 1996) for historiographical debate about the role of nurses in First World War military hospitals.

⁴ Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester, 2009), pp159-165

⁵ To some extent, this seems to have filtered into the soldiers’ subconscious as regardless of a nurse’s rank or professional status, all nurses, both military and volunteer, are commonly referred to colloquially as ‘Sister’ by their patients. However, this appears to partly be a lack of understanding by the soldiers about the rank distinctions between Staff Nurses and Sisters. But it could also be about offering a degree of respect to the role of the nurse and possibly even relates subliminally to the history of nursing by holy orders. The more senior nursing rank of Matron was recognised by patients who addressed the Matron as such.

⁶ Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford, 2014), p8

⁷ Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester, 2009), p203

⁸ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World* (Oxford, 2014)

⁹ *Ibid*, pp191-192

the angelic or maternal role of the nurse, heightened emotions as a result of incapacitation and pain could lead to complex feelings of fear, sexual attraction and gratitude towards the nurse. Carden-Coyne argued that it was not a straightforward relationship between patients and their nurses and far more complex than simply either familial or sexual dynamics. For instance, although nurses may have been sexualised by their patients, they were simultaneously feared as the ‘brutaliser’ or administrator of painful procedures.¹⁰ Carden-Coyne argued that whilst pain reverted men to a childlike state and, in this regard, nurses adopted the role of mother, she also argued that the power of nurses over men’s bodies had a psychological and emasculating effect on the wounded.¹¹ Female army nurses had a military uniform, power and authority which were a stark contrast to their male patients who were immobilised in bed with wounds, disease and illness. Carden-Coyne argued that because of this imbalance of gender roles within the military hospital, men used humour as a means of reclaiming their dignity and authority, in the form of comical performances involving female impersonation or through comedic jokes, poems, articles and sketches in hospital magazines and gazettes.¹²

Whilst Carden-Coyne has challenged many of the stereotypes surrounding the role of the army nurse and provided a new and pivotal perspective on relationships within a military hospital, she has focused primarily on the experience of the wounded male patient predominantly within UK military hospitals and convalescent homes. Much less consideration has been given to wartime perspectives of the experiences of the professional female nurse serving overseas during the First World War. This chapter seeks to provide a perspective on the personal and professional relationships experienced by nurses of the QAIMNS who had regular intimate contact with male patients and lived and worked alongside male and female colleagues. The British military hospital was a complex, intimate and pressured environment and a QAIMNS nurse serving overseas during the First World War assumed many roles; carer, manager, friend and colleague. The predominant historical focus on army nurses has concentrated on their relationship with patients but there were other relationships and pressures within the overseas military medical units that provide a fuller insight into the role of the QAIMNS nurse.

¹⁰ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World* (Oxford, 2014), pp292-296

¹¹ Ibid, p292

¹² Ibid, p288

As well as contact with their patients, army nurses had daily interaction with their male colleagues and wrote in detail about them in diaries and letters home far more frequently than they refer to their male patients. These were the relationships that impacted on their day-to-day professional and personal lives as staff lived and worked together in close proximity. Female friendships were also important. Bridget Keown, has highlighted the importance of female friendship amongst army nurses, noting that women could rely on one another for emotional and practical support in difficult circumstances.¹³ Personal relationships with colleagues were far more significant in an environment that required them to share intimacy outside of work, with shared living and bathing accommodation. In a predominantly male environment, support from other women became even more significant and diaries and letters from nurses' document friendships, outings and camaraderie with their female colleagues.

To gain a fuller understanding of the female experience of overseas service, I will be using a range of sources including autograph books, diaries, hospital gazettes and nurses' service records. Each source provides a different type of perspective; official, personal, comedic and subversive. Together, these sources can be used to generate a greater understanding of life within the military medical units of the First World War. By improving our understanding of interpersonal relationships and the structures within which they developed, we can better understand the female experience of active service, which was not primarily focused on the patient-nurse dynamic in military hospitals.

Overseas medical units varied in size, scale and type and there was a vast contingent of staff providing medical support. QAIMNS and QAIMNS(R) nurses served in Casualty Clearing Stations (CCS), General and Stationary Hospitals as well as onboard hospital ships, trains and barges. The nurses who served at Casualty Clearing Stations were the closest serving women to the front line and had been included in the staffing from early 1915, although some army personnel had campaigned for nurses to be

¹³ Bridget Keown, 'I think I was more pleased to see her than any one 'cos she's so fine': Nurses' Friendships, Trauma and Resiliency during the First World War' in *Family & Community History*, pp151-165 Vol. 21/3, October 2018

posted with Casualty Clearing Stations from the outset of the war in August 1914.¹⁴ Casualty Clearing Stations were designed as part of the chain of evacuation and served as the first medical unit for the triage of patients. Here, the medical staff would determine those who were fit for immediate evacuation, treat patients with minor ailments for recovery to the front line and provide further specialist medical treatment for the sick and wounded who required stabilisation until they could be moved further along the chain of evacuation.¹⁵ Although Casualty Clearing Stations were often in tented or hutted accommodation, that could relocate according to military need, they were not small medical units. For example, in 1917, twenty Casualty Clearing Stations were designated for 200 patients each, whilst a further sixty were designated for 800 patients each.¹⁶ In times of military offensives Casualty Clearing Stations could be grouped together with each one having a different specialism, such as abdominal wounds, gassed, lightly wounded and so on.¹⁷

Stationary and General Hospitals, also located overseas, were comprised of hundreds, often thousands, of people including patients and staff. Stationary Hospitals were originally intended as smaller medical units based along the lines of communication for medical purposes such as treatment of infectious diseases. General Hospitals were designed to be much larger medical units. For example, in 1915, a General Hospital was organised for approximately 1,000 patients and a Stationary Hospital for 400 patients.¹⁸ However, well-equipped Stationary Hospitals were frequently expanded as there was less need for their original purpose and they could accommodate far more than they were originally intended for. As the war progressed, capacity increased according to increased demand and heavy fighting and by 1917 some Stationary Hospitals had been converted to General Hospitals and some General Hospitals had capacity for 2,500 patients.¹⁹ Military hospitals were almost completely self-sufficient units with staffing, regulations, accommodation, offices, messes, laundries and kitchens – an entire infrastructure. The military hospital was a large yet closed community in which friendships and relationships developed, not just between patients

¹⁴ W.G. Macpherson (ed), *Medical Services General History, Vol II: The Medical Services on the Western Front, and during the Operations in France and Belgium in 1914 and 1915* (first published in 1923) Reprinted by The Naval & Military Press Ltd, p44

¹⁵ *Ibid*, p42

¹⁶ *Ibid*, p48

¹⁷ *Ibid*, p50

¹⁸ *Ibid*, p66

¹⁹ *Ibid*, p70

and nurses, but between colleagues as well. These were environments which depended upon successful personal and professional relationships as staff relied on one another to run and operate a medical service in wartime conditions.

For QAIMNS nurses one of the most significant relationships on the wards was not with the patients but with the orderlies of the Royal Army Medical Corps (RAMC). The RAMC orderlies were serving soldiers of the British Army primarily employed to undertake the heavy lifting and intimate bathing of male patients, and to assist the female nurses with general tasks on the ward, such as making tea, changing laundry and fetching medicines from the dispensary.²⁰ Because of this subservience to the female nurses, the role of the RAMC orderly was often seen as a target for army humour by other serving soldiers who on occasion referred to them as 'Run Away, Matron's Coming' - a play on the acronym 'RAMC'.²¹ Orderlies of the RAMC were men who did not meet the criteria for front-line duty, primarily due to their physical fitness, age or pre-existing health issues. QAIMNS nurses had military seniority over the orderlies and were responsible for their management and training. In August 1918, the Director of Medical Services issued a statement for all Commanding Officers of Military Hospitals in France reminding them of:

... the necessity of impressing on all ranks serving under them that members of the Queen Alexandra's Imperial Military Nursing Service and its Reserve, also of the Territorial Force Nursing Service, are to be regarded as having authority in and about Military Hospitals next after the officers of the RAMC and should at all times receive the respect due to their position.²²

Army orders had elevated women into a managerial position over male staff in a situation that was unique amongst female professions in early 20th century Britain, but this statement was also a response to the difficulties that women faced in asserting this new position of female authority.

Good management of orderlies was not always easy. Many orderlies had enlisted voluntarily or were conscripted with little, if any, military or medical experience. They would not have taken orders from women in their previous civilian occupations.

²⁰ Ward Muir, *Observations of an Orderly: Some Glimpses of Life and Work in an English War Hospital* (London, 1917), p121

²¹ *Ibid*, p156

²² The National Archives, War Diary of Matron-in-Chief QAIMNS, WO95/3991/1

Asserting authority over male personnel may have been challenging but it was an essential role of the QAIMNS nurse who was assessed on her ability to successfully manage male staff. There are confidential reports within each nurse's army service record and they almost always refer to the nurse's capability in managing the RAMC orderlies on her ward.²³ One confidential report, dated January 1919, noted the nurse in question was 'tactful and good with orderlies' alluding to the difficult managerial role the nurses had.²⁴ If a nurse was unable to manage the male orderlies on her ward, then her future hopes for promotion within the QAIMNS were severely limited. For example, one confidential report states:

I do not consider her suitable to instruct or train orderlies because I consider she has not the power of order or discipline... I do not consider her fitted for a higher rank than she now holds.²⁵

This nurse served for almost the whole duration of the war from November 1914 to May 1919 and in previous reports she had been considered an excellent Ward Sister. Her hopes for promotion to Matron, or to be retained in service with the QAIMNS after the war, would have been cut short by this report. In contrast, a confidential report for Sister Helena Newborne had underlined the sentence '...able to instruct and train orderlies and VADs' and concluded, 'I consider her well fitted for further employment in military hospitals.'²⁶ As a nurse serving in the QAIMNS(R) at a time of demobilisation, this report suggests that Newborne was considered a suitable candidate for transfer to the Regular service. Although Newborne's overall report was also good, it was her ability to train orderlies that was of particular significance to her senior managers. Good management of orderlies was an essential prerequisite for promotion.

It was not just nursing staff on the wards who experienced difficulties in managing orderlies. Matrons also encountered problems. Each medical unit had its own Matron, who had responsibility for the management, wellbeing, discipline and training of female nursing staff as well as overall responsibility for the hospital wards and the

²³ These reports were produced annually or on transfer to another posting and were usually written by the Matron or Commanding Officer of the hospital or medical unit in which the nurse worked.

²⁴ The National Archives, service record of Sister Kathleen Booth, Report dated 1st January 1919, WO399/762

²⁵ The National Archives, service record, Confidential Annual Report, 9th March 1918, WO399/2392

²⁶ The National Archives, service record of Sister Helena Newborne, Confidential Report, 30th December 1919, WO399/6165

management and training of RAMC orderlies.²⁷ In December 1915, Maud McCarthy, Matron-in-Chief of the BEF, recorded in her unit War Diary that she had received a letter from the Matron of 8 Stationary Hospital who had previously experienced a number of issues, one of which was managing the male orderlies. McCarthy noted that a solution had been met through careful negotiations and compromises which had resolved the issues:

She has now the orderlies under her control, and working them on peace lines, with reliefs and 2 meals, so that the times off can be satisfactorily arranged.²⁸

Nurses needed to find a way to negotiate these difficult relationships.

McCarthy supported the Matrons and nursing staff in these challenges to their authority, but she strongly believed that in order to successfully manage orderlies and male staff, the Matrons and senior nursing sisters needed the full support of the Commanding Officer of their medical unit. This was unfortunately not always the case and demonstrates that although these women were breaking boundaries in having managerial responsibility for male staff, they were still working within a patriarchal framework and many men pushed back against the authority of the nurses. In these instances, the role of McCarthy herself was hugely significant in advocating at the highest level for the importance of the established authority of the female nursing staff. In September 1916, McCarthy visited 7 Casualty Clearing Station at Merville and found the Commanding Officer refusing to recognise the authority of the Sister-in-Charge to train and manage the orderlies.²⁹ This led to the orderlies going on and off duty as they wished, and generally demonstrating lax behaviour. The situation had become so bad that able-bodied patients were helping the nurses instead. McCarthy recorded the details of what she had said to the Officer Commanding (OC) of 7CCS:

I saw the OC and pointed out that Miss Bannister was a very good manager and capable woman, and had managed with great success at a large Clearing Station, and that unless she had control of the orderlies working in the wards, it was impossible to hope for satisfactory results. He signified his intention of

²⁷ Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, 1975), p43

²⁸ The National Archives, War Diary of Matron-in-Chief QAIMNS, 29th December 1915, WO95/3988/7

²⁹ The National Archives, War Diary of Matron-in-Chief QAIMNS, 6th September 1916, WO95/3989/5

altering the methods and placing the nursing orderlies under the control of the Sister in Charge.³⁰

McCarthy's tactic was to demonstrate that unless women were granted their authority, as issued by the British Army, those who suffered were the wounded British soldiers.

McCarthy recognised the patriarchal system the QAIMNS was part of and worked hard to ensure the nurses were recognised for their own seniority. But without the respect of the Commanding Officer, the nurses struggled to exert their own authority. When the nurses were provided with this advocacy for their work, they were given the opportunity to succeed. McCarthy revisited 7 CCS in January 1917:

Saw the OC and the Sister i/c, Miss Bannister, who has absolutely transformed the unit, making it seem more like a General Hospital. Everything is in perfect order, the floors polished, the annexes clean, the orderlies working hard, and I noticed in the surgical wards that the orderlies all had white overalls as well as the nursing staff.³¹

McCarthy was satisfied that collaborative working was to the benefit of everyone, both patients and staff.

The importance of establishing a good working relationship between the female nurses and male orderlies was pivotal to the successful management of both the wards and the general hospital environment and not all relationships between female nursing staff and male orderlies were tense or difficult. As the predominant caregivers on a ward, whether that was in a hospital or Casualty Clearing Station, nurses and orderlies often formed very tight teams as they worked together under extremely difficult circumstances. For example, in September 1918, Dorothy Sutton wrote to her mother describing her work in Salonika where she was nursing 300 seriously ill patients with just the help of 'two little tired and worn out orderlies.'³² The high pressure environment in which they were working enabled Sutton to empathise with these men who were her only help in an extremely difficult situation. As hopeless as circumstances were, this was her team.

³⁰ The National Archives, War Diary of Matron-in-Chief QAIMNS, 6th September 1916, WO95/3989/5

³¹ The National Archives, War Diary of Matron-in-Chief QAIMNS, 3rd January 1917, WO95/3989/6

³² Letter from Dorothy Sutton QAIMNS to her mother, dated 14th September 1918, document number 7699, Imperial War Museum, London

In 1918, Matron Tyers wrote fondly of the relationship she had with her cook-orderly, at 35 General Hospital in France, who despite being of a similar age to herself, had adopted a paternal, protective role towards her.³³ Tyers was a senior nurse, aged approximately 40 to 45 years old in 1918, and because of concerns about her personal safety the orderly had acquired a special helmet for Tyers to wear during air raids, having previously resorted to only an enamel bowl lined with a towel for self-preservation. Tyers noted the special effort her orderly had gone to in acquiring a helmet for her ‘nicely camouflaged in green and brown like a lizard. He wished me to have this so that I should not be seen by the German airmen flying below the Barrage. He was very upset when I lent this precious helmet to a young officer... but I got it back.’³⁴ This protective paternal dynamic could relate to contemporary social expectations of masculine chivalry, but it also demonstrates the significance of personal relationships. In another example of protective solidarity, Tyers noted that when the nurses had to remain on the wards with their sick patients during an air raid her orderlies refused military orders to take shelter in the dugouts. In disobeying orders, the orderlies risked court martial but nevertheless remained with the female staff. For Tyers, the orderlies and nurses were a close unit that worked successfully and companionably together - there was a strong sense of community within the hospital ward. When Tyers wrote about leaving France in April 1919, she referred to ‘my faithful orderlies’, suggesting ownership, loyalty and respect of her male staff.³⁵ Successfully managing this potentially fraught relationship was key to professional recognition and promotion but also to the good management of a hospital ward.

In 1917, a General Hospital of 2,500 beds was staffed with 40 Medical Officers, 2 Quartermasters, 125 nurses and 286 Other Ranks.³⁶ The proportion of patients to nurses is 20:1 but there were more than twice as many female nurses than male doctors meaning that the primary care giver for the wounded British soldier was predominantly

³³ Tyers trained as a nurse in 1906, when she described herself as ‘a good deal over’ the minimum age for nurse training of 23. Museum of Military Medicine, Notebook of Matron M.S. Tyers, QAM7/1960

³⁴ Museum of Military Medicine, Notebook of Matron M.S. Tyers, QAM7/1960

³⁵ Ibid

³⁶ W.G. Macpherson (ed), *Medical Services General History, Vol II: The Medical Services on the Western Front, and during the Operations in France and Belgium in 1914 and 1915* (first published in 1923) Reprinted by The Naval & Military Press Ltd, p83

female.³⁷ For many patients, the experience of a hospital ward was new and unusual. For most people, nursing and sickness occurred within the family home so to be cared for by trained female nurses was a wholly new experience for the majority of the sick and wounded of the First World War. Emotional reactions to pain and fear were inherent to the experience of the First World War and whilst Michael Roper argued that men became resentful of women because of their absence from war, for the wounded soldier women were a source of intimate daily contact.³⁸ Within the hospital ward and medical units, men and women shared an experience of the war that was intimate and deeply personal as men submitted their bodies to the care of strangers. Whilst the experiences of men within military hospitals have been the subject of numerous historical studies, very little has been written about the experiences of the professional female army nurse and how she negotiated the intimacy of the hospital ward. It is not for a lack of evidence that the female nurse has been overlooked. There are numerous autograph books, diaries and hospital gazettes in UK archives that can provide a glimpse of daily life for the nurses of the QAIMNS and these primary sources can also offer a new perspective to the complex relationship between patient and nurse.

Autograph albums were commonly maintained throughout the war by both men and women in all spheres of British society. They are intimate documents of personal relationships filled with short poems, sketches, sincere messages and jokes from friends, family, colleagues and, in the case of nurses, from their patients. Reflecting on life after the war, K M Barrow noted how autograph books took on a significance for nurses that was perhaps not fully appreciated at the time in which they were created:

What we perhaps treasure most of all now those times are over are the autographs books which contain the signatures, artistic efforts, original or copied verses which the patients supplied as souvenirs... in one of the Wards in Malta, an old volume of the Girl's Own Paper dating back to the 'eighties' provided the inspiration for many efforts. The picture of big men with a world of experience behind them artlessly and laboriously copying pictures of apple-

³⁷ For comparison, a study in 2009 found that on average on NHS wards in the UK the ratio of patients to nurses was 8:1. Jane Ball, *Guidance on safe nurse staffing levels in the UK* (Royal College of Nursing, London, 2010), p20

³⁸ Michael Roper, *The Secret Battle: Emotional Survival in the Great War* (Manchester, 2009), pp282-302

blossom and sparrows, or of an unattractive child with the legend ‘Daddy’s blue-eyed boy’ inscribed below it, represented a study in contrasts.³⁹

Autograph albums provide evidence of a depth of feeling at a particular point in time, so they are a snapshot of personal history. There appears to be five distinct types of entry: autobiographical, reflective, grateful, comedic and flirtatious. With the exception of autobiographical accounts, almost all entries are written in verse.

Autobiographical accounts are less common and autograph album entries are generally light-hearted and heartfelt. Occasionally an entry might reveal more about the author and most entries are signed with name and regiment details. However, one autograph album I came across in the archives of the Museum of Military Medicine had been completely filled with entries written by patients with the details and date of their wounding and cause for hospitalisation. For example, Pte Blake of 2 Battalion, The Lincolnshire Regiment wrote:

On Sunday 9th May wile [sic] we were retiring from the Germans trenches I was getting over to our Trench when I was hit in the right thigh.⁴⁰

Some of the entries are even more detailed, beginning with dates of mobilisation up until the point of hospitalisation. This type of entry is so predominant that it is probable the owner of the album, Sister Denning, specifically requested her patients to record such details. That the patients were willing to reveal such personal details suggests they trusted Sister Denning and her authority. It does not reveal, however, the reasons as to why Sister Denning wanted to collect this type of entry as a memento of her time with her patients and we can now only speculate as to why that might have been.

Autograph albums were circulated within a very public domain and they tend to follow a pattern in the type of verse or sketch they inspire. In the autograph books of First World War nurses, there is an overriding sense of gratitude to the owner and the messages do not suggest that these men were resentful of women per se because of their own wartime experiences. Sometimes written in verse, these messages may be sincere, comical or flirtatious. For example, one entry reads:

³⁹ Museum of Military Medicine, K.M. Barrow, ‘A VAD at the Base’

⁴⁰ Museum of Military Medicine, Autograph albums of Sister Kate Denning, 2016.185.1-1a

We the Boys of C2 Ward thank Nurse Slater for her kindness shown to us during our stay there. Her smile is like the Gentle Rain from Heaven.⁴¹

Another entry by Pte Acreman of the 1st South Wales Borderers reflects more broadly the gratitude to all nurses:

When the war is over and we are Glad at Heart
Let us not forget our sisters who so nobly Did their part.⁴²

This entry is representative of those by other soldiers who are full of gratitude and appreciation for the Army nurses on a very personal and individual level, and it illustrates a strong counterargument to historians such as Roper who argue that wounded men resented women because of their absence from the war.⁴³ For many wounded men, it was women who nursed them back to health and provided comfort in their time of need for which they were ever grateful. However, verses such as this also hint at a division between those who ‘did their part’ and perhaps those who did not. The wounded soldier recognises the nurses as very much part of the war effort – they shared the same communal experience.

Whilst there is evidence of a deep respect, gratitude and shared experience with the female nurses, the nurses appear to have triggered other emotional responses for the patients they nursed. One over-riding emotion exhibited by the male patients is that they should not be forgotten by the nurses and there are numerous verses and poems entreating the nurse to remember her former patient. For example, one commonly recurring verse was:

When the golden sun is sinking
And from care your thoughts are free
When of absent ones you’re thinking
Will you sometimes think of me?⁴⁴

In the autograph album of Nurse Slater, this verse was signed only with the initials ‘G.S.’ - the author was optimistic that he would be remembered without even leaving his full name. This message frequently appears in other autograph books although

⁴¹ Imperial War Museum, Autograph album of Mollie Slater, document number 10428

⁴² Ibid

⁴³ Michael Roper, *The Secret Battle: Emotional Survival in the Great War* (Manchester, 2009), p282

⁴⁴ Imperial War Museum, Autograph album of Sister Murray QAIMNS(R), document number 1257

‘care’ is replaced with ‘heart’ on one occasion.⁴⁵ It was a short verse that was commonly known, circulated, quoted and adapted and its repeated use highlights the recurring sentiment of remembrance. It is possible that its common use negates its sincerity but the act of writing in an autograph book was itself an act of remembrance for the future and an opportunity for a patient to make a lasting impression. One budding artist even drew a self-portrait of himself in civilian life with a note that read, ‘Hoping to be remembered by the owner of this book long after this book has fallen to pieces.’⁴⁶

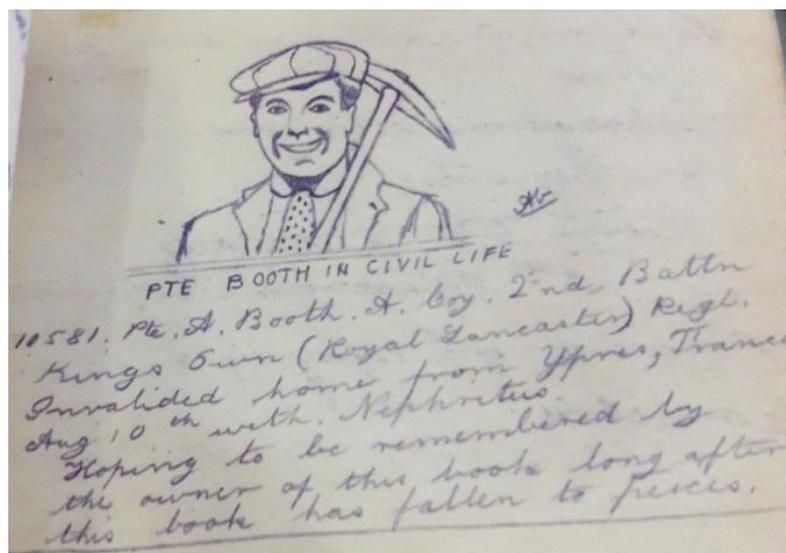


Figure 1. Pte A. Booth, King’s Own (Royal Lancaster) Regiment, autograph album of Mollie Slater. *Credit:* Imperial War Museum, London

Notably some entries even included a home address in the hope of possible future correspondence. The autograph book belonging to Sister Murray QAIMNS(R) was written in a military hospital in Malta between 1915 and 1916 and contains multiple entries from wounded Australian soldiers, many of whom left details of their home addresses perhaps in the hope that Sister Murray would remain in contact with them after the war. Not only did patients want their nurses to remember them in the future, but they wanted to assure the nurse that they would always think of her. For example:

O do not think though far away,
 Your kindnesses are forgotten by me;
 Ah no believe there’s not a day,
 But you & they will be thought of, by me.⁴⁷

⁴⁵ Museum of Military Medicine, Autograph album of Gladys Thompson, QARANC/PE/1/483/HATT

⁴⁶ Imperial War Museum, sketch by Pte A. Booth, King’s Own (Royal Lancaster) Regiment, Autograph album of Mollie Slater, document number 10428

⁴⁷ Imperial War Museum, Autograph album of Sister Murray, document number 1257

For the patient, their hospital wartime experience of pain and fear created an intimate bond between themselves and their nurses. Their messages to the nurses about remembrance in the future sought to seek reassurances that their emotional attachment to the nurses through their shared experiences were mutual emotional responses. This was not necessarily the case.

One of the difficulties with using autograph albums is interpreting only one side of the relationship without knowledge of the individuals involved. For example, many of the messages written for nurses are flirtatious and hint at an intimate relationship:

True . Love . to . you .
I wish that all the world were mind [sic]
Its wealth and riches too
That I might grant you every wish
And bring fair gifts to you
But I can give you a world of love
Where joys for ever shine
And a heart, that's rich with real wealth
Because, Sweetheart, you're mine.⁴⁸

This verse is signed by Gunner William Boyd of the Royal Garrison Artillery, and a patient of St David's Hospital in Malta where Sister Murray was serving in December 1915. We cannot be certain that Sister Murray was Gunner Boyd's 'sweetheart', but we do know that such a relationship would have been forbidden by the military authorities. It is highly unlikely that Sister Murray was romantically connected to Gunner Boyd, not least because of the openly romantic verse he writes in her autograph album when such a relationship would have been forbidden. It is possible, however, that he was projecting romantic associations onto her as a female for whom he had affection and gratitude.

Gunner Boyd was not alone in projecting a romantic fantasy onto his nurse. There are a number of romantic verses, poems and drawings within all of the nurses' autograph albums and, whilst there may have been an element of fashion and social trends in romantic verse, these entries also hint at flirtation and are part of a projected romantic

⁴⁸ Imperial War Museum, Autograph album of Sister Murray, document number 1257

fantasy. What is perhaps most interesting about these flirtatious entries is that they occurred and were physically recorded within the 'safe space' of the familial hospital environment. These entries are not viewed as crossing boundaries, but nor can they be considered familial. Instead, they are representative of an extremely intimate environment in which people were trying to negotiate their own emotions and behaviours.

As well as verses, First World War autograph albums contain sketches, cartoons and portraits, many of which reflect the romantic connotations of the nurse/patient relationship. This cartoon sketch by Private Wright in the autograph album of Nurse Shingleton QAIMNS(R) openly acknowledged this duality of reality and fantasy.⁴⁹



Figure 2. *How Tommy sees his Nurses*

Credit: Museum of Military Medicine

Drawn in December 1915, this sketch juxtaposes the patients' perceptions of the army nurse. The reality was that the QAIMNS nurse would not have been allowed to wear such a glamorous outfit off-duty on overseas service even if she wanted to, but the sketch is the soldier's fantasy with a hint of comedic irony as to the reality of their actual relationship. This humorous perspective of the fantasies of the wounded soldier

⁴⁹ Museum of Military Medicine, sketch by W.G. Wright 1/5 Battalion Gloucestershire Regiment, Autograph album of Nurse Shingleton, QARANC/PE/1/65/SHIN

appears frequently and was openly acknowledged by the soldiers themselves. The sketch below was adapted and recirculated, appearing in different guises.



Figure 3. *Spirits Up, Temperature Down*⁵⁰

Credit: Museum of Military Medicine



Figure 4. *? Is it still Non diet*⁵¹

Credit: Imperial War Museum, London

The sketch reflects the element of sexuality in the nurse's innocent touch and the fact that it is being reproduced by the patients themselves suggests it captured a comical reality of the hospital ward. Although the nurse maintains her professionalism, the male patient is grateful for the feminine touch even if it is only to measure his pulse. The soldier laughs at himself and what he has become.

As well as comical cartoons, many autograph albums also contain romanticised portraits of the nurses by their patients. For example, in this portrait of Sister Murray she is depicted as an attractive and elegant young woman.⁵²

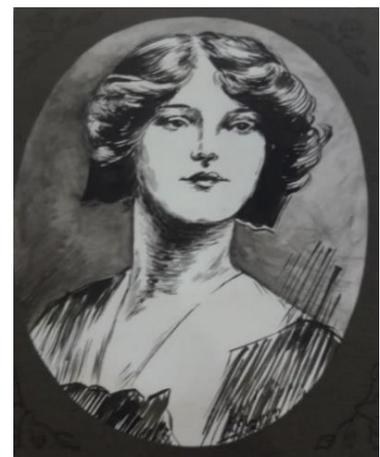


Figure 5. Sister Murray QAIMNS(R)

Credit: Imperial War Museum, London

⁵⁰ Museum of Military Medicine, sketch by Pte R.M. Roberts, Autograph album, Sister C Moore, QARANC/PE/1/66/MOOR

⁵¹ Imperial War Museum, sketch by L.S. Clayton 3rd Battalion Lincolnshire Regiment, Autograph album of Edith Mary Taylor, document number 351

⁵² Imperial War Museum, sketch by anonymous artist, Autograph album of Sister Murray QAIMNS(R), document number 1257

This is not to say Sister Murray was not attractive and elegant, but it is unlikely the artist ever saw Sister Murray in anything other than her military nursing uniform. He visualised an attractive and glamorous young woman outside the reality of their actual relationship. This image of Sister Murray, whilst extremely flattering, was not the reality of a hardworking professional wartime army nurse. In another portrait of Sister Murray, her sexual appeal to her patients is more specific as her portrait is captioned, ‘What the Australian boys like.’⁵³ This is reflective of how they perceive her more than the reality of their relationship with her.



Figure 6. *What the Australian Boys Like*

Credit: Imperial War Museum, London

The sketches and poems in wartime autograph albums make it evident that the relationship between a male patient and his female nurse could be emotional and complex. It was a relationship that was unevenly balanced in terms of power and authority as nurses had responsibility and control over their patients’ bodies. It is possible that by romanticising the relationship with their nurses and objectifying them, or fantasising about them, it enabled male patients to feel they had some control over their own masculinity. This is not to suggest that the nurses felt threatened or uncomfortable with being objects of sexual fantasy or romanticised characters. This

⁵³ Imperial War Museum, sketch by Pte A. Smith Australian Infantry Force, Autograph album of Sister Murray, document number 1257

sketch by 'Captain Mac' in 1918, of nurse Margaret Cooper's image reflected in a glass, is annotated with the remark, 'I was a good little boy till I met you.'⁵⁴



Figure 7. Autograph album of Margaret Cooper

Credit: Museum of Military Medicine

The annotated note on this image, 'Mac's impression of me' was added by Margaret Cooper, which suggests she was accepting of this flirtatious sketch. Margaret Cooper's married name was Thompson so whoever 'Mac' was, he was probably not a serious suitor. The regularity of verses declaring love and flirtation in nurses' autograph books suggest that this was socially acceptable behaviour and that the women were receptive to the flirtatious jokes and innuendos even if the relationships went no further.

If men were projecting sexual fantasy onto the nurses, the nurses are less obvious in any sexual attraction to their patients. In my study of diaries, letters and personal accounts I have found no evidence to suggest that the nurses were sexually attracted to their patients or reciprocated romantic feelings. In fact, much of the nurses personal

⁵⁴ Museum of Military Medicine, sketch by Captain G.D. Mac, Autograph album of Margaret Cooper, QAM1996/4-6

writing has very little detail about their patients and only refers to a specific patient when they are dangerously ill. Even then, they are rarely mentioned by name. Instead, the nurses refer to these patients by assigned nicknames, such as ‘the boy’ or ‘Jock.’ There appears to be an almost deliberate depersonalisation of patients. This could be to maintain a professional distancing of emotions as part of the coping mechanism for dealing with death and injury on such a large and devastating scale, but it should be remembered that in many overseas medical units, such as Casualty Clearing Stations, patients were admitted for a relatively short period of time. The personal messages to individual nurses in their autograph albums suggest a much greater intimacy, or at least a perceived or projected intimacy, between patient and nurse than the writings of the nurses themselves.

During the war, permanent hospitals and medical units produced and published their own hospital magazines and gazettes, which stemmed from the popularity of trench newspapers, such as *The Wipers Times*. A source of news and humour, hospital gazettes were designed to be accessible for patients and staff alike. Pages are devoted to social events such as concerts, sports and dinners, as well as details of church services, but there are also informative articles, comical pieces, cartoons and jokes, often at the expense of hospital staff. The nursing staff were very much part of these magazine publications both as more formal contributors and as the subject of army humour and in-house jokes. For example, a Matron might contribute a semi-formal article, such as a ‘Day in the Life of’, yet there were also comical sketches and articles by men pretending to be nurses.⁵⁵ Although women did make contributions to the hospital gazettes, the publications were dominated by male writers and artists who juxtaposed the portrayal of nurses by reflecting the professional role and authority of these women and yet also found humour or romance in the experiences of serving alongside them. These articles, poems and drawings created a dichotomy of the image of the professional nurse as can be seen in the two images below, which were printed only two pages apart in *The Gazette of the 3rd London General Hospital* in January 1918:

⁵⁵ Imperial War Museum, London. ‘A Day with the Matron’, *The Fourth: The Magazine of the Fourth London General Hospital, RAMC*, 1st November 1916, p135

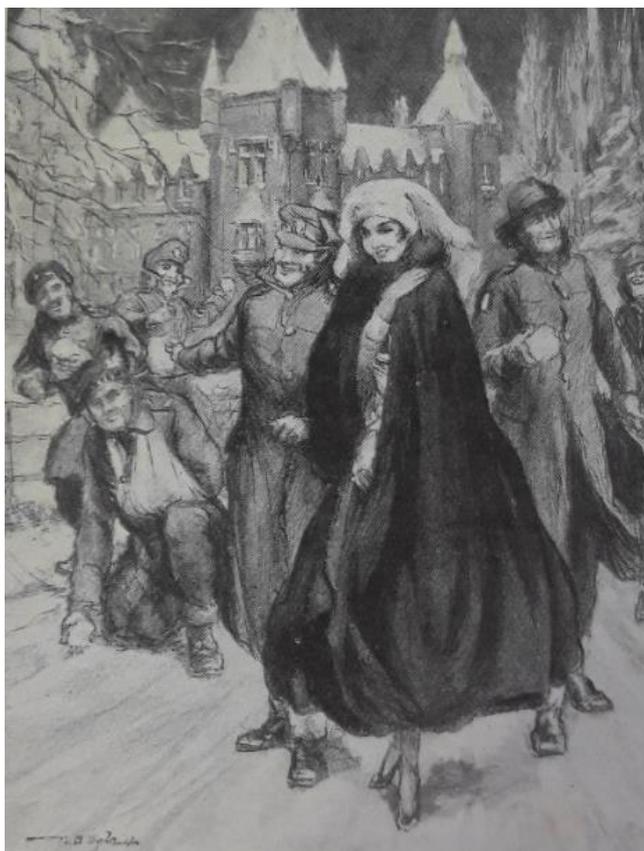


Figure 8. *Sister's Bodyguard* by R.B. Ogle⁵⁶
Credit: Museum of Military Medicine



Figure 9. Administrative Staff of 3rd London General Hospital. (Photograph by Ward Muir)⁵⁷ *Credit:* Museum of Military Medicine

⁵⁶ Museum of Military Medicine, *The Gazette of the 3rd London General Hospital, Wandsworth*, p87, QA1983.16.1

⁵⁷ *Ibid*, p89

Behind the Lines: The (Unofficial) Magazine of No.10 Stationary Hospital had a regular column entitled, 'Letters from a Lonely Sister.' Written as a parody of life as a Ward Sister overseas in France, it was most likely to have been written by a man and designed to be amusing to both patients and nursing sisters alike:

The ward is horribly uninteresting; they are mostly 'spits and spues', except two who suffer patiently under the superb diagnosis of Poor Physique.⁵⁸

It demonstrated an in-house humour and dark comedy surrounding life at the hospital that only those in the know would really understand. Whilst acknowledging the role of the nurse, it was a voice that was being interpreted by her male patients or colleagues for comedic effect - reflecting boredom, tedium, awkward patients and overbearing male staff. It was not the voice of the nurse herself but an assumed reality of what the nurses thought and intended to be comical to those living and working in the military medical units of the First World War.

Patients and male staff were aware of the physical and emotional demands placed upon the nurses, even if it was acknowledged with a humorous or subversive perspective. This image of 'the Inventive Night Nurse' was taken from an article published in *The Gazette of the 3rd London General Hospital* in 1918.⁵⁹

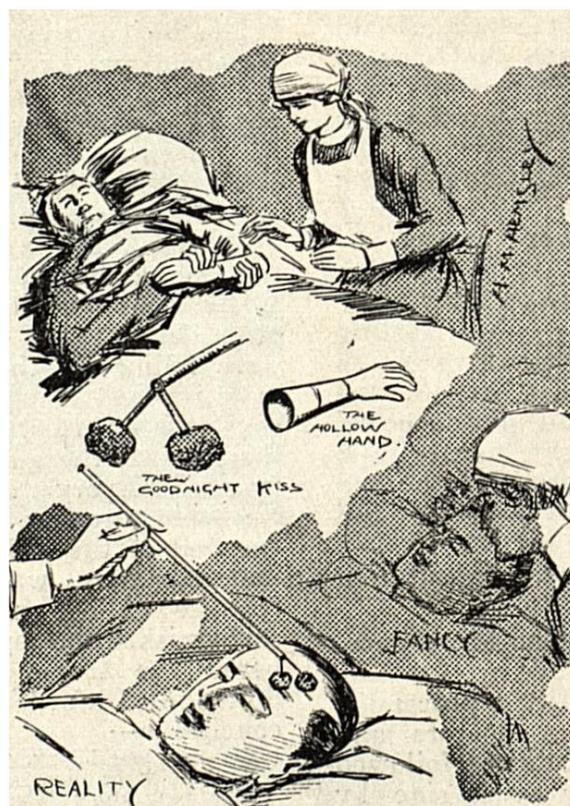


Figure 10. Private Peter Pan and "Sister" Wendy, or the Inventive Night Nurse
Credit: Imperial War Museum, London

⁵⁸ Museum of Military Medicine. *Behind the Lines, The (Unofficial) Magazine of No.10 Stationary Hospital*.

⁵⁹ Imperial War Museum, London. Pte H.M. Hemsley, 'Private Peter Pan and "Sister" Wendy, or the Inventive Night Nurse', *The Gazette of the 3rd London General Hospital, Wandsworth*, 1st July 1918; 3, 10; Trench Journals and Unit Magazines of the First World War p260.

The author, Private Hemsley, writes a comical piece about the inventiveness of the night nurse who had to deal with patients who wanted to be mothered. To help combat this, the nurse in question invents a hollow arm for her patients to hold and a device to administer a 'goodnight kiss':

... a combination of soft sponges and dampness which acts as a wonderful substitute, provided, of course, that lights are down and the patient is not too alert.⁶⁰

This light-hearted article concluded that the Night Sister was:

... now engaged on a device for 'Soothing the Brow' and 'Hug me Tightly' apparatus and a 'Tuck-me-Up' machine – all long-felt wants since a nurse has to mother as well as perform her other duties.⁶¹

Although a comical tongue-in-cheek piece, it illustrates sentiments about the emotional demands and expectations placed on the nurse. The sketch again demonstrates the differences between 'reality' and 'fancy' and the imagined perceptions of the soldier regarding his relationship with his female nurse. The use of humour, often black humour, created a common and shared experience despite the many different individual roles within the hospital community. Humour in the hospital could also help to negotiate complex relationships in stressful situations. It provided patients with a non-threatening means of expressing their emotional attachment to the nurses.

Nurses rarely seem to have emotional relationships with their patients, and although this may be down to concern about maintaining professional reputations it may also have been influenced by the fact that overseas medical units were usually part of a chain of evacuation and patients were only admitted until death, cure or stabilisation. Admission to these units was not intended to be for long periods of time. However, military postings were usually at least 6 months which meant that nurses and their male colleagues could build relationships. The British Army serving overseas was a vast logistical organisation stretching from the front line back through various lines of evacuation and routes home to the UK. In addition to RAMC medical colleagues,

⁶⁰ Imperial War Museum, London. Pte H.M. Hemsley, *Private Peter Pan and "Sister" Wendy, or the Inventive Night Nurse*, *The Gazette of the 3rd London General Hospital, Wandsworth*, 1st July 1918; 3, 10; *Trench Journals and Unit Magazines of the First World War* p260.

⁶¹ *Ibid*

there were other military units stationed in nearby towns, with military personnel from logistic and support units as well as the local civilian population. Socialising was actively encouraged, although strictly managed, and recreation and entertainment were important activities within British military medical units. Nurses serving overseas had freedoms that allowed them to socialise and meet with men outside of their hospital work.

Although there were limitations on the leisure time of British Army nurses (who frequently complained that Commonwealth and American nurses had greater social freedoms), QAIMNS nurses were able to walk out with officers, attend social events such as dinners and dances, and occasionally share time together more informally in the hospital messes. These occasions gave women the opportunity to meet and engage with men who were considered their social equal in an environment relatively free from chaperones, other than their female colleagues and friends. However, whilst discrete relationships or flirtations with male officers may have been tolerated, QAIMNS nurses held senior officer rank and it was particularly frowned upon to have a relationship with a man of junior rank. In February 1919, Sister Dorothy Sutton QAIMNS wrote to her mother complaining about how she was not permitted to go out with an RAMC Sergeant she had kept in touch with because he was a ‘Tommy’.⁶² Humiliatingly, in order to meet him she had to be granted permission from the Matron, but no such requirements were necessary had he been an officer. Sister Sutton was indignant at the control over her personal life and the inadequacy of judging a man’s character on rank alone. She noted that as long as he was a commissioned officer, it did not matter if he was the ‘scum of the earth’.⁶³ Having a senior military rank was considered enough recommendation of character.

Some nurses developed relationships with the male doctors of the RAMC and there are several examples in nurses’ letters and diaries that intimate deeper feelings for their male colleagues. For example, in her letters home to her mother, Dorothy Sutton frequently mentioned ‘Mr Marron,’ a doctor at her hospital in Salonika.⁶⁴ Although Mr Marron is married, they strike up a friendship; going on walks, car rides and having tea together in the town. Sutton wrote, ‘[Mr Marron] is very good to me though and

⁶² Imperial War Museum, letter of Dorothy Sutton QAIMNS, dated 16th February 1919, document number 7699

⁶³ Ibid

⁶⁴ Imperial War Museum, documents of Dorothy Sutton QAIMNS, document number 7699

helps me all he can. He is rather younger than some of them here and feels somewhat lonely I think.’⁶⁵ Married men missed the company of their wives and often leaned towards the nurses for female companionship. Occasionally it could be difficult for the nurses to manage the intimacy of their relationships with male colleagues, who they perhaps considered only as friends. Whilst serving onboard HMHS *Asturias* at Gallipoli, nurse Ellen Carter QAIMNS(R) wrote an entry in her diary which hinted there was an overstep in her personal relationship with a young doctor colleague:

Sitting on deck now, back to back with Cpt Beattie while he is singing ‘Pretty Polly Perkins’. The after effects will make me wary of being so obliging again. We were short of chairs this morning.⁶⁶

Living and working together in such close intimacy could be problematic when maintaining propriety.

In some instances, it was the nurses themselves who overstepped the line of acceptable behaviour. One QAIMNS nurse was suspended from duty in 1916 because of her bad language and for being ‘unduly familiar with patients.’⁶⁷ Not all of the nurses who served with the QAIMNS lived up to the reputation of an elite professional nursing service. The war diary of Matron-in-Chief Maud McCarthy illustrates some of the challenges she faced in both managing the nurses and the reputation of the QAIMNS. In November 1915, McCarthy arrived at Hazebrouck in northern France to find that two nurses had, ‘...been behaving badly with 2 officers... one a senior one, Nurse R. having him in her bunk till 3.30am.’⁶⁸ McCarthy also had to deal with a Canadian nurse who was found to be eight months pregnant – the Principal Matron prevented the incident from going through official channels and it was effectively hushed up.⁶⁹ In October 1918, a QAIMNS nurse on home service resigned due to her pregnancy. Although she had married in May 1918 and had been permitted to remain in service, her service record noted that she was ‘nearing her confinement.’⁷⁰ This suggests she was at least six months pregnant and, given the official notes written in her file, there would appear to have been concerns that she was already pregnant when she married.

⁶⁵ Imperial War Museum, letter of Dorothy Sutton QAIMNS to her mother, dated 6th October 1918, document number 7699

⁶⁶ Museum of Military Medicine, diary of Ellen Mary Carter, 8th July 1915

⁶⁷ The National Archives, service record WO399/302

⁶⁸ The National Archives, War Diary Matron-in-Chief QAIMNS, 2nd November 1915, WO95/3988/6

⁶⁹ The National Archives, War Diary Matron-in-Chief QAIMNS, 24th September 1915, WO95/3988/5

⁷⁰ The National Archives, service record WO399/5293

This would have been considered scandalous for a nurse of the QAIMNS and damaging to the reputation of the army nursing services. Initially, the author of her report, either the Commanding Officer or Matron, appeared loath to reveal the reasons for the resignation despite the War Office insisting a reason be given or they would be unable to process it. A note in the file reads, 'In cases where you do not wish the full facts to pass through many hands the file can easily be sent under cover & addressed personally to somebody in this Branch.'⁷¹ Despite the marriage, this case was potentially extremely damaging to the reputation of the QAIMNS.

It was unusual for nurses to remain in service with the QAIMNS after marriage, but occasionally it was permitted.⁷² The marriage bar for QAIMNS nurses was generally enforced during the war, although some nurses were allowed to remain in service if they had asked for permission prior to the marriage and circumstances allowed. However, this happened relatively infrequently and if a nurse wished to marry, then it required her resignation from the QAIMNS. The service records provide some indication that many nurses resigned from military service specifically to marry and, from the service records I sampled, 10% of nurses gave marriage as the reason for their resignation.⁷³ Although it is possible that these relationships were established either before the war or outside of the wartime circumstances, there are several examples of nurses who married on active service and either remained in the country where they were serving or emigrated with their new Australian, Canadian or New Zealander husbands. This suggests that nurses did engage in romantic wartime relationships. For example, Elizabeth Condon QAIMNS(R) married Captain S.M. Hooper of the 1/11th London Regiment in Cairo whilst they were both on active service in April 1918.⁷⁴ Staff Nurse Georgina Dagg QAIMNS(R) also married in Egypt in November 1916 and remained there with her new husband, who she refers to as a 'civilian,' presumably Egyptian. She had been nursing in Egypt for just 18 months.⁷⁵

⁷¹ The National Archives, service record WO399/5293

⁷² The QAIMNS / QARANC Marriage Bar remained in place until 1973.

⁷³ 46 out of 474 nurses sampled gave their reason to leave the QAIMNS and QAIMNS(R) as marriage. Of the remaining sample group, 237 were demobilised at the end of the war, 157 resigned for other or unknown reasons, 20 were discharged on grounds of ill-health, 11 died in service, 2 were dismissed and 1 was reason unknown.

⁷⁴ The National Archives, service record of Elizabeth Condon QAIMNS(R), WO399/1662

⁷⁵ The National Archives, service record of Georgina Dagg QAIMNS(R), WO399/1982

Dagg was not the only nurse to marry outside of military circles. In 1916, after serving in France, Edith Maxwell-Moffat QAIMNS married Monsieur Flambon.⁷⁶ Maxwell-Moffat had enlisted with the QAIMNS in 1910 and was 45 years old when she married, so she is not the stereotypical naïve young nurse finding love. She was an experienced professional woman finding a happy but unexpected new life as a consequence of the war. Matron-in-Chief Maud McCarthy referred to the marriage in her war diary entry of 17th August 1916: ‘Saw Madame Flambon née Miss Maxwell-Moffat, QAIMNSR, very prosperous looking and happy.’⁷⁷ McCarthy was clearly pleased to see her former colleague’s happiness and contentment. There was no negativity to women finding love and happiness as long as matters were conducted correctly in accordance with military guidelines.

Although there was no animosity towards women who left the service to marry, for those who married without permission there were immediate consequences. Bertha Austin QAIMNS(R) married a Canadian officer in October 1918 by special licence and although she subsequently requested that she continue to serve, she was forced to resign her position.⁷⁸ In the majority of cases, the marriage bar was usually immediately enforced. However, in contrast to the experience of Austin, when Staff Nurse Elsie King married Major A.M. Trotter, New Zealand Army Medical Corps, by special licence in Egypt in 1918, she continued to serve for a further two months. Possibly the remote geographical posting made relocation back to the UK a slower and more difficult process. The marriage between King and Trotter, a New Zealand doctor, suggests it was a love affair that developed in the hospital wards. If nurses kept patients at a distance emotionally, perhaps it was occasionally more difficult to maintain professional distance from a sympathetic and understanding colleague when both far from family and home.

Although military medical units were regimented and strictly disciplined organisations, civilian UK hospitals were also extremely disciplined and regulated institutions. Matron Tyers described life in her civilian training hospital: ‘Discipline was very strict, and hospital etiquette was constantly observed.’⁷⁹ Because of the strict discipline that existed in UK civilian hospitals, many nurses who joined the

⁷⁶ The National Archives, service record of Edith Maxwell-Moffat QAIMNS, WO399/5895

⁷⁷ The National Archives, War Diary of Matron-in-Chief QAIMNS, WO95/3989/4

⁷⁸ The National Archives, service record of Bertha Brewer QAIMNS(R), WO399/902

⁷⁹ Museum of Military Medicine, Notebook of Matron M.S. Tyers, QAM7/1960

QAIMNS(R) found they had greater personal and professional freedoms within the military hospitals than in the civilian hospitals they had previously worked in. This is the complete antithesis of the experience of many of their patients who as male volunteers and conscripts were unused to the strict discipline of the British Army and all its rules and regulations. Female professional nurses appear to have found the transition to military life less difficult having been bound in civilian life by similar rules and regulations and this no doubt influenced their experiences of the war. Both civilian and military nursing organisations had high expectations and strict codes of behaviour and although behaviour on and off duty was strictly controlled, nurses serving overseas were able to regularly attend concerts, dinners and dances. These activities nurtured a shared sense of community and provided light relief for the medical staff working in tiring and demanding roles.

Nursing staff lived and worked together in close proximity, sharing bedrooms, bathrooms and living quarters. Conditions could be primitive and intimate. Matron Tyers described her washing arrangements in France, 'A row of enamel basins stood in a kind of shed divided from each other by potato sacking; here we washed.'⁸⁰ However, Tyers also noted the shared camaraderie, writing 'We found much happiness and even laughter and a comradeship never perhaps experienced before'.⁸¹ Nurses write in little specific detail about their close female friendships, but they write often of activities they shared together with other nurses, whether that was planning Christmas parties, going into town, walking in the countryside, swimming in the sea, the adventure of a sightseeing drive or even visiting the pyramids on camels. Nurses were posted fairly regularly to different units on overseas service so they may not have served together for more than six months at a time, but the women shared a camaraderie fuelled by shared experiences.

However, circumstances were not always easy and not all relationships between nurses were straightforward. For example, only two nurses were stationed on a hospital barge and as, Nurse Peterkin noted:

... the two Sisters had then to share one tiny cabin in which there was scarcely room for both to move at the same time. For two women to be so cooped up

⁸⁰ Museum of Military Medicine, Notebook of Matron M.S. Tyers, QAM7/1960

⁸¹ Ibid

together for many months at a time, was a severe test of friendship and made one long sometimes for the large and varied staff of a Base Hospital!⁸²

Seniority, rank and promotion could also be cause for disagreements between the nurses themselves. One particular social complication on the wards was the seniority in age of the nursing sister in charge. This occasionally caused difficulties establishing authority on the wards, regardless of official military rank. A formal investigation surrounding a nurse accused of negligence held the younger Matron responsible:

... I consider that this neglect of duty would never have occurred if the Matron had shown stricter discipline and not allowed past and present elderly members of the nursing staff to dictate to her. I think she should assert her authority much more than she does.⁸³

Nurses had to successfully manage their relationships with one another as well as negotiate their place within a patriarchal system in which they also held authority over men and men's bodies.

The nurses of the First World War fostered intimate, complex relationships, not only with their patients but also with their colleagues, both male and female. Military hospitals were designed to be non-threatening familial environments and it could be argued that the British Army maintained patriarchal constructs with the male Commanding Officer as patriarch whilst nurses fulfilled traditional maternal or sisterly roles as deliberately non-sexual beings. However, the reality was far more complicated than that. Human relationships are intrinsically difficult to regulate and emotions can be driven by the subconscious and influenced by pain, trauma and stress. Rules and regulations can only go so far to govern human emotions and free will ultimately led to some women developing relationships that were frowned upon or forbidden by the military. But even if the regulations meant that nurses had to resign from the service to marry, the QAIMNS was understanding, sympathetic and supported these women to the best of their ability. This did not create an atmosphere fearful of unprofessionalism. Instead, as long as relationships were conducted discreetly, and in a manner considered to be within propriety, there was an opportunity to develop meaningful and loving human partnerships.

⁸² Museum of Military Medicine, M. Peterkin QAIMNS(R), 'Work on a Hospital Barge in France'

⁸³ The National Archives, QAIMNS service record WO399/2862

What is most significant from the evidence presented in this chapter, from the nurses' own autograph books and diaries, is that there was an imbalance of emotional connections between patients and their nurses. Nurses appear to be more important and significant to the wounded soldier than the soldier was to the nurse. The emphasis placed on remembrance by the soldier in his messages, imploring the nurse to think of him again, would suggest that the soldiers were fully aware of this emotional imbalance, but it was a relationship of flirtation and fantasy they were prepared to indulge in. Nurses were not completely innocent or naïvely unaware of the sexual projection of their role and if this aided the emotional wellbeing of their patients, or provided light relief on the hospital wards, then the nurses appear to be accepting of their patients' fantasies. What appears most evident is that the women did not feel threatened by these sick and wounded men they helped to heal. Instead, the hospital ward fostered a sense of shared community and shared experiences. This is the most important element of the human relationship built within the military hospital and I would argue it was a community rather than a family environment that truly existed to make military hospitals safe spaces for patients and nurses alike. As a community space, the military hospital successfully managed complex relationships and emotions and allowed women to safely navigate within a traditionally patriarchal society - the British Army. This chapter demonstrates what it meant to be a nurse in a war setting and identifies women as a central force within a military, male space.

Chapter Five: Women, War and Mental Health

The impact of the First World War on the physical and mental health of male soldiers has been well documented, researched and investigated and it has influenced the study of 20th century history, literature, psychology and the arts.¹ In particular, the term ‘shell shock’ has become specifically associated with the First World War and it is viewed by historians and psychologists as a distinctly male condition.² Elaine Showalter, for example, described the war neurosis of the First World War as a ‘crisis of masculinity.’³ The imagery, literature and filmography the trauma of war has inspired suggests that the iconography of shell shock as a medical condition has left a lasting impact on the national psyche. Yet the impact on the physical and mental health of the female participants of the First World War has been largely ignored. In all the published literature relating to the history of war neurosis and shell shock, there are no comparative studies of the mental health of female participants during the First World War. This chapter uses the medical board records and diaries of QAIMNS nurses to demonstrate that women also experienced ‘shell shock’ during the First World War.

In recent years, there have been some tentative steps towards understanding the female war neurosis of the First World War. For example, Tracey Loughran has noted that professional army nurses were equally exposed to danger and suffering as many male participants and although she questioned why the presumption that nurses were unaffected by the trauma of the war has not been challenged by modern historians Loughran does not develop this argument further in her own study.⁴ In 2008, Denise Poynter’s PhD thesis focused on the war trauma of women who served as army nurses

¹ For comprehensive analysis of shell shock and war neurosis see Anthony Babington, *Shell-Shock: A History of the Changing Attitude to War Neurosis* (London, 1997). Peter Barham, *Forgotten Lunatics of the Great War* (Yale, 2004). Hans Binneveld, *From Shellshock to Combat Stress: A Comparative History of Military Psychiatry* (Amsterdam, 1997). Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (Basingstoke, 2002). Ben Shephard, *A War of Nerves: Soldiers and psychiatrists in the twentieth century* (Harvard, 2001).

² Jones and Wessely have argued that war neurosis was also evident in much earlier conflicts, such as the Crimean War (1853-56) and the Boer War (1899-1902) but it was the vast scale of the First World War that generated awareness of the condition and caused particular difficulties for medical staff when it came to treatment and diagnosis. Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove, 2005), p19

³ Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (London, 1987), pp171-172

⁴ Tracey Loughran, *Shell-Shock and Medical Culture in First World War Britain* (Cambridge, 2017), pp141-2

and VADs during the First World War.⁵ To date, this is the only academic research that solely concentrates on female war neurosis as a consequence of army nursing during the war. However, Poynter makes little distinction between trained and untrained nurses, relies heavily on testimony of Vera Brittain and focuses on comparative study of the male and female experience. This chapter seeks to better understand the impact of war on women's physical and mental health and the long-term implications this had for their economic and social well-being in post-war Britain.

The lack of historical analysis of the role of professional army nurses is indicative more broadly of the wider historiography of the First World War. Susan Grayzel described army nursing as fulfilling a traditional feminine duty albeit one that exposed naïve women to the horror of war.⁶ Christine Hallett even argued that the trained professional nurses of the QAIMNS were immune to trauma.⁷ When Hallett wrote about the professional army nurses being wiped from the history of shell shock, she was referring to the nurses who cared for male patients with mental health issues and did not address the issue of women who suffered similar symptoms as a result of war trauma.⁸ Santanu Das argued that professional army nurses were able to use their medical training to desensitise themselves to the horrors they witnessed, something the untrained volunteer nurses were unable to do.⁹ These arguments of prominent social and nursing historians of the First World War illustrate the failure to acknowledge that professionally trained army nurses were also susceptible to war neurosis.

When women are discussed in the historiography of war neurosis it is as either the nurse as caregiver or, more generally, women as a contributing factor to the emasculation of men. Michael Roper, for example, argued that 'uncomprehending women' were partly responsible for male war neurosis.¹⁰ He defined the cause of war neurosis as originating from, '.... a close-up encounter with an uncontained body and

⁵ Denise J Poynter, 'The Report on her Transfer was Shell Shock', A Study of the Psychological Disorders of Nurses and Female Voluntary Aid Detachments who served alongside the British and Allied Expeditionary Forces during the First World War, 1914 - 1918.' (Unpublished doctoral thesis), University of Northampton, 2008. Available at <https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.527270>

⁶ Susan R. Grayzel, *Women and the First World War* (London, 2002), p37

⁷ Christine Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester, 2009), p194

⁸ *Ibid*, p157

⁹ Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge, 2008), p175

¹⁰ Michael Roper, *The Secret Battle: Emotional Survival in the Great War* (Manchester, 2009), p302

from the despair of being unable to sustain another's life.'¹¹ Roper was referring to front-line soldiers, but unintentionally he was describing the role of front-line nurses. The nurses who accompanied the British Army on active service were not 'uncomprehending women' - they were witnesses to trauma and death. Roper's instinct to blame women for male war neurosis is torn apart by his own argument. Roper, like many other historians, failed to question the personal trauma the female army nurses experienced on active military service.

By 1900 all professional nurses had to complete a minimum of two, or three, years training at a recognised training hospital.¹² This was part of the continuing professionalisation of civilian nursing and it was a prerequisite that all QAIMNS and QAIMNS(R) nurses were professionally trained before entering military service. In 1933, Matron Tyers wrote about her first day of nurse training as a Probationer at The Royal Free Hospital, London, in 1906:

... I was taken to my first ward. The Sister was busy dressing a little baby with badly burnt arms. She said that I could help her. I did my best to hide how much the sight upset me, but she must have noticed for she was very kind, and told me that the more one forgot one's own feelings in helping others, the better it would be, over sensitiveness only hindered.¹³

Tyers was then given a long list of menial tasks such as washing the dishes and sweeping the long corridor, tasks obviously intended to keep her occupied and distracted from the distressing scene she had just witnessed. The advice 'to forget one's own feelings' was clearly well intentioned, but it hardly constitutes as effective training for managing one's own emotions and responses to trauma. However, for scholars, such as Das and Hallett, the professional nurse of the early 20th century was sufficiently trained to disassociate herself from trauma and notably precluded from Das's study on touch and intimacy. This argument fails to appreciate the pressure, responsibility, expectations and scale of trauma that the professional army nurses faced during the First World War, particularly for those working overseas and with the added responsibility of ward or hospital management.

¹¹ Michael Roper, *The Secret Battle: Emotional Survival in the Great War* (Manchester, 2009), pp263-4

¹² The Royal College of Nursing was founded in 1916 and the State Registration of Nurses was introduced in 1921, following the Regulation of Nurses Act, 1919.

¹³ Museum of Military Medicine, Notebook of Matron M.S. Tyers, ref QAM7/1960

Recently, historians of the First World War, such as Roger Cooter and Ana Carden-Coyne, have acknowledged the psychological stress placed on male doctors of the RAMC even though they were trained professionals. So why has this not applied to the female medical staff?¹⁴ It was against human nature that the professional nurses could remain unaffected by these traumatic experiences and contemporary sources provide evidence that suggest many nurses struggled to resolve their own psychological distress at their inability to ease pain and prevent death. It is not enough to argue that the women were trained nurses and therefore able to cope with stress and trauma. The soldiers of the British Expeditionary Force who suffered mental breakdown in the early stages of the war were also professional soldiers, trained to kill and face enemy fire, yet no historian would consider ignoring the emotional, physical and mental trauma they suffered. So why have the women, who also served, been overlooked? This chapter will shed new light on the psychological impact of the war on its female participants.

One hundred years since the end of the First World War statistical data relating to the sick and wounded remains incomplete. The *Official History of the War. Medical Services: Casualties and Medical Statistics* was published in 1931 and remains the primary source of data for historians researching casualty statistics of the First World War.¹⁵ However, the *Official History* only has some statistics for 1914, 1915 and 1918 whilst records are incomplete and scarce for the years 1916 and 1917. Using these statistics as his primary source, Jay Winter placed the total percentage of casualties in the British Army during the First World War at 47%.¹⁶ In 2017, Jessica Meyer challenged Winter's statistic. Meyer used the pension records of the 1920s as the basis for her study and claimed 30% was a more realistic statistic.¹⁷ Although official statistics are incomplete, a relatively small proportion of soldiers were affected by war neurosis. Joanna Bourke refers to official statistics from 1925 that of the six million British soldiers who served during the war, only 80,000 were treated for war

¹⁴ Roger Cooter, 'Malingering in Modernity' in Cooter, Harrison and Sturdy (eds.), *War, Medicine and Modernity* (Stroud, 1998), p130. Ana Carden Coyne, *Politics of Wounds* (Oxford, 2014), pp68-81.

¹⁵ Major T.J. Mitchell and Miss G.M. Smith, *Official History of the War. Medical Services: Casualties and Medical Statistics* (London, 1931)

¹⁶ Jay Winter, *The Great War and the British People* (Basingstoke, 1985), p73

¹⁷ Jessica Meyer (2019). *Counting the War Injured*. Available at <https://armsandthemedicalman.com/2019/01/> (Accessed 1st May 2019)

neurosis.¹⁸ Elaine Showalter quotes a higher postwar statistic of 114,600 men who applied for army disability pensions for shell shock related disorders, reflecting a later diagnosis following discharge from military wartime service.¹⁹ This continuing debate amongst historians illustrates the difficulty in determining accurate statistical analysis from incomplete data that was gathered during and immediately after the war.

To complicate matters further, historians have looked at statistical data relating only to male participants and there has been no inclusion of female statistics as casualties of war. This too illustrates how women on active service have been excluded from the medical history of the war by historians of the 20th and 21st centuries. Significantly, the *Official History of the War. Medical Services: Casualties and Medical Statistics* does not explicitly state that women are excluded from their statistics. In fact, in its introductory chapter the *Official History* refers to 40% of British ‘individuals... in the Navy, Army, Air Force or Nursing Services’ who were affected by death and disablement.²⁰ Whilst battle and non-battle casualties are split into campaigns and categorised as Officers and Other Ranks, statistics for diseases such as malaria are categorised as ‘admissions’. These statistics could easily incorporate female nurses and the *Official History* does not suggest that statistics exclude female personnel – that is an assumption made later by historians.

To rectify this omission, I have looked in detail at the medical board records for QAIMNS and QAIMNS(R) nurses held within nurses’ service record files at The National Archives in Kew.²¹ During the bombing of London in the Second World War, a considerable number of First World War service records were destroyed, but there remain over 9,000 surviving QAIMNS service records held at The National Archives. Proportionately this is a much larger surviving archive of service records compared to the male regiments and corps and, despite weeding of the archives in the 1930s, there is a comprehensive record of female service with the QAIMNS and QAIMNS(R). Within each service record file there are medical board reports for those individuals who attended RAMC Medical Boards during their army service. These reports record

¹⁸ Joanna Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (London, 1996), p109

¹⁹ Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (London, 1987), p190

²⁰ Major T.J. Mitchell and Miss G.M. Smith, *Official History of the War. Medical Services: Casualties and Medical Statistics* (London, 1931), p.xix

²¹ The National Archives, series ref WO399

the findings and diagnoses of medical examinations and also detail the prescribed treatments for each individual patient. For my thesis, I sampled 500 QAIMNS and QAIMNS(R) service records, of which 204 contained Medical Board reports.²² This fact alone suggests that over 40% of female participants in the First World War experienced health issues regardless of their length of service or overseas posting. In addition, this statistic does not account for any unreported illnesses and lost or weeded documentation. This statistic places women's health in a comparative position to the physical and mental wellbeing of male service personnel during the war yet there is no written history of it.

The paperwork that was completed and retained by the British Army for each female medical board was the same military proforma that was completed for male military medical boards. Within this form there are questions that the examining Medical Officer had to complete and of particular significance are the questions relating to whether the disability was contracted in service and if the condition was attributable to military service.²³ These two specific questions determined whether the patient would be eligible for an Army pension and were critical to their future claims for financial support. However, these questions also provide historians with valuable insight into the type of diagnosis and attributable symptoms experienced by the patient. I have looked in detail at each of the 204 Medical Board reports and they provide a wealth of information about the physical and mental health of women on active service during the First World War. Some patients suffered unrelated conditions not attributable to the war, most commonly gynaecological conditions or appendicitis. But many others suffered with conditions such as septic fingers, malaria, impetigo, dermatitis, influenza and bronchitis, with varying degrees of severity, that could be aggravated or caused by military service although it could be difficult to specify to what degree this was as a direct result of the war. For example, infectious diseases were a risk that may or may not have been attributable to military service. Malaria, for instance, was generally attributable to overseas service, but influenza was more difficult to attribute, particularly given the global pandemic of 1918-1919. Septic fingers and skin conditions, such as impetigo and dermatitis, were regularly attributed to military service and were a common hazard for nurses during the war due to skin-to-skin contact and constant hand washing.

²² This is the same sample of service records as used in Chapter Two: Enlistment.

²³ The National Archives, WO399/98

Psychological diagnosis is more difficult to identify. Some diagnoses are easily identifiable, for example cases of neurasthenia, nervous breakdown and mental instability, which were all terms used within the medical board records I sampled. However, sometimes the language used does not definitively determine a condition as psychological. Most notably this relates to the diagnosis of debility, which occurs frequently appearing in 52 medical board reports and equating to approximately 10% of nurses in the sample study. Debility was a diagnosis attributed to both men and women during the First World War and had been a pensionable condition in the British Army since the Indian Rebellion of 1857.²⁴ However, debility appears to have no defined list of symptoms. In their study of war neurosis, Jones and Wessely defined debility as a condition caused by war but with no organic cause.²⁵ However, from my study of the medical board records, a diagnosis of debility often followed diseases such as malaria, influenza and dysentery and was frequently listed alongside other medical conditions such as anaemia and 'general exhaustion'. It only appeared on eight occasions as a medical condition in isolation of any other physiological or psychological cause.

Without a clear medical definition of the term, it is difficult to determine whether debility had a physical or psychological cause or was symptomatic of both. After careful study of the medical board reports, I would argue the diagnoses of debility was closely related to both physical and mental exhaustion and, in many instances, was an early 20th century catch-all term for psychological medical conditions. Although approximately half of the cases of debility in my study were connected to illnesses such as malaria, anaemia, influenza and dysentery, the remaining 24 occurrences appear to have no organic cause. For example, one debility diagnosis in 1918 noted that it was caused by 'strain and stress of hospital service'.²⁶ Another report for a different nurse in September 1916 read:

She has been in France for 16 months. On 12.9.16 she reported sick with general debility. She became nervous, run-down and lachrymose. She is tired out and in need of rest.²⁷

²⁴ Jones and Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove, 2005), p140

²⁵ *Ibid*, pp140-141

²⁶ The National Archives, service record WO399/9136

²⁷ The National Archives, service record WO399/3832

The medical board reports provide evidence that the army authorities were fully aware of the stress caused by the physical working conditions of the nurses.

Debility was continually linked with exhaustion, repeatedly appearing with other symptoms of what would now be recognised as war neurosis or post-traumatic stress disorder. For example, debility frequently occurs with insomnia. However, the diagnosis of debility in the medical board records suggest it was a complex disorder and it is likely that it was frequently used as a generalised terminology for psychological conditions that were not identified as the medical conditions we would recognise today. Weight loss, for example, is recorded as a symptom for six of the nurses, two of whom are noted to weigh just 7 stone. The reasons given for this dramatic weight loss in one nurse was a diagnosis of anaemia, insomnia and nervous debility. The other nurse is considered to be a possible diagnosis of glycosuria due to sugar in the urine but the Medical Officer described her as ‘wasting’ and suffering debility as a result of the ‘strain of prolonged active service in France’.²⁸ It is noted that the nurse in question is put onto a special sugar free diet but the terminology of the condition raises the possibility of an undiagnosed eating disorder.

Of the 204 medical board records, there are a probable 38 cases of psychological illness. As well as those women diagnosed with debility that was likely to have a psychological cause, there were also five cases of neurasthenia, six nervous breakdowns, one suicide and one attempted suicide. In addition, there are cases of shingles triggered by stress, and conditions such as alopecia, stomach ulcers, gastritis and psoriasis – all medical conditions that can be aggravated or caused by stress. Frequently the records show that women were suffering from more than one condition. Even excluding physical symptoms likely to be stress-related, by taking the clearly identifiable 38 stress-related medical cases alone of debility, breakdown, neurasthenia and suicide, equates to approximately 8% of women who served with the QAIMNS and QAIMNS(R) in the UK and overseas during the First World War experiencing serious mental health issues. In comparison, the male statistics provided by Bourke and Showalter suggest that approximately only 2% of British men suffered from psychological conditions as a result of the First World War. This does not mean that women suffered more than men as a result of the war but, given that male figures are

²⁸ The National Archives, WO399/462 and WO399/3412

incomplete, it would seem likely that women suffered proportionately on a similar scale to male participants of the war in terms of their psychological response to trauma. The evidence from the QAIMNS medical board records suggest that a comparative study of the symptoms and diagnosis of male and female participants would be a valuable contribution to the study of the war neurosis of the First World War.

In February 1915, the phrase ‘shell shock’ was used publicly for the first time by Lt Col Charles Myers RAMC in an article that was published in *The Lancet*.²⁹ In this article, Myers examined the likelihood of unexplained neurological symptoms that some men were experiencing being linked to physical damage to the nervous system caused by close proximity to the explosion of an artillery shell. These symptoms began to appear as early as September 1914 and immediately caused concern amongst medical and military personnel.³⁰ Myers was the first doctor to publicly suggest that there was a psychological cause to the physical symptoms the men were experiencing. He concluded:

The shells in question appear to have burst with considerable noise... It is therefore difficult to understand why hearing should be (practically) unaffected, and the disassociated ‘complex’ be confined to the senses of sight, smell, and taste (and to memory). The close relation of these cases to those of ‘hysteria’ appears fairly certain.³¹

Myers recognised that ‘shell shock’ was a complex condition and he soon realised the same symptoms could occur in men who had not been exposed to heavy shelling or aerial bombardment. However, the phrase had caught the attention of medical personnel, the military, the press and the general public back in Britain. For almost a year, Myers fought to retract the phrase he had inadvertently popularised, suggesting the term should be replaced with either ‘concussion’ or ‘nervous shock.’³² However,

²⁹ Charles S. Myers, ‘A Contribution to the Study of Shell Shock: Being an account of three cases of loss of memory, vision, smell, and taste, admitted into The Duchess of Westminster’s War Hospital, Le Touquet’, *The Lancet*, Volume 185, Issue 4772, 13th February 1915, pp316-320. Prior to the war, Myers had been a lecturer in Psychology at Cambridge University. He was appointed Consultant Psychologist to the British Army in August 1914.

³⁰ Anthony Babington, *Shell-Shock: A History of the Changing Attitudes to War Neurosis* (Barnsley, 1997), p43

³¹ Charles S. Myers, ‘A Contribution to the Study of Shell Shock: Being an account of three cases of loss of memory, vision, smell, and taste, admitted into The Duchess of Westminster’s War Hospital, Le Touquet’, *The Lancet*, Volume 185, Issue 4772, 13th February 1915, pp320

³² Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Harvard, 2001), p32

he was unsuccessful and the RAMC continued to classify men as ‘Shellshock W’ [wounded] if suffering the physical effects of a shell explosion, such as deafness, and ‘Shellshock N’ [nervous] for men with symptoms that could not be linked to a physiological cause. Eventually, in June 1917 an Army Order was issued officially forbidding the use of the term ‘shell shock’, largely because it was seen to be psychologically damaging and harmful to morale.³³ In postwar official analysis, the British Army Medical Services noted:

When a patient was brought to a neurological centre and was asked of what he complained, he almost invariably answered, ‘Shell shock, sir.’ To the soldier’s mind it was as much an entity as scarlet fever, with the further addition that, being incurable, shell shock was more to be dreaded.³⁴

Despite the British Army’s best efforts to retract the terminology of shell shock, it was a phrase that remained fixed in the popular cultural imagination. Peter Leese has argued that this was because it avoided the stigma of mental breakdown and instead offered a physical and rational explanation for mental trauma caused directly by bravery under fire.³⁵ Sufferers of nervous conditions could be considered heroes rather than cowards.

Myers linked the physical symptoms these soldiers exhibited to ‘hysteria’ and the use of this term emphasised the medical emasculation of these men. Hysteria was a common diagnosis of women struggling with mental health in the late 19th and early 20th century. Many doctors believed women’s poor mental health was directly connected to the female reproductive system, triggered by menstruation, pregnancy, childbirth or menopause. It was often also connected to anorexia nervosa.³⁶ Hysteria as a medical diagnosis of men in the First World War stemmed from the female diagnosis, which was a terminology that originated from the Greek term ‘hysteria’ meaning uterus or womb. The assignation of hysteria to male soldiers suffering from

³³ General Routine Order no.2384, 7th June 1917. Hans Binneveld, *From Shellshock to Combat Stress: A Comparative History of Military Psychiatry* (Amsterdam, 1997), p142. See also Macpherson, Herringham, Elliott, Balfour (eds), *History of the Great War based on Official Documents: Medical Services Diseases of the War*, Vol II (London, 1923), p9

³⁴ Macpherson, Herringham, Elliott, Balfour (eds), *History of the Great War based on Official Documents: Medical Services Diseases of the War*, Vol II (London, 1923), p9

³⁵ Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (Basingstoke, 2002), p38

³⁶ Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (London, 1987), p132. Showalter defines the pre-war hysteria as primarily symptomatic of seizures and the sensation of choking.

mental breakdown became commonly linked to the concept of emasculation during the First World War because of its connotations to female mental illness. However, the diagnosis of hysteria was more frequently assigned to Other Ranks and was less commonly associated with commissioned officers, suggesting the term related to perceptions of masculinity closely linked to military rank and social class rather than physical or psychological diagnosis.

Commissioned officers who experienced war neurosis were more commonly diagnosed with neurasthenia. In 1917, neurasthenia became a pensionable diagnosis for male soldiers, usually replacing the previous diagnosis of 'shell shock (N)'. Neurasthenia was a term first used in America in the 19th century and in England was again primarily associated with young middle-class women.³⁷ Neurasthenia was considered a more respectable psychological condition than shell shock or hysteria, which is probably why it was applied more often to commissioned officers rather than private soldiers. Elaine Showalter has provided a useful description of the symptomatic distinctions between neurasthenia and hysteria. She described the symptoms of neurasthenia as, 'nightmares, insomnia, heart palpitations, dizziness, depression or disorientation' whilst the hysterical symptoms, attributed to Other Ranks, were more physical responses such as, '...paralysis, blindness, deafness, contracture of a limb, mutism, limping.'³⁸ Despite its feminine associations, I found the diagnosis of hysteria was not used by any military Medical Officers to describe the mental breakdowns of female nurses in the Medical Board reports.³⁹ Within the bureaucracy and ranking of the British Army, the nurses of the QAIMNS and QAIMNS(R) were considered equivalent to officer rank and this would suggest that the nurses were categorised on social class (and military rank) above gender. The diagnoses of neurasthenia or nervous breakdown rather than hysteria reflects the seniority of these women within the British Army during the First World War.

³⁷ Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (London, 1987), p136

³⁸ *Ibid*, p174

³⁹ Within my sample of medical board records, I found only one reference to hysteria and this was in a postwar report by a civilian doctor in 1921. This lady was medically discharged from the QAIMNS(R) in January 1920 and her civilian diagnosis of hysteria formed part of her claim for a disability pension, as the condition was attributed to her wartime service. It was recorded that this nurse was feeling suicidal. Confidential report dated 26th August 1921. The National Archives, WO399/6415.

Jones and Wessely have identified typical symptoms of shell shock as, 'fatigue, poor sleep, nightmares, jumpiness... palpitations, chest pain, tremor, joint and muscle pains.'⁴⁰ These are symptoms that are commonly found in the First World War medical board records of the nurses of the QAIMNS and QAIMNS(R). For example, in 1917, a QAIMNS(R) nurse was diagnosed with neurasthenia attributable to military service, having previously suffered a 'nervous breakdown' due to long hours and war work at Millbank Hospital, London in 1916.⁴¹ The medical officers found her to be in good health before the outbreak of war and determined her disability was due solely to her military service. By 1917, this nurse was suffering from a physical tremor as a result of her wartime service. Significantly, she had not been on overseas service but she had been exposed to the prolonged combination of physical exhaustion and mental trauma. This experience was far from unique. Another nurse, serving at Netley Hospital in Hampshire, had joined the QAIMNS(R) directly from nurse training in May 1916 and by December 1917 she was diagnosed with debility caused by the strain of hospital work.⁴² She had trouble sleeping, tremors of the tongue and fingers, was anaemic and had lost weight. Remarkably, despite repeated bouts of debility she remained in service until demobilisation in 1919. Physical tremors, diagnosed as shell shock in soldiers, were occurring in female participants as well and were directly attributed to their wartime service by military doctors of the Royal Army Medical Corps.

During the war, British Army nurses were employed in the UK and overseas in large general hospitals, stationary (semi-permanent) hospitals, Casualty Clearing Stations (CCSs), and onboard hospital ships, barges and trains. Although women were not permitted to serve directly in the trenches in France and Belgium, these nurses were only a few miles from the front line and within risk of aerial bombardments. In the trenches, soldiers received initial medical treatment from the Regimental Medical Officer (RMO) at the Regimental Aid Post (RAP), which was situated 200-300 yards from the firing line and able to accommodate only 10 or 20 patients.⁴³ The RAP was only for administering emergency first aid and providing initial triage assessment.

⁴⁰ Jones and Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove, 2005), p23

⁴¹ The National Archives, service record WO399/6455

⁴² The National Archives, service record WO399/1602

⁴³ W.G. Macpherson (ed), *Medical Services General History, Vol II: The Medical Services on the Western Front, and during the Operations in France and Belgium in 1914 and 1915* (first published in 1923) Reprinted by The Naval & Military Press Ltd, p16

From here the wounded would be transferred to either an Advanced or Main Dressing Station (ADS and MDS), which provided temporary medical accommodation where the wounded might stay for 24 to 48 hours.⁴⁴ The first major medical unit for the wounded in the chain of evacuation was the Casualty Clearing Station (CCS), situated approximately seven miles behind the front line.⁴⁵ QAIMNS nurses were stationed at every CCS in France. Many of these women were as close to the war as many of the male non-combatant soldiers ever were, including medics, chaplains and some logistical troops such as cooks, drivers, quartermasters, engineers and the Army Postal Service. Army nurses experienced rapid evacuation, air raids and aerial bombardment as well as the risks of disease and infection through their nursing work. By the end of the war, over 10,000 British women had served with the QAIMNS and QAIMNS(R), not only in France but in the Mediterranean, at Gallipoli, Italy, Russia, Mesopotamia, Egypt and India.⁴⁶ Wherever the British Army served the nurses were also stationed. Over 200 army nurses died during the war and many more were hospitalised or left permanently disabled as a direct result of their wartime service.⁴⁷

Although women did not have to endure the conditions in the trenches, the living and working environments for the QAIMNS nurses were often far from ideal, particularly for those serving overseas and close to the front line. The larger more permanent hospitals were usually established in requisitioned hotels, convents or large private residences, but frequently hospital buildings and medical units were temporary structures in hatted or tented accommodation built by the Royal Engineers. In tented medical units, the wards, operating theatres, messes and accommodation of medical staff were all in large canvas tents. When the first nurses arrived in France in 1914, the British military were ill-prepared for accommodating female military personnel and some nurses found their medical units unprepared for their arrival. One group of QAIMNS nurses arriving in Nantes in September 1914 spent their first night in France sleeping on a cycling track as it was the most sheltered and amenable place to spend the night in the open.⁴⁸ In November 1914, the same group of nurses arrived at No.9

⁴⁴ Advanced and Main Dressing Stations usually accommodated approximately 100 patients. Macpherson, pp28-33

⁴⁵ W.G. Macpherson (ed), *Medical Services General History, Vol II: The Medical Services on the Western Front, and during the Operations in France and Belgium in 1914 and 1915* (first published in 1923) Reprinted by The Naval & Military Press Ltd, p49

⁴⁶ Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, 1975), p46

⁴⁷ Ibid, p62. See also Appendix 3 in Yvonne McEwen, *In the Company of Nurses: The History of the British Army Nursing Service in the Great War* (Edinburgh, 2014), pp206-216

⁴⁸ Museum of Military Medicine, Diary of Jean (Box 7)

General Hospital in Rouen. Conditions were bitterly cold and the nurses found themselves deep in snow as they made their way to their accommodation of bell tents with tarpaulin floors. Army nurses also had to adjust to shared bathroom facilities, often with limited water and washing amenities. Ina Humfrey QAIMNS was frank about the living conditions she faced in France in September 1914, writing, “Toilet” in the morning is a fearful thing, and needs much courage! There is one cloak-room and there are about 150 sisters to wash in it! Ye gods! What visions are before you, if you but knew.⁴⁹ Active service overseas was vastly different to the conditions the nurses experienced in civilian hospitals in the UK.

In Mesopotamia and Egypt, the army nurses faced similar difficulties, but heat and humidity replaced the mud and bitter winters of France. In 1916, Matron McFarlane was transferred to 23 Stationary Hospital, on the banks of the River Tigris in Mesopotamia. To reach her destination she travelled for four nights on an Irrawaddy paddle steamer with no cabins, just camp beds on deck with screens to protect her modesty.⁵⁰ At the hospital, traditional huts were built for accommodation, but soaring temperatures and rising humidity caused tropical conditions and daily battles with fleas, mosquitos and sandflies. The soldiers hospitalised in Mesopotamia were primarily suffering from diseases such as dysentery, cholera and malaria and the nurses were equally susceptible. Army nurses in all military postings during the First World War were regularly exposed to disease and infection as a direct result of their living and working conditions. Medical board records show common conditions to be septic fingers, malaria, influenza, dysentery and tuberculosis. Malaria, cholera and dysentery were particularly common for nurses in the Middle East and India.

As well as challenging living conditions, Army nurses faced the very real threat of personal jeopardy. In late August 1914, as the German Army was approaching Amiens, Ina Humfrey QAIMNS was stationed at the British military hospital in the town. The hospital overlooked the train station and Humfrey could see crowds of Belgian and French refugees from the window of her hospital ward. She witnessed distressing scenes of women, children and babies frantically trying to flee before the German Army arrived. Crowds of refugees physically fought one another to board the departing trains, as troops left for the front and wounded soldiers arrived. Humfrey

⁴⁹ Museum of Military Medicine, Diary of Ina Humfrey ‘An Unfinished Record’, 1st September 1914

⁵⁰ Museum of Military Medicine, ‘Nursing in Mesopotamia by a Matron Q.A.I.M.N.S. 1916-1918’

described the scenes as ‘mental torture.’⁵¹ Humfrey was also working under intense pressure on her ward. In just nine days, 900 wounded men passed through her hospital and, in the midst of this turmoil, preparations were made for the capture of the hospital and its staff by the German Army. The Assistant Director Medical Services (ADMS), the most senior male officer at Amiens, was evacuated and told the female nursing staff they were to follow in the next 48 hours. Heavy guns could be clearly heard as the German Army approached. The nurses were eventually evacuated before the town fell, but it was the women who remained with the hospital patients while senior male medical staff left first.

Personal risk was a frequent occurrence for women on active service. On 17th November 1915, Alice Meldrum was one of four female nurses onboard HMHS *Anglia* when it struck a mine in the English Channel. The ship sank rapidly; 133 patients, one nurse and nine RAMC personnel were killed. The initial explosion devastated one hospital ward of the ship and was accountable for most of the fatalities. Perhaps unsurprisingly, when Meldrum was asked in 1919 to provide an account of her wartime experiences, this incident was the focus of her article. Meldrum provided a detailed account of the sinking:

We carried as many [patients] as possible on deck and those that could, threw themselves into the sea; others were let down in the life-boat, but unfortunately it was only possible to lower one boat as the ship was sinking so very rapidly ... After we had satisfied ourselves that there was no possible chance of getting any more patients out, for by that time our bows had quite gone under and only the ship’s stern was above water, with the propellers going at a terrific rate, and blinding us with spray, we got down onto the rudder and jumped into the sea where hundreds of patients were still struggling in the water.⁵²

Alice Meldrum was in the water for forty minutes before being rescued. She described the scene as ‘a never to be forgotten sight to see armless and legless men struggling in the water.’⁵³ She was treated for shock immediately after the sinking but appeared to have suffered no lasting effect.⁵⁴ However, not all nurses serving onboard hospital

⁵¹ Museum of Military Medicine, Diary of Ina Humfrey ‘An Unfinished Record’, 26th August 1914

⁵² Museum of Military Medicine, Alice Meldrum, ‘A Few Notes on a Sister’s Experiences on a Hospital Ship’ (1919)

⁵³ Ibid

⁵⁴ The National Archives, service record of Alice Meldrum, WO399/5770

ships were as fortunate as Alice Meldrum. On 26th February 1918, HMHS *Glenart Castle* was torpedoed by a German U-boat and eight QAIMNS nurses drowned.

In 1917, when aerial bombardment became a very real threat to the hospitals and medical units in France, the nurses were subject to the same risk as men. In fact, male orderlies were ordered to shelter whilst the nurses remained on the wards with their patients. Matron Tyers explained:

It was an order from the Base Commandant that every member of the staff not needed for duty must take refuge in the dugouts provided during an air raid. Failure to do so would mean Court Martial, and if injury resulted no compensation would be made.⁵⁵

In April 1915, Sister Edith Appleton QAIMNS(R) was working as a theatre sister at No.3 CCS at Poperinghe, near Ypres, when the unit experienced three days of shelling from German bombardment:

... the first big shell fell quite close to our hospital and the air was so thick with red dust, bits and smoke that we could not see out of our windows. We had operations on at the time and it was difficult for us to go on as usual. After the first shock, we tried to become used to the five-minutely explosions of big shells close to us, but it was difficult and my knees did shake.⁵⁶

Aerial bombardments were a continuous threat to Army nurses on-duty in France. Maud McCarthy's Annual Report of 1917 noted:

The Nursing Staff at Casualty Clearing Stations have had to endure air-raids and shell fire throughout the year at different times, and at different points of the line, but from July to the end of the year, the most advanced units endured a great deal, and almost continuously night after night.⁵⁷

Several nurses were killed and wounded during air raids. At overseas medical units and on hospital ships, trains and barges, the female nurses lived and worked in dangerous situations putting their own lives at risk. It was active military service and

⁵⁵ Museum of Military Medicine, Notebook of Matron M.S. Tyers, QAM7/1960

⁵⁶ Ruth Cowen (ed), *A Nurse at the Front: The First World War Diaries of Sister Edith Appleton* (London, 2012), p26

⁵⁷ Museum of Military Medicine, 'Annual Report of the Work of the Nursing Services in France, 1917.' QARANC/CF/4/3/3/MCCA

the emotional and psychological strain of warfare took its toll on women just as it did on men.

In May 1918, a QAIMNS(R) nurse experienced a heavy aerial bombardment when on duty at 24 General Hospital in Étaples, France.⁵⁸ She had served with the QAIMNS(R) for over two years. By August 1918, she was diagnosed as suffering with nervous debility attributable to military service and her medical board record noted, 'She is sleeping better but still overreacts to stimuli.'⁵⁹ The nurse told the Medical Officer that she was nervous before the bombing and the air-raid had only made it worse. She was recommended for general home service, her report noted, '...this lady does not feel capable of working under the existing conditions in France.'⁶⁰ In December 1918, she resigned from the QAIMNS(R) due to her ill-health. This particular case illustrates how nurses who were suffering from nervous debility, exhaustion and neurasthenia removed themselves from their traumatic and stressful situations by resigning from the nursing service. Whilst this highlights the different conditions of service for women compared to male service personnel, it also illustrates how precarious the plight was for emotionally and psychologically affected women. These women could leave army service of their own volition but there was no guarantee of any medical care or psychological and financial support once they were out of the army system. It is also possible that this voluntary removal from the system contributed to the longer-term invisibility of the impact of the war on women's mental health.

When serving female nurses were diagnosed with a psychological illness they were either treated with rest and recuperation at military convalescent homes or were discharged from the service. If these women were discharged sick from military service we can only presume they were either cared for by relatives or managed alone. In either case, they are lost from the historical record. Army nurses were, in many regards, fortunate in being able to physically remove themselves from the stresses and trauma of the war. The ease with which a woman could leave the British Army if she wanted to, undoubtedly impacted on the different type of symptoms, treatment and diagnosis of physical and mental health and should be considered when looking at the female experience of the First World War. Unlike male soldiers who had to sign on

⁵⁸ The National Archives, service record WO399/3962

⁵⁹ Ibid

⁶⁰ Ibid

for the duration of the war, professional army nurses usually signed on to serve for one year at a time with the option of renewing their contracts on a year-by-year basis. Nurses of the Regular QAIMNS usually had longer contracts but all nurses were free to resign from their contracts whenever they wished, even during the middle of the war. Terminating a contract early would usually incur a financial penalty (losing a gratuity or war bonus) but the female freedom to walk away from the trauma of the front line was vastly different to the situation of the volunteer or conscripted soldier who faced court martial and possible death for attempting to escape the war.

One nurse, who was serving in Salonika and diagnosed with debility in 1917, resigned in March 1918 at the end of her contract stating she was 'exhausted' and needed '3 months rest.'⁶¹ Another nurse, described as an 'excellent theatre nurse' who had served four years in military hospitals in the UK, also requested early demobilisation because she was 'in need of a rest.'⁶² These resignations often came reluctantly after working continually long shifts with little or no respite for months on end. One nurse serving in France in 1916 explicitly stated she was resigning for health reasons to prevent a total breakdown.⁶³ The war was emotionally and physically draining for these women. Better to leave and recover, than stay and crumble. However, walking away from a salaried position would not have been an easy decision to make, threatening their future career and financial independence. In 1920 when one nurse was rejected from the Regular Service due to her poor health, having suffered debility and anaemia attributable to military service, she wrote a personal letter to the Matron-in-Chief begging for help to join the Canadian or Indian nursing service as she was in desperate need to work to provide financial support for her mother.⁶⁴ Walking away from the trauma of war was not always an option for some women.

Army authorities realised early on that accommodation for sick nurses would be required on overseas service. By 1915, accommodation for sick nursing sisters was in place at all British Army bases in France, but by March 1916 it was clear this was insufficient and more hospital accommodation was required for army nurses nearer to the front line. From January to August 1916, 734 trained nurses were admitted to

⁶¹ The National Archives, service record WO399/2332

⁶² The National Archives, service record WO399/2412

⁶³ The National Archives, service record WO399/6695

⁶⁴ The National Archives, service record WO399/3462

hospital and 185 nurses were transferred sick to England.⁶⁵ Hospitals began to have wards allocated for nursing staff to be treated as patients. In addition to allocated hospital beds, in France several rest homes and nurses' convalescent homes were established to provide army nurses with rest and recuperation. In many instances, the homes were supported by female philanthropists, for example the Princess Louise Convalescent Home for Nurses in Hardelot, which was a private chateau belonging to Princess Louise, daughter of Queen Victoria. In 1916 alone, 645 nurses were admitted to the Princess Louise's Convalescent Home.⁶⁶ The high demand for the use of the convalescent home in Hardelot led to the establishment of similar nurses' homes in other regions of France.

While they were serving with the British Army, female nurses had access to medical care and rest and recuperation when possible. Tragically this healthcare provision could be too little, too late. Within my random sample of QAIMNS medical board records, there is one incident of suicide. In 1918, a Staff Nurse of the QAIMNS(R) was serving at No.36 General Hospital in Salonika. She had been stationed at the hospital for four months working on the Medical and Surgical Wards when she reported that she felt unable to do a full day's work.⁶⁷ She was moved to the Prisoner of War wards, where the work was considered lighter, but she continued to complain of insomnia claiming she had been unable to sleep at all for two days. Her service record notes that she was 'increasingly nervous' so she was sent to the nearby Sisters' Convalescent Home, where she was examined and diagnosed with debility. At 7am on 16th May 1918, she was seen leaving her bed and heading for the bathroom. Just a short time later, a loud crash was heard and she was found unconscious on the floor. She had deliberately swallowed Lysol, a disinfectant cleaning product, and despite efforts to revive her, she never regained consciousness. An investigation into her death deemed it suicide as a result of 'temporary insanity.'⁶⁸ This case demonstrates the vulnerability of the army nurses as medical authorities failed to realise the severity of her psychological state and highlights the diagnosis of debility as potentially a serious psychological condition.

⁶⁵ Museum of Military Medicine, 1916 Annual Report, Matron-in-Chief BEF, QARANC/CF/4/3/3/MCCA. A further 527 untrained nurses were also hospitalised.

⁶⁶ Museum of Military Medicine, 1916 Annual Report, Matron-in-Chief BEF, QARANC/CF/4/3/3/MCCA

⁶⁷ The National Archives, service record WO399/2372

⁶⁸ Ibid

The emotional and psychological pressures of life as an army nurse during the First World War should not be underestimated. Although all QAIMNS and QAIMNS(R) nurses had undertaken professional nurse training, this did not exclude them from the suffering and trauma of war and specialist training and experience varied amongst the women themselves. QAIMNS service records reveal many of these nurses had previously trained and worked in women and children's hospitals, and as midwives, private nurses and health visitors. These women were posted either overseas or to UK military hospitals and, as trained nurses, they had responsibility and military seniority in male surgical and medical units where death, injury and illness was on an unprecedented scale. In addition, as the war progressed many QAIMNS(R) nurses joined straight from nurse training or with minimal hospital experience.

Even for those women who had previous surgical nursing experience, wartime circumstances were emotionally and physically challenging. Female nurses provided palliative care for thousands of men during the First World War and one of the greatest psychological difficulties for nurses was when they could not save life. Nurses bore intimate witness to the human body lingering between life and death. In 1916, Sister Edith Appleton QAIMNS(R), a highly experienced pre-war nurse, wrote:

Never have I seen such a slow, painful death. It was as if the boy was chained to Earth for punishment. Towards the end it was agony for him to draw his little gasping breaths and I felt I must clap my hand over his nose and mouth and quench the flickering flame. I am very glad for the boy to be away.⁶⁹

It was a remarkable emotion for her to admit to and illustrates the depth of anguish. This patient lingered between life and death for at least six weeks before finally passing away. In October 1915, Appleton described another patient who had been shot through the head yet was unable to die:

We wouldn't allow an animal to remain alive in the condition this poor fellow is in. He can scarcely breathe for all the brain matter that is oozing down his throat.⁷⁰

⁶⁹ Ruth Cowen (ed), *A Nurse at the Front: The First World War Diaries of Sister Edith Appleton* (London, 2012), p183

⁷⁰ *Ibid*, p62

Helplessly watching the suffering was something that Appleton clearly struggled with. Edith Appleton had qualified as a nurse in 1904 and had worked in a professional capacity for ten years before joining the QAIMNS(R) in August 1914. Despite all of her nursing experience, Appleton's compassion, distress and emotional response to her patients is very evident in her diaries. Death in the First World War was not noble, glorious and heroic but messy, painful and laboured. The nurses were dealing with this every day; bearing witness to suffering whilst reconciling their own inability to heal. It was a difficult and potentially damaging psychological experience for these women to be a part of and simultaneously successfully manage their own emotional wellbeing. Not only were the army nurses caring for the fatally wounded, they were also responsible for healing and tending to the sick and injured. Often working conditions were difficult and the wounds, injuries and sickness could be highly distressing. Roger Cooter has discussed the psychological difficulties civilian RAMC Medical Officers had in reconciling their medical duty with their military and patriotic duty and noted that Freud recognised the Hippocratic Oath was irreconcilable with the military objective of healing men to kill or be killed.⁷¹ But female Army nurses also had to psychologically reconcile themselves to this and many struggled to do so. On 24th August 1914, Ina Humfrey QAIMNS wrote about how she felt when she received her first wounded patients:

There is a queer sort of feeling that I cannot explain about these wounded. It is perhaps the knowledge that they have been destined for Death, deliberate death, at the hand of a fellow man. One cannot realize it properly but I do know that never before in my long nursing experience, have I felt anything like the sensation that came over me this morning.⁷²

The nurses had a military duty to heal soldiers in order that they could be returned to the war, to kill or be killed. For many nurses, used to civilian hospitals, it was a difficult psychology to adjust to.

Matron Tyers recorded how a British Army Medical Officer told her group of nursing sisters that they were to use their time and abilities to aid the recovery of the lightly wounded men so they could return to the front line whilst, 'the care of the dangerously

⁷¹ Roger Cooter, 'Malingering in Modernity' in Roger Cooter, Mark Harrison and Steve Sturdy (eds.), *War, Medicine and Modernity* (Stroud, 1998), p130

⁷² Museum of Military Medicine, Diary of Ina Humfrey 'An Unfinished Record'

wounded or sick was not really nearly so important...It was a hard saying to us sisters, but I knew what he meant and did not misunderstand him.'⁷³ The nurses of the QAIMNS were fully aware of their role in the machinery of war but this awareness did not mean that it was a role they were fully able to psychologically accept. Disassociation is not a simple human response to trauma. Mary Borden recognised that disassociation allowed the nurses to do their jobs amidst the horror, but she also acknowledged that to do so, to cut oneself off emotionally, came at a great personal cost. She wrote that the wartime nurse:

... is no longer a woman. She is dead already... Her heart is dead. She killed it... Her ears are deaf; she deafened them... She is blind...a machine inhabited by the ghost of a woman – soulless, past redeeming, just as I am – just as I will be.⁷⁴

To become accustomed to trauma was not achievable without a personal sacrifice.

A case study: Ellen Mary Carter

In June 1915, Nurse Ellen Mary Carter QAIMNS was onboard the hospital ship, HMHS *Asturias*, heading for the Mediterranean and Gallipoli. Carter maintained a diary of her experiences with daily entries providing a first-hand account that charts her changing emotion from one of excitement to feelings of exhaustion and horror.⁷⁵ As she set out on her journey, Carter clearly depicted herself on an adventure; describing in detail the hospital ship, the journey, sights and new experiences. When she passed Algiers, on 4th July 1915, she described local craftsmen with amusement as they sailed up to the larger boat trying to sell their goods by donning the pink shawls and scarves themselves. Carter marvelled at these new experiences and sights that she was unlikely to have experienced in peacetime.

Less than a week later, Ellen Carter arrived at Anzac Cove and had her first experience of war. She was so close to the shore that she could clearly see the two holes deliberately cut in the side of the transport ship, SS *River Clyde*, which was run aground for the initial Gallipoli landings. She described how she could hear the guns

⁷³ Museum of Military Medicine, Notebook of Matron M.S. Tyers, QAM7/1960

⁷⁴ Mary Borden, *The Forbidden Zone* (1929, reprinted London, 2008), p43

⁷⁵ Museum of Military Medicine, Diary of Ellen Mary Carter, QAM8-6/1971

and see the shells exploding and provides an eyewitness account of the Gallipoli beaches in July 1915:

Oh this has been an exciting day, and now most of us are tired out with watching yet could not but watch. We are aft one mile from the shore, and right along the military are camping. Can see the horses and artillery quite plainly, also what appears to be trenches... All the afternoon we were watching the firing and after tea mounted to the very top deck and watched until dinner time. Oh it was great. We had several glasses and telescopes and could see so well. Saw ammunition waggons taking amm[unition] forward, men working certain guns, ambulances bringing wounded up to the dressing station. Saw some horses fall and one of the company saw a house collapse. Several airplanes were careering around... Some shells are said to have passed over our ship and I saw two fall into the water just near it.⁷⁶

War was exciting, colourful, fast-paced and thrilling. In Carter's diary entry for the next day, she noted that she had the best night's sleep in a long time before describing how the ship had moved nearer to land and in doing so nearly passed over a mine which was exploded in the water whilst they were having breakfast. Carter continued:

This has been a most wonderful day. I feel it too much to attempt to describe... The wounded have been coming on all day, ab[ou]t 800 on board now, some most terribly ill – some dying. One died this afternoon. Dozens of haemorrhage cases... The men say the fighting is awful.⁷⁷

Even the dead, dying and wounded did not diminish her 'wonderful day.' She was obviously experiencing a wide range of emotions and her account illustrates how overwhelming this was. It may appear strange that Carter had such a positive day whilst dealing with the wounded, but Army nurses were often eager for their patients to arrive as patients gave the nurses purpose and meaning to their role. Wounded soldiers were the reason that Army nurses were in the warzone and this gave the women validation in their wartime role. However, for some women this was a difficult psychology to come to terms with.

⁷⁶ Museum of Military Medicine, Diary of Ellen Mary Carter, 11th July 1915, QAM8-6/1971

⁷⁷ Her patients were predominantly Scottish as four Scottish battalions were fighting. The hill she refers to is Achi Baba hill.

For Carter, the reality of war quickly sinks in and over the course of just a few days, her diary entries vividly illustrate the change to her writing style, her mood and her own wellbeing. She describes 13th July 1915 as, ‘A never to be forgotten day.’⁷⁸ After incessant fighting on the beaches of Gallipoli, Carter had spent the whole day dressing wounds. Instead of 1,000 patients, which was the capacity of the hospital ship, they had 1,600 wounded on board. The following day, HMHS *Asturias* arrived at Alexandria to unload the wounded. There had been 36 deaths in the 2½ days travelling to Alexandria. Many of the wounded who were hoisted onto the ship were already found to be dead and were returned to the sea. Carter commented:

There is really no need to write ab[ou]t these next few days for none of us will ever be likely to forget the horror of it all. I feel I’ve lived five years, instead of one week.⁷⁹

In just four days, Carter’s initial enthusiasm and excitement had been completely exhausted. On 15th July, she wrote, ‘Same rush today. I feel I cannot bear it all.’⁸⁰ By 19th July she is suffering exhaustion as a result of the heat, and a plague of flies:

... like Hades... The perspiration just poured off me all the time – not ordinary trickling, but running off – impos[sible] to keep face dry... I never imagined anything like it.⁸¹

Ellen Mary Carter served on HMHS *Asturias* until May 1916, when she was posted to France. Nothing could have prepared her for the physically demanding conditions of nursing in an active warzone, but she rose to the challenge, despite her own physical and mental exhaustion.

From reading her diary, as a single historical source, Carter appears to have been a professionally trained, competent but exhausted nurse. However, her service record provides further information. Ellen Mary Carter did not come from a military background; her father was a coach maker and baby carriage manufacturer from Petersfield in Hampshire. She joined the Queen Alexandra’s Military Families Nursing Service (QAMFNS) in 1913, after completing three years nurse training at St Mary’s Infirmary, Highgate, followed by nine months midwifery training at the Military

⁷⁸ Museum of Military Medicine, Diary of Ellen Mary Carter, 13th July 1915, QAM8-6/1971

⁷⁹ Museum of Military Medicine, Diary of Ellen Mary Carter, 14th July 1915, QAM8-6/1971

⁸⁰ Museum of Military Medicine, Diary of Ellen Mary Carter, 15th July 1915, QAM8-6/1971

⁸¹ Museum of Military Medicine, Diary of Ellen Mary Carter, 19th July 1915, QAM8-6/1971

Families Hospital, Portsmouth.⁸² In 1914, on the outbreak of war, Carter was working as a midwife at Colchester Military Families Hospital where she cared for the wives and babies of military personnel.⁸³ Less than a year later, she was onboard a hospital ship in the Mediterranean. A midwife, with little experience of previous surgical or trauma nursing, does not correspond with the image of the professional Regular Army nurse trained to cope with the trauma of the First World War as suggested or implied by so many historians of the 20th and 21st centuries. Skilled as it is, midwifery experience was of little use at Gallipoli in 1915. Carter was not an exception. The QAIMNS service records illustrate that many nurses completed an additional six or nine-month midwifery training course at the end of their nurse training. From my sample of service records, 10% of QAIMNS nurses were working as midwives, or in children's and women's hospitals immediately prior to their wartime service.⁸⁴ This figure increases to 38% when including those who were employed in district nursing, sanatoriums or as private nurses. The assumptions made by historians about the role and background of army nurses must be challenged so these women's histories can better inform our understanding of the past.

At the end of the war, Carter returned to her role as a midwife, working in UK based Military Families Hospitals. But in April 1918, whilst still serving in France, Carter had her first incident of mental illness that plagued her for the rest of her life. It was diagnosed as a 'nervous breakdown with heart complications.'⁸⁵ Carter later referred to this incident as her first breakdown. She was placed on sick leave until August 1919 when she returned to the UK. Despite her ill-health she was not demobilised, probably because she was part of the regular QA force having joined the service prior to the war in 1913. However, in 1931 Carter began to suffer repeated bouts of ill-health, each time being confined to quarters rather than admitted to hospital. Although Carter referred to these episodes of ill-health as 'breakdowns,' in 1933, aged 52, she was officially diagnosed with pernicious anaemia, an auto-immune condition that today is

⁸² Carter served with QAMFNS from 1913-1921 (including her wartime service at Gallipoli) and transferred to QAIMNS serving with them in Military Families Hospitals until her retirement in 1936. Was Mentioned in Despatches 11th June 1915.

⁸³ Carter's service record shows that she was temporarily listed with the QAIMNS(R) for the duration of the war, but she technically remained a member of the permanent army nursing service (QAMFNS). In 1923 Carter resigned from the QAMFNS and joined the QAIMNS Regular Service. The National Archives, Service Record of Ellen Mary Carter, WO399/1364.

⁸⁴ Sample taken from 500 QAIMNS service records, The National Archives, series WO399

⁸⁵ The National Archives, Service Record of Ellen Mary Carter, WO399/1364

more commonly diagnosed in women aged over 60.⁸⁶ Symptoms can include fatigue, irritability, headaches, depression and loss of mental abilities that may lead to early onset dementia.⁸⁷ These are very similar symptoms to the neurasthenia diagnoses of the war. In 1936, Carter retired from the QAIMNS but correspondence in her service records illustrate growing concern regarding her health. Her mental health deteriorated and eventually in May 1946 she was admitted to Cane Hill Hospital, in Coulsdon, Surrey, for nervous and mental disorders. Carter's army medical boards determined that her disability was not attributable to war service and as such she was not entitled to a disability pension.

Women suffered psychological trauma as a direct consequence of the First World War and were openly diagnosed by military Medical Officers as suffering from neurasthenia, nervous breakdown and debility. Yet despite the many studies of male war neurosis, this aspect of the war for women does not seem to have entered contemporary or historical debate. Although there were far fewer women than men on active service during the First World War, the scale of suffering is comparative to the mental trauma experienced by male combatants. In fact, the scale of female war neurosis is probably far greater than statistics suggest because army nurses had the freedom to leave military service when they chose to do so. In 1916, after one year in the UK and six months in France, Adelaide Poole resigned from the QAIMNS(R) stating, 'I feel that I cannot go on longer without risking a complete breakdown in health.'⁸⁸ She walked away from army service without a medical board and therefore removed herself from any statistical evidence. Many other nurses did the same.

The women of the QAIMNS exposed themselves to personal risk by participating in the war, but they were also witness to trauma as they nursed and cared for the wounded and dying. Failure by historians to fully acknowledge the female experience of active service during the First World War and a refusal to recognise the psychological trauma experienced by its female participants silences the women who were there and provides only half an interpretation of war neurosis during the 1914-18 conflict. The

⁸⁶ Pernicious anaemia causes vitamin B12 deficiency. National Health Service (2019) Available at <https://www.nhs.uk/conditions/vitamin-b12-or-folate-deficiency-anaemia/causes/> (Accessed 16th May 2021)

⁸⁷ National Health Service (2019) Available <https://www.nhs.uk/conditions/vitamin-b12-or-folate-deficiency-anaemia/symptoms/> (Accessed 16th May 2021)

⁸⁸ The National Archives, service record of Adelaide Rebecca Poole, WO399/6695

focus on 'shell shock' or war neurosis as a solely male condition essentially eliminates and invalidates the female experience of war trauma. This chapter has demonstrated that within the archives in the UK there is a history of female mental health during the First World War that has not been hidden but has been overlooked. Many historians focus on pension records to provide details of medical conditions of the First World War, but medical board records from QAIMNS service records include those women who received no army pension and left the service voluntarily to avoid the risk of mental breakdown as a consequence of exhaustion and overwork. Many women were lost from history by their ability to walk away from their military service but to ignore the army nurses from the historiography of the First World War is to fail to recognise what the war was like beyond the trenches of No-Man's Land. By looking at the medical board records of the professional army nurses I have offered new perspectives to the historiography of the physiological, emotional and psychological responses to war.

Conclusion

The role of army nurses has been frequently overlooked in both popular culture and the historiography of the First World War. Yet, as this thesis has demonstrated, the nurses of the QAIMNS were trained, professional women who experienced the war as fully as many non-combatant male soldiers who also served. The iconography of trench warfare has simultaneously invalidated the story of the non-combatant soldier and created a myth that women did not actively participate in the war. This thesis has sought to reinstate the voices and experiences of female participants who served in an official capacity within the British Army during the First World War.

I have provided a fuller picture of the experiences of the women who served during the First World War and illustrated that the women who served with the QAIMNS were fully serving members of the British Armed Forces under militarised rules and regulations. The women of the QAIMNS are overlooked in history as a peculiarity; non-threatening, un-interesting and insignificant. This thesis has argued that they were pioneering women who were financially independent, professionally qualified and in the unique position of having power and authority in a patriarchal system. The war offered women opportunities and whilst these were for the duration of the war, many of the women who enlisted with the QAIMNS(R) continued to work as nurses in civilian life in the postwar years whilst a few transferred to the permanent army nursing service at the end of the war. The QAIMNS continued as a military organisation on a peacetime basis during the 1920s and 1930s, expanding again to serve across the globe in the Second World War and evolving to become an official corps of the British Army in 1949 as the Queen Alexandra's Royal Army Nursing Corps (QARANC), which still serves today.¹

In Chapter One I offered a fresh perspective of the experience of army nurses in the First World War using diaries and autobiographical accounts to reinstate the voices of these women. The predominant voice of the First World War is that of the infantry soldier of Flanders, but women also wrote about the war and this chapter provided an alternative female perspective highlighting both published and unpublished literature written by nurses. Nurses were not a homogenous group of women and length of

¹ Men were admitted to the QARANC in 1992.

service, posting, personality and branch of nursing organisation all impacted women's experiences as nurses during the war. The diaries, books and reminiscences produced by nurses demonstrate the breadth and depth of women's writing. Many accounts were written so that nurses could share their experiences with family and friends on their return home. These accounts provide a microhistory of war at an individual, personal level for women on overseas service and illustrate the challenges women faced as part of a large-scale military operation. Not only did nurses write of their own emotions and experiences, but many also provided accounts of the sick and wounded. The written accounts by nurses are frequently the most intimate wartime accounts of the death and horror on hospital wards, where patients themselves could not record their trauma. These written accounts are sometimes viewed as historical evidence of women as eyewitnesses to war, but I would argue that women were active participants of war and their writing reflects this. Nurses' written accounts have often been overlooked in the historiography of the First World War because they are perceived as women writing about a traditionally feminine sphere but these accounts add a valuable perspective of medical care, treatment, death and wounding experienced by men during the war and provide a fuller and richer understanding of the cultural and social impact of the First World War on the lives of British society.

In Chapter Two I looked more specifically at the organisation, management and recruitment of the QAIMNS and QAIMNS(R). By using the service record files of the QAIMNS I was able to build a more comprehensive understanding about the socio-economic and professional background of the QAIMNS nurses. As the war progressed, nurses increasingly joined the QAIMNS straight from nurse training, but I have found that the average age of the QAIMNS nurse during the war was 30 years old and, typically, a nurse served with the QAIMNS for three years. This suggests that most nurses had approximately five years' previous nursing experience and were skilled, mature, educated women. However, my study also found that the evidence suggested only 7% of QAIMNS nurses described themselves as surgical nurses and approximately 38% of nurses were community or children's nurses and midwives. Many of these nurses served on surgical wards, hospital ships and Casualty Clearing Stations during the war, perhaps initially ill-prepared for such roles. My study also demonstrated that QAIMNS nurses were often women who were working because they were reliant on a salary as a means of financial independence, sometimes supporting their wider family. Nursing is viewed as a vocational occupation, but it is

important to remember that in the early 20th century women had very few respectable and socially acceptable choices for employment. The First World War provided women who were professionally trained nurses the opportunity for a paid role that would enhance their medical skills and training, allow them to contribute to the wider war effort and, significantly on a personal level, the chance of travel and adventure. By serving with the QAIMNS and QAIMNS(R), these women were an integral part of the British Army and deeply entrenched within a military wartime environment.

Chapter Three focused on the Matron-in-Chief of the BEF, Maud McCarthy, who as a singular female figurehead heavily influenced the medical care and treatment of the wounded in France and Belgium. McCarthy negotiated on a daily basis with senior British Army officers, in order to provide appropriate medical care for troops as well as the training and support of the nurses to ensure their welfare whilst serving overseas. She made strategic decisions that directly impacted on medical care and although she was, and could be, challenged by male staff, McCarthy was never intimidated or deterred. Her authority as the head of the QAIMNS placed her in an extraordinarily powerful position and as a female head of a British government department in the early 20th century, McCarthy's power and influence during the war is singularly unique and demands greater recognition. McCarthy advocated for the authority and rank seniority of nurses so they could do their job and support the British Army. Her role spanned international diplomacy, hosting visiting dignitaries, to the minutiae of postings of individual nurses and her influence and advocacy for the work of nurses contributed enormously to providing adequate medical care for British and Dominion troops during the war. McCarthy is the ultimate example of a woman navigating a traditionally patriarchal environment and forces us to look again at the gender influences of power and authority during the war.

For Chapter Four, I used autograph albums, letters and diaries to investigate the complexity of life in an overseas medical unit during the First World War. Not only did nurses have to negotiate relationships with their colleagues, both male and female, in particularly stressful and traumatic circumstances, they had to manage the emotional response of their patients. Although much has been made of romanticised portrayals of nurses and their patients, in most overseas medical units patients were generally not admitted long-term and were only to be stabilised for evacuation or treated for a return to the front-line. Inevitably, romantic relationships rarely developed under these

circumstances although occasionally nurses did develop romances with male colleagues or men they met through their overseas service. Despite intimate relationships rarely occurring with patients, autograph albums are filled with contemporary fashionable romantic verses and sketches. These are often fantasy. A comedic, hopeful expression of intimacy at a time of vulnerability. The romanticised content of autograph albums illustrates the importance, and increased significance, of human relationships at a time of war when the threat of death and grief felt ever present. Army nurses had to negotiate these heightened emotions exacerbated by pain and fear. The entries in autograph albums suggest that most patients were aware of the emotional imbalance in their relationship with the nurses, but it was a fantasy they were prepared to indulge in. However, this projection of romantic affection onto the nurses does not appear to have felt threatening to the women and whilst the British Army strived to create a safe familial environment within military hospitals the overriding sense, from autograph albums, diaries and gazettes, is one of community rather than family. This enabled women to safely navigate complex relationships in a male-dominated space.

Finally, Chapter Five provided evidence from women's medical board records of the QAIMNS that illustrate nurses also suffered from many of the same symptoms as men who were diagnosed with shell shock or war neurosis. Whilst the impact of the First World War on men's mental health has been well-documented and researched, there has been very little academic study focused on the mental health of female participants of the war. This chapter argued that women also experienced trauma as a result of active wartime service. Professional training did not equip women to become immune or desensitised to horror. My study indicates female war neurosis was proportionally on a similar scale to male war neurosis and my analysis suggests 8% of female wartime participants suffered a significant detrimental impact to their mental wellbeing. Contemporary medical board records openly diagnosed women suffering from neurasthenia, nervous breakdowns, insomnia, debility and tremors. There was no attempt by the military authorities to disguise female mental health issues, but perhaps because there were fewer women suffering, and those who were voluntarily left the service, it has never been fully recognised that the First World War contributed to both men and women equally suffering from war neurosis and that both sexes developed physical and psychological effects as a result. This is evidence that trauma as a result of war, particularly the First World War, may not be so directly linked to a crisis of

masculinity. This chapter has highlighted the impact of war on women's mental health in the hope that it not only adds to the historiography of female wartime experience but also stimulates future research about how this relates to male war neuroses so that historians can develop a greater and more comprehensive understanding about the impact of trauma on all participants of war.

In the early 20th century, women of the QAIMNS had an important and significant role that challenged traditional gender expectations despite them fulfilling traditionally feminine roles. The challenging, difficult and distressing circumstances in which these women lived and worked were neither traditional nor feminine and the experiences of these women provide a much broader and richer history of overseas active service in the First World War. But the fact that their voices have not been widely heard or listened to begs the question of who gets to write a story of war? And whose story gets to be listened to 100 years later? It is time that we listened. This thesis asserts that women pushed themselves beyond gender expectations in roles that many women found difficult to come to terms with. It is important to recognise whilst these women challenged boundaries of gender, many of them also touched the edge of humanity from which they did not emerge unscathed. To fail to acknowledge their struggle, fails to acknowledge how far they went. This thesis has tried to move perceptions of the First World War away from the narrow focus of men in the trenches of Flanders. The war was five years of all-encompassing lived experience and women were a part of that. The women of the QAIMNS and QAIMNS(R) had a valid participatory experience of war and their accounts provide a fuller understanding of the social and cultural experience of the First World War.

In undertaking this research, I hope to have added to the historiography of women in early 20th century Britain and broaden the understanding of army nursing in the First World War. The women of the QAIMNS and QAIMNS(R) were not a unique philanthropic peculiarity fulfilling traditional feminine duty. They were educated, ambitious, adventurous, professional and independent women who worked to support themselves (and often others) financially but also to seek adventure, fulfilment and knowledge. These women form an integral part of the historiography of female employment and emancipation in the late 19th and early 20th century and warrant greater study and incorporation into the wider historiography, not just of the First World War, but of modern British history.

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