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**Nursing Politics and the Body in First
World War Life-Writing**

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Nursing Politics and the Body in First World War Life-Writing

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হে পূর্ণ, তব চরণে কাছে যাহা-কিছু সব আছে আছে আছে
নাই নাই ভয়, সে শুধু আমারই, নশিদি নি কাঁদি তাই।
অন্তরঙ্গলানি সংসারভার পলক ফলেতি কোথা একাকার
জীবনের মাঝে স্বরূপ তোমার রাখবিারে যদি পাই।।

রবীন্দ্রনাথ ঠাকুর, ১৩০৭ (১৯০১)

Thou all Perfect.
everything abides at Thy feet
for all time.
The fear of loss only clings to me
with its ceaseless grief,
but the shame of my penury
and my life's burden
vanish in a moment
when I feel Thy presence
in the centre of my being.

Rabindranath Tagore, *Poems*, Visva-Bharati,
1942

Abstract

Nursing Politics and the Body in First World War Life-Writing

This thesis examines the diaries and retrospective memoirs of trained and volunteer Anglophone nurses of the First World War. In the chapters that follow, I read their published and unpublished (from archival sources) writings to analyse their political affiliations for volunteering in war-work, and offer an affective reading of representations of bodies in their writings. The thesis is rooted in the genre of Life-Writing and it draws on a cultural and emotional history of war, as well as a Medical Humanities approach.

The thesis begins by arguing that Florence Nightingale was the author of the genre of the war nurse's life-writing. It reads her personal writings during her training at Kaiserswerth and during the Crimean War to trace the legacy and influence of her cultural image among the nurses of the First World War. The second chapter then analyses the motivations of nurses to volunteer for the First World War and reveals the various 'kinds' of the war nurse: the patriotic, the romantic, the pacifist, and the feminist. It reads memoirs published during and after the War to demonstrate that the reasons nurses volunteered to serve in the War were myriad and complicated and should be looked at from positions of "inferiority complex" and opportunity to finally participate in public life and actively contribute to the war effort from which they had been barred because of their gender.

Both metaphorically and physically, the nurses dwelt in no man's land: barred from fighting, and distinct from the Home Front, their work bridged the gap between these two fronts. The hospitals where they worked were transformed into "second battlefields", and in the third chapter, I examine the effect this other fighting has on their own bodies. The chapter reads how they represent their own bodies in ink as they counter the shock of actual bodily contact with wounded, vulnerable, naked male bodies and how they embed touch and knowledge within the subtext of desire. It then analyses the long-lasting effects of this work on their bodies and minds, by reading instances of physical breakdown, sicknesses, and war neuroses in the writings of the nurses

Moving on from their own bodies, the thesis then considers the representations of the wounded bodies of the soldiers in the writings of the nurses. The fourth chapter draws on the grotesque and Foucauldian gaze as a means of reading the representations of mutilated bodies, faces, and hideous wounds of the soldiers, ultimately offering an affective reading of the helplessness faced by the nurses witnessing physical pain experienced by the soldiers. It considers the question of how the nurses looked at mutilated, disfigured, dead bodies, and represented the full range of emotions and experiences arising out of that viewing.

The final chapter of the thesis examines the encounter of the nurses with the body of the wounded colonised soldier. It close-reads the removal of nurses from British hospitals treating Indian soldiers, through the intersections of gender, race, and class, laying bare fears of miscegenation, eugenics, and degeneracy. It then reads writings by British and Australian nurses in France, Mesopotamia and India, to lay bare an infantilising attitude in their treatment of their non-white patients, and racial discrimination in their administration of medical care.

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My heartfelt thanks to my wonderful partner Chris without whom this thesis would simply not have looked like this. He has been my constant companion for the past three years, making sure that I was in the right library or archive in the right corner of the world at the right time, finding archival sources for me when I could not afford to go, and supporting me from the audience at almost every talk where versions of this thesis were presented. He has made me believe in myself and my work, and has supported me through every emotional pitfall I have experienced as I navigated my way through the writing of this thesis.

A special mention to the fabulous librarians of the University of Sheffield, especially the wonderful people working in the Interlibrary Loan section who went out of their way (often breaking rules) to procure books and articles for me. They cannot be named, but I will always remember them with gratitude. My thanks to the wonderful researchers in First World War studies, whom I have met over the past few years through conferences and events of International Society of First World War Studies and First World War Network. I am very fortunate to be a part of such a dynamic and welcoming community, where senior researchers have consistently praised me and supported me for my work. Especially thank you to Professor Alison Fell who has become my mentor, and has continued to find time to advise me and read my work.

I have learnt a lot from my long conversations with my dear friend Ethel, who has made me more critical and rigorous in my thinking. Knowing her so intimately has been my privilege, and she has had a profound influence in my thinking and development, and my strongest role-model. Oli, with whom I spent hours every week for the last four years talking about critical race theory and life, and learning compassion in my work, first made me interested in Australia. His dynamic energy and eclectic reading inspired me to work harder and think harder. He has always been there for me, and now thousands of miles away, still continues to be interested in my work and reminds me to believe in myself. My friends at Floor 5, Yasir, Shahzad, and Anood kept the desk space a very diverse and welcoming place. They are brimming with kindness and I have always fallen back upon them for advice. I have teased out several ideas with Ragna—a lot over Skype and emails—and I continue to think about the phenomenology of pain in the writings of the nurses, courtesy her. Davina, who saw the beginning of this project, has believed in my abilities even as I struggled with scope in the beginning. Fatima listened to me talk about my research, encouraged me, and believed in me. Her own hard work and sincerity inspired me as I worked on my thesis. Alex regularly supplied me with my favourite crisps (sweet chilli) while I was immersed in writing, and opened his house to me whenever I needed. My best friends Shiny and

Sayantani have been part of this journey from the very beginning, and Shiny has been intricately involved until the very end.

Toni and Janet opened their house and their hearts to me, fed me and clothed me over the past years (Janet's hand-knitted alpaca-wool snood, hat, and socks kept me warm as I struggled with the second chapter while the cold wave raged outside). Chris B., David and the much-missed Lucy similarly opened their doors for me and offered me support and friendship when I needed it most. The long walks with Lucy helped with many ideas which are now parts of Chapters Three and Four. Chris has been extremely generous with her time and advice for me over the past three years and I owe a lot to her.

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Introduction

Writing Life, Writing War

For nearly a decade I have wanted, with a growing sense of urgency, to write something which would show what the whole War and post-war period—roughly, from the years leading up to 1914 until about 1925—has meant to the men and women of my generation, the generation of those boys and girls who grew up just before the War broke out. [. . .] My original idea was that of a long novel, and I started to plan it. To my dismay it turned out a hopeless failure; I never got much further than the planning, for I found that the people and the events about which I was writing were still too near and too real to be made the subjects of an imaginative, detached reconstruction.

Vera Brittain¹

This thesis centres women's life-writings of the First World War—the experiences that Vera Brittain attempted to write about even as she struggled with the correct genre. It examines the sub-genre of life-writings of women who nursed wounded soldiers in Front hospitals or hospitals at home in Britain, or transported the bodies of wounded and dying men from the Front to the nearest hospitals. Most of the women whose writings I read here lived and journeyed up and down the fighting Front and near No Man's Land. The fighting Front was an inherently masculine space since women were barred from entering combat. The life-writings that this masculine space yielded were also inherently masculine, such as the trench autobiographies of Robert Graves (*Goodbye to All That*, 1929), Siegfried Sassoon (*Memoirs of an Infantry Officer*, 1930), and other male combatant-writers, whose writings concentrate on the daily lives and experiences of soldiers and officers in the Front line. This thesis locates and recovers the writings

¹ Vera Brittain, *Testament of Youth* (London: Penguin Books, 2005), 11–12.

of women who wrote of similar experiences a few miles from the Front and brings them to the centre of the genre of First World War life-writing. It focuses on the reasons which motivated these women to volunteer for war, how their personal ambition, private love for their country, and public condemnation of war entangled into their acts of signing up and performing the work of nursing war-wounded men. It then looks at the effect of their unique war-work on their own bodies: how their own bodies coped with the strain of mending male bodies, often amidst bombardment and fear of infection. It finally reads their representations of the bodies of their wounded patients, detecting shame, horror and revulsion as they record their witnessing.

The thesis begins by looking at Florence Nightingale's nurse training in Germany and analysing how she translated her German nurse training into nursing reform in Britain, leading to the generation of nurses who served for Britain against Germany in the First World War. It is appropriate to source the project in Nightingale's example because, with her voracious personal writings in the forms of diaries, her copious, detailed letters, and numerous personal writings, Nightingale's foray into the genre of life-writing began the distinct sub-genre of nurses' life-writing. Additionally British and Dominion nurses inherited the professional influence of Florence Nightingale in the manners of their uniform, in cultural expectations of their conduct, and in the norms of the behaviour accorded to their gender. Ultimately, Nightingale was "haunted by thoughts of the 'living skeletons'" for years after she had returned from Scutari, thus anticipating the trauma of witnessing death which would make so many nurses of the First World War similarly vulnerable.² After her return from the Crimean War, she was bedridden for years. Hidden from public sight, her convalescent bed was symbolic of the secretive 'Sick Sister's Ward' where sick nurses of the First World War were sent to when they fell ill; their symptoms contracted while carrying out the same duties, mirrored each other's across decades: "palpitations, tachycardia (abnormally rapid heart action), accompanied by depression, insomnia and nausea at

² Mark Bostridge, *Florence Nightingale: The Woman and Her Legend* (London: Penguin Books, 2009), 299.

the sight of food.”³ Thus with such rich parallels, positioning Nightingale’s work at the beginning makes it easier to map how far the nurses of the First World War strayed from her cultural inheritance in matters of touch, containment and sickness, desire and longing, and personal politics in their life-writing. How First World War nurses negotiate each of these paradigms is therefore the central concern of this thesis.

This Introduction first reviews important literature and positions the originality of this thesis in the research landscape of First World War writing. It then clarifies two important terminologies, ‘Nurse’ and ‘Sister’, teasing out the conflict between them before explaining the choice of terminology used in this thesis. It then offers a description of the thesis chapters, but does so by demonstrating how the chosen primary texts in each chapter can be illuminated by specific life-writing theories.

Literature Review

This thesis positions itself within two strands of First World War scholarship: the literary subjectivity in women’s war writings, and war-wounded bodies and trauma. The writings of the nurses of the First World War have been dealt with in fundamentally two ways by scholars: some literary scholars treat them as modernist writings while certain nurse historians question the historical accuracy and personal veracity of their individual narratives in order to understand the wider picture of medical care in First World War. This thesis treats the writings of these women as life-writings, and in keeping with the theories of life-writing (as I will explain later in this Introduction), it is not preoccupied with questions of veracity in their writings. This broad literature review will position the thesis as an original piece of scholarship in the canon of First World War women’s writings, identifying how it is distinct from some of the scholarship, how it

³ Ibid., 325.

uncovers (uncomfortable) silences both in the primary texts and in the ample scholarship, and how it builds bridges to cover the gaps it has revealed.

There has been some excellent critical treatment of these women's writings as modernist, literary works. For example, I found Sharon Ouditt's chapter "VAD Nurses in the First World War" a useful entry point into the writings of the nurses.⁴ Ouditt's focus is on the identity-formation of these women as they negotiated between established social codes of femininity and the expectation of active participation in war. In Chapter Two of this thesis, however, I read the act of volunteering for war as a means to re-establish individualism and reassess how understandings of femininity, feminism, patriotism, and individuality helped shape their understanding of war and their decision to participate. Claire Tylee's monograph, published a few years before Ouditt, read the writings of nurses together with the war writings of other women to understand how women represented memory and consciousness as a separate "emotional truth", different from men's trench biographies.⁵ This thesis, however, positions the writings of nurses as distinct from the writings of other women on the Home Front: it stresses the contested presence of the female body in the masculine space of the War Front and since their experiences and responses are completely separate from the wartime trials of the Home Front, they remain suspended in a metaphorical No Man's Land. Angela Smith offers an excellent literary reading of women's war writing, dividing their works into fiction and non-fiction, tracing the techniques of literary modernism in the writings about personal experiences and cultural memory.⁶ Jane Potter's work is spread out across women's war fiction and memoirs and women's documentation of war trauma.⁷ Potter's work on the romance of war in the writings of nurses such as Olive Dent offers

⁴ Sharon Ouditt, *Fighting Forces, Writing Women: Identity and Ideology in the First World War* (London: Routledge, 1994).

⁵ Claire M. Tylee, *The Great War and Women's Consciousness: Images of Militarism and Womanhood in Women's Writings 1914–64* (Basingstoke: Macmillan, 1990).

⁶ Angela Smith, *The Second Battlefield: Women, Modernism and the First World War* (Manchester: Manchester University Press, 2000).

⁷ Jane Potter, *Boys in Khaki, Girls in Print: Women's Literary responses to the Great War 1914–1918* (Oxford: Oxford University Press, 2005); Jane Potter, "'A Great Purifier': The Great War in

an important perspective in thinking about the role of unwavering patriotism in the performance of their nursing duties. I build on this in thinking critically about patriotism as a motivating factor for nurses to volunteer in the First World War.

From the motivations of nurses to volunteer, this thesis moves on to reading the representations of the wounded body in their writings, their witnessing of trauma, and its effect on their bodies. Jane Potter and Carol Acton proffer an extensive analysis of trauma suffered by non-combatant medical workers.⁸ While instances of trauma are not often very obvious in the writings of the nurses, I recover narratives of physical and mental breakdown to read what Margaret Higonnet has called “an alternate history of World War I traumas.”⁹ Santanu Das also presents an excellent analysis of the presence of the nurses’ bodies in operating theatres at the Front, arguing that their touch becomes an instrument of witness and intimacy.¹⁰ In my chapter on the bodies of nurses, I treat touch as contagion and containment, because the body of the sick nurse is an implicit trope in most of their life-writings. Das also offers a sensitive reading of traumatic witnessing in the writings of the nurses, and their feeling of an “impotence of sympathy” that arises out of that witnessing.¹¹ In this thesis, I treat medical witnessing as a means to record wounds, pain, and death, and, using theories of the grotesque and affect, understand how nurses represent not only the mutilated bodies of the wounded soldiers, but also their understandings of mutilation and pain, in their writings. The other substantial point of departure

Women’s Romances and Memoirs, 1914–1918,” in *Women’s Fiction and the Great War*, ed. Suzanne Raitt and Trudi Tate (Oxford: Clarendon Press, 1997), 85–106; Carol Acton and Jane Potter, ““These frightful sights would wreak havoc with one’s brain”: Subjective Experience and Trauma in First World War Writings by Medical Personnel”, *Literature and Medicine* 30, no. 1 (2012): 61–85; Jane Potter, ““I Begin to Feel as a Normal Being Should, in Spite of the Blood and Anguish in which I Move”: American Women’s First World War Nursing Memoirs” in *First World War Nursing: New Perspectives*, ed. Alison S. Fell and Christine E. Hallett (New York: Routledge, 2013), 51–67.

⁸ Carol Acton and Jane Potter (eds) *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in Warzones* (Manchester: Manchester University Press, 2015).

⁹ Margaret Higonnet, “Authenticity and Art in Trauma Narratives of World War One,” *Modernism/ Modernity* 9, no. 1 (2002): 91.

¹⁰ Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press, 2005).

¹¹ *Ibid.*, 175–203.

for this thesis from these critical works is its focus on the woman's body as a site of desire. Das writes about some of the nurses' "yearning of the amorous subject", close-reading instances of heterosexual intimacy in their writings.¹² I however draw from Jane Marcus to elaborate on a female homosocial commune in the living quarters of nurses and female ambulance drivers as sites of female bonding and female intimacy.¹³

Despite the scholarship on the multiple facets of First World War medical treatment, there is little critical work on the treatment of non-white soldiers wounded in battle. Alison Fell's chapter is the only study of representations of the racialised wounded body in the writings of nurses, though its focus is more on French nurses than British.¹⁴ During a conversation at 'First World War Study Day' at Sheffield Hallam University on June 4, 2016, Professor Fell said that some of her research on this chapter had been "speculative" because it had been very difficult to find written sources by French nurses writing about their Black soldier-patients. A close-reading of this important work reveals that gaps in primary sources are a prevailing problem for a race scholar on First World War medical services. I have tried to address this paucity in primary sources by widening my search in the archives and adopting a transnational approach. However this is not the only problem. Apropos of the substantial critical work on medical treatment, one notices a curious silence about writings on race among nurse historians. In the majority of critical works, race is absent; in extreme cases, original quotations containing racist sentiments have been censored, sanitising the original intent, and leading to misrepresentation of the mindset of individual nurses.¹⁵ Others, such as Ruth Rae, have inadvertently excused racist behaviour by

¹² Ibid., 210.

¹³ Jane Marcus, "Afterword: Corpus/Corps/Corpse: Writing the Body in/ at War," in Helen Zenna Smith, *Not So Quiet . . .* (New York: The Feminist Press, 1989), 241–300.

¹⁴ Alison S. Fell, "Nursing the Other: the Representation of Colonial Troops in French and British First World War Nursing Memoirs," in *Race, Empire and First World War Writing*, ed. Santanu Das (Cambridge: Cambridge University Press, 2011), 160.

¹⁵ Kirsty Harris, *More than Bombs and Bandages: Australian Army nurses at work in World War I* (Newport, NSW: Big Sky Publishing, 2011), 141. In the original quote, Nurse Evelyn Davies engages in vigorous racist language to denounce the Medical Officer. Harris, however, skilfully uses ellipsis to remove the derogatory language to reveal only "substantial evidence" of

nurses as being “precisely the point” since these nurses were “devout Christian” women.¹⁶ Presentist historicism can at times be problematic; however, using racial discrimination to refuse medical treatment to wounded soldiers (or even mete out different treatment) transcends periodisation and will always remain overtly racist behaviour.

Christine Hallett’s extensive work on the writings of nurses of the First World War—indeed the exact focus as the subject of this thesis—glosses over any references to race in the writings of the nurses. The problem here is manifold and complicated, and having written a completely original Chapter Five reading representations of racialised bodies in the writings of the nurses, I would like to address the problem with the scholarship here in the Introduction. Hallett’s neglect in addressing race in the writings of the nurses, and the absence of the non-white soldier’s body from the critical analysis is problematic, creating a false impression as to the extent to which white nurses encountered non-white bodies. For instance, an article on nurses in the hospital ships in the Mediterranean is framed by incongruous references to Ancient Greek mythology—not actually present as a topic of interest in the texts of nurses posted in Turkey, Egypt, Lemnos, and Salonika—yet makes no references to the pages on Black soldiers and Arab residents in the nurses’ diaries.¹⁷ About their writing style Hallett notes:

The mirroring of familial relationships—the enactment of the role of mother or elder sister—appears to have been a means by which a sense of warmth and safety was brought to the nurse-patient relationship, while at the same time keeping both patient and nurse safe from the dangers of romance or flirtation. Such role-play

“organisational and nursing skills” of Nurse Davies. I discuss this incident in greater detail in Chapter Five.

¹⁶ Ruth Rae, *Scarlet Poppies: The Army Experience of Australian nurses during World War One* (Burwood: NSW, College of Nursing, 2004), 183–84.

¹⁷ For a record of life in Egypt see: Margaret O. Young (ed.) *“We Are Here Too”: The Diaries and Letters of Sister Olive L. C. Haynes November 1914 to February 1918* (Adelaide: Australian Down Syndrome Association, 1991).

appears to have been inculcated as part of the ‘discipline’ of nursing life and mirrored by senior nurses and tutors, until it became almost second nature.¹⁸

The patients mentioned here are exclusively white patients, as these same nurses did not extend their “sense of warmth and safety” to their Black patients: Sister Jessie Tomlins wrote, “[T]he niggers have taken possession of the ward, about 20 or more of them, so Sister and I are sitting out on the balcony.”¹⁹ Similarly Hallett writes extensively about Nurse Mary Ann Brown, stressing that her writings are important as she was a trained, professional nurse (as opposed to a volunteer): “She begins to express sadness, tinged with exhaustion, as she faces the realities of nursing casualties from the Gallipoli campaign on board the *Devanha* in Mudros harbour, Lemnos.”²⁰ This comment on Brown’s sadness does not address her racist treatment of a “black sailor boy” whom she named “Snowdrop” while on board the *Devanha*, and her notes in her diary of how she joined the Tommies in calling the boy “a handsome figure head” and asking in jest “why we didn’t wash “Snowdrop””.²¹ Hallett calls a chapter “Nursing in ‘far flung places’” where she reads the works of Australian and New Zealand nurses in India and Mesopotamia and of British nurses in Eastern Europe.²² It is strange that India is considered “far flung” for an Australian nurse when the Western Front is not. Such nomenclature is also dangerous and misleading because the First World War had numerous theatres of war in several continents, including in Africa and Asia, and the Western Front was only one of many. First World War military scholarship has focused extensively on these various theatres, and has almost decolonised

¹⁸ Christine E. Hallett, “Argonauts of the Eastern Mediterranean: Military Nurses on Hospitals and Transport Ships 1914–1918,” *Journal of War and Culture Studies* 10, no. 3 (2017): 208.

¹⁹ Letter, Jessie Tomlins to Margareta Tomlins (mother), 5 January 1918, in Ruth Rae, *Scarlet Poppies*, 183. To make it clear, Hallett does not write about Nurse Tomlins, but references literature (such as Rae’s book) where Tomlins features predominantly. I refer to Tomlins here to demonstrate that there were numerous nurses who documented their refusal to treat non-white patients.

²⁰ Christine Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009), 128.

²¹ Private Papers of Miss M. A. Brown, AARC. Catalogue Number: Documents.1001. Imperial War Museum (IWM) Archives.

²² Hallett, *Containing Trauma*, 127–154. Although ‘far flung’ is within quotes in the title, it is not clear whether it is a quote as it is not referenced.

the scholarship, moving away from a Eurocentric, Western Front centred viewpoint.²³ Therefore describing a hospital on the Western coast of India as being “far flung” for an Australian nurse as opposed to a hospital in England is odd.

Robert Gerwarth and Erez Manela have eloquently argued that the First World War was essentially a war of empires, and together with numerous other contemporary historians of the First World War, they establish the necessity to approach First World War studies from a transnational perspective.²⁴ As I demonstrated earlier, the global nature of the First World War was evident from the soldiers of different races and nationalities that these nurses treated on a daily basis. As a scholar of literary studies, I approach the transnational history of the First World War by reading life-writings of Anglophone nurses: from British and North American to Australian. Hazel Hutchison’s thorough work on American writers who closely observed or

²³ Edmund James Yorke, *Britain, Northern Rhodesia and the First World War: Forgotten Colonial Crisis* (Basingstoke: Palgrave Macmillan, 2015); Anne Samson, *Britain, South Africa and the East Africa Campaign, 1914–1918: The Union Comes of Age* (London: Tauris, 2006); Andrea Rosengarten, “A Most Gruesome Sight: Colonial Warfare, Racial Thought and the Question of ‘Radicalization’ during the First World War in German South-West Africa (Namibia),” *History* 101, no. 346 (2016): 425–47; Santanu Das (ed), *Race, Empire and First World War Writing*; H. Liebau, K. Bromber, K. Lange, D. Hamzah and R. Ahuja (eds), *The World in World Wars: Experiences, Perceptions and Perspectives from the South* (Leiden: Brill, 2010); Prosser Gifford, William Roger Lewis and Alison Smith (eds), *Britain and Germany in Africa: Imperial Rivalry and Colonial Rule* (New Haven: Yale University Press, 1967); Tilman Dederig, “‘Avenge the Lusitania’: The Anti-German Riots in South Africa in 1915,” in *Germans as Minorities during the First World War: A Global Comparative Perspective*, ed. Panikos Panayi (Farnham: Ashgate Publishing, 2014), 235–62; Kwabena O. Akurang-Parry, “African Agency and Cultural Initiatives in the British Imperial Military and Labor Recruitment Drives in the Gold Coast (Colonial Ghana) during the First World War,” in *The British Empire and the First World War*, ed. Ashley Jackson (London: Routledge, 2016), 150–71.

²⁴ Robert Gerwarth and Erez Manela, “The Great War as Global War: Imperial Conflict as Reconfiguration of World Order 1911–1923,” *Diplomatic History* 38, no. 4 (2014): 786–800. On the plea for a transnational approach see: Jay Winter (ed.), ‘General introduction’, *Cambridge History of the First World War*, volume 1 (Cambridge: Cambridge University Press, 2016), 1–10; Bruno Cabanes, *The Great War and the Origins of Humanitarianism, 1918–1924* (Cambridge: Cambridge University Press, 2014); Deborah Cohen and Maureen O’Connor, “Introduction: Comparative History, Cross-National History, Transnational History –Definitions,” in *Comparison and History: Europe in Cross-National Perspective*, ed. Deborah Cohen and Maureen O’Connor (London: Routledge, 2005), ix–xxiv; Susan R. Grayzel, “Across Battle Fronts; Gender and the Comparative Cultural History of Modern European War,” in *Comparison and History: Europe in Cross-National Perspective*, ed. Deborah Cohen and Maureen O’Connor (London: Routledge, 2005), 71–84.

participated in the War offers an excellent insight into understanding American literature of the Great War.²⁵ In her study of Mary Borden and Ellen La Motte, Hutchison is preoccupied with the voice that writes the text, seeking to understand the “new forms of expression and new expressions of form” that were created in the pages of these writers.²⁶ Though voice is important to consider while reading life-writings, I read the writings of Borden and La Motte here to analyse how they witness and represent the horrific nature of wounds and death in their writings.

“Nurse” versus “Sister”

Many women from genteel backgrounds volunteered to work as nurses during the First World War. As part of the Voluntary Aid Detachment (V.A.D.), volunteer nurses worked alongside trained, professional nurses, who guided and instructed them on their duties. The animosity between these two groups has been elaborately documented by Vera Brittain, Olive Dent, Enid Bagnold, Irene Rathbone and Florence Farmborough, among others. Brittain records her first Sister-in-Charge at a London hospital as “not precisely an example of the Nightingale tradition at its best.”²⁷ This Sister nurtured a “distrust of V.A.D. probationers”, but Brittain felt that that distrust was “counterbalanced by a determination even greater than my own to make me maid-of-all-work”.²⁸ Since the V.A.D.s were untrained in medical care, the Sisters assigned them duties of cleaning the wards and washing instruments. Undoubtedly, many of them used this opportunity to exert power over the V.A.D.s: the nature of orders carried in them the undertones of class struggle, as many professional nurses came from working-class backgrounds, while V.A.D.s were from middle-class or aristocratic backgrounds. Compelling a woman, who had never lifted a dustpan in her life, to repeatedly clean the wards or finding faults with the

²⁵ See: Hazel Hutchison, *The War That Used Up Words: American Writers and the First World War* (New Haven: Yale University Press, 2015).

²⁶ *Ibid.*, 21.

²⁷ Vera Brittain, *Testament of Youth* (London: Penguin Books, 2005), 170.

²⁸ *Ibid.*

arrangement of instruments on a plate and making her repeat the whole exercise were ways in which the Sister flexed her authority over the V.A.D. As Brittain noted:

“Narse! Narse! Where’s that little V. A. narse! Why can’t *she* sweep the floor—or make this bed—or empty this bucket?”—or whatever the particular job happened to be. Whenever my morning’s work was unusually heavy, I would hear her pattering after me.²⁹

Writing about the same Sister-in-Charge, Brittain described her as: “Her aitches, though right numerically, were wrongly distributed, and I had difficulty in maintaining the correct expression of disciplined composure when she forcibly inquired, as she did every evening: “Narse! Have you given ‘Ibbert his haspirin?’”³⁰ Here Brittain demonstrates a conscious sense of superiority of class as evidenced in her laughter at the Sister’s incorrect pronunciation of words.

Many nurse historians have commented on the strain in relationships between the two groups, arguing that in the writings of the V.A.D.s a “skewed perspective” is evident which has led to “distortions” in the public image of the trained nurse.³¹ (Although it is important to make clear at the very beginning that this strain was not generalised—many V.A.D.s wrote about supportive Sisters and many trained nurses praised the mettle of inexperienced V.A.D.s).³² It is undeniably true that inexperienced women learnt nursing skills under the supervision of trained, professional nurses. The clash between classes was also prevalent, as Sharon Ouditt notes how

²⁹ Ibid.

³⁰ Ibid.

³¹ Christine E. Hallett, “‘A very valuable fusion of classes’: British professional and volunteer nurses of the First World War,” *Endeavour* 38, no. 2 (2014): 101.

³² On comments about the relationship between the trained nurse and the V.A.D. see: Janet S. K. Watson, “War in the Wards: The Social Construction of Medical Work in First World War Britain,” *Journal of British Studies* 41, no. 4 (October 2002): 484–510; Hallett, *Containing Trauma*, 8–14; Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford: Oxford University Press, 2014), 1–20; Christine E. Hallett, “The personal writings of First World War nurses: a study of the interplay of authorial intention and scholarly interpretation,” *Nursing Inquiry* 14, no. 4 (2007): 320–29; Christine E. Hallett, “‘Emotional Nursing’: Involvement, Engagement and Detachment in the Writings of First World War Nurses and VADs” *First World War Nursing*, ed. Fell and Hallett, 1.

Katharine Furse, the Commandant-in-Chief of the V.A.D.s advocated “a feminism predicated on an individualism that was available only to women of a certain social class.”³³ Undoubtedly, the projection of the V.A.D. as a young woman participating in the war effort by doing menial work such as sweeping wards and cleaning pans, contributed to the image of the “nurse heroine” in the public imagination. Nevertheless, it is important to remember that Nurse O’Reilly, a V.A.D. in Irene Rathbone’s autobiographical novel *We That Were Young*, was forbidden from taking the rest of the day “off sick” by Sister Grundle, her superior at the hospital, as well as by the Matron, and she eventually died of bronchial pneumonia. When Enid Bagnold published her diary about the tribulations of a V.A.D., she lost her job at the Royal Herbert Hospital in Woolwich. At Brittain’s final post, in a large civilian hospital with a few military wards which she calls “St. Jude’s”, she faced open hatred and belittlement from the professional nurses, who refused to credit experience over formal training:

The longer a V.A.D. had performed the responsible work that fell to her on active service, the more resolutely her Ward-Sister appeared to relegate her to the most menial and elementary tasks. At St. Jude’s I was never allowed so much as to attempt the simplest of the dressings: I was not permitted even to remember the experience in nursing malaria and pneumonia which I had acquired in Malta and in the medical wards at Etaples.³⁴

In a memorandum published in 1916, Katharine Furse noted that the primary complaints she received from V.A.D.s were that the latter were “restricted to menial cleaning duties, no matter how much or what kinds of experience the volunteers might have had in previous hospital work,” and this she attributed to “intolerance on the part of matrons, sisters, and trained

³³ Sharon Ouditt, *Fighting Forces*, 4.

³⁴ Brittain, *Testament of Youth*, 451.

nurses.”³⁵ Such instances of denigrating treatment unfolded even as late as 1917–1918, by which time V.A.D.s had already trained for three years or longer.³⁶

Among recent scholarship in nursing history, there is a kind of gate-keeping centred around such professional purity: V.A.D.s were “permitted to call themselves nurses” only because of the generosity accorded to them by trained professional women who were there in the hospitals first.³⁷ In this thesis, while I take care to clarify who was a V.A.D. and who was likewise a trained nurse, I do not insist on keeping such rigidly controlled markers of professionalism. All the women written about in this thesis, regardless of their years of experience in a hospital, are nurses, simply because they were involved in nursing care. Hallett insists that “the mundane tasks” of “washing, toileting and feeding of often-helpless patients” was “highly skilled work, requiring careful training and close supervision” which was “undoubtedly” being imparted by the trained nurses in the hospital unit for the V.A.D.s.³⁸ It would thus be strange to keep the very V.A.D.s—on whom rested the entire responsibility of doing that very “highly skilled work” taught to them so thoroughly by the trained nurses—outside the bracket of the professional moniker. If the trained nurses (and the scholars) believed that this highly skilled work was important and delicate and needed to be taught by a professional “nurse”, then the women imbibing and implementing that knowledge and performing that work were also “nurses”. This demarcation of work status and the scholarship on it is more complicated and nuanced than this. Hallett laments the overabundance of scholarly attention on the writings of V.A.D.s with less focus on the writings of trained, professional nurses:

³⁵ Watson, “War in the Wards,” 506.

³⁶ Janet Watson also makes a note of this when she compares Furse’s memorandum with a report made by a group of trained nurses titled “Report of an Advisory Committee Appointed by the Army Council to Enquire into the Supply of Nurses,” written in November 1916. The reports made completely contradictory claims and the two groups of nurses blamed one another for the breakdown in relationship.

³⁷ Hallett, *Containing Trauma*, 8.

³⁸ Hallett, “A very valuable fusion of classes,” 101, 103.

In bringing women—formerly a sidelined group—onto the main stage of the history of the First World War feminist historians have, themselves, sidelined groups who did not appear to support their arguments about female political and pacifist consciousness. Part of the purpose of these writers would appear to be to identify the women who participated in the First World War as an avant-garde of social awareness, who were freeing themselves from the pervasive Victorian and Edwardian values of domesticity and passivity. [. . .] [Trained nurses] could hardly provide a convincing argument for writers who appear to have wanted to place a woman’s contributions on an equal footing with those of men.³⁹

Having identified the problem with (feminist) First World War nursing scholarship, Hallett suggests a text by a trained British nurse who had also published her war memoir: Kate Luard.⁴⁰ Unfortunately in her substantial scholarship on Kate Luard’s writings, Hallett does not dwell even once on Luard’s explicit racism that she practiced towards her wounded Indian patients and recorded in her writings (which I analyse in Chapter Five). Instead Hallett writes how “Kate’s voice resonates with truth and clarity”, how her books are “remarkable” pieces of “witness-testimony” and how her “consummate writing skill as a writer permits her to offer a portrayal of suffering”, thus making this text an important text and counterpart to the writings of the inexperienced V.A.D.s.⁴¹ The celebration of her work and writings appear necessary now because of the scholarship’s scant focus on the writings of First World War trained nurses, and hence the trained nurse’s racism must be overlooked. Such a “skewed” (to borrow Hallett’s phrase) perspective to assert the importance of one white woman over the bodies of (here: wounded) people of colour is an example of the workings of white feminism.⁴² Gayatri Spivak, in her

³⁹ Hallett, *Containing Trauma*, 10.

⁴⁰ *Ibid.*, 12.

See: Hallett, *Containing Trauma*; Hallett, ‘A very valuable fusion of classes’; Christine E. Hallett, ‘Introduction,’ to Kate Luard’s *Unknown Warriors* (Stroud: The History Press, 2014).

⁴¹ Hallett, ‘Introduction,’ 17–18.

⁴² Hallett, ‘A Very Valuable Fusion of Classes,’ 101.

important essay “Three Women’s Texts and a Critique of Imperialism”, articulates this as “the absence of race-determinism in a certain sort of feminism” when writing about Gilbert and Gubar’s simplistic practice of seeing Bertha Mason as Jane Eyre’s “dark double.”⁴³ Here too, the implications are quite similar: the necessity of recognising lesser-known white women’s voices in a canon appears to be more important than dwelling on the disturbing politics of that voice. At the same time, beyond the erasure of racialised bodies, such an almost hagiographical depiction of trained nurses risk formation of an unreal and untrue image. Trained, professional nurses also competed against each other. For instance, Hallett’s claim, “When Britain entered the war in August 1914, its Dominions followed without hesitation. The white colonial populations of nations such as Australia and New Zealand viewed themselves as thoroughly British” not only erases the vibrant history of Australian women’s anti-war protests and pacifism, but also obliterates the notion of a distinct Australian identity forged since the mid-nineteenth century, and especially after it became a federation on 1st January, 1901.⁴⁴ Ultimately such eagerness for Australian nurses to identify with their British counterparts eclipses the bitter rivalry that existed between trained nurses from the two nationalities. In Chapter Five, I close-read passages from the life-writings of Australian nurses that depict such rivalry and status anxiety. Their complaints against British trained nurses have been repeatedly documented in official military

⁴³ Gayatri Chakravorty Spivak, “Three Women’s Texts and a Critique of Imperialism,” *Critical Inquiry* 12, no. 1 (Autumn 1985): 261, 248.

⁴⁴ Hallett, “Argonauts of the Eastern Mediterranean,” 199.

For research on Australian women’s anti-First World War protests and pacifism, see: Joy Damousi, “Marching to Different Drums: Women’s Mobilizations 1914–1939,” in *Gender Relations in Australia: Domination and Negotiation*, ed. Kay Saunders and Raymond Evans (Sydney: Harcourt Brace, 1992);

On Australian identity see: Marilyn Lake, “Colonised and colonising: The White Australian feminist subject” in *Women’s History Review* 2, no. 3, 1993; Elizabeth Windschuttle (ed), *Women, Class and History: Feminist Perspectives on Australia 1788–1978* (Sydney: Fontana, 1980); Joy Damousi and Marilyn Lake (eds), *Gender and War: Australians at war in the Twentieth Century* (Melbourne: Cambridge University Press, 1995).

correspondences, and the rivalry also features frequently in articles in Australian journals such as *Woman Voter* and *Labor Call* between 1900 and 1920.⁴⁵

Thus the conflict between V.A.D.s and trained, professional nurses are very deep and complicated, and the disturbing politics is mostly neglected by the existing scholarship. Keeping this in mind, this thesis neither dwells on the debate of the competency and invaluable support provided by trained nurses, nor does it question the trauma experienced by the V.A.D.s as a result of their sufferings under strict Matrons, nor does it question the veracity of their writings. The following sections elaborate on this final point by reading these texts alongside theories of life-writing.

Imprinting Women's First World War Life-Writing in a Masculine Textual Landscape

Chapter Two analyses the motivations that prompted most of these women to volunteer to serve in the First World War. It first reads the wartime publications of May Sinclair and Olive Dent as life-writings that seemingly glorify the war and one's patriotic duty to serve, but argues that they are essentially writings about the opportunities for women to finally participate in the public, masculine sphere of combat. In *A Journal of Impressions in Belgium*, May Sinclair writes about her experiences while working for a motor ambulance unit in Belgium in 1914. At one point she compares women's participation in war to a game of football a young girl plays with her brothers, noting "The women may play it if they are fit enough up to a certain point. [. . .] If she persisted, she became an infernal nuisance."⁴⁶ Her *A Journal* is about her persistence to contribute to war as a fifty-one-year-old woman; her initial fear of failure as encompassed in the words, "And if those big brothers over there only knew what I was after they would make arrangements for my immediate removal from the seat of war"; and ultimately as a "record of humiliations" since she

⁴⁵ For such rivalry from a pre-war date, also see: F. Adams, *The Melbournians* (London: Eden, Remington, 1892).

⁴⁶ May Sinclair, *A Journal of Impressions in Belgium* (New York: Macmillan, 1915), 106.

was sent back to England after just seventeen days.⁴⁷ The chapter establishes why despite Sinclair's excitement and enthusiasm for war and justification for combat, her war-time life-writing is an important document—it is because her writing articulates the efforts of a mature woman to be part of the masculine war machinery and how the patriarchal structures made her feel redundant. Published in 1915, it is one of the earliest First World War life-writing texts written by a woman, challenging what Sidonie Smith notes as “the universal subject and the hard nut of its normative (masculine) individuality.”⁴⁸ Sinclair too was only a few miles away from the Front and *A Journal* records the hard shelling and direct combat experience that she and other members of the ambulance unit faced. Therefore *A Journal of Impressions in Belgium* occupies the same textual landscape populated by male First World War life-writings, and its “cultural inscription of the [older] female body” in the war-dotted landscape makes it an important text.⁴⁹

Olive Dent not only publishes her life-writing during the war, but also contributes to the inherently masculine war magazine *The War Illustrated* in October and November 1918. Her three articles in the magazine also spring out of her personal experiences at a war hospital in France, and thus through her life-writing, Dent takes ownership of the textual space afforded to her. Like Sinclair, Dent too looked at the war as an opportunity to be “utilised fully, actively,” and in the chapter I argue that Dent projects accepted gender stereotypes on to her wartime professional role, in order to overcome social barriers to contribute to the war effort.⁵⁰ Nevertheless Dent differs significantly from Sinclair. Unlike Sinclair's memoir, Dent's book is a record of her overt patriotism; at the beginning she asks, “What is there I would not do/England my own?” and she

⁴⁷ Ibid.; Jane Marcus (ed.), *The Young Rebecca: Writings of Rebecca West 1911–1917* (London: Virago Press, 1983), 305.

⁴⁸ Sidonie Smith, *Subjectivity, Identity and the Body: Women's Autobiographical Practices in the Twentieth Century* (Bloomington: Indiana University Press, 1993), 3.

⁴⁹ Ibid., 4.

⁵⁰ Olive Dent, “The ‘Sisters’ and their ‘Boys,’” *The War Illustrated* 9, no. 217 (1918): 143.

structures the rest of the book in a way that answers that question.⁵¹ In *The War Illustrated* she writes:

The V.A.D.s won through simply because they were British and had the grit, the characteristic faculty for “sticking it” which is commonly associated with our men, but less often with our women, though the latter just as certainly possess it.

It is not my task or desire to sing paeans of the V.A.D.s, of their tenderness, their cheeriness, good humour, warm sympathy, understanding, tact. For these, to me, as a member of the corps, seem unworthy of remark. They are axiomatic—our *raison detre* [*sic*].⁵²

These passages carry the distinct tone of self-justification. As discussed in the chapter, her texts are justification of her eagerness to serve, and in this case, it is a proof of her (and other V.A.D.s’) efficiency and good professional practice, as rewards for the trust that the patriarchal society had placed upon them when they were offered the task of nursing wounded soldiers. The deliberate use of adjectives such as “tenderness”, “cheeriness”, “warm sympathy”, and “understanding” emphasises the expectations from their gender and how well they have conformed to the expectations. Sidonie Smith comments on how “the autobiographer’s identity as a woman within the symbolic order of patriarchy” leads her to reframe the possibilities of the genre, from reconsidering the “authority of the voice” to re-situating the “narrative perspective.”⁵³ It is also important to note that in *A V.A.D. in France*, she mostly refers to herself in the first-person plural, for example, when she writes of her nursing work: “It is our privilege,

⁵¹ Olive Dent, *A V.A.D. in France* (London: Grant Richards, 1917), 13.

⁵² Dent, “The ‘Sisters’ and their ‘Boys’,” 143.

⁵³ Sidonie Smith, *A Poetics of Women’s Autobiography* (Bloomington: Indiana University Press, 1987), 17. See also: Nancy K. Miller, “Women’s Autobiography in France: For a Dialectics of Identification,” in *Women and Language in Literature and Society*, ed. Sally McConnell-Ginet, Ruth Borker and Nelly Furman (New York: Praeger, 1980). Miller notes: “female autobiographers know that they are being read as *women*”.

pleasure and pride to dispel that fear.”⁵⁴ Her “our” replaces the “autobiographical I”, almost as if in order to forge a textual space of her own in the masculine First World War life-writing genre, she needs to summon collective identity. This is how Dent imprints her distinctly “female signature” in the genre.⁵⁵ The chapter reflects on how her life-writings document her intense patriotism and shame for her gender which prevents her from freely contributing to her nation’s war effort. Her writings mapping her “fascinating and interesting” nursing duties and celebration of the “boys” targeted at the British reading public at home carry a distinct strain of propaganda aimed at making the British war effort sound successful. Her book is sanitised of gruesome loss of life and limb. While I do not question her love for her country, Dent’s life-writings invite a critical examination of the social conditions that make her and women like her, perform their gender and demand an appraisal of the generic textual landscape which holds their narratives. The writings also ultimately invite a reflection on how their “narrative orientations” both reveal and control “self-exposure” and how their life-writings establish and maintain “public reputation”.⁵⁶

The chapter demonstrates how Sinclair and Dent related their gendered identities to the roles available to them during the war. They both shared a sense of shame for their gender, but while Sinclair’s life-writing revealed her need to prove her worth as a woman, Dent’s life-writings showed her eagerness to perform her duties to her country in spite of her gender. In their life-writings they both appropriate their textual spaces to show how they succeed (or fail, as in the case of Sinclair) to achieve their goals. The chapter exposes the complications in their motivations, and their life-writings make explicit the metaphorical barriers they face. Sidonie Smith remarks that there are “histories of the subject to be negotiated in that “I” space, histories that make trouble for her [the female autobiographer] as she takes up the autobiographical “I”.”⁵⁷

⁵⁴ Olive Dent, *A Volunteer Nurse on the Western Front* (London: Virgin Books, 2014), 34.

⁵⁵ Ibid.

⁵⁶ Smith, *A Poetics of Women’s Autobiography*, 50.

⁵⁷ Smith, *Subjectivity, Identity and the Body*, 4.

Sinclair's struggle to write about an incident "so ignominious, so sickening, that, if I were not sworn to the utmost possible realism in this record, I should suppress it in the interests of human dignity" is an instance of the struggle of the female "autobiographical "I"" forging an identity in a genre well-established by male writers.⁵⁸ She records how she was pushed off an ambulance step on its way to pick up wounded soldiers as she would "take up the place of a wounded man" noting that, "[i]t was the most revolting thing that had happened to me yet, in a life filled with incidents that I have no desire to repeat."⁵⁹ Her life-writing records this "revolting" and "ignominious" incident as a testament to the experiences faced by an (older) woman in the war Front. Published two years later, Dent's Front autobiography manages to bypass the record of such incidents by recording her narrative as the collective narrative of V.A.D.s and by establishing a strongly patriarchal motivation to selflessly serve and sacrifice for the country. Dent's style is what Smith notes as "crisscross[ing], doublecross[ing] that "I" in order to move from silence into self-narrative."⁶⁰

Autobiografiction, Autobiographical Truth, and Memory in Life-Writing

[A]bout six weeks ago Gertrude Stein said, it does not look to me as if you were ever going to write that autobiography. You know what I am going to do. I am going to write it for you. I am going to write it as simply as Defoe did the autobiography of Robinson Crusoe. And she has and this is it.⁶¹

It is important to point out that the actions recorded in the life-writings of these women play out against "historical time", in a "historically verifiable past".⁶² Their personal experiences correlated

⁵⁸ Sinclair, *A Journal of Impressions in Belgium*, 213–214.

⁵⁹ *Ibid.*, 214.

⁶⁰ Smith, *Subjectivity, Identity and the Body*, 4.

⁶¹ Gertrude Stein, *The Autobiography of Alice B. Toklas* (New York: Random House, 1960), 252.

⁶² I borrow the phrase "historical time" from postcolonial theory. Dipesh Chakrabarty, "Marx after Marxism: History, Subalternity, and Difference," *Menjean* 3 (Spring 1993): 431; Paul John

to the greater historical truth—that of gruesome fighting—but their personal experiences were subjective. This subjectivity traversed across the three tropes of fictions, truth, and memory.

Life-writing's complicated relationship with fiction reveals its inherent preoccupation with truthfulness. Paul Eakin asks, "Why would we bother to read it in the first place if we did not believe in autobiography as a primary expression of biographical untruth?"⁶³ To expose the problematic nature of autobiographical truths, and, by extension, to examine a difficult aspect of this genre, in Chapter Two I deliberately select a very problematic text, Baroness T'Serclaes's (Elsie Knocker) *Flanders and Other Fields*, to analyse motivations for nurses and V.A.D.s to volunteer. Together with V.A.D. Mairi Chisholm, Knocker was one of the "Heroines of Pervyse" and the "Madonnas of Pervyse"; they were the first women to serve so close to the trenches. Knocker publishes her autobiography *Flanders and Other Fields* in 1964, aged eighty. During the height of war in 1916, children's author G. E. Mitton spent time with Knocker in Belgium and published *The Cellar House of Pervyse* documenting her war work in detail. Knocker had already donated her First World War diary to the Imperial War Museum. In August 1973, she was interviewed by Dr Peter Liddle. In 2009 Diane Atkinson published a biography of Knocker titled *Elsie and Mairi Go to War*. The plentiful life-writings produced by her and the historical and critical writing about her provide a fair glimpse into the life and work of one of the most photographed women of the First World War. Unsurprisingly, the copiousness of materials also provides ample room for contradictory facts. A comparative analysis of the different life-writings on and by her sheds light on the fraught and complicated nature of the relationship between truth and autobiography. The chapter argues that Knocker used her life-writings to construct and control a certain public image of herself, as a woman of importance and action.

Eakin, *Fictions in Autobiography: Studies in the Art of Self-Invention* (Princeton: Princeton University Press, 1985), 5.

⁶³ Eakin, *Fictions in Autobiography*, 10.

Knocker's autobiography has numerous incongruities: her second husband, the Belgian Baron de T'Serclaes appears only in one chapter, and there is no reference to him after that. In fact, after the end of the war, Knocker returns alone to Britain and (despite being married to a Baron from a rich, aristocratic Belgian family) struggles with money as she takes up one unfulfilling job after another. Her references to her colleague Mairi Chisholm are also sporadic in her autobiography. While together they carried out all the work and garnered praises, while they were always photographed together, and were written about together (such as in Mitton's book), Knocker rarely refers to Chisholm's contribution in her autobiography, and never refers to her again after the end of the war. On going through their personal papers, Atkinson finds the reasons behind these incongruities: Knocker had told her second husband and Chisholm that she was widowed instead of the truth that she had divorced her first husband. Atkinson speculates:

Harold's departure from London suggests that he may have discovered that Elsie was not a widow, but a divorcee whose husband was still alive, which would have made him a bigamist in the eyes of the Roman Catholic Church. The baron's family would have been concerned when they heard that their only son had married someone they did not know and had never met. Their new daughter-in-law was older than their son and had a child by a previous marriage. Elsie told everyone that she was a widow. Such a lie could have been a worse sin for anyone marrying into the deeply Catholic world of Belgian aristocracy. Harry had relations in the Vatican; there were not many Belgian families more influential in Rome than his.⁶⁴

During her interview with Liddle, Knocker astonishingly says:

No, my first husband was killed in the First World War and I divorced my first husband. I didn't marry again until the Second World War and during the Second

⁶⁴ Diane Atkinson, *Elsie and Mairi Go to War* (London: Arrow Books, 2010), 206.

World War my husband only lived for about 2 years and was then shot down. I don't know what the date was. He was shot down over Italy.⁶⁵

This 1973 statement is astonishing because it contradicts her own autobiography published nine years previously, in which Knocker titled a chapter “I Marry Again” under the section “A Charmed Life” which describes her First World War work. This chapter very briefly lays down the circumstances of her meeting the Baron, and her marriage to him, ending the first page with the sobering note: “After a lightning honeymoon we hardly saw one another again. I was too busy at Pervyse, and my husband had to return to his squadron.”⁶⁶ Besides, Mitton’s 1916 book had romantically (and in greater details than Knocker) documented their meeting and marriage at La Panne. In addition, all other documents pertaining to Knocker and Chisholm at Pervyse record the marriage as having taken place during the First World War, and, therefore, Knocker’s claim that she had married her second husband (not mentioning him by name) during the Second World War is not true. Atkinson traces the Baron’s post-First World War life and reports that during the Second World War he had been living in occupied Belgium as a German spy and head of the Belgian *Abwehr*. He had a “wife” named Marguerite Anciaux, who was referred to as “Baroness”, just like the title Knocker used. Towards the end of the war, they moved to Berlin, and then to Austria. Sentenced to life imprisonment in Belgium, he died in Rome in the 1950s.⁶⁷ Knocker’s reference to his death in Italy shows that she might have been aware of the changed circumstances of her second husband, the highly decorated Belgian aristocrat, but her emphasis on the circumstances of his death—shot down in action, mentioning neither by whom nor on which side he was on—was her attempt to sanitise the personal history of the Belgian Baron who colluded with the Germans during the Second World War.

⁶⁵ T’serclaes, Baroness de. File: Liddle/WW1/WO/123. Liddle Collection, Brotherton Library, Leeds.

⁶⁶ Baroness de T’Serclaes, *Flanders and Other Fields: Memoirs of the Baroness de T’Serclaes, M.M. Order of St. John, Order of Leopold II* (London: George G. Harrap & Co. Ltd., 1964), 84.

⁶⁷ Atkinson, *Elsie and Mairi*, 245–47.

Chisholm had also found out that Knocker had divorced her husband and was not a widower after all who had claimed to have learnt horse-riding in Australia after the death of her husband. Atkinson reports that Chisholm had discovered the papers that Knocker had produced to establish that her first husband was dead. This had probably ended Knocker's and Chisholm's friendship after the War. In turn, almost sixty years later, Knocker refused to recognise Chisholm during a recorded interview with Liddle, first referring to themselves as "we" and then refusing to utter her name, asking Liddle: "Who do you say is the woman on the pictures?"⁶⁸ On Liddle clarifying that it was Mairi Chisholm, Knocker said: "Well I never looked upon her as anything but a stooge to me. A cleaner up [. . .] but she didn't know anything about wounds or anything like that."⁶⁹ In the conversation that follows, Knocker thrice refers to Chisholm as "stooge", saying that Chisholm did "all the donkey work" while she herself was "a very superior officer" who made Chisholm "work hard" for her.⁷⁰ She elucidated their relationship as "just the friendliness of an elder woman with a great deal of knowledge in her head to a girl who knew nothing. Training her and telling her what to do and where to go."⁷¹ These claims were in direct opposition to the war work carried out by "The Two" in Mitton's 1916 book.⁷² In Mitton's book, the two women become interchangeable: often unnamed, they become "one of them", and thus the work they each carried out become interchangeable too.⁷³ It is important here to point out that Mitton sees herself as "a recorder", who received the journals written by the two women and who was merely "running the two parallel journals together and omitting repetitions or details too small to be of general interest."⁷⁴ However, as Teresa Gómez Reus points out, the book has "all the outward trappings of an autobiographical text", especially because it is not Mitton's name

⁶⁸ Liddle/WW1/WO/123.

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² G. E. Mitton, *The Cellar House of Perysse: A Tale of Uncommon Things from the Journals and Letters of the Baroness T'Serclaes and Mairi Chisholm* (London: A & C Black, 1917).

⁷³ Ibid., ix.

⁷⁴ Ibid., x.

but the names of Knocker and Chisholm that appear in the title page, and the dedication (“to the splendid Belgian soldiers whom we have learnt to love”) is also in their voice.⁷⁵ Therefore the disconnect between this early text and Knocker’s late interview is extreme. Nevertheless, none of this lack of a sense of companionship is as shocking as Knocker’s calling Chisholm a “lesbian” and her narration of Chisholm’s court martial incident towards the end of the war. In the recording Knocker bluntly says:

“I don’t think I realised there was such a thing as a lesbian in those days. We were brought up so strictly. I didn’t know what a lesbian was. [. . .] She feels that she has been frustrated. I can’t think why because I would never dream of doing anything. [. . .] She was court martialled.”⁷⁶

It would possibly not be incorrect to conclude that the court martial did not take place in reality, as not only do none of the historical documents have a record of the incident, but also Imperial War Museum’s celebration of both the women’s war work, and their display of their diaries would likely not have occurred if one of them had been ignominiously court-martialled from service. Knocker’s claim about Chisholm’s homosexuality is also questionable. Although the former frames it as a sense of “frustration” on Chisholm’s part because of Knocker’s unresponsiveness, Laura Doan’s analysis of Chisholm’s diaries and the writings of women in the First World War Front reveals that women such as Chisholm had “a lack of sexual self-awareness”, and for them “sexuality—unthinkable, unmentionable—may have been a secret even from themselves.”⁷⁷

With such inconsistencies in her life-writing, Knocker has already broken the “autobiographical pact.” A reader unexposed to the range of life-writings on and by Knocker would be baffled by the absences in her late autobiography, but would not be aware of the

⁷⁵ Teresa Gómez Reus, “Fighting for Fame: The ‘Heroines of Pervyse’ and the Disputed Construction of a Public Image,” *Women: A Cultural Review* 23, no. 3 (2012): 307.

⁷⁶ File: Liddle/WW1/WO/123.

⁷⁷ Laura Doan, “Topsy-turvydom: Gender Inversion, Sapphism, and the Great War,” *GLQ* 12, no. 4 (2006): 533.

untruths that only a comparative reading of all the writings can expose. As in the chapter, I argue that these inconsistencies and absences are deliberate, leading to a fashioning of Knocker's self-identity and public image. Her image of a fiercely independent, hard-working woman, who became a celebrity during the war, sharpened over time, and got a final polish in 1964 by when the memory of the Second World War had blotted out some of the public memories on the hardships and sacrifices of the First World War.⁷⁸ A close look at Knocker's timeline for her self-invention also establishes Eakin's claim that "the creation of self in autobiography" is "made in the course of human development."⁷⁹ It can be argued that over the course of the development, the autobiographical subject performs a "history of recitations of the self."⁸⁰ On reading the transcript of Elsie Knocker's interview in 1973, one feels that her life appears to have been worked upon numerous times, touched by memory and retouched by personal emotions, to yield "subjective truth."⁸¹ Smith and Watson insist that life-writing is an "intersubjective mode" which "resides outside a logical or juridical mode of truth and falsehood."⁸² While they ask for the readers to "adjust" their "expectations of truth" in life-writing, I argue that the autobiographical subject's complicated relationship with truth reveals more about themselves than their invention of selves in the straight forward narratives of their life-writings.⁸³ Knocker's repeated insistence on the commendable hard work that she had carried out single-handedly right behind the Belgian trenches reflects not only her need to project herself as a strong, successful, and independent

⁷⁸ See also Reus's article who argues that Mitton's 1916 book was written in answer to Arthur Gleason's 1915 book, *With the First World War Ambulance in Belgium: Young Hilda at the Wars* which credited Helen Gleason with the formation of the advanced dressing station so near to the trenches. Also, in early 1915, an article in *L'Indépendance Belge* credited Lady Dorothe Feilding, another member of Munro's Corps with the formation of the station. Reus argues that Mitton's book excluded all other members of the Corps, and set the narrative as the dressing station being the product of the idea and hard labour of Elsie Knocker and Mairi Chisholm.

⁷⁹ Eakin, 8.

⁸⁰ Sidonie Smith, "Performativity, Autobiographical Practice, Resistance," in *Women, Autobiography, Theory: A Reader*, ed. Sidonie Smith and Julia Watson (Madison, WI: University of Wisconsin Press, 1998), 111.

⁸¹ Sidonie Smith and Julia Watson, *Reading Autobiography: A Guide for Interpreting Life Narratives* (Minneapolis: University of Minnesota Press, 2001), 13.

⁸² *Ibid.*, 17.

⁸³ *Ibid.*, 16.

woman, but also a society which had made women's attainment of accomplishments so difficult that it necessitated the reiteration of those achievements in case it got erased from public memory. Until her death, Knocker insisted on being addressed by the title she had received from her second husband—as “The Baroness de T'Serclaes M.M.”—even though she had not seen her husband since 1917, and then later had even refused to recognise him, replacing him instead with a distorted memory of a man who did not exist. She reiterates numerous times the various medals she received—the Order of Jerusalem II from Belgium, Military Medal, and the Order of St John of Jerusalem. Impressive accomplishments undoubtedly, but her rhetoric does not bear any hint of acknowledgement of the collective effort that went behind the *collective* receiving of those honours, since Mairi Chisholm received them too. The chapter shows how for Knocker, patriotism was not a driving motivation to volunteer for war; rather, her quest for self-fulfilment and her sense of adventure enabled her to take on severe challenges so close to the fighting Front. Her life-writings establish her achievements, and the untruths and incongruities in them reveal the process of her invention of her self. *Flanders and Other Fields* thus makes use of the genre of life-writing as wish-fulfilment.

The importance of memory in life-writing forms the second angle alongside fiction and truth, which shapes the triangle of subjectivity in life-writing. Writing life from memory and self-editing become important issues in Chapter Two which analyses Vera Brittain's war diary and her retrospective war memoir to compare her motivations to volunteer in the first place, vis-à-vis her representation of her motivation when she became a pacifist after the end of the war. While writing her post-war memoir in the late 1920s and early 1930s, Brittain revisits her war diaries, rereading her own writing, quoting “a typical day's entry” from them, and clarifying and editing instances.⁸⁴ Precariously poised between fictionalising herself and playing with truths and

⁸⁴ Brittain, *Testament of Youth*, 100.

untruths, memory becomes a major trope in her life-writing. Eakin observes that autobiography “expresses the play of the autobiographical act itself, in which the materials of the past are shaped by memory and imagination to serve the needs of the present consciousness.”⁸⁵ As the chapter demonstrates, Brittain does exactly this, labelling her act of volunteering to serve in the war as an “inferiority complex” since she was left alone in Oxford while her lover and brother had gone to the Front. Looking back at her calling to nursing in 1915, Brittain, now a staunch pacifist, reframes her signing up as a pacifist act, as only to serve her lover by proxy. Her war diary, *Chronicle of Youth*, records her initial enthusiasm for war, when she noted, “cold with excitement”, the flags of the Allied nations waving together.⁸⁶ Revisiting this incident in her retrospective war memoir *Testament of Youth* (now equipped with the knowledge the large-scale destruction of lives the war had caused, including losing her fiancé, brother, and two of her closest friends), Brittain clarifies that she was “childishly pleased” that Britain had “so many Allies”.⁸⁷ She notes her “delight” at the sight of her neighbour dressed in war uniform, but secretly believes that “when Edward [her brother] *does* get his commission he will be even more a figure to be proud of than Maurice”, yet in her memoir she notes that she was “guilty and miserable.”⁸⁸

Such revisionist instances do not go against the grain of life-writing. Instead, they are what make life-writing a complex genre. Since Brittain had been a prolific recorder of her life during the war, by the time she wrote her memoir fifteen years later, she already had a “received model of selfhood”.⁸⁹ The personal losses she incurred during the war and her experience in politics and the pacifist movement gave her a broader insight into her war experience, which enabled her to rewrite her memoir/ memory of the war years with a certain precision, and with

⁸⁵ Eakin, *Fictions in Autobiography*, 5.

⁸⁶ Vera Brittain, *Chronicle of Youth* (Anstey, Leicestershire: F. A. Thorpe, 1991), 179.

⁸⁷ Brittain, *Testament of Youth*, 102.

⁸⁸ Brittain, *Chronicle of Youth*, 187; Brittain, *Testament of Youth*, 99.

⁸⁹ Eakin, *Fictions in Autobiography*, 7.

what Eakin terms in a different context as “a mediation of the past by the present.”⁹⁰ While reading *Testament of Youth*, we meet two Vera Brittains: the V.A.D. who kept a diary of her war work, and the experienced, middle-aged writer who lived through the war and embraced anti-war activism. Thus the “autobiographical I” becomes split in the book, giving rise to what Smith and Watson call a “fluid boundary” between the two selves as the narrative voice negotiates between “the past” and “the complexities of identities forged in the present.”⁹¹ The chapter reads both of her life-writing texts, negotiating between the voices to uncover what had prompted the young Brittain to get embroiled in war, and analysing how Brittain explains her motivations to volunteer fifteen years later. Acknowledging the politics involved in remembering and the political nature of her retrospective memoir, but also not ignoring how her memoir was at the same time a tool for her to grieve and mourn her losses, the chapter reaches the complex core of Vera Brittain’s motivation for war work: an entanglement between devotion to her fiancé, hope to serve and tend to her lover’s body with her own, fear that she would be unable to overcome the barrier of experience that the men in her life would garner in the Front, and breaking down the barriers imposed upon her by the social constructs of her gender. Such a reading is possible only by listening to the plurality of narrative voices shaped by memory and experience in her life-writing texts.

Evadne Price, a successful popular writer and journalist, was approached by publisher Albert Marriott in 1929 to write an English, female response to Remarque’s German novel *All Quiet on the Western Front*, which had been published in the same year. On recommendation from Marriott, Price got in touch with a wartime ambulance driver called Winifred Young, who had documented her war experiences in her diaries. Apparently, Price then “locked herself up with

⁹⁰ Ibid., 56.

⁹¹ Smith and Watson, *Reading Autobiography*, 12.

the diaries for six weeks” and ultimately wrote *Not So Quiet . . .*⁹² Her own name does not feature anywhere in the book, and *Not So Quiet . . .* is published with Helen Zenna Smith’s name as author, who is also the protagonist and narrator—the autobiographical I. Chapter Three discusses the representation of the female body in war by female writers through close-reading this text, but the inclusion of such a text might appear to problematise a project on life-writing. Here I set out the case for the inclusion of *Not So Quiet . . .* in this thesis, as a distinct instance of the subgenre ‘autobiografiction’ and argue for its importance as a major text of female life-writing of the First World War.

At the outset, *Not So Quiet . . .* breaks what Philippe Lejeune succinctly calls the “autobiographical pact”: “What defines autobiography for the one who is reading is above all a contract of identity that is sealed by the proper name. And this is true also for the one who is writing the text.”⁹³ The name ‘Helen Zenna Smith’ is fictional, and neither Young, on whose diaries the book is based, nor Price who reframes the diaries, are mentioned by name in the book. Young’s own diaries are lost, so a comparative exercise to determine how fictive the autobiographical subject is, is impossible. Gertrude Stein, in the quote which opened this section, famously linked autobiography with fiction as “simply”. Critics since have commented on how that “simply” actually “belies the complexity with which that identification proceeds.”⁹⁴ In *Not So Quiet . . .* I ask who is the autobiographical subject, the fictional Smith or the real Young, and how much of her own subjectivity did Price pour into her pages as she renegotiated the margins and borders between the fictional character and the real woman. Yet, unlike Stein, Price does not merely ventriloquise the fictional Helen Zenna Smith or the real Winifred Young: in reframing Young’s diaries to produce *Not So Quiet . . .*, she answers Woolf’s call to write “the truth about

⁹² Marcus, Afterword, 266.

⁹³ Philippe Lejeune, *On Autobiography* (Minneapolis: University of Minnesota Press, 1989), 19.

⁹⁴ Smith, *Subjectivity, Identity and the Body*, 67.

[the woman's] own experiences as a body" in the First World War front, thus re-defining the "connections between subjectivity, identity, and the body."⁹⁵

Max Saunders declares that "[l]ife-writing is fundamentally intertextual."⁹⁶ Siegfried Sassoon's life-writing, for instance, *Memoirs of an Infantry Officer* (1930), drew heavily from his own war diaries to write the account of a fictional infantry officer, George Sherston. The women examined in my thesis had broken off from the mould of the life-writing of such men, to forge a separate written identity. What Price does with *Not So Quiet . . .* is not very different from Sassoon, but in doing so, she also delivers what her publisher had originally asked for: a female response to the masculine First World War narrative. Ultimately, this genre comprises a hybridity of texts which reflect the complicated nature of the neat demarcation between life-writing and fiction; Saunders helpfully lists them as when "a writer presents fictional experience in auto/biographical form" or when, "instead of writers presenting their own experience as those of others, they present others' experiences as if those others were writing about them autobiographically, or were being written about biographically."⁹⁷ An example of the former is Irene Rathbone's *We That Were Young* written in the third-person, but drawn from her own wartime experiences, making it semi-autobiographical. My own treatment of this text in this thesis is not extensive: I read it for its presentation of war wounds and mutilated bodies (in Chapters Two and Three), especially in comparison with the memoirs of Dent which claimed to be authentic but glossed over the gruesome details of war wounding. I believe that the technical precision with which Rathbone writes about physical injury is derived from her own experience of war nursing, and (ironically) renders an authentic tone to a semi-fictional novel when read alongside a published diary that claims authenticity. Evadne Price's *Not So Quite . . .* is a radical

⁹⁵ Ibid.

⁹⁶ Max Saunders, *Self Impression: Life-Writing, Autobiografiction, and the Forms of Modern Literature* (Oxford: OUP, 2010), 5.

⁹⁷ Ibid., 208.

example in the genre of life-writing where writers have grappled for years with issues of memory, self-invention, subjectivity and representation, and fiction.

The Body in Life-Writing

In carving out their distinctive identity as the “autobiographical I” in the masculine genre, the writings of these women, their *l'écriture féminine*, works to “structure a language closer to the female body.”⁹⁸ Chapters Three and Four are positioned by keeping what Butler calls the cultural constructs of the “boundaries of the body” in mind: Chapter Three is solely about the bodies of the women, how they articulated desire, how their bodies survived in the heightened atmosphere of a war hospital, and how their bodies coped with illness.⁹⁹ The chapter division is like a border separating their own bodies from the wounded bodies of the soldiers, as Chapter Four looks at the representations of the mutilated soldiers’ bodies in the writings of these women. An important strand running through the chapters is that despite women touching (and treating) the bodies of men, their own bodies are *la zone interdite*. The third chapter re-centres their bodies in the genre of First World War life-writing and uncovers moments of desire as well as silences around physical suffering.

Chapter Three builds on Virginia Woolf’s statement about the problems and the necessity for women to speak “the truth about [their] own experiences as a body.”¹⁰⁰ It first uncovers the articulation of desire and the frank representation of their bodies in the life-writings of these women vis-à-vis the regime of purity and virtue that they were brought up with. When Bagnold’s secret passion for a wounded soldier-patient was exposed, the patient was hastily transferred to

⁹⁸ Elizabeth J. Ordóñez, “Inscribing Difference: “L’écriture Feminine” and New Narrative by Women,” *Anales de la literatura española contemporánea* 12, No. 1/2, Reading for Difference: Feminist Perspectives on Women Novelists of Contemporary Spain (1987): 46.

⁹⁹ Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990), 179.

¹⁰⁰ Virginia Woolf, *The Death of the Moth and Other Essays* (London: The Hogarth Press, 1947), 153.

another hospital and his bed and locker cleaned before she arrived for her shift. Bagnold's writing and publishing of the "truth" of the physical demands of her work, resulting in her expulsion from the Royal Herbert Hospital at Woolwich where she worked as a V.A.D., is the punishment some of these women were subjected to for a symbolic contravention of the social norms imposed upon them. The normativity of female-only boarding schools, which continued manifesting in the V.A.D.s "ardent longing to be alike" in their new hospitals, was criticised by Bagnold, and was subverted by Helen Zenna Smith's portrayals of female friendship and intimacy in the female-only living quarters of ambulance drivers. The women in *Not So Quiet . . .* warmed each other's beds with hot water bottles and made hot cocoa for fellow ambulance driver completing a late-night shift, embodying what Carolyn Heilbrun had noted as the "sole saving grace of female friendship", namely recognising each other as "fellow achievers and fighters in the same public domain."¹⁰¹

In her essay 'On being Ill', Virginia Woolf laments that despite how "common" illness is, it is "strange indeed that illness has not taken its place with love, battle, and jealousy among the prime themes of literature."¹⁰² Chapter Three discusses the moments of illness—the sick sister's ward—recorded or hidden in the life-writings of the V.A.D.s and nurses of the First World War. While some V.A.D.s spoke out about their physical exertion and of their bodies giving way or "breaking out" into illnesses, mental illness, shock, and war trauma are almost completely hidden from their life-writings and the chapter is thus compelled to prise open such testimonies. Woolf argues that "All day, all night the body intervenes; blunts or sharpens" but in intellectual work, "there is no record" of the "daily drama of the body."¹⁰³ Yet the primary reason she gives for this

¹⁰¹ Carolyn Heilbrun, *Writing a Woman's Life* (New York: W. W. Norton, 1988), 75, 72. See also: Julia Watson, "Unspeakable Differences: Politics of Gender in Lesbian and Heterosexual Women's Autobiographies," in *De/Colonizing the Subject: The Politics of Gender in Women's Autobiography*, ed. Sidonie Smith and Julia Watson (Minneapolis: University of Minnesota Press, 1992), 139–68.

¹⁰² Virginia Woolf, "On Being Ill," *New Criterion*, 32.

¹⁰³ *Ibid.* 32–33.

absence is the “poverty of the language”.¹⁰⁴ Therefore the chapter examines medical diagnostic language as instances of recording their war-life and war-work—what Janine Utell, in the context of Woolf, argues is “[A] narrativisation and aestheticisation of symptomology, allowing for the story of the sick person to be told through the evidence presented by the body”.¹⁰⁵

After giving in to illness and sinking into bed, Woolf writes that, “we cease to be soldiers in the army of the upright; we become deserters. They march to battle.”¹⁰⁶ This astonishing military metaphor would amply explain the struggle and the collective silence surrounding the image of the sick war nurse. In her reading of Woolf’s essay, Hermoine Lee notes that:

As the images cohere, a satire on conformity begins to emerge. The ill are the deserters, the refuseniks. They won’t accept the ‘co-operative’ conventions. [. . .] There is a faint suggestion that in separating themselves from the army of workers, the ill are like pacifists or non-combatants, unconscious objectors who nevertheless have their own battles to fight.¹⁰⁷

The military image of deserters deserting the scene of battle, when compared with the image of the sick nurse confined to bed, makes clear the anxiety in the collective silence around the frank representation of the sick nurse’s body. On re-examining the life-writings of the V.A.D.s and nurses of the First World War as important instances of the sick female body recorded in the genre, I would like to begin with the absence in the recording as an important point: Nurse O’Reilly, a V.A.D. in Irene Rathbone’s *We That Were Young*, after suffering from a cough for days, “suggests” that she had “perhaps better go sick.”¹⁰⁸ On being told that “There’s nothing the matter with you at all Nurse” by the Matron, O’Reilly decided that “nothing in heaven or earth

¹⁰⁴ Ibid. 34.

¹⁰⁵ Janine Utell, “View from the Sickroom: Virginia Woolf, Dorothy Richardson, and Writing Women’s Lives of Illness,” *Life Writing* 13, no. 1 (2016): 31.

¹⁰⁶ Woolf, “On Being Ill,” 37.

¹⁰⁷ Hermoine Lee, *Body Parts: Essays in Life-Writing* (London: Chatto & Windus, 2005), 92.

¹⁰⁸ Irene Rathbone, *We That Were Young* (New York: The Feminist Press, 1988), 229.

would induce her ever to report sick again.”¹⁰⁹ O’Reilly ultimately died of bronchial pneumonia. Her death is a result of the metaphorical absence of the articulation of the sick female body in their writings. Even when the sick female body is recorded, such as by Vera Brittain, the focus is not on the body itself. Brittain records the “loud and continuous noises” in the Fever Hospital, along with the noises from the streets and of life outside.¹¹⁰ It is as if the “Sick Sister’s Ward” becomes too taboo to record in their life-writings, as if when the women’s bodies themselves broke down, it signalled a breakdown in the neat system which had entrusted women to repair men’s bodies, and as if there is an inherent dichotomy in the idea of a sick nurse. A sick war nurse figuratively withdraws her duty to heal the wounded soldier, and thus becomes a “deserter”. The Sick Sister’s Ward becomes an impossible place, mentioned rarely and only in passing, with no information on its exact location, until the reader realises that the Sick Sister’s Ward existed simultaneously, in the very same building as the wounded soldiers’ wards. In the swift removal of the nurse to the unspecified Sick Sister’s Ward, with her ill body hidden from view, she is othered.

Woolf’s recognition of the failure of language to record illness in literature is followed by a suggestion:

Yet it is not only a new language that we need, primitive, subtle, sensual, obscene, but a new hierarchy of the passions; love must be deposed in favour of a temperature of 104; jealousy give place to the pangs of sciatica; sleeplessness play the part of villain, and the hero become a white liquid with a sweet taste— that mighty Prince with the moths’ eyes and the feathered feet, one of whose names is Chloral.¹¹¹

Such candid “hierarchy of the passions” is missing from the life-writings of these women, but Chapter Three ends with recovering and close-reading instances of mental trauma in their

¹⁰⁹ Ibid., 229–230.

¹¹⁰ Vera Brittain, *Testament of Youth* (London: Penguin Books, 2005), 265–66.

¹¹¹ Woolf, “On Being Ill,” 34.

writings and resorts to analysing contemporary medical literature on war neuroses to understand the extent of hidden trauma and its after-effects concealed in their writings.

Woolf passingly remarks on the incomprehensibility of illness when she writes that “the experience cannot be imparted.”¹¹² Chapter Four records the anguish in the writings of the nurses at their incomprehension of the physical pain suffered by their soldier-patients. It argues that on recognising the inherent unsharability of pain and experiencing an acute loneliness on being a visual spectator of writhing pain among their patients, these nurses articulate an overwhelming sense of shame. The focus of the body shifts in this chapter, moving from the body of the nurses to the body of the wounded soldiers they are treating, and witnessing as the latter mend, heal, or succumb. The women’s own bodies had been marginalised and were often the object of the male gaze. This chapter therefore restores the power in the hands of these nurses as they look at and write about the helpless, mutilated body of the soldier-patient in pain. Following on from reading medical language to decipher lived experiences of the body as set out in the previous chapter, Chapter Four pairs military-medical diagnosis of severe wounds with representations of the mutilated body in art and culture. This helps to understand how the nurses coped with and wrote about the broken bodies they witnessed and treated every day in their life-writings.

Life-Writing and Race

This thesis highlights the life-writings of nurses of the First World War, arguing that their writings are important and valuable in a landscape dotted almost entirely by male experiences. These women worked in a “No Man’s Land”, articulating the experiences of their bodies and representing the bodies of the mutilated men they treated. However, the fact that their work was pioneering does not qualify them to be exempt from critical investigation and, indeed, from

¹¹² Ibid., 35.

censure. Chapter Five looks at how these women treated race in their life-writings, arguing that no scholarship on First World War nursing work is complete without a study of the medical treatment of numerous non-white colonised soldiers who served in the various theatres of war. As I demonstrated earlier in the review of literature, historical scholarship on First World War nursing and medical services conspicuously leaves this important question of race and medical treatment out of its pages, and while decolonial and postcolonial life-writing are important areas of scholarship in Life-Writing theories, not enough theoretical work has been carried out on the intersection of whiteness-writing-race and life-writing. One notable exception to the former is Alison Fell's chapter, where she considers the representation of colonial troops by mostly French nurses, noting that some nurse-narrators "simply reproduce the existing colonial clichés" or "express a fascination" with their bodies that "goes far beyond their official status as 'white angels'."¹¹³ Chapter Five delves into the archives to read and uncover instances of racial anxieties and representations of race in the writings of British nurses. However, before reading the writings of the nurses, the chapter critically reads the silences around the representation of racial bodies in most First World War fiction and memoir. The absence of non-white bodies in the life-writings of most of the texts read in this thesis is because of the deliberate erasure of wounded colonised soldiers from the borders of Britain and the policy of "No nurses for Indians" set down by the British colonial state. The chapter first reads this policy as originating from fears of miscegenation, which led to the absence of English nurses from the bedsides of the non-white soldier in most British hospitals, and consequently, from the pages of the former's life-writings as well.

At the core of the chapter lies the distinctly female orientalisising gaze of the nurses representing the bodies of non-white soldiers in their diaries. When considering their writings of the mutilated white soldier's body, I write about the margins or borders between them on one side, and the nurse's quivering body on the other. Nowhere is the border between bodies more

¹¹³ Alison S. Fell, "Nursing the Other," 160.

pronounced as in their writings about the non-white soldiers. It appears that in writing the latter's bodies in ink, the nurses cross the margin separating them from white men, "our [white] boys", to collectively look at the racialised, often wounded, body of the non-white soldier. Their life-writing reveals that they place whiteness and imperialism at the centre of their war work, and their war experiences: the common tropes they employ are infantilisation of the wounded soldiers and fetishisation of their skin, as well as an outright dislike and hatred of them and assumptions on their (in)competency solely on the basis of their skin colour.

The life-writings of Australian nurses are multi-layered. Originating from a country that practised 'White Australia Policy' which kept out non-white people from its borders and waters, these nurses exhibited discrimination in their treatment of non-white patients when posted outside Australia, practising discrimination along the lines of colour, culture and space. Their writings also reveal their attitudes towards their colleagues: they demonstrated distinct status anxiety towards British nurses and they racially profiled and abused their mixed-race colleagues in India. Their private letters are rich sources where they gave vent to their emotions and prejudices. These letters—an important form of life-writing—help to understand the complexity and emotions behind the war work carried out by these women.

It is appropriate to end by thinking about the role of imperialism in this project. All the nurses discussed in this thesis (in fact all the women written about in the scholarship covered in the literature review) are white imperial, even when they inhabit completely white spaces bereft of non-white bodies. Their whiteness was normative, just as much as the scholarship on their writings has been normatively white. Recognising their non-white patients was the first step in decolonising the scholarship. Acknowledging the existence of mixed-race colleagues was the next.¹¹⁴ An extension of this project would consider the presence and vital role of non-white

¹¹⁴ I have published on Indian doctors' life-writings while in Mesopotamia recording the fighting, their military medical work, and the experience of being captured as PoWs. See: S. Bonnerjee, "The Home and the World: War-Torn Landscape and Literary Imagination of a Bengali Military

doctors and medical orderlies who worked alongside these nurses in positions superior or equal to them.

In the process of articulating the role of the nurse in the First World War, this thesis exposes the complexity of the self as function. The First World War nurse inherited nineteenth-century norms from Nightingale, but lived and worked alongside the feminist, modernist, and sexual upheaval of the war years. As a result of this juxtaposition, they gave rise to new norms. As Helen Zenna Smith, Vera Brittain, and Enid Bagnold showed, they grew eloquent about the desires of their own body. They represented a complexity in their attitude to Empire and imperialism: the expectation of empathy from the nurse's role often got distorted when the same nurses treated wounded soldiers from the colonies. As the war progressed, there also grew a complexity in their treatment of the wounded enemy soldier. As the disillusionment surrounding the war became more rampant, many nurses such as Vera Brittain realised the helplessness of the combatant following orders, irrespective of which side of the battlefield they fought.

But the dying patient was not much interested in the forgiveness of his sins; the evil from which neither friends nor enemies could deliver him prevailed all too obviously.

“Schwester, liebe Schwester!” he whispered, clutching at my hand. *“Ich bin schwach—so schwach!”*

When I came back from luncheon, he too had died, and Hope Milroy was sitting exhausted at the table.¹¹⁵

In Brittain's and Florence Farmborough's meticulous recording of the deathbed mutterings of dying enemy soldiers one could begin to trace a change in heart for many nurses, from a sense of

Doctor in Mesopotamia during World War I” in *Landscapes of the First World War*, ed. Selena Daly, Martina Salvante and Vanda Wilcox (Basingstoke: Palgrave Macmillan, 2018): 157–70.

¹¹⁵ Brittain, *Testament of Youth*, 379.

Translation from German: “Sister, dear Sister!” . . . “I am weak—so weak!”

duty to their motherland to a strong belief in pacifism. Ultimately, by reading the life-writings of these women, this thesis will demonstrate a technical transformation of the caring ethic of nineteenth-century womanhood, with the outbreak of the First World War.

Chapter I

From Kaiserswerth to the Crimea: Florence Nightingale's Life-Writings and Her Legacy

The Lutheran *Diakonissen* (deaconesses) of the Kaiserswerth nurses' association, Germany, provided one of the largest contingents of nurses during the First World War, nursing German soldiers under the flag of the German Red Cross. The *Diakonie* at Kaiserswerth has been hailed as the cradle of the European *Mutterhaus* (Motherhouse) tradition of nursing. Established in 1836, its founder, the Protestant priest Theodor Fliedner, articulated several reasons for its foundation, chief among which was his awareness of the care meted out to female prisoners by women in England through the work of Elizabeth Fry.¹ *Frauenvereine* or women's organisations were first formed during the German Wars of Liberation against France, between 1813 and 1814. During that time, women not only regulated supplies for the army and worked as nurses, but also dressed themselves as soldiers and fought in battle.² Despite the dismantling of these *Frauenvereine* after the Wars, Fliedner was aware of the nature of work they were capable of and established a similar organisation in his *Diakonie*, where women tended to the sick as well as looked after female prisoners. During the First World War, the nurses of the Kaiserswerther *Diakonissen*, the volunteers for the German Red Cross, and nurses from other *Mutterhäuser* in

¹ Jutta Schmidt, *Beruf: Schwester Mutterhausdiakonie im 19. Jahrhundert* (Frankfurt am Main: Campus Verlag 1998).

² Eleonore Prochaska (1785–1813) was idealised as *die Potsdamer Jeanne d'Arc* (Potsdam's Joan of Arc). Johanna Stegen (1793–1842) rushed to help German soldiers of the 1st Pommerschen Infantry Regiment as they fought against Napoleonic Troops near Luneburg, with ammunition hidden beneath her apron. Anna Lühring (1796–1866) was inspired by the death of Eleonore Prochaska, and with the fall of Bremen, she dressed up in her brother's clothes and joined Lützlow Free Corps under the name Eduard Kruse at Jülich.

Germany were absorbed by the Imperial Commissar and Military Inspector for Voluntary Nursing, which comprised two-fifths of the total German medical personnel in the War.³

Sixty-four years before the outbreak of the First World War, between July 31 and August 13, 1850, Florence Nightingale visited the Institute of Protestant Deaconesses at Kaiserswerth for the first time. From the mid-1840s, the Institute was not only looking after the sick, but was also providing opportunities for women to train as nurses. In 1851, Florence Nightingale spent four months at Kaiserswerth, training as a nurse, before returning to England and inspecting hospitals in Edinburgh and London.

This chapter will read the life-writings of Florence Nightingale during her training at Kaiserswerth. Its purpose is twofold: it will not only establish Nightingale as the originator of the genre of war nurse life-writing, but in doing so also demonstrate how the nursing history of Britain and Germany were intrinsically interconnected with each other. Nightingale invented the iconography of the war nurse, defining what the (war) “nurse” should be in her numerous publications such as *Notes on Nursing*, *Notes on Hospitals*, and *Notes on Matters Affecting the Health, Efficiency, and Hospital Administration of the British Army, Founded Chiefly on the Experience of the Last War*. Nightingale’s nursing reform in Britain has been the subject of numerous analyses, from Judith Moore focusing on the recruitment of the right kind of nurses, and Alison Bashford’s and Mary Poovey’s works on the gendering of the Victorian medical profession, to Jane Brooks’ research on nineteenth-century nursing probationer schemes.⁴ This chapter, on the other hand, reads Nightingale’s writings from her nurse training at Kaiserswerth and, by comparing them

³Regina Schulte, “Die Schwester des kranken Kriegers: Krankenpflege im Ersten Weltkrieg als Forschungsproblem,” in *Die verkehrte Welt des Krieges: Studien zu Geschlecht, Religion und Tod*, ed. Regina Schulte (Frankfurt: Frankfurt/M., 1998), 95–116.

⁴Judith Moore, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England 1868–1883* (Athens, GA: University of Georgia Press, 1988); Alison Bashford, *Purity and Pollution: Gender, Embodiment and Victorian Medicine* (Basingstoke: Macmillan Press, 1998); Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (Chicago: University of Chicago Press, 1988); Jane Brooks, “Structured by Class, Bound by Gender: Nursing and Special Probationer Schemes, 1860–1939,” *International History of Nursing Journal* 6, no. 2 (2001): 13–21.

with her later writings in the Crimea, demonstrates how her war nursing work and reform as well as her later implementation of nursing reform in Britain were based heavily on her German training, thus rendering an ironic strain into the study of British nursing work during the First World War. Similarly, her nursing legacy has also been assessed many times, with Monica Baly studying the influence of the early Nightingale schools and Siobhan Nelson and Anne Marie Rafferty analysing the “continuing legacy and impact of her work” which they believe still “influence” the nursing profession.⁵ This chapter considers Nightingale’s legacy in a completely different light: how her image in the Crimea subsequently influenced the image of the nurse in the First World War, influencing not only how volunteer nurses of the First World War fashioned themselves (or distanced themselves) from the Nightingale image, but also how the hybridity of the image of the Nightingale nurse gave rise to the heterogeneity in the different kinds of First World War nurses.⁶ The texts I refer to here are her personal essay, *Cassandra*, her diary entries and letters written between 1848 and 1860, now compiled as part of the sixteen-volume edition of her collected writings by one of her most prolific editors, Lynn McDonald, and Mark Bostridge’s thorough biography, *Florence Nightingale: The Woman and Her Legend*.

This chapter serves a foundational role in the whole thesis. By reading the life-writings of Nightingale, it establishes how the most important nursing figure in British history established this specific sub-genre. Nightingale’s personal writings anticipate most of the concerns of this thesis. Bostridge calls Nightingale a “compulsive autobiographer” and notes that her letters reveal her “extraordinary versatility and intellectual power.”⁷ Her letters home from the Crimea would be “bowdlerized prior to circulation” because of the vivid description of war wounds which Nightingale found fascinating, but which earned the disapproval of the military-medical

⁵ Monica E. Baly, *Florence Nightingale and the Nursing Legacy* (London: Croom Helm, 1986); Siobhan Nelson and Anne Marie Rafferty (eds), *Notes on Nightingale: The Influence and Legacy of a Nursing Icon* (Ithaca: ILR Press, 2010), 6.

⁶ For an analysis of the image of the nurse across media, see: Julia Hallam, *Nursing the Image: Media, Culture and Professional Identity* (London: Routledge, 2000).

⁷ Mark Bostridge, *Florence Nightingale: The Woman and Her Legend* (London: Penguin Books, 2009), 7.

institution.⁸ Such censorship was repeated sixty years later with the letters and writings that First World War nurses sent home or published: American nurse Ellen La Motte's 1916 book *The Backwash of War* was withdrawn from circulation for its gruesome depiction of the physical effect of warfare.⁹ Some descriptions of Nightingale's work at the Crimea closely mirror that of First World War nurses in the Western Front. In a letter to Nightingale's sister Parthenope, Charles Bracebridge wrote:

The night scenes are quite Rembrandt. Florence, the Medical Inspector General S. G. Osborne [. . .] & orderlies with candles surrounding a poor fellow on the ground with his arm off. Our Prioress with a flowing veil, kneeling over a man, & mopping with a sponge his bleeding leg. Florence & Sister George binding up a stump, the surgeon on one side, the orderly with a light on the other.¹⁰

The description of the nurses and orderly at work match closely with Mary Borden's description of nurses at work on a soldier's mutilated body, and I too use the analogy of Rembrandt's painting in Chapter Three while discussing a similar passage.

In addition to Nightingale's selection of genre and her pattern of nursing work, the other important factor in which she mirrors the experiences of First World War nurses (and which I analyse extensively in the following chapters) is the experience of the sick nurse. While working in the Crimea, Nightingale would often give in to exhaustion, collapsing with an "attack of severe palpitations", or her lips would turn "quite blue with exhaustion."¹¹ Her physical exertion anticipates the records of toil of First World War nurses who worked long gruelling hours in hospitals. After she returned from the Crimea, Nightingale exhibited symptoms that contemporary commentators and later biographers would label as "neurasthenia": "profound

⁸ Ibid., 228.

⁹ Hazel Hutchison, *The War That Used Up Words: American Writers and the First World War* (New Haven, CT: Yale University Press, 2015).

¹⁰ Bostridge, *Florence Nightingale*, 227.

¹¹ Ibid., 322–23.

exhaustion, continuing insomnia, breathlessness and severe nausea at the merest sight of food [. . .] weakness, syncope”.¹² Many First World War nurses suffered silently from war neuroses for years after the end of the War. Although Nightingale’s decades-long illnesses received a lot of visibility due to her being a public figure, symptoms of war neuroses among First World War nurses, as I point out later in this thesis, are hidden in their life-writings and have to be deciphered through close reading. As I argue later in this thesis, these nurses were witnesses to horrific (often fatal) wounds and performed their duty of caring for wounded soldiers very close to the combat zone. The act of witnessing along with the fact that they were often subjected to shelling and extreme physical exertion led to war neuroses amongst nurses of the First World War. As part of her work in the Crimea, Nightingale not only organised the military-medical system and the Front hospital, but she was also witness to horrific battle wounds and high fatality rates among British soldiers.¹³ In 1856, surgeon Thomas H. Burgess published a series of articles in *The Lancet* titled “Sketches of the Surgery of the War. From Military Hospital, Portsmouth” where he described cases of the Crimean war wounds from gun shots, round-shot wounds and shell-wounds among others and their treatment. In the July 5th issue he refers to the case of Private John Arms who was wounded by shell explosion at Inkermann. His wound deteriorated so severely while in hospital that the smell was considered “foul and offensive” and orderlies “refuse[d] to go near the wound.”¹⁴ Arms ultimately succumbed to his war wound and Burgess notes that “[a] few hours after his death, the body was so putrescent that no one could go near it.”¹⁵ Nightingale dealt with such cases while at the Crimea, and although she had trained

¹² Sir Edward Cook, *The Life of Florence Nightingale*, vol 1 (London: Macmillan and Co. Limited, 1913), 493; Bostridge, *Florence Nightingale*, 305, 325.

¹³ For the chaotic state of British hospitals in The Crimea, the bureaucratic inefficiency of British military-medical services in the nineteenth century and Nightingale’s work to make this right, see: Bostridge, *Florence Nightingale*, 217–300; Hilaire McCoubrey, “Before “Geneva” Law: A British Surgeon in the Crimean War,” *International Review of the Red Cross* 304 (1995).

¹⁴ Thomas H. Burgess, M.D., “Sketches of the Surgery of the War. From Military Hospital, Portsmouth,” *The Lancet* (July 5, 1856): 4.

¹⁵ *Ibid.*

as a nurse, as the following section will demonstrate, her training at Kaiserswerth would not adequately prepare her for the extent of war wounds and diseases in the Crimea: there was an epidemic of gas gangrene leading to “fulminating infection with severe toxæmia, collapse and death often in less than 24 hours from the onset of the symptoms” with a simultaneous cholera epidemic.¹⁶ Although Nightingale seemed fascinated by such wounds, her war trauma manifested itself in the form of “living skeletons” which haunted her for years after her return:

She was haunted by thoughts of the ‘living skeletons’ of that dreadful first winter; men, ulcerated and covered with vermin, who wrapped their heads in their blankets, and died without uttering a word. Overwhelming herself with work might at least keep these memories at bay. Almost a decade after the war, she was to look back, and shudder at the memory of the ‘slaughter houses’ of Scutari. It was like ‘a horrid spectre’ that she was afraid of conjuring up from the dark corners of her mind, where it was ever present, waiting to spring out on her.¹⁷

Nightingale’s fear of being haunted by this spectre echoes the fears of many First World War nurses: V.A.D. Claire Tisdall recalls how her experience at the Somme “still haunts” her sixty years after the battle.¹⁸ Another instance of Nightingale’s sickness exactly mirrors Vera Brittain’s experience. As Nightingale’s boat left Malta on the way to the Crimea, she was reported to be “suffering” in her cabin, until a few days later she “staggered” on deck, “looking very worn.”¹⁹ Vera Brittain, along with nurses she had shared her cabin with, suffered similarly on their journey to Malta over sixty years later, enduring “shivering fits and a stiffening of the limbs.”²⁰ When

In Chapter Four I close-read descriptions of horrific war wounds, especially of gas gangrene, written by First World War nurses.

¹⁶ J. Shepherd, *The Crimean Doctors—A History of the British Medical Services in the Crimea*, vol. 2 (Liverpool: Liverpool University Press, 1991), 474–75.

¹⁷ Bostridge, *Florence Nightingale*, 299.

¹⁸ Lyn Macdonald, *The Roses of No Man’s Land* (London: Papermac, 1984), 165.

¹⁹ *Ibid.*, 218.

²⁰ Vera Brittain, *Testament of Youth* (London: Penguin Books), 300–1.

they docked at Valletta, nurses were carried off the boat on a stretcher and taken in ambulances to the Imtarfa Hospital. Nightingale's trauma, thus, is a spur to nurses' life-writing.

Nightingale's *Cassandra* offers a scathing indictment of patriarchal Victorian society and in several ways she anticipates the frustrations of V.A.D.s at the outbreak of the First World War, foreseeing the nuances that would make so many of these women volunteer to serve in the War. In *Cassandra*, Nightingale asks, "Is discontent a privilege?" She then clarifies by stating that "it is a privilege to suffer for your race—a privilege not reserved to the Redeemer and the martyrs alone, but one enjoyed by numbers in every age."²¹ She contextualises this against the background of the patriarchal society where women were barred from having "passion, intellect, moral activity", and it resonates with the dissatisfaction of women such as May Sinclair and Olive Dent who, on the outbreak of the First World War, found that their gender prevented them from actively participating in war.²² Nightingale's allegiance to race is echoed by Dent:

No matter what consolation is proffered, death is always an irreparable loss. But surely it is better to have it come when doing work that counts, work of national and racial weight, than to live on until old and unwanted.²³

Separated by sixty years, yet victim to similar restrictions due to their gender, these two women echo their need to serve their country and their "race" with the same amount of dedication as that of a male soldier. Yet this need and the recognition of the "privilege" are complicated: Nightingale's straightforward declaration of the "privilege to suffer" cloaks the intention of some women who used the roles made available to them during the First World War as a means to assert their independence. Nightingale declared in *Cassandra* the necessity for satisfaction in

²¹ Mary Poovey (ed.), *Florence Nightingale: Cassandra and Other Selections from Suggestions for Thought* (New York: New York University Press, 1992), 209.

There has been considerable research on the tensions between Victorian women's desires for a public life versus their duties to their families. See: Philippa Levine, *Feminist Lives in Victorian England: Public Roles and Private Commitment* (Oxford: Basil Blackwell, 1990).

²² Nightingale, "Cassandra," 208.

²³ Olive Dent, *A Volunteer Nurse on the Western Front* (London: Virgin Books, 2014), 165.

women, arising not out of marriage but by a passionate, active life, because “[i]n this cold and oppressive conventional atmosphere, they cannot be satisfied.”²⁴ Warfare and the division of labour contributing to war effort was still oppressive and conventional during the First World War, but the nurses exhibited various motivations in addition to patriotism and the feelings of “suffering” for one’s country to participate in war work. Chapter Two critically assesses this need and “privilege” by analysing their motivation. I find a parallel to their dissatisfaction in the personal writings of Florence Nightingale, and hence this chapter positions itself as a perfect precursor to that discussion.

Florence Nightingale in the Deaconess Institution at Kaiserswerth

Florence Nightingale learnt of the Deaconess Institution at Kaiserswerth from Christian von Bunsen, the Prussian Ambassador to Britain, and his English wife, Frances, who were friends of the family. She read the annual report of the Institution in 1847—ten years after her decision to devote herself to the service of others—and fixed on the Institution as a means of fulfilling her vocation. The inspiration she drew from the work at Kaiserswerth is reflected in a note she wrote on June 5, 1848:

Eschew prospectuses, they’re the devil and make one sick. [. . .] At Kaiserswerth a clergyman and his wife have begun, not with a prospectus, but with a couple of hospital beds, and have offered, not an advertisement, but a home, to young women willing to come. At Berne a Mlle Würstenberger, a woman of rank and education, goes to Kaiserswerth to learn, and her friend to Strasburg. They return and open a hospital with two rooms, increase their funds, others join them and are

²⁴ Nightingale, “Cassandra,” 208.

taught by them. . . . To publish first is as bad a practical bull as is the name of the Prospective Review.²⁵

It is unclear who this note was meant for. Nightingale's family was against the idea of her working as a nurse, despite her friends (including the von Bunsens) seeing Deaconess work as fitting for a woman of her position; and though respectful of her family's wishes, Nightingale was engaged in gently persuading her family to see the rewards of a life devoted to service. The tone she employs here to describe the kind of work carried out at Kaiserswerth shows that she was seeking praise for the Institute, and, at the same time, garnering approval for herself in her endeavour to get engaged in similar work.

Before she could visit Kaiserswerth herself, she recommended a visit to her Swedish friend, Selma Björkenstam—who was travelling in Germany and was already in Ems—in a letter written on July 5, 1849: "If you return down the Rhine do so [go] and see the Deaconesses Establishment at Kaiserswerth near Düsseldorf."²⁶ Nightingale finally spent two weeks at Kaiserswerth in 1850 at the end of her trip across Europe with the artist Selina Bracebridge and Bracebridge's husband Charles. She became acquainted with the workings of the Institution, and wrote a pamphlet upon the insistence of Pastor Fliedner, in order to introduce Kaiserswerth to English Christians. This pamphlet is a useful record not simply because it describes in great detail the working of each department of the Deaconess, and the role of every person associated with it, but also because it attempts to persuade English women to be involved in something similar, and provides a very substantial and convincing argument on the vocation's behalf.

Towards the beginning of the pamphlet, Nightingale announces, "The want of *necessary* occupation among English girls must have struck everyone."²⁷ She laments the lack of vocation

²⁵ Lynn McDonald, *Florence Nightingale's European Travels* (Waterloo: WLU Press, 2004), 489.

²⁶ *Ibid.*, 667–68.

²⁷ *Ibid.*, 494.

in the lives of women, comments how women suffer from ill health merely from having nothing particular to do, and writes how they, as a result, turn to marriage (despite not particularly caring for their husbands) to give themselves an outlet for their natural vocation of service and care:

And we must confess that, *in the present state of things*, their horror of being ‘old maids’ seems perfectly justified; it is not merely a foolish desire for the pomp and circumstance of marriage, a “life without love and an activity without an aim” is horrible in idea and wearisome in reality.²⁸

Having established the importance of a vocation for women, and how women’s lives have little value without it, she employs paradoxical religious metaphors—by drawing examples from Catholic Europe to demonstrate to readers in Protestant England the importance of the figure of the “deaconess”, and the employment of women in the service of the sick and the poor. She traces the figure of the deaconess from the fourth century Constantinople, eighth century in the Western church, in the Eastern in the twelfth, through to the “presbyterae” office of deaconesses in Bohemia in 1457. She emphasises that for these deaconesses, being in the single state was not just to attain a “super-eminent degree of holiness”, but for the opportunity to follow the vocation they wanted in complete freedom, relieved from the expectations of raising a family.²⁹ In order to ward away the prejudices of a religious Anglican reader, she clarifies that the figure of the deaconess existed first in the Protestant faith, and thus had not been simply borrowed from Roman Catholicism.

It thus appears that long previous to the establishment of the Order of Sisters of Mercy by St. Vincent de Paul, in 1633, the importance of the office of deaconess had been recognised by all divisions of Christians; and they accordingly existed, *free from vows or cloistered cells*. So many believe this to be an institution borrowed from

²⁸ Florence Nightingale, *The Institution of Kaiserswerth on the Rhine, for the Practical Training of Deaconesses*, 2nd ed. (London: London Ragged Colonial Training School 1851). Quoted in full in McDonald, *Florence Nightingale’s European Travels*, 492–513.

²⁹ McDonald, *Florence Nightingale’s European Travels*, 495.

the Roman Catholic Church exclusively and, on that account, are prejudiced against it, that we wish we had space to give numerous other proofs of the existence of the office at different times, among all churches, and earliest in those of the Protestant faith. We see, therefore, that God has not implanted an impulse in the hearts of women without preparing a way for them to obey it.³⁰

She explains the failure of the institution of the deaconess through the eighteenth century by attributing it to the absence of preparatory schools for deaconesses, and reassures her readers by writing, “This want is now supplied.”³¹ This want, of course, was supplied by the institution at Kaiserswerth, whose model had—by the time her pamphlet was written—already been replicated in other parts of western and central Europe.

Nightingale encloses her pamphlet with a letter to Theodore Fliedner from Gand (Ghent) dated August 19, 1850, asking him to publish it “as cheap as possible—not more than threepence”, if he intends for the “lower classes” to read it in England.³² To the average Victorian reader for whom this pamphlet was intended, the details of the Institution at Kaiserswerth would appear both impressive and remote, as nothing similar to it had existed in England. Nightingale writes in detail about the structure of the Institution—very Foucauldian in the design of segregated departments—starting with the penitentiary for women prisoners; an infant school, which at the time of her writing had already trained more than four hundred candidates for the office of the infant schoolmistress; a hospital, established chiefly as a school for training the deaconesses; an orphan asylum; and a seminary for industrial, day, and infant schoolmistresses, who here received a practical education in learning to teach, while passing through the orphan asylum, the infant school, the parish day school, and the children’s wards in

³⁰ Ibid., 496.

³¹ Ibid.

³² Ibid., 512.

the hospital. She draws on familiar perceptions of the English regarding nurses and hospital work as something which is thoroughly unladylike, and restricted to the working classes:

[W]e see, as everyone conversant with hospitals well knows, [. . .] inevitable where women of bad character are admitted as nurses, to become worse by their contact with the male patients and the young surgeons, inevitable where the nurses have to perform *every* office in the male wards, which it is undesirable to extract from women of good character.³³

However, she pacifies her readers by stressing how different Kaiserswerth is:

Let such as feel this go to Kaiserswerth, and see the delicacy, the cheerfulness, the grace of Christian kindness, the moral atmosphere, in short, which may be diffused through a hospital, by making it one of God's schools, where both patients and nurses come to learn of Him.³⁴

By equating nursing work with religion and godliness, she cleanses the stereotypical notions her readers would have associated with it. She stresses that in Kaiserswerth every woman is subject to the same privations and the same self-denial, and works for the same object: "One spirit, one love, one Lord."³⁵ She labels the attachment of the deaconesses of Kaiserswerth to their Motherhouse as "beautiful", and writes how often English parish clergymen as well as lady visitors "sigh for such an assistant".³⁶

Nightingale returned to Kaiserswerth for three months of training in 1851. She paid for her room and board, and was not paid anything in return for her work. However, her training at Kaiserswerth could hardly be construed as training merely to become a nurse: in addition to the hospital, she worked at the orphanage, at the training school for teachers, and at the asylum for

³³ Ibid., 499.

³⁴ Ibid., 502.

³⁵ Ibid., 500.

³⁶ Ibid., 509.

women prisoners. In her diary she records giving English lessons at the request of Caroline Fliedner, leading prayers, singing hymns, playing with children in the garden, taking them for walks and swims in the Rhine, and putting them to bed. She also mentions “begging in the town” for four afternoons and selling lottery tickets at a hotel to raise money. As I will demonstrate in the next section, these activities prepared her as much for hospital administration and fund-raising, as for nursing.

Nightingale shared a lifelong friendship with the Fliedners. She incorporated her Kaiserswerth training into her work first as an inspector of hospitals in London, and then as the manager of nurses in the Crimea, and wrote regularly to the Fliedners. She wrote to Samuel Gridley Howe in a letter in 1852 about how her experiences at Kaiserswerth were, “first rate—I wish the system could be introduced in England, where thousands of women have nothing to do and where hospitals are ill nursed by a class of women not fit to be household servants.”³⁷ In a letter to Theodor Fliedner dated July 29, 1861, she declared, “If I could, the wish of my heart would be to come to die at Kaiserswerth.” She continued to be in touch with them through the seventies, agreeing to be a godmother to one of their sons, Carl:

I would be delighted to serve as godmother to your dear new arrival in the world. May God bless him and guide him in the way his father and mother have passed. I have always refused to be godmother in England, where neither our law nor customs authorise us to do what we promised before God to do for our godchildren. But here, where I have no desire but that my godson follow his

³⁷ Samuel Gridley Howe (1801–1876) was an American physician. During their honeymoon in the summer of 1844, he and his wife Julia Ward, stayed in Embley Park, the seat of the Nightingales. Aware of his philanthropic work for the blind and his antislavery campaign, Florence Nightingale had asked him if it was unusual for a young woman to dedicate her life to the care of the sick, to which he had replied, “My dear Miss Florence, it would be unusual, and in England whatever is unusual is apt to be thought unsuitable; but I say to you, go forward if you have a vocation for that way of life; act up to your inspiration, and you will find that there is never anything unbecoming or unladylike in doing your duty for the good of others . . .” [Barbara Montgomery Dossey, *Florence Nightingale: Mystic, Visionary, Healer* (New York: Springhouse Publishing Co., 1999), 52.]; McDonald, *Florence Nightingale’s European Travels*, 581.

father's footsteps, it seems that I can accept with joy and gratitude what you have so kindly asked me. . . . Pray for me dear Pastor and accept my eternal gratitude.³⁸

She wrote a moving letter of condolence on learning about Fliedner's death in October 1864:

What news have you given me. It is as if I had lost a father—he was my first master on earth. When I was almost a child, one of the first reports to fall into my hands [was of Kaiserswerth] and that determined my life.³⁹

In a tribute to Theodore Fliedner in the December 1864 issue of *Evangelical Christendom*, she writes:

Pastor Fliedner created a hospital, a penitentiary and asylum for females released from prison, an orphan asylum, a normal school, an infant school, and lastly, a lunatic asylum—the whole to serve as training schools for his deaconesses, whom he also trained as parish deaconesses. The mother house was at Kaiserswerth. But his sisters are not only all over Germany, but all over the world, from the East to North America, from Italy to London. He has deaconesses at Jerusalem, Constantinople, Smyrna, Alexandria and Bucharest. And since 1860 he has (as stated in the number of *Evangelical Christendom* of October 1862) at Beirut and Sidon given a Christian harbour to the orphan children and sufferers from the Lebanon massacre, under his deaconesses' wing.⁴⁰

There were a few reasons for Nightingale to engage in such lush appraisal of Theodor Fliedner's work. It appeared that England was still not adequately informed of his contribution to the fields of nursing and welfare of women prisoners. In addition to that, she was desperately trying to raise money for the Fliedner family, who it appeared were left in destitution after Fliedner's death, especially since he had bequeathed everything to the Institution and had left very little for

³⁸ Ibid., 582.

³⁹ Ibid., 585.

⁴⁰ Ibid., 587.

his young family. Nightingale made substantial donations herself. She supported Carl Fliedner financially, and on November 19, 1880, she wrote to Sir Harry Verney, soldier and Liberal politician, to recommend Carl to Count Münster, for the post of House Surgeon at the German Hospital in London.

Hence it is extremely surprising to discover that from the late sixties onwards, Nightingale revealed negative views regarding Kaiserswerth in her private correspondences. One of the major disagreements that Nightingale had with Theodore Fliedner was the latter's opposition to women preaching. She wrote sermons herself and wanted to preach them. Nevertheless, she admired the simplicity and seriousness of Fliedner's faith, commenting on it even later in life. In the 1850 pamphlet, she writes how the unexampled plainness of his instructions to his nurses and his constant vigilance helped maintain order in the Institution. Nightingale had remained in the Church of England throughout her life, and the evangelism followed in Kaiserswerth suited her well. In a note to Dr Sutherland in January 1868, she wrote: "You know how dearly I loved Kaiserswerth, but I have never in all my life seen a hospital so ill managed, so beastly, so unhealthy."⁴¹ In a draft letter about Agnes Jones in 1896, she describes Kaiserswerth as "the worst trained nursing I ever saw, and the worst sanitary state of things."⁴² However, the very next year, in a note to the British Museum she wrote:

⁴¹ McDonald, *Florence Nightingale's European Travels*, 599.

⁴² At various times, Florence Nightingale called Agnes Jones "one of our best pupils" and "a woman attractive and rich and young and witty; yet a veiled and silent woman, distinguished by no other genius than the divine genius." [Lynn McDonald, *Florence Nightingale on Public Health Care* (Waterloo: WLU Press, 2004), 290]. However, in a private correspondence to Theodore Fliedner himself, Florence Nightingale unleashes a vicious attack on Agnes Jones, which would reveal the problematic relationship Nightingale herself had with people she worked or learned from, and will attempt to explain her vacillating opinion about Kaiserswerth in public and private. Florence Nightingale learnt about a letter Agnes Jones had written to Fliedner about the absence of Christian education in nursing institutions in London, and in the postscript of a letter dated July 29, 1861 (two years after she had already met Agnes Jones), she writes to Fliedner, "I do not know what Agnes Jones wanted to say on writing you that there was no Christian education in any of our "Institutions" in London. The request I have just made to you is on behalf of the superintendent and the bishop (for such an "institution") is indeed proof of the contrary. I have seen this little person who seemed to me to veil a total absence of religious modesty and

I was twice in training there myself. Of course since then hospital and district nursing have made giant strides. Indeed district nursing has been invented. But never have I met with a higher tone, a purer devotion than there. There was no neglect. It was the more remarkable because many of the deaconesses had been only peasants—none were gentlewomen (when I was there). The food was poor. No coffee but bean coffee. No luxury, but cleanliness.⁴³

It appears that her personal views of Kaiserswerth were negative as far as the nursing was concerned, and yet she appeared positive in her correspondences with the Fliedners, and in her public references to the hospital. This quotation also particularly exposes her idea about nursing as being a vocation for middle- and upper-class women—the women training at Kaiserswerth were “only peasants”. Her own contribution to the vocation of nursing was producing a better “class” of nurse. The sudden change of tone, especially towards people she was very familiar with, could possibly be attributed to her being disparaging to where she was trained, in order to show that she was exceptional in her work in her own right to her friends and acquaintances. It is poignant to read these personal correspondences, denigrating in tone, against the short entry in her diary from 1851 when, training as a nurse in Kaiserswerth, she had recorded Theodor Fliedner’s parting address to a group of newly-trained nurses:

You are going to your homes. You will now be able to read, not that you may answer questions, or that you may relate in the schools, but for yourselves, your own good. You will find many prejudices against this place. Show that you are not

discretion with the appearance of religious zeal. Twice she had written to persons (grey-headed in the service of the Lord), approved by him in his service, in a manner which she will never, for she has no depth—letters I can but qualify as impertinence. I counselled her to work twenty years for the Lord before mounting the pulpit. And I said to her that you would not ever approve of such a preacher.” [McDonald, *Florence Nightingale’s European Travels*, 583.]

⁴³ Note on 24 September 1897, in Cook, *The Life of Florence Nightingale 1*, 112–13.

Kopfhängende [timid], or dull, or censorious, but by love, bearing and enduring, by cheerfulness, hoping and forbearing, overcome these prejudices.⁴⁴

While it is natural to attempt to speculate the specific reasons why Nightingale exhibited a change in her attitude towards Kaiserswerth, it is important to point out here that her inconsistencies fits in with the tenets of life-writing theory. Nightingale's exhaustive letters, always addressed to a reader, enforces her necessity to have an audience, especially as she constructs a narrative and establishes it as the 'truth'. Sidonie Smith and Julia Watson point out that the "multifacetedness" inherent in life-writing "produces a polyphonic site of indeterminacy rather than a single, stable truth."⁴⁵ Nightingale recorded the details of her training at Kaiserswerth on a daily basis in her diaries that she kept at the time. These entries carried warm appraisals of the organisation of Kaiserswerth. Yet, a few decades later, in the letters she wrote to her friends, she denied having learnt anything useful at the Institute. In the meantime she had achieved the status of an icon and had also introduced change in the form of nursing and public health reforms. The "subjective truth" (to borrow the phrase from Smith and Watson) she described in her letters are indicative of what Susanna Egan has termed "mirror talk": "Neither the person nor the text can reveal any single or final truth, but both can provide activities of interpretation in which the reader is compelled to join."⁴⁶ Nightingale's subjective truth regarding Kaiserswerth (and Agnes Jones) and her evolving sense of self sets the precedent for the "impulse to self-invention" among First World War nurses: the following chapters reveal how nurse-writers such as Vera Brittain and Elsie Knocker let memory and imagination shape the past to "serve the needs of present consciousness."⁴⁷

⁴⁴ McDonald, *Florence Nightingale's European Travels*, 544.

⁴⁵ Sidonie Smith and Julia Watson, *Reading Autobiography: A Guide for Interpreting Life Narratives* (Minneapolis, MN: University of Minnesota Press, 2010), 16.

⁴⁶ Susanna Egan, *Mirror Talk: Genres of Crisis in Contemporary Autobiography* (Chapel Hill: University of North Carolina Press, 1984), 326.

⁴⁷ Paul Eakin, *Fictions in Autobiography: Studies in the Art of Self-Invention* (Princeton: Princeton University Press, 1985), 5, 7.

Although Nightingale did not always remember Kaiserswerth fondly, she has been immortalised at Kaiserswerth: in 1964, after more than a hundred years since her training, Kaiserswerth deaconess opened a new hospital and named it *Florence-Nightingale-Krankenhaus*.

Florence Nightingale: Translating German Work Ethic into English in the Crimea

The varied work that Nightingale had to do in Kaiserswerth, prepared her for the nature of administrative and nursing work in the Crimea. A comparative study of her notes from Kaiserswerth and from the Crimea highlights a pattern in her work, which can be traced to her training days in Kaiserswerth. Part of her work after Nightingale returned to Kaiserswerth in 1851 was copying out detailed job descriptions and schedules for the various departments, which provided valuable practical and administrative experience for the Crimea. Nevertheless, in addition to copying, Nightingale assisted in operations, worked in the apothecary, and prepared prescriptions, as well as performed the duties of a ward nurse in the men's, women's, and children's wards. At Kaiserswerth she spent nights by the bedsides of dying patients, an act which when continued in the Crimea during the War, would lead to her earning the title of "Lady with the Lamp". These clinical as well as administrative functions had undoubtedly prepared her first for Harley Street and eventually for the Crimea. In the Crimea, Nightingale first analysed the causes of the high mortality rate in the hospital, ascribed it to poor administration, and proposed immediate measures for the practical reform of the entire hospital. She implemented measures for the well-being of the soldiers by establishing coffee huts, furnishing reading rooms, providing educational and recreational facilities, arranging for the remission of money to be sent home, and also providing for the care of the wives and children of the soldiers. Working at the various departments at Kaiserswerth, from the penitentiary to the infant school, in the hospital, in the orphan asylum and in the seminary, ensured that Nightingale would later be able to move beyond the act of simply nursing wounded soldiers during the war. The work ethic at Kaiserswerth was

not just one of rigorous hard work, but as is evident, it relied on taking on several roles at once. In fact, it was because of her roles in each of these establishments while at Kaiserswerth, that she could later arrange for recreational facilities for soldiers in Scutari, and at the same time ensure that their wives and children were looked after.

Interestingly, in her letters from the Crimea, she writes little of clinical details. Her work as a “Barrack Mistress” involved cooking, washing, and the distribution of stores, while also actively pursuing a battle with the officials of the Purveyor’s Department. In a letter to Sidney Herbert on January 4, 1855, Nightingale writes:

I am afraid of getting back *today* to my immense first question how this Hospl. is to be purveyed—how, instead of living from hand to mouth,—we pouring in stores which are to be renewed again every 4 or 5 weeks, the men having left with all the stores on their backs—we ought to know (1) exactly how many beds there are in Hospital, purveyed ready for use (2) how many vacant, (3) how many patients to come in,—each ward ought to have its own complement of shirts, socks, bedding, utensils etc. etc. etc.—the new sick succeeding the old sick’s things—instead of keeping a Caravanserai, as we do—how the kitchen ought to be inspected—the washing do. clean shirts twice a week—instead of my cooking all the Extra Diets, getting all the vegetables thought necessary for scurvy—in fact I am a kind of General Dealer—in socks, shirts, knives & forks, wooden spoons, tin baths, tables & forms, cabbage & carrots, operating tables, towels & soap, *small tooth combs*, Precipitate for destroying lice, scissors, bedpans & stump pillows.⁴⁸

Nightingale, without doubt, took immense pleasure in being the “General Dealer” of everything the hospital could provide the wounded soldier; and in fact this passage harks back to a journal entry from July 16, 1851, during her time of training at Kaiserswerth:

⁴⁸ Sue M. Goldie, *Florence Nightingale: Letters from the Crimea* (Manchester: Manchester University Press, 1997), 63.

Women's Ward

6:15 A.M. On duty, the other sisters at breakfast.

7–9 A.M. Bedmaking, sweeping, combing, dressing wounds. Rubbing in ointment, the cod liver oil taken as early as possible, and not by the bedsides the night before to be ready.

9–9:30 A.M. I held prayers to the patients collected, while the other sister was doing her rooms, and had therefore turned them into mine.

10 A.M. Doctor's visit.

11–12:30 P.M. Two sulphur baths for Frau Marcus and Frau Brose.

12:30–12:45 P.M. We two dined.

1:30–2:00 P.M. Told them stories about Athens.

2:30–2:45 P.M. Coffeed or rather ryed.

3–4 P.M. I with three women to church, the others in the Kirchengzimmer, the rest in bed.

5–6 P.M. Took Adelheit Schulz, the one with the Flechten [plaits] a walk, first shopping in Kaiserswerth, then along the Rhine to the old ruin—very striking, the broad flowing river.

7:15–8 P.M. Verbinden [bandaging].⁴⁹

Nightingale's journal from Kaiserswerth records regular sweeping and cleaning of the rooms as well as of the patients' linen. Her preoccupation with hygiene as symptomatic with nursing began at Kaiserswerth, and continued her whole life; and in the Crimea she was determined to radically reform the sanitary administration of the hospital as well as of the army. This strain is

⁴⁹ McDonald, *Florence Nightingale's European Travels*, 519.

noticeable in another letter addressed to Sidney Herbert on November 25, 1854, from Scutari, in which Nightingale writes:

It appears that in these Hospitals, the Purveyor considers washing both of linen & of the men a minor “detail”—and during the three weeks we have been here, though our remonstrances have been treated with perfect civility, yet no washing whatever has been performed for the men either of body-linen or of bed-linen except by ourselves & a few wives of the wounded.⁵⁰

While the skills that Nightingale learnt at Kaiserswerth—which were more than just learning nursing skills—came to effective use both in the Crimea and in England, what is however most important to note is the stylistic similarity between her Kaiserswerth journals and her letters from the Crimea. Both are very meticulous in detail, articulating the work she has done (in Kaiserswerth) and the demands she wants fulfilled (in Scutari), in an authoritative tone. In her journal entry from August 31, 1851, she records:

6–8 A.M. In asylum. Schwester Elene held prayers.

8–9:30 A.M. In Apotheke making up medicine for Sister Amalie.

9:30–11 A.M. Church with asylum women.

11 A.M.–4 P.M. Ernestine poorly, so stayed in Apotheke and made up medicines, etc. Read to Karius and the Gesichtskranken. Meanwhile we had a vacarme [uproar] in the asylum: one of the patients tore off her cap and screamed and had to be conveyed upstairs and locked up by main force.

4–6 P.M. Sisters’ tea in the Haushaltung Stube in Schwester Amalie’s name, but the queen of the feast was not there.

6–7 P.M. In asylum entertaining the patients and reading *Thirza*.

⁵⁰ Goldie, *Florence Nightingale: Letters from the Crimea*, 39.

7–8:30 P.M. Birthday tea in orphanage. Told them stories.

8:30–10 P.M. Conference of the consecrated deaconesses in hospital. I was admitted. Pastor and his wife there. And we elected six sisters to be deaconesses and two were announced to go to America. The sisters, however, did not say much.⁵¹

This scrupulous method of keeping a record of work done throughout the day can be compared with a letter she wrote to Sidney Herbert from Scutari three years later on December 10:

What we may be considered to have effected is:

- (1) The kitchen for extra-diets, now in full action, for this hospital—with regular extra diet tables sent in by the Ward-Surgeons.
- (2) A great deal more cleaning of Wards—mops, brooms, scrubbing brushes, & combs, given out by ourselves, when not forced from the Purveyor.
- (3) 2000 shirts, cotton & flannel, given out, & washing organised—& already carried out on for a week.
- (4) Lying-in Hospital begun.
- (5) Widows and soldiers' wives relieved and attended to.
- (6) A great amount of daily dressings & attention to compound fractures by the most competent of us.
- (7) The supervision and stirring-up of the whole machinery generally, with the full concurrence of the chief medical authorities—& the practical proof which our presence has given way that Govt. were determined to know all they could and do all they could.
- (8) The repairing of wards for 800 wounded which would otherwise have been left uninhabitable. And this I regard as the most important.⁵²

⁵¹ McDonald, *Florence Nightingale's European Travels*, 531.

⁵² Goldie, *Florence Nightingale: Letters from the Crimea*, 47.

The work ethic in both the places and across the years remains quite unchanged.

Although Nightingale does not explicitly compare Kaiserswerth with the workhouse tradition in her diary entries from the time she spent there, she was introduced to the idea of members of deaconesses working for workhouses from a different German Motherhouse. On her return to Britain, she introduced professional nursing into British workhouse infirmaries. During her travels around Germany, en route to Kaiserswerth in July 1850, Nightingale discovered the Rauhe Haus, another institution built by a clergyman and his family outside Hamburg. The heart of the Rauhe Haus comprised *Gebrüder* (brothers) who worked as artisans, both of whom looked after twelve children each, who had been convicted of petty crimes and were sent by the magistrates to Rauhe Haus instead of to prisons. Nightingale records:

The Gebrüder of the Rauhe Haus are sent out as helpers in four different kinds of work, to found similar institutions to the Rauhe Haus and to be jailers and prison helpers in workhouses, to be preachers and teachers in the colonies and to be colporteurs, or, as they call them, pilgrim brothers.⁵³

Originating from her experience at Rauhe Haus, and after her experience in the Crimea, Nightingale introduced a strain of professionalism to the campaign for nursing reform in workhouse infirmaries. In January 1865, Nightingale contacted Charles Villiers, the president of the Poor Law Board, and drew up a ‘Form of Inquiry’ to be used for the investigation of each London workhouse and sick ward. Her priority was to ensure that nursing care given at the workhouse infirmaries should be as good as the ones offered at the best suburban civil hospitals.

This section has compared the life-writings of Nightingale in two settings across the years: Kaiserswerth and the Crimea, establishing a link between her training in Germany and her professional work in the Crimea and later in Britain. Having analysed her private writings from both these spaces, these two sections provide an understanding of what constituted “nursing

⁵³ McDonald, *Florence Nightingale's European Travels*, 471.

work” for Nightingale and anticipates the legacy of the image of Nightingale and nursing work in the following decades until the First World War.

The Legacy of Florence Nightingale

In order to assess the influence of Nightingale as a cultural icon on the generation of First World War nurses, it is important to first look at the context in which this iconography was produced. It was through the passionate reports of *The Times* war correspondent, W. H. Russell, from the Crimean Front about the deplorable state of medical and reparative care of British soldiers, and his admiration for the nursing work of the French Sisters of Charity, that the British middle- and upper-classes first learnt about the state of medical care that British soldiers at the Crimean front were subjected to. It was Russell’s ardent pleas to women to take up the task of nursing soldiers which turned Florence Nightingale’s attention to war nursing; and which first established the tradition of ordinary women volunteering as war nurses in the following century:

Are there no devoted women among us, able and willing to go forth to minister to the sick and suffering soldiers of the East in the hospitals of Scutari? Are none of the daughters of England, at this extreme hour of need, ready for such a work of mercy? Must we fall so far below the French in self-sacrifice and devotedness?⁵⁴

Russell’s idea of the nurturing female ready to provide succour to soldiers in pain perfectly corresponded to the prevailing image of women in Victorian society. This sentiment was echoed also by the historian A. W. Kinglake in his eight-volume *The Invasion of the Crimea* (1863–1887), when he wrote about the group of nurses who finally set sail for the Crimea under the leadership of Florence Nightingale:

⁵⁴ *The Times*, 15 and 22 September, 1854.

Thus it was, that under the sanction of a government acceding to the counsels of one of its most alert and sagacious members, there went out angel women from England, resolved to confront that whole world of horror and misery that can be gathered into a military hospital from camp or battle-field; and their plea when they asked to be trusted with this painful, this heart-rending mission was simply the natural aptitude of their sex for ministering to those who lie prostrate from sickness or wounds. Using that tender word which likened the helplessness of the down-stricken soldier to the helplessness of infancy, they only said they would ‘nurse’ him.⁵⁵

In this paragraph, Kinglake uses religious language to describe the work of professional nurses. His stark juxtaposition of the tenderness of angels with the sordidness of battlefields conveys the prevalent idea that all nurses were angel women with an aptitude for ministering; in likening the wounded soldier to an infant, he also projects the nurse as a mother figure, tending unselfishly to her child. The nature of the work is painful and, in the very act of “confronting” sickness like a soldier confronts his enemy, she is projected as a very brave woman. The military hospital becomes the microcosm of the war, as the physical manifestations of the horror of the battlefield come under scrutiny there, but the nurse accustoms herself to all the tribulations only to single-mindedly perform her duty: that of tending to the wounded soldier. Thus, in the figure of an angel on the one hand, and a Madonna on the other, the nurse becomes one of the purest of beings, sacrificing everything to set sail for the horrific battlefields only to care for the fallen soldier. The act of nursing becomes not only holy but also naturally determined. This restrictive image, which was created mainly to pacify a group of men, became an epitome of female virtues, especially that of the female nurse. Kinglake’s hero worship of this Victorian woman who set sail for the Crimea to nurse wounded soldiers reveals how middle- and upper-class

⁵⁵ A. W. Kinglake, *The Invasion of the Crimea: Its Origin, and an Account of Its Progress Down to the Death of Lord Raglan*, Vol. VII (London: William Blackwood and Sons, 1863–1887), 359–60.

Victorian men insisted on seeing women only as gentle beings of mercy: the gruesome work of a war nurse or her particular skills would not be delved into and only the morality in its nature would be praised. Therefore, the gruesome descriptions of physical injury in Nightingale's letters were censored because they did not match with the expected model of behaviour for genteel women. Coventry Patmore's poem 'Angel in the House', published before the Crimean War in 1851, describes this ideal Victorian woman. In his ninth canto he elucidates the idea of service, which is intrinsic in every woman's nature:

Man must be pleased; but him to please

Is woman's pleasure; down the gulf

Of his condoled necessities

She casts her best; she flings herself.⁵⁶

To this image of ministering angels, Nightingale and her group of nurses only too readily acceded. Here it is also important to note Kinglake's publication years for his eight-volume books—the first volume was published seven years after the end of the Crimean War, and the final volume appeared nineteen years after its end. This long span of time reveals how this image continued to develop and persist long after the end of the war, and contributed to the long-lasting nature of his image of the nurse. It was this construct that both voluntary and professional British nurses of the First World War inherited as they were growing up in late Victorian and Edwardian England.

In her Preface to *Notes on Nursing: What It Is, and What It Is Not*, written after her work at Scutari during the Crimean War, Nightingale defines the role of a nurse and equates it with the role of all women:

⁵⁶ Coventry Patmore, *The Angel in the House* (London: Cassell's National Library, 1891).

Every woman, or at least every woman in England has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid,—in other words, every woman is a nurse.⁵⁷

Her linking of the idea of nursing with the women of Victorian England reflects not only a latent nationalism, but also an essentialist cultural construct, which equated all English women with being motherly and nurturing. In *Notes on Nursing*, Nightingale defined nursing as not simply administering medicines or applying poultices, but also as attending to the diet of the patient, the cleanliness of the room, and regulating the air, light, warmth, and silence of the room where the patient was confined. However, her primary work in the Crimea had less to do with administering of medicine, and more with the practical organisation of running a hospital and with the dispensing of gentleness and concern. Interestingly, the major part of the nursing was done—as always—by medical orderlies, and Nightingale commandeered about 300 more of them than was officially allowed.⁵⁸ Her party of nurses raised standards of cleaning and cookery (although meals still often arrived up to six hours late), as well as supplied large quantities of clean clothing to debilitated men. Indeed, in the nature of her work, Nightingale and her group of nurses conformed to the image of the housekeeper: bringing order and discipline into the household/ hospital and demonstrating the feminine qualities of gentleness, care, and concern.

This chapter does not focus on Nightingale's professionalization of nursing: extensive research has already been carried out in this field.⁵⁹ However, while reflecting on the legacy of

⁵⁷ Florence Nightingale, *Notes on Nursing: What It Is and What It Is Not* (London: Blackie & Sons Limited, 1859), 1.

⁵⁸ F. B. Smith, *Florence Nightingale: Reputation and Power* (London: Croom Helm Ltd, 1982).

⁵⁹ See: C. Helmstadter, "'A Real Tone': Professionalizing Nursing in Nineteenth-Century London," *Nursing History Review* 11 (2003):3–30; C. Helmstadter, "Florence Nightingale's Opposition to State registration of Nurses," *Nursing History Review* 15 (2007): 155–66; J. A. Barber, "Uniform and Nursing Reform," *International History of Nursing Journal* 1 (1997): 20–29; C. Helmstadter, "Building a New Nursing Service: Respectability and Efficiency in Victorian England," *Albion: A Quarterly Journal Concerned with British Studies* 35, no. 4 (Winter, 2003): 590–621; C. Helmstadter, "Shifting Boundaries: Religion, Medicine, Nursing and Domestic Service in mid-nineteenth-century Britain," *Nursing Inquiry* 16, no. 2 (2009): 133–43.

Nightingale, especially in connection to the First World War nursing generation, it is important to be aware of how Nightingale treated the vocation of nursing as a profession. The root for this ideology can be traced in *Cassandra* where she emphasises the need for passion, interests, and action:

If they see and enter into a continuous line of action, with a full and interesting life, with training constantly testing the training—it is the *beau-ideal* of practical, not theoretical, education—they are re-tempered, their life is filled, they have found their work and the means to do it.⁶⁰

Nightingale's emphasis on action, training, and practical education as means of achieving a fulfilling and interesting life for "young girls of the 'higher classes'", anticipates the training and work of volunteer nurses of the First World War. One is reminded of the female poet as a vocation in Elizabeth Barrett Browning's *Aurora Leigh*:

What, therefore, if I crown myself to-day
In sport, nor pride, to learn the feel of it,
Before my brows be numb as Dante's own
To all the tender pricking of such leaves?⁶¹

Just as Aurora professionalises the work of the female poet by placing a wreath of ivy leaves on her forehead, Nightingale professionalises the work of the female nurse by writing about new nursing and health reforms in her private notes to men in power. Aurora's ivy wreath is symbolic of the profession of the poet, just as the nurse's white cap and apron are symbolic of her vocation.

Nightingale was one of the important personalities whose name campaigners for women's rights sought to add to their petitions, and she signed a petition for women's suffrage in

⁶⁰ Nightingale, "Cassandra," 219.

⁶¹ Elizabeth Barrett Browning, *Aurora Leigh* (London: J. Miller, 1864).

1868 (despite refusing privately to try to register as a voter). She was hailed as an icon and newspaper articles throughout the remaining decades of the nineteenth century until her death in 1910 saw her memorialised as “one of England’s bravest women”. Her reputation, power, and influence are uncontested, and she certainly served as the role-model and icon for most women taking up the nursing profession until the First World War. However, Florence Nightingale’s feminist perspective is often ambiguous, and although it frequently conflicts with prevailing patriarchal notions, at other times, it only too readily asserts the prevailing social and cultural constructs of femininity. To examine the inconsistent nature of her beliefs, one must simultaneously read the letters she wrote from the military hospitals of Scutari and Balaklava during the Crimean War and her post-War treatise on (non-military) nursing, *Notes on Nursing*. In the latter, Nightingale repeatedly insists on the need for all women, especially mothers, to educate themselves in matters of basic nursing, and by employing eugenicist language asks, “Is it better to learn the pianoforte than to learn the laws which subserve the preservation of offspring?”⁶² Learning the genteel art of playing a musical instrument had—until the nineteenth century—been considered a mandatory qualification for a middle- and upper-class woman, who would only graduate from her father’s house to her husband’s household. Although a woman’s duty of preservation of her offspring is still a patriarchal expectation, in a small way Nightingale tries to subvert a patriarchal expectation in favour of a quality which puts a woman’s skills into practice. In another instance, she employs her usual sardonic tone to expose the helplessness most women face due to their lack of basic nursing skills and their blind dependence on doctors:

Not but that these laws—the laws of life—are in a certain measure understood, but not even mothers think it worth their while to study them—to study how to give their children healthy existences. They call it medical or physiological knowledge, fit only for doctors.

⁶² Nightingale, *Notes*, 7.

Another objection.⁶³

Notes on Nursing reveals that Florence Nightingale's vision for women involves their being independent and well-informed enough on nursing to take matters of reparative care into their own hands. Addressed to women not trained as nurses, its subtitle clarifies that it is a guide on what nursing "is and what it is not", and through teaching women the tenets of basic nursing, she subtly teaches them empowerment. However, these instances where she focuses on women's empowerment does not gloss over the dogged perseverance with which Nightingale complained in her letters against the nurses under her charge for being "too friendly" with the wounded soldiers.⁶⁴ Barely a few days after she reached Scutari, she declared to Dr William Bowen in a letter dated 14th November 1854 that "40 British females whom I have with me are more difficult to manage than 4000 men", and further clarifies in a letter to Sidney Herbert on 5th December that the women under her command were not behaving with the devotion she expected, and were growing increasingly restive under the draconian discipline—which almost rivalled military discipline—that she had imposed.⁶⁵ In a letter to the Council of St John's House dated 11th January 1855, she first mentions—without elaborating how—the difference between a Military and a London hospital, and the possibility of the very same nurses with whom she was having trouble doing very well as a private nurse at home, but not among the officers in the Crimea. She feels that her biggest problem is "turning loose" 40 untrained women on 3,000 men, and is afraid that "this Hospital will become the bear-garden which Kullali & Smyrna are—where the ladies come out to get married—where the nurses come out to get drunk."⁶⁶ By the 10th of May, 1855, she concludes that "[t]he attendance of females upon Convalescents is obviously objectionable." A few days later she sent a nurse back home to England because she had "made

⁶³ Ibid., 7.

⁶⁴ Smith, *Florence Nightingale*, 154.

⁶⁵ Ibid.

⁶⁶ Ibid.

love to a man, an Orderly, who turned out to be a married man.”⁶⁷ It is unclear if the incident here involved the nurse flirting with the soldier or physical intimacy, but it certainly brings to light questions about how comfortable Nightingale herself was with sexuality. Her rigid treatment of the nurses under her charge and her speculations regarding their friendliness with officers reveals that for a nurse to have a relationship with a man was unacceptable, making the image of the ministering Madonna incompatible with that of a person with physical desires.⁶⁸ Nightingale herself remained unmarried and terminated her nine-year-long relationship with Richard Monckton Milnes in 1849 on the grounds that it might interfere with her true calling: caring for the sick. Nightingale’s legacy of surveillance of nurses’ romantic relationships continued until the First World War when fear of miscegenation barred female nurses from nursing in hospitals with Indian patients, as I discuss in Chapter Five. This legacy of perceived sexual purity continued for the next sixty years when nurses of the First World War were barred from developing relationships with their patients: when Enid Bagnold fell in love with a wounded soldier while she worked as a V.A.D. in Woolwich, the soldier was sent away to another hospital.

This ambiguity paves the way for a discussion on the different kinds of nurses that the image of Nightingale gave rise to, and how the legacies of each of those images led to the heterogeneity in the ‘kind’ of First World War nurse, something which I analyse further in the following chapter. Although Nightingale herself was not actively nationalistic, she allowed her image to be used by men as a kind of ‘propaganda nurse’. When W. H. Russell’s frank reports from the Crimean Front brought home the horrors of war, along with the defeat of the Charge of the Light Brigade at the Battle of Balaklava, public expectation of early glory from a victorious campaign was disappointed. Dissatisfaction at home in Britain was rampant, leading to

⁶⁷ Ibid., 155.

⁶⁸ For more research on Victorian sexuality and morality especially in context of nursing wounded soldiers, see: Eric Trudgill, *Madonnas and Magdalens: The Origins and Development of Victorian Sexual Attitudes* (New York: Holmes and Meier, 1976).

a ‘snowball riot’ in Trafalgar Square on January 21, 1855.⁶⁹ At this point, Nightingale projected herself as a “mature, maternal symbol, the embodiment of commonsensical housewifely virtues, in contrast to infantile male parliamentary and military blundering”, easily becoming a neutral, non-political diversionary focus for the discontents.⁷⁰ Her image of the compassionate ‘Lady with the Lamp’ served as the living counter to the horrors of war, and several influential men (including Russell and Kinglake) created and took refuge in this image of assurance. Kinglake, in an extension of the criticism of the male authorities in charge of the military, juxtaposes the image of the woman as an angel, adept in organisational capabilities, with the figure of the man at the head of administration, blundering at his official duties:

When she came to the rescue in an hour of gloom and adversity, she brought to her self-imposed task that forethought, that agile brain-power, that organising and governing faculty of which our country had need. The males at that time in England were already giving proofs of a lameness in the use of brain-power which afterwards became more distinct.⁷¹

This quotation is also interesting because of the strangeness in its gendering. Here it is women who are attributed with cold, rational, and organisational powers, while the men appear inept. Yet, after all, in this figure of the propaganda nurse reorganising military-medical care and providing comfort to wounded British soldiers in the Front lies the trope of another kind of war nurse, the patriotic nurse. Nightingale did establish nursing as patriotic work: the image of the nurse setting sail for the battlefield to help the wounded British soldier appealed to the nationalistic sentiment. At the same time, as demonstrated by her commitment to the Motherhouse model and her devotion to God earlier in this chapter, Nightingale portrayed

⁶⁹ On reactions at the Home Front during the Crimean War see: Anthony Cross, “The Crimean War and the Caricature War,” *The Slavonic and East European Review* 84, no. 3 (July 2006): 460–80; A Fletcher, “To Us the War is A Spectacle: Domestic Consumption of the Crimean War in Victorian Britain,” *Cahiers Victoriens and Edouardiens* 2007, no. 66 (2007): 153–76.

⁷⁰ Smith, *Florence Nightingale*, 177.

⁷¹ Kinglake, *The Invasion of the Crimea*, 365.

nursing as a religious duty, and the figure of the religious nurse becomes a powerful trope in her post-war work and personal writings. Ultimately, the different kinds of nursing work converged to form the image of the maternal nurse in the public imagination, tending to the needs of the wounded soldier who was likened to a child. Soldiers often took the place of children for nurses—who even called them “my boys”—children that they would probably never have. Among the First World War nurses whose life-writings I read in this thesis, Elsie Knocker (later Baroness de T’Serclaes) was the only woman who already had a child at the time of the outbreak of the War. Vera Brittain would be the only other nurse to bear children. At the end of Irene Rathbone’s *We That Were Young*, Joan Seddon takes stock of her own life and that of her fellow-volunteers, and notes how all of them but one were unmarried and remained childless after having lost their lovers in the War.

Nightingale’s various roles were amply represented by contemporary artists. Nursing work—which entailed modesty in the form of long, white gowns worn by the nurses, self-sacrifice and the attention to other’s needs, as demonstrated amply by Jerry Barrett’s 1857 painting titled ‘Florence Nightingale Receiving the Wounded at Scutari’—was seen as fittingly feminine. In Barrett’s portrait, Nightingale is an epitome of Englishness, who stands in the middle of her frame in her prim grey gown and white bonnet, at once a contrast to the wounded soldiers in front of her, and Turkish men and women surrounding her. The only other woman who is dressed like Nightingale is placed on the left corner of the painting, with only her head visible. Two other women on the other corner are Turkish and their faces are covered. Nightingale does not have a halo, but her very pale skin renders a brilliant light, which makes her the central figure of the painting. In Augustus Egg’s portrait of Florence Nightingale, she is shown to wear a royal ermine-like robe with lace; her eyes are filled with sympathy, and the expression of her face exudes gentleness. Contrary to her corseted figure in Barrett’s painting, her robes in this painting rest gently, almost carelessly, on her. The woman in J. Butterworth’s 1855 painting looks completely different from Egg’s subject, but the audience is assured that she

is Florence Nightingale, with a lamp, attending to a wounded soldier. The tightly corseted figure is back, and though her head is covered with a nurse's scarf, the strategic position of the lamp lights her face and the front of her body. Her eyes are filled with care. This recurrent image of the nurse as the gentle Madonna of mercy lived on even during the outbreak of the First World War, and John Lavery's painting entitled 'A Ward in the London Hospital in which a Nurse Tends a Soldier's Arm while Other Soldiers Lie in Bed' is quite similar in tone to Butterworth's painting. In it, the nurse whose cap has a veil trailing behind, and whose contours of the body are hidden completely beneath the immense folds of the nurse's gown, bends and gently holds a pristine white bandage to a wounded soldier's arm.⁷² Interestingly, the only exposed part of her body is her head, and the rest of her body is covered by her gown and gloves. The patriotic tone is stressed through the presence of the Union Jack just above the nurse's head. She bears an expression of calmness as she tries to alleviate the pain of the wounded soldier. Owing to the popularity of these paintings, it is likely that many nurses of the First World War would have seen some of them.

⁷² On nursing uniforms, see: Jane Brooks and Anne Marie Rafferty, "Dress and Distinction in Nursing, 1860–1939: 'A Corporate (as well as Corporeal) Armour of Probity and Purity,'" *Women's History Review* 16, no. 1 (2007): 41–57; Irene Schuessler Poplin, "Nursing Uniforms: Romantic Idea, Functional Attire, or Instrument of Social Change?" *Nursing History Review* 2 (1994): 153–68.



Figure I: Jerry Barrett, *The Mission of Mercy: Florence Nightingale Receiving the Wounded at Scutari* (1857).



Figure II: Augustus Leopold Egg, *Florence Nightingale* (date unknown).



Figure III: J. Butterworth, *Florence Nightingale as the Lady with the Lamp* (date unknown).



Figure IV: John Lavery, *A Ward in the London Hospital in which a Nurse Tends a Soldier's Arm while Other Soldiers Lie in Bed* (1915).

An analysis of these images reveals that public representation of nurses had not altered massively from the time of Florence Nightingale. Further, an examination of the nurse dolls from the 1890s also reveals the fixation with the prevalent images of the nurse. The major parts of the bisque heads and mohair wigs were covered by the nurses' caps, with a veil trailing behind. The papier-mâché bodies were hidden beneath long, loose gowns. The Florence Nightingale dolls wore dark-coloured gowns; the absence of veils was offset by a lace bonnet. It is possible to imagine that this image trickled down to the household of the vivacious Farmboroughs in rural Buckinghamshire, as well as to the provincial dining table of the Brittaines in Buxton, Derbyshire, at the turn of the century, and that Vera Brittain, Florence Farmborough, and most of the women who volunteered as nurses during the First World War played with these dolls as they grew up in the nineties.

Nightingale was the epitome of the image of the 'imperial nurse'—a legacy that persisted until after the First World War. To examine how she established this image, it is important to look at her life-long work on India (despite never having visited India), and consider how the principles she laid out in her work on India were actively co-opted by numerous nurses during the First World War. Nightingale's interest in India can be gleaned by her numerous publications about the country and her numerous references to the state of British administration in India in her private writings. Her interest in India reaches its culmination with her 1863 book *How People May Live and Not Die in India*. The title at once suggests a prescriptive tone and this essentially sets the basis of Nightingale's involvement with India, that of the "moral guardian of the British Empire."⁷³ She was preoccupied with the upholding of Britain's imperial power in India and believed that that could be achieved by proper sanitary and health reform. In this, Nightingale was not different from the numerous Western female Orientalists; her extensive outputs on India were part of the large numbers of outputs of "the non-European world [that] were *produced* for

⁷³ Chieko Ichikawa, "Writing as Female National and Imperial Responsibility: Florence Nightingale's Scheme for Social and Cultural Reforms in England and India," *Victorian Literature and Culture* 39 (2011): 89.

Europe through a discourse that imbricated sets of question and assumption, methods of procedure and analysis, and kinds of writing and imagery.”⁷⁴ As I will explore in Chapter Five, Anglophone nurses working in India and Mesopotamia during the First World War added to that cultural production of knowledge on the colonies and colonial subjects by their extensive life-writings and travel-writings about the colonies where they were posted and about their patients who were also the colonised.⁷⁵

In her 1865 pamphlet *Suggestions on a System of Nursing for Hospitals in India*, Nightingale urged for nursing reform in India where all trained nurses in India were to be only British and all matrons only Europeans. Her lobbying for a racial purity amongst nurses had begun earlier in the Crimea when she had turned down Mary Seacole’s application to nurse in the Crimean War. Seacole later reported this incident in her autobiography:

Once again I tried, and had an interview this time with one of Miss Nightingale’s companions. She gave me the same reply, and I read in her face the fact, that had there been a vacancy, I should not have been chosen to fill it. . . . Doubts and suspicions arose in my heart for the first and last time, thank Heaven. Was it possible that American prejudices against colour had some root here? Did these ladies shrink from accepting my aid because my blood flowed beneath a somewhat duskier skin than theirs?⁷⁶

⁷⁴ Sara Mills, *Discourses of Difference: An Analysis of Women’s Travel Writing and Colonialism* (London: Routledge, 1993), 48.

⁷⁵ Although this is my argument here, I would like to point out that there were women who broke away from this legacy and engaged in vigorous anti-colonial work. After her return from the First World War, Vera Brittain got involved in a pro-independence movement for India. For the next few decades she vehemently protested against Britain’s imperial policies and protested against Apartheid. Among the nurses of her generation, Brittain was an exception in this. She wrote about her anti-colonial politics and intersectional feminism in two books: *Search after Sunrise: A Traveller’s Story* (London: Macmillan and Co. Ltd, 1951) and *Envoy Extraordinary: A Study of Vijaya Lakshmi Pandit and Her Contribution to Modern India* (London: George Allen and Unwin Ltd., 1965).

⁷⁶ Mary Seacole, *Wonderful Adventures of Mrs. Seacole in Many Lands* (Oxford: Oxford University Press, 1988), 79.

Seacole eventually opened the ‘British Hotel’ in the Crimea where she fed and nursed wounded soldiers. However, Nightingale’s insistence on the racial purity of nurses re-manifested itself during the First World War when British and Australian nurses refused to nurse alongside mixed-race (“Eurasian”) nurses and orderlies in hospitals in India and Mesopotamia.

In conclusion it is worth considering how Nightingale’s obituaries would have been read by the women who in four years’ time would volunteer to be nurses in the First World War. An examination of the careful wording of the obituaries and the representation of Nightingale in the Press reveals the image and power she still had at the time of her death. Both *The Guardian* and *The Times* describe her as “the organiser and the inspirer of the Crimean War Nursing Service”. Very importantly, *The Guardian* believed that she had saved the British army from ruin:

In point of fact, the task before Florence Nightingale was nothing less than to save the British army. Without her, or at any rate without some such labour as that which she undertook, our generals would soon have been left without a single man. Her efforts were proportioned to the greatness of the occasion. The cleansing and adaptation of the hospital, the establishment of a laundry and of sick-diet kitchens, the supply of food and all kinds of necessaries, and the organisation of a regular system of nursing and a staff of nurses, for many had to be dismissed as incompetent—all this was planned and carried through under the terrible pressure of a constant race with death.⁷⁷

The German press also reported her death and published moving tributes. On August 19, 1910, the *Berliner Tageblatt* wrote:

With the death of the great English lady, who succumbed to her old heart’s troubles in her house in London’s Park Lane, did the life of one of the most

⁷⁷ *The Guardian*, 15th August, 1910.

precious women come to an end. [. . .] With her own work, she has answered in the affirmative one of the most frequently asked questions: Is the vocation of a woman reserved, and can she prove herself more talented and creative than a man in this area?⁷⁸

A single woman capable of saving an entire nation's army, and hence helping to win the war, is a romantic notion that would have appealed to many people. For a young woman at that time, Nightingale would be an epitome of organisational capabilities, one who would serve as an inspiration for the former to be a nurse. It would not be far-fetched to imagine that many young women who read Florence Nightingale's obituaries in 1910, and formed a romantic image of her in their minds, would model themselves on her as they volunteered—at least during the initial years after the First World War broke out. Yet, just as in the other facets of the First World War, even the field of nursing was not exempt from the disillusionment that set in a few years after the outbreak of war. By 1918, Vera Brittain was scathing in her indictment of the “holiness” of the nursing profession, and clarified the difference between the “vocation” of nursing that Nightingale had established and the professionalization that the trained nurses under whom V.A.D.s like her worked, practised: “[A] profession, it seems, has only to be called a “vocation” for irresponsible authority to be left free to indulge in a type of exploitation which is not excused by its habitual camouflage as “discipline.””⁷⁹ Her (and other V.A.D.s') romantic idea in the nature of the dispensation of nursing was dispelled by “unnecessary worries, cruelties, hardships and regulations”, which Brittain believed were all “camouflaged” as “discipline”.⁸⁰ The negligence and disrespect shown towards V.A.D.s by trained nurses during the First World War, as well as the scant consideration for their training and health, made Brittain ultimately lash out against Florence Nightingale:

⁷⁸ *Berliner Tageblatt*, 19th August, 1910. Translation mine.

⁷⁹ Vera Brittain, *Testament of Youth*, 453–54.

⁸⁰ *Ibid.*, 454.

I developed a ferocious hatred of all civilian hospital authorities from Florence Nightingale onwards. For years I continued to detest the founder of modern nursing and all that she stood for—a state of mind until, quite recently, I read her essay “Cassandra” in the Appendix to Ray Strachey’s *The Cause*, and realised the contrast between her rebellious spirit, her administrator’s grasp of essentials, and the bigoted narrowness of some of her successors.⁸¹

As Brittain pointed out, in her own way Nightingale had been rebellious—she took on a ‘vocation’ which was hitherto accessible only to women of the lower classes, and put her own stamp on it. ‘Cassandra’ reveals Nightingale’s bitterness against the patriarchal Victorian society which erased women’s passions and sense of independence:

In the conventional society, which men have made for women, and women have accepted, they *must* have none [passion, intellect, moral activity], they *must* act the farce of hypocrisy, the lie that they are without passion—and therefore what else can they say to their daughters, without giving the lie to themselves?⁸²

Brittain recognised Nightingale’s personal victory against such a patriarchal society in the way she pursued her passion for nursing and revolutionised nursing reform. Nurse Elsie Knocker and V.A.D. Marie Chisholm set up their first aid dressing station just behind the trenches in the Belgian town of Pervyse. In carrying out this work, they were christened the ‘Madonnas of Pervyse’, and became the most photographed women of the First World War. The *Daily Mirror* even labelled a photograph in which Knocker tended to a wounded soldier while Chisholm held a lamp as “The New Ladies of the Lamp”.⁸³ This was a direct reference to Florence Nightingale, and thus the *Daily Mirror*’s description demonstrates how Florence Nightingale’s legacy lived on even during the First World War.

⁸¹ Ibid.

⁸² Nightingale, “Cassandra,” 206.

⁸³ Diane Atkinson, *Elsie and Marie Go to War* (London: Arrow, 2010).



Figure V: The 'Women of Pervyse' tending to a wounded soldier, Imperial War Museum, London (date unknown).

Chapter II

“The Lure of War”: Motivations of Nurses to Volunteer in the First World War

The highest privilege goes to the man who may fight his country's battles, give his life for his King, risk living a maimed man to the end of his days; next comes the privilege of being of use to these men who are defending us and all we love.

Thekla Bowser¹

For the nurses of the First World War, the act of participation in treatment and care in field hospitals, as well as in hospitals at the Home Front, was fraught with contradiction: if the “angels in white” volunteered to go to the Front, would that imply that they approved of the War? The figure of the nurse in white as a gentle Madonna of mercy tending to a wounded soldier—an image that Florence Nightingale had firmly established in British public memory in the previous century—would not necessarily fit in naturally with the emancipatory nature of the work that nurses of the First World War had to undertake. Nightingale herself left for the battlefield in Crimea to “confront that whole world of horror and misery” in order to “minister” wounded British soldiers.² However, as the nurses and Quakers involved in the ambulance trains of First World War eventually showed, it was possible (though problematic) to work at the Front while being a staunch pacifist. Besides, working under the auspices of the Geneva Convention, the nurses had to make sure that (at least in theory) the nature of care that

¹ Thekla Bowser, *Britain's Civilian Volunteers: Authorized Story of British Voluntary Aid Detachment Work in the Great War* (New York: Moffat, Yard and Company, 1917), 4.

² A. W. Kinglake, *The Invasion of the Crimea: Its Origin, and an Account of its Progress Down to the Death of Lord Raglan*, vol. VII (London: William Blackwood and Sons, 1863–1887), 359.

they meted out was strictly neutral. This complicated (and often contradictory) character of war nursing can be seen in the nature of the work of British nurses such as Vera Brittain, Elsie Knocker, Olive Dent, and many others.

An examination of war memoirs and diaries of nurses and ambulance drivers will reveal very different motivations for volunteering. Contrary to Christine Hallett's claim that, "[m]any of those who nursed the wounded, however, wrote little about the war itself or about either feminism or pacifism. They simply saw their work as a humanitarian service", I will demonstrate how war and gender politics were central to their motivations to volunteer for war.³ I will question whether the argument of patriotism versus pacifism is as unambiguous as it appears to be, and I will do so by placing the memoirs against the socio-political and historical contexts of Britain immediately before and during the War. At a time when women had not been granted the vote, which symbolically denied them citizenship, women in Britain were trying to relate their gendered identities to the available roles in wartime, in an attempt to overcome, in Vera Brittain's words, "a permanent impediment to understanding" the "barrier of indescribable experience between men and the women whom they loved".⁴ Nevertheless, this binary of bellicosity versus pacifism in terms of the motivations for involvement with war work is too formulaic, and needs to be examined from positions of gender and political affiliation. Aligning with pacifism or engaging in vigorous patriotism was the ends of the spectrum of the various ways these nurses negotiated or cooperated with the system of the institution. For many of these volunteers, no single motivation ignited their passion for and dedication to War work through the duration of the conflict. The lived realities of the Front as well as the fierce nature of propaganda back home shaped their responses to combat and affected their motivations to succeed in their work. The memoirs I will be reading are May Sinclair's *A Journal of Impressions in Belgium* (1915), Olive Dent's *A Volunteer Nurse on the Western Front* (1917), Vera Brittain's war diary *Chronicle of Youth*

³ Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford: Oxford University Press, 2014), 3.

⁴ Brittain, *Testament of Youth* (London: Penguin Books, 2005), 143.

(published posthumously in 1981), her retrospective war memoir *Testament of Youth* (1933), and Baroness de T'Serclaes's *Flanders and Other Fields* (1964).

Sharon Ouditt points out how the nurses were expected to practise an “active involvement in the war effort through a conservative form of romantic passivity.”⁵ This ambivalence is reflected in the memoirs of some British nurses, who reveal a distinct strain of pacifism, despite volunteering to actively serve in the War. Vera Brittain seeks “exhilaration” from the War and admits to be “suffering like so many women in 1914, from an inferiority complex” at being unable to contribute to the War effort like their lovers or brothers.⁶ It is important to remember that Brittain reasoned this in her postwar memoir published in 1933, and hence could use Alfred Adler’s concept of “inferiority complex” to describe the wartime feelings of her and other British women.⁷ For her, and other women like her, joining up at first appeared to be an “emotional antidote”, bringing them one step closer to their lovers in terms of sacrifice.⁸ For certain other nurses such as Thekla Bowser, volunteering during the War was the privilege and opportunity they were waiting for—to be able finally to contribute to the public sphere, and be recognised for their contribution, despite, or because of, their gender. Vera Brittain and Thekla Bowser represented very different kinds of women, in terms of experience: Brittain was a V.A.D. in the First World War, while Bowser was trained as a nurse before the outbreak of War. In both these instances, however, the common note in their life-writing is their sense of inferiority. For Bowser, the services and sacrifices of the women “can never come within sight of paying our debt to the men who have borne the heat and the burden of the day.”⁹

⁵ Sharon Ouditt, *Fighting Forces, Writing Women: Identity and Ideology in the First World War* (London: Routledge, 1994), 3.

⁶ Brittain, *Testament of Youth*, 104.

⁷ See: Dr. Alfred Adler (of Vienna), “The Meaning of Life,” *The Lancet* 217, no. 5605 (31 January 1931): 225–28. Adler’s article had been originally delivered to the London Branch of the International Society for Individual Psychology at University College London on 15th January, 1931. It could be speculated that Brittain, who was living in London at the time, had attended the lecture.

⁸ *Ibid.*, 140.

⁹ Bowser, *Britain’s Civilian Volunteers*, 4.

On the other hand, for the vast majority of women from the working classes volunteering for the Women's Army Auxiliary Corps (W.A.A.C.), the greatest motivation to sign up was the promise of a fixed salary and independence. From her camp kitchen somewhere on the Western Front, Helen Zenna Smith records the "truth", which is that "the greater percentage enlisted because of the pay, which was good, considering they are rationed and uniformed free. Incidentally, the change from home life is not to be despised." She quotes "Cheery", one of her fellow camp-kitchen mates, "I'm a grown woman an' I can enjoy meself if I like an' 'ow I like!"¹⁰

*"She called to me from her battle-places"*¹¹

This section examines and situates the bellicose and patriotic motivations that influenced women to volunteer as nurses at the outbreak of the First World War. Most readers of First World War British nursing memoirs, enriched by the pacifist discourses of women such as Vera Brittain or Irene Rathbone, identify a strain of pacifism and conscientious objection in their work. However, I hope to pry open the immense military and patriotic ardour generated by women, for women, that swept across Britain during the War, which influenced female volunteers to sign up in large numbers. This ardour gets suppressed in the postwar "Never again" spirit, or obscured by the strain of moral superiority so intrinsic to the victorious nation. It is important to acknowledge that the patriotic fervour did not fizzle out completely after the "over by Christmas" spirit of the initial months. At the same time, it is also important to reflect on the publication histories of the memoirs. Despatches sent directly from the Front during the war would have been subject to censorship, and opportunities for criticism of the war effort and display of pacifism would have been limited. However, there are instances (as this chapter will

¹⁰ Helen Zenna Smith, *Not So Quiet . . . Stepdaughters of the War* (New York: The Feminist Press, 1989), 220–21.

¹¹ May Sinclair, *A Journal of Impressions in Belgium* (New York: Macmillan, 1915), np.

show) of bellicose spirit still celebrated long after the war. Nurse Olive Dent's 1917 war memoir begins with the lines:

What have I done for you,
 England, my England?
 What is there I would not do,
 England my own?¹²

The prevailing female militarism is best demonstrated by *The Little Mother's Letter*, which shows how in 1916, too, strong patriotic feelings permeated the society, with women staunchly supporting the War. It is not entirely coincidental that the publication of *The Little Mother's Letter* followed the introduction of military conscription in Britain in January 1916. At this juncture, it would be well to question whether the rise in enlistment numbers among women after the introduction of male conscription is the result of this militarist propaganda.¹³

However, it is very important to remember that not all women drifted naturally to a pro-war, militaristic stance out of deeply-entrenched patriotism. For many women, aware of their own lack of agency in every public sphere of society, the War was finally a chance to mark their presence; and they supported the War because it enabled them to actively participate in actions which had always been barred to them. Women replaced men in their jobs as the latter went to fight; and nurses were seen as equivalent to soldiers in their contribution. However, the memoirs that I discuss in this section and the next are also permeated by an intense anxiety, originating from a desperate desire to contribute, to be a part of the 'real' world, in the thick of things, and to prove their usefulness. A related strain running through these memoirs, is the heightened sense of shame these women felt for their gender, which appeared to prevent them from actively

¹² Olive Dent, *A V.A.D. in France* (London: Grant Richards, 1917), 13.

¹³ See: Jean Bethke Elshtain, *Women and War* (Chicago: University of Chicago Press, 1995), 192–94; Ouditt, *Fighting Forces*, 134–35; Christopher Martin, "The Date and Authorship of the Letter from 'A Little Mother'" *Notes and Queries* 62, no. 3 (2015): 447–50.

contributing to the national emergency. As I will demonstrate, most of these memoirs begin with a sense of regret at simply not being as good as a man, and are tinged with a sense of sexual jealousy at being unable to participate as freely in combat as the men. Suzanne Raitt writes how patriarchies at war pour financial, emotional, and cultural resources into the maintenance of military masculinity.¹⁴ For some of these women, the War appeared an opportunity to mingle and contribute freely in the public sphere and to come to terms with their sexual shame; and this they achieved by supporting this military masculinity. For them, patriotism became a mode of asserting a newly empowered sense of self-definition.

One writer who felt patriotic about the War was May Sinclair, who was one of the fifty-four British writers who had signed the “Author’s Manifesto” of 1914, pledging their support for the War. The manifesto declared that after the German atrocities in Belgium, “Great Britain could not without dishonour have refused to take part in the present war.”¹⁵ The hyperbolic language of the manifesto stresses the moral superiority of a group of British writers, who felt it incumbent upon themselves to preserve the safety and integrity of “weak, small nations” and “the free and law-abiding ideals of Western Europe”.¹⁶ Yet there is a great and implicit irony in this manifesto:

Many of us have dear friends in Germany, many of us regard German culture with the highest respect and gratitude; but we cannot admit that any nation has the right by brute force to impose its culture upon other nations, nor that the iron military bureaucracy of Prussia represents a higher form of human society than the free Constitutions of Western Europe.¹⁷

¹⁴ Suzanne Raitt and Trudi Tate (eds), *Women’s Fiction and the Great War* (Oxford: Clarendon Press, 1997), 66.

¹⁵ Full text: <https://thewpb.wordpress.com/2014/05/13/100d-1-the-authors-declaration/> Last accessed: April 29th, 2018.

¹⁶ Ibid.

¹⁷ Ibid.

It is strange that a group of British intellectuals would sign a declaration with these words, when this is exactly what Britain had been carrying out in its colonies for two centuries—a mission elucidated by Thomas Babington Macaulay in his “Minute on Education”.¹⁸ It is also strange that the intellectuals chose to forget about the atrocities and “brute force” that Belgium carried out in Belgian Congo. By signing the Authors’ Manifesto, May Sinclair proclaims herself a patriot.

May Sinclair was fifty-one years old when the War broke out. She went to Belgium as part of a group set up to help Belgian refugees and drive ambulances; she worked as a secretary and reporter for a Motor Ambulance Unit, made up of a commandant, two doctors, a trained nurse and midwife, three emergency nurses, three stretcher-bearers, and two chauffeurs. In 1915, Sinclair published *A Journal of Impressions in Belgium*, about her experience of war. In her long dedication “To a Field Ambulance in Flanders” she describes how she felt the “lure” of the battlefield, and how she wished she could have been able to participate more actively. In thus celebrating (and sentimentalising) combat, she aligned herself—a famous writer—to the mainstream glorification of combat and militarism:

I do not call you comrades,

You,

¹⁸ “. . . the dialects commonly spoken among the natives of this part of India contain neither literary nor scientific information, and are moreover so poor and rude that, until they are enriched from some other quarter, it will not be easy to translate any valuable work into them. It seems to be admitted on all sides, that the intellectual improvement of those classes of the people who have the means of pursuing higher studies can at present be affected only by means of some language not vernacular amongst them. [. . .] One-half of the committee maintain that it should be the English. The other half strongly recommend the Arabic and Sanscrit works. I have conversed, both here and at home, with men distinguished by their proficiency in their Eastern tongues. [. . .] I have never found one among them who could deny that a single shelf of a good European library was worth the whole native literature of India and Arabia. The intrinsic superiority of the Western literature is indeed fully admitted by those members of the committee who support the oriental plan of education. [. . .] It is, I believe, no exaggeration to say that all the historical information which has been collected from all the books written in the Sanscrit language is less valuable than what may be found in the most paltry abridgments used at preparatory schools in England.” W. Nassau Lees, *Indian Musalmans: Being Three Letters Reprinted from the "Times"; with An Article on the Late Prince Consort and Four Articles on Education Reprinted from the "Calcutta Englishman" : with An Appendix Containing Lord Macaulay's Minute* (London: Williams and Norgate, 1871).

Who did what I only dreamed.

Though you have taken my dream,

And dressed yourselves in its beauty and its glory,

Your faces are turned aside as you pass by.

I am nothing to you,

For I have done no more than dream.¹⁹

In the dedication, May Sinclair stresses the privilege men have being able to fight for their country, and the restrictions to a woman's capacity to contribute in any equal measure to the War. Such a view of women's contribution is naive, as she only looks at the war as a "dream" of active service for women. This is especially disturbing in the context of May Sinclair's own experiences, as she, unlike most of the young V.A.D.s and ambulance drivers of the First World War, had already lived through a major combat, the Boer War, and had a brother, Joseph, who served during the Basuto Rebellion. She was also not unfamiliar with wartime bereavement: three of her nephews were mobilised, two of whom died in 1915, aged thirty-four and twenty-five respectively; the third was held prisoner in a POW camp until 1918, and he then arrived at Sinclair's London house with severe pneumonia, and required dedicated nursing. Yet none of these experiences lessened the fervour of Sinclair's support for the War—she published *A Journal* in 1915, and continued writing about the attractions of combat even in the novels that she published throughout the War and after, beginning with *Tasker Jevons: The Real Story* (1916) and *The Tree of Heaven* (1917) which feature nurses in the Front, continuing with *The Romantic* (1920) and *Anne Severn and the Fieldings* (1922) which deal with ambulance units in Belgium.

In the introduction of her *A Journal of Impressions in Belgium*, Sinclair urges her readers to look elsewhere (she provides a list of books to that effect) for "accurate and substantial

¹⁹ Sinclair, *A Journal of Impressions in Belgium*, np.

information about Belgium, or about the War, or about Field Ambulances and Hospital Work”; she claims only a “psychological accuracy” of her impressions, some of which were “insubstantial to the last degree”.²⁰ Her multiple usage of the word “dream” in her dedication, also suggests a certain amount of fictionality in her text. Rebecca West, Sinclair’s ardent admirer, in her review of the book, writes, “[O]ne cannot imagine Miss Sinclair presuming to express an opinion upon international affairs. Yet by her mysterious subterranean methods she makes one ache for Belgium.”²¹ Apart from her signing of the Authors’ Manifesto, Sinclair does not indulge in any political comment regarding the War, engaging, rather, in a romantic rhetoric to glorify warfare. At one point she writes, “We turn our eyes with longing towards Antwerp, so soon to be battered by the siege-guns from Namur.”²² She longs to be in Antwerp to participate in the combat, but feels left out because of her gender. Her uncomfortable enthusiasm for the War can be read only as her justification for the act of combat. Claire M. Tylee rightly claims that Sinclair’s “concern becomes increasingly the emotional effect that her experiences have on her, and these are almost gloated over”.²³ Writing only about the thrill of the battlefield from second-hand experience, questionable imagination, and gross sentimentalising, *A Journal of Impressions in Belgium* was misleading in terms of the conditions that medical workers had to face in Belgium at the beginning of the War, as we shall see. On the first day after her arrival in Ostend, she experiences “the first visible intimation that the enemy may be anywhere”:

A curious excitement comes to you. I suppose it is excitement, though it doesn’t feel like it. You have been drunk, very slightly drunk, with the speed of the car. But now you are sober. Your heart beats quietly, steadily, but with a little creeping, mounting thrill in the beat. The sensation is distinctly

²⁰ Ibid., np.

²¹ Jane Marcus (ed.), *The Young Rebecca: Writings of Rebecca West 1911–1917* (London: Virago Press, 1983), 305.

²² Sinclair, *A Journal of Impressions in Belgium*, 27.

²³ Claire M. Tylee, *The Great War and Women’s Consciousness* (Basingstoke: The Macmillan Press Ltd, 1990), 28.

pleasurable. You say to yourself, “It is coming. Now—or the next minute—perhaps at the end of the road.” You have one moment of regret. “After all, it would be a pity if it came too soon, before we’d even begun our job.” But the thrill, mounting steadily, overtakes the regret. It is only a little thrill, so far (for you don’t really believe there is any danger), but you can imagine the thing growing, growing steadily, till it becomes ecstasy. Not that you imagine anything at the moment. At the moment you are no longer an observing, reflecting being; you have ceased to be aware of yourself; you exist only in that quiet, steady thrill that is so unlike any excitement that you have ever known. Presently you get used to it. “What a fool I should have been if I hadn’t come. I wouldn’t have missed this run for the world.”²⁴

Sinclair’s portrayal of real combat is extremely romantic. She only talks about the thrill and anticipation of being caught in the fighting, and her writing about the War is peppered with words such as “ache”, “lure”, “thrill”, and “excitement”, often comparing warfare to games. The language of her mounting thrill is reminiscent of Marinetti’s Futurist Manifesto, published eight years before *A Journal* and with which she was doubtless acquainted—both Marinetti and Sinclair contributed to *The New Age*. The glorification of war and the celebration of militarism was a major focal point for Futurist writers.²⁵ In fact, Sinclair’s intoxication with the speed of the motorcar finds its echoes in Marinetti: “The raging broom of madness swept us out of ourselves and drove us through streets as rough and deep as the bed of torrents.”²⁶ Sinclair was not trained in nursing, and her desire for action borders on transgression. At one point, she wishes to go out and search for the wounded under shell-fire, but she suppresses herself from mentioning this

²⁴ Sinclair, *A Journal of Impressions in Belgium*, 12–13.

²⁵ See: Selena Daly *Italian Futurism and the First World War* (Toronto: University of Toronto Press, 2016).

²⁶ F. T. Marinetti, “The Founding and Manifesto of Futurism,” in *The Twentieth Century Performance Reader*, ed. Teresa Brayshaw and Noel Witts (New York: Routledge, 2013), 333.

desire to Dr Munro, because she is aware of the unjustifiability of her desire, and that awareness fills her with a sense of the thrill of an illicit romance.

May Sinclair has been called “greedy” at several times by later critics for her desire for military action. Suzanne Raitt writes that May Sinclair was looking to “express and satisfy both her own greedy sense of herself as a woman, and the needs of Europe at war”.²⁷ However, it was the War which gave Sinclair—a famous feminist and suffragist—access to a world in which men and women mingled freely for the first time, though in an atmosphere of heightened awareness and urgency. Like many other writers, she reminisces how as a woman she was always barred from participating in men’s activities:

It is with the game of war as it was with the game of football I used to play with my big brothers in the garden. The women may play it if they’re fit enough, up to a certain point, very much as I played football in the garden. The big brothers let their little sister kick off; they let her run away with the ball; they stood back and let her make goal after goal; but when it came to the scrimmage, they took hold of her and gently but firmly moved her to one side. If she persisted, she became an infernal nuisance. And if those big brothers over there only knew what I was after they would make arrangements for my immediate removal from the seat of war.²⁸

Although she characterises war as a game, she otherwise paints a fair picture to show how patriarchal society made women feel redundant; hence, finding herself, a middle-aged woman, at the front, appeared to Sinclair first and foremost, as an act of transgression. Her longing to witness real combat was an even greater act of transgression, because she was aware that her sex and her age made her a trespasser. In *A Journal* femininity is constantly embodied as shame, especially at times of crisis, and Sinclair is hopelessly ashamed of being herself. Apart from the

²⁷ Raitt and Tate (eds), *Women’s Fiction and the Great War*, 65.

²⁸ Sinclair, *A Journal of Impressions in Belgium*, 106.

Introduction, she does not refer to the jealousy—so common among the writings of other volunteers—about the opportunities available to men to contribute to the national emergency; but rather she fantasises about the ecstasy of war. May Sinclair’s support for militarism and her intense passion for warfare can be understood in the light of her wanting to contribute as a woman to the essentially male combat zone. Yet, as I have demonstrated, her account is flawed. She sees all *British* combatants as heroes—it is necessary to emphasise the nationality to show how her love for militarism does not extend to enemy combatants. Her hero-worship overlooks the real hardships and travails of combat, as Evadne Price’s character Helen Zenna Smith, an ambulance driver in Belgium, eloquently portrays in *Not So Quiet . . .* (1930). It is for this reason that Claire Tylee calls *A Journal* “narcissistic and myopic”.²⁹ Unfortunately, for May Sinclair the War only alternates between being a “clean and fiery passion and contagious ecstasy”, and the ground to finally express female consciousness:

[the war] came to us when we needed it most, as an opportune postponement if not the end of our internal dissensions—the struggle between Unionists and Nationalists, between Capital and Labour, between the Suffragettes and the Government, between Man and Woman.³⁰

Written by a famous mature author, *A Journal* appeared to be a tract documenting the nature of hospital work, inspiring many young women to volunteer for medical services during the War. Rebecca West reviews *A Journal* in glowing terms:

It is entirely characteristic of Miss Sinclair that this record of seventeen days spent in Belgium, which is largely a record of humiliations, and is told with

²⁹ Tylee, *Women’s Writing*, 30.

³⁰ May Sinclair, “Women’s Sacrifices for the War,” *Woman at Home* 67 (Feb. 1915), 11.

the extremest timidity and a trembling meticulousity about the lightest facts, should be one of the few books of permanent value produced by the war.³¹

But it is noteworthy that Sinclair was sent back to England after only seventeen days in Belgium. Her performance at the war-zone was criticised by the nurse Elsie Knocker (Mrs Torrence in *A Journal*):

May Sinclair, an older woman, was well-known as a novelist; she was a very intellectual, highly strung woman who managed to survive only for a few weeks before the horrors of war overcame her and she was sent home. Her functions were not entirely clear: I think she was to act as secretary to Dr Munro, though she could only have had the effect of making his own confusion slightly worse, and there was an idea that she might help to swell the corps' tiny finances by writing articles for the Press about its work.³²

Knocker's own journal is discussed later in this chapter, alongside concerns about the veracity of her claims. Her slightly disparaging comments on Sinclair's function within the Corps also reveal her own sense of self-importance. Although it is her only mention of Sinclair in her autobiography, Knocker appears obliquely numerous times in Sinclair's memoir, usually as an enterprising but uncooperative woman, who deliberately kept Sinclair out of expeditions numerous times, once by physically lifting her off the ambulance step and putting her on the ground before driving off with other members of the Corps because Knocker claimed that Sinclair would "take up the place of a wounded man".³³ Sinclair found the experience as "so ignominious" and "so sickening".³⁴

³¹ Marcus (ed.), *The Young Rebecca*, 305.

³² Baroness de T'Seracles, *Flanders and Other Fields, Memoirs of the Baroness de T' Serclaes, M. M.*, (London: George G. Harrap & Co. Ltd, 1964), 37–38.

³³ Sinclair, *A Journal of Impressions in Belgium*, 214.

³⁴ *Ibid.*, 213–14.

Unlike many writers of the First World War (such as Rose Macaulay), May Sinclair does not change her stance on the military paradigm as the War progressed: the characters of her 1917 novel *The Tree of Heaven* reject suffrage, pacifism, and movements for political justice in favour of an almost religious devotion to “the Great War of Redemption”.³⁵ Sharon Ouditt writes how May Sinclair was “rapidly seduced by the alternative glories of warfare” and was in love with the “power” that war represents.³⁶ Yet, despite her questionable ideologies, her flaws, and her failure at the Front, May Sinclair’s seventeen days at Belgium are important both for women’s voluntary services during the War as well as for the history of British women in the early twentieth century. Her enthusiasm for actual combat first of all quells the assumption that women volunteered during the War only for the sake of the men, or out of love for their country, or for financial independence which their salary would give them. Sinclair does little bellicose flag-waving, and only desires action. That is in itself at the opposite spectrum to what Vera Brittain and her friends wanted out of the War. Even more importantly, May Sinclair confronts the prevalent ideas concerning the redundancy of women in a patriarchal society, and suffers ridicule in an attempt to prove that a wholly feminine agency can enter and work in an established masculine sphere. She was ashamed, and her records eventually proved to be a “record of humiliations”, but she did brave it out at the Front, trying to match enthusiasm and romance to training and discipline—all in order to establish women’s right to a public persona.

“What is there I would not do/England my own?”

While Sinclair’s path to the war was enabled by joining an ambulance unit, Olive Dent joined the Voluntary Aid Detachment to contribute to the war effort. Dent reacts to the news of the

³⁵ Laura Marcus, “Corpus/ Corps? Corpse: Writing the Body In/ At War,” in Helen Zenna Smith, *Not So Quiet . . . Stepdaughters of the War* (New York: The Feminist Press, 1989), 256. For Rose Macaulay’s pacifist novels, see: *Non Combatants and Others* (1916).

³⁶ Ouditt, *Fighting Forces, Writing Women*, 34.

outbreak of the First World War with shock and immediately engages in imperialist language to convey her surprise:

War! *ENGLAND* at war! It couldn't be. It must be some frightful mistake. War was the prerogative, the privilege, the amusement of the vague, restless, little kingdoms, of the small, quarrelsome, European States and far-distant, half-breed peoples. War was an unreality not to be brought to *our* land, not to be in any way associated with England, with *our* country.³⁷

From the very beginning of her 1917 book *A VAD in France*, she comes across as a staunch patriot.³⁸ Her patriotism makes her look down upon “small, quarrelsome, European States” and employ eugenicist language: “far-distant, half-breed people” who are not English, and for whom war is “the prerogative, the privilege” and “the amusement”. Edward Said writes that “European culture as a whole identified itself positively as being different from non-European regions and cultures, which for the most part were given a negative value.”³⁹ He elucidates how “[i]n time, culture comes to be associated, often aggressively, with the nation or the state; this differentiates ‘us’ from ‘them’, almost always with some degree of xenophobia.”⁴⁰ In this passage, Dent separates England from the rest of Europe and asserts that war should not be “brought to *our* land.” Her double emphasis on “our” sheds light on the militant patriotism which sets the tone for the rest of her war diary. In *Culture and Society*, Raymond Williams demonstrates how culture acquired “an affirmatively nationalist cast”:

[. . .] first, the recognition of the practical separation of certain moral and intellectual activities from the driven impetus of a new kind of society; second, the emphasis of these activities, as a court of human appeal, to be set over the processes of practical,

³⁷ Olive Dent, *A Volunteer Nurse on the Western Front* (London: Virgin Books, 2014), 1.

³⁸ Her memoirs were republished as *A Volunteer Nurse on the Western Front* in 2014. All further references to the text are from that edition.

³⁹ Edward Said, *The World, the Text and the Critic* (Cambridge, MA: Harvard University Press, 1983), 174.

⁴⁰ Edward Said, *Culture and Imperialism* (London: Vintage Books, 1994), xiii.

social judgement and yet to offer itself as a mitigating and rallying alternative. [. . .]

The idea of *culture* [. . .] was also, quite evidently, a response to the new political and social developments, to *Democracy*.⁴¹

Dent's insistence on keeping war out of the borders of England and to have her country disassociated from any of its effects stresses her nationalist spirit. The underlying idea is also the preservation of English culture which, she stresses, is very different from that of the "half-breed peoples" elsewhere. This notion of "purity" is repeated throughout her diary. She continues with her emotional outpouring for England at the brink of war:

One looked at one's dear ones at home with a passion of over-mastering love. One caught one's self looking at strangers in the street, on the bus, and in the railway train,—at that worn little mother with the tired, trouble-haunted eyes, the laughing girl-child with the soft, rounded limbs, the crooning baby with his whole, wondrous future before him.⁴²

She captures the feeling of helplessness among the most vulnerable people—mothers, children, babies—who could not fight in the war, but would be severely affected by it. The powerless members of the population she focuses on are notably female: the "little mother" who is possibly "worn" out by the strain and fear of war and the claims it will make on the male members of her family; the innocence of the "laughing girl-child", whose "soft, rounded limbs" are in stark contrast with the looming destruction that war entails; and ultimately the "crooning baby" whose "whole, wondrous future" might be destroyed by war. The reason for Dent to concentrate on the vulnerability of women and children is to progress to her next question, "Who was to defend them all?"⁴³ Ouditt writes, "If the men were hurrying to transform themselves into parcels of patriotism it was clear that their female counterparts were equally

⁴¹ Ibid.; Raymond Williams, *Culture and Society 1780–1950* (Garden City, New York: Anchor Books, 1960), xvi.

⁴² Dent, *A Volunteer Nurse on the Western Front*, 2.

⁴³ Ibid.

anxious to seek a similar identity.”⁴⁴ The defence of one’s country in wartime, especially the defence of mothers and children, carries with it the promise of nobility and bravery. With this realisation, Dent, too, languishes in the similar strain of shame and feelings of redundancy as May Sinclair because of her gender:

For the first time in a happy, even life one felt bitterly resentful of one’s sex. Defence was the only consideration in the popular mind in those early August days. And defence was a man’s job, and I, unfortunately, was a woman.⁴⁵

Dent openly admits that she is “bitterly resentful” of her gender, and considers being a woman as unfortunate because it bars her from actively participating in and serving her country during war. However, her resentment makes her align herself with the very patriarchal society that enforced these boundaries on the basis of gender. Dent thinks of gender in binaries: “defence was a man’s job”, not a woman’s. However, she is aware of the limitations of such binaries as imposed by the society, when she compares the brutal result of the cultural impositions of such gender boundaries:

And then our own fighting men came back from the war, *our* boys with shattered limbs, gaping flesh wounds, bruised, battered bodies. [. . .] England had taken and broken them, and still there were so very many of us women doing nothing of value, nothing that counted.⁴⁶

Once again her emphasis on “our boys” demonstrates her patriotic filiation with England. The phrase “doing nothing of value, nothing that counted” is important to note. Dent believes that offering bodies to be “bruised” and “battered” with “gaping” wounds and “shattered” limbs, for the preservation of one’s country, is the ultimate sacrifice; and the helplessness of women against such selfless sacrifice of men spectacularly stands out as “nothing of value”. At the same

⁴⁴ Ouditt, *Fighting Forces, Writing Women*, 17.

⁴⁵ Dent, *A Volunteer Nurse on the Western Front*, 2.

⁴⁶ *Ibid.*, 5.

time, her emphasis on “*our* boys” reflects possessiveness for the boys and their bodies, and the implication that the nation has taken the boys away from these women and broken their bodies. Ultimately, the frustration of doing “nothing of value” seeps into a sense of war guilt. As she dwells on the corporeal effect of war, Dent’s language becomes uncomfortably eugenicist:

We think of the poor, maimed bodies, all that remain of that grace of English youth and comeliness, of the beauty that is consumed away, of man turned to destruction. [. . .] Our age has paid its price for the nation and the race.⁴⁷

Nevertheless she is desperate to contribute, and like May Sinclair, Dent finds herself part of one of those eager committees so common in the initial days of the war, and so bitterly criticised by Vera Brittain for their propagation of “bloodthirsty armchair patriotism”:⁴⁸

Some few of us registered the names of, and arranged visits to, the families of soldiers and sailors immediately called up for service, and the sight of those pitiful, pathetic, utterly helpless families made our hearts ache and strengthened our determination to be up and doing. There came a call for men and more men.⁴⁹

Olive Dent knew that the New Army would need a New Army of nurses. On signing up to be a nurse, she calls herself a ‘Kitchener nurse’, named after the new army created on the recommendation of the Secretary of State for War, and composed entirely of volunteers. By being a nurse, she can care for the “maimed bodies” that are remnants of the “grace of English youth and comeliness”. It is interesting that Dent sees her nursing duties as a service equivalent to that of a soldier fighting in the Front. Like May Sinclair, Dent too is engrossed in the romantic idea of “fire, slaughter, dripping bayonet, shrieking shell”, but unlike Sinclair’s energetic desire to look for wounded soldiers amid shell-fire, Dent devotes the initial days to

⁴⁷ Ibid., 12–13.

⁴⁸ Brittain, *Testament of Youth*, 167.

⁴⁹ Dent, *A Volunteer Nurse on the Western Front*, 3.

“resurrecting” and buying nursing books, attending St John’s Ambulance lectures and practices, joining a Detachment whose members visited hospitals on observation tours, and offering service at civil hospitals. She “offers” her body to be broken just like the men’s:

“Ever the faith endures,

England, my England:

Take and break us: we are yours,

England, my own.”⁵⁰

Olive Dent left for V.A.D. service in France in late summer 1915, a few weeks after she had to “regretfully” refuse service in Egypt for “private reasons”, which she does not elucidate.⁵¹ She publishes *A VAD in France* in 1917 based on the diary she keeps while serving there. In the meantime, she also voraciously publishes despatches from her Front Hospital which appear in British press such as *Daily Mail*, *Evening News*, *Yorkshire Evening Post* and *The Lady*. Jane Potter writes that while Dent’s “perceptions on the reality of war-nursing change, her perceptions about the meaning of the war alter very little, except, perhaps, to strengthen her resolve about it, a resolve inseparable from her devotion to the ‘boys’.”⁵² This strain is noticeable in all her publications: her experience of war nursing is “fascinating and interesting”, there is much laughter and light-heartedness while treating wounds, and every death is “worth” it for “our country”.⁵³ She dedicates her book “to all the brave Boys whom it has been my privilege and pleasure to Nurse”, and her love for her country and her admiration for the “Boys” colour the nature of care that she imparts.⁵⁴

It is very important to dwell on the nature of Dent’s patriotism. Unlike Sinclair, whose demonstration of patriotism actually concealed her need to prove her worth as a woman, Dent’s

⁵⁰ Ibid., 5.

⁵¹ Ibid., 6.

⁵² Raitt and Tate (eds), *Women’s Fiction and the Great War*, 103.

⁵³ Dent, *A Volunteer Nurse on the Western Front*, 24.

⁵⁴ Ibid., np.

patriotism is separate from her sense of shame for her gender. Her demonstration of patriotism is also inherently public: her publishing productivity was directly targeted at the Home Front and she appeased her readers by providing them with what they wanted to hear. Not only do her records of war carry with them no gruesome details of fighting, wounding, and death, but they also bear a strong nationalistic strain intended to pacify the Home Front into believing that it was all “worth it”: “Ours is a country worth fighting for, worth dying for, worth being maimed for. A funny thing—love of one’s native land.”⁵⁵ Researchers of political psychology have shown that patriotism is “often defined in behavioral terms, identifying the sorts of sacrifice the individual is obliged to make in defense of the country’s freedom and democracy.”⁵⁶ Dent’s patriotism too is aligned to this matrix of action as demonstration of love; the physical wounding is a collateral damage.

To appease her readers, Dent paints a rosy picture of war nursing:

On the nursing side one has the pleasure and satisfaction of quick results and rapid progress. A jaw case, say, comes in with some of the flesh shot away by high explosive, the surrounding skin spotted with small black patches, clotted and caked with blood, dust and clay in the moustache.⁵⁷

Having given a rudimentary sketch of a soldier’s wounds, she indulges in some technical details for the treatment:

One syringes and washes the wound with peroxide followed by a lotion, shaves the face where necessary, washes the skin with hydrogen peroxide, or ether soap and warm water, continues to syringe the wound frequently and dress it with eusol, until,

⁵⁵ Ibid., 106.

⁵⁶ See: Richard K. Herrmann, Pierangelo Isernia and Paolo Segatti, “Attachment to the Nation and International Relations: Dimensions of Identity and their Relationship to War and Peace”, *Political Psychology* 30, no. 5 (2009): 721–54; M. Viroli, *For love of country: An essay on patriotism and nationalism* (Oxford: Clarendon Press, 1995).

⁵⁷ Dent, *A Volunteer Nurse on the Western Front*, 24–25.

at the end of a few days,—three or four, perhaps, for jaw cases are notoriously quick in healing owing to the good circulation of blood in the face,—the patient is ready for evacuation to England.⁵⁸

Her deftness is meant to sound impressive to the readers back home. The simplicity of the treatment and the harmlessness of the wound would assure family members back in England whose sons and husbands were fighting in the Front. However, the ease and proficiency that Dent depicts here was not entirely true. American nurse Ellen N. La Motte serving at *Hôpital Chirurgical Mobile* No. 1 in the Belgian Zone, wrote of a soldier who had shot himself in the mouth: “The ball tore out of his left eye, and then lodged somewhere under his skull [. . .] his left eye rolled about loosely upon his cheek, and from his bleeding mouth he shot great clots of stagnant blood.”⁵⁹ La Motte’s frank portrayal of war is absent in Dent’s text. All the wounded soldiers in Dent’s war diary are happy and grateful to serve their country, and Dent along with the other nurses only feel “pleasure and delight” in their work:

[T]he work has been thoroughly enjoyable, but now comes the little disappointment of active-service nursing. One does not see the completion of the case, the subsequent grafting and building which ultimately makes so wonderful a cure for the poor boy.⁶⁰

Instead of severe wounds and pain, Dent records a lot of light-hearted conversation supposedly happening in her hospital, for her readers back home. However, she often pairs medical treatment (seemingly simple and painless) with laughter:

‘Now, little chappie, swinging the lead, eh? We’ll soon fix this up. Nothing very much the matter, is there?’ and with a soak of hydrogen peroxide and warm, sterile water,

⁵⁸ Ibid., 25.

⁵⁹ Ellen N. La Motte, *The Backwash of War: The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse* (New York: Putnam, 1934), 8.

⁶⁰ Dent, *A Volunteer Nurse on the Western Front*, 25.

caked dressings soon give way. The clay-covered, blood-splattered surrounding skin is washed with the same lotion or with ether soap and, possibly, an area shaved—as in the case of head and calf wounds—and the wound itself is cleaned and dressed.⁶¹

The purpose of such a passage (her text is interspersed with similar exchanges) is manifold. They show that not only are English soldiers thriving well in the battlefield, but if they are wounded, they also get treated by expert carers. Her cheeriness is the verbal version of treating the wounds—the laughter washes away the pain. The exchanges also reveal that there is no flagging of morale of the troops in the battlefields. Some of her other exchanges with the soldiers are especially “cheerful”:

‘Sister, may I take you tobogganing this afternoon?’ asks one boy with a bandaged head and broken femur, but otherwise very cheerful. ‘Thanks so much. I should love it, and Jock will take me skiing, won’t you?’ I retort, whereas Jock laughs, for he is but very slowly ‘coming round’ again after ‘making a meal of a few bits of shrapnel,’ as he terms his poor abdominal injuries. ‘And you others—well, I think we might manage a bob-sleigh party, eh?’ ‘Oh, rather, sister!’ says a boy, peering over the top of his bed-cradle, which, by the way, he will need for many long weeks.⁶²

We do not know how true these exchanges are. While they seem endearing to read at a difficult time in history, they are used to censor the reality of war wounds and the true nature of military medical care. Irene Rathbone’s 1932 war novel *We That Were Young*, based on her own experiences as a First World War nurse, records the reality of war wounds in 1st London General at Camberwell. Receiving the horrendously wounded soldiers from the Somme in 1916, Joan encounters one patient suffering from a similar wound to Dent’s patient: “[H]is right leg was

⁶¹ Ibid., 35.

⁶² Ibid., 40.

fractured at the thigh, and was swung clear of the bed in a long cradle-like splint.”⁶³ Rathbone gives a detailed account of McNeil’s wound and the expression of his pain in a long passage:

A large area of raw flesh lay revealed, with two pieces of rubber tubing embedded in it for drainage purposes. Each tube was drawn out with a little glooping noise and dropped into a dish. [. . .] It was when it came to the probing that he had to shut his eyes and clutch Joan’s arm. Sickening even to watch that simple little bodkin-shaped instrument working about among the lacerated muscles, and to *feel* it almost unendurable. But the bits of loose bone had to be found, otherwise they set up inflammation.⁶⁴

Dent’s book is free of such gruesome depictions of the war’s reality on human bodies mainly because it is a treatise on patriotic duty, a display of intense nationalistic pride, designed to make minds ready to put that pride to action when needed, despite gender conventions. However it could also be argued that war censorship would have prevented her from writing such gruesome details anyway. Nevertheless, her text still appears as a justification of her eagerness to serve and be useful for her country in spite of her gender. Hence, she regularly describes her pride in her work:

It is our privilege, pleasure and pride to dispel that fear, —a pride which actually grows to a conceit. It is very feminine to enjoy rising above expectations, and to hear stumbling expressions of gratitude after a dressing,—to be assured that ‘it feels luvly’ or ‘I was dreading that, sister, and it didn’t hurt a bit’—is as the sound of music in one’s ears. It is a form of vanity of which we are not ashamed, indeed, we revel in it.⁶⁵

⁶³ Irene Rathbone, *We That Were Young* (New York: The Feminist Press, 1988), 196.

⁶⁴ *Ibid.*, 197.

⁶⁵ Dent, *A Volunteer Nurse on the Western Front*, 34–35.

Here Dent refers to the “little fear of hospitals [that] is engendered” among soldiers, ascribing that fear to the “inaccurate accounts” that their parents had given them.⁶⁶ Her expertise in her job enables her to dispel the fears of her wounded patients. However, she fashions her expertise in gendered terms. She finds it “very feminine” to enjoy the rise above the expectations of hospital nurses in performing her professional role. The soldiers’ expressions of gratitude are validations for her work, and hence they are like “music” to her ears; their words give recognition to her war-work and her successful fulfilment of duty towards her country. At the same time, even within the framework of a professional role, Dent performs her gender: “Here, there are so many demands on one’s pity, one’s womanliness, one’s protection, one’s self-reliance.”⁶⁷ Thus by choosing a stereotypically feminine role—that of the “ministering angel”, the nurse—as her contribution during the war, Dent turns round the very barrier that had prevented her from demonstrating her love for her country in the first place. In *Gender Trouble* Judith Butler writes of gender as “a corporeal style, an ‘act’, as it were, which is both intentional and performative, where ‘performative’ suggests a dramatic and contingent construction of meaning”, clarifying that, “[a]s in other social dramas, the action of gender requires a performance that is *repeated*.”⁶⁸ Having procured the role that she wanted for the duration of the War, Dent performs it according to her gender. In addition to administering bandages soaked with hydrogen peroxide, she is generous with her “womanliness” and her feminine “pity”, fitting perfectly into the role that society expects of her:

“I know now why you nurses are called ‘sisters.’ You *are* sisters to us boys.” With a lump in the throat, and stinging tears at the back of the eyes one could only silently hope to be ever worthy of the name.⁶⁹

⁶⁶ Ibid., 34.

⁶⁷ Ibid., 257.

⁶⁸ Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990) 190–91.

⁶⁹ Dent, *A Volunteer Nurse on the Western Front*, 37.

Dent's patriotism is affective: she actively demonstrates her love for her country and reacts emotionally to its symbols.⁷⁰ Her celebration of England, and her desperation to keep the war outside its borders can be ironically compared to the *Heimatschutz* (literally: homeland protection) movement that swept across Germany and Austria during and immediately after the First World War.⁷¹ She romantically describes her homeland as a country with “red-roofed farms, trim, well-built dwelling houses, orderly little towns, and—adorable little English children” and with “the reds and russets”, “the golds and bronzes”, “the browns and dark greens” of the wooded copses, all of which needs to be protected from the destructiveness of war.⁷² This is different from Ivor Gurney's yearning for home from the Front because Dent uses the pastoral and countryside aesthetic to define nationhood and defend it, while Gurney's poems reveal a longing and nostalgia for England from the Front:

Brown-gold windows showed last folk not yet asleep;

Water ran, was a centre of silence deep,

Fathomless deeps of prickled sky, almost fathomless

Hallowed an upward gaze in pale satin of blue.⁷³

In his essay, ‘Heimatschutz: Ruckschau und Ausblick’ (1911), Karl Giannoni, one of the proponents of the movements, argued for the necessity of the *Heimat* to be beautiful, as beautiful signifies virtue:

“The beautiful is the symbol for the good,” said Kant; this holds true in the negative as well, and we can say: The ugly is the symbol of the evil. Therefore the thinking

⁷⁰ For the psychology of patriotism see: Jennifer Wolak and Ryan Dawkins, “The Roots of Patriotism across Political Contexts,” *Political Psychology* 38 no. 3 (2017): 391–408; Herrmann, Isernia and Segatti, “Attachment to the Nation and International Relations”; Steve Reicher and Nick Hopkins, *Self and Nation: Categorisation, Contestation and Mobilisation* (London: Sage Books, 2001).

⁷¹ See: Peter Bickle, *Heimat: A Critical Theory of the German Idea of Homeland* (Rochester, NY: Camden House, 2002).

⁷² Dent, *A Volunteer Nurse on the Western Front*, 106.

⁷³ Ivor Gurney, *Collected Poems* (Manchester: Carcanet Press, 2004), 75.

observer can see the outward traits of this *Heimat* as clear signs of the world he lives in; both are inseparable. And getting used to bad appearances, and thus to their continual repetition, only produces more bad conditions, just as the forming of good ones creates good ones.⁷⁴

Dent even offers death as a justification for the protection of the beautiful English land and English “race”:

No matter what consolation is proffered, death is always an irreparable loss. But surely it is better to have it come when doing work that counts, work of national and racial weight, than to live on until old and unwanted.⁷⁵

Springing into existence as nationalistic militia groups during the First World War, the *Heimatschutz* movement eventually merged with the Nazi party in the 1930s and “prepared the way for the penetration of conceptions of landscape protection into the road-building plans of the Nazis.”⁷⁶ Dent published prolifically throughout the War, and in all her writings she stressed on the unique English rural countryside and home inhabited by the English “race”, as the epitome of aesthetics, purity, and nationalism, which need to be “protected”. These reveal her nationalistic strain, which motivated her to volunteer for war nursing.

A V.A.D. in France ends with the words “We are proceeding forthwith.”⁷⁷ After twenty months in the Front, the hospital was taken over by American authorities, and Dent records that they had to leave. We do not know where she went or what she did for the rest of the war. Her writings appear again immediately after the war in *The War Illustrated*. Between October and November 1918, she publishes three articles in the magazine, where she is introduced as ‘Author of the Popular Book, “A V.A.D. in France”’. Her first column titled “The ‘Sisters’ and their

⁷⁴ Bickle, *Heimat*, 133.

⁷⁵ Dent, *A Volunteer Nurse on the Western Front*, 165.

⁷⁶ Thomas Zeller, *Driving Germany: The Landscape of the German Autobahn, 1930–1970* (New York: Berghahn Books, 2007), 22.

⁷⁷ Dent, *A Volunteer Nurse on the Western Front*, 289.

‘Boys’” is interesting to read. Despite serving as a nurse and witnessing first-hand the ravages of war on the human body, even in October 1918, Olive Dent celebrated the war as an opportunity to be “utilised fully, actively.”⁷⁸ The article appeared in a publication that produced weekly issues describing in detail the activities in the different Fronts. Since the battle front was an exclusively masculine space, *The War Illustrated* covered mainly soldiers’ masculine exploits, with some issues publishing some illustrations on nursing work. Aware of the nature of the magazine, Dent strives in her article to give a detailed picture of V.A.D. work, justifying the work they did as war work, while still retaining traditional gender stereotypes in their professional roles. She declares that:

[t]he V.A.D.s won through simply because they were British and had the grit, the characteristic faculty for “sticking it” which is commonly associated with our men, but less often with our women, though the latter just as certainly possess it.⁷⁹

Her nationalistic pride is unchanged. Here she hints at equality between the sexes when it comes to “grit”, and as if to return to traditional gender roles of women being subservient to men, she quickly declares:

Possibly one factor in helping to “stick it” is the simple one that we have all been so busy thinking of “the boys” and their bigness that we have not had time to think of ourselves and our dwarfed doings.⁸⁰

She ends her piece in *The War Illustrated* by relapsing into the familiar trope of gender roles:

For when they, our brave defenders, are wounded and hurt, and come to us to be tended and comforted, when they trust themselves and their poor torn flesh to our

⁷⁸ Olive Dent, “The ‘Sisters’ and their ‘Boys’”, *The War Illustrated*, 9, no. 217 (1918): 143.

⁷⁹ Ibid.

⁸⁰ Ibid.

keeping, what wonder they make us feel big and protective and motherly—despite the fact that they may be years older than we. They are still our “boys”.⁸¹

In writing about female gender performativity in the context of war, Rita Stephan describes how “womanhood” can be used as a “source of empowerment”.⁸² Both Stephan and Cynthia Enloe argue that patriarchal society sees men as “natural controllers”, and this structure persists at the outbreak of war when men are “responsible for the security of women and children”.⁸³ Nurses such as Olive Dent had to negotiate their love for their country with the social barriers imposed upon them by the patriarchal society. One way of overcoming the barrier was to project the accepted stereotypes and attributes of their gender into their professional roles. Instead of declaring how these women mended the bodies of the very men who were expected to defend them, Dent dilutes their own expertise by focussing on the nurturing side expected from their gender, implying that their “brave defenders” gained succour by the motherliness of their female nurses in hospitals.

“A Charmed Life”

Unlike the shame for their gender that Sinclair and Dent exhibit, Elsie Knocker (or the Baroness de T’Serclaes, M.M.), displays confidence in her capabilities as a woman. She was in her mid-fifties when the Second World War broke out, and looking back at her own experiences during the First World War, and the collective achievements of women, she writes:

During 1914–18 women had been employed as riggers, fitters, dopers, carpenters, storekeepers, photographers, draughtsmen, wireless operators, telephonists, drivers and motor-cyclists—as well as cooks, orderlies, clerks, and typists. Some of them had

⁸¹ Ibid.

⁸² Rita Stephan, “War and Gender Performance” *International Feminist Journal of Politics*, 16, no. 2 (2014): 1–20.

⁸³ Cynthia Enloe, *Globalization and Militarism: Feminists Make the Link* (Lanham: Rowman and Littlefield, 2007), 61.

even worked as pigeon-minders at airship stations: the birds were taken up as messengers in coastal patrol airships. One would have thought that such variety would have proved the point beyond any possible doubt. Oh no, even after the Munich scare the Air Ministry was wishfully presuming that “women would be employed as civilians and not enrolled.”⁸⁴

Nurse Elsie Knocker and VAD Mairi Chisholm were the most photographed women of the First World War. They were named the ‘Heroines of Pervyse’ and the ‘Madonnas of Pervyse’ by the British media and public. Knocker and Chisholm began their war-nursing career in the same Flying Ambulance Corps as May Sinclair. While Sinclair had to return to England after seventeen days, Knocker and Chisholm stayed on with the Corps, and then installed a first-aid nursing station in a cellar-house in the Belgian village of Pervyse, fifty yards behind the Belgian front. In attempting to do so, they received immense resistance from the authorities:

Admiral Ronarc’h, who happened to be present when I was pleading with Sir Bertrand, scoffed openly, and became very angry when I persisted. He had never heard anything quite so absurd. Surely I knew that women were not allowed in the trenches? They had to be at least three miles behind the lines. If I chose to disobey orders I could expect no assistance, and that meant no rations and no medical supplies. The Admiral stated firmly, almost with relish, that because I was a woman (and, oh, how utterly disparaging those two words, *une femme*, can sound!) I could not possibly stand in front of Front-line life, and would only become an added worry and responsibility.⁸⁵

Once they received approval to stay from the B.E.F. and the Allied Council in Paris, they became the first women serving so close to the trenches. Their movements and work were widely documented. Besides numerous photographs published in the newspapers, a book titled *The*

⁸⁴ de T’Serclaes, *Flanders and Other Fields*, 139.

⁸⁵ *Ibid.*, 63.

Cellar House of Pervyse written by the children's author G. E. Mitton was published in 1916. Mitton spent weeks with Knocker and Chisholm and quoted excerpts from their diaries in her book. The book ends with a plea to the readers:

All you who have read this book

Please send something, even if it can only be a little

Shillings mount up

The Two have given to the utmost limit of their strength, and they cannot go on without funds [. . .]

All royalties from the sale of this book will go to the good cause, so buying copies as presents for friends is one way to help, but those who prefer to contribute directly can send their subscriptions.⁸⁶

Such an afterword implies that the purpose of the book was to publicise the work of the two women and raise funds to aid in the purchase of medical supplies. The book could also be read as a record of and testimony to the unconventional and brave work of these two women during the War. Knocker published her own memoirs as late as 1964, but it bore numerous inconsistencies in the narrative: she devotes a chapter to her second marriage to the Belgian Baron de T'Serclaes but makes no reference to him after that at all, even after she returns to Britain after the war and struggles with money; her references to her colleague Chisholm are sporadic, despite the substantial proof in newspaper archives of their working together as a team for the entire duration of the war. Teresa Gomez Reus comments on the carefully curated collections of their private papers, photographs, and diaries that they donated to the Imperial War Museum, writing that these documents ought not “to be taken at their face value.”⁸⁷ I will not concentrate here on the veracity of Knocker's claims in her memoirs—I have focused on the

⁸⁶ G. E. Mitton, *The Cellar House of Pervyse* (London: A & C Black Ltd, 1916), 269.

⁸⁷ Teresa Gomez Reus, ‘Fighting for Fame: The ‘Heroines of Pervyse’ and the Disputed Construction of a Public Image’, *Women: A Cultural Review* 23, no. 3 (2012): 300–22.

politics of life-writing with reference to Knocker in the Introduction. In this section I look specifically at Knocker's motivations to volunteer to serve in the war. As her belated memoir is inconsistent, I construct the narrative from a range of sources, from Diane Atkinson's 2010 biography *Elsie and Marie Go to War*, Mitton's frontline portrait of their lives in *The Cellar House*, and their respective interviews with Peter Liddle in 1973. I argue that Knocker's major motivations, as gleaned from her writings, are the sense of self-fulfilment arising out of being active and useful, and the construction of a public image of a woman of importance and action.

The belatedness of the publication of her memoirs is important to note. The section of her memoirs devoted to the First World War forms the core of her book, and she calls it "A Charmed Life". This gives an inkling of her attitude towards the war, even after fifty years. Throughout her memoirs she stresses how during her time in that cellar house in a mutilated Belgian village, wearing her khaki-coloured uniform and offering first aid to Belgian soldiers, she "was happier than ever before in my life, happy, perhaps, for the first time in my life."⁸⁸ Thus even in retrospect, the war had been a time for self-fulfilment for her. Writing about the early days of the war:

All the same, it was a heady atmosphere to move in, and it infected me with a strong desire to do something more than stay in London and wait for a bunch of men to tell me what to do. I heard of an ambulance corps which was going straight out to Belgium and I applied to join it. On the strength of being an expert driver and mechanic, as well as a nurse, I was accepted. Could this be what I had been preparing myself for?⁸⁹

Knocker had always been an active woman. Before the outbreak of the war, she trained as a nurse, taking her Central Midwives Board at Queen Charlotte's Hospital. After working as a district nurse in London for a month, she moved to Hampshire to look after her injured brother.

⁸⁸ de T'Serclaes, *Flanders and Other Fields*, 69.

⁸⁹ *Ibid.*, 36.

It was here that she took up motorcycling as a hobby. She left behind her child Kenneth when she arrived in Belgium at the end of September 1914. Desperate to begin work, she declared, “Ten years of my life had slipped away in groping, and now I felt that I had, literally, a date with destiny.”⁹⁰

Knocker and Chisholm did indeed work through and survive the most difficult phases of the War on the Western Front. In her memoir, Knocker emphasises her enterprising and bold nature, and how she was always ready to face challenges in the Western Front:

I had no time to ask questions or puzzle over the whys and wherefores. Every ambulance vehicle that could be mustered was needed for the Front, and there was such a shortage of drivers that I was pushed straight into a heavy Napier ambulance and ordered to move off in the direction of Dixmude without delay. I had never driven anything like it before, but in the next few months I got used to driving strange vehicles at a moment’s notice—including Daimlers, Wolseleys, Mercedes, Pipes, Sunbeams, and Fiats.⁹¹

They regularly faced heavy shelling from the enemy. Once while returning from Lokeren, the Germans “peppered” them with rifle-fire, and not having enough time to climb inside, Knocker and Chisholm were “standing on the step clinging to the side, with bullets swinging round us.”⁹² On returning to Flandria Palace that night, Knocker wrote in her diary: “It was a wonderful and grand day and I would not have missed it.”⁹³ Knocker attributed her boldness and propensity to get things done under pressure, to her penchant for recklessness and tension. She reminisces:

I liked being in a tough spot. I liked responsibility. I liked having to make quick decisions. I had strong nerves which longed to be exercised. I liked the feeling that I

⁹⁰ Ibid., 41.

⁹¹ Ibid., 54.

⁹² Ibid., 45.

⁹³ Ibid.

was wanted and that other people were relying on me. I also liked the smell of danger and the tension of battle; I throve and blossomed on it. My self-consciousness disappeared, and I found a new self when I was serving others.⁹⁴

Knocker's affinity for the War was visceral. The constant heightened anxiety and tension of war appeared to have a positive effect on her nerves. In order to seek danger, she turned to her senses: she sniffed the "smell" of battle, and "throve and blossomed" in it. The blossoming of her character was possible in wartime not only because she liked the pressures and responsibilities of her role during war, but also because war ultimately gave her the opportunity to undertake a job with responsibility, where she would have to take quick decisions. During their initial days at Pervyse, Knocker and Chisholm carried jugs of soup or hot chocolate to the trenches. As word spread, men arrived at the cellar house with mugs. Often at night, an officer accompanied them to the outposts. They were even given passwords in case they were challenged on their journey back. No woman had gone this far: "All was done in silence, and when the odd star curved down towards us inquisitively we would have to stand stock still."⁹⁵ Together with Chisholm, she helped the orderlies bring in the wounded, lifting "a man in his full field kit with rifle and tin-hat." She describes the "first wrenching jerk from off the ground to waist-level" and then "stumbling over mud and slush and cratered roads."⁹⁶ In a beautiful passage, Knocker writes about the feeling of loneliness engulfing her on her way back from the trenches, the lack of recognition by the passing soldiers, and her own longing to belong. Her words articulate the ambiguity of women's place in war, their gender seeping literally to the "forbidden zone"—forbidden for their sex. Knocker's pride at the realisation that "I should be here sharing everything with them, and accepted as one of them" is legitimate, for her physical presence so close to the trenches testifies

⁹⁴ Ibid., 31–32.

⁹⁵ Ibid., 66.

⁹⁶ Ibid., 68.

to the breaking down of numerous gender stereotypes.⁹⁷ Her sadness at being unrecognised is a testament to women's unrecognised labour in war.

Oh, how those words bring back to me those strange days, and my strange state of mind, the sense of sharing, of comradeship and identification, the hatred of the muddle and waste of war, and then, hard on its heels, the sharp gratitude for being there in the middle of it all to make a tiny corner of sanity!⁹⁸

In acknowledging her “sharp gratitude” for being able to contribute to the war effort, Knocker's motivations to volunteer align with that of May Sinclair's and Olive Dent's. Yet her sense of patriotism is different from either of them. Unlike Sinclair, volunteering for the war for Knocker was less about proving her worth as a woman, and more about “a strong desire to do something”. As she stressed earlier, she found “a new self” when serving others; serving in the First World War gave Knocker a sense of purpose in life, declaring that she was not only “convinced that I was doing good work”, but that she was also certainly “happier than ever before in my life.”⁹⁹ Thus, her motivations to volunteer were very personal, and she lacked the strong sense of racial superiority that Dent displayed. Like the New Woman, she found a “new self” as her war-work enabled her to serve others and contribute to the collective war effort. Mitton writes in 1916 that Knocker and Chisholm “became soldiers” and “consummated that heroic resolve with a real sacrifice”, that of completely cutting off their hair.¹⁰⁰ Dressed in soldiers' boots and riding breeches they ceased to be feminine nurses; on being warned by German soldiers that their soldiers' tin helmets would make them vulnerable to firing, they replaced the helmets with nursing veils thus rendering ambiguity to their performance of their genders. Yet she performed her gender when required, recording that “men often came up to me to ask me about their domestic troubles”, and she also performed the essentially feminine

⁹⁷ Ibid., 67.

⁹⁸ Ibid., 67.

⁹⁹ Ibid., 69.

¹⁰⁰ Mitton, *The Cellar House*, 113.

expectations of her role as a nurse when a soldier she was treating broke down into tears because the “touch of a woman’s hand that brings back a memory”.¹⁰¹ This fluidity in gender performance, so distinct from the expressly feminine performance of Dent, and from Sinclair’s beliefs in its shortcomings, demonstrates that Knocker did not participate in the debate centring around the presence of women in Front warfare.

Knocker repeatedly mentions that for her “the war has meant excitement, fulfilment, happiness even.”¹⁰² The only post-war event that came close to the heightened sense of urgency and emergency of the First World War was the General Strike of 1926, when Knocker returned to her “element”, “excited at the challenge.”¹⁰³ She does admit that her celebration of the war as an event that filled her life with fulfilment and purpose might sound “selfish”, but she had no qualms in establishing that Pervyse and the War “stood, and stands, for all that is best and most satisfying in my life.”¹⁰⁴ Her memories of the War are so positive, that she named her cottage in Surrey ‘Pervyse’. The War gave her many accolades, and she desperately clung on to each of them for the rest of her life. During the war, she often visited England on “lightning lecture tours” to raise money for their work in Pervyse, and proudly writes how she was often billed there as “The wonder woman, who has braved shot and shell, disease, and hunger in the Belgian Army firing-line.”¹⁰⁵ Despite never seeing her husband again after 1917, and never mentioning him in her book, she took pride in her married name, and always signed herself as the Baroness de T’Serclaes, M.M. Her writings make no reference to the fact that the Baron, her husband, went on to become a notorious Nazi collaborator during the Second World War and, until his death in the 1950s, lived with a woman who was known as the ‘Baroness’.¹⁰⁶ She received the Order of Leopold II from Belgium, Military Medal, and the Order of St John of Jerusalem. At the

¹⁰¹ de T’Serclaes, *Flanders and Other Fields*, 69, 78.

¹⁰² *Ibid.*, 213.

¹⁰³ *Ibid.*, 115.

¹⁰⁴ *Ibid.*, 81.

¹⁰⁵ *Ibid.*, 78.

¹⁰⁶ Diane Atkinson, *Elsie & Marie Go to War* (London: Arrow Books, 2010), 245–47.

outbreak of the Second World War, she reported to register with the Women's Auxiliary Air Force (W.A.A.F.), and rued the fact that "despite my service in Flanders and the fact that I had been a senior W.R.A.F. officer [. . .] I had to serve in the ranks."¹⁰⁷ In her memoirs, she describes her encounters with a Sergeant in a tone aimed to establish her importance as a woman of experience in war work:

My weeks at West Drayton Reception Depot were distinctly galling. The Sergeant who took down my 'particulars' was startled when I described myself as "The Baroness E. de T'Serclaes, M.M." He seemed to think that I was giving myself an extra set of initials, or the 'M.M.' stood for some obscure religious order, or that I was just inventing things. I tried to explain that it was incorrect for a Military Medallist not to own up to the fact that she had received the medal for service, but he lost patience and told me to move on and not waste his time.¹⁰⁸

Knocker's motivation to volunteer for war and her celebration of the First World War for the rest of her life is best reflected in the eloquent and moving final lines of her memoirs:

I have always had to make my own way, I have been lonely, and I still am. But for all my feelings of deprivation, I do not despair. This life of mine has been a bungled affair. Only in time of war have I found any real sense of purpose and happiness. Only then have I moved with honour among the sort of people whom I regard as my sort of people.¹⁰⁹

Her retrospective memoir is flawed with inconsistencies and inaccuracies. However, it is a prime example of how a woman volunteered for war and performed extraordinary war-work not out of a sense of patriotism, or need to prove the capabilities of women, but out of a deeply personal sense of adventure and quest for self-fulfilment.

¹⁰⁷ de T'Serclaes, *Flanders and Other Fields*, 140.

¹⁰⁸ Ibid.

¹⁰⁹ Ibid., 213.

“Because you died”

On 9th March 1937, the BBC National Programme broadcast “Scrapbook for 1912” in which Vera Brittain talked about her years as a young woman in pre-war Buxton, and introduced the suffragette, Dame Ethel Smyth.¹¹⁰ The programme was recorded four years after the publication of Brittain’s First World War memoir *Testament of Youth* which catapulted her into international fame. In a review of the book in 1934, *World Affairs* declared, “It is, indeed, head and shoulders above most of the biographies of the war period that have poured from the presses since 1918.”¹¹¹ *Testament of Youth* ends with her move towards pacifism and her work with the League of Nations in the Twenties. Hence it is surprising to discover that in the broadcast, Brittain expresses her pleasure at interviewing Dame Ethel, one of the members of Women’s Social and Political Union (W.S.P.U.), who abandoned their militant campaigning for female suffrage at the outbreak of the First World War to offer full support to the British government during the War, and adopt a deeply nationalistic stance. I begin this section on Vera Brittain’s motivation to volunteer for war with a reference to a lesser-known radio broadcast in order to establish the complicated nature of personal politics, national political movements, and private memory. Her endorsement here of the W.S.P.U. is in direct contradiction with her peace activities that she worked on for the rest of her life. By reading her wartime diary *Chronicle of Youth* and her retrospective war memoir *Testament of Youth*, I will unfold similar contradictory attitudes towards the First World War to inspect her reasons to volunteer as a nurse, and reflect on how her patriotic filiation changes to an affiliation for peace.

In *Testament of Youth*, Brittain writes that “the War at first seemed to me an infuriating personal interruption rather than a world-wide catastrophe.”¹¹² The public nature of the First

¹¹⁰ <http://www.bbc.co.uk/archive/suffragettes/8314.shtml> Accessed: 18 February, 2018.

¹¹¹ Review in *World Affairs* 97 (2): 1934, 116.

¹¹² Vera Brittain, *Testament of Youth*, 93.

World War and its propensity to affect the private lives of individuals began while Brittain was engaged in a bitter feud with her parents to be allowed to study at Oxford. In her retrospective war memoir, she adopts an acerbic tone to describe the days following the outbreak of war, criticising the enterprising work of Buxton ladies in aid of preparation for war:

Few of humanity's characteristics are more disconcerting than its ability to reduce world-events to its own level, wherever this may happen to lie. By the end of August, when Liège and Namur had fallen, and the misfortunes of the British Army were extending into the Retreat from Mons, the ladies of the Buxton elite had already set to work to provincialise the War.¹¹³

This provincialising of the War was also being carried out by Sinclair and Dent at the same time elsewhere. However, Brittain's war diary reflects a much more nonchalant attitude:

The leading article in the *Daily Mail* this morning tried to point out to us the horrors that the poor gallant little nation is undergoing. The article was entitled "The Agony of Belgium." It seems wrong to play tennis when such terrors are convulsing Europe—but if one is used to regular exercise, the cessation of it only leads to weariness, morbidness, and general unfitness.¹¹⁴

Many other nurses had private war diaries which survived the war, but few published them. Knocker's personal diary, for instance, can be read at the archives of the Imperial War Museum. Kate Luard, whose diaries I read in Chapter Five, published her diary after the War. Bagnold calls her book *A Diary without Dates*, and while it is her first person narrative from her time at the Royal Herbert Hospital at Woolich, the absence of dates and free flow of narrative make it unlike any other war diary. Vera Brittain published *Testament of Youth* in 1933 after revisiting and rewriting her war diary. The diary she kept during the War was posthumously published as

¹¹³ *Ibid.*, 100–101.

¹¹⁴ Vera Brittain, *Chronicle of Youth* (Anstey, Leicestershire: F. A. Thorpe, 1991), 152–53.

Chronicle of Youth. Unlike her retrospective memoir, written with the knowledge of the bloody outcome of war and the deaths of her fiancé, brother, and two of her closest friends, which led her to become a firm pacifist, Brittain's war diary reveals her initial enthusiasm for war and its pageantry. On a trip to London on September 16, 1914, she feels "cold with excitement" at the "most inspiring sight" of the flags of the Allied nations waving together.¹¹⁵ She is "delighted" at the appearance of her neighbour Maurice in army uniform, and states that her mother might be jealous, "for there is no doubt that the Ellingers have gone one better than we this time, though when Edward *does* get his commission he will be even more a figure to be proud of than Maurice."¹¹⁶ She feels proud of her brother in military uniform, declaring that "he has never looked so well."¹¹⁷ Her memoir is bereft of such displays of pageantry-worship. There she is critical of the First Aid and Home Nursing classes at Buxton and affirms that:

[i]n order to have something to take me away from the stormy atmosphere at home, I went in for and passed both of these elementary examinations, at which stout "patients," sitting on the floor with flushed and worried faces, were treated for various catastrophies by palpitating and still stouter "nurses."¹¹⁸

However, her entry for December 14, 1914 records her observing two temporary Red Cross nurses at the Devonshire Hospital, and she writes:

I quite envy them for the experience, for it must be both useful & interesting in spite of the hardness and monotony of the work. Now I am so busy it is quite impossible for me to do anything of the sort, especially as they have more helpers almost than

¹¹⁵ Ibid., 179–80.

¹¹⁶ Ibid., 187.

¹¹⁷ Ibid., 222.

¹¹⁸ Brittain, *Testament of Youth*, 101.

they want, but if the war had come two years ago I should have been almost grateful to it for providing my unoccupied & unprofitable hours with employment.¹¹⁹

After a year at Oxford, Vera Brittain took a leave of absence from Somerville College and formally began her voluntary nursing work on June 24, 1915. The emotional and political circumstances that motivated her to take this decision are recorded in detail in her two books, but a close reading reveals them to be contradictory.

In September 1914, just before Brittain left for Oxford, she and her lover, Roland Leighton, exchanged a few letters, in which Roland declared that he couldn't go to Oxford now, after the outbreak of war, to "endure a secluded life of scholastic vegetation".¹²⁰ He confirmed his "militarist" nature stating that he was "meant to take an active part in this War" and hence going to Oxford would mean a "cowardly shirking" of his "obvious" duty.¹²¹ Brittain admits that "scholastic vegetation" definitely "hurt" her. For Leighton, having the choice between university and war, and having the freedom to choose one and dismiss the other as "vegetation" alienates Brittain who did not have the choice to exert her militarism by going to war and postponing university until the war was over: the very same university life that she had bitterly and desperately fought for, the one that the apparent redundancy of her gender had threatened to keep her out of. The unfolding of the First World War did not intersect at all with the "women's cause", and Brittain noted, in retrospect, a two-fold contradiction: at the personal level, Leighton's march to the Front and his looking down upon "scholastic vegetation" that Brittain had worked so hard to achieve "seemed so definitely to put me outside everything that now counted in life, as well as outside his own interests, and his own career. I felt it altogether contrary to his professed feminism."¹²² At the public level, Brittain notes:

¹¹⁹ Brittain, *Chronicle of Youth*, 219.

¹²⁰ Brittain, *Testament of Youth*, 103.

¹²¹ *Ibid.*, 103–104.

¹²² *Ibid.*, 104.

Women get all the dreariness of war, and none of its exhilaration [. . .] This, which you say is the only thing that counts at present, is the one field in which women have made no progress—perhaps never will.¹²³

Brittain called this double distancing of women from men's experiences at the outbreak of the First World War "an inferiority complex", and admitted—like Sinclair and Dent before her—to have suffered from it herself in 1914.¹²⁴ It is important to note her careful insertion of the year 1914 with respect to her inferiority complex, when looking back at it in 1933. Yet on reading her war diary of 1914, the apparent inferiority complex is subconscious, and a calling to nursing is palpable—she declares "I envy people who nurse now."¹²⁵ Here her motivation differs from Sinclair's and Dent's: unlike them, she does not volunteer to nurse to prove her worth as a woman or her love for her country; she does it because nursing for her was like serving her lover by proxy.

The early months of her 1915 diary are full of her speculations on nursing Roland suffering from a "satisfactory sort of wound".¹²⁶ While she still contemplates the idea of volunteering as a nurse, she writes to him in a letter dated 11th April 1915 that:

if he *must* get wounded he might postpone it till August, by which time I might be efficient enough to help in looking after him. That is one dream of mine—that he should come home wounded not too seriously, & that I should have had a little practice in nursing first, & be able to look after him & thoroughly spoil him.¹²⁷

Her naiveté is very touching. Until she begins her training at Devonshire Hospital in June 1915, her constant motivation to volunteer as a nurse is to serve Roland. On 13th April 1915 she confides in her diary:

¹²³ Ibid.

¹²⁴ Ibid.

¹²⁵ Brittain, *Chronicle of Youth*, 283.

¹²⁶ Ibid., 308.

¹²⁷ Ibid., 294.

If he dies I shall sign on as a Red Cross Nurse for a year, say I am twenty-three & do real hard dirty work. No object then in finishing my college course as soon as possible. [. . .] What would *he* think if he saw how weak & incapable of endurance I am! It must somehow be overcome—by very love itself—shall!¹²⁸

Brittain puts herself through V.A.D. work and the harsh conditions of wartime hospital nursing to match up to the hardship and danger of Front warfare that faced Leighton. By 1915, she is more concerned by what Leighton would think of her failure to endure enough physical hardship than if her nursing work was actually useful to her patients. She records in her diary entry for 26th April 1915, her awareness of how she shall “hate [it], but I will be all the more ready to do it on that account. *He* has to face far worse things than any slight or act I could come across; he can bear it—& so can I.”¹²⁹

For her, war-work is simply reciprocal: whatever hardship her lover endures on the Front, she must rise up to bear the same quantitative hardship at home. While her wartime diary records her cheerful enthusiasm for difficult hospital work, her retrospective memoir very rarely lets slip how her devotion for her fighting fiancé made her endure the physical hardship: “I never minded these aches and pains, which appeared to me solely as satisfactory tributes to my love for Roland.”¹³⁰ While still at Oxford, she visualised every wounded soldier regardless of rank at the Somerville hospital as Roland Leighton. On May 31 1915, she records in her diary:

[E]very soldier I saw reminded me of *one*. As I stood watching them & observing their different injuries, I could imagine *him* with a wrecked & broken body struggling to walk with the help of a padded stick. And one tall thin officer in pyjamas & a long coat made me think very much of Edward.¹³¹

¹²⁸ Ibid., 296.

¹²⁹ Ibid., 319.

¹³⁰ Brittain, *Testament of Youth*, 164.

¹³¹ Brittain, *Chronicle of Youth*, 350.

With her brother and fiancé enlisted and fighting in France, the War was personal, and consequently her involvement with it also became personal. In a letter to Leighton she had confessed, “Sometimes,” [. . .] “I wished I’d never met you—that you hadn’t come to take away my impersonal attitude towards the War and make it a cause of suffering to me as it is to thousands of others.”¹³² Once she had lost the impersonal attitude which enabled her to consider volunteering as a V.A.D., she and Leighton wove elaborate scenarios of being nurse and patient:

He thinks it would be very nice if he could get wounded & get sent to Somerville & lie in a deck-chair & talk to me. He wonders what I will look like in a nurse’s uniform—supposes it can’t be very becoming to anybody—thinks it is a pity to have to wear a horrid stiff collar when you have such a very nice neck to cover up in it! This & the suggestion that I must look very charming in a green overall are about the first compliments he has ever paid me. I wonder if he really thinks I am pretty. I should like to know—it would be just like him to say so the less the more he thought so.¹³³

This entry was written on 6th June, 1915, while Brittain was still at Oxford. It is notable how her expectations of nursing work dovetail into her concern about her appearance in nursing uniform, and then lead to her wondering “if he really thinks I am pretty.” Brittain was only twenty-one-years old at the time of this entry, and her youthful and naïve understanding about the nature of warfare reveals that even days before she began training as a V.A.D. at Devonshire House in London and took leave of absence from Oxford, she was driven by her love and devotion to Leighton. In fact, she struggles to separate love from the physical labour of nursing: on seeing some of the patients at Somerville Hospital a few days later (and a week before she moves to London), she exclaims, “Oh! they are all so, so pathetic! Seeing them filled me with a longing to begin nursing right away. I know I shall get to love them, & like to hear them telling

¹³² Brittain, *Testament of Youth*, 129.

¹³³ Brittain, *Chronicle of Youth*, 353.

me all about it.”¹³⁴ For her, even now beginning nursing work means “loving” her patients and hearing them profess their love for her, their nurse.

Her subsequent diary entries for the initial days of her training make for poignant reading. Beneath the veneer of excitement and cheerfulness at a new experience, one can read the physical and mental agony that she undergoes in order to match up with the hardship of her lover fighting for the country. Her diary entry for June 27th, the day she began her training at Devonshire Hospital, reads: “Behold, a new experience beginneth!”¹³⁵ Over the next few days, she announces that being mistaken by a patient as an experienced nurse from another hospital and being addressed as “Nurse” and “Sister” are some of the “nicest compliments” she had ever received.¹³⁶ She then professes her love for the British Tommy, announcing: “I shall get so fond of these men, I know. And when I look after any one of them, it is like nursing Roland by proxy. Oh! if only one of them could be the Beloved One!”¹³⁷ This enforces the sense that even after she began her V.A.D. work her personal devotion for Roland spilled into her professional identity as a war nurse. As fatigue breaks her body, her cheerfulness grows more forced. She emphasises how much she likes nursing—“even better this morning”—how even having “too much to do this morning” is “quite ideal” since it gives one no time to feel tired.¹³⁸ Ultimately, discovering the physical signs of fatigue in her body, she adopts a pragmatic tone, and connects that to her lover as well:

I have just been looking at myself in the glass; tiredness makes one positively ugly. As

I have got to be continuously tired for many days to come I fear at this rate all I ever

had of beauty will come to be a thing of the past. Such is war! Even attractiveness

¹³⁴ Ibid., 361.

¹³⁵ Ibid., 371.

¹³⁶ Ibid., 372.

¹³⁷ Ibid. 373–74.

¹³⁸ Ibid., 373–75.

must be sacrificed to usefulness. I told Roland the other day that my roughened hands are not worth kissing now!¹³⁹

In all her diary entries from this year, there is a (loving) overlap between her private role as a lover and her public role as a nurse, as she indulges in a role-play of lover and patient with Roland in her letters to him. The same hands which will tend to his body once he gets injured (“with a satisfactory sort of wound”) will also be tenderly kissed by him: the patient and the lover morph into one being. These entries also throw the discourse of non-sexual nursing service into disarray. It is only while reading her retrospective memoir that we realise what the cheerful but fatigued twenty-one-year-old woman was hiding: “I never completely overcame the aching of my back and the soreness of my feet throughout the time that I worked there, and felt perpetually as if I had just returned from a series of long route marches.”¹⁴⁰

Just before she left to volunteer, Brittain pledged physical endurance and exertion in a letter to Leighton:

I remember once at the beginning of the War [. . .] you described college as ‘a secluded life of scholastic vegetation.’ That is just what it is. It is, for me at least, too soft a job. . . . I want physical endurance; I should welcome the most wearying kinds of bodily toil.¹⁴¹

On quoting Leighton’s (hurtful) phrase from over a year ago, Brittain demonstrates that she had not only not forgotten the feeling of alienation that Leighton’s march to the Front and militaristic activities had provoked in her, but she also reveals here that her motivation to volunteer thus stemmed from her love and devotion to her fiancé and her eagerness to undergo the same physical and mental hardship that he was going through. Class privilege is also a striking factor here. Brittain does not need to take up “wearying kinds of bodily toil” to sustain; she wants it

¹³⁹ Ibid., 376–77.

¹⁴⁰ Brittain, *Testament of Youth*, 164.

¹⁴¹ Ibid., 140.

because she has a choice. On analysing the circumstances of her volunteering as a V.A.D. in June 1915, Brittain writes retrospectively:

So closely, at this stage, was active war-work of every type associated in the public mind with the patriotic impulse which sent men into the Army that I never dreamed amid all my analytical speculations, of inquiring whether “joining up” would not be, for me, a mere emotional antidote involving no real sacrifice. At the time my preoccupation with possible methods of following the persistently beating drum merely provided a blessed temporary relief from philosophical floundering.¹⁴²

Her confession as to the “emotional antidote involving no real sacrifice” is as potent as her confession to suffering from an “inferiority complex” as motivations for joining up. She is certainly ambivalent about the “patriotic impulse” which sent men to the Front, but she is doubtful that in her failure to march to the Front herself, all her other forms of war-work might not count as “real sacrifice.” She still sees nursing work as an emotional counterpoint to the physical and (apparently) palpably difficult task of fighting in the Front. In fact, the heavy duties of nursing provided her with the perfect preoccupation to keep her mind off this ideological struggle. Indeed, in addition to an inferiority complex as a drive to volunteer, and the acceptance of nursing work as an “emotional antidote involving no real sacrifice”, Brittain was aware that despite her devotion to Leighton, the war would alienate her from the experiences of her lover.

To this constant anxiety for Roland’s life was added, as the end of the fighting moved even further into an incalculable future, a new fear that the war would come between us—as indeed, with time, the War always did, putting a barrier of indescribable experience between men and the women whom they loved, thrusting horror deeper and deeper inward, linking the dread of spiritual death to the apprehension of

¹⁴² Ibid.

physical disaster. Quite early I realised this possibility of a permanent impediment to understanding.¹⁴³

Tylee writes that it was “the construction of the reality of the War that came between men and women.”¹⁴⁴ Volunteering for war was Britain’s means of bridging this “barrier of indescribable experience” between herself and her fiancé. She believed that as a nurse she would have the opportunity to serve Leighton’s war-wounded body, thus she would not only directly serve him with her physically exhausted body, but would thus also directly contribute to the war effort. Her love for her fiancé turns into a loving ethic of care towards all injured young men, thus breaking down the boundaries separating nursing care from sexual love.

These accounts reveal the nurses’ complicated reasons for volunteering in the First World War, which went beyond the model of seeing “themselves as patriots, offering their professional skills to the ‘cause’ of securing an Allied victory” versus being “pacifists, who argued that a greater female participation in politics (which, for the time being, also meant engaging in war) would, ultimately, lead to the eradication of warfare.”¹⁴⁵ Their motivations were psychological, political, and personal. Sinclair’s “dream” was to feel the thrill of war, from which she had been barred from participating because of her gender. Her presence in Belgium is what Tylee identifies as “women’s entry into that exclusive part of national culture which has previously been forbidden to women.”¹⁴⁶ *A Journal of Impressions in Belgium* is significant because it records both the woman’s presence and non-presence in armed conflict: Sinclair was present very close to combat zones in Belgium, but she was kept away from actual battle sites. Her longing to witness and participate in battle is symbolic of all the other areas of public life where women were not granted access. Olive Dent articulates a nationalist pride that leads her to be both ashamed of her

¹⁴³ Ibid., 143.

¹⁴⁴ Tylee, *The Great War*, 55.

¹⁴⁵ Hallett, *Veiled Warriors*, 3.

¹⁴⁶ Tylee, *The Great War and Women’s Consciousness*, 14.

own gender and to develop a masochistic strain that makes her wish for a broken body like that of the wounded soldiers. Her motivation to volunteer in war emanates from affective patriotism; her romantic glorification of the country and her zeal to keep war outside its borders relate to her notions of racial superiority. Elsie Knocker, on the other hand, exhibits little patriotic fervour. Although like Sinclair and Dent, she too is aware of the restricted opportunities for women in Front warfare, Knocker uses the available opportunity to carve out a uniquely individual role for herself during the First World War. She also controls the production of written and oral records of her work in her lifetime in order to fit a particular rhetoric. For Knocker, the First World War was a time of self-fulfilment, and her reason to volunteer was to achieve a “date with destiny.” Her feminism thus is different from Sinclair’s: while for the latter, the War provided her with the grounds to freely participate in public life as a woman, for her compatriot from the Motor Ambulance Unit, the War was the occasion for self-fulfilment, self-importance, and to feel wanted. Vera Brittain’s motivations to volunteer for war were manifold and complicated, and a comparative reading of her war diary and post-war memoir reveal the change in her outlook from an eager volunteer to a staunch pacifist and critic of war. One of the initial reasons for Brittain to volunteer as a nurse in the First World War was the prospect of nursing her fiancé Roland Leighton by proxy. She also suffered strongly from an “inferiority complex” because all the men in her life had readily offered themselves for the service of their country, while women such as Brittain felt that they got “all the dreariness of war, and none of its exhilaration”.¹⁴⁷ Brittain’s longing for exhilaration is different from Sinclair’s. Brittain clarifies that while the War is “the only thing that counts at present”, it is also where women have “made no progress”.¹⁴⁸ However, she goes on to add that women’s education (Brittain’s own education at Oxford from where she wrote this letter to Roland), though it “lacks stimulus with direct connection with the

¹⁴⁷ Brittain, *Testament of Youth*, 104.

¹⁴⁸ *Ibid.*

War”, will “bear fruit” in the future.¹⁴⁹ This created a gap between the war-time experiences of British men and women, termed by Brittain as a “barrier of indescribable experience between men and the women whom they loved”, and a “permanent impediment to understanding” men’s front experience. The attempt to bridge this gap between her personal experiences at Oxford and her fiancé’s trench experience in France also motivated Brittain to volunteer for war. Until her lover’s death days before their planned wedding, she indulged in a masochistic practice of punishing her own body through exertion of war-work, in order to match up with the hardship and dangers that he was exposed to in the trenches. Thus the nurses’ reasons for volunteering early on in 1914–1915 were layered and complicated, and their responses to combat and changes in attitude once in service were also heterogeneous. Their multifarious reasons for volunteering expose the layers and complexities in the genre of life-writing, and how as life-writers, they navigated through the layers and established their writings firmly in the genre.

¹⁴⁹ Ibid.

Chapter III

The Forbidden Zone: Writing the Woman's Body in War

I have dared to dedicate these pages to the Poilus who passed through our hands during the war, because I believe they would recognise the dimmed reality reflected in these pictures. But the book is not meant for them. They know, not only everything that is contained in it, but all the rest that can never be written.

Mary Borden¹

As more British men left to fight at the Front with the introduction of conscription in January 1916, British women were entrusted entirely with the industry of care. Thousands of women volunteered to serve in hospitals across Britain, as well as in tented and mobile hospitals in France and Belgium, Mesopotamia, Serbia and Russia. They voluntarily took up the business of repairing men's bodies, working under horrific conditions, despite often themselves being victims of shelling. In a previous chapter, I have written about the gentrification of the nursing profession carried out by Florence Nightingale in the mid- and late nineteenth century. Drawing on this legacy, by the turn of the century, "upper- and middle-class women, by dint of their 'breeding' were seen as more fit to serve and represent the country" than working-class trained nurses.² The Voluntary Aid Detachment (V.A.D.) recruitment campaign of the First World War thus appealed to women of a specific class. Helen Zenna Smith's mother in *Not So Quiet . . .* notes with pride, "My eldest daughter, Helen, an ambulance driver in France; oh, a most exclusive class of girl, most exclusive, all *ladies*—they stipulate that, you know. Most exclusive; Georgiana

¹ Mary Borden, *The Forbidden Zone*, (London: Hesperus Press, 2008), 3.

² Santanu Das, "The Impotence of Sympathy: Touch and Trauma in the Memoirs of the First World War Nurses," *Textual Practice* 19, no. 2 (2005): 239.

Toshington is out with her, you know, the niece of the Earl of . . . [. . .] When I think of her wee fair head walking along with the wee dark head of my little Trix—she’s in a hospital in France—both of them doing their bit . . .”³ These genteel, untrained Edwardian ladies, trying to do “their bit” both at Home and at the Front, were initially neither exposed to the horrific nature of violence during combat and the gruesome sight of bodily damage, nor were they desensitised to the touch of exposed flesh. Yet at the outbreak of the First World War, they journeyed to nurse battle-wounded men.

In the varied forms of hospitals where they worked, these nurses experienced moments of physical intimacy with the male body, and were witnesses to pain. Of the “crazy crowded bright hot shelter” of the field hospital, Mary Borden writes: “This is the second battlefield. The battle now is going on over the helpless bodies of these men. It is we who are doing the fighting now, with their real enemies.”⁴ Although barred from actual combat at the Front, which often led to an inferiority complex as I pointed out in the previous chapter, these women played an important role in the business of War: repairing wounded soldiers and sending them back to fight is indeed a serious business; and fighting against severe wounds, blood loss, infections, and, in effect, death itself is a major battle. As Mary Borden writes, these actions unfold in a “second” battlefield, behind the lines of fighting against more palpable enemies. What effect does this other fighting, the ones fought in the “backwash of War”—as Ellen N. La Motte calls the several hospitals and mobile surgical units that were set up—have on their own bodies? In their writings, how do they seek to understand and represent the experiences that they face? How do feminine bodies fit in the masculine space of the fighting War Front? How do they negotiate their physical desires? How does the body cope with the witnessing of harrowing injury and pain and the exposure to contagion? I will answer these questions in this chapter by analysing the life-writings of the volunteer nurses of the First World War, whose bodies become the centre-point of their

³ Helen Zenna Smith, *Not So Quiet . . .* (New York: The Feminist Press, 1989), 211, 33.

⁴ Borden, *The Forbidden Zone*, 97.

war experiences in sickness, in desire, and in containment, as they treat and respond to wounded, vulnerable, naked male bodies. Using theories of *l'écriture féminine*, I will be reading how they represent their own bodies in ink as they counter the shock of actual bodily contact with multiple male bodies; and looking at how they embed touch and desire in their writings. Carol Acton and Jane Potter point out that recent scholarship on First World War nursing do not offer close analysis of nurses' account to "identify psychological stress and even breakdown".⁵ I redress this lack in scholarship here to recover life-writings about the sick nurse's body in war and instances of physical and mental trauma, using Julia Kristeva's theories of abjection and early twentieth century theories on trauma and war neuroses. The texts I will be discussing are Enid Bagnold's *A Diary Without Dates* (1918), Mary Borden's *The Forbidden Zone* (1929), Vera Brittain's *Testament of Youth* (1933), Lyn Macdonald's collection of interviews of First World War nurses in the late 1970s in *The Roses of No Man's Land* (1980) and Helen Zenna Smith's *Not So Quiet . . .* (1930).

"Protecting the Girls"

In the foreword to her book *The Roses of No Man's Land*, Lyn Macdonald paints a touching and sentimental picture of the average British VAD in France.

If the ghost that haunts the towns of Ypres, Arras and Albert is the statutory British Tommy, slogging with rifle and pack through its ruined streets to his well-documented destiny 'up the line', then the ghost of Boulougne and Etaples and Rouen ought to be a girl. [. . .] She has little money, no vote, and has almost forgotten what it feels like to be really warm. She sleeps in a tent. Unless she has told a diplomatic lie about her age, she is twenty-three. She is

⁵ Carol Acton and Jane Potter, *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in Warzones* (Manchester: Manchester University Press, 2015), 34.

the daughter of a clergyman, a lawyer or a prosperous businessman, and has been privately educated and groomed to be a ‘lady’.⁶

The outbreak of the War brought a sudden halt in the training of these very young, genteel women to be perfect Edwardian ladies. It is important to contextualise their sheltered upbringing to emphasise how the services they had to undertake over the War years were in severe opposition to the values and ideals they were brought up with. This would also help us understand their struggle and the eventual internalisation of their new reality. Young middle-class women in the nineteenth and early twentieth centuries were educated at home, and kept ignorant about sexual matters. They were kept segregated from men and were brought up on a regime of purity and virtue, which taught them to be ashamed of the body.⁷ Puberty, which was considered to be “most important in a woman’s life”, was simultaneously seen as a “trying time.”⁸ Hilary Marland has demonstrated how higher educational aspirations of late Victorian and Edwardian girls were the subject of scrutiny of numerous (male) doctors, who believed that young girls “put at risk their prospects for becoming good wives and mothers” by harbouring such ambitions.⁹ These social concerns were replicated in medical discourses as well, with concerns about the “strain of ‘brain-work’” and “potential physical damage” becoming more prevalent in critiques of young women’s ambitions.¹⁰ For instance, an 1894 article in *Good Health* cautioned women against aspiring to be as ambitious as men, because that would result in poor health and unhappiness, reminding that “Nature has put so many obstacles in their way that they can never succeed to any extent, but the effort does harm to health and character.”¹¹ It was in this society and atmosphere that the nurses of the First World War grew up. Even if this

⁶ Lyn Macdonald, *The Roses of No Man’s Land* (London: Papermac, 1984), 11.

⁷ Carol Dyhouse, *Girls Growing Up in Late Victorian and Edwardian England* (London: Routledge, 1981).

⁸ Hilary Marland, *Health and Girlhood in Britain* (Basingstoke: Palgrave Macmillan, 2013), 5.

⁹ *Ibid.*

¹⁰ *Ibid.*

¹¹ Jennie Chandler, “Hygiene for Women: A New Education for Women,” *Good Health* IV, no. 91 (30 June, 1894): 187.

upbringing could have provided a motive for some women to volunteer for war to achieve greater freedom and self-expression, as discussed in the previous chapter, their cultural conditioning could not have changed overnight, and the seclusion and boarding-school mentality was quite evident in their initial days in the hospitals, as amply evidenced by Enid Bagnold:

I see already manifested in them [the new V.A.D.s] the ardent longing to be alike. I know and remember this longing; it was present through all my early years in a large boarding-school; but there it was naturally corrected by the changes of growth and the inexperience of youth. Here I see for the first time grown women trying with all the concentration of their fuller years to be as like one another as it is possible to be. There is a certain dreadful innocence about them too, as though each would protest, “In spite of our tasks, our often immodest tasks, our minds are white as snow.”

And, as far as I can see, their conception of a white female mind is the silliest, most mulish, incurious, unresponsive, condemning kind of an ideal that a human creature could set before it.¹²

Bagnold offers a scathing indictment against the expected constitution of the female mind. Innocence is a primary requirement. The destruction of individuality seemed to correlate with the allegory of all their minds being as “white as snow”, their innocence unblemished, and was simultaneously reflected in the whiteness of their uniforms. It is symbolic that white uniforms stain easily and would need bleaching and starching, adding to women’s labour. Tending to the wounded has a certain ring of nobility to it, harking back to Florence Nightingale. However, tending to wounds could also carry with it the subtext of handling naked male bodies—a stigma since the time of Nightingale who was anxious about nurses “making love” to men.¹³ Moreover this stigma would also be an affront to the modesty that they had been taught to value in their

¹² Enid Bagnold, *A Diary Without Dates* (Oxford: Benediction Classics, 2014), 15.

¹³ F. B. Smith, *Florence Nightingale: Reputation and Power* (London: Croom Helm, 1982), 155.

boarding-schools. The appearance of modesty and innocence must be protected by all means, despite the apparent immodesty in their work. In her 1933 retrospective war memoir, Vera Brittain ruefully dismisses her “provincial ladyhood” upbringing, noting that her sheltered upbringing had ensured that she had “never looked upon the nude body of an adult male”.¹⁴ Hence for her, and for most of her fellow-V.A.D.s, nursing also became an education in looking at the exposed male body. Brittain writes about this experience thirteen years after the publication of Freud’s *Beyond the Pleasure Principle*—which she undoubtedly would have read. She self-consciously uses Freudian language to psychoanalyse herself: “I still have reason to be thankful for the knowledge of masculine functioning which the care of them gave me, and for my early release from the sex-inhibitions.”¹⁵ This desire for knowledge is so strong, that Freud calls it a “drive” or an “instinct”: *Wissstriebe*, while Foucault links his ‘Will to Knowledge’ to science in *The History of Sexuality: Volume I*. For the V.A.D.s ignorant in matters of the male body and sex, the sight of the male body on a hospital bed signified desire—both desire of knowledge and desire as libido. Often, for these conservatively brought up women, desire was veiled, covert, unrecognisable to themselves. It is only in retrospect that the more confident feminist Vera Brittain unabashedly admires the “first-rate physical types”:

In the early days of the War the majority of the soldier-patients belonged to a first-rate physical type which neither wounds nor sickness, unless mortal, could permanently impair, and from the constant handling of their lean, muscular bodies, I came to understand the essential cleanliness, the innate nobility, of sexual love on its physical side.¹⁶

However, it is impossible to ignore the disturbing eugenics through which Brittain’s admiration manifests itself. By stressing on the physical perfection of the first volunteers of the War, she is

¹⁴ Vera Brittain, *Testament of Youth* (London: Penguin Books, 2005), 165.

¹⁵ *Ibid.*, 166.

¹⁶ *Ibid.*

hinting at the racial and class superiority of those men. Among the first volunteers were officers from middle- and upper-middle class backgrounds, who had a healthier physique due to their financial stability, compared to the lower income of working-class men who had heavier physical work, and lesser access to better health and housing facilities. As the War went on, and conscription was introduced in Britain, a call was made for every available man to be sent to the Front. Hence the quality of physical first-rateness declined steadily. At the same time, according to Brittain, the “first-rateness” of their “physical types” could only be impaired by a permanent damage to their bodies: loss of limbs, amputation, or through grotesque wounds. Her understanding of sexual attraction emanated from the “handling” of their unimpaired, perfect physiques, which has a disturbing moral implication: if at the beginning of her V.A.D. training, she handled severely wounded, mangled bodies of unmuscular, overweight soldier-patients, would she not have understood sexual love? At the same time, did the wounded men consent to the V.A.D.’s gleaning of sexual experience from their wounded, exposed bodies? It is against the background of such cultural conditioning, the volunteer nurses of the First World War arrived in hospitals to care for the wounded male body.

Writing the Female Body at War

The historical exclusion of women from writing can be compared to the exclusion of women from participating in combat during the First World War. The writings of these women precede *l'écriture féminine*. Historically located in the middle of the first wave of feminism in Britain, while women were still fighting for the right to vote, and gender equality in marriage, the V.A.D.s and female ambulance drivers of the First World War were writing about the experiences of their own bodies and of first discovering the naked, vulnerable bodies of adult men. I point out the novelty of this later in this chapter, while placing it beside Virginia Woolf’s identification of the gap in women’s writings about their own experiences as a body, which I have also briefly

discussed in the Introduction to this thesis. Nurses' hands (often ungloved or holding instruments) penetrated the wounds and entered the bodies of wounded soldiers. Decades later, Hélène Cixous writes how in women's writings, the body enters the text and touch becomes a centre-point.¹⁷ Yet, the writings of these women are often not erotic. Instead, the pages of Helen Zenna Smith's, for example, are punctured by ellipses, sudden stops, incomplete sentences, and sentences framed as questions for the reader. Jane Marcus writes: "The reader is reading as much silence as text, constantly filling in the blanks, supplying the left-out words, decoding the coded wartime message."¹⁸ Marcus first makes the metaphorical body intrude into the stylistic writings of these women by comparing their fragmented writings to the fragmented bodies dotting *La Zone Interdite*:

The body of the text is "not whole"; it is a war casualty. [. . .] She [Evadne Price/ Helen Zenna Smith] reproduces the minefield of the forbidden zone as a dotted landscape on the body of the text, setting up disquieting relations between text and white space on the book's pages, the sight of which invades the reader's ears as well as her eyes.¹⁹

As I have demonstrated, in the cultural mindset of people in Edwardian middle-class society until the outbreak of the First World War, (genteel) women's bodies were forbidden zones. When these women crept into inherently masculine spaces of the Front hospitals, the "strip of land immediately behind the zone of fire", the metaphorical Forbidden Zone entered the geographical Forbidden Zone.²⁰ Mary Borden writes, "We were moved up and down inside it;

¹⁷ Helene Cixous, *"Coming to Writing" and Other Essays* (Cambridge, MA: Harvard University Press), 1–58.

¹⁸ Jane Marcus, 'Corpus/ Corps/ Corpse: Writing the Body in/ at War' in Helen Zenna Smith, *Not So Quiet . . .* (New York: The Feminist Press, 1989).

¹⁹ *Ibid.*, 273–74.

²⁰ Borden, *The Forbidden Zone*, Preface.

our hospital unit was shifted from Flanders to the Somme, then to Champagne, and then back again to Belgium, but we never left ‘La Zone Interdite.’”²¹

The writings of these women fall under the genre of life-writing; a close reading of these texts reveals the language as verging towards confessional writing in a Foucauldian sense. In *The Will to Knowledge*, Foucault writes about confession being a power-play,

a ritual that unfolds within a power relationship, for one does not confess without the presence (or virtual presence) of a partner who is not simply the interlocutor but the authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console, and reconcile; [. . .] a ritual in which the expression alone, independently of its external consequences, produces intrinsic modifications in the person who articulates it: it exonerates, redeems, and purifies him; it unburdens him of his wrongs, liberates him, and promises him salvation.²²

Like Susan Bernstein, I too would like to point out the “preponderance of masculine pronouns attached to the confessant” in this passage, and thereby ponder on whether confession (and in extension confessional writing at this point in history) was as restorative for women as it was for men.²³ When the confessor holds so much power, the gender of the confessant can undermine the empowerment felt by them at the scene of the confession. The act of writing about vulnerable male bodies, as well as the intimate experiences of their own bodies—often directed at an audience—could be read as an act of resistance by these women, against the dominant ideology, a “broad, systematic representation of power, gender, and transgression”.²⁴ These young volunteers, mostly unmarried women in medical services, now bore the secret knowledge

²¹ Ibid.

²² Michel Foucault, *The Will to Knowledge: The History of Sexuality, Vol. 1* (London: Penguin Books, 1998), 60.

²³ Susan David Bernstein, *Confessional Subjects: Revelations of Gender and Power in Victorian Literature and Culture*, (Chapel Hill: North Carolina UP, 1997), 18.

²⁴ Ibid., 27.

of men's bodies and sex. It is unfortunate that most second-wave feminists were probably not aware of the writings of these women, since the latter emphatically answered Hélène Cixous's call to "liberate female sexuality from phallogocentric imprisonment".²⁵ The "alterior space for the impregnable language" of female confession was first enacted in the tiny nurses' quarters and communal bedrooms of female ambulance drivers.²⁶

In addition to these texts being expressions of women's experiences of the body being newly sexualised as well as newly distressed, they serve another important function: they are witnesses to testimonies, both of themselves in a time of crisis, as well as that of wounded soldiers. Dori Laub, in *Testimony: The Crisis of Witnessing in Literature, Psychoanalysis, and History*, writes about three distinct levels of witnessing, separate from each other, in relation to the Holocaust experience: "the level of being a witness to oneself within the experience; the level of being a witness to the testimonies of others; and the level of being a witness to the process of witnessing itself."²⁷ The Holocaust is unique in history for the singularly horrific nature of the crimes perpetrated against humanity; however there is an uncanny resemblance between the need of the survivors and witnesses to tell their story, and the First World War nurses attempting to take stock of their situation by writing their testimonies. Their diaries and memoirs are certainly testimonies to their surreal experiences at the Front; written whenever time and opportunity could be afforded, these writings served the function of witnesses, recording the daily rigours of wartime hospital work of the nurses. These nurses were not only witnesses to their own stark experience of combat, but were also serving as witnesses to the soldiers' experiences—both Vera Brittain and Florence Farmborough feverishly record in their diaries the details of the deathbed-side, sedated mutterings of every single British, German, Austrian, Canadian soldier. Enid

²⁵ Ibid., 30.

²⁶ Ibid.

²⁷ Shoshana Felman and Dori Laub, M.D. *Testimony: The Crises of Witnessing in Literature, Psychoanalysis, and History* (New York: Routledge, 1992), 75.

Bagnold quotes verbatim in her diary a note from a wounded soldier-patient to the Sister, and offers a touching glimpse into his daily life as he lies prostrate on the bed:

DEAR SISTER,—Four more days before they will let me out of bed. . . .

Whatever I promise to a patient in future I shall do, if I have to wear a notebook hanging on my belt.

By which you will see that I am making discoveries!

The quality of expectation in a person lying horizontally is wrought up to a high pitch. One is always expecting something. Generally it is food; three times a day it is the post; oftener it is the performance of some promise. The things that one asks from one's bed are so small: 'Can you get me a book?' 'Can you move that vase of flowers?' 'When you come up next time would you bring me an envelope?'

But if one cannot get them, life might as well stop.²⁸

At the same time, their writings were also—to borrow Dori Laub's phrase—testaments of not only witnessing oneself caught within the unreal experience of War, but also of "witnessing" as a self-reflexive exercise. Vera Brittain, Irene Rathbone and Florence Farmborough were some of the many nurses who published their experiences decades after the end of the First World War. When Brittain wrote *Testament of Youth* in the late 1920s, like Rathbone and Farmborough, she too drew heavily from her war diaries. She revisited her diaries where she had recorded her everyday experiences at the hospitals in London, Malta, and France, adapting (and editing) one set of personal experiences to comment on them, in the first person, in retrospect. This revisiting of one's own testimony, to readapt them again as a *revised* testament sometime in the future, is a self-reflexive exercise. For example, 21-year-old Vera Brittain's 1914 entries in her diary until August are made up almost solely of dances, her frustration ("Oh I am

²⁸ Bagnold, *A Diary*, 45–46.

so *sick*”) with “everlasting” Latin and Mathematics, and her budding romance with Bertram Spafford.²⁹ However, in her 1933 memoir *Testament of Youth*, she (indignantly) calls the period from 1912 to 1914 ‘Provincial Ladyhood’ and ‘Oxford Versus War’ and devotes the pages almost entirely to the hard work she put in to get accepted at Oxford, her regular battles at home to be allowed to go to university, her eventual meeting with her lover Roland Leighton, and the outbreak of war in Europe. It is this three-fold act of witnessing that makes the diaries and memoirs of the nurses of the First World War so unique within the genre of life-writing. Their act of witnessing and writing as testimony is also important to consider when one is trying to understand how they seek to represent their experiences.

The history of women’s writing has had “many ghosts to fight, many prejudices to overcome”.³⁰ Virginia Woolf reflects on how when she began writing she had to kill the Angel in the House, to be able to write freely, with a mind of her own, about human relations, morality, sex. Nevertheless, in her speech titled ‘Professions for Women’ for the National Society for Women’s Service on January 21, 1931, Woolf lamented that she had not solved the problem of “telling the truth about my own experiences as a body”.³¹ On the day before the speech, she wrote in her diary: “I have this moment, while having my bath, conceived an entire new book—a sequel to *A Room of One’s Own*—about the sexual life of women: to be called Professions for Women perhaps—Lord how exciting!”³² By the time ‘Professions for Women’ was published posthumously in *The Death of the Moth and Other Essays* in 1942, there was a small canon of women’s writing, mostly in popular culture, that had provided a very slight alleviation of Woolf’s problem: the V.A.D.s and female ambulance drivers of the First World War had toyed and struggled with the idea of writing about their own bodies, of their own sexual experiences.

²⁹ Vera Brittain, *Chronicle of Youth* (Anstey, Leicestershire: F. A. Thorpe, 1991), 112.

³⁰ Virginia Woolf, *The Death of the Moth and Other Essays* (London: The Hogarth Press, 1947), 153.

³¹ *Ibid.*

³² Virginia Woolf, *The Diary of Virginia Woolf*, Vol 4, 1931–1935 (London: Penguin Classics, 1982), 6.

Nevertheless, the emphasis is on ‘slight’. Not every experience is written about. None of these women write about what happens to the menstruating woman’s body in the Front. Even when Vera Brittain has metamorphosed into a confident feminist in the 1930s, writing about desire and looking back disdainfully at her provincial upbringing, her diary remains as pristine as the crisp white apron of a nurse. The only time the word ‘menstruation’ occurs in *Testament of Youth* is in retrospect: a passing mention to the time when she had discovered the “manifold attractions” of *Household Medicine*: “I was secretly excited at the prospect of menstruation; I also found the details of a confinement quite enthralling . . .”³³ Yet her adolescent experience sheds little light on the daily experiences of the menstruating woman at the Front. Like Jane Marcus, I too have a question on this physical experience that has been written out of these texts: how did they cope with menstruation at the Front, while living in tents with limited supplies, and while also living with the constant threat to life? Although menstruation appears to have been especially taboo in the writings of these women, they still broke barriers with the unorthodox depiction of their bodies in their writings.³⁴ In *Not So Quiet . . .* Helen Zenna Smith wrote about her and of her fellow ambulance drivers’ bodies being invaded by fleas and lice as a result of tending to men’s lice-infected bodies. ‘Invasion’ is a military term, but can also have sexual connotations. Juxtaposing ‘invasion’ with ‘vermin’ is unusual and striking; and these women wear carbolic body belts to combat this invasion. The symbolic gesture of wearing (carbolic) body belts as disinfectants eerily fits into the discourse of women’s bodies having been treated as possessions by men for most of history, and being the personal property of one man, their bodies have been forbidden zones to other men.³⁵ Returning to the discomfiting image of the invasion of the beautiful bodies of these young women, “England’s Splendid Daughters”, with vermin, Helen Zenna Smith at the beginning of *Not So Quiet . . .* writes:

³³ Brittain, *Testament of Youth*, 26.

³⁴ Marcus, “Corpus/ Corps/ Corpse,” 267–68.

³⁵ Marcus explicitly compares these carbolic body belts to medieval chastity belts. See: *Ibid.*, 243.

Inwardly we are all proud to think our stomachs no longer heave up and down at the sight of a louse. After all, a few vermin more or less make little difference. Our flea bags are full of them, in spite of Keatings and Lysol, and our bodies a mass of tiny red bites with the tops scratched off.³⁶

The frankness with which she talks about their bodies and the insouciance with which she refers to lice is striking in this passage. Her hint of pride at having overcome disgust at the sight of vermin proffers a comic element. At the same time, the collective description of their bodies as “a mass of tiny red bites with the tops scratched off” is distinctly non-sexual, despite a veiled reference to the bodies being bare. This passage is important not only because of its completely non-erotic portrayal of a woman’s body, but also because of the woman’s complete lack of shame in the discussion. The nonchalance with which she refers to “a few vermin more or less” making home in their bodies, beneath the “badge of honour, their uniforms”, would have been shocking to read for a reader even in 1930, especially one who had been part of the Home Front during the War and hence unaccustomed to the horrors of the Front; the frank representation of women’s bodies beyond the parameters of beauty would also have been unusual. The frankness of the passage definitely extinguishes the hopes for gentility that Helen’s mother had stressed on earlier. The readers that Helen had in mind—the patriotic family members of these women—wrote letters to these women in pale mauve deckle-edged paper, with the words, “the very latest thing for active service dear, in case you encounter a stray ‘bitey’”, and enclosed patent carbolic body belts. These people, running several committees in their towns and cities, and organising inspiring speeches to recruit more young men and women, could not be further away from the death, blood, noise, horror and grime of the Front.³⁷ Helen Zenna Smith does not stop there, but continues to shock her readers from 1930 by providing an insight into feminine hygiene at the Front—or lack thereof.

³⁶ Smith, *Not So Quiet . . .*, 17.

³⁷ *Ibid.*, 31.

We are too hard worked to spare the necessary time to keep clean, and that is the trouble. It is four weeks since we had a bath all over, nine days since we had a big wash—we haven't had time. We dare not hot-bath in case we have to go out immediately afterwards into the snow.³⁸

Her tone is extremely matter-of-fact, hardened by months of hard work in belligerent zones, with little rest and little food. With the same unemotional tone, she traces the journey of a louse originating in the trenches and ending up in their bodies,

We get them from the “sitters”—the cases well enough to sit beside us in front on the ambulances. Straight from the field dressing stations, before that straight from the trenches, who can wonder the sitters are alive with vermin?³⁹

There is a slight hint of resignation in her voice when she writes about the futility with which they try to get rid of the vermin: “Small-tooth combing, though a temporary check, has no lasting effect.”⁴⁰ One reaches that level of matter-of-factness after being hardened by experience. When Kit Dodsworth, a VAD at No. 12 General Hospital in Rouen, France, first discovered that her hair was infested with lice, she had an emotional breakdown:

One night, very late when I was going to bed, I discovered that I had collected some of the notorious ‘grey backs’, as the lice were called. I found them when I was brushing my hair, and I was so exhausted that I just collapsed in tears. It seemed the last straw. I sat up nearly all night crying and washing my long hair again and again in disinfectant. I felt as if I'd never be clean again.⁴¹

³⁸ Ibid., 17–18.

³⁹ Ibid., 15.

⁴⁰ Ibid.

⁴¹ Macdonald, 108.

The concern of being unclean for the rest of their lives eventually becomes replaced by more pressing concerns, such as being warm, getting fed, thawing frozen fingers, and snatching as much sleep as possible.

We snuggle deeper into our flea-bags and tell one another we really must get up. The Bug wants to change her underclothing and Etta Potato wants to wash to the waist to save doing it in the morning. She looks intensely relieved when informed the water jug is nearly empty, that there is just enough water for a hasty sponge of the face and hands. Her “big wash” must wait, indefinitely, until she plucks up courage to carry the hot water from the outhouse across the open yard, through the snow, into the bedroom. The Bug decides after all not to change into fresh underwear; her old ones are warm, and there is no sense in changing into clean, cold things until she washes her body thoroughly. We all agree.⁴²

Woolf, with her casually meticulous style of writing, passingly mentions her being in the bath. Only when we place that fleeting mention against this beautiful, sensitive, and humorous passage on women writing about snuggling, details of their underclothing, their reluctance to change their underclothing, their reluctance to take a shower, and the actual act of scrubbing their bodies with a sponge, do we realise how significant this passage is to the history of women writing and—more importantly—telling the truth about their own experiences as a body. Keeping in mind that these actions unfolded against the background of war, we realise that Helen Zenna Smith exudes a fragile sense of cosiness in this passage. Nevertheless, tucking hot-water bottles into flea-bags could make those bags feel almost as warm as sleeping on a “real” bed with “soft pillows”.

⁴² Smith, *Not So Quiet . . .*, 26.

Georgiana Toshington (Tosh), the niece of an Earl, and daughter of a well-known sportsman, decides to get rid of her “generous”, “thick, long, red as a sunset in Devon” locks of hair in a move to combat the invasion.⁴³ This astonishing scene at the beginning of *Not So Quiet* . . . deftly attacks the acceptable forms of womanliness in Edwardian Britain. She addresses the alarm this causes among her audience—her fellow twenty-three-year-old ambulance drivers—with an innuendo-laden response, “Why should I be a free lodging-house for w.A.I.F.s and strays?”⁴⁴ Tosh’s “snip, snip, snip” is a glorious performance of courage and non-conformity in the face of accepted gender values.⁴⁵ Helen Zenna Smith meticulously describes what Tosh does next to her cut locks, and the lice caught between them and the comb:

Tosh crumbles it [the newspaper *Daily Mail*, as Helen, relieved, notices, with Tosh’s hair in it] into a ball, takes the enamelled chamber from under her camp-bed, and proceeds to make a bonfire inside it. It smokes at first, but after a few seconds begins to crackle merrily. “Wholesale slaughter”, says Tosh. “Well, it’s the fashion in our circles, *n’est-ce pas?* . . .” She takes another sheet of paper and small-combs her short locks, shaking the results into the emergency incinerator.⁴⁶

It is as if she also incinerates the Edwardian gender norms that they were all required to conform to. Elsie Knocker and Marie Chisholm do not document this “invasion” when they decide to get rid of their long hair. Their “snip, snip, snip”, which I mention in the previous chapter, is solely to make Front war-work easier without having to care for their long locks. That act too is a brave act of non-conformity to accepted Edwardian gender norms. Evadne Price, the real name of Helen Zenna Smith, wrote *Not So Quiet* . . . as an all-female, British response to

⁴³ Ibid., 13.

⁴⁴ Ibid., 14.

⁴⁵ Ibid., 15.

⁴⁶ Ibid., 18.

Erich Maria Remarque's German novel *All Quiet on the Western Front*. The above passage bears a striking resemblance to another passage in Remarque's book,

Killing each separate louse is a tedious business when a man has hundreds.

The little beasts are hard and the everlasting cracking with one's fingernails very soon becomes wearisome. So Tjaden has rigged up the lid of a boot-polish tin with a piece of wire over the lighted stump of a candle. The lice are simply thrown into this little pan. Crack! And they're done for.⁴⁷

Once Tosh has finished with her "barbering", The B.F. points out that she looks "awfully unsexed", to which Tosh replies, "Unsexed? Me? With the breasts of a nursing mother?"⁴⁸ Skinny, another fellow ambulance driver says that Tosh now looks "like a Shakespearean page", "something fascinatingly boyish", to which Tosh retorts, "Boyish my bottom".⁴⁹ Previously Helen had described Tosh's hips as "the hips of a matron—intensified by the four pairs of thick combinations she always wears for warmth".⁵⁰ The presence of women with "generous" breasts and hips, of women with fuller bodies and "Amazonian breadth", pervades the book; the women whose bodies are non-maternal have names which act as signifiers (Skinny, Frost), and are eventually eliminated from the course of the action. In her afterword, Jane Marcus writes, "The female body at war must announce that it is made for motherhood."⁵¹ Nancy Huston, in her powerful essay "The Matrix of War: Mothers and Heroes", refers to the gnostic conundrum, "How long will men make war?—As long as women have children", and derives two cause-and-effect interpretations.⁵² One, "If women would only stop having children, men would stop making war" could be a truism because if women stopped having children there would obviously

⁴⁷ Erich Maria Remarque, *All Quiet on the Western Front* (London: Picador, 1991), 54.

⁴⁸ Smith, *Not So Quiet . . .*, 17.

⁴⁹ *Ibid.*, 22.

⁵⁰ *Ibid.*, 11.

⁵¹ Marcus, "Corpus/ Corps/ Corpse," 287.

⁵² Nancy Huston, "The Matrix of War: Mothers and Heroes," *Poetics Today* 6, no.s 1–2, (1985): 153–70.

be no men to make war. Second, “men make war *because* women have children”. Huston then analyses the striking equivalence between maternalism and military service by referring to “reciprocal metaphorization”: “It is impossible to determine whether men decided to confer social prestige upon labor pains so that women might partake, at least to some extent, in the glory of battle—or whether, conversely, they strove to invent for themselves, a suffering as dignified, as meritorious and as spectacular in its results as that of childbirth.”⁵³ This dichotomy, as pointed out by the gnostic conundrum, is exceedingly widespread and popular. Yet it is problematic, as Huston points out, because “war is a homosexual institution and marriage a heterosexual one”.⁵⁴ (It is for this reason that I have been stressing throughout my thesis that the presence of these nurses and ambulance drivers in homogeneously male combat zones is nothing short of transgressive.) The purpose of embarking on this route to determine the analogy between childbirth and war is to establish that *Not So Quiet . . .* subverts this dichotomy between war and motherhood. Despite being one of the major themes of the book, it is not the glorification of motherhood that Helen Zenna Smith writes about. Subtitled “Stepdaughters of the War”, *Not So Quiet . . .* launches into a brutal indictment against the Mother figure, and declares that war will always exist “as long as we breed women like my mother and Mrs. Evans-Mawnington”.⁵⁵ Her Mother and Mrs Evans-Mawnington compete with each other over presiding over more committees, over knitting more “endless miles of khaki scarves”, over who has sent more young men and women to the Front, and they both ignore the reality of combat, so long as their children are “doing their bit” (“God bless her”). In parts the book reads like an epistolary novel, with letters from the mothers sent to the Front, brief letters with untrue emotions that Helen and her V.A.D. sister write in reply, and the imaginary letters that Helen writes to the mothers about the reality of the Front, often dramatising them in her mind.

⁵³ Ibid., 165.

⁵⁴ Ibid., 166.

⁵⁵ Smith, *Not So Quiet . . .*, 90

He is coughing up clots of pinky-green filth. Only his lungs, Mother and Mrs. Evans-Mawnington. He is coughing well tonight. That is gas. You've heard of gas, haven't you? It burns and shrivels the lungs to . . . to the mess you see on the ambulance floor there. He's about the age of Bertie, Mother. . . . The son you are so eager to send out to the trenches, in case Mrs. Evans-Mawnington scores over you at the next recruiting meeting. . . . "I have given my only son."⁵⁶

It is symbolic that in a book about the monstrosity of motherhood, the protagonists are young women with maternal bodies who refuse to have children and they loathe their mothers: Helen's sister Trix gets pregnant and is supported in her abortion by Helen. With "a mind like a sewer (her own definition), the courage of a giant, the vocabulary of a Smithfield butcher", these women talk about their bodies with little inhibition.⁵⁷

However, a voluptuous woman's body which refuses to bear children might hint at the other great fear of Edwardian society: lesbianism. The very public obscenity trial for Radclyffe Hall's *The Well of Loneliness* began two years before the publication of *Not So Quiet . . .* and it would have been impossible for Evadne Price to have missed it. The women of *Not So Quiet . . .* appear to live in a kind of women's commune, watching each other undress, looking at and talking about each other's underwear, looking after each other, sharing food, warming each other's beds, and admiring each other's body proportions. Yet Helen Zenna Smith marks out a few differences between them and Stephen Gordon's world, despite them both being ambulance drivers in potentially the same region during the War. The primary difference is between the voluptuous, red-cheeked, maternal appearance of the women of *Not So Quiet . . .* and the "handsome in a flat, broad-shouldered and slim flanked fashion" of Stephen.⁵⁸ In fact, Virginia

⁵⁶ Ibid., 93.

⁵⁷ Ibid., 11.

⁵⁸ Radclyffe Hall, *The Well of Loneliness* (Ware: Wordsworth Edition Limited, 2014), 63.

Woolf's description of Radclyffe Hall as "stringy", when the former saw her at her trial in London, is in direct opposition to the maternal body of Tosh.⁵⁹ In this way, Helen Zenna Smith appeared to subtly but "effectively rewrite" the lesbian body driving ambulances at the Front.⁶⁰ In another scene, Helen and Tosh have a little pastoral jaunt on an afternoon off, when they stumble across two officers, friends of Tosh, from the nearby Prisoners' Compound. If the preceding scene of walking and talking together in the sun, "ankle deep in mud, but feeling gloriously free" is a haven for "inverts", what follows next is dystopic.⁶¹ Tosh and Helen are invited to a concert organised by the prisoners, and the company make their way to the Prisoners' Compound amid much banter. To Helen's utter shock, they are made to sit "in a big cage with bars—iron bars—exactly like a cage at the Zoo", and just like human spectators watching animals in a zoo, the two women are met with "hundreds of staring eyes. Brown eyes, blue eyes, small eyes, large eyes—curious eyes all of them, hungry and unspeakably filled with longing."⁶² The scene at the Prisoners' Compound is a very symbolic re-enactment of what many women experienced when they stepped into certain zones where the segregation of sexes was pointedly practised. With the need for mass mobilisation due to War, one would expect that this would change. Unfortunately for the women, the prisoners were sex-starved, and unlike Paul Bäumer and his comrades, could not rush to the nearest French village populated by starving virginal girls to quench their carnal desire in exchange for food. Sitting in that cage with their femininity in full display for the prisoners hovering outside, Helen goes scarlet and recounts a dream: "Once I dreamed I was travelling in an underground carriage minus a stitch of clothing; I felt exactly now as I did then. Naked and extremely ashamed."⁶³ Yet one cannot help but feel sad for the prisoners. Starvation comes in many forms: while one of the major tropes of war novels like *All Quiet on the Western Front* or *Not So Quiet . . .* is hunger for food, hunger for intimacy and tenderness is another kind

⁵⁹ Marcus, "Corpus/ Corps/ Corpse," 286.

⁶⁰ Ibid.

⁶¹ Smith, *Not So Quiet . . .*, 139.

⁶² Ibid., 142.

⁶³ Ibid.

of starvation. Tosh, translating the German remarks for Helen, whispered, “It was the first time most of them had ever seen an Englishwoman.” The predatory nature of the scene cannot be ignored: “The prisoners circled round and round the cage whispering and pushing the front ones away when they had stared long enough.”⁶⁴

On a different night, in a different set of circumstances, Tosh, Helen, and the others from their unit would be rescuing these very soldiers—wounded or dying—and dropping them to the nearest hospitals to be treated and looked after by more women. Yet, that they were there that night, sitting in a cage, and being visually violated and objectified by the soldiers only reveals how surreal war is. To survive, one has to see the humorous side of it, as Tosh and Helen did.

While they admired my red cheeks, my bust was too small and my leg inches too thin; and while Tosh’s bust and calf measurements met with universal approbation, they did not like her wind-tanned face. Unanimously they decided that Englishwomen were not physically attractive. They were very nice about it, Tosh translated; the remarks were more in sorrow than in anger, all without a smile and quite impersonal, with none of the cheeky, witty, Cockney atmosphere our own Tommies would have managed to infuse in a similar situation. Most of them would have condescended to sleep with us, however in lieu of anything more exciting, Tosh translated.⁶⁵

However before Tosh and Helen can hurry back to their all-women’s commune, and laugh and talk about their “adventure”, with one deft stroke, Helen Zenna Smith almost extinguishes the lesbian subtext, by planting a scene of a heteronormative kiss.

Baynton kissed me on the way back. It was not a platonic kiss, either. When I ticked him off he said: “Have a heart, old dear, I’m going up the line to-

⁶⁴ Ibid.

⁶⁵ Ibid.

morrow. I'll probably be dead mutton before I get a chance to kiss another girl."⁶⁶

There is nothing new in the tale of soldiers using the pretext of Front warfare, injury, and death to elicit a kiss, physical intimacy, sex, even a hasty marriage before leaving to catch the train. Nevertheless, the realities of Front warfare has made Helen less cynical, and during Baynton's second attempt to kiss her, she gives consent, by *letting him* kiss her, hastily agreeing that "it would be silly to accuse a man of being ungentlemanly when he is practically sentenced to death". It is comforting, when she stresses again, that she "kissed him of my own free will, and wished him a speedy "Blighty"⁶⁷.

At the other end of the spectrum from Helen Zenna Smith's *Not So Quiet . . .*, lush with fuller women's bodies and sexualities, lies Enid Bagnold's *A Diary Without Dates*, where Bagnold stresses on feeling distinctly "unsexed" several times. She does add that the unsexing, however, does not happen in any biological sense. The atmosphere of a war hospital, and the multitude of rules and protocol (including the uniform) that a volunteer nurse is subjected to, is predicated against her feeling herself as a sexual being.

The hospital—a sort of monotone, a place of whispers and wheels moving on rubber tyres, long corridors, and strangely unsexed women moving in them. Unsexed not in any real sense, but the white clothes, hidden hair, the stern white collar just below the chin, give them an air of school girlishness, an air and a look women don't wear in the world. They seem unexpected.⁶⁸

With subtle irony, Bagnold lays bare the stifling atmosphere of a British hospital during the War, rife with strict codes of behaviour for women—the publication of which would lead her to get

⁶⁶ Ibid., 145.

⁶⁷ Ibid.

⁶⁸ Bagnold, *A Diary*, 15.

expelled from the Royal Herbert Hospital at Woolwich where she volunteered after the War broke out. This glitch, however, proves only temporary as she immediately travels to France and begins driving ambulances and writes about her experiences again in *The Happy Foreigner*. The primary lesson that she learns as a nurse at Woolwich is that nurses should be bereft of sexuality, so that they do not torment their patients: “Women are left behind when one goes into hospital. Such women as are in hospital should be cool, gentle; anything else becomes a torment to the “prisoner”.”⁶⁹

With generic white gowns and caps hiding their hair, they become dormant and passive, preparing a body for surgery, dressing another wound, quietly sitting all night beside an unconscious patient: “Indeed a Sister is a curious creature. She is like a fortress, unassailable, and whose sleeping guns may fire at any minute.”⁷⁰ They have to dress carefully, lest their body renders a sexual tone to the function of care that they are expected to impart.

From two places away I heard her voice piping up: “Nurse, excuse my asking, but is your cap a regulation one, like all the others?”

I looked up and all the tea I was pouring poured over the edge. Mr. Pettitt and Captain Matthew, between us, looked down at their plates.

I put my hand to my cap. “Is anything wrong? It ought to be like the others.”

She leant towards me, nodding and smiling with bonhomie, and said flatteringly, “It’s so prettily put on, I thought it was different.”

And then (horror): “Don’t you think nurse puts her cap on well?” she asked Captain Matthew, who, looking harder than ever at his plate and reddening to

⁶⁹ Ibid., 39.

⁷⁰ Ibid., 42.

the ears, mumbled something which did not particularly commit him since it couldn't be heard.⁷¹

This little incident is orchestrated by a visitor to the hospital and unfolds in the kitchen. We can sense Bagnold's discomfort and horror at being pointed out that since her hat is so "prettily put on", it might not be a regulation cap whose sole function is to impart uniformity. The two convalescent patients in the kitchen also only mumble their approval of the prettiness of Nurse Bagnold's cap, as being openly admiring of their nurse's appearance is strictly frowned upon. With the nurses' bodies, movements and whereabouts being so tightly controlled, the hospital turns into a "convent", and the men in it become "brothers". Such strict control on their uniforms and behaviours also goes back to Nightingale's anxieties regarding the mixing of nurses and their male patients and her rules on nurses' uniforms. Yet this enforced familial relationship could appear to be flimsy to the discerning eye: "It's a queer place, a "Tommy's" ward. It makes me nervous. I'm not simple enough. They make me shy. I can't think of them like the others do, as "the boys"; they seem to me full-grown men."⁷²

Enid Bagnold's self-admission of her apparent lack of simplicity makes her perform an ultimate act of transgression—she falls in love with a patient. Through impressions, ellipses, and blanks, she beautifully portrays a surreptitious romance unfolding in the ward. Bagnold's romance begins with a glance: "For all that, now and then someone raises his eyes and looks at me; one day follows another and the glance deepens."⁷³ The power of the glance makes her slowly neglect her duties, and its comfort lets her overlook the everyday physical discomforts of working in a hospital. The others begin to notice how often she stops at a certain bed, and within days, "The eldest Sister and the youngest Sister are my enemies; the patients are my enemies [. . .] I have lost thirty friends in a day." Her romance is doomed from the beginning.

⁷¹ Ibid., 8.

⁷² Ibid., 48.

⁷³ Ibid., 39.

Under constant and intense scrutiny from the hospital staff, she must ensure that “Even my hand must not meet his—no, not even in a careless touch, not even in its “duty”; or, if it does, what risk!” The “risk” here is manifold. Bagnold risks jeopardising her honour by being involved in a public romantic relationship with a patient she is supposed to cure. At the same time, returning to the rhetoric of “torment” apparently meted out by more careless nurses towards the soldier-patients, her desire for him, disguised in healing “touch”, would undermine the primary reason for his being in the hospital in the first place—to be cured. Ultimately, as Bagnold writes, the other Sisters have “properly done me in”: he was moved to a different hospital an hour before she was expected to report for duty, and the others readied his bed for a new patient and scrubbed his locker. The torment that she faces from this separation is heartbreaking, and she has no one to share it with.

Although the nurses are strictly forbidden from mingling with the soldier-patients, they are also expected to get married as soon as possible, before the physical strain from all the work renders their body too unattractive for men.

The cap wears away my front hair; my feet are widening from the everlasting boards; my hands won't take my rings.

I was advised last night on the telephone to marry immediately before it was too late.

A desperate remedy. I will try cold cream and hair tonics first.⁷⁴

The woman's body in war is chained in so many shackles: uniforms she must adhere to, the knowledge she must limit herself to, what she should and should not write about; yet beyond all that, there is, in the writings of these women, a sense of freedom, as if their bodies are poised to break off the shackles and drift away: “Let them pile on the rules, invent and insist; yet behind

⁷⁴ Ibid., 22.

them, beneath them, I have that strong, secret liberty of an institution that runs like a wind in me and lifts my mind like a leaf.”⁷⁵

“They passed through our hands”

Santanu Das writes that the visceral core of war experiences is not exclusively masculine, and shows how women overcame the gap between experience and representation through “touch”.⁷⁶ Following Das, I will show how touch acted not only as the bridge between the bodies of the wounded soldiers and their nurses, but as markers for containment and contagion. The American nurse Mary Borden, whose dedication from *The Forbidden Zone* I quote at the very beginning of the chapter, writes about the Poilus who “passed” through their hands. She calls her book a “collection of fragments”—fragments of writing like the fragments of bodies she encounters daily. In these fragments, Borden addresses the insurmountable gap between experience, understanding, and representation: “all the rest that can never be written”. Yet it is through the bodies of the nurses—their hands—that an attempt to bridge the gap can first be made. The hands are the agents of touch between the war-ravaged male body and the female body: “You are continually doing things with your hands”, cutting clothes, washing wounds, bandaging body parts, amputating gangrenous limbs; Borden pauses to ask, “How many men had passed through my hands during the last thirty-six hours?” Hands are also the agents of touch between the exposed male body and the inexperienced female body; but unlike the (fear of) erotic touch that I wrote about in the previous section, Borden’s touch is mechanical. The battle happens over “the helpless bodies of these men”. It is by touching the wounded bodies that the nurses begin to participate in the masculine sport of War, and begin to understand and negotiate the depth of violence, pain, and injury.

⁷⁵ Ibid., 9.

⁷⁶ Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press, 2005), 182.

When the War first broke out, the refined V.A.D.s had rarely touched a sweeping brush. Kathleen Rhodes, V.A.D. No. 11 at the Stationary Hospital in Rouen records the destructiveness of war as reflected in the hands of the V.A.D.s: “When I wanted to take up nursing before the war my mother exclaimed, ‘But darling, it would ruin your hands!’ She was right. Within a few months of the start of the war my hands were ruined for ever.”⁷⁷ The ruination occurred rapidly because those hands that indicated being middle class were now involved in scrubbing floors, polishing and sterilising instruments, emptying bedpans, holding trays of instruments, and dressing wounds. Enid Bagnold quietly observes, “my hands are going to the dogs”.⁷⁸ Vera Brittain writes to her lover Roland that her “roughened hands are not worth kissing now!”⁷⁹ In the fragment titled ‘Conspiracy’, Mary Borden writes:

We lift him on to a table. We peel off his clothes, his coat and his shirt and his trousers and his boots. We handle his clothes that are stiff with blood. We cut off his shirt with large scissors. We stare at the obscene sight of his innocent wounds. He allows us to do this. He is helpless to stop us. We wash off the dry blood round the edges of his wounds. He suffers us to do as we like with him. [. . .] We plunge deep into his body. We make discoveries within his body. To the shame of the havoc of his limbs we add the insult of our curiosity and the curse of our purpose to remake him. We lay odds on his chance of escape, and we combat with Death, his saviour.⁸⁰

In this excerpt, hands become the agents of desire, and the presence of doctors is completely effaced. The language Borden uses is remarkable: the language of care and the sexual overlap each other. The hands undress the men like one undresses a lover, removing each item of clothing slowly, one after the other, until like a sharp denouement, there is the shock of blood—

⁷⁷ Macdonald, *Roses*, 75.

⁷⁸ Bagnold, *A Diary*, 15.

⁷⁹ Brittain, *Testament of Youth*, 377.

⁸⁰ Borden, *The Forbidden Zone*, 80.

clothes “stiff with blood”, shirts soaked with blood and sticking to the skin will not come off and have to be cut using scissors—which remind the reader that the scene is a battlefield hospital, the undressed man a heavily-wounded soldier, and the pair of hands belong to a nurse in duty. This excerpt also has the pattern of the crest and trough of a wave—the crest is the heightened sense of desire and longing of the nurse for the body, until when the reader thinks it cannot be contained any longer, the narrative drops down to remind the reader that the nurse is healing the wounds, she is washing off the dry blood. Once undressed, the sight of the male body becomes obscene; covered with wounds, it is the testimony of violence and horror. Yet the overlap between eroticism and care does not end. The nurses “plunge deep” into the men’s bodies, making discoveries in them. Under the auspices of the tented Front hospital, the plunge could only be necessary to “mend” the bodies and the discoveries could only be medical. The surrender of the vulnerable wounded soldiers to the touch and gaze of the nurse is poignant. Borden uses the pronoun ‘he’ too frequently, almost unnecessarily, in the passage. As if, because “he” is passive, she needs to assert his masculinity for him. Yet, the collective experience of “we” introduces a sense of power-play: it is a group of women “playing havoc” with an inert “him”, together callously betting on his heroism (“We lay odds on his chance of escape”). The “chance of escape” is an escape from death, and not actually from the sexual hold of all these women, as is implied. Later Borden writes, “He bares himself to our knives”; the verbing of ‘bare’ continues the sexual nature of the language prevalent in the rest of the fragment.⁸¹ The gendering in this passage is worth noting. So intricate are the details of the male body, and of movements of hands, that one is inclined to compare this passage with a famous painting also detailing in anatomy: Rembrandt’s 1632 oil painting *The Anatomy Lesson of Dr. Nicolaes Tulp*. But, of course, the primary difference between Rembrandt’s painting and Borden’s surgical scene is that the former has only men peering into a dead man’s body in the canvas, the latter has a group of women surrounding, intently looking, and touching a man who is alive and lying on a bed.

⁸¹ Ibid.



Figure VI: Rembrandt, *The Anatomy Lesson of Dr. Nicolaes Tulp* (1632).

In the fragment ‘Paraphernalia’, Mary Borden gives an exhaustive account of the several functions that the nurses’ hands perform: “You pile the blankets on his exhausted body. You fetch jugs of hot water and boil the long curling rubber tubes in saucepans. You keep corking and uncorking bottles.”⁸² Enid Bagnold notes that laying out trays “soothes the activity of the body, and the mind works softly.”

It unsettles me as I lay my spoons and forks. Sixty-five trays. It takes an hour to do. Thirteen pieces on each tray. Thirteen times sixty-five . . . eight hundred and forty-five things to collect, lay, square up symmetrically. I make little absurd reflections and arrangements—taking a dislike to the knives because they will not lie still on the polished metal of the tray, but pivot on their shafts, and swing out at angles after my fingers have left them.⁸³

The calculations help to calm oneself down before a surgery. Sometimes the hands perform automatic activities, almost without control: “Why do you rub his grey flesh with the stained scrap of cotton and stick the needle deep into his side? Why do you do it?”⁸⁴ The hands cut the

⁸² Ibid., 83.

⁸³ Bagnold, *A Diary*, 3.

⁸⁴ Borden, *The Forbidden Zone*, 83.

dressing, as well as tightly strap the hands of wounded soldiers down when the need arises. They nonchalantly pass body parts between one operating room and another. With time and practice, the nurses become skilled, and their skill stands in stark contrast against the wounded, quivering bodies of the soldiers: “You show off the skilled movements of your hands beside the erratic jerkings of his terrible limbs.”⁸⁵ It is this skill which eventually enables them to be able to correctly distinguish between cold bodies and dead bodies. Their hands did the sorting out of “the nearly dying from the dying”.⁸⁶

I had to judge from what was written on their tickets and from the way they looked and the way they felt to my hand. My hand could tell of itself one kind of cold from another. [. . .] My hands could instantly tell the difference between the cold of the harsh bitter night and the stealthy cold of death.⁸⁷

Enid Bagnold identifies this as one’s “*metier*”. It is the “sympathetic V.A.D. touch”: with the aid of a poultice or a fomentation, it heals people.⁸⁸

Several nurses also specialised in massages, taking extra training to be a masseuse while working in a hospital. Writing about how she used her hands to massage wounded soldiers, nurse Rona Commons describes several techniques in her notebooks: while the technique of “effleurage” was “a smooth stroking movement performed in a centripetal direction from the extremities towards the heart”, soothing muscles, relieving congestion, and stimulating sweat glands, “kneading” was “a movement in which the tissues worked upon [were] pressed against the underlying parts”, giving strength to muscles, while the technique of “friction” involved the moving of hands in “small circular movements”, effective for smaller areas.⁸⁹ Undisputedly the benefits of these massaging skills were manifold, however the very act of these women rubbing

⁸⁵ Ibid.

⁸⁶ Ibid., 95.

⁸⁷ Ibid.

⁸⁸ Bagnold, *A Diary*, 47.

⁸⁹ Christine Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009), 117.

their hands in several orchestrated movements over the smaller and larger areas of the men's bodies brings to mind the touching therapy of massages employed by male doctors to "cure" female hysterical patients only a few years before the outbreak of the First World War. Several articles written by (male) doctors and published in *The Lancet* and the *British Medical Journal* during the second half of the 1880s mention cases of "severe hysteria", all cured by massage. In an article published in July 30, 1887, Dr W. Hale White M.D., writes of an unnamed female patient:

Massage was begun on April 11th, and left off on May 18th. At first only the limbs were massaged for half an hour a day, but the process was gradually extended, and by the end of a week the whole body was thoroughly massaged for an hour in the morning and an hour in the evening. This part of the treatment was gradually left off, the full time of two hours a day lasting for four weeks. She always felt better and slept well after it; the muscles, which on admission were very flabby, became very much firmer. She was rubbed especially over the stomach, where she felt pain, which, however, soon disappeared.⁹⁰

In a similar tone, Dr Edward G. Dutton wrote of the treatment Miss M. B. in the June 9, 1888, issue of *The Lancet*, of how, within minutes of her arrival at his residence, he "placed her in bed and performed massage for one hour".⁹¹ He remarks again towards the end that the massage was performed by himself, and that "there was no air of mystery about it".⁹² This full body massage was essentially a euphemism for genital stimulation by male doctors with their hands. That only a few years later there was a genuine gender role reversal with the administration of massages by women to invalid men in order to "cure" them is indeed remarkable.

⁹⁰ W. Hale White, M. D., "Clinical Lecture on a Case of Severe Hysteria Treated by Massage, Isolation, and Overfeeding," in *British Medical Journal*, July 30, 1887: 333.

⁹¹ Edward G. Dutton, M.R.C.S., L.S.A., "A Severe Case of Hysteria Cured by Massage, Seclusion and Overfeeding," *The Lancet*, June 9, 1888: 1128.

⁹² *Ibid.*

Nevertheless, no amount of skills rendered the nurses immune to having their hands move quickly from being agents of erotic touch and/or healing touch, to turning septic. Their hands, bare, often gloveless, soaked the wounds in saline and dressed them several times a day. Gladys Stanford, a V.A.D. at Highfield Hospital in Southampton records:

There was one very badly wounded leg; you had to lift it up, take away a part of the mattress, put a bath underneath and soak the leg in this fluid. I got a very bad septic hand doing that, because the VADs didn't wear rubber gloves. Only the Sister wore gloves, and if you got the slightest prick it always went septic. If you knew that you had pricked yourself, you had to soak the scratch in your off-duty time in disinfectant, but somehow I hadn't noticed that I had a tiny cut on my hand, and every day I was putting my hands into a bath of solution where this septic leg had been soaking. I certainly got the infection from that.⁹³

It is unsurprising that no one really tended to the ailments of the nurses. Gladys Stanford was ill for three months and at one point it appeared that she might lose her hand altogether. With no one available who could spare time to look after sick nurses, she went home to Cranbourne in Dorset where the family doctor, Dr Charles Girling, attended to her swollen hand, ultimately saving it.⁹⁴ Joan Seddon in *We That Were Young* was diagnosed with “septic poisoning” when her high temperature made her almost collapse at her ward.⁹⁵ The infection itself had resulted from touch and contagion, and the Matron's focus was on immediate containment: “The slightest scratch on arm or finger is dangerous when you're in contact with wounds.”⁹⁶ Over the following weeks, Joan's hand got “swollen to the dimensions of a nightmare German sausage” and after it had been “opened” to let out a “quantity of yellow pus”, it resembled the “shape of the opening

⁹³ Macdonald, *Roses*, 169.

⁹⁴ *Ibid.*

⁹⁵ Irene Rathbone, *We That Were Young* (New York: The Feminist Press, 1988), 237.

⁹⁶ *Ibid.*

in a melon when a single slice had been removed.”⁹⁷ It is noteworthy that the abject form of the infected hand metamorphosed into something aligned with the enemy. Thus it is symbolic that in order to contain further spread of the infection and to remove the “nightmare” of the “German sausage” hand from the vicinity of wounded soldiers who had laid down their lives and bodies to fight the Germans, Joan was ultimately removed from Camberwell where she worked as a nurse, to be sent to Bart’s as a patient.

“It Still Haunts Me”

The writings of nurses reveal the intense hard work and exertion that they underwent every day. The only entry Enid Bagnold can write in her diary at the end of her first day comprises five words, ellipses, and an exclamation mark: “My feet ache, ache, ache . . . !”⁹⁸ Yet, these brief words and the careful punctuation speak volumes about the tireless service that these women gave over the duration of the War. What they lacked in experience, they made up with physical hard work. There runs the (by now) common theme of hunger, along with the reassurance that with time and practice, one gets used to starvation, the long hours, and the exertion.

The new V.A.D. doesn’t talk much at present, being shy, but tonight I can believe she will write in her diary as I wrote in mine: “My feet ache, ache, ache . . .” Add to that that she is hungry because she hasn’t yet learnt how to break the long stretches with hurried gnawing behind a door, that she is sick because the philosophy of Rees is not yet her philosophy, that her hands and feet grow cold and her body turns to warm milk, that she longs so to sit on a bed that she can almost visualise the depression her body would make on its

⁹⁷ Ibid. 238–40.

⁹⁸ Bagnold, *A Diary*, 15.

counterpane, and I get a glimpse of the passage of time and of the effect of custom.⁹⁹

Hence it is unsurprising that all that exertion would eventually lead to sickness. It is ironic that sickness manifested itself among the very people whose duty it was to heal. Not enough has been written about how illness affected the nurses too. Brittain was too preoccupied to notice a mild epidemic of German measles among the nursing staff of several London fever hospitals, and on finding her arms “speckled with red from wrist to elbow”, she reported sick and was sent to a fever hospital in south-west London.¹⁰⁰ With her characteristic brevity, Enid Bagnold refers to a similar experience, by writing only one word: “Measles. . . .”¹⁰¹ On her first foreign service, Vera Brittain, along with most of her fellow-nurses on board the ship *Galeka* to Malta, fell violently sick. A “feverish discomfort” that first emanated from headaches and acute diarrhoea quickly metamorphosed into a mysterious disease involving “shivering fits and a stiffening of the limbs”.¹⁰² It was through being in the throes of an acute illness that many of these women lost the delicate sensibilities they were carefully brought up with. In Vera Brittain’s case, the arrangements on board contributed amply to that disregard for convention:

Privacy, however great our need of it—and a few of us had begun inexplicably to suffer from headaches and acute diarrhoea—proved equally inaccessible, for each ward had only one washhouse, a rough annex containing several tin basins in a row, and one privy, with five tin commodes side by side and sociably free from partitions. To young women delicately brought up in fastidious homes, it was a perturbing demonstration of life as lived in the publicity of the slums. Several girls solved the ablution problem by not washing at all. But the other difficulty was less remedied. We began by

⁹⁹ Ibid., 66.

¹⁰⁰ Brittain, *Testament of Youth*, 265.

¹⁰¹ Bagnold, *A Diary*, 45.

¹⁰² Brittain, *Testament of Youth*, 300–1.

using the five-seated privy one at a time, but the waiting queues became so lengthy that this form of individualism soon proved impracticable.¹⁰³

It was only as a patient in one of the hospitals that these nurses found “a few days of rest for an aching body and of release from introspective torment for a tired mind.”¹⁰⁴ When convoys of sick nurses were carried off the boat on a stretcher, pushed into one of the many waiting ambulances, and driven to a hospital, the scene could not be more paradoxical. Florence Farmborough, too, became so ill with paratyphoid that she was sent to a convalescent hospital in Crimea. Enid Bagnold’s Sister is sent away because she is ill.

“I’m going away to-morrow. They are sending me home; they say I’m ill.”

Her collar, which was open, she tried to do up. It made a painful impression on me of weakness and the effort to be normal.

I remembered that she had once told me she was so afraid of death, and I guessed that she was suffering now from that terror.¹⁰⁵

While the physical bodies of the V.A.D.s, who were untrained in the intricacies of military medical nursing until the outbreak of the War, needed considerable time to be broken in to a life of supreme exertion, their minds too needed adequate time to adapt to a heightened state of continued danger and urgency. With the duration of the War, there grew an automatism in the work and stress of the daily routine of a wartime military hospital:

[M]y letters home tell the same story of perpetual convoys, of haemorrhages, of delirium, of gas-gangrene cases doomed from the start who watched our

¹⁰³ Ibid.

¹⁰⁴ Ibid., 265. It is equally poignant and ironic that the dreadful mysterious illness proved to be a “curious comment” on Brittain’s father’s fear from before the war, that if she went to a finishing school in Paris, she might develop appendicitis.

¹⁰⁵ Bagnold, *A Diary*, 11–12.

movements with staring, fear-darkened eyes, afraid to ask the questions whose answers would confirm that which they already knew.¹⁰⁶

And what effects do these perpetual convoys have on the body of the nurse? Mary Borden, running the *Hôpital Chirurgical Mobile No. 1* near Rousbrugge in Flanders, writes how used to the cannonade she is, which is her “lullaby”, lulling her to sleep every night:

If it stopped I could not sleep. I would wake with a start. The thin wooden walls of my cubicle tremble and the windows rattle a little. That, too, is natural. It is the whispering of the grass and the scent of the new-mown hay that makes me nervous.¹⁰⁷

The sounds of war get adapted into the sounds of everyday life, until the sounds of the everyday act as an intrusion and affect the nurse. Borden demonstrates how deep the effect of the War has been on the body and mind of the nurse: the rattle of the windows regularly pair with the rattle of her nerves. Borden also informs that the nurse who works with drugs all day, administering them to the soldiers, is herself “drowsy and drugged with heavy narcotics, with ether and iodoform and other strong odours”.¹⁰⁸ This prompts us to think about the very real threat of substance dependence amongst the carers. The strain of working under constant urgency and threat to life ultimately takes its toll in the body and mind of the nurse by making her immune to all feelings and emotions.

She is no longer a woman. She is dead, just as I am—really dead, past resurrection. Her heart is dead. She killed it. She couldn’t bear to feel it jumping in her side when Life, the sick animal, choked and rattled in her arms. Her ears are deaf; she deafened them. She could not bear to hear Life crying and mewling. She is blind so that she cannot see the torn parts of men she must handle. Blind, deaf, dead—she

¹⁰⁶ Brittain, *Testament of Youth*, 383.

¹⁰⁷ Borden, *The Forbidden Zone*, 39.

¹⁰⁸ *Ibid.*, 42.

is strong, efficient, fit to consort with god and demons—a machine inhabited by the ghost of a woman—soulless, past redeeming, just as I am—just as I will be.¹⁰⁹

In *Powers of Horror*, Kristeva refers to the ‘abject’ and identifies it as “the jettisoned object, [which] is radically excluded and draws me toward the place where meaning collapses.”¹¹⁰ Such a reaction is primarily caused by witnessing a corpse; such a reaction is also elicited on looking at an open wound. Reading the nurses’ accounts by placing them against Kristeva’s theories of abjection helps one identify similar reactions as they struggled with the spectacle of wounded men’s bodies. In her afterword to Helen Zenna Smith’s *Not So Quiet . . .* Jane Marcus calls a section ‘Ears Only’:

[T]o mark the experience of war in Helen Zenna Smith’s writing as a bombardment of the reader’s ears in a text pock-marked with ellipses of silence and rushes of noisy belligerent words.¹¹¹

While the daily work of the nurses in the Front was regularly interrupted by the sound of battle, bombs, bullets and other belligerent noises, I would like to extend the different sensations experienced by these women from auditory and touch, to smell and sight. While trying to imagine what walking down a hospital ward would feel like at this time in history, one would often forget the smell. Yet the strong smell of disinfectants used to scrub the floor, mingled with the smell of the sterilising solutions of instruments, the smell of dressing solutions used to dress wounds, and finally the smell of wounds, of gangrene, and of rotting flesh would assault the olfactory senses of the nurses.

¹⁰⁹ Ibid., 43.

¹¹⁰ Julia Kristeva, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982), 2.

¹¹¹ Jane Marcus’s Afterword, in Helen Zenna Smith’s *Not So Quiet . . .* (New York: The Feminist Press, 1989), 261.

With the formation of ‘Hypochlorous Acid ¼% Solution’ by Doctors Carrel and Dakin, it was possible to treat early cases of gangrene. Nurses would have to inject the solution into tubes connected to the wounds every three hours all day and through the night. If it wasn’t too late, a limb could be saved from amputation, and although people still died from serious gangrenous wounds, the solution brought the numbers down. Nevertheless, the soldiers “hated it, it was so cold”, and it was not especially popular with the nurses.¹¹² Looking back at the treatment using the Carrel and Dakin solution in the 1970s, V.A.D. Hester Cotton remembers:

I could never get the smell of that stuff out of my nose. I can still smell it even now, a sort of chlorate of lime smell, and of course the smell of the wounds themselves was terrible. If there was a case of gas gangrene in a ward you could smell it as you opened the door.¹¹³

Hester Cotton accurately describes the smell of the new solution—one of the many advances made in medical sciences entirely by necessity during the War years—and points out something that was perhaps true in most cases, and important to remember: “I could never get the smell of that stuff out of my nose. I can still smell it even now . . .” She further recalls her initial experience with a wounded man:

It was very hard to do the dressings sometimes, because we weren’t trained nurses and were only helping to hold things and pass them to Sister, but it was dreadful to look at them nevertheless. I only had to leave the ward once, and that was for the very first wound I saw. It was a man who’d had half his buttocks shot off, all the fleshy part, and never having seen a real wound before I was a bit taken aback. If the wound had been clean, it would have been red, because it was absolutely raw flesh. As it was, it was full of pus, absolutely suppurating with pus. You simply couldn’t clean it up; you just had

¹¹² Macdonald, *Roses*, 91.

¹¹³ *Ibid.*

to keep on putting these wet things on until gradually it got cleaner and cleaner.¹¹⁴

For someone unaccustomed to seeing dreadful, open wounds, the first encounter with raw flesh and pus can come as a shock. The advice that was often dispensed was to “[p]ut your head between your knees and you will be all right”.¹¹⁵ A new V.A.D. who came to Enid Bagnold’s hospital turned away her face when she saw a patient’s bloody arm. Bagnold wrote that she had done that too when she was new. The first dressing that Vera Brittain assisted, a “gangrenous leg wound, slimy and green and scarlet with the bone laid bare”, turned her sick and faint for a moment.¹¹⁶ She later remembered that experience with humiliation; the nurses simply got used to the suffering. As Kristeva writes, abjection “is not the white expanse or slack boredom of repression, not the translations and transformations of desire that wrench bodies, nights, and discourse; rather it is a brutish suffering . . .”¹¹⁷ She complicates W. H. R. Rivers’ concept of war repression as a means of treating war neuroses, by recognising the gamut of suffering always already present behind the veil of repression. The nurses did suffer, but there were rewards. Hester Cotton recalls, “He did get better, that man, but he had a terrible time. He had to be lying on his stomach and I remember when he was first able to inch round on to one side for the first time. That was a great day.”¹¹⁸

Kristeva emphasises the necessity to be aware of the link between the subject and the abject, especially because though the border between the two positions is imaginary, the abject does exist, in a liminal space, in the subconscious mind.¹¹⁹ It manifests its presence by nausea, fear, and adrenalin. Nursing probationer Druisilla (Maisie) Bowcott talked about her initial experience, before she got “hardened” to it:

¹¹⁴ Ibid., 92.

¹¹⁵ Ibid.

¹¹⁶ Brittain, *Testament of Youth*, 211.

¹¹⁷ Kristeva, *Powers of Horror*, 2.

¹¹⁸ Macdonald, *Roses*, 91.

¹¹⁹ Kristeva, 4.

I was absolutely shaking at the knees as I approached the team at the bed where the dressing trolley stood. ‘Hold that stump’, said Sister, and the poor chap must have felt dreadful because I gripped his leg well above the knee, and as the solution of Eusol and Peroxide was poured onto the stump the pus was pouring over my hands. Then I had two stumps, two Sisters, and I must have started to sway because I was carted out very ignominiously to the fire escape.¹²⁰

It is noteworthy that the particular adverb “ignominiously” crops up quite regularly in the musings of the nurses. Feeling ignominious or being ashamed was a layered affect for these women. As demonstrated in the previous chapter, being barred from actively serving their country like men could, at the hour of utmost need made them feel ashamed to have been born a woman. For V.A.D.s like Enid Bagnold, new to nursing and swiftly trained to meet an urgent demand, shame could be interspersed with the idea of being an imposter. Did they misconstrue their failure to provide immediate and complete relief to the soldiers’ pain with their own failings in medical skill? Or did they misapprehend the failure of language to convey the depths of pain as their personal failure? Finally, as I have demonstrated earlier, were they shameful of their strong, able bodies in front of the quivering wreckages of the soldiers? “Ignominiously” carries suggestions of all these layers of shame.

In some cases, hardening took time, and some nurses were haunted by the cases they treated or were witness to for years afterwards. Claire Elise Tisdall was a V.A.D. ambulance nurse who travelled with the ambulances and took the wounded from the trains to the hospitals. The case that she encountered, one that would haunt her for the next sixty years, took place at the Somme:

¹²⁰ Ibid., 92.

The worst case I saw—and it still haunts me—was of a man being carried past us. It was at night, and in the dim light I thought that his face was covered with a black cloth. But as he came nearer, I was horrified to realise that the whole lower half of his face had been completely blown off and what had appeared to be a black cloth was a huge gaping hole. That was the only time that I nearly fainted on the platform, but fortunately I was able to pull myself together. It was the most frightful sight because he couldn't be covered up at all.¹²¹

Claire Tisdall's recollection and description of her "worst case" is very remarkable, as one can immediately draw parallels with Freud's theory of the 'uncanny'. There is an 'uncanny' confusion between her *Phantasie* (imagination) and *Wirklichkeit* (reality)—the imagined black cloth vis-à-vis the hole in the soldier's face. In E. T. A. Hoffmann's story 'The Sandman', Freud noted that the more striking instance of uncanniness was the idea of being robbed of one's eyes. In Claire Tisdall's narration, this idea of being robbed of sight acquires a double significance: first through the hindrance in the line of vision by what is assumed to be a black cloth; second, the negation of the existence of the black cloth to reveal a gaping hole, an absence where the face should have been, and hence a hollowness, a vacuum in sight. On his seminars on anxiety delivered over 1962–1963, Jacques Lacan returned to Freud's notion of the uncanny, and lucidly explained the connection between absence and fantasy:

There is profiled an image of ourselves that is simply reflected, already problematic, even fallacious; that it is at a place that is situated with respect to an image which is characterised by a lack, by the fact that what is called for there cannot appear there, that there is profoundly orientated and polarised the function of this image itself, that desire is there, not simply veiled, but

¹²¹ Ibid., 165.

essentially placed in relation to an absence, to a possibility of appearing determined by a presence which is elsewhere and determines it more closely, but, where it is, ungraspable by the subject, namely here, I indicated it, the o of the object, of the object which constitutes our question, of the object in the function that it fulfills in the phantasy at the place that something can appear.¹²²

Yet Tisdall's "worst case" falls between Lacan's analysis of the uncanny and desire, and Kristeva's theory of the abject. If the soldier's missing face casts him out of the symbolic order, then Tisdall's reaction of horror at the sight is a prime example of abjection.

The symbolic collapse between the subject and the abject is most evident in the ailment that many nurses shared with their male patients: war trauma. Almost the entire canon of First World War poetry has been written by shell-shocked men who had experienced combat. Just like the gendered nature of the War itself, with its dichotomy between the masculine War Front and the feminine Home Front, war trauma has also been irrevocably gendered. In her influential book *The Female Malady*, Elaine Showalter writes:

The efficacy of the term "shell shock" lay in its power to provide a masculine-sounding substitute for the effeminate associations of "hysteria" and to disguise the troubling parallels between male war neurosis and the female nervous disorders epidemic before the war.¹²³

The sufferings of war trauma and shell shock were owned entirely by male combatants, while the rhetoric of treatment was also careful to distinguish this condition from the distinctly female

¹²² https://www.valas.fr/IMG/pdf/THE-SEMINAR-OF-JACQUES-LACAN-X_1_angoisse.pdf. Accessed on September 23, 2016.

¹²³ Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830–1980* (London: Virago Press, 1987), 172.

hysteria.¹²⁴ However, as subsequent research on First World War neuroses has showed, war neuroses were not the prerogative of only the male combatant.¹²⁵ The etymological roots of the word “trauma” in both Greek and German reveal that trauma originally meant physical wound or damage. Christine Hallett explains that the work of the nurses of the First World War was manifested by a process of “containing trauma”—of creating “safe boundaries within which healing could take place”.¹²⁶ Any rupture in that containment made its appearance in the form of a physical wound—the “trauma”.¹²⁷ Female nurses working in Casualty Clearing Stations (C.C.S.s) and hospital tents close to the Front were not only witnesses to the severe physical wounding and mental traumas of soldiers, but were themselves regularly subjected to enemy shelling.

“The strain all along,” I repeated dully, “is very great . . . very great.” What exactly did those words describe? The enemy within shelling distance—refugee Sisters crowding in with nerves all awry—bright moonlight, and aeroplanes carrying machine-guns—ambulance trains jolting noisily into the siding, all day, all night—gassed men on stretchers, clawing the air—dying men, reeking with mud and foul green-stained bandages, shrieking and writhing in a grotesque travesty of

¹²⁴ See *Ibid.* It is also important to contextualise the medical terminology I use here. Charles Myers, the consultant psychologist to the British Expeditionary Forces, who had been the first to use the term “shell shock” officially in a *Lancet* article in 1915, later pointed out its shortcomings: “A shell, then, may play no part whatever in the causation of ‘shell shock’: excessive emotion, e.g. sudden horror or fear, indeed any ‘psychical trauma’ or ‘inadjustable experience’ is sufficient.” See: C. 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,” *Lancet* 185, no. 4772 (13 February, 1915): 316–20. The term’s literal association with trench warfare and direct exposure to shell blasts relegates it only to male combatants, who could have had such an exposure. I redress this lack of breadth by reading not only the diagnoses of shell shock but also the gamut of symptoms associated with war neuroses and war trauma in the writings of the nurses.

¹²⁵ Trudi Tate writes a chapter on ‘Civilian war neuroses’ in her book *Modernism, History and the First World War* (Manchester: Manchester University Press, 1998), 10–40.

¹²⁶ Christine Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009), 16.

¹²⁷ For a detailed analysis of physical wounding and the containment of trauma, see ‘Containing Physical Trauma on the Western Front’ in Christine Hallett’s *Containing Trauma*, 27–83.

manhood—dead men with fixed, empty eyes and shiny, yellow faces. . . . Yes, perhaps the strain all along *had* been very great. . . .¹²⁸

As Vera Brittain writes in these lines, the nurses worked under extreme mental strain, especially during the “big push”, with their “nerves all awry”, and had their own lives constantly under threat. Nurses had experience of and treated extreme mutilation, disfigurement, and wounding hitherto unseen in combat; their stations were bombed, many nurses lost their lives; risking life and safety, many of them fled CCSs.¹²⁹ They did show symptoms similar to neurasthenia suffered by the soldiers, and did have breakdowns, both physical and mental. Reclaiming some of the ownership of wartime trauma and shell shock from its distinctly masculine domain in order to understand the traumas of the nurses uncovers what Margaret Higonnet has aptly called “an alternate history of World War I traumas.”¹³⁰ However, here I do not simply look for shell shock symptoms or signs of traumas in their writings. As Higonnet has written, the similarities between the techniques of fragmented Modernist writings and those of testimony and trauma writings may jeopardise the question of “authenticity” of experience.¹³¹ Suffering is subjective, and manifests itself physically and mentally in a variety of ways. The diversity of trauma and suffering and its (un)conscious representation among certain women will be the focus here.

In October 1915, after spending just over a month at the military hospital in Camberwell, Vera Brittain writes in a letter to her lover Roland Leighton:

¹²⁸ Brittain, *Testament of Youth*, 423.

¹²⁹ While an exact number of nurses who lost their lives during the First World War is not available, some estimates reveal that roughly 236 nurses were killed during the war. Source: <http://www.redcross.org.uk/~media/BritishRedCross/Documents/Who%20we%20are/History%20and%20archives/VAD%20casualties%20during%20the%20First%20World%20War.pdf> Accessed on July 20, 2017.

¹³⁰ Margaret Higonnet, “Authenticity and Art in Trauma Narratives of World War I,” *Modernism/Modernity* 9 no. 1: 92.

¹³¹ *Ibid.*

Personally after seeing some of the dreadful things I have to see here, I feel I shall never be the same person again, and wonder if, when the War does end, I shall have forgotten how to laugh. The other day I did involuntarily laugh at something and it felt quite strange.¹³²

She notes that witnessing the atrocities of the war reduces individual consciousness until one is left feeling empty. Over the next few months, she too, like most of the other nurses, would perfect the art of working “without emotion”.¹³³

I had not yet realised—as I was later to realise through my own mental surrender—that only a process of complete adaptation, blotting out tastes and talents and even memories, made life sufferable for someone face to face with war at its worst.¹³⁴

Despite not being in direct combat, the nurses were at war too. Brittain uses the military metaphor of “surrender” to demonstrate how completely these women had to give up all feelings and emotions, and even memories of a happier past, to be able to live through war. The blotting out of memories is also a traumatic after-effect of war; the obliteration is complete—physical body is wrecked, emotions are killed.

But the War kills other things besides physical life, and I sometimes feel that little by little the Individuality of You is being as surely buried as the bodies are of those who lie beneath the trenches of Flanders and France.¹³⁵

It is through the metaphor of the burial of one’s individuality that Brittain connects the bodies and minds of the nurses with those of the soldiers who had been physically buried in the trenches. By an interesting turn of phrase, the ‘Individuality of You’, Brittain conveys the systematic demise of hope, aspirations, and subjectivity of the generation that fought in the First

¹³² Brittain, *Testament of Youth*, 215.

¹³³ *Ibid.*, 216.

¹³⁴ *Ibid.*, 217.

¹³⁵ *Ibid.*, 218.

World War. The imagery of burial also acts as a metaphor for the repression of war experience. In his 1915 essay ‘Thoughts on the Times of War and Death’, Sigmund Freud refers to the altered attitude towards death which disillusionment with the First World War had brought upon people. At the same time, this inability to feel emotions any more was a prime sign of being shell shocked. Grief is unquantifiable; the death of one’s loved one in war is numbing, and yet the nurses had to carry on caring for more wounded men after they lost their loved ones in combat. When Roland Leighton died, Vera Brittain believed that a part of her had died with him: “The last three months have been dark, confused, nightmare-like—I can barely remember what has happened in them, any more than one can properly remember a terrible illness after it is over.”¹³⁶ Her grief is strikingly physical, manifesting itself through lack of sleep and fatigue.

As I was conspicuously not sleeping and must have appeared the ghost of the excited girl who went on leave—indeed, I felt as though I had gone down to death with Roland and been disinterred as someone else—the Matron sent for me and offered to put me, with Betty, back on duty.¹³⁷

In the Bradshaw Lecture on Neuroses and Psychoses of War, delivered before the Royal College of Physicians of London on November 7, 1918, William Aldren Turner listed the symptoms of clinical war neuroses, explaining that in one type, patients present a “dazed and confused appearance” and commonly fall “victim of an anxiety condition in which intense headache, battle dreams, insomnia, vertigo, lack of mental concentration, and fatigue are prominent symptoms.”¹³⁸ Vera Brittain’s sleeplessness, fatigue, and mental confusion match with Turner’s diagnosis. Once back on duty, Brittain’s psychological misery is in tandem with the physical suffering of a wounded soldier, and her lack of feeling here, which she is slowly beginning to master, is noteworthy: “To complete my nervous misery, a paralytic patient required constant

¹³⁶ Ibid., 263.

¹³⁷ Ibid., 245.

¹³⁸ William Aldren Turner, “The Bradshaw Lecture on Neuroses and Psychoses of War,” *The Lancet* 192, no. 4967 (November 9, 1918): 613–18.

uninviting ministrations, and drove me half crazy with the animal noises which he emitted at intervals throughout the night.”¹³⁹

In addition to experiencing regular shelling of their hospitals, nurses crossing the Channel to serve in the continent were in constant danger of having their hospital ships torpedoed and of drowning in the sea. Brittain writes of a “young, cheerful” Sister she had met on their voyage to Mudros, who was later on the hospital ship *Britannic*, which was torpedoed.¹⁴⁰ When Brittain went to meet her in Floriana Hospital in Valletta, she found the Sister “completely changed” from the experience—“nervous, distressed and all the time on the verge of crying.”¹⁴¹ She could, nevertheless, succinctly describe the sinking of the *Britannic*: the explosion occurred during breakfast, blowing up an orderly together with the bottom staircase he was standing on; the nurses were asked to quickly snatch any valuables they could get and assemble on the deck, from where they were lowered on the boats; as they sat on their boats, they saw the propeller of the *Britannic* cut another boat “in half and fling its mutilated victims into the air.”¹⁴² In this scene, in addition to the horror of having their ship attacked in the middle of the sea, it was the witnessing of their neighbouring boat, full of people they knew and worked with, being destroyed, that is especially chilling.

Although Freud mentions “self-reproach” as early as 1896, the clinical concept of survivor’s guilt emerges as late as the 1960s, only during the treatment of Holocaust survivors: I wrote earlier about the resemblance between the need of Holocaust survivors to tell their experiences and of the First World War nurse writing their testimonies.¹⁴³ Talking about the *Britannic* disaster that this Sister witnessed and experienced “seemed to bring her relief.”¹⁴⁴ Vera

¹³⁹ Ibid., 246.

¹⁴⁰ Brittain, *Testament of Youth*, 312.

¹⁴¹ Ibid.

¹⁴² Ibid., 313.

¹⁴³ John J. Hartman, “Anna Freud and the Holocaust: Mourning and Survival Guilt,” *The International Journal of Psychoanalysis* 95, no. 6 (December 2014): 1183–210.

¹⁴⁴ Brittain, *Testament of Youth*, 312.

Brittain, who listens to the Sister's testimony and reports it in her diary ("I meditated as I listened"), becomes "a participant and co-owner of the traumatic event"; through listening, she comes to partially experience trauma herself.¹⁴⁵ Brittain herself had sailed on the *Britannic* to reach Malta about a month before the ship's fatal final voyage: "'We are in danger!' I kept saying as I lay awake in the dark that night."¹⁴⁶ Her dread did not leave her after she reached Malta:

My letters from Malta are full of wrecks and drowning; the sinking of ships provided much the same drama for us as a great battle for the hospitals of England and France. The *Arabia* was torpedoed a month after I landed, and constant rumours of submarine damage or alleged threats of bombardment by Austrian vessels kept our excitement up to fever pitch.¹⁴⁷

It is interesting how she uses the physical ailment of fever as a comparison for mental strain. Brittain remembers that the news of the sinking of the *Britannic* "galvanised the island like an electric shock."¹⁴⁸ With news of more sinking of ships, the shock transformed into a long-lasting, "disintegrating" fear.

Six months afterwards, writing to my mother about the torpedoing of the *Asturias* with two of our most popular Malta V.A.D.s on board, I tried to describe the disintegrating fear which left me with a sick reluctance to undertake long voyages that ignominiously persists to this day.¹⁴⁹

Felman and Laub write that the listener to the trauma is so impacted by the relation of the victim to the trauma, that they feel "the bewilderment, injury, confusion, dread and conflicts" of the trauma victim.¹⁵⁰ Vera Brittain, the listener to the Sister's traumatic experience, already addresses

¹⁴⁵ Ibid., 313; Felman and Laub, *Testimony*, 57.

¹⁴⁶ Brittain, *Testament of Youth*, 296.

¹⁴⁷ Ibid., 311.

¹⁴⁸ Ibid., 312.

¹⁴⁹ Ibid., 297.

¹⁵⁰ Felman and Laub, *Testimony*, 57.

each of these emotions because she has almost been the victim herself. In her case, the line between the victim and the listener gets blurred, because she is so intimately related to the victim(s) and their sufferings. Felman's and Laub's insistence that the listener is "also a separate human being and will experience hazards and struggles of his own, while carrying out his function as a witness to the trauma witness" assumes special poignancy in the case of Brittain,¹⁵¹

Each new wreck was followed by an influx of half-drowned patients suffering from shock; having lost everything but the clothes they had arrived in, they bought up half the garments in Valletta. [. . .] As the clothing stores in Valletta were now temporarily depleted, we supplied the refugees with our own pyjamas and undergarments and hot-water bottles until they could return to England and re-equip.¹⁵²

Listening to the Sister's testimony of survival makes Brittain an active listener; however, having sailed in the same ship which was later torpedoed makes her a survivor too. Her "hazards and struggles" assume special significance because of this blurring of identities and her involvement with the caring of the survivors.

During her service in France, Brittain writes, "The roar of bombs dropping on Camiers soon after I arrived had awakened me to the petrifying realisation that there were no cellars in a camp."¹⁵³ Her petrification arises from never having experienced bombing before: the evening after she had departed for Malta, German zeppelins had dropped bombs on Purley, Streatham Hill, and Brixton, places through which she and her mother had passed before. She reminisces later:

[H]ow frightened I had been of air-raids when I first went to London, and reflecting that so close a conjunction of Zeppelins and submarines might entirely

¹⁵¹ Ibid.

¹⁵² Brittain, *Testament of Youth*, 312.

¹⁵³ Brittain, *Testament of Youth*, 408.

have annihilated that modicum of courage which, throughout the War, only just enabled me to keep my dignity in perilous situations.¹⁵⁴

Therefore, her fear of being caught in the middle of a bombing raid in her hospital in Camiers is understandable; although it is the long-term effect of that fear, as she writes in retrospect, which is of interest while studying the effect of trauma on these women. During the great German offensive of March 1918, which was preceded by the bombing, the nurses were stretched to their limits while caring for the enormous numbers of wounded soldiers, as well as constantly facing threat to their lives. Nurses from the stations that were engulfed by the offensive had to flee further down the line and, in many cases, they retreated for days, without sleep or food, without any belongings, and in constant threat to their safety. Several nurses had died as a result of the bombing. Brittain describes the state of her hospital tent in details during one such day:

myself standing alone in a newly created circle of hell during the “emergency” of March 22nd, 1918, and gazing, half hypnotised, at the dishevelled beds, the stretchers on the floor, the scattered boots and piles of muddy khaki, the brown blankets turned back from smashed limbs bound to splints by filthy blood-stained bandages. Beneath each stinking wad of sodden wool and gauze an obscene horror waited for me—and all the equipment that I had for attacking it in this ex-medical ward was one pair of forceps standing in potted-meat glass half full of methylated spirit.¹⁵⁵

Her “sword of Damocles” is her persistent panic; yet she would not be solitary in her demonstration of it—these nurses embarked on “the daily battle against time and death which was to continue, uninterrupted, for what seemed an eternity.”¹⁵⁶ The manifestation of their trauma appears in the form of “half hypnotised” stare and being rooted to the spot in a “circle

¹⁵⁴ Ibid., 295.

¹⁵⁵ Ibid., 410.

¹⁵⁶ Ibid., 411.

of hell”, the site of “obscene horror”, while death and destruction unfolds around them. The way the prose isolates Brittain and places her at the centre of the “hell” here is symbolic of her “horror”. Several nurses did not survive the “crushing tension of those extreme days”:

One young Sister, who had previously been shelled at a Casualty Clearing Station, lost her nerve and rushed screaming through the Mess; two others seized her and forcibly put her to bed, holding her down while the raid lasted to prevent her from causing a panic.¹⁵⁷

Brittain previously writes about a neurasthenic soldier from New Zealand “in the fighting stage of delirium” who chased her “up and down the hut”, and the parallel here between him and this Sister who had “lost her nerve” running through her mess is remarkable; both were held down and forcibly put to bed.¹⁵⁸ The assault on the senses continued uninterrupted: sharp flashes of fire in the sky at night; “thudding crescendo”, “ceaseless and deafening roar” caused by motor lorries and ammunition wagons on the move all day, and “thundering” trains with reinforcements; stretcher cases full with mutilated soldiers, suffering from wounds with congealed blood. The business of repairing them was a ceaseless process as one convoy followed another. There were physical manifestations of the stretching of unreliable nerves this emergency elicited—groups of nurses with their teeth chattering in fear out of sheer terror made their way to their huts when they were ordered to scatter, almost exactly as the familiar image of shivering soldiers in the trenches, with their teeth chattering in fear of the sniper’s bullet. At the end Brittain writes:

An uncontrollable emotion seized me—as such emotions often seized us in those days of insufficient sleep; my eyeballs pricked, my throat ached, and a mist swam over the confident Americans going to the front. The coming of relief made me

¹⁵⁷ Ibid., 417.

¹⁵⁸ Ibid., 394.

realise all at once how long and how intolerable had been the tension, and with the knowledge that we were not, after all, defeated, I found myself beginning to cry.¹⁵⁹

Being able to cry at last would have been cathartic. The “insufficient sleep” and fatigue that Brittain mentions match exactly with Turner’s symptoms of war neuroses. Yet it is through the “uncontrollable emotion” of relief, tears, and the final release of the unbearable tension of the extreme mental strain that her neuroses find a physical manifestation.

These moving accounts of nurses reveal how intricately their horrific experiences were directly responsible for neuroses, and dispel any notion of trauma by proxy for female non-combatants. In her influential work *Unclaimed Experience*, Cathy Caruth defines trauma as “the response to an unexpected or overwhelming violent event or events that are not fully grasped as they occur, but return later in repeated flashbacks, nightmares, and other repetitive phenomena.”¹⁶⁰ This belatedness and repetition-compulsion certainly hold true for the nurses who spoke of their experiences to Lyn Macdonald in the 1970s. The other texts I read here also represent trauma in retrospect: Vera Brittain published *Testament of Youth* in 1933, fifteen years after the end of the War, and Mary Borden published *The Forbidden Zone* in 1929. Whether these women and others like them were wracked with undiagnosed neuroses in the intervening years is a matter of speculation; there were no adequate convalescent hospitals for nurses suffering from shell shock or war neuroses.¹⁶¹ Brittain wrote of crippling “nervous fatigue” while in Oxford, in the immediate years after the War, ultimately hallucinating that she was beginning to “grow a

¹⁵⁹ *Ibid.*, 421.

¹⁶⁰ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative and History* (Baltimore: Johns Hopkins University Press, 2016), 94.

¹⁶¹ 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 Thesis.

beard, like a witch”.¹⁶² It is ironic that while war trauma is often seen as a failure of masculinity, its effects among women are often ignored.¹⁶³ These women experienced extreme physical and emotional strain and collapse over the course of the War. Their writings reflect the stress they experienced, from witnessing death and mutilation first hand, to being attacked, wounded and killed themselves. If shell shock was “the body language of masculine complaint, a disguised male protest, not only against the war, but against the concept of ‘manliness’ itself,” then shell shock and trauma for the woman was a protest against the masculine industry of war and the gender dichotomy between the War and Home fronts; lodged between the two, the nurses silently suffered in the metaphorical “No Man’s Land”.¹⁶⁴ Just like the shell-shocked men who struggled to fit in with civilian life after the War, these women, too, laboured to return to the lives they had left behind after the War broke out. We can only fathom the enduring effects of trauma on these women by looking for covert signs in their lives several years after the War ended. In one instance, an octogenarian former nurse holding on to tea cups with shaking fingers, talks about scrubbing and cleaning hospital floors, unpacking supplies, making beds, beating and airing mattresses, setting up operating rooms, dressing wounds—there was always dressing to do. Their trembling hands are remnants of the experiences their bodies lived through, the wounds they sustained.

What comes through most strongly is their remarkable resilience, the casualness with which they refer to work in circumstances and situations which would appall [*sic*] most other people, the matter-of-fact way in which

¹⁶² Brittain, *Testament of Youth*, 478, 484.

¹⁶³ This is an important point to pause and think about the work on Post Traumatic Stress Disorder (PTSD), brought to notice especially after combats in the late 20th and 21st centuries, and the gendering in its treatment. While PTSD treatment also began as programmes to treat male combat veterans, subsequent measures were introduced for the treatment among female veterans, and their different needs were recognised. PTSD now extends beyond combat to include cases of sexual assault. See: Quyen Q. Tiet, Yani E. Iyva, Kathy Blau, Jessica A. Turchil, Craig S. Rosen, ‘Military Sexual Assault, Gender, and PTSD Treatment Outcomes of U.S. Veterans’, *Journal of Traumatic Stress* 28, no. 2 (April 2015): 92–101.

¹⁶⁴ Showalter, *The Female Malady*, 172.

they refer to their ‘war wounds’. ‘Oh dear, I’m sorry to be so clumsy. It’s these stupid stiff fingers of mine.’ It was an apology I heard literally scores of times as a photograph slipped to the floor, or two drops of tea slopped into a saucer. The ‘stupid, stiff fingers’ are mostly scarred where they were lanced to release the puss [*sic*] from a septic hand.¹⁶⁵

It is important to write the bodies of these women into the literature of the First World War. Nurses nursed with their bodies: they stood for hours in the ward, administered medicines with their hands, bandaged wounds and felt the progress of healing with their hands; they cleaned the wards, the medical instruments, and scrubbed the floor. Thus their able bodies served as a metaphorical bridge between not only the fighting at the Front and the wounded soldiers’ bodies, but also between Front warfare and the Home Front. However, in addition to centring their bodies in the discourse of care, it is important not to erase the subtler discourses of physical longing and attraction. Despite the existing hospital regulations of stripping these women of their individuality, and cloaking them in similar white uniforms and the garb of innocence, these women were not devoid of feelings of bodily pleasures or affect. Their bodies became the centre of their war experience in every way: while Vera Brittain’s physical longing for her fighting fiancé and her projection of every wounded soldier-patient as her lover’s body was one end of the spectrum, the female ambulance drivers snuggling together in bed, undressing in front of each other, and forming a homoerotic commune was the other. The experiences of the woman’s body in war are complicated and its desires layered. Mapping the bodies of these women into the medico-cultural literature of the First World War is therefore an important exercise, and is as vital as the consideration of the soldier’s body which occurs in the next chapter.

¹⁶⁵ Macdonald, *Roses*, 12.

Chapter IV

The Second Battlefield: Nurses Writing the Wounded Soldier's Body

Behind closed doors or screens, in operating theatres or field hospitals, the nurses of the First World War carried out healing mainly through containment. As Christine Hallett has argued, physical containment was achieved by the prevention of shock or the healing of wounds, while emotional containment was offered through psychological reintegration.¹ Yet the nature of their work moved beyond the scientific, to offer emotional service. When they wrote of their experiences of treating wounded or dying soldiers, they did not write simply of medical containment, but of the whole range of emotions involved and challenges faced while treating a man whose body has been severely mutilated by the War.

A great deal of scholarship engages with the politicising of the wounded soldier's body.² Joanna Bourke writes that "bodily pain in war is unique" since "it is purposefully inflicted" and "resolutely public".³ Ana Carden-Coyne notes that historical accounts concentrate on the "perspective for the alleviation rather than the articulation of pain" ignoring how men expressed their suffering.⁴ Yet very little has been written about the thoughts and experiences of the women who, though part of the war effort, were not part, in any way, of the machinery that resolutely inflicted wounds on the bodies of men; instead these were women who attempted to alleviate pain by following instructions. In this chapter I will examine how the nurses wrote about the shattered male bodies in their diaries and memoirs, and what they made of the public

¹ Christine Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009), 217.

² See: Anna Carden-Coyne, *The Politics of Wounds* (Oxford: Oxford University Press, 2014); Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion, 1994).

³ Joanna Bourke, "Bodily Pain, Combat and the Politics of Memoirs: Between the American Civil War and the War in Vietnam," *Social History* 46, no. 91 (May 2013): 44.

⁴ Carden-Coyne, *The Politics of Wounds*, 3.

and private wounds of the soldiers who were sent to them to be healed. Reflecting on his first operation during the First World War, the Australian artist Daryl Lindsay wrote, “How was I going to translate what looked like a mess of flesh and blood into a diagram that a student could understand?”⁵ Lindsay ultimately produced tender watercolour portraits of facially mutilated soldiers in Sidcup Hospital in London. Despite the gulf between painting and written words, Lindsay’s overcoming of his struggle with articulation is replicated by the nurses, who translated the mess of flesh and blood into words. In the previous chapter I focused on the body of the nurse herself as she struggled with desire, and suffered from illnesses and trauma. In this chapter I will consider the question of how the nurses in turn looked at and represented the mutilated, disfigured and dead bodies of their soldier-patients.

The atrocities of the First World War provided space for the pioneering reconstructive surgeries on the mutilated bodies of wounded soldiers by surgeons such as Harold Gillies, for Francis Derwent Wood’s portrait masks for soldiers inflicted with devastating facial wounds, and for Henry Tonks’s delicate paintings of wounded soldiers. Hence, the nurses’ treatment of mutilation was part of the greater drive to physically contain and heal men to send them back to the front, and their aesthetic representations of the corporeal fitted in with the paintings and portraits of mutilation and reconstruction happening around that time. The firm line between medical representation and aesthetics was blurred around this time with the recognition that being human is as much aesthetic as it is biological. Against this background, I will consider the aesthetic in terms of the grotesque, close reading hospital scenes to consider the way the nurses represented the mutilated bodies and faces of the soldiers in their writings. At its core will be the private observations of women—mostly young, some amateur and some veteran in the art of healing—reflecting on mangled bodies of men, and approaching them with their own tremulous bodies. The texts I will be discussing are Ellen N. La Motte’s *The Backwash of War*, Mary Borden’s

⁵ Sir Daryl Lindsay, “The Sir Richard Stawell Oration,” *The Medical Journal of Australia* 1, no. 3 (1958): 62. Quoted in Suzannah Biernoff, “Flesh Poems: Henry Tonks and the Art of Surgery,” *Visual Culture in Britain* 11, no. 1 (March 2010), 25–47.

The Forbidden Zone, Enid Bagnold's *A Diary Without Dates*, Violetta Thurstan's *A Text Book of War Nursing* (1917) and Vera Brittain's *Testament of Youth*.

In the writings of the nurses, focus is constantly drawn away from the mutilated bodies of the men, and is fixed on the nurse-spectator, who observes the wounds, follows instructions, provides containment, and at the first available opportunity, writes about her experience. The pages of the nurses offer a lens through which one can view the wounded male body in war, just like the paintings of a war artist; at the same time, the writings also reflect the minds of the writer gazing at the wounded bodies. It is then that the male bodies cease to be the subject, and become the object—not merely the object of the medical examinations of the doctor, but a different kind of object to the special, “medical” gaze of the quiet nurse in the hospital space. It is this gaze that permeates the representations of the wounded bodies, for this gaze transcribes itself into words describing wounds in the private memoirs of the nurses. In the preface to his book *The Birth of the Clinic*, Michel Foucault asks at what point in history and from which semantic change did language turn into rational discourse, so that metaphorical descriptions of the sick human body became more qualitative. He writes about a “sharp line” between metaphoric descriptions and a qualitative (but equally metaphoric) description of the body:

A rather more meticulous gaze, a more measured verbal tread with a more secure footing upon things, a more delicate, though sometimes rather confused choice of adjective—are these not merely the proliferation, in medical language, of a style which, since the days of galenic medicine, has extended whole regions of description around the greyness of things and their shapes?⁶

The nurses dwell on this greyness as they use language to approach the writing of the body. Their writings oscillate between medical discourse and private reminiscences, metaphors and science, not only to represent pain but also to cope with the immense responsibility of alleviating that

⁶ Michel Foucault, *The Birth of the Clinic: An Archaeology of Perception* (London: Routledge, 1973), xi.

pain. The gaze helps them mediate between the object of the body and the representation of it on paper. Yet gaze is not merely sight or observation. Gaze here is the full gamut of the senses: the wartime medical hospital (in all its forms) was a loud cornucopia of wounded men screaming in pain, and the staggering stench of rotting flesh. Foucault writes,

But there is also an absolute, absolutely integrating gaze that dominates and founds all perceptual experiences. It is this gaze that structures into a sovereign unity that which belongs to a lower level of the eye, the ear, and the sense of touch.⁷

At the level of the senses, Santanu Das traces a “hierarchy of horrors” in the nurses’ writings: the smell of gangrenous limbs, for instance, can at times be more horrific than an open wound.⁸

Ultimately it is important to remember that the military medical hospital was a site of gender role reversal. While for most of history, the female body was the object of male doctors, from physiologists such as Edward Albert Sharpey-Shafer to Eugen Steinach, the First World War first gave the opportunity to thousands of women to be spectators of men’s bodies, and probe, dissect, or simply touch them. Their writings have undertones of scopophilia as well as shame and guilt, as affects.

“Weak, hideous, repellent”: Grotesque Bodies and Grotesque Faces

When writing about the wounded in war, the nurses’ language often becomes slippery. On reading the writings of the nurses about the wounded, one realises how difficult it is to pin down their tone to one emotion—their writings seem to shift incessantly between pity, irony, guilt, and helplessness; and the one stylistic feature that appears to be common in their writings is the (perhaps unconscious) employment of the slipperiest of all techniques, the grotesque. In his

⁷ Ibid., 165.

⁸ Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press, 2005).

influential work, *The Grotesque in Art and Literature*, Wolfgang Kayser draws on the 1771 edition of Schmidlin's German-French dictionary, the *Dictionnaire universel de la langue francaise*, to establish the wide range of meanings encompassed by the word "grotesque". Schmidlin defines grotesque as meaning "odd, unnatural, bizarre, strange, funny, ridiculous, caricatural, etc." thus establishing the slippery nature of "grotesque" itself, and the fundamental impossibility of pinning it down to one specific discourse.⁹ It is because the grotesque provides room for such ambiguity that it turns out to be a useful tool for reading the writings of the nurses.

The rhetorical device that the nurses most often employ in their writings is that of irony and dark ("grotesque") humour. To question how they could resort to irony and humour (albeit dark) to describe the horrors of war inflicted on the bodies of their patients would be legitimate, and the answer would be found in acknowledging that their writings are, in fact, never far from the Bakhtinian grotesque. In her essay 'Bakhtin and Carnival: Culture and Counter-Culture', Renate Lachmann asks,

How are we to understand Bakhtin's attitude towards the Renaissance culture of laughter and towards its literary representatives—the attitude of an amputee suffering from an incurable bone disease towards the apotheosis of the body, the attitude of a witness of the Stalinist "purges" towards the propagation of cultural contamination, anti-dogmatism, and the transgression of boundaries and norms?¹⁰

Mikhail Bakhtin's *Rabelais and His World* is as much an interpretive text of Rabelais's *Gargantua and Pantagruel* as it is an act of transgression of "the limits of official ideology".¹¹ In the Renaissance carnival, laughter is employed as a means of parody of high culture, in which Bakhtin sees the

⁹ Wolfgang Kayser, *The Grotesque in Art and Literature* (Bloomington: Indiana University Press, 1963), 28.

¹⁰ Renate Lachmann, Raoul Eshelman and Marc Davis, "Bakhtin and Carnival: Culture as Counter-Culture," *Critical Critique* 11 (Winter 1988–89), 115–52.

¹¹ Katarina Clark and Michael Holquist, *Mikhail Bakhtin* (Cambridge, MA.: Harvard University Press, 1984), 297.

opportunity of “a complete withdrawal of the present order”.¹² Writing in banishment as an exiled philosopher in Soviet Russia, Bakhtin’s concept of carnival laughter is very much a subversive attack on the distorted concept of folk culture of the Stalin era.¹³ I will rely heavily on Bakhtin’s oeuvre and apply his thought to the nurses’ writings to demonstrate how the writings of some nurses such as Ellen N. La Motte are deeply ironic and crudely funny in their depiction of grotesque soldiers’ bodies. Trained in medical science, nurses worked exclusively under the instruction of the doctors and surgeons. Drawing from their own knowledge and experience, their job was to heal and contain wounds; in the crowded hospital ward or operation theatre filled with male patients, male orderlies, and male doctors, the nurse was the silent spectator by the patient’s bedside, administering medicines and aiding recovery. The nurse’s vantage point provided an excellent view of the cycle of war and the “system” of treatment. Irony is her means of a subversive attack on the machinery of war, and almost the only way of coming to terms with and representing the horrific destruction it causes on the physical bodies of combatant men (and in an oblique way on the bodies and minds of the women who treat them).

In Chapter Three, I have written about the narrow social restrictions and range of expectations of behaviour imposed upon Victorian and Edwardian women—among the activities they were allowed to engage in, women from respectable middle- and upper-middle class families were certainly not supposed to be healing mangled bodies of men. The First World War wrought a large-scale destruction of lives; contrary to the initial hope, the fighting did not end by Christmas 1914, and people slowly began to gauge the scale of devastation that modern warfare could wreak, not only in the environment, but also on the bodies of the combatants. These manifold realisations came with a sense of helplessness, of being orchestrated by powers beyond one’s control. Ellen La Motte dwells on this sense of hopelessness in the introduction to

¹² Mikhail Bakhtin, *Rabelais and His World* (Bloomington: Indiana University Press, 1984), 275.

¹³ Lachmann, Eshelman and Davis, “Bakhtin and Carnival”.

her book *The Backwash of War*, based upon her experiences as a nurse at the *Hôpital Chirurgical Mobile* No. 1 in the Belgian Zone,

We are witnessing a phase in the evolution of humanity, a phase called War—and the slow, onward progress stirs up the slime in the shallows, and this is the Backwash of War. It is very ugly. There are many little lives foaming up in the backwash. They are loosened by the sweeping current, and float to the surface, detached from their environment, and one glimpses them, weak, hideous, repellent. After the war, they will consolidate again into the condition called Peace.

After this war there will be many other wars, and in the intervals there will be peace. So it will alternate for many generations. By examining the things cast up in the backwash, we can gauge the progress of humanity. When clean little lives, when clean little souls boil up in the backwash, they will consolidate, after the final war, into a peace that shall endure. But not till then.¹⁴

La Motte frequently uses this unusual word “backwash” in her book to denote a vague geographic space. It is unusual because “backwash” actually refers to the sanitary procedure of cleaning water by pumping it and sending dirt backwards. La Motte’s description of “little lives foaming up in the backwash” is a figurative depiction of that technique. The machinery of war had rendered human lives so dispensable, that wounded bodies were sent back like dirt to the twilight region between the Front and civilisation, to be repaired and sent back to fight. (“Backwash”, hence, by extension, is also a nod to the post-war obsession with eugenics.) Finally, in a literal sense, “backwash” could also mean the act of washing the back. In her *Textbook of War Nursing*, published in 1917, Violetta Thurstan labels “washing helpless patients” as “general duties” of a nurse, and instructs V.A.D.s,

¹⁴ Ellen N. La Motte, *The Backwash of War: The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse* (New York: G. P. Putnam’s Sons, 1934), vi.

Many privates are gently born and it is torture for them to be dirty or verminous, much more to have to permit a woman to wash them when they are in this condition. Do it as you would wish some other nurse to do it for your brother if he were wounded.¹⁵

Hallett comments that this procedure was necessary to promote comfort and cleanliness and establish conditions under which healing could proceed, and at the same time, make the patients feel cared for through direct contact.¹⁶ Certainly the careful insertion of the familial relationship of the brother is to remove any chance of sexual emotion arising out of direct touch on a naked body, apart from strict medical care. Having established the possibilities of “backwash”, we return to its signification as an ambiguous space, to find the nurses waiting there for the “weak, hideous, repellent” bodies of the wounded to drift to the surface—waiting possibly to wash their backs. Mary Borden wrote of the arrangement that “men should be broken and that they should be mended.” This backwash was the place where they were mended, where the nurses waited with “all the things here for mending, the tables and the needles, and the thread and the knives and the scissors, and many curious things that you never use for your clothes.”¹⁷ They treated the wounded, contained their wounds, amputated limbs when necessary, and eased them into death when they could not be saved: “And we send our men to the war again and again, just as long as they will stand it; just until they are dead, and then we throw them to the ground.”¹⁸

The “mending” of bodies is reminiscent of the body of Frankenstein’s ‘Creature’. In the cinematic representations of Mary Shelley’s novel (the 1931 movie *Frankenstein*, and the 1935 movie *Bride of Frankenstein*), the Creature’s body is covered in bloody stitches, and we can make an immediate connection with the nurses armed with needles, threads, knives, scissors, and “many curious things”, making sutures on the bodies of wounded soldiers in an attempt to

¹⁵ Violetta Thurstan, *A Textbook of War Nursing* (London: G. P. Putnam’s Sons, 1917), 57.

¹⁶ Hallett, *Containing Trauma*, 85.

¹⁷ Mary Borden, *The Forbidden Zone* (London: Hesperus Press, 2008), 79.

¹⁸ *Ibid.*

mend them. The analogy between the wounded soldiers and Frankenstein's Creature is especially interesting because throughout aesthetic history, Frankenstein's Creature has been a grotesque object and has evoked disgust.¹⁹ In the fragment titled 'Heroes' Ellen La Motte writes about how the *Medecin Major* did a "very skilful operation" on the self-inflicted wound of a French soldier. Like Victor Frankenstein, he "trephined the skull, extracted the bullet that had lodged beneath it, and bound back in place under that erratic eye".²⁰ One can imagine La Motte standing next to him with the scissors, needles, threads, knives and tongs, to make the operation possible, and then calmly recording it in her diary. The trope of sewing is especially pertinent because during periods of lull, when there was no heavy fighting, and hence, no heavy influx of wounded into the hospitals, the nurses sewed and darned the clothes of their patients. La Motte previously writes of the "mess" this man had created in an effort to end his life when "he could stand it no longer"—"The ball tore out his left eye, and then lodged somewhere in his skull".²¹ By the time he was brought to the hospital, after being jolted in "double-quick time, over rough Belgian roads",

his left eye rolled about loosely upon his cheek, and from his bleeding mouth he shot great clots of stagnant blood, caring not where they fell. One fell upon the immaculate white uniform of the Directrice, and stained her from breast to shoes. It was disgusting. They told him it was *La Directrice*, and that he must be careful. For an instant he stopped his raving, and regarded her

¹⁹ For further research on a rereading of Mary Shelley's *Frankenstein* through the lens of twentieth-century eugenics, transformative surgery, and transplant of body parts, see: M. G. H. Bishop, "The making and remaking of man: 1. Mary Shelley's *Frankenstein* and Transplant Surgery," *Journal of the Royal Society of Medicine* 87 (1994): 749–51; Cecil Helman, "Dr Frankenstein and the Industrial Body: Reflections on 'Spare Part' Surgery," *Anthropology Today* 4, no. 3 (June 1988): 14–16.

²⁰ La Motte, *The Backwash of War*, 6.

²¹ *Ibid.*, 3.

fixedly with his remaining eye, and then took aim afresh, and again covered her with his coward blood. Truly it was disgusting.²²

This passage, from very early in her book, is the reader's first encounter with the hideous wounds inflicted on the faces of the soldiers. Beatriz Pichel uses the phrase "facial stigma" in the discussion of attitudes towards facial disfigurement after the First World War, and it is the spectatorship of this stigma, that La Motte addresses in her depictions of the wounded.²³ The suicidal soldier has inflicted anatomical damage but he is also under considerable psychological pain, which led him to attempt suicide. The eye is an important trope in La Motte's writings about the wounded, functioning as a signifier, running parallel to the Foucauldian gaze which I discuss shortly. In this passage, La Motte resorts to irony as the mode of response, because what other device could adequately convey the hopelessness of a scenario where a soldier unsuccessfully attempts to commit suicide and is sent to be physically healed, so that he can be made to stand against a wall and shot?²⁴ In two terse sentences, La Motte sums up her feelings about this situation: "This is War. Things like this also happen in peace time, but not so obviously."²⁵

Through a series of chance circumstances that only something of the scale of the First World War could achieve, we have the Directrice's version of this incident. Mary Borden ran the *Hôpital Chirurgical Mobile* No. 1 near Rousbrugge in Flanders, where Ellen La Motte worked. In her fragment titled 'Rosa', Borden narrates the incident of the suicidal French soldier. In direct contrast to La Motte's graphic and bloody depiction of the soldier's treatment, Borden dwells more on the moral side of his attempted suicide, and compares him to a calm, gigantic animal.

²² Ibid., 4.

²³ Beatriz Pichel, "Les Gueules Cassées. Photography and the Making of Disfigurement," *Journal of War & Culture Studies* 10, no.1 (2017): 82–99.

²⁴ During the First World War over 3000 British soldiers were sentenced to death in court martial. See: Gerard Oram and Julian Putkowski (eds), *Death Sentences Passed by Military Courts* (London: Francis Boutle Publishers, 1998).

²⁵ La Motte, *The Backwash of War*, 4.

His head was bound with a soiled bandage; his eyes were closed; his bruised mouth was open. Thick tufts of red hair pushed through the head bandage. There was dried blood round his immense rough lips. His huge red face was dark and blurred. He was covered with dust. He looked as if he had been rolling in a dirty field like some farm animal. He was a man of the soil, of the dark earth, with the heavy power of the earth in him. [. . .] His spirit—brother spirit of ox and bullock and all beasts of the field—was deep asleep, in that sleep which is No Man’s Land of the soul, and from which men seldom come back.²⁶

These two narrations of similar incident highlight the wide range of meanings of grotesque. Borden denies the patient his humanity, and generalises him into a type. Yet one can argue that her depiction of him is more humane than La Motte’s. For La Motte, the Directrice’s uniform needed to be “immaculate white” to provide a striking contrast to the soldier’s blood; his spewing blood aimed at the Directrice’s breast and body was a disrespect to and rejection of the war machinery and the institution of the military hospital aimed at repairing him physically only to ceremoniously kill him later. We do not know which account of the suicidal soldier adhered more to reality. However, the major difference between the two passages is manifested through the gaze: La Motte’s patient is in his senses, resisting treatment, looking at the nurse directly in her face, and returning her gaze with hatred; Borden’s patient is asleep, unable to return her gaze.

In her essay on facial injury as aversion and disgust in the historiography of the First World War, Suzannah Biernoff quotes William Miller’s map of the “domain of the disgusting” through a set of oppositions: “inorganic vs. organic”, “plant vs. animal”, “human vs. animal”, “us vs. them”, “me vs. you”, “dry vs. wet”, “fluid vs. viscid”, “firm vs. squishy (compare hard vs. soft and rough vs. silky)”, “non-adhering vs. sticky”, “life vs. death or decay”, “health vs.

²⁶ Borden, *The Forbidden Zone*, 63.

disease”, “beauty vs. ugliness”, “ice-cold/hot vs. clammy/lukewarm”, “tight vs. loose”²⁷. When the individual body becomes “hideous and repellent”, the tidy demarcation between the disgusting and the admirable, is threatened. Mary Borden’s gentle record of the wounded soldier’s appearance is grotesque because of the disruption between human and animal attributes, and the animal imagery that she employs to describe a man.

In investigating the changing connotations of grotesque over the years, Wolfgang Kayser refers to the writings of the eighteenth-century German poet Christoph Wieland. Although Wieland dismissed grotesque as being “supernatural and absurd”, the figment of one’s imagination, he acknowledged the effect of the grotesque on the beholder. On witnessing the grotesque, Kayser writes, one experiences “an agonising fear in the presence of a world which breaks apart and remains inaccessible”.²⁸ He further relates that, “[b]y viewing our surprise as an agonizing fear of the dissolution of our world, we secretly relate the grotesque to our reality and ascribe to it a modicum of “truth””.²⁹ The writings of the nurses are a result of this witnessing, and their struggle not to let the horror resulting from this witnessing, be visible on their faces. This was such a legitimate concern, that new V.A.D.s were trained to camouflage their fear when looking at their wounded patients:

‘*Always* look a man straight in the face’, one Sister instructed her staff. ‘Remember he’s watching your face to see how you’re going to react.’ It was easier to smile, to catch a man’s eye, to look him straight in the face when you were doing a dressing before the wound had healed. Hideous though he was, in a raw, bleeding state it was not much worse than similar horrors on an arm, a leg, an abdomen, a back. A little more unpleasant to dress, perhaps, because

²⁷ Suzannah Biernoff, ‘Shame, disgust and the historiography of war’ in *Shame and Sexuality: Psychoanalysis and Visual Culture*, ed. Claire Pajaczkowska and Ivan Ward (Hove: Routledge, 2008), 224.

²⁸ Kayser, *The Grottesque*, 30.

²⁹ *Ibid.*, 31.

the patient's breath, mingling with stale blood in the mouth and passages before the raw flesh healed, was peculiarly foul, and it was hard to sustain a smile during the close-quarters business of adjusting drainage or feeding tubes. [. . .] But the real difficulty arose much later when the wounds had healed, when the surgeons had done their best, when soon the man would be discharged from hospital and he was still a gargoyle. Then, when one searching eye watched for a nurse's reaction, it was difficult for her not to drop her eyes in natural embarrassment.³⁰

The Sister's long quote is especially fascinating because it reveals how the aesthetic grotesque is fundamentally sensorial, communicating from the senses: the patient's body is "hideous" to look at, but it also emanates a "foul" smell, from his breath, from the stale blood around the mouth, and the stench of raw wounds. Nevertheless, despite the smiling countenance during the dressing, the realisation that in spite of the treatments and the care, he was "still a gargoyle" captures the dissolution of reality. The soldier's face has been compared with one of the most common tropes of grotesque in art, the gargoyle (both by this Sister and by an orderly), and the categories which apply to the normal world view become inapplicable.

In looking for the exact historical moment when metaphorical language turns into (medical) rational discourse, Foucault writes about the "loquacious gaze" of the doctor, which at once builds a bridge between the medical object and the "verbalization" of the pathological, in the medical object. This "loquacious" gaze is important because, as Foucault states, "A new allegiance was forged between words and things, enabling one to see and to say", and helping one with "absorbing experience in its entirety and mastering it".³¹ The Sister's instruction of looking a man straight in the face hence builds upon this Foucauldian alliance between sight, objects, and words.

³⁰ Lyn Macdonald, *The Roses of No Man's Land*, (London: Papermac, 1984), 149.

³¹ Foucault, *Birth of the Clinic*, xi–xiv.

Medical rationality plunges into the marvelous density of perception, offering the grain of things as the first face of truth, with their colours, their spots, their hardness, their adherence. The breadth of the experiment seems to be identified with the domain of the careful gaze, and of an empirical vigilance receptive only to the evidence of visible contents. The eye becomes the depositary and source of clarity; it has the power to bring a truth to light that it receives only to the extent that it has brought it to light; as it opens, the eye first opens the truth.³²

What is, nevertheless, also necessary to consider here is the return gaze of the medical object: the loquacious gaze of the nurse had better not be too revealing, as the gaze of the patient hungrily rests on the gaze of the nurse, deriving solace or shame from the nurse's expression on first looking at the mutilated face of the wounded soldier—as Levinas writes, “The face, preeminently expression, formulates the first word: the signifier arising at the thrust of his sign, as eyes that look at you.”³³ Men's bodies were the centre of the wartime official gaze.³⁴ Yet when it came to the face, there appeared to be a “collective looking-away.”³⁵ Biernoff writes about the absence of mirrors in facial wards and an unofficial censorship of facially disfigured veterans in the British press and propaganda.³⁶ It seems that the act of looking at a disfigured face was regulated by anxiety. The male orderly Ward Muir asked, “Could any woman come near that gargoyle without repugnance?”, and that nurses struggled to look directly at their patients can be gleaned from this Sister's strict instruction to look straight at the face.³⁷ At this juncture, one is forced to consider the moral question, of the tenets of behaviour expected of a care-giver. Is the gaze a performance, if the caregiver has to force themselves to recognise the Other? As I

³² Ibid.

³³ Emmanuel Levinas, *Totality and Infinity* (The Hague/ Boston/ London: Martinus Nijhoff Publishers, 1979), 178.

³⁴ Jane Tynan and Suzannah Biernoff, “Making and remaking the civilian soldier: The World War I Photographs of Horace Nicholls,” *Journal of War & Culture Studies* 5 no. 3 (2012): 277–93.

³⁵ Suzannah Biernoff, “The Rhetoric of Disfigurement in First World War Britain,” *Social History of Medicine* 24, no. 3 (2010): 666–85.

³⁶ Ibid.

³⁷ Ward Muir, *The Happy Hospital* (London: Simpkin, Marshall, 1918), 143.

demonstrated in the previous chapter, nurses had to be careful to not reveal any hint of desiring their patients. However, here it is desire that is longed for by the male patients and its absence that they fear.

Kayser writes that the “progressive dissolution” of reality has occurred in the history of Western art since the ornamental art of the Renaissance, with “the distortion of “natural” size and shape, the suspension of the category of objects, the destruction of personality, and the fragmentation of the historical order.”³⁸ It is this disruption of order which lies at the heart of the grotesque. In her hospital unit for the French Army in Flanders, Mary Borden observes:

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 nose gone, or the jaw.³⁹

There is an immense anatomical jumbling up in Borden’s description of the bodies of the wounded. The collapse and confusion arises because chests are not supposed to have holes as large as one’s fists, legs should not be stumps, and thighs should not be pulpy. This inordinate tangle of comparisons makes us return to Harpham’s semantic argument of the word “grotesque”—according to him, it serves as “a storage-place for the outcasts of language, entities for which there is no appropriate noun, and this accords with the sense of formal disorder we perceive in grotesqueries, in which ontological, generic, or logical categories are illegitimately jumbled together.”⁴⁰ At the same time, the disintegration and subsequent comparison of the wounded soldiers’ eyes to the eyes of sick dogs and cats, how they now “mew like kittens” is a neat example of the dissolution of Miller’s tidy map (“human vs. animal”). What

³⁸ Kayser, *The Grottesque*, 184.

³⁹ Borden, *The Forbidden Zone*, 44.

⁴⁰ Geoffrey Harpham, *On the Grottesque: Strategies of Contradiction in Art and Literature* (Princeton, NJ: Princeton University Press, 1982), xxi.

renders the bodies of the wounded soldiers especially tragic is that they are not entirely unrecognisable. When Borden writes of the “stump”, she, as well as her readers, knows that it is the stump of a missing human leg. The opposition between the grotesque and the sublime is made murky because the humanity is not entirely negated by the injuries.⁴¹ The testicles, the symbol of manhood, are (by a grotesque juxtaposition of adjective and noun) “mangled”. They become such a “defaced ideal” that Mary Borden cries out “There are no men here. Why should I be a woman?”⁴² In a less than oblique reference to sexuality and the scopophilic drive, she reveals how haunted she is by what remains. “It is impossible to be a woman here” where men have lost their sexuality, where the signifiers of sex have been mutilated.

In a previous chapter I have written about reading nurses’ accounts against Kristeva’s theories of abjection. Although such a focus draws the attention away from the wounded bodies to the effect elicited by the wounds on the bodies of the nurses themselves, it is important here to examine the phenomenon of abjection again, to realise how closely it is linked to the grotesque. It is not “lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions, rules, the in-between, the ambiguous, the composite.”⁴³ Borden’s mangled wounded bodies lie in the in-between, belonging neither to a whole man, nor to an animal:

The little whimpering voice of a man who is going to die in an hour or two comes across the whispering grass from the hut next door. That little sound I understand. It is like the mew of a wounded cat. Soon it will stop. It will stop soon after midnight. I know. I can tell.⁴⁴

⁴¹ Biernoff, 225.

⁴² Borden, *The Forbidden Zone*, 43.

⁴³ Julia Kristeva, *The Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982), 4.

⁴⁴ Borden, *The Forbidden Zone*, 39.

What dissolution of reality actually means is that the real world ceases to be reliable. Wolfgang Kayser writes, “The grotesque instills fear of life rather than fear of death.”⁴⁵ The grotesque reveals itself in the sudden unfolding of the unfamiliar. The rhetorical device that comes closest to expressing the grotesque in words is irony. Ellen La Motte employs such an ironic tone in her hard-hitting descriptions of wounds, pain, and death in her field hospital. The “disgust” apparently directed towards a blood-spewing suicidal soldier is not real disgust emanating from a nurse entrusted to heal him, but in fact sarcasm directed towards a system that sends young men to war, and then their mutilated bodies to be mended in order for them to go back to the war again. With stinging irony, but in a sober and controlled style, she observes of the institution of the military hospital as well as the nature of work of the medical staff in her fragment titled ‘Heroes’:

This was the Salle of the Grand Blessés, those most seriously wounded. By expert surgery, by expert nursing, some of these were to be returned to their homes again, reformed, mutilated for life, a burden to themselves and to society; others were to be nursed back to health, to a point at which they could again shoulder eighty pounds of marching kit, and be torn to pieces again on the firing line. It was a pleasure to nurse such as these. It called forth all one’s skill, all one’s humanity. But to nurse back to health a man who was to be court-martialled and shot, truly seemed a dead-end occupation.⁴⁶

In ‘La Patrie Reconnaissante’, she exposes the mechanism behind the compensation for the war wounded as mostly a hollow public display to win the approval of the home front.

Two beds farther down, lay a boy of twenty, who had been shot through the liver. Also his hand had been amputated, and for this reason he was to receive the Croix de Guerre. He had performed no special act of bravery, but all

⁴⁵ Kayser, *The Grottesque*, 189.

⁴⁶ La Motte, *The Backwash of War*, 7.

mutilés are given the Croix de Guerre, for they will recover and go back to Paris, and in walking about the streets of Paris, with one leg gone, or an arm gone, it is good for the morale of the country that they should have a Croix de Guerre pinned on their breasts.⁴⁷

The irony in this passage lies in the juxtaposition of the graphic description of the mutilated body and the actual intention of dispensing the medals. In the eyes of the public, the medal is a substitute for a missing limb. As Joanna Bourke asserts, the absent limbs “came to exert a special patriotic power” so that the physically disabled soldier could be hailed as “not less but more of a man”.⁴⁸

Later in the same fragment, La Motte describes the death of a soldier-patient, His was a filthy death. He died after three days’ cursing and raving. Before he died, that end of the ward smelled foully, and his foul words, shouted at the top of his delirious voice, echoed foully. Everyone was glad when it was over.⁴⁹

Mikhail Bakhtin remarks, “The themes of cursing and of laughter are most exclusively a subject of the grotesqueness of the body”.⁵⁰ Ellen La Motte writes a lot (like in the passage quoted above) about wounded soldiers cursing, and the above passage is another instance of the sensorial (in this case of the nose and ears though “smelled foully” and “echoed foully”) element of the grotesque. The wounded in ‘Heroes’

⁴⁷ Ibid., 23–24.

⁴⁸ Bourke, *Dismembering the Male*, 58–59.

⁴⁹ La Motte, *The Backwash of War*, 24.

⁵⁰ Klaus-Peter Koepping, “Absurdity and Hidden Truth: Cunning Intelligence and Grotesque Body Images as Manifestations of the Trickster,” *History of Religions* 24, no. 3 (Feb 1985): 212.

shouted and screamed and threw himself from side to side, and it took a dozen leather straps and four or five orderlies to hold him in position, so that the surgeon could examine him.⁵¹

Describing the arrival of another wounded in ‘La Patrie Reconnaissante’, she writes,

“*Sales étrangers!*” he screamed. What are you here for? To see me, with my bowels running to the ground? Did you come for me ten years ago, when I needed you? My head in mud, my blood warm under me? Ah, not you! There was danger then—you only come for me when it is safe!”⁵²

This wounded soldier, “For three days, night and day, he screamed in his delirium, and no one paid much attention, thinking it was delirium.”⁵³ La Motte further writes of him,

And as he died, he continued to pour out to them his experience of life, his summing up of life, as he had lived it and known it. And the sight of the woman nurse evoked one train of thought, and the sight of the men nurses evoked another, and the sight of the man who had the *Croix de Guerre* evoked another, and the sight of the *joyeux* evoked another. And he told the ward all about it, incessantly. He was very delirious.⁵⁴

The wounded soldier in ‘Alone’ cried “*Cela pique! Cela brûle!*” all night, and “turned from side to side to find relief.”⁵⁵ As encapsulated by Freud and Bakhtin, these instances show the victory of cursing over fear and pain, since the social body, especially in a hospital, is analogous to the physical body.⁵⁶

⁵¹ La Motte, *The Backwash of War*, 4.

⁵² *Ibid.*, 18.

⁵³ *Ibid.*, 22.

⁵⁴ *Ibid.*, 29.

⁵⁵ *Ibid.*, 53.

⁵⁶ Koepping, ‘Absurdity and Hidden Truth’, 212.

Although Ellen La Motte is critical of the war and the dispensation of wartime care, she paints a movingly graphic and detailed picture of the suffering wounded and dying in her hospital. In 'Alone', she writes about Rochard, a wounded French soldier, who not only suffered from gangrene in his right thigh (which would cause his death), but also suffered from a fractured skull caused by a shell fragment that had pierced his ear, broken into his brain, and had lodged itself there.

The piece of shell in his skull had made one eye blind. There had been a haemorrhage in the eyeball, which was all red and sunken, and the eyelid would not close over it, so the red eye stared and stared into space. And the other eye drooped and drooped, and the white showed, and the eyelid drooped till nothing but the white showed, and that showed that he was dying. But the blind, red eye stared beyond. It stared fixedly, unwinkingly, into space. So always the nurse watched the dull, white eye, which showed the approach of death.⁵⁷

Her palette is vivid with colours: bright red blood contrasts with the white of the eyeball. Yet she is not satisfied with just painting the word pictures of sunken red eyes. Like the seventeenth-century Dutch anatomical painters, she explains the precise cause for the redness, the drooping, what made one eye blind, and what the precursor of death was. In 1568, Pieter Brueghel the Elder finished painting his *Parable of the Blind Leading the Blind*. The canvas of this painting is populated by six blind men, and each of them has sunken eyelids, red holes or empty holes where eyes should have been, or have sightless, white eyeballs. The paintings of Brueghel and Bosch have been considered by art historians as prime examples of grotesque art, and Kayser writes, "Brueghel paints the increasingly estranged world of our daily life not with the intention of teaching, warning, or arousing our compassion but solely in order to portray the inexplicable,

⁵⁷ La Motte, *The Backwash of War*, 53.

incomprehensible, ridiculous, and horrible.”⁵⁸ Incidentally, these affects also result from witnessing the painting that appears to be very similar to Brueghel’s, but painted over three hundred years later: John Singer Sargent’s *Gassed* (1919).⁵⁹ If the latter is a homage to the former, it certainly develops from Brueghel. La Motte’s depiction of the soldier is a very intimate gaze of the blind face, while Sargent’s painting, at 20 ft x 12 ft, provides the larger canvas. Ten blindfolded soldiers (double the number of Brueghel), blinded by gas, helplessly cling to each other and tread the battlefield guided by a medical orderly. A mass of similarly blindfolded soldiers lie on the ground surrounding them. The use of light and colours are striking—there is none of the redness of La Motte; the whiteness of the eye is replaced by the whiteness of the bandage covering their eyes; and the canvas is swathed in a yellowish-green light which makes the khaki stand out starkly in the canvas. Sargent, accompanied by Henry Tonks toured the battlefields of France in July 1918, when they discovered a similar scene, that would form the subject of the painting, which he was commissioned to create for the British War Memorial Committee’s Hall of Remembrance. The nurses, on the other hand, were not entrusted with the moral duty of warning the Home Front of the horrific consequences of war, or highlighting the political successes of Anglo-American cooperation (the theme of Sargent’s commission). Their writings reveal the truth of what appeared in the backwash from the Front, and the revelations evoked pity and sympathy in the readers. La Motte single-mindedly portrays more of the horrible torment of the wounded soldiers:

He closed his eyes, jerked up his knees, and clasped both dirty hands over his abdomen. From waist to knees the old blue trousers were soaked with blood, black blood, stiff and wet.

⁵⁸ Kayser, *The Grotesque*, 35.

⁵⁹ For excellent readings of Singer Sargent’s painting, see: Santanu Das ‘An ecstasy of fumbling’: Gas Warfare, 1914—18 and the Uses of Affect’ and Roger Tolson, ‘Visualising the Transformations of War: War and Art in the Twentieth Century’ in *The Edinburgh Companion to Twentieth-Century British and American War Literature*, ed. Adam Piette and Mark Rawlinson (Edinburgh: Edinburgh University Press, 2012), 396–405 and 524–35.

An assistant with heavy, blunt scissors, half cut, half tore the trousers from the man in agony. Clouts of black blood rolled from the wound, then a stream bright and scarlet, which was stopped by a handful of white gauze, retained by tightly wrapped bands.⁶⁰



Figure VII: Pieter Brueghel the Elder, *Parable of the Blind Leading the Blind* (1568)



Figure VIII: John Singer Sargent, *Gassed* (1919).

Her pages are a riot of colours indeed, but when blood turns black and flows against blue trousers, soaking them and the skin and the sheets of the hospital with more wet black blood, the scene becomes incomprehensible. La Motte uses more inexplicable and contrasting colours to write about the pain of the dying wounded soldiers.

⁶⁰ La Motte, *The Backwash of War*, 20.

His black eyebrows were contracted into a frown, the eye-lids closed and quivering. The grey nostrils were pinched and dilated, the grey lips snarling above the yellow, crusted teeth. The restless lips twitched constantly, mumbling fresh treason, inaudibly. Upon the floor on one side lay a pile of coverlets, tossed angrily from the bed, while on each side the bed dangled white, muscular, hairy legs, the toes touching the floor. All the while he fumbled to unloose the abdominal dressings, picking at the safety-pins with weak, dirty fingers. The patients on each side turned their backs to him, to escape the smell, the smell of death.⁶¹

This is a disturbing but delicate portrait of a severely wounded man approaching death. However there are also several undertones of violence. The coverlets from the bed are “tossed angrily” upon the floor—the wrath probably resulted from physical pain. The black eyebrows, grey nostrils and lips juxtapose delicacy with ferocity: while the black eyebrows frown, the eyelids quiver; while the grey nostrils are dilated, the lips snarl, revealing crusted teeth; the mouth spouts “fresh treason”; the legs dangle in exhaustion from both sides of the bed; weak fingers pick at safety-pins and attempt to loosen tight abdominal dressings. La Motte’s preoccupation with colours continues: black eyebrows, grey nostrils, grey lips, yellow teeth, white legs. In this passage she also fixes her attention on senses and the sensory organs. She moves from the eyes and eyelids, nose and mouth of the soldier to the blasphemy that the soldier mumbles, the smell of his wounds, and the smell of death that lingers over him. Of the actual death, La Motte writes,

Little stranger Rochard, with one blind, red eye that stared into Hell, the hell he had come from. And one white, dying eye, that showed his hold on life, his brief, short hold. The nurse cared for him very gently, very conscientiously, very skilfully. [. . .] So Rochard died, a stranger among

⁶¹ Ibid., 29.

strangers. And there were many people there to wait upon him, but there was no one there to love him. There was no one there to see beyond the horror of the red, blind eye, of the dull, white eye, of the vile, gangrene smell. And it seemed as if the red, staring eye was looking for something the hospital could not give. And it seemed as if the white, glazed eye was indifferent to everything the hospital could give. And all about him was the vile gangrene smell, which made an aura about him, and shut him to himself, very completely. And there was nobody to love him, to forget about that smell.⁶²

The nurse can do her best to keep the hospital clean, to care for the patient, to contain his wounds, but she could not contain the smell of the wounded body, of gangrene, of death. There is almost a compulsive repetition of certain words and phrases in La Motte's text, such as the 'eye', the 'stranger'. Repetition-compulsion, as elucidated by Freud in 'Beyond the Pleasure Principle', is an effect of traumatic suffering on the mind, and was also a symptom for the appearance of traumatic war neuroses, suffered exclusively by soldiers fighting in the war front. By employing a repetitive style, La Motte brings the violence of the Front into the hospital. She seems to accompany the wounded soldier in his endless and unavoidable suffering of chronic pain by repetition of his torment in her prose.

La Motte is at her scathing best in a fragment titled 'A Surgical Triumph', which is about Antoine, a hairdresser at Montmartre and his son, who was summoned to war, wounded, and was being treated at a hospital in "the interior". After almost five months, during which Antoine received numerous letters from the hospital, informing him of plastic surgery conducted upon his son's body, and having received no communication from his son himself, Antoine went to receive him at the station.

⁶² Ibid., 58.

In a little room back of the hairdressing shop, Antoine looked down upon the surgical triumph. The triumph was his son. The two were pretty well mixed up. A passion of love and a passion of furious resentment filled the breast of the little hair-dresser. Two very expensive, very good artificial legs lay on the sofa beside the boy. They were nicely jointed and had cost several hundred francs. From the same firm it would also be possible to obtain two very nice artificial limbs, light, easily adjustable, well hinged. A hideous flabby heap, called a nose, fashioned by unique skill out of the flesh of his breast, replaced the little snub nose that Antoine remembered. The mouth they had done little with. All the front teeth were gone, but these could doubtless be replaced, in time, by others. Across the lad's forehead was a black silk bandage, which could be removed later, and in his pocket there was an address from which artificial eyes might be purchased. They would have fitted him out with eyes, in the provinces, except that such were better obtainable in Paris. Antoine looked down upon the wreck of his son that lay before him, and the wreck, not appreciating that he was a surgical triumph, kept sobbing, kept weeping out of his sightless eyes, kept jerking his four stumps in supplication, kept begging in agony:

“Kill me, Papa!”

However, Antoine couldn't do this, for he was civilized.⁶³

The horror here is manifold: the horror of first reading the mutilated, limbless body of the son, the horror of imagining his extremely disfigured face; the horror of reading La Motte's blistering depiction of the son's body; and horror at the realisation that war could wreak such carnage on human bodies, the trauma “of mechanised warfare as a loss of identity and humanity.”⁶⁴ Many critics such as Pichel have written about “the social function of the face”—facial disfigurement

⁶³ Ibid., 154–55.

⁶⁴ Biernoff, “The Rhetoric of Disfigurement in First World War Britain”.

resulted in a loss of that social function; while prostheses acted as surrogate limbs and enabled one to perform bodily functions, plastic surgery or the use of portrait masks only emphasised the pressing need to restore the previous face, which could never be achieved.⁶⁵ In three words (“Kill me, Papa!”), La Motte conveys the excruciating psychological pain the son must be suffering from as a result of his devastating physical disfigurement. She also covertly raises the debate about euthanasia, as not only assisting death for those suffering from gruesome, debilitating pain, but also considering death as opposed to living with a mutilated body. The Canadian physician, author, and professor of medicine, Sir John Andrew Macphail, who served at the Front with a field ambulance corps, wrote:

The most piteous aspect in the medical service was not the dead and those about to die, but the living whose facial wounds obscured their resemblance to humanity. Much was done to ease their pain and restore their appearance; but at best, after observing the cases or looking at photographs, paintings, and casts, and yielding full admiration to the triumph of surgical dexterity, one looks with pity upon the sorry spectacle. [...] All the resources of surgeons, dentists, and artists were lavished upon them; yet the much that was done was less apparent than the little that could be done.⁶⁶

It was perhaps this surge of sympathy that ultimately prevented Antoine from killing his son. The son had been provided with all the functional parts of his face: a “hideous flabby heap” made out of grafted tissue from his chest became his new nose which made him breathe, his front teeth would be replaced, filling out his jaw and making mastication a normal function again, and though he was now completely blind, glass eyes would fill the hollow around his orbital bones. Yet both Antoine and his son’s sense of agony had everything to do with aesthetics and the

⁶⁵ Pichel, “Les Gueules Cassées”.

⁶⁶ Andrew MacPhail, *Official History of the Canadian Forces in the Great War, 1914–19* (Ottawa: F. A. Acland, 1925), 116.

dehumanising effect of severe facial disfigurement. The agony and the horror arise from the disjuncture between corporeality and identity. The face that the Levinasian gaze had labelled as the signifier has now become the site of trauma. Biernoff distinguishes between the medical gaze of the surgeon looking at damaged tissue and recognising its potential for surgical and prosthetic reconstruction, versus the gaze of the amateur, for whom the “injuries are an abyss”.⁶⁷ These horrific injuries of the First World War paved the way for reconstructive surgery and skin grafts. The gaze of the nurses acted as a bridge between the specialised medical gaze, and the horrified gaze of the amateur. They followed instructions and were especially tactile—putting and removing bandages, administering lotions, and most importantly, being the first to look at the “healed” faces. The facial injuries remained an abyss when it came to granting subjectivity to the patients, and in a metaphorical way it signified a failure of containment, pointing to the inadequacy of medicine in front of the devastation wrought by war: the failure proving that being a human has as much of an aesthetic function, as a mechanical and biological one.⁶⁸

“The stench of his wounds filled the air”: *Gas Gangrene and Filthy Wounds*

Sister Violetta Thurstan first published *A Textbook of War Nursing* in October 1917, while she was still serving with the British Expeditionary Force (B.E.F.). Her *Textbook* is a detailed manual for trained and volunteer nurses working abroad, and facing unforeseen situations both in terms of severely wounded patients, and also personal health, and social barriers in a new country. In her nursing manual, she addresses separate sections to the nursing probationer, who is new to war nursing, and to the more experienced Sister. It was thorough in its scope, with separate chapters for wounds, accidents, special treatments, operations, and the new treatments for septic wounds, which were turning out to be very common in the fields and trenches of the Western Front. Almost all the V.A.D.s volunteering in 1917 would have read this manual, and the ones

⁶⁷ Biernoff, “Flesh Poems,”: 25–47.

⁶⁸ Biernoff, “The Rhetoric of Disfigurement in First World War Britain”.

who had signed up earlier in the War would have read and followed some other manuals, which would have introduced them to the kind of conditions, wounds, and sicknesses that could be expected in military medical institutions. In this section, I will read and compare the instructions and medical language of Thurstan's *Textbook* with the writings of the nurses who encountered the exact conditions elucidated by Thurstan in the field hospitals, to trace the differences and see how the latter subjectively represented them. My object will be to find how specialised medical language became internalised by these women to form a unique medical-metaphorical discourse that they adopted while writing about specialised wounds. I will argue that the nurses used the manuals as a bare framing narrative, filling it with their own subjectivity, as they wrote of severe wounds and their treatments.

Gas gangrene was one of the common but horrific conditions that nurses had to treat. A bacterial infection, it produced gas and sepsis, inevitably leading to tissue death. Sister Kate Luard, who was based at Number 1 Casualty Clearing Station when Sir Almroth Wright was undertaking his gas gangrene research, wrote in her diary that the condition was due to “the presence in the wound, in the deep tissues, of a very virulent microbe, which is introduced into wounds on battlefields by the bits of dirty clothing, mud, etc, driven in with the missile”.⁶⁹ She further added that, “it generates gas bubbles and is quickly fatal unless scientifically dealt with at a very early stage”.⁷⁰ Gas gangrene would have been difficult to overlook, primarily because of its smell. Hence, it is surprising to find that in her manual, Thurstan dilutes the urgency of gas gangrene: “It is much less prevalent now than it was at the beginning of the war, due probably to the greater precautions taken, the freer incisions and the more extensive cleaning of wounds which is now practised.”⁷¹ As we have seen earlier, the emphasis on cleanliness (reminiscent of Nightingale) was paramount, and was seen as a treatment to most wounds and conditions.

⁶⁹ Kate Luard, *Unknown Warriors. Extracts from the Letters of K. E. Luard, RRC, Nursing Sister in France, 1914–1918* (London: Chatto and Windus, 1930), 27–29.

⁷⁰ *Ibid.*

⁷¹ Violetta Thurstan, *A Textbook of War Nursing* (London: G. P. Putnam's Sons, 1917), 132.

Interestingly, Thurstan does not mention at all the survival rate for gas gangrene. We infer from the writings of other nurses that it is, in fact, fatal. Ellen La Motte had encountered quite a few cases of fatal gas gangrene in her hospital, and wrote of her patient Marius:

In a field hospital, some ten kilometres behind the lines, Marius lay dying. For three days he had been dying and it was disturbing to the other patients. The stench of his wounds filled the air, his curses filled the ward. For Marius knew that he was dying and that he had nothing to fear. [. . .] The other patients were sometimes diverted and amused, sometimes exceedingly annoyed, according to whether or not they were sleepy or suffering. And all the while the wound in the abdomen gave forth a terrible stench, filling the ward, for he had gas gangrene, the odour of which is abominable.⁷²

The ‘gas’ produced by the bacteria (of the genus *Clostridium*) collected in the patient’s muscle and could be felt and heard as a ‘crackling’ sensation when pressed.⁷³ Thurstan lists the symptoms of gas gangrene,

The limb swells enormously and becomes cold and devoid of feeling. The colour is a dusky blue or greenish tint. The smell of these wounds is hardly bearable, and when possible the patient should be isolated. There is usually very little pus, and if incisions in the limb are made, a thin bloodstained fluid and gas bubble out. The patient’s temperature is often not much raised, about 100 F, the pulse rate not much quickened, but very feeble, and sometimes very difficult to find. Vomiting is often present, and the tongue is dirty and furred.⁷⁴

Thurstan’s tone is rational and matter of fact, as one would expect of a manual. One can imagine nurses reading this in preparation for their posting abroad, and trying to memorise the ways of

⁷² La Motte, *The Backwash of War*, 23.

⁷³ Hallett, *Containing Trauma*, 51.

⁷⁴ Thurstan, *A Textbook of War Nursing*, 132.

identifying this messy wound. La Motte's notes from the Front are much more vivid and disturbing by comparison.

It was all torn away, the flesh from that right thigh, from knee to buttock, down to the bone, and the stench was awful. The various students came forward and timidly pressed the upper part of the thigh, the remaining part, all that remained of it, with their fingers, and little crackling noises came forth, like bubbles. Gas gangrene. Very easy to diagnose. Also the bacteriologist from another hospital in the region happened to be present, and he made a culture of the material discharged from that wound, and afterwards told the *Médecin Chef* that it was positively and absolutely gas gangrene. But the *Médecin Chef* had already taught the students that gas gangrene may be recognised by the crackling and the smell, and the fact that the patient, as a rule, dies pretty soon.⁷⁵

In this scene the setup is quite like the Foucauldian pedagogic system of the hospital, where the patient Rochard's wound is examined by and displayed for students. La Motte's descriptions of patients suffering from gas gangrene are an assault on the senses. She emphasises the smell of gas gangrene by employing a range of adjectives and by an almost obsessive repetition of the word "stench". Nevertheless, her prevailing tone is ironic. When the two passages by Thurstan and La Motte are placed together, we see that La Motte is developing from the notes of Thurstan (or rather, the nursing manuals), building on the skeletal framework of the manual, and adding her own experiences and senses during the diagnosis in her pages.

Marius had been taken to the Salle of the abominable wounds, and on one side of him lay a man with a faecal fistula, which smelled atrociously. The man with the fistula, however, had got used to himself, so he complained mightily of Marius. On the other side lay a man who had been shot through the bladder, and the smell of

⁷⁵ La Motte, *The Backwash of War*, 51.

urine was heavy in the air round about. Yet this man had also got used to himself, and he too complained of Marius, and the awful smell of Marius. For Marius had gas gangrene, and gangrene is death, and it was the smell of death that the others complained of.⁷⁶

In her *Textbook*, Thurstan had advised to remove the patient suffering from gas gangrene from the general ward and keep him in isolation. The realities of field hospital often made this impossible, as illustrated by La Motte's passage above. With the continuous influx of severely wounded patients at all hours of the day and night, there simply wasn't space to keep one patient in isolation. Sometimes a screen would be drawn around a dying patient, to keep the sight of death away from the others. Yet despite their best efforts, the nurses could not contain the smell of death, and, sometimes, death itself.

Towards the end of her section on gas gangrene, Thurstan lists the treatment, The treatment usually practised by the surgeon is either (1) making very free incisions under an anaesthetic and cleansing the wound very thoroughly with an antiseptic, or (2) if the limb is not gangrenous too high up amputation is often performed. Stimulants are generally ordered and every means taken to improve the patient's general condition.⁷⁷

However, the reality of the military field hospital made way for alternative means of treatment for gas gangrene.

The wound stank. It was foul. The Médecin Chef took a curette, a little scoop, and scooped away the dead flesh, the dead muscles, the dead nerves, the dead blood-vessels. And so many blood-vessels being dead, being scooped away by that sharp curette, how could the blood circulate in the top half of that flaccid thigh? It

⁷⁶ Ibid., 23.

⁷⁷ Thurstan, *A Textbook of War Nursing*, 132–33.

couldn't. Afterwards, into the deep, yawning wound, they put many compresses of gauze, soaked in carbolic acid, which acid burned deep into the germs of the gas gangrene, and killed them, and killed much good tissue besides. Then they covered the burning, smoking gauze with absorbent cotton, then with clean, neat bandages, after which they called the stretcher bearers, and Rochard was carried from the operating table back into the ward.⁷⁸

Every means was indeed taken to improve the general condition of the patient. However, stimulants were often not very effective, especially when the patient was battling several wounds in addition to gangrenous limbs.

So the night nurse took care of Rochard all that night, and turned him and turned him, from one side to the other, and gave him morphia, as the Médecin Chef had ordered. She listened to his cries all night, for the morphia brought him no relief. Morphia gives a little relief, at times, from the pain of life, but it is only death that brings absolute relief.

When the day nurse came on duty next morning, there was Rochard in agony. "Cela pique! Cela brûle!" he cried. And again and again, all the time, "Cela pique! Cela brûle!", meaning the pain in the leg. And because of the piece of shell, which had penetrated his ear and lodged in his brain somewhere, his wits were wandering. No one can be fully conscious with an inch of German shell in his skull. And there was a full inch of German shell in Rochard's skull, in his brain somewhere, for the radiographist said so.⁷⁹

La Motte writes how the morphia brought Rochard "no relief", and Rochard's was not an isolated case:

⁷⁸ La Motte, *The Backwash of War*, 52–53.

⁷⁹ *Ibid.*, 54.

So all night Rochard screamed in agony, and turned and twisted, first on the hip that was there, and then on the hip that was gone, and on neither side, even with many ampoules of morphia, could he find relief. Which shows that morphia, good as it is, is not as good as death. So when the day nurse came on in the morning, there was Rochard strong after a night of agony, strong after many picqures of strychnia, which kept his heart beating and his lungs breathing, strong after many picqures of morphia which did not relieve his pain. Thus the science of healing stood baffled before the science of destroying.

Rochard died slowly. He stopped struggling. He gave up trying to find relief by lying upon the hip that was there, the hip that was gone. He ceased to cry. His brain in which was lodged a piece of German shell, seemed to reason, to become reasonable, with break of day.⁸⁰

It is agonising to read about the pain of Rochard and Marius and all the other soldier-patients who suffered through severe wounds inflicted by war. One is almost tempted to decry the manuals of professionals such as Thurstan and others for not truthfully depicting the realities of military medical care. However, the immense gap between the instructions on how to care and the realities of care, only reveal the horrific nature of war and the complications of war wounds: “the science of healing” often “stood baffled before the science of destroying”.⁸¹

Wounds by gun shots or shrapnel were understandably very common during war. Thurstan recognises the seriousness of these wounds, and her optimism when it comes to treatment is sobering, although not completely convincing. She identifies that abdominal patients

⁸⁰ Ibid., 55–56.

⁸¹ Ibid., 55.

are “always heavy cases to nurse and want much observant care.”⁸² The first step is to get the abdomen operated to removed lodged bullets,

After an abdominal operation nothing is given by mouth for the first 24 hours. The patient probably complains of intense thirst, which can be relieved to some extent by constantly swabbing out the mouth. After the first day water is given, and then milk and barley water, and strained weak tea or coffee. On the third day an enema is generally ordered, and after this, more food is generally allowed to be given in the shape of jelly, custard, junket, thin bread and lightly-boiled eggs.⁸³

However with La Motte’s unnamed patient with the “shock of iron grey hair”, who was shot (“as usual”) in the abdomen, the treatment and recovery did not follow these neat steps. He was heavily drugged with ether, and his operation lasted three hours. When he slowly began to regain his consciousness, he profusely expressed his wish to live.

“Be good! Be patient!” said the doctor, that was all he could say, for he was honest. What else could he say, knowing that there were eighteen little holes, cut by the bullet, leaking poison into that gashed, distended abdomen? When these little holes, that the doctor could not stop, had leaked enough poison into his system, he would die. Not today, no, but day after tomorrow. Three days more.⁸⁴

Although the timescale matched with the recuperation time set down in the manuals, all similarity ended there. Blinded by pain by the end of the second day and knowing that he was dying, the patient “became angry with the treatment and protested against it”.

⁸² Thurstan, *A Textbook of War Nursing*, 182.

⁸³ *Ibid.*, 183.

⁸⁴ La Motte, *The Backwash of War*, 118.

The picqures hurt—they hurt very much, and he did not want them. Moreover, they did no good, for his pain was now very intense, and he tossed and tossed to get away from it.⁸⁵

Here was another instance of the ineffectuality of the instructions in the manuals.

So the third day dawned, and he was alive, and dying, and knew that he was dying. Which is unusual and disconcerting. He turned over and over, and black fluid vomited from his mouth into the white enamel basin. From time to time, the orderly emptied the basin, but always there was more, and always he choked and gasped and knit his brows in pain. Once his face broke up as a child's breaks up when it cries. So he cried in pain and loneliness and resentment.

He struggled hard to hold on. He wanted very much to live, but he could not do it. He said: "Je ne tiens plus".

Which was true. He couldn't hold on. The pain was too great. He clenched his hands and writhed, and cried out for mercy. But what mercy had we? We gave him morphia but it did not help.⁸⁶

On placing the nursing manuals against the mostly private writings of nurses during the War, we realise the discrepancy in the depiction of wounds and their actual treatments in military hospitals. Did the manuals deliberately dilute the effect of wars and their implication on the human body? Or could the deliberation be discounted as beyond the scope of the genre? During the time these manuals were published and distributed, they were freely available to the public, especially since untrained volunteers in such large numbers were looking for opportunities to volunteer and serve. Hence, the manuals could also be considered to covertly spread propaganda, in the tidy listings of war wounds, sicknesses, and their treatments in military medical

⁸⁵ Ibid., 121.

⁸⁶ Ibid. 121–22.

institutions. The reality would only be known to those who had lived and worked in these institutions themselves. As we see from the writings of La Motte, she had internalised the semantics of the nursing manuals and had filled them with her own subjective experiences, along with a hint of the assault on the senses that happened in a hospital ward. Where the manuals lacked, the nurses more than made up for them, in the affecting depictions of their dying and wounded patients and the effect that had on themselves.

“Sister you’re hurtin’ me!”: Pain and Affect

The pain of one creature cannot continue to have a meaning for another. It is almost impossible to nurse a man well whose pain you do not imagine. A deadlock!⁸⁷

While physical wounds are visual, affecting the corporal as well as catering to spectatorship, physical pain is elusive to the outside gaze. In her seminal work *The Body in Pain*, Elaine Scarry writes about physical pain’s resistance to language and its essential unsharability through words or interjections, with another person:

Thus when one speaks about “one’s own physical pain” and about “another person’s physical pain”, one might almost appear to be speaking about two wholly distinct orders of events. For the person whose pain it is, it is “effortlessly” grasped (that is, even with the most heroic effort, it cannot *not* be grasped); while for the person outside the sufferer’s body, what is “effortless”, is *not* grasping it.⁸⁸

The First World War saw an unprecedented use of new weapons of warfare: the havoc these weapons unleashed upon the human body had been unencountered before. The McGill Pain Questionnaire was developed as late as 1971, enabling medical practitioners to grapple with the sensory, affective, as well as cognitive dimensions of a patient’s pain. The doctors and nurses of

⁸⁷ Enid Bagnold, *A Diary Without Dates* (Oxford: Benediction Classics, 2014), 77.

⁸⁸ Elaine Scarry, *The Body in Pain* (New York: Oxford University Press, 1985), 4.

the First World War did not have access to a range of tools to assess the nature and intensity of physical pain experienced by wounded soldiers. My concern here is not so much the soldier's failure in conveying the nature of his pain to the doctors and nurses, as the anxiety of the nurses, arising from the failure of that articulation of pain, and the subsequent shame and anguish at *their* collapse of comprehension. In the failure of the comprehension of pain lies the failure of the nurse's medical gaze: the nurse could see the horrific wounds in the bodies of the soldiers, and could see them suffer from pain, yet being a woman from the "old burnt-out world", and hence barred from Front combat, she could not physically begin to comprehend or imagine the nature of the pain the soldiers were suffering from.⁸⁹ Thus this failure is as much a matter of pain's resistance to language, as it is related to gender and politics. Enid Bagnold refers to this incomprehensibility, this "deadlock", when she writes, "It is almost impossible to nurse a man well whose pain you do not imagine." Care and healing are reflexive and personal acts, in addition to being rooted in the scientific. In the absence of any personal reference point for the unique pain their soldier-patients were suffering from, the nurses resort to a wide range of tools. While their personal writings are laced with sympathy and pity for the suffering soldier, they also conceive of affective methods, guilt, distress, and shame, to cope with their failure of comprehension. In theorising the affective process of writing, Michael Richardson and Elspeth Probyn mention how writing entails the writer's experience of affect, since "affects can seem to get into our bodies."⁹⁰ In keeping with my preoccupation with the body of the nurse, in this section I will read the affective responses of the nurses as a coping mechanism for the inarticulation of pain and spectatorship.

⁸⁹ Bagnold, *A Diary Without Dates*, 31.

⁹⁰ Michael Richardson, "Writing Trauma: Affected in the Act," *New Writing* 10, no. 2 (2013): 154–62; Elspeth Probyn, 'Writing Shame' in *The Affect Theory Reader* ed. M. Gregg and G. J. Seigworth (Durham, NC: Duke University Press, 2010), 86.

Silvan Tomkins writes that shame is “the affect of indignity, of defeat, of transgression, and of alienation.”⁹¹ In the case of the nurses, repeatedly noting that they feel “ashamed”, it is the component of transgression and alienation that is the strongest.

Pain. . . .

To stand up straight on one’s feet, strong, easy, without the surging of any physical sensation, by a bedside whose coverings are flung here and there by the quivering of nerves beneath it . . . there is a sort of shame in such strength.⁹²

Enid Bagnold’s shame here is due to the fact that she is strong, whole, and able-bodied in front of the mutilated soldiers quivering in pain. Like Sartre’s suggestion, “I am ashamed of myself *as I appear* to the Other”, the way Bagnold “exist[s], walk[s], talk[s] everyday beneath the beam of his eye”—the soldier whose “foot won’t heal”—fills her with shame.⁹³ She is alienated by her perfect body, she feels no pain; she cannot grasp the pain of the soldier:

“What can I do for you?” My eyes cry dumbly into his clouded brown pupils.

[. . .]

No. 22 was lying on his back, his knees drawn up under him, his sheets up to his chin; his flat, chalk-white face tilted at the ceiling. As I bent over to get his untouched tray his tortured brown eyes fell on me.

“I’m in pain, Sister”, he said.

No one has ever said that to me before in that tone.

⁹¹ Eve Kosofsky Sedgwick and Adam Frank (ed.), *Shame and its Sisters: A Silvan Tomkins Reader* (Durham, NC: Duke University Press, 1995), 133.

⁹² Bagnold, *A Diary Without Dates*, 13.

⁹³ Jean Paul Sartre, *Being and Nothingness: An Essay on Phenomenological Ontology*, trans. H. E. Barnes (London: Routledge 1996), 222. Quoted in: Sara Ahmed, *The Cultural Politics of Emotion* (Edinburgh: Edinburgh University Press, 2004), 104; Bagnold, *A Diary Without Dates*, 2.

He gave me the look that a dog gives, and his words had the character of an unformed cry.

He was quite alone at the end of the ward. The Sister was in her bunk. My white cap attracted his desperate senses.

[. . .]

“Shall I call your Sister?” I whispered to him.

He shook his head. “She can’t do anything. I must just stick it out. They’re going to operate on the elbow, but they must wait three days first.”

His head turned from side to side, but his eyes never left my face. I stood by him, helpless, overwhelmed by his horrible loneliness.⁹⁴

There are several layers to Bagnold’s experience by the bedside of this wounded soldier. Despite doing her best, she is quite unable to grasp the exact nature of the soldier’s pain. Her eyes cry dumbly both at his suffering, and at her failure to relieve him; she is helpless beside his pain. Although Tomkins notes that being ashamed is an “impediment to communication”, in this case, the incommensurability of pain makes its communication impossible, further adding to the intensity of the shame.⁹⁵ Here it is necessary to differentiate between shame as an emotion and shame as an affect. While shame as an emotion is more cognitive, privileging an inward self-evaluation, affective shame, like Silvan Tomkins treated it, is visceral, concentrating more on the body, its effects on the brain and the nervous system, and how these effects are manifest in the physical body. This firm line of difference between the two kinds of shame, get increasingly blurred during my reading of the writings of the nurses. Their writings reflect both the social and cognitive aspect of shame, as well as its effects on their bodies. Shame is intimate, inward-facing,

⁹⁴ Bagnold, *A Diary Without Dates*, 2.

⁹⁵ Sedgwick and Frank, *Shame and Its Sisters*, 137.

“an experience of the self, by the self”.⁹⁶ Bagnold is ashamed of *her* strength in front of the physical frailty of the wounded soldier. Tomkins explains that shame is so close to the experienced self because “the self lives in the face, and within the face the self burns brightest in the eyes”, turning the attention to this “most visible residence of self”, increasing its visibility, and hence generating “the torment of self-consciousness”.⁹⁷ Bagnold’s soldier-patient writhes in pain, but his eyes “never” leave her face. Both Deleuze and Massumi reflect on the body’s “capacities for acting and being acted upon” by affects.⁹⁸ Affects make the skin crawl, the face burn, the eyes to fall, the head to droop. Affects connect the lived experience of a body to its connection with the world.⁹⁹ Returning to the affect of shame, numerous critics have referred to the “physicality of shame” and how it affects bodily spaces, yet it is in the writings of the nurses that this phrase achieves literal significance.¹⁰⁰ Bagnold’s eyes cry dumbly into the clouded brown pupils of the wounded soldier, because of her inability to help; she stands, helpless. This passage also reveals the inherent loneliness of pain. The effect of pain is lonely, but it necessitates its communication with another person. The nurse is caught between this dichotomy, aware of the loneliness of the helpless wounded soldier.

There is also an inherent loneliness in the witnessing of pain. For the hopeless cases, the nurse can administer morphia, and silently its effects manifest in the body of the soldier; in other cases, the nurse is instructed not to administer morphia because “he will want it more later in the night and he can’t have it twice”, and she silently witnesses his torment.¹⁰¹ This witnessing

⁹⁶ Ibid.

⁹⁷ Ibid., 136.

⁹⁸ B. Massumi, *A User’s Guide to Capitalism and Schizophrenia: Derivations from Deleuze and Guattari* (Cambridge, MA: MIT Press, 1992), 36.

⁹⁹ Richardson, ‘Writing Trauma’, 156.

¹⁰⁰ Sara Ahmed writes about how shame “involves the de-forming and re-forming of bodily and social spaces, as bodies ‘turn away’ from the others who witness the shame”. Ahmed, *The Cultural Politics of Emotion*, 103. Elspeth Probyn writes about “shame’s role in reworking the possibilities of the body and its habitus.” Elspeth Probyn, “Everyday Shame,” *Cultural Studies* 18, nos. 2–3 (2004): 330.

¹⁰¹ Bagnold, *A Diary Without Dates*, 64.

eventually takes the form of reading the manifestations of pain in the body, and thus, of reading the body itself. Bagnold notices a soldier suffering from T.B. lying in his bed near the door, protected from the gaze of the other patients by screens, “with his mouth open; his head is like a bird-cage beneath a muslin cloth”.¹⁰² She finds it a “melancholy” place. Another patient, Rees, finds the pain during his dressing unbearable and lets out his anguish in screams.

It was the first time I had heard a man sing at his dressing. I was standing at the sterilizer when Rees’s song began to mount over the screen that hid him from me.
 (“Whatever is that?” “Rees’s tubes going in.”)

It was like this: “Ah . . . ee . . . oo, Sister!” and again: “Sister . . . oo . . . ee . . . ah!”

Then a little scream and his song again.¹⁰³

His anguish has a certain tonal quality in it, which makes Bagnold compare it to a song: “There are times when my heart fails me; when my eyes, my ears, my tongue, and my understanding fail me; when pain means nothing to me. . . .”¹⁰⁴

The incomprehensibility of pain fills her with such shame that her body seems to forget how to function. During a bus journey from London, Bagnold gets acquainted with a fellow nurse from another ward who suffers from earache. Sitting next to her, with her hand covering her ear, this nurse shifts uncomfortably in the seat for the duration of the journey. Her twitches and movements in pain constantly remind Bagnold that she is in pain, although the latter cannot measure and feel the pain herself: “What struck me was her own angry bewilderment before the fact of her pain. “But it hurts. . . . You’ve no idea how it hurts!” She was surprised.”¹⁰⁵ The nurse, whose ear now hurts, spends most of her days hearing the words, “Sister, you’re hurtin’ me”.

There is an inconsistency in the administration of morphine as pain relief. See: Carden-Coyne, *The Politics of Wounds*, 163–66.

¹⁰² Bagnold, *A Diary Without Dates*, 3–4.

¹⁰³ *Ibid.*, 54.

¹⁰⁴ *Ibid.*, 49.

¹⁰⁵ *Ibid.*

That sentence poignantly transfers the hurt from the wound to the nurse trying to alleviate the hurt, as a possible perpetrator of the pain. In trying to make her understand the kind of hurt felt by the soldier, the soldier clarifies, “It’s like a toothache,” using a familiar pain as a reference to make her understand what his unfamiliar pain feels like. The simile often falters in its purpose because of language’s inability to convey pain through words and imagery. Yet when the nurse herself is in pain, “[s]he is astonished at her earache; she is astonished at what pain can be; it is unexpected. She is ready to be angry with herself, with her pain, with her ear. It is monstrous, she thinks. . . .”¹⁰⁶ It is symbolic that the nurse’s ear, the recipient of all the interjections on pain and its inexpressibility, is now in pain and she grapples with conveying the nature of her pain to another nurse. At the same time, this mapping of bodily pain between the body of the soldier and the body of the nurse, paints an invisible bridge connecting bodies in the institution of the hospital. Most critics have commented on the interplay of shame in the “doubledness of the public and the private”, with the intimate nature of shame springing into action only when in close proximity to another being.¹⁰⁷ It is necessary here to think about what constituted the private and the public in the institution of a war hospital.

In the writings of the nurses, is there any difference between shame and guilt? Writers from Salman Rushdie to Sara Ahmed have demonstrated the inherent contradiction in ‘shame’: the necessity to hide something out of shame only reveals that it has already been exposed.¹⁰⁸ With this etymological conundrum existing in the word, one begins to ponder on the nature of exposure of the nurses that lead to their shame. In a previous chapter I have written about a shame related to their gender which made many women volunteer to serve as nurses during the War. For these women, being barred from actively serving their country like men could, at the hour of utmost need made them ashamed to have been born a woman. However, this sense of

¹⁰⁶ Ibid.

¹⁰⁷ Probyn, “Everyday Shame,” 331.

¹⁰⁸ Salman Rushdie, *Shame* (New York: Alfred A. Knopf, 1983); Ahmed, *The Cultural Politics of Emotion*.

gender inferiority could hardly be interpreted as feeling guilty. For V.A.D.s such as Enid Bagnold, new to nursing and swiftly trained to meet an urgent demand, shame could be interspersed with the idea of being an imposter. Did they misconstrue their failure to provide immediate and complete relief to the soldiers' pain with their own failings in medical skill? Or did they misapprehend the failure of language to convey the depths of pain as their personal failure? Finally, as I have demonstrated earlier, were they shameful of their strong, able bodies in front of the quivering wreckages of the soldiers? Ultimately, with the limitations of reparative care, after a certain time, all that can be distilled, as Wilfred Owen had written, is pity.

I can only think of death tonight. I tried to think just now, "What is it, after all! Death comes anyway; this only hastens it." But that won't do; no philosophy helps the pain of death. It is pity, pity, pity, that I feel, and sometimes a sort of shame that I am here to write at all.¹⁰⁹

Ultimately I will look at the encounters between the wounded bodies of the soldiers and the quivering bodies of the nurses, by asking a private question. How did the nurses approach the wounded bodies of their lovers? When Vera Brittain first began nursing, she hoped her life would ape sensational novels:

"I wonder", I wrote to Roland, "if some fine morning I shall come on duty and hear indirectly from a friendly V.A.D. that a certain Lieutenant L. of the 7th Worcestershires came in with a convoy last night. . . . But it's too good to think of."¹¹⁰

Her writing is steeped with the romanticism of the initial years of the War, when V.A.D.s expected nursing work to be holding "patients' hands and smooth[ing] their pillows", when to be

¹⁰⁹ Bagnold, *A Diary Without Dates*, 51.

¹¹⁰ Vera Brittain, *Testament of Youth* (London: Penguin Books, 2005), 210.

wounded in war was honourable, and the wound almost never mutilating or debilitating, and the mornings always “fine”.¹¹¹ However, just after a few weeks of treating severely wounded soldiers made Brittain realise the devastation wrecked by modern warfare on the human body—a devastation which had no precedents. This led her to

pray nightly that Roland, for whom I had once regarded a wound as a desirable experience which might enable me to see him for weeks and perhaps months, might go through the War with body unscathed even though I never saw him at all.¹¹²

In a letter to him she writes, “Dearest, I don’t want you to get wounded now—not even a little.”¹¹³ Her fear is understandable and her sentiment is endearing. Yet one cannot overlook the eugenicist undertones in her plea for the preservation of the perfect body of her lover, the “first-rate physical type”, free from wounds and mutilation.¹¹⁴ When Roland dies in action, just before his leave to return to England when they would get married, Vera Brittain is crazed with grief. She copes by transferring her grief for her lover’s absent body to the body of every patient she assists. When one wounded soldier did not regain his consciousness after his operation, she “thought of Roland lying pale and weak and unconscious after *his* operation”.¹¹⁵ She bent over the broom as she swept the floor so that “the patients should not see the tears I couldn’t keep out of my eyes.”¹¹⁶ In another instance, the operation involved the cutting of an abscess in a soldier’s thigh. The soldier was called Holland, a name so similar to that of her dead lover.

It was an extremely minor operation but rather messy. I had never seen even anything so small before, but such things never seem to affect me physically at all.

All I had to do was to hold the hand lamp, as someone had to hold it, & was thus

¹¹¹ Ibid., 166.

¹¹² Ibid., 220.

¹¹³ Ibid.

¹¹⁴ Ibid., 166.

¹¹⁵ Vera Brittain, *Chronicle of Youth* (Leicester: F. A. Thorpe, 1982), 553.

¹¹⁶ Ibid.

saved from the embarrassment of handling instruments etc. But all the time my mind was with that operation at Louvencourt; it was Roland I saw struggling under the anaesthetic with His beautiful eyes closed and his sturdy limbs all helpless; it was from Roland's wound that I saw the blood pour out in a scarlet stream. . . .¹¹⁷

In this moving passage, there are layers of complex emotions. Brittain writes of the “embarrassment” of touch, but subtly leaves out the specific object of the touch—“etc.” She deifies Roland by capitalising the pronoun. Finally the (naked) patient in front of her assumes the form of her lover. His body assumes life: his eyes are “beautiful”, and his limbs “helpless”. His physical wound gushes out blood. Although here Roland's body suffers from a minute wound, in her recurrent dreams about him for the next ten years, his body is mutilated.

Just after Edward's return to France, I had the first of those dreams which were to recur, in slightly different variations, at frequent intervals for nearly ten years. Sometimes, in these dreams, Roland was minus an arm or a leg, or so badly mutilated or disfigured that he did not want me to see him; sometimes he had merely grown tired of all of us and of England, and was trying to become another person in a country far away. But always he was alive, and within range of sight and touch after the conquest of some minor impediment.¹¹⁸

In her dream, Roland did not want her to see his mutilated body. While the nurses treated disfigured bodies regularly, they were also witnesses to uncomfortable reunions of non-combatant family members with disfigured soldiers. Irene Rathbone records a “sweetheart” visiting a mutilated soldier in a London hospital, and screaming on seeing his disfigured face.

For a second or two, her mouth dropping open, the girl stared at the man she had once loved; at the face now a white linen ball with two terrifying dark holes in it; at

¹¹⁷ Ibid., 566.

¹¹⁸ Brittain, *Testament of Youth*, 273.

the portion of shapeless lip that fell a little beneath the bandage; and she began to emit quavering screams.

‘Tom! To-o-m! It’s not—you—To-o-om!’¹¹⁹

Like Joan, the nurse in Rathbone’s semi-autobiographical book, nurses usually salvaged the situation, by carrying the visibly disturbed family member away from the soldier. However, when their professional roles and personal emotions intersected, it did get complicated. Brittain nursed mutilated bodies all day, but subconsciously she was ashamed at the prospect of having her lover’s body mutilated. Nevertheless, after his death, all that mattered was him being alive and palpable to touch—“But always he was alive, and within range of sight and touch”.

In my previous chapter I mapped the body of the nurse into the terrain of First World War Front literature. This chapter demonstrates how these nurses treated the mutilated bodies of their soldier-patients, and represented the mutilations in their writings. Their own medical gaze interweaves with the metaphors of the grotesque that they employ in their writings, as they give vent to emotions of horror, revulsion, shame, and guilt. The private records of their witnessing of the War are an important testimony to counter the public discourse on the nature of wounds that was presented during the First World War. Their life-writings record both their anguish and medical diagnostic language as they gaze into the mutilated body of the male soldier. Hence reading La Motte’s and Borden’s gruelling depiction of pain against the reserved list of symptoms and their treatment of manuals such as Thurston’s is an effective way to not only understand the nature of war wounding, but also to comprehend the experiences of the women who witnessed the wounding, enabled the treatment, and (once again) witnessed the death of the soldier-patients.

¹¹⁹ Irene Rathbone, *We That Were Young* (New York: The Feminist Press, 1989), 220.

Chapter V

Nursing the Other: Writing the Wounds of the Colonised Soldier

On May 29, 1915, the *Daily Mail* published a photograph of an English nurse standing behind a wounded Indian soldier. The publication of the photograph caused a massive furor in Britain, with people being offended that a white woman was treating a non-white man, and both the Censor Department and the Medical Board of the India Office in London got involved, with Sir Havelock Charles, the President of the Medical Board, subsequently providing a testimony.¹ A junior officer who advised the War Office on medical matters had

condemned absolutely and totally the employment of women nurses with Indian troops and said ‘I told you so’ and that anyone who knew anything about Indian customs would have prevented this scandal by forbidding the services of women nurses with Indian troops.²

It eventually emerged that the photograph had been taken at a hospital where white female nurses did not treat Indian soldiers after all, and that they had only been brought together in a single frame by the photographer.³ Nevertheless, this incident led to the withdrawal of Queen

¹ Throughout this chapter I use the term “non-white” to talk about non-European soldiers and nurses. Despite this I must mention that I am sceptical of a term whose definition hinges around what one is “not”, rather than what one is. However, in this chapter I refer to soldiers not only from colonized nations such as India and parts of Africa, but also Turkish soldiers, who were not colonised by the British, but were men of colour. Finding an all-encompassing political term that covers them all has been difficult, and hence I resort to using the term “non-white” with this careful caveat.

² Sir Havelock Charles to Military Secretary, Military Department Reference Paper, IOL L/MIL/7/17316. Quoted in Gregory Martin, “The Influence of Racial Attitudes on British Policy Towards India during the First World War,” *Journal of Imperial History* 14 (1985): 91–113 and J. Greenhut, “Race, Sex and War: The Impact of Race and Sex on Morale and Health Services for the Indian Corps on the Western Front, 1914,” *Military Affairs* 45, no. 2 (1981), 71–74.

³ On this incident, see: Martin, “The Influence of Racial Attitudes on British Policy Towards India during the First World War.”

Alexandra's Imperial Nursing Reserve from most of the hospitals in Britain where colonised Indian soldiers were being treated.

However, the repercussions of the publication of this photograph were not the first time that led the British government to contemplate the merits of the employment of female nurses for the treatment of colonised soldier-patients from the Indian subcontinent. Since 1914 when the "colour bar" was first lifted on the recruitment of Indian troops to fight for Britain in the First World War, scores of letters were exchanged between Lord Hardinge, the Viceroy of India, Lord Crewe, the Secretary of State for the Colonies, Lt General Sir James Willcocks, commander of the Indian troops in France, and Sir Havelock Charles. These letters reveal an anxiety about cross-racial contact, and outline detailed measures to avoid the possibility of such contact. However, these powerful men often couched their wording in careful rhetoric to avoid an admission of refusal to comply with British government policy. The official British government position at the time was to oppose arbitrary actions based on race, and to make sure that they appeared to acknowledge gratitude and dispense justice to Indian troops for volunteering to lay down their lives in a war that had nothing to do with them.⁴ These letters exchanged in late 1914 and early 1915 are a repository of entrenched racist and sexist prejudices in the upper echelons of British governing bodies. In a letter to Hardinge, Crewe regretted the circumstances that necessitated the requirements of formal reparative care for wounded Indian soldiers. He wrote:

It's bad luck that we have been obliged to bring the Indian wounded to England at all, and I am vexed about it. But there was absolutely no help for it, as our intended stages of Southern France—Egypt—India were made impossible by French unwillingness or inability to help in their share of the transaction.⁵

⁴ Greenhut, "Race, Sex and War".

⁵ Crewe to Hardinge, 19 Nov. 1914, Hardinge MSS 76, 156. Quoted in Martin, "The Influence of Racial Attitudes on British Policy Towards India during the First World War".

When Britain proposed that a hospital for the Indian troops be set up in Orleans, the French observed that this would place a large strain on their railroads, suggesting that they be evacuated to Algeria or England.⁶ As more Indian soldiers got wounded, the British government finally gave in, and sent a reluctant telegram to Surgeon General Slogett of the Indian Corps, instructing, “Accommodate as many Indians as you can in France. Send surplus to England with native personnel to look after them.”⁷ The rhetoric of surplus is ingrained in the English society since early nineteenth century, when the decennial census of 1801 labelled some people as “surplus” or “outside the ideal society” and marked others as “within that ideal society or deserving of representation”.⁸ By designating wounded Indian soldiers as “surplus”, the British government was already branding them as not ideal for British society.

To question what necessitated the employment of these strict measures to keep out certain members of their own army outside of their borders, one would need to look at a couple of other letters exchanged between these powerful men. As early as October 1914, Sir James Willcocks deprecated the employment of European women in any capacity in the hospitals where Indian soldiers were kept—a proposition with which Lord Crewe heartily agreed.⁹ On October 24 1914, the Secretary of the Military Department at the India Office sent a formal report to the War Office with the information that Lord Crewe supports the presence of women in these hospitals with the “distinct understanding that no woman will be employed on *menial or nursing duties* with Indian troops and followers.”¹⁰ Finally, as the Brighton Pavilion Hospital got ready to welcome wounded Indian soldiers by November 1914, Crewe explained to Hardinge in

⁶ Secret Telegram, G(eneral) H(ead) Q(uarters) France to W(ar) O(ffice) (3 Nov. 1914), War Office Files, Public Record Office, London. Quoted in Greenhut, “Race, Sex and War”.

⁷ Secret Telegram 1057, Surgeon-General Sloggett to War Office (5 Nov. 1914), War Office File 33/713.

⁸ Kathrin Levitan, “Redundancy, the ‘Surplus Woman’ Problem, and the British Census 1851–1861,” *Women’s History Review* 17, no. 3 (2008): 360.

⁹ Gregory Martin, “The Influence of Racial Attitudes on British Policy Towards India during the First World War.”

¹⁰ Objections to the Employment of Ladies in Indian Hospitals (File preceded by note ‘Military Dept. Found among Medical Board papers 10.10.27’) L/MIL/7/17316. Italics mine.

a letter: “in other respects Brighton seems to me a bad place, since even if ’Arry has to some extent enlisted, ’Arriet is all the more at a loose end and ready to take on the Indian warrior.”¹¹ This letter finally makes it clear that the anxiety centred on the presence of wounded Indian soldiers was because of the anticipated contact between them and British women. The class-based prejudice is also explicit in the dropped H-s in “’Arry” and “’Arriet”. Colonial control was fundamentally perpetuated in gendered terms, regulating what the female body could or could not do. In this case, the dispensation of “nursing duties”, which would imply not only treating wounds and administering medicines, but cleaning a man’s naked body (duties that British women were already carrying out in all Fronts of the War and at home) was deemed unsuitable when the patient involved was a colonised (non-white) man. The implication was to protect the reputation and image of the British woman as the superior white being, affiliated to the white colonial rulers and the “torch-bearers of civilisation”, who would not tend to the “menial” tasks of emptying bedpans for a brown man; these tasks could be carried out for the “natives” by other “natives”.¹² At the same time, the assumption that “’Arriet” would naturally drift to the brown man behind “’Arry’s” back, who is away fighting for the King and country, plays at the intersection of class and gender. Although these letters were exchanged before the publication of the *Daily Mail* photograph, while these powerful men still vacillated over the possibility of the presence of the white female nurse near a wounded Indian soldier, that prospect was smashed with the publication, and now only male orderlies were allowed to tend to wounded Indian soldiers, and the latter’s movements while recuperating were strictly controlled.

Since deliberate erasure and suppression of human agency is a political act, in this chapter, I will first close-read the systematic removal and absence of female nurses from the bedsides of wounded Indian soldiers through the intersections of gender, race, and class, laying bare how fears of miscegenation, eugenics, and degeneracy led to sexual control in hospitals and

¹¹ Crewe to Hardinge, 4 Dec. 1914, Hardinge MSS 76, 161.

¹² Marie-Paul Ha, “Portrait of a Young Woman as a Coloniale,” in *Empire and Culture*, ed. Martin Evans (London: Palgrave Macmillan, 2004), 161–80.

their premises in Britain, firmly perpetuating the boundaries not only between “coloniser” and “colonised”, but also between women and desire. Although the British government tried hard to control all forms of cross-racial and gender exchange, it was not possible to control every single Casualty Clearing Station in all the Fronts, and white women did come into contact with non-white soldiers in other theatres of war. This chapter will then examine these points of contact, and analyse how Anglophone nurses represented the wounded bodies of Indian men and encountered race in their diaries and memoirs, estimating how much of the racial anxieties and fears of miscegenation did they themselves perpetuate. The previous chapters reading the representation of the bodies of the nurses and of European soldiers naturally leads to this chapter—an examination of the representation of wounds and bodies of the non-white soldier. However, the transition has not been so natural for most of First World War scholarship: barring Alison Fell’s book chapter “Nursing the Other: The Representation of Colonial Troops in French and British First World War Nursing Memoirs”, no other scholarship on First World War medical history sheds light on the treatment of wounded non-white soldiers or their representation in the life-writings of the men and women who looked after them.¹³ Fell’s chapter concentrates more on French nurses, but offers a useful analysis of colonial tropes that they employ in their writings about the non-white soldier. In the case of Australian nurses, Rupert Goodman, Marianne Barker, and Ruth Rae each provides a cursory glimpse of the work of Australian nurses in India, without addressing the uncomfortable racism and eugenicist practices in the latter’s writings.¹⁴ Kirsty Harris provides a slightly more balanced view of the episode, but offers only a perfunctory

¹³ Alison S. Fell, “Nursing the Other: the representation of colonial troops in French and British First World War nursing memoirs,” in *Race, Empire and First World War Writing*, ed. Santanu Das (Cambridge: Cambridge University Press, 2011): 158–75.

¹⁴ Rupert Goodman, *Our War Nurses: The History of the royal Australian Army Nursing Corps 1902–1988* (Bowen Hills, Qld: Boolarong Publications, 1988); Ruth Rae, *Veiled lives: threading Australian nursing history into the fabric of the First World War* (Burwood: NSW, College of Nursing, Australia, 2009); Ruth Rae, “Reading between Unwritten Lines: Australian Army Nurses in India 1916–1919,” *Journal of Australian War Memorial Archives* 36 (May 2002); Ruth Rae, *Scarlet Poppies: The army experience of Australian nurses during World War One* (Burwood: NSW, College of Nursing, 2004); M. Barker, *Nightingales in the Mud: The Digger Sisters of the Great War 1914–1918* (Sydney: Allen and Unwin, 1989).

analysis, sometimes editing an uncomfortable quote by an Australian nurse and quoting it out of context to demonstrate the latter's assertiveness and superior work ethic.¹⁵ Jan Bassett provides a short but useful reading of the immorality trial of Australian nurses in India, but it lacks an analysis of the circumstances that led to it.¹⁶ Disagreeing with Rae's assertion that since "we are distant from a period in time" we should consider the attitudes of these "devout Christian" women with understanding and tolerance, this chapter will resort to a theoretical framework to analyse the reasons behind the racist bias of these women.¹⁷ By uncovering the relationship between imperialist machinations and patriarchy, it will provide a critical reading of the writings by white nurses about the (wounded) bodies of their non-white patients during the First World War. For the primary sources for this chapter, I delve into the archives to read the unpublished life-writings of these nurses. Most of the primary sources referred to here come from the collections of the Imperial War Museum in London, the Australian War Memorial in Canberra, and the National Archives of Australia, although Kate Luard's published *Diary of a Nursing Sister on the Western Front 1914–1915* offers an interesting insight into the mind of an English nurse nursing the body of a non-white soldier, and consequently has been closely analysed here.

¹⁵ Kirsty Harris, *More than Bombs and Bandages: Australian Army nurses at work in World War I* (Newport, NSW: Big Sky Publishing, 2011), 141. In the original quote, Nurse Evelyn Davies engages in vigorous racist language to denounce the Medical Officer. Harris, however, skilfully uses ellipsis to remove the derogatory language to reveal only "substantial evidence" of "organisational and nursing skills" of Nurse Davies. I discuss the original situation later in this chapter. For other works by Harris, see: Kirsty Harris, "'All for the boys': the nurse-patient relationship of Australian Army nurses in World War I," in *First World War Nursing: New Perspectives*, ed. Alison S. Fell and Christine E. Hallett, (New York: Routledge, 2013), 71–86; Kirsty Harris, "New horizons: Australian nurses at work in World War I," *Endeavour* 38, no. 2 (2014): 111–21.

¹⁶ Jan Bassett, *Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War* (Melbourne: Oxford University Press, 1992) 74–82.

¹⁷ Rae, *Scarlet Poppies*, 183–184.

“No Nurses for Indians”

The restrictions imposed on the nurses did fit in with the early-twentieth century concerns with morality and female promiscuity, especially with the outbreak of “khaki fever” in the early years of the War.¹⁸ However, the restrictions assume special significance when race enters the paradigm. In her book *Carnal Knowledge and Imperial Power*, Ann Laura Stoler asks “what cultural distinctions went into the making of class in the colonies, what class distinctions went into the making of race, and how the management of sex shaped the making of both.”¹⁹ In asking and answering these very pertinent questions, we can better understand the sexual politics that lay behind the restrictions on the employment of nurses for colonised soldiers, and the gendering agenda at the heart of colonial power structures. In this section I will examine how the erasure of the nurses from these specific hospitals not only asserts British racial supremacy and the triumph of British manhood over the soldiers they were employing from their colonies, but also reveals how in imperial Britain, definitions of gender, race, and class were fluid and borrowed heavily from one another.

The colonies themselves were sites of what Stoler calls “the colonial state’s investment in knowledge about the carnal, about sense and sensibility, and the ‘education of desire’”.²⁰ British children born and growing up in the colonies were regularly removed to be sent to boarding schools in Britain, and colonial officers were made to retire at an early age, thus controlling both the coloniser’s and the colonised people’s exposure to knowledge. Once colonised soldiers arrived in Britain, their exposure to all aspects of the coloniser’s life needed to be controlled, and hence “the micromanagement of sexual arrangements and the affective arrangements” were deemed

¹⁸ Angela Woollacott, “Khaki fever and Its Control: Gender, Class, Age and Sexual Morality on the British HomeFront in the First World War,” *Journal of Contemporary History* 29, no. 2 (1994): 324–47; Vivienne Cree, “‘Khaki fever’ during the First World War: A Historical Case Study of Social Work’s Approach towards Young Women, Sex and moral Danger,” *The British Journal of Social Work* 46, no. 7 (2016): 1839–54.

¹⁹ Ann Laura Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkeley: University of California Press, 2002), 16.

²⁰ *Ibid.*, 6–7.

pressing and necessary.²¹ The primary sexual arrangement that was made was the control of the two sexes.²² While protecting British women from non-white men was a major concern for British men, which prompted them to keep female nurses out of these hospitals, it was the existing gender inequality which allowed this control by men to occur in the first place. In the second chapter I have written about how gender inequality proved to be a major catalyst for numerous British women to volunteer as nurses during the War. While these women faced the repercussions of inequality in every sphere of their lives, starting from citizenship to access to employment, they were nevertheless agents of the empire in the colonies.²³ As agents of empire, British women were expected to aid in the reproduction of an “imperial race”. This ambiguity in their position is important to note, as it ultimately leads to the perpetuation of their control by white men: the fear that British women were objects of desire for colonised men necessitated the control of both white women and non-white men.

In the Kitchener Hospital in Brighton, all Indian personnel were confined to the hospital “at all times”.²⁴ The convalescent Indian officers and the subassistant Indian surgeons who were allowed out were issued with passes up to “named hours”, had to travel in groups, and were to be accompanied by a British officer “to prevent communications and presents passing between men and the outside public”.²⁵ Route marches under escort were then introduced, until finally the outside walls of the hospital were reinforced with barbed wire and a special military police guard was created. Ironically the treatment of wounded Indian soldiers in Britain, fighting for their imperial rulers, differed little from the treatment of German PoWs in British internment camps,

²¹ Ibid., 8.

²² I would like to add a disclaimer. For the purposes of this chapter, I am looking only at heteronormative restrictions and relations here.

²³ See: Satoshi Mizutani, *The Meaning of White: Race, Class, and the ‘Domiciled Community’ in British India, 1858–1930* (New York: Oxford University Press, 2012).

²⁴ For detailed research on the Brighton hospitals during the First World War, see: Joyce Collins, *Dr. Brighton’s Indian Patients December 1914–January 1916*, (Brighton: Brighton Books, 1997), Rosina Visram, *Asians in Britain: 400 Years of History* (London: Pluto Press, 2002) and Rosina Visram, *Ayabs, Lascars and Princes: Indians in Britain 1700-1947* (London: Pluto Press Limited, 1986).

²⁵ Shompa Lahiri, *Indians in Britain: Anglo-Indian Encounters, Race and Identity, 1880–1930* (London: Frank Cass, 2000), 146.

who too were restricted behind barbed wire.²⁶ Seven Indians tried to escape this fortress, six out of whom were flogged, and one was tried by summary court martial and imprisoned in Lewes prison for six weeks.²⁷ The authorities then congratulated themselves that “there were practically no more cases of breaking out”.²⁸ The function of these hospitals for wounded Indian soldiers in Britain takes the form of the Foucauldian Panopticon. In *Discipline and Punish*, Foucault writes, “The theme of the Panopticon—at once surveillance and observation, security and knowledge, individualization and totalization, isolation and transparency—found in the prison its privileged locus of realization.”²⁹ These strenuous measures, taking the form of confinement, regulation of movement, corporal punishment, and imprisonment, all to protect racial boundaries and impose control, and all arising out of a perceived anticipation of possible crimes, stems from what Edward Said termed as “fear of the Other”.³⁰ The British had always imagined and anticipated sexual threat posed by non-white men towards white women, and the laws they imposed were based upon their assumptions and reflected their fear. The case of Dr. Aziz in E. M. Forster’s *A Passage to India* is a stellar example of this. As Ronny Heaslop clarifies, “I have never known anything but disaster result when English people and Indians attempt to be intimate socially. Intercourse, yes. Courtesy, by all means. Intimacy—never, never.”³¹ The legislations that were imposed were selective, as they did not extend to “transgressions” of British men with non-white women.³² Stoler points out that while “Native men were the ones legally punished for alleged

²⁶ Panikos Panayi, “Forgotten Prisoners of the Great War” in *History Today* 62, no. 11 (Nov, 2012): 34–35.

²⁷ Visram, *Ayabs, Lascars and Princes*, 132.

²⁸ Ibid.

²⁹ Michel Foucault, *Discipline and Punish: The Birth of the Prison* (Harmondsworth: Penguin Books Ltd., 1986), 249.

³⁰ Edward Said, *Orientalism* (Harmondsworth: Penguin Books, 1991).

³¹ E. M. Forster, *A Passage to India* (New York: Harcourt, Brace and World, 1952), 164.

³² See: Durba Ghosh, *Sex and the Family in Colonial India: The Making of Empire* (Cambridge: Cambridge University Press, 2006); Steven Gerontakis and Tracey Rizzo, *Intimate Empires: Body, Race, and Gender in the Modern World* (New York: Oxford University Press, 2016); Will Jackson and Emily Manktelow (eds) *Subverting Empire: Deviance and Disorder in the British Colonial World* (Basingstoke: Palgrave Macmillan, 2015).

sexual assaults, [. . .] European women were frequently blamed for provoking their desires.”³³ This is the point of intersection between class and gender in the broader context of imperialism. Lord Crewe’s concern expressed to Lord Hardinge for “Arriet’s” behaviour around non-white men was replicated by their predecessors: Lord Hamilton, the Secretary of State for India wrote to Lord Curzon, the Indian Viceroy between 1901–02, that “[t]here has always been such difficulty experienced in keeping low-class women away from coloured soldiers” and later that this tendency in fact “pervades all classes” to include “the smartest peers”.³⁴

The rhetoric of control around “low-class women” in fact pervades across all spheres: Florence Nightingale worked all her life to make the profession of nursing accessible to a “better class” of women. In 1893 when Princess Helena, the third daughter of Queen Victoria, strove towards “improving the education and status of those devoted and self-sacrificing women whose whole lives have been devoted to tending the sick, the suffering, and the dying” by insisting on introducing nurse registration, Florence Nightingale bitterly and vehemently opposed it.³⁵ Coming from her Motherhouse roots, Nightingale emphasised morality as the most important quality of a nurse, which could never be tested by an examination and which could not be revealed by a centralised register.³⁶ In pairing the quality of morality with a “better class” of women, she was already suggesting that morality was the prerogative of only a certain class of women. Earlier while in the Crimea, she had shipped two nurses home because they “went out drinking with an orderly on Saturday night.”³⁷ This was the same anxiety for transgression felt by the colonisers in Britain with the arrival of colonised soldiers during the First World War. Laura Tabili provides an excellent analysis of the complexities of gender, race and class identities of

³³ Stoler, *Carnal Knowledge and Imperial Power*, 60.

³⁴ Lucy Bland, “White Women and Men of Colour: Miscegenation Fears in Britain after the Great War,” *Gender and History* 17, no. 1 (April 2005): 55.

³⁵ Seweryn Chomet, *Helena—Princess Reclaimed: The Life and Times of Queen Victoria’s Third Daughter* (London: Newman Hemisphre, 2000), 120.

³⁶ Lynn McDonald, *Florence Nightingale: The Nightingale School* (Waterloo: Wilfrid Laurier University Press, 2009).

³⁷ Sue M. Goldie, *Florence Nightingale: Letters from the Crimea* (Manchester: Manchester University Press, 1997), 112.

white and Black women in Britain in the early twentieth century, and how the stereotype of a “low class” woman as a “carnal magdalen” reflected the tradition of considering all women as sources of disorder and sensuality.³⁸ These women historically were subject to backlash, legislation, and control, from being sent back from the battlefield where they had proven their expertise to having their movements policed. In this case, this backlash is testament to what Stoler names “the apparatus” that kept “potentially white colonials [in this case, women] in line”.³⁹ The women who “fell afoul of dominant expectations about sexual conduct and feminine respectability” needed stringent reminders to keep them in control.⁴⁰

The affairs of British women with non-white men had very real repercussions for the “imperial race”, jeopardising its racial purity with the birth of mixed-race children. Thus, fear of miscegenation and degeneracy, along with anxiety related to eugenics were the driving forces behind the removal of the nurses and the assumption that low-class women would endanger the imperial race by their contact with colonised soldiers. Another great fear that rose in the aftermath of the “khaki fever” was that of sexual contamination: fear of transmission of venereal diseases was a major concern that led to extreme policing both of women’s movements in the Home Front, and that of colonised soldiers in the military. The method adopted is thus racial containment to prevent contagion. Moreover, when the Canadian Prime Minister called for greater policing of women’s movements to “save” his soldiers who had the highest venereal disease level among any Allied troops on the Western Front, or when Australian soldiers were made to march through the squalid back-streets of Cairo in broad daylight to enable them to shudder at the sight of the local women with whom they had been drunkenly intimate at night,

³⁸ Laura Tabili, “Women of a Very Low Type”: Crossing Racial Boundaries in Imperial Britain’, in *Gender and Class in Modern Europe*, ed. Laura Frader and Sonya O. Rose (Ithaca: Cornell University Press, 1996), 165–190.

³⁹ Stoler, *Carnal Knowledge and Imperial Power*, 13.

⁴⁰ Tabili, “Women of a Very Low Type”, 175. For more on sex policing of white colonials, see Kenneth Ballhatchet, *Race, Sex and Class under the Raj: Imperial Attitudes and Policies and Their Critics 1793–1905* (New York: St. Martin’s Press, 1980).

they were practising a blatant misogyny paired with explicit racism.⁴¹ Army Medical Officer James Barrett estimated that about one thousand men of the First and Second Australian divisions were at risk of contracting venereal diseases daily, and 33 percent of the troops returning to Australia from Egypt were suffering from venereal infection.⁴² Venereal disease was the most common of wartime infectious diseases, with more cases of the affliction than trench foot; and the highest number of cases was recorded in the white Dominion regiments.⁴³ Perhaps the strict policing of movements of Indian soldiers and the control of the boundaries of their hospitals were instrumental in keeping these figures low in their case. However, white Dominion and British soldiers were not penalised for explicitly engaging in acts that got them infected, while non-white soldiers and women were punished in anticipation of the same.

The other fear of “contamination” was cultural. Lucy Bland examines the dominant discourses concerning interracial relationships and the “solutions” that were provided: miscegenation was seen as leading to violence between white men and men of colour, as white men had a moral duty to “protect” white women from the advances of non-white men; interracial relationships were said to entail sexual immorality, regardless of the actual race of the man (as long as he was not white); and, finally, miscegenation was supposed to be “disastrous” for procreation.⁴⁴ Lamarckian theories of evolution led one to believe that miscegenation could lead to the degeneration of British characteristics, resulting in an abundance of reprehensible traits that colonisers associated with the colonised. Hence, eugenics was designed to control this contamination. It is however interesting that in perceiving the threat of an interracial relationship, white women’s desire was being recognised; however, that desire was immediately denied by control and containment measures.

⁴¹ Jay Cassel, *The Secret Plague: Venereal Disease in Canada 1838–1939* (Toronto: University of Toronto Press, 1987), 122–23; Philippa Levine, “Battle Colours: Race, Sex, and Colonial Soldierly in World War I,” *Journal of Women’s History* 9, no.4 (1998): 107.

⁴² *Ibid.*

⁴³ *Ibid.*, 117.

⁴⁴ Bland, “White Women and Men of Colour,” 29–61.

It is noteworthy that the *British Journal of Nursing* published no comment on this systematic removal of British nurses from these hospitals. Throughout the First World War, the *Journal* published weekly issues, reporting prolifically on reparative care from all parts of the Front, as well as non-military care from every outpost of the world which housed British nurses. Throughout 1915 and 1916, it published a series of detailed articles on hospitals for Indian troops in Britain, noting the special steps taken by the British administration to conform to Indian customs in these hospitals. On October 23 1915, for instance, it praised in glowing terms the contribution of the Indian Fund, quoting an officer:

It is impossible to visit the trenches, the billets, or the hospitals without being confronted at every turn by evidence of the fraternal solicitude with which the comfort and well-being of the Indian soldier are considered in every detail. Beyond doubt the excellent health enjoyed, contrary to expectation, by the Indian troops as a whole during the trying conditions of last winter, must be greatly ascribed to the mitigation, as far as humanly possible, by the devoted work of the Committee of the Indian Soldiers' Fund and their assistants.⁴⁵

Perhaps like this British officer, the *Journal* too felt real gratitude to the Committee which helped raise a lot of money for the care of Indian soldiers. However, while reading its generic praise for the “solicitude” and “comfort” accorded to Indian soldiers, it is imperative to remember that this publication was being circulated in India, and the glowing terms would act as propaganda for the ordinary Indians trying to grapple with news of a European war which had taken away such large numbers of their men. Such high praise would not only reassure them that the colonial masters were taking good care of their men after all, in return for the service they were offering, but it would also prompt the former to raise and send more money to Britain for the welfare of their troops. That is also why the soldiers' letters were rigorously scanned by the Censor Committee,

⁴⁵ Anonymous, *British Journal of Nursing* (October 23, 1915): 337.

and any hint of the bias and restrictions imposed upon them reported in their letters home was obliterated.⁴⁶ That no mention at all was ever made of the removal of female nurses from these hospitals only reveals that at least the editors of the *Journal* were in tacit approval of the measure. Having established the background of nursing restrictions and racial containment, in the following sections I will examine the writings of nurses who came into contact with Indians.

Fetishism and the Colonial Imaginary

Kate Luard served in ambulance trains of the Western Front, and encountered hundreds of severely wounded Indian soldiers. She records some of her encounters in her *Diary of a Nursing Sister on the Western Front 1914–1915*. While reading Luard's *Diary*, I will question, like Bhabha, the "mode of representation of otherness."⁴⁷ Luard's representation of her encounters with Indian soldiers is complex and layered. In this section I will focus on her (almost fetishistic) obsession with the "beautiful Mussulmans"—her patients—and demonstrate how it verges on the scopophilic. Yet at the same time, it is her distinctly *female* orientalizing gaze that records the beauty of the men. I will also focus on how the tropes of nursing, the tropes of mothering, and racist tropes get entangled in her writing, leading to her persistent infantilization of her Indian patients.

The first appearance of Indian soldiers in Luard's *Diary* happens at 4.30 p.m., on October 21, 1914, when she records: "Thousands and thousands of Indian troops are marching close to the line, with long fair British officers in turbans, mounted, who salute us, and we wave back; transport on mules."⁴⁸ This is a jumbled description of Indian and British troops, and at first glance it is difficult to decide if the British officers wore turbans or the Indians did. The

⁴⁶ See: David Omissi, *Indian Voices of the Great War: Soldiers' Letters 1914–18* (New York: St. Martin Press, 1999).

⁴⁷ Homi Bhabha, *The Location of Culture* (London: Routledge, 1994), 68.

⁴⁸ Kate Luard, *Diary of a Nursing Sister on the Western Front 1914–1915* (Edinburgh and London: William Blackwood and Sons, 1915), 84.

khaki cap of the British officers would be distinctly different from the turbans of the Indian soldiers that Luard notices. The mention of “long fair British officers” mounted next to the marching Indians offers a contrast to the latter, who, assuming from the description, were not “long fair”. This sentence first introduces Luard’s British readership to Indian soldiers, and though structurally confusing, it strikingly lays bare the differences between British and Indian troops: the former mounted, the latter on foot; both with separate headgears. Nevertheless, it is difficult to gauge which troops salute the nurses.

A few days later, on October 30, Luard writes,

took up 238 Indians, mostly with smashed left arms from machine-guns that caught them in the act of firing over a trench. They are nearly all 47th Sikhs, perfect lambs: they hold up their wounded hands and arms like babies for you to see, and insist on having them dressed whether they’ve just been done or not.⁴⁹

This is the first instance of infantilization of her patients in her diary. Her metaphor of the Sikh patients as “perfect lambs” both infantilises them and dehumanises them. The overall tone of this passage is reminiscent of the prevalent nursing tropes of the mother or sister, which I discuss in the first chapter, and the nurses of the First World War performing their duty in the image of these gendered tropes that I discuss in the second. Kate Luard had already served as a nurse in the Boer War, and her administration of care is not radically different from that of the younger V.A.D.s of the First World War. Like the others, she too conflated her gender role with her war-work and looked upon her soldier-patients as children. However, her distinctly gendered gaze is also imperialist. Her patients here, as she points out, are Sikhs, and this is very much an occasion of the Oriental/“native” meeting the demand of the colonial discourse. Her description of how the Sikh wounded soldiers “hold up” their hands and despite having their wounds dressed, “insist on having them dressed again”, implying that like babies they do not

⁴⁹ Ibid., 97.

understand what is being done to their bodies. Such an infantilising description of wounded Sikh soldiers is also distinctly different from her descriptions of wounded white soldiers. Bhabha writes about “the subverting ‘split’” which is “recuperable within a strategy of social and political control.”⁵⁰ Luard goes on to describe how in the battlefield the Indian soldiers “can’t be kept in their trenches; it is up and at ‘em”, but in the proximity of the caring nurse, they become as docile as “perfect lambs”.⁵¹ This “chain of stereotypical signification”, from the ruthless warrior to the docile patient, shows the “split” in the personality of the “native” in the imagination of the colonisers.⁵² By directly comparing them to “babies”, she takes away their agency. Later in the day she writes: “One compartment of four lying-down ones got restless with the pain of their arms, and I found them all sitting up rocking their arms and wailing ‘Aie, Aie, Aie,’ poor pets. They all had morphia and subsided.”⁵³ The Indian soldiers’ howls of pain appear distinct in print from that of British soldiers, and one wonders if that is because the former spoke a different language. While interjections of pain vary depending on the speaker’s mother tongue, it is noteworthy that Luard does not document the “wails” of her white soldiers in pain. A few days later, on November 25, Luard records, “Loaded up at 7.30 this morning, all Indians most badly wounded. They are such pathetic babies, just as inarticulate to us and crying as if it was a crèche.”⁵⁴ The inarticulation here is on multiple levels. Not only are the wounded soldiers inarticulate because they do not speak Luard’s language, but their crying has also added to that inarticulation. Here one can sense a mild irritation in her tone, as she describes the patients crying out of pain as “pathetic babies”, behaving as if they were in a crèche. Once again, the infantilization of the Indian soldiers is explicit. Although Luard appears to genuinely care for the recovery of the patients under her care in the ambulance train, her tone imitates standard colonial discourse. Bhabha notes that the construction of this colonial discourse is in fact “a

⁵⁰ Bhabha, *The Location of Culture*, 82.

⁵¹ Luard, *Diary of a Nursing Sister*, 102.

⁵² Bhabha, *The Location of Culture*, 82.

⁵³ Luard, *Diary of a Nursing Sister*, 98.

⁵⁴ *Ibid.*, 120.

complex articulation of the tropes of fetishism—metaphor and metonymy—and the forms of [. . .] aggressive identification available to the Imaginary.”⁵⁵ Admittedly in the backdrop of a major battle of the First World War, the comparison of soldiers with babies in a crèche might not qualify as sufficiently “aggressive”, yet the comparison is certainly very far-fetched and is embedded in tropes common in colonial discourses.

Continuing with the idea of fetishism, after her first encounter with Indian soldiers Luard writes,

They behave like gentlemen, and salaam after you’ve dressed them. They have masses of long, fine, dark hair under their turbans done up with yellow combs, glorious teeth, and melting dark eyes. One died. The younger boys have beautiful classic Italian faces, and the rest have fierce black beards curling over their ears.⁵⁶

Luard’s meticulous descriptions of the physicality of the Indian soldiers are quite unnatural. While other nurses (as I have demonstrated in the previous chapter) have dwelt on the gruesome physical wounds of their soldier-patients, Luard does not talk about the wounds, but instead describes the physical appearance of her patients. The adjectives she uses are all very positive, very “fine”: “long, fine, dark hair”, “glorious teeth”, “melting eyes”; the dash of “fierce black beards” seem necessary to emphasise that despite the delicate features, they were men of war. But for the mention of the turbans, these men could have been from anywhere. Since they are essentially different, she feels the need to make them physically more recognisable to the average British reader of 1915. That is why her Indian soldier-patients have “classic Italian faces”. The veracity of this claim can be contested, but the fact that she resorts to such a far-fetched comparison, blurring racial differences to make the colonised body familiar to the British reader at home, only reflects yet again the prevalence of colonial discourses. Bhabha writes,

⁵⁵ Bhabha, *The Location of Culture*, 71.

⁵⁶ Luard, *Diary of a Nursing Sister*, 97.

colonial discourse produces the colonized as a social reality which is at once an ‘other’ and yet entirely knowable and visible. It resembles a form of narrative whereby the productivity and circulation of subjects and signs are bound in a reformed and recognisable totality.⁵⁷

The descriptions of the individual physical characteristics of the Indian soldiers are signs which, by themselves, do not signify the race of the men they describe—notably Luard refers to the soldiers by only using the pronoun. Each of the descriptive points refer to details of the face—hair, teeth, eyes, beard—she only uses the familiar trope of the classic Italian face to present the face as a whole to her readers. Thus when presented as a whole, the “native”, still an “Other” because of his turban, is already part-recognisable.

Although Luard does not reveal explicit anxiety related to eugenics, she certainly discloses continued preoccupation with it. After describing the Sikh patients as having classic Italian faces, she writes: “The Gurkhas are supposed by the orderlies to be Japanese. They are exactly like Japs, only brown instead of yellow.”⁵⁸ Gurkhas are of Nepalese origin, but for Luard, their features are indistinguishable from the Japanese; the only difference lying in the colour of their skin. Luard describes the intricacies of Hindu and Muslim customs that she observed amongst her soldier-patients:

One big, handsome, dignified Mussulman wouldn’t eat his biscuit because he was in the same compartment as a Hindu, and the Hindu wouldn’t eat his because the Mussulman had handed it to him. The Babu I called in to interpret was very angry with both, and called the M. a fool-man, and explained to us that he was telling them that in England “Don’t care Mussulman, don’t care Hindu”—only in Hindustan, and that if the Captain Sahib said “Eat,” it was “Hukm,” [order] and they’d got to. My

⁵⁷ Bhabha, *The Location of Culture*, 70–71.

⁵⁸ Luard, *Diary of a Nursing Sister*, 125.

sympathies were with the beautiful, polite, sad-looking M., who wouldn't budge an inch, and only salaamed when the Babu went for him.⁵⁹

Her physical description of the Muslim soldier as “big, handsome, dignified”, and then again as “beautiful” later in the passage, is the most striking here. She continues to refer to the appearance of the Muslim soldiers in unrelated contexts. On a different occasion she writes:

One of the Sikhs wailed before, during, and after his hands were dressed. A big Mussulman stuffed his hanky between his teeth and bit on it and never uttered, and it was a much worse one. What was he to do with crying, he said; it was right for it to be done. May God bring blessings on my head; whereas it was full of pain, lo [here], now it was atcha [okay].⁶⁰

Her casual juxtaposition of Urdu words in her writings reveals her attempt to show her familiarity with a different culture and language. Here too, the “Mussulman” is “big”, and more stoic than the Sikhs who “wailed” “before, during, and after” their treatment, in contrast to the Muslim soldier who had a “much worse” wound, and “never uttered” a single word.

In an astonishing passage, Luard familiarises the race of different Indian soldiers for her British readers, by comparing them with British army and public office posts:

The Indians I had were a very interesting lot. The race differences seem more striking the better you get to know them. The Gurkhas seem to be more like Tommies in temperament and expression, and all the Mussulmans and the best of the Sikhs and Jats might be Princes and Prime Ministers in dignity, feature, and manners. When a Sikh refuses a cigarette (if you are silly enough to offer him one) he does it with a gesture that makes you feel like a housemaid who ought to have known better. The beautiful Mussulmans smile and salaam and say Merbani,

⁵⁹ Ibid., 124–25.

⁶⁰ Ibid., 227–28.

however ill they are, if you happen to hit upon something they like. They all make a terrible fuss over their kit and their puggarees [*sic*] and their belongings, and refuse to budge without them.⁶¹

Here Luard essentially looks for cultural signs of representation and familiarisation. Hence the temperament and expression of the Gurkhas are comparable to that of the Tommies, meaning that the Gurkhas were good soldiers fit for taking orders. Comparing the “Mussulmans”, Sikhs and Jats to Princes and Prime Ministers, she equalises the “dignity, feature, and manners” of one with the other. She draws on the class system of British society to demonstrate the dignified nature of the Sikh soldiers, but at the same time appears to feel unclassed herself by their dignity which makes her feel “like a housemaid”. It seems that Luard finds it necessary to make such parallels between Indians and the British for her readers because she probably believes that the racial and cultural differences between the Indians and the British are immense, and that they would need contextualisation. Hence, without such a contextualisation with a familiar trope, the culture of Indian soldiers would have been very remote for the average British reader of her diary. Having thus established the parallels between the two races, a few days later she writes, “The Sikhs are rather whiney patients and very hard to please, but little Gurkhas are absolute stoics, and the Bengal Lancers, who are Mohammedans, are splendid.”⁶² This time it is possible for her to discuss the mannerisms of her different non-white patients, without resorting to comparison with familiar tropes.

Having established the ontological difference between the two races, Luard documents the customs and practices of Indian soldiers through a characteristic imperial gaze. In her diary, the Indians, whether Hindu, Muslim, or Sikh, are all a homogeneous ‘Other’, and she depicts a certain “fixity” in the “ideological construction of otherness.”⁶³ For example, she casually notices,

⁶¹ Ibid., 203–04.

⁶² Ibid., 128.

⁶³ Bhabha, *The Location of Culture*, 66.

“I have one carriage of twenty-four Indians. A Sikh refused to sit in the same seat with a stout little major of the Gurkhas.”⁶⁴ Firstly, her nagging preoccupation with the physical appearance of the Indian soldiers (“stout little”) is relentless. Secondly, in representing the seemingly backward practices of Indians practising different faiths, such as religious segregation, Luard critiques the customs of religious Indians, and depicts their beliefs as remote and alien. In previously aligning her sympathies with the “sad-looking M.” who was ordered to eat his biscuit while in the same compartment as a Hindu, and now reporting on the Sikh soldier refusing to sit next to the Gurkha, she projects what Gayatri Spivak critiques in “Can the Subaltern Speak?” as “the remotely orchestrated, far-flung, and heterogeneous project to constitute the colonial subject as Other” and also “the asymmetrical obliteration of the trace of that Other in its precarious Subject-ivity.”⁶⁵ In other words, Luard’s benevolent Western (imperialist) gaze on the customs of Indian soldiers of different faiths, and her representation of them from her unique vantage point, erases the subjectivity of the soldiers. Again, she writes:

I have a coach full of Indians. [. . .] Some of them suddenly began to say their prayers at sunset. They spread a small mat in front of them, knelt down, and became very busy “knocking ’oles in the floor with their ’eads,” as the orderly describes it.⁶⁶

This is another stereotypical depiction of Muslim soldiers. The existence of the soldiers is reduced to an almost comical Other, whose ritual of prayer makes them knock their heads on the floor, making holes. The construction of the soldier as the Other is ruthless here.

Luard attributes racial difference as a reason for the difficulty of the British carers to care for the Indian soldiers, in addition to and separate from the barrier in language: “They are very anxious cases to look after, partly because they are another race and partly because they can’t

⁶⁴ Luard, *Diary of a Nursing Sister*, 128.

⁶⁵ Gayatri Chakravorty Spivak, “Can the Subaltern Speak?” in *Colonial Discourse and Post-colonial Theory: A Reader*, ed. Laura Chrisman and Patrick Williams (New York: Harvester Wheatsheaf, 1993), 76.

⁶⁶ Luard, *Diary of a Nursing Sister*, 202–03.

explain their wants.”⁶⁷ However, she also labels this racial difference as “weirdness”, which apparently makes the wounds and pain of the Indian not as devastating as that of their British counterparts. On the most critical day of the first battle of Ypres, Luard writes, “Somehow they [Indian soldiers] are not so harrowing as the wounded British, perhaps because of the block in language and the weirdness of them.”⁶⁸ Luard thus uses racial difference as a marker for differences in habits that she perceives.

In one instance she writes, “We have just taken on about seventy Indians, mostly sick, some badly wounded. They are much cleaner than they used to be, in clothes, but not, alas! in habits.”⁶⁹ Just like the imperialist, who believes that “natives” are inherently uncivilised and filthy, Luard thinks that despite the Indian soldiers wearing clean clothes in war-ravaged Western Front, their “habits” (which she does not specify) are not as clean. In another instance she writes:

One drawback on having the Indians is that you find them squatting in the corridor, comparing notes on what varieties they find in their clothing! Considering the way one gets smothered with their blankets in the bunks it is the most personally alarming element in the War so far. [. . .] Their great disadvantage is that they are alive with “Jack Johnsons” (not the guns). They take off all their underclothes and throw them out of the window, and we have to keep supplying them with pyjamas and shirts. They sit and stand about naked scratching for dear life. It is fatal for the train, because all the cushioned seats are now infected, and so are we. I love them dearly, but it is a big price to pay.⁷⁰

In this passage, Luard paints the Indian soldiers as barbaric, who not only “squat” in train corridors, but also cannot seem to keep clean clothes on their bodies. The lack of affectivity in this passage is remarkable, especially when compared with infestation and contagion from the

⁶⁷ Ibid., 197.

⁶⁸ Ibid., 100.

⁶⁹ Ibid., 196.

⁷⁰ Ibid. 100; 125–26.

previous chapters. While writing about contagion from white men's bodies, these nurses reflect empathy, conscious of contagion even while administering the "sympathetic V.A.D. touch."⁷¹ However, the resignation towards self-infestation changes to irritation when the threat of the infestation comes from an Indian soldier: Luard "loves" her patients dearly, but the infestation is a "big price to pay". The prerogative of the white carers to "keep supplying" the Indians with clothes when the latter constantly take off their underclothes and throw them out of the running train window also reveals that the "natives" have no sense of shame for their bodies and need to be introduced to shame and decency by the Westerner. As Bhabha writes, "The objective of colonial discourse is to construe the colonized as a population of degenerate types on the basis of racial origin, in order to justify conquest and to establish systems of administration and instruction."⁷² For Luard, it is "a big price to pay"—the white man's (woman's) burden.

On opening Mary Ann Brown's folder at the Imperial War Museum archives, a few photographs fall out. The two photographs at the top are of a Hindu burial scene, dated February 15, 1917, and captioned simply as "Hindu burial". The fact that Brown, a nurse in a hospital ship in the Mediterranean Sea and the Indian Ocean during the First World War, who also had brief posts in hospitals in Egypt, Malta, Mesopotamia, and India, would photograph a distressing and private event and keep it among her war memorabilia begins to set the tone for what to expect from her folder. Her diary entry from February 15th provides the occasion for the photographs:

Passed some Hindus taking a body out to be cremated. They were sitting down by the round hills having a smoke & the corpse lying on a stretcher covered with a sheet beside them. It was a gruesome sight in the gathering darkness. Further on we

⁷¹ Enid Bagnold, *A Diary Without Dates* (Oxford: Benediction Classics, 2014), 47.

⁷² Bhabha, *The Location of Culture*, 70.

came across the blaze where one was being burnt up. They arrange some logs of wood and lay the body on it then pour oil over it and set fire to it.⁷³

Her short excerpt on the scene is interesting because it is a mix of private emotions and ethnography: despite finding the scene “gruesome”, she pauses to record the details of a Hindu “burial” for her readers. Her tone is matter-of-fact as she narrates how these soldiers perform the last rites of one of their companions who had probably died in combat or of wounds. She does not mention in her diary that she had taken photographs of the scene.

Brown carried out most of her First World War service in the hospital ship *Devanba*. Her folder carries no information on her life prior to the outbreak of the First World War; she mentions little of the treatment procedures and hence it is difficult to gauge whether she was a trained nurse or a V.A.D. It is aboard the *Devanba*, on November 19, 1915 that she writes about her first encounter with a non-white man and like Luard she too participates in making fun of a “little black sailor boy” alongside the Tommies. She wonders in her diary “why we didn’t wash “Snowdrop””, and joined the Tommies in calling the boy “a handsome figure head.”⁷⁴ The sailor boy was not Brown’s patient, so her racist behaviour did not bear a direct correlation to her identity as a nurse. Nevertheless, as a white woman serving in war as part of an imperial system that thrived on the labours of the colonised, her participation in the mirth of making fun of a black boy based on the colour of his skin, bolsters her racism and her imperialist gaze. Brown was complicit in treating black co-workers in her hospital ship as invisible. On her day off on the 9th of December, she and her other nurse-friends went off on a sailing boat. On their return to *Devanba*, they found that there was no gangway down, and so had to “scramble on to the top of the pier” at Alexandria.⁷⁵ The boatman pushed her and a policeman hauled her to the top. She found the moment “trying”, and she writes, “of course the first thing we did was to look round

⁷³ Private Papers of Miss M. A. Brown, AARC. Catalogue Number: Documents.1001. Imperial War Museum (IWM) Archives.

⁷⁴ Ibid.

⁷⁵ Ibid.

to see who was watching us but all the Devanha seemed to be asleep except the native crew and we did not mind them.”⁷⁶ She implies that she would have been embarrassed had any of the white orderlies or doctors of the ship’s crew spotted the “hauling” manoeuvres in the pier, but her nonchalance at not being affected by the “native” staff shows how she treats them as invisible. However, it is important to remember the contribution of these “native” staff to the smooth running of the hospital ship. It is also noteworthy that this is the first (and only) time Brown makes any reference to the presence of non-white staff in the ship.

Many nurses of the First World War, when posted in India or Egypt, wrote extensively of their travels in these countries. While reading the war diaries of these women, one suddenly notices a change in tone and focus from war-work to pleasure and a detailed ethnographic record of the lives of the people in these countries and of sightseeing.⁷⁷ In May 1916 Brown visited India for a few weeks and stayed at the Taj Mahal Hotel. She then worked at the Gerard Freeman Hospital in Bombay for a few more weeks. Throughout this time, she does not write about the hospital experiences, but records life in India and her travels. In her book *The Rhetoric of English India* Sara Suleri points out that “one of the few socially-responsible positions available to them [British women] was the role of female as amateur ethnographer.”⁷⁸ The War had definitely supplied Western women with socially responsible positions, but in these quasi-travel writings included within their war memoirs, they seem to perform the role of the amateur female ethnographer in inherently male colonial spaces. Brown documents the lives of “Indian women of poorer class” whose lives she found “awful to see” because they engaged in “doing such dirty rough work.”⁷⁹ Similarly while sightseeing in other parts of India, she describes the “natives” in

⁷⁶ Ibid.

⁷⁷ I have written elsewhere about war tourism and travel indulged in by these nurses, especially in India. See: S Bonnerjee, “Cosmopolitanism, Colonial Shopping, and the Servant-Problem: Nurse Ida E. Cliffe’s Travels in War-time India,” *Studies in Travel Writing* (forthcoming).

⁷⁸ Sara Suleri, *The Rhetoric of English India* (Chicago: University of Chicago Press, 1992), 75.

⁷⁹ Papers of Miss M. A. Brown, IWM Archives.

their own villages, who “hardly wear any clothes, the children go about naked.”⁸⁰ Although she comments on the social conditions of the “natives”, she makes no reference to the British Raj.

A few months later, while working in a hospital in Mesopotamia, she turns her gaze towards her mixed-race colleagues—“Eurasian” nurses from India. She writes:

There are Indian or Eurasian Sisters there & they use our mess. Some of them would pass for British they are so fair, but the others have a decided touch of the tarbrush or 4 annas of the rupee [25%], they always tell you their home is in Scotland or Ireland, probably their father was a Scotch man or Irish man, but poor things they have never been west of Suez & not much chance of them going either.⁸¹

I deconstruct the term “Eurasian” in the following section where this category was employed by nurses to practice difference in the administration of care. Brown’s condescension for her mixed-race colleagues is palpable. These women were trained nurses (since Brown refers to them as ‘Sisters’), but their proficiency in their work does not earn them respect from Brown, who comments on their skin colour and dwells on the composition of “whiteness” in their blood. She even refers to contemporary Indian currency system—16 annas make a rupee, or full-blooded white, and thus 4 annas would mean only one-fourth white—to measure whiteness. Her casual “not much chance of them going either” is a reference to the appalling treatment of mixed-race people by the British Raj.

Mary Brown’s war diary abruptly ends in March 1917. Interestingly, in the last three months, she often refers to treating Turkish soldier-patients. Her first ten entries are quantitative, giving the numbers of Turkish patients brought in each day, and the kind of treatment most of them needed. Her entry for the 10th of February, verges on fetishising the body of the Turkish soldiers. She writes: “The Turks are all big strong looking [*sic*] men, all European Turks and all

⁸⁰ Ibid.

⁸¹ Ibid.

Mohammedans but they take any food they get. They even eat bacon. They seem quite happy here.”⁸² There are a number of issues at play here in this short excerpt. Like Luard, Brown too fetishises the Turkish men. Yet at the same time she familiarises their appearance and habits by not only clarifying that they are “European Turks”, but also noting that they eat “any food they get” including bacon, which would have been forbidden meat. She props up the colonial imaginary idea that the soldiers would have been “quite happy here” under British control despite being prisoners of war. She follows this declaration with the information that “the convalescent ones have gone to the prison camp”, making one immediately question how happy the recuperating PoWs would have been in their prisons.⁸³

The proximity to Turkish wounded soldiers certainly raises Brown’s curiosity about them, but she is aware that they are after all enemy soldiers and now PoWs. In her last diary entry, made on March 6, 1917, she celebrates the capture and arrival of the ship *Basra*. Describing the scene on the docks she writes:

There were hundreds of Arabs etc. watching. I think all Ashar & Basra must have turned out. I was surprised we allowed so many Arabs and Persians to crowd round this place. They are such a treacherous crowd. Of course there was a British & Indian guard there but still.⁸⁴

Hailing from the victorious nation, her national pride and patriotism is palpable in her writing. However in the celebration of victory, she gives vent to her prejudices towards the local population. At this time she was based in Ashar, near Basra, and it is surprising that she wishes to keep out the local people from their very own lands, and calls them “treacherous”. Her curiosity for the Turkish soldiers as seen in her entries from the previous month is now replaced with ideas of impurity and distaste. She writes: “The Turks are very dirty. They are all taken to the bath

⁸² Ibid.

⁸³ Ibid.

⁸⁴ Ibid.

houses & thoroughly disinfected first before being put to bed.”⁸⁵ The dirt is symbolic of her othering, and the disinfection seems to be a necessary purification process before they can be put on British hospital beds. It is only after the disinfection that they are recognised as “European Turks” who seem “quite happy.”

“This country is rotten”

With the outbreak of the war in Mesopotamia in 1916, nurses from the Queen Alexandra’s Imperial Military Nursing Service (Q.A.I.M.N.S.) in India were sent to Mesopotamia. However, thousands of British and Indian soldiers wounded in Mesopotamia were still being sent to India. The removal of the Q.A.I.M.N.S. nurses had created a shortage of nurses in India, and Indian hospitals struggled to cope. On May 12, 1916, the British Government in India cabled to the Egypt Force, urgently asking for fifty “lady nurses” to be employed in British War Hospitals in Bombay. The Australian Imperial Force (A.I.F.), head quartered in Egypt, forwarded this request to the Defence Secretary in Melbourne, reminding them that since 105 nurses were disengaged there, whether they would be permitted to go to India on a six-month long engagement. On June 3 1916, the Defence Secretary made a formal offer to supply fifty nurses, which was received gratefully by the Viceroy and Governor General of India.

Cable from Chief, India, Simla to Egypt Force 12 May 1916

50 lady nurses urgently required for employment in British War Hospitals at Bombay [. . .]

A.I.F. HQ Egypt to Secretary Defence, Melbourne, 23 May 1916

Indian Government to require 50 nurses. 105 nurses disengaged here. Will you give permission for them to go to India on 6 months engagement.

⁸⁵ Ibid.

Reply on 3 June 1916 from Defence, Melbourne to A.I.F. HQ

Comm of Aust has made formal offer to Indian Gov. to supply 50 nurses. Will you advise on receipt of reply from Viceroy and Gov Gen of India?⁸⁶

The emphasis on the “ladyhood” of the nurses already stresses the importance of class in the selection of nurses who would travel to India to nurse a mix of colonial and British troops. The recruitment procedure for the Colonial Nursing Association (C.N.A.), for instance, relied on the appearance, manner and accent of the nurse. Dea Birkett quotes interview notes from the C.N.A., one of which read, “dark, very young looking, not a lady. Not very suitable” and comments that while “lack of training was rarely considered sufficient reason for declining an applicant, “not a lady” was.”⁸⁷ The work of the first convoy of fifty Australian nurses who arrived from Egypt in 1916 was unsuccessful: they found the Indian weather taxing, the pay insufficient, and believed that their hospital work did not qualify as “war work”. They were transferred to England after six months’ service. At the same time, large numbers of Australian nurses were waiting for overseas service, and in reply to another cable from India, the Australian Medical Services agreed to despatch 100 Australian nurses. According to the terms laid down, these nurses would be paid by the Australian government, and despite serving in hospitals in India, the Australian Army Nursing Service (A.A.N.S.) would still be a part of the A.I.F.

Under these circumstances some 560 Australian nurses arrived in British India during the First World War. Although the service of Australian nurses in wartime India is a reflection on the interconnectedness of empire and medical care, their letters home and their private diary entries from this time mark a divide within this connection: their writings reflect their confused encounters with race and nationhood, and reveal racist and imperialist outlooks in their representations of their Indian and Turkish patients. This section will examine the work of these

⁸⁶ Cable quoted in Goodman, *Our War Nurses*, 70–71.

⁸⁷ Dea Birkett, “The “White Woman’s Burden” in the “White Man’s Grave”: The Introduction of British Nurses in Colonial West Africa” in N. Chaudhuri and M. Strobel (eds.), *Western Women and Imperialism: Complicity and Resistance* (Bloomington: Indiana University Press, 1992), 178.

Australian nurses in India during the First World War and demonstrate how they practised differential treatment in their medical care for wounded soldiers along primarily three lines: colour, culture, and space. Thus, by looking at the figure of the female nurse-colonialist practising racial discrimination in their administration of medical care, I will contest the idea of nursing ministrations as a maternalist endeavour. I will consider how in their writings, nursing work assumes the form of—to quote Raymond Williams—an imperial “structure of feeling” when it encounters race.⁸⁸ Ultimately, I will analyse a particular case—an immorality trial involving Australian nurses in a hospital near Bombay—and reveal the precarious state of the female colonialist, who despite practising imperialist policies, is herself a pawn in the larger game of patriarchal imperial power.

One of the first hospitals that the Australian nurses were posted to was the Victoria War Hospital in Bombay. Its close proximity to the sea enabled it to receive a large, diverse group of seriously wounded patients from Mesopotamia—from thousands of British prisoners of war released by the Turks, and Turkish prisoners of war captured by the British, to German prisoners of war from East Africa. Sister Narelle Hobbes, who arrived in Bombay in July 1916, was transferred from Malta. She wrote in a letter,

Honestly this place is rotten. [. . .] We were dumped down into a place the 17th Stationary Hospital sisters had been looking after. They were suddenly bundled out and there were we. In some wards there were only the beds left with the patients in them. The filth of the place was appalling. We can't stand the 17th Sisters or their medical officers. [. . .] We nearly wept over the ward. We have very little unpacked, but had to do the best we could, and as for the patients I have never met a more grumbling group of men in my life. There were no Australians among them, and

⁸⁸ Raymond Williams, *Marxism and Literature* (Oxford: Oxford University Press, 1977), 128–35.

evidently they had been allowed to do and say as they liked. The MO is a beastly meddling little pup [. . .] so conceited.⁸⁹

Not only is Hobbes critical of the severely wounded patients she is supposed to look after, but is also severely dismissive of her predecessors, the British nurses. By classifying the “filth” in the hospital where the Q.A.I.M.N.S. nurses were working as “appalling”, she raises an accusatory finger at the competence of the former. This also reveals a hint of the rivalry between British and Australian nurses. Kirsty Harris notes: “Power was an issue confronting Australian military nurses daily, particularly in relation to military doctors, male orderlies and conforming to unfamiliar systems such as that of the British nursing services.”⁹⁰ Several Australian nurses wrote that the British nurses “knew nothing”, and even refused to work with them unless the latter were “fully qualified”.⁹¹ Nurse Gertrude Moberly believed that British nurses thought that Australian nurses were “wild women from down under”.⁹² Some Australian nurses, as well as a number of historians believed that Australian nurses were “hands-on” in their work practices compared to British nurses, and hence were reportedly always chosen by doctors to work in surgical theatres.⁹³ However, on critically reading the Australians’ confidence in their own superior skills and work ethic, one can lay bare a much more complex notion of inferiority and

⁸⁹ Hobbes papers, Australian War Memorial Archives Archives, Canberra.

⁹⁰ Kirsty Harris, “All for the boys”.

⁹¹ Margaret Young (ed.) *We Are Here Too’. Diaries and Letters of Sister Olive LC Haynes, No. 2 AGH, November 1914 to February 1918* (Adelaide: Australian Down Syndrome Association, Incorporated, 1991), 149; Emma Russell, *Bricks or Spirit: The Queen Victoria Hospital, Melbourne* (Melbourne: Australian Scholarly Publishing, 1997), 3. Quoted in: Harris, *More than Bombs and Bandages*, 151.

⁹² Gertrude Frances Hogan, *Experiences of a “Dinki Di” R. R. C. Nurse* (Sydney: Australasian Medical Publishing Company Ltd., 1933), 46.

⁹³ Kirsty Harris, “New horizons,” 114. Harris mentions some other sources, as well as some unpublished material only possessed by her: A.G. Butler, *Official History of the Australian Army Medical Services 1914–1918*. Vol 3 (Canberra: Australian War Memorial Archives, 1943), 583, 552; Bassett *Guns and Brooches*, 67; Bessie Pocock, diary, 26 July, 2, 4 October 1915; Colonel Barber, memorandum, AWM41, item 1/4/3.

the necessity for self-assertion.⁹⁴ Edward Said reminds us that Australia was established as a penal colony in the late eighteenth century mainly so that England could

transport an irredeemable, unwanted excess population of felons to a place, originally charted by Captain Cook, that would also function as a colony replacing those lost in America. The pursuit of profit, the building of empire, and what [Robert] Hughes calls social *apartheid* together produced modern Australia, which by the time Dickens first took an interest in it during the 1840s (in *David Copperfield* Wilkins Micawber happily immigrates there) had progressed somewhat into profitability and a sort of ‘free system’ where labourers could do well on their own if allowed to do so.⁹⁵

In *The Fatal Shore*, Hughes elaborates on the social “apartheid” apparently imposed on convicts sent to Australia:

They could succeed, but they could hardly, in the real sense, return. They could expiate their crimes in a technical, legal, sense, but what they suffered there warped them into permanent outsiders. And yet they were capable of redemption—as long as they stayed in Australia.⁹⁶

Said traces the prohibition on the return of Australians to Britain as an “imperial” prohibition: “Subjects can be taken to places like Australia, but they cannot be allowed a ‘return’ to metropolitan space, which [. . .] is meticulously charted, spoken for, inhabited by a hierarchy of metropolitan personages.”⁹⁷ That Said’s and Hughes’s analysis of mid-nineteenth-century wave of immigration to Australia was still pertinent in pre-First World War Australia, can be established

⁹⁴ For other works on the time that draw significantly on the perceived Australian womens’ notion of superiority to the British, see: F. Adams, *The Melbournians* (London: Eden, Remington, 1892), and entries in *Woman Voter* and *Labour Call* between 1900 and 1920.

⁹⁵ Edward Said, *Culture and Imperialism* (London: Vintage, 1994), xvi.

⁹⁶ Robert Hughes, *The Fatal Shore: A History of the Transportation of Convicts to Australia 1787–1868* (London: Vintage, 2003), 546.

⁹⁷ Said, *Culture and Imperialism*, xvii.

by looking at figures of “assisted” and “unassisted” immigration between 1851 and 1906, with the “revival of assisted passage schemes” and British rhetoric on Australian migration, which compared it to “a boa constrictor, taking huge gulps of immigrants when times are good . . . then quietening down for digestion during periods of war and recession.”⁹⁸ The First World War caused a disruption of this nineteenth-century British imagination of Australians as convicts relegated to a far corner of the earth. Australian nurses found themselves working alongside British nurses in hospitals in Europe and Britain, as well as elsewhere in British colonies. Symbolically, with the First World War, Australian soldiers and medical corps had undertaken a journey from the periphery to the centre, with several Australian nurses joining the Q.A.I.M.N.S., while very few British women undertook the reverse journey.⁹⁹ At the same time, the primary eligibility criterion of joining the A.A.N.S. was to be “a natural born British subject or a naturalised British subject”.¹⁰⁰ Hence, there is the presence of a status anxiety in the writings of the Australian nurses and their emphasis on being recognised as being better workers than the British.

By calling the Medical Officer a “beastly meddling little pup”, Sister Narelle Hobbes not only dehumanises him, but also questions his competence in providing medical care to wounded soldiers. Ultimately, her comment on the absence of Australians among the wounded soldiers echoes a recurring sentiment of Australian nurses, who, throughout their post, constantly and overtly sought out Australian soldiers — “our boys”. Another nurse, Sister Tilton, while posted in Cairo, boasts of almost slapping “a French girl’s face because of the way she behaved in the street, accosting one of ‘our boys’. [. . .] We left her weeping copiously.”¹⁰¹ Not only does this

⁹⁸ For a breakdown of immigration figures in charts, demographic patterns, and derogatory rhetoric regarding Australian immigration in Britain, see: Gordon A. Carmichael, “So many children: colonial and post-colonial demographic patterns’ in *Gender Relations in Australia*, ed. Kay Saunders and Raymond Evans (Sydney: Harcourt Brace Jovanovich, 1992), 103–143.

⁹⁹ One exception was Sister Kitty Power, an Irish-born member of Q.A.I.M.N.S. who joined the A.A.N.S. on August 11, 1915. See: Ruth Rae, *Veiled lives*, 221–225.

¹⁰⁰ *Ibid.*, 223.

¹⁰¹ May Tilton, *The Grey Battalion* (Sydney: Angus and Robertson Limited, 1933), 79.

incident paint them almost as moral guardians to Australian soldiers, protecting them from the advances of women of other nations, but also covertly reveals them as the sexual competitors of other women. Nurse Vera Norton vehemently expresses her unwillingness to nurse a wounded German prisoner of war in her hospital in India:

I have a boy in my ward who was a prisoner in Germany for ten months; and the other day he was telling me of some shocking things he had to undergo. I felt like going over and poisoning the old squarehead we had got here.¹⁰²

Narelle Hobbes's letter is the first example in a long list of illustrations that reveals that for Australian nurses, this war provided a premise for the "ontological discourse central to the relations between Self and the Other".¹⁰³ Nurse Gertrude Moberly records herself and her fellow Australian nurses being "rather fed-up" with nursing Turkish prisoners at Cumballa War Hospital, who, she thought, liked "plenty of attention".¹⁰⁴ At the Victoria War Hospital in Bombay, Australian nurses decided only to attend to the dressings and the diets of the PoWs, and refused to do any other nursing for them, leaving that to the orderlies. This reaching out for only their own kind of people for medical care contests with the inherent principle of (wartime) nursing and the terms of the Geneva Convention: to provide care, relief, and service to wounded people, irrespective of nation and race.

The 2nd Division of the British Indian Army was posted in Rawalpindi to curb unrest in the North West Frontier Province. This area was especially volatile during the First World War, and the Third Afghan War broke out in 1919. When fighting broke out in 1917, some Australian nurses were sent to the British General Hospital at Rawalpindi near the Baluchistan border. Matron Gertrude Davis (who eventually became the Principal Matron of the A.A.N.S. in India),

¹⁰² Sister Vera Norton, 'A Gippsland Hospital Nurse' in *Gippsland Farmers Journal*, 4 May 1917, 4. Quoted in Harris, "New Horizons," 118.

¹⁰³ Inderpal Grewal, *Home and Harem: Nation, Gender, Empire and the Cultures of Travel* (Durham, NC: Duke University Press, 1996), 4.

¹⁰⁴ Hogan, *Experiences of a "Dinki Di"*, 51.

described the place as, “Here, where no woman has ever been sent before—the last place God ever made—six of the A.A.N.S. worked in the most appalling heat one could imagine.”¹⁰⁵ Her comment almost has Biblical overtones, and the phrase “where no woman has ever been sent before” draws on the work of the civilising missionaries of the nineteenth century, and is similar in tone to the principles underpinning the work and vision of the C.N.A. Addressing the annual meeting of the C.N.A. in 1899, Sir George Goldie of the Royal Niger Company noted that the work of European nurses in West Africa was the “white woman’s burden”.¹⁰⁶ Mary Chamberlain, the wife of the Colonial Secretary and the founding member of the C.N.A. further wrote that “Any movement which has for its object the prevention or cure of disease is therefore a matter of Imperial as well as of private concern.”¹⁰⁷ Thus nursing work in the colonies was the foremost civilising mission carried out by the Imperial power, and Davis’s comment portrays these nurses as pioneers of civilisation introducing moral health reform in the ends of the earth.

At the British General Hospital, the nurses nursed numerous cases of heat stroke, malaria, and small pox. It is important to remember that the 2nd Division comprised only British units, which meant that these nurses nursed only white soldiers. Rereading Davis’s comment against the background of this information, and the context of the C.N.A. annual meeting of 1899 provides further clarity on the civilising mission of white nurses. Goldie had further clarified:

The conclusion I wish to press upon you is that, lives such as these so precious to the Empire, the lives of those who are the successors of those who gained the Empire for us, such lives ought not to be wasted. We owe it to them and to ourselves to do all in our power to preserve them, and to see, so far at all events may be possible, when they are struck down as unfortunately they often are in the

¹⁰⁵ Matron Davis’s Papers, Australian War Memorial Archives Archives, Canberra.

¹⁰⁶ *Times*, 26 July 1899, p. 12. Quoted in Birkett, “The ‘White Woman’s Burden,’” 179.

¹⁰⁷ *Ibid.*

course of their duty, by sickness, that at least they shall not want the tending of skilful and kindly hands and that sympathy, and womanly attention, which will be found to be the best anodyne for their pain and perhaps the most effective cure for their disease.¹⁰⁸

Goldie's address is especially significant in this context because it is a sentimental way of controlling miscegenation, by allowing only "white women" to exclusively look after "white men".¹⁰⁹ That nurses from Australia, a dominion of Britain, practised this, not only reveals the slippery nature of the demarcations between "coloniser" and "colonised", but also establishes, as I will demonstrate in the following section, "whiteness" as the inherent deciding factor in the administering of their care. While for these Australian nurses whiteness did serve as a bridge between the Old and the New Worlds, their self-fashioning of whiteness as settler colonials also added distinctiveness to their identity as Australians. Matron Davis's one line of comment on Australian nursing in the North West Frontier during the First World War is extremely important because it is loaded with historical signification, revealing that she was after all a woman from a nation that around this time avidly practised the "White Australia" policy, and was a descendant of settler colonials.¹¹⁰ In *The Wretched of the Earth* Fanon writes:

¹⁰⁸ Minutes of CNA Annual Meeting 1899, quoted in *Ibid.*

¹⁰⁹ See George Hardy's 1926 comment in Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial order of Things* (Durham, NC: Duke University Press, 1995), 129.

¹¹⁰ During Australia's first federal election in March 1901, the *Sydney Morning Herald* published an editorial stating, "The experience of all countries shows the danger of unrestricted coloured immigration", further commenting that "if we are to have "a white Australia", the Federal Parliament must devote its attention to the matter at an early stage". The perpetrators of this dangerous unrestricted immigration were considered to be Chinese, "Hindoos", and "men of other Eastern races". On passing one of the first pieces of legislation of the new Federal Government, the Immigration Restriction Act 1901, the first Prime Minister Edmund Barton insisted that "The doctrine of the equality of man was never intended to apply to the equality of the Englishman and the Chinaman.", and his successor John C. Watson specifically excluded "any person who is an aboriginal native of Asia, Africa, or of the islands thereof". For research on White Australia Policy, see: David C. Atkinson, "The White Australia Policy, the British Empire, and the World," *Britain and the World* 8, no. 2 (2015) 204–224; Andrew Markus, *Fear and Hatred: Purifying Australia and California, 1850–1901* (Sydney: Hale & Iremonger, 1979); Jane Carey

The settler makes history; his life is an epoch, an Odyssey. He is the absolute beginning: ‘This land was created by us.’ [. . .] Over against him torpid creatures, wasted by fevers, obsessed by ancestral customs, form an almost inorganic background for the innovating dynamism of colonial mercantilism. The settler makes history and is conscious of making it. And because he constantly refers to the history of his mother country he clearly indicates that he himself is the extension of that mother country. Thus the history which he writes is not the history of the country which he plunders but the history of his own nation in regard to all that she skims off, all that she violates and starves.¹¹¹

Matron Davis’s emphasis on whiteness here is important because when she insists that no other women had lived there before, she actually means no other white women. These women were the harbingers of moral health and civilisation, and in doing that they appeared to be making history.

Evelyn Davies arrived in the Station Hospital at Peshawar in August 1916, and like Mary Brown, fiercely criticised the Indian medical staff working in the hospital. She had arrived from the Gerrard Freeman Thomas Hospital in Bombay where she and eleven other Australian nurses had worked with “some of the sisters in charge of the ward [who] were Eurasian” which she found “a bit off”, but thankfully “they were mostly nice women”. Unfortunately, her encounters with “Eurasians” did not come to an end with her time in Bombay, and while in Peshawar she reported one particular incident in her letter home to her mother:

Last night I was on duty and had a most dreadful time. We are dependent on Eurasian doctors. I had an officer who was very sick. The assistant surgeon was worse than useless. Of all the broken reeds [. . .] I was nearly demented. First of all

and Claire McLisky (ed), *Creating White Australia* (Sydney: Sydney University Press, 2009); Sean Brawley, *The White Peril: Foreign Relations and Asian Immigration to Australasia and North America, 1919–1978* (Sydney: UNSW Press, 1995); Keir Reeves and Benjamin Mountford, “Sojourning and Settling: Locating Chinese Australian History,” *Australian Historical Studies*, 42, no. 1 (2011): 111–25.

¹¹¹ Frantz Fanon, *The Wretched of the Earth* (New York, NY: Grove Weidenfeld, 1991), 50.

he wouldn't get up at night. When I insisted on it, he crawled out in three quarters of an hour, and then I had to tell him what to do. I nearly wept, we are not allowed [to] give Hypodermic injections as some old fossilized sister gave a wrong one once. The man had no pulse. I insisted on him having an injection and the fool gave only one sixtieth strychnine [*siz*], a child's dose. I told him what I thought of him. It's a mistake to mix black and white [. . .] the children have no stability whatsoever.¹¹²

Strychnine in doses higher than 16 milligram per kilogram weight is fatal for humans. Perhaps the doctor was being careful with his patient—there is no record of whether the officer-patient survived after the administration of the injection, or whether the small dose was ineffective. Nevertheless, Davies casually blames his race for the difference between the work ethic of the Indian medical officer and the Australian systems, which she thinks “excel anything I have yet come across, and we are thoroughly trained”.¹¹³ She finds it disturbing that the “Eurasian” man belongs neither to the “blacks” nor the “whites”, and attributes his apparent incompetence to that sense of racial non-belonging. Her labelling of him as “Eurasian” and her belief that it's a mistake to “mix” is explicitly eugenicist. Edward Said wrote that Orientalism promoted the “difference between the familiar (Europe, the West, ‘us’) and the strange (the Orient, the East, ‘them’)”, which created and “served the two worlds thus conceived. Orientals lived in their world, ‘we’ in ours.”¹¹⁴ The medical officer did not fit into this neatly demarcated binary between “us” the whites, and “them” the blacks, and according to Davies that consequently made him too unstable to perform his job. The term “Eurasian” encompasses “historically embodied racial and spatial connotations”, and according to Julie Matthews, “Eurasian” demarcates “a hybrid state which includes the transposition of ‘Asian’ signs and symbols into predominantly Anglo-European settings; and the transposition of ‘Anglo-European’ signs and symbols into ‘Asian’

¹¹² Davies, letter 12, November 1916, Australian War Memorial Archives, Canberra.

¹¹³ Ibid.

¹¹⁴ Edward Said, *Orientalism* 43–44.

settings.”¹¹⁵ Essentially this “mix” of “black and white” signifies a subversion, which Ann Stoler articulates as “a threat to white prestige, an embodiment of European degeneration and moral decay”.¹¹⁶ What Davies terms as a question of “stability” is in fact the threat to colonial structures: racial unbelongingness by mixing would threaten all the visible signs of European identity, jeopardising the criteria under which “[European] citizenship could be accorded, and [European] nationality assigned.”¹¹⁷ Davies’s comment on the racial origin of the medical officer also demonstrates what Reina Lewis notes as our experience of ourselves as “female/ male but also and already as black/white”.¹¹⁸ While treating one of their “own boys” in one of their own hospitals, the whiteness of the Australian nurses would have been normative. Their awareness of it was triggered by the experience of working in a racially heterogeneous hospital, their whiteness serving as the control when put in comparison with not only non-white people, but also a “mix [of] black and white”: “the gender specificities that accrued to women qua women were always built on their differences as *white* women.”¹¹⁹ Ultimately the inter-penetration of discrimination in Davies’s complaint is interesting. While pointing out that she was being discriminated against as a white, qualified woman by a man of mixed-race, she reveals that it was through the mistake of a white woman, which had put the ban against white nurses.

While Davies complained that Indian medical bureaucracy did not allow the Australian nurses to administer to the sick and the wounded, another Australian nurse, Sr. Moreton, complained of having to “do everything ourselves” as “We do not have any orderlies, only dark

¹¹⁵ Julie Matthews, “Eurasian Persuasions: Mixed Race, Performativity and Cosmopolitanism,” *Journal of Intercultural Studies* 28, no. 1 (2007): 45.

¹¹⁶ Ann Laura Stoler, ‘Sexual Affronts and Racial Frontiers: European Identities and the Cultural Politics of Exclusion in Colonial Southeast Asia’ in *Tensions of Empire: Colonial Cultures in a Bourgeois World*, ed. Frederick Cooper and Ann Laura Stoler (Berkeley and Los Angeles, California: University of California Press, 1997), 199.

¹¹⁷ Ibid.

¹¹⁸ Reina Lewis, *Gendering Orientalism: Race, Femininity and Representation* (London: Routledge, 1996), 15.

¹¹⁹ Ibid.

boys and they do not understand us”.¹²⁰ Moreton’s comment implies that the skin colour of the “boys” is a marker for their professional competence, and that automatically disqualifies them from being orderlies, and from their working in the hospital wards alongside the nurses. Her comment explicitly states the difference between “our boys” and the “dark boys”. Sister Jessie Tomlins wrote to her mother that,

the niggers have taken possession of the ward, about 20 or more of them, so Sister and I are sitting out on the balcony [. . .] It is perfectly hopeless to do any work — even if we wanted to — while the scrubbing performance goes on, so have left them to it. We can hear buckets and basins going galore. They are a rough and ready lot of workers but it is useless to try and reform them. Besides whats [*sic*] the use?¹²¹

In this explicit passage Sister Tomlins juxtaposes numerous racist stereotypes. It is unclear if the men referred to here were recuperating soldiers eager—like in the other hospitals of the Great War, recorded by Vera Brittain and Irene Rathbone—to help with the chores of the nurses, or hospital orderlies whose job was to work alongside nurses. Tomlins dismissively announces that the wards have been taken “possession of” by these men, and it is their presence which makes it impossible to do any further work. Like the missionaries before her, she feels it necessary to “reform” these men, however, also admitting that attempting reformation would be useless. She does not state a reason. These quotations from Lord Cromer’s *Modern Egypt* list the characteristics that the Westerner believed were intrinsic to the Oriental: “Sir Alfred Lyall once said to me: ‘Accuracy is abhorrent to the Oriental mind. Every Anglo-Indian should always remember that maxim.’ Want of accuracy, which easily degenerates into untruthfulness, is in fact the main

¹²⁰ M. Barker, *Nightingales in the Mud*, 72.

¹²¹ Letter, Jessie Tomlins to Margareta Tomlins (mother), 5 January 1918, in *Correspondence of Fred, Jessie and William Tomlins 1914–1919* (unpublished), edited by Ruth Rae and Joan Wheeler. Quoted in Ruth Rae, *Scarlet Poppies*, 183.

characteristic of the Oriental mind.”¹²² Important that Cromer’s friend included that racially ambiguous group “Anglo-Indian”, falling under the category “Eurasian”, to remind Cromer that accuracy is hateful to them. This ideology, hence, would also fit in with Nurse Davies’s belief in the instability of “Eurasian” M.O.s. Tomlins’s belief that black men’s physical labour is merely performative neatly dovetails into Cromer’s and Lyall’s idea. Another A.A.N.S. member, Nurse Gladys Walter noted that “[o]ne was surrounded by a confusion of strange tongues, weired [*sic*] customs and diverse stinks”.¹²³ She clearly distinguishes the difference between “us”—comprising familiar language, familiar customs, and familiar smell—and the language, customs, and smells of the Other. Yet her differentiation is striking because it refers to the sensory (especially the affect of disgust) to illustrate the boundaries. Another nurse wrote that her Indian patients “seemed so much alike that we could not tell one from the other so could only go by the number of their beds.”¹²⁴ This implies that, although there exist specific ontological, epistemological, and cultural differences between the Other and “us”, the white Australians, there exist no differences among the Others themselves. Irrespective of their racial origin, religious, and cultural background, the Other, distinct from “us” as being not white, are a homogenous group of similar (“weired” [*sic*] tongues, customs, and “stinks”). These women’s categorisation of the Other as the homogenous Oriental, despite the obvious plurality in their identities (Indian, Turkish, “Eurasian”) indicate the simplicity in the binary between “us” and “them” that the dominant imperialist culture perpetuates.

These instances reveal the selective amnesia of Australian nurses: despite originating from a colonised dominion of Britain themselves, they support the “hegemonic discourse of empire” in another British colony, and practise imperialism and racism.¹²⁵ Nevertheless such a deconstruction of their imperialism is too simplistic, and needs further unravelling. The attitudes

¹²² Said, *Orientalism*, 38.

¹²³ Letter by Sister G. Walter, Australian War Memorial Archives.

¹²⁴ Australian War Memorial Archives 27 373/61, ‘Isolation—Port Said’, no author.

¹²⁵ Billie Melman, *Women’s Orients: English Women in the Middle East, 1718–1918* (Basingstoke: Macmillan, 1992), xxiii.

of Australian nurses towards their non-white soldier-patients and colleagues were perpetuated via (to quote Catherine Hall in a different context) “an emphasis on cultural distinctions between peoples and insistence on the immutable character of racial difference.”¹²⁶ However, the premise of the perpetuation of these differences existed because of power play in the context of imperial domination—the power that is exercised by a strong body over a weak body, effectively drawing from the Gramscian concept of “hegemony”.¹²⁷ Yet, the perpetrators here are *Australian* women.

So far, my criticism of their imperialist and racist ideologies has hinged on theories which essentially serve to critique the imperialist policies of Europe. Using the same theories in such a transnational context is problematic especially because, as I have stated, Australia was itself a dominion of Britain. It is here that Homi Bhabha’s theory of mimicry serves to function as a bridge between European imperialist policies and Australian women’s imperialist, racist, and eugenicist ideologies during the First World War. In his essay ‘Of Mimicry and Man: The Ambivalence of Colonial Discourse’, Bhabha writes that mimicry is “a complex strategy of reform, regulation and discipline, which ‘appropriates’ the Other as it visualizes power.”¹²⁸ For Bhabha, it is the colonial subject who aspires to be the Other, the reformed and disciplined subject by mimicry. In the case of the Australian nurses, they mimic the imperialist ideology of the hegemonic British. This mimicry exposes an inherent difference in the two bodies, an “ambivalence”: in Bhabha’s writing mimicry reveals the slippage between the colonised body and the ruling class, in the case of the Australians it lays bare an innate difference, “almost the same but not quite.”¹²⁹ Thus even as these women practise the dominant hegemonic discourses of

¹²⁶ Catherine Hall, *Cultures of Empire: A Reader* (Manchester: Manchester University Press, 2000), 19.

¹²⁷ See: Himani Bannerji, “Politics and the Writing of History,” in *Nation, Empire, Colony: Historicizing Gender and Race*, ed. Ruth Roach Pierson and Nupur Chaudhuri with the assistance of Beth McAulay, (Bloomington, IN: Indiana University Press, 1998), 287–302; Antonio Gramsci, *Selections from the Prison Notebooks*, translated and edited by Quintin Hoare and Geoffrey Nowell Smith (New York: International Publishers, 1971); Said, *Orientalism*.

¹²⁸ Homi Bhabha, “Of Mimicry and Man: The Ambivalence of Colonial Discourse” in *Tensions of Empire*, ed. Cooper and Stoler, 153.

¹²⁹ *Ibid.*

imperialism by mimicking British racial ideologies, they are already Othering themselves (“almost the same”).

Mimicry of the colonial subject “poses an immanent threat to both ‘normalized’ knowledges and disciplinary powers”, because mimicry does not “re-present[s]”, it only “repeats”, posing a threat to colonial superiority and status.¹³⁰ What makes the racism practised by the Australian nurses stand out so starkly is their desperate “camouflage” to fit in with the dominant imperialist discourse despite emerging from a dominion nation. Of mimicry and camouflage, Lacan writes, “It is not a question of harmonizing with the background, but against a mottled background, of becoming mottled.”¹³¹ Contextualising the rivalry between Australian and British nurses that I discuss earlier helps us understand this mottled presence of Australians in British hospitals in British colonies. The imaginary social inferiority that these women suffered from made them more active proponents of mimicking hegemonic imperialist discourses.

Alongside colonial mimicry, I also want to draw attention to the dual identity of both coloniser and colonised in settler colonial societies such as Australia. Marilyn Lake’s project on the forging of Australian national identity against these contradictory qualifiers is an important reference point. Australian women’s insistence to define themselves as outside of the local “primitivism” of indigenous people, as well as their construction of themselves as different from the “old world oppressions of Britain” forms the crux of Australian national identity in early twentieth century. The status anxiety I elucidate earlier springs from being subjected to “the humiliations of being treated by the British as ‘colonials’”.¹³² Lake argues that it is in response to this humiliation that Australians asserted their identity as white, thus distinguishing themselves “from other (coloured) colonised peoples [. . .] Australian settlers attached special significance to

¹³⁰ Ibid., 153, 155.

¹³¹ Jacques Lacan, “The Line and the Light” in *The Four Fundamental Concepts in Psychoanalysis*, translated by Alan Sheridan (New York: Norton, 1978), 91–104.

¹³² Marilyn Lake, “Colonised and colonising: The White Australian feminist subject,” *Women’s History Review* 2, no. 3 (1993): 379.

the status and meaning of ‘whiteness’.”¹³³ Hence they practice such vigorous racism in their treatment of Indian soldiers in India. As British colonial subjects, however, these soldiers were of the same status as these women. In order to establish their superiority, they fell back on whiteness as a mechanism that helped them assert both power and supremacy.

Critics such as Bhabha, Stoler and Tabili have warned against covert surveillance of the coloniser, whose object it is to discipline and control subversive colonials.¹³⁴ Bhabha turns the partial presence of mimicry, producing a partial vision of the colonizer, into “the look of surveillance”, which offers a “displacing gaze of the disciplined, where the observer becomes the observed and “partial” representation rearticulates the whole notion of identity and alienates it from essence.”¹³⁵ In 1918, the Australian nurses working in No. 34 Welsh Hospital, Deolali (near Bombay), were subjected to a trial presided by British officers and British medical services on grounds of “immoral behaviour”. The case had been constructed by drawing together reports of secret surveillance by British officers, and speculations on their behalf. It was quite literally the subject of Bhabha’s and Lacan’s “scopic drive”, and the aim of the trial was to discipline desire.¹³⁶ The case did not cut short the racist rejoicings of Australian women in their writings about their non-white patients, but it rendered a different colour to it. In the following section, I will examine the background to the trial and its representations by the Australians, and demonstrate how these women were ultimately pawns in a greater game of colonial power, and the essential ambivalence in the position of the Western woman: despite practising racial superiority, they are themselves considered inferior by the very power structures that they support.

The Australian nurses’ constant criticisms of the wickedness of the “Indian” Government, which seemed to have forcibly kept a few hundred highly trained Australian nurses

¹³³ Ibid.

¹³⁴ See: Bhabha, “Of Mimicry and Man,” 152–60; Stoler, *Carnal Knowledge and Imperial Power*, Tabili, “Women of a Very Low Type,” 165–90.

¹³⁵ Bhabha, ‘Of Mimicry and Man’, 156.

¹³⁶ Ibid.

in India when they could have been more useful elsewhere, coloured this controversial episode. Hannah Arendt writes that the society of the nation in the modern world is “that curiously hybrid realm where private interests assume public significance”.¹³⁷ Most of the Australian nurses posted in India intensely desired to serve in the Western Front or Mesopotamia, as they believed they would be more “useful” there, as those places experienced “active service” unlike India. How much of their desire to move elsewhere was prompted by their desire simply to escape from India and go to a Front where predominantly their own “boys” were fighting (Gallipoli, for instance) would be a sensitive question. However, a quantitative analysis of the workload in the Indian hospitals where these nurses were employed quickly dispels the myth that India was the hub of “inactivity” during the War. At the No. 34 Welsh General Hospital at Deolali, for instance, Australian nurses treated over 2,000 patients comprising British Tommies, French Algerians, Mauritius Labour Corps, and Turkish soldiers. The diseases ranged from malaria and smallpox, to plague, cholera, and “Bombay fever” (Spanish influenza). However, Nurse Alma Bennett, who, together with her staff, was entrusted with the running of the hospital only found the place a “second-class hill station”.¹³⁸ In a letter home on August 2, 1916, Narelle Hobbes informed that four of them had asked for a transfer to Mesopotamia as “[t]here is plenty there for the nurses to do and they are supposed to be putting a big hospital up the river.”¹³⁹ Despite the constant influx of severely wounded or sick patients from Mesopotamia to the Victoria War Hospital where she was posted, Hobbes considered the workload inadequate enough to merit a longer stay. Matron Gertrude Davis at the Victoria reveals an unaffected demeanour while treating Turkish PoWs, almost gloating over the medical cases itself: “[The Turkish prisoners] provided us with the best experience we have had out here. There was so much sepsis we fairly wallowed in pus. Secondary haemorrhages were numerous.”¹⁴⁰ Hence, the Matron-in-Chief of

¹³⁷ Hannah Arendt, *The Human Condition* (Chicago: University of Chicago Press, 1956), 35.

¹³⁸ Bassett, *Guns and Brooches*, 76.

¹³⁹ Barker, *Nightingales in the Mud*, 73.

¹⁴⁰ Davis letter 960, Australia War Memorial Archives.

the A.A.N.S., Miss Tracy Richardson's claim that the Australian nurses were forced to serve in India, which was "not Active Service", had little truth.¹⁴¹

In their criticisms of India and the Indian government, these nurses make a "grave" and basic mistake, as expounded by Ernest Renan in his Sorbonne lecture of March 11, 1882: "Race is confused with nation and a sovereignty analogous to that of really existing peoples is attributed to ethnographic or, rather linguistic groups."¹⁴² The "black" and "Eurasian" Indians that they were so critical of were not responsible for their presence in India. These nurses did not realise that the Indian Government was in fact only the colonial British Government in India; the orders were given out by the British Viceroy, and carried out by British officials. The nurses' understanding of nationhood in the Indian context, as it appears in their writings, is very sketchy and confused.

General Fetherston, the Major General of medical services based in Melbourne, conducted an inspection tour of the Australian Army Medical Corps in 1918 and wrote a report on the A.A.N.S. in India. Fetherston had been the nurses' point of contact for the Australian Government, and a few matrons had written to him with complaints throughout their service in India. In his report, Fetherston criticised the "Indian" Government's deduction of money from the nurses' salaries against broken equipment, and the fact that the nurses had to pay part of their own earnings for railway fares for their holiday:

It is hardly fair that Australians should be treated as if in the permanent Indian employment, for they cannot avail themselves of many allowances granted to the Indian Nursing Service, such as long leave at the end of 5 years, 60 days a year

¹⁴¹ Goodman, *Our War Nurses*, 75.

¹⁴² Ernest Renan, "What is a Nation?" (translated by Martin Thom) in *Nation and Narration*, ed. Homi Bhabha (London: Routledge, 1990), 8.

retiring allowance or pension. These alone are a great saving to Indian government when comparing cost of Australian and Indian Nursing Services.¹⁴³

However, the Australian nurses did not realise that their employment and pay in India was entirely under the jurisdiction of the Australian Government, who had agreed on those terms with the British Government, as revealed in the cables exchanged in 1916. Thus, the policies of the “Indian” Government that the Australian nurses criticised when they wrote to their government and families were the very policies that had actually been set and approved by their own government, which was covertly generating this sense of dissatisfaction amongst them. This not only reflects that these women had been pawns in the hands of the Australian and British governments, but also that despite practising imperialism, they had themselves fallen victim to it. This reveals the shift in the boundaries between the coloniser and colonised, with the Western woman being considered inferior, even while she herself portrayed a sense of superiority built on the construction of race.

It is necessary to unpack this shift in power dynamics. Ann Stoler has noted, “Racism is the central organising principle of European communities in the colonies.”¹⁴⁴ By engaging the work of the Australian nurses in India along lines of racial difference, the Australian government was complicit in the strict production and control of knowledge. Within their own borders, Australia was vigorously practising the racist principle of ‘White Australia’. By extending this production of racial knowledge to India, the Australian government successfully kept the focus away from itself despite orchestrating the running of the affairs for the Australian nurses. This does not absolve the Australian nurses for engaging in racism towards their non-white patients and colleagues in India, yet it reveals them as pawns in a larger game of colonial power. Stoler asks “In what ways were gender inequalities essential to the structure of colonial racism and

¹⁴³ Department of Defence correspondence files 527/1/122, Australian Archives.

¹⁴⁴ Stoler, *Carnal Knowledge and Imperial Power*, 13.

imperial authority?”¹⁴⁵ One particular instance regarding the treatment of the Australian nurses answers this question.

On 13 and 14 May 1918, a court of enquiry conducted by several British officers and presided by an Assistant Director of Medical Services was made at the Welsh General Hospital in Deolali. The inquiry was held to investigate six charges of alleged immoral conduct against Australian nurses working there.¹⁴⁶ The primary witnesses were Colonel Seddon, the Camp Commandant at Deolali, and Signor Martrirossi, an interpreter for the Turkish prisoners in the hospital. Together they detailed five of the six cases involving A.A.N.S. members: the first nurse, whose husband had been missing in Gallipoli had been spotted in the arms of a sergeant one evening; another nurse had been seen walking “side by side” with a Lieutenant towards Temple Hill at ten o’clock one evening; one V.A.D. had sent messages to a particular sergeant in the Garrison Theatre; and one nurse had been seen “in action” with a Turkish sweeper on the ground in an empty tent after midnight. Two of the cases did not proceed due to mistaken identities. The nurse who was accused of having sexual intercourse with a Turkish sweeper was subjected to a medical examination and was found to be *virgo intacta*. Once again the hands of men probed into the bodies of women, this time to re-establish patriarchal-imperialist power. The court ultimately dropped all charges against the nurses, put Seddon on leave and dismissed Martrirossi. The Australian Government censored the event after a request from the Viceroy of India to the Governor-General of Australia.¹⁴⁷

Matron Davis wrote to General Fetherston, informing him that the nurses “had been refused” copies of the report of the event which had been sent by the Viceroy of India to Melbourne. She reported that the treatment that the Australian nurses had been subjected to by

¹⁴⁵ Ibid., 42.

¹⁴⁶ For details on the scandal see: Bassett, *Guns and Brooches*, 78–80; Ruth Rae, “Reading Between Unwritten Lines”; Ruth Rae, *Scarlet Poppies*, 190–196.

¹⁴⁷ Bassett, *Guns and Brooches*, 79.

the authorities was “scandalous”. Fetherston wrote a detailed report, in which he accused the court of not providing any help to the nurses.

In fact everyone seems to have taken the whole matter as settled and proved without trial. Insinuations at the inquiry were made and not allowed to be contradicted at the court. Hearsay evidence was admitted. No one was allowed to be with the nurses in court, and Sister [. . .] had to sit alone for hours in the presence of several officers and hear the vile charges made against her without anyone as a companion. [. . .] In justice to the Australian nurses, I consider that further action should be taken to ensure their protection or else they should be withdrawn from India [. . .] Not one word of sympathy was spoken to any of the nurses and not a word written by those in authority.¹⁴⁸

A combination of reasons and misunderstandings had led to the event. General Fetherston, who had himself been instrumental in introducing badges of rank for A.A.N.S. members to prevent them from socialising with non-commissioned officers, analysed one reason as:

Speaking to a Non-commissioned Officer which, in the eyes of many Imperial officers, is an unpardonable sin, and not being able to prove anything against these two nurses the Camp Commandant started a foreign spy [Signor Martrirossi] to work, who to show his zeal and acumen trumped up some cases and told lies.¹⁴⁹

Two nurses had been spotted as having visited an “immoral house” for afternoon tea, run by the widow of a non-commissioned officer. They had spoken to a non-commissioned officer there, but were ultimately not charged. Looking back at their encounters with Turkish prisoners, Matron Davis wrote,

¹⁴⁸ Memorandum for Surgeon General Fetherston, DGAAMS, National Archives of Australia, “*False accusations against Australian nurses serving in India*” series MP 367/1, item no. 527 27 516, 26 May 1918.

¹⁴⁹ Memorandum Davis to Fetherston, 20 August 1918, National Archives of Australia.

The T.O.s [Turkish officers] were amused at our badges of rank and the conclusion they came to was:- That I was the wife of a captain; the sisters wives of 1st Lieuts. and the s/nurses wives of 2nd Lieuts. We did not bother to disillusion them.¹⁵⁰

The fact that the nurses did not attempt to speak Hindi or Turkish with the workers and prisoners in the hospital contributed a lot to the (essentially cultural) misunderstanding: “Many were the mistakes made at first and as none of these servants could speak English and the sisters did not know Hindustani so all communication had to be made by sign and gesture.”¹⁵¹ The effectiveness of signs in this context is highly doubtful, as envisaged by the events that followed. Stuart Hall reminds us that “[i]t is through culture and language that the production and circulation of meaning take place.”¹⁵² The Australian nurses were constructing race and culture through “sign and gesture”, and not through language.

The circumstances of the court of enquiry unleashed the racist wrath of Australian nurses. One of the nurses described Martrirossi as,

supposedly an Italian, but more likely a mixture of foreigner and native. This creature was always regarded by us as objectionable, though he was ranked as an Officer and messed with them. He made many unsuccessful attempts to become friendly with Sisters whose duties brought them into contact with him.¹⁵³

For Matron Davis, one of the ‘Turks’ who had testified against them was, “a Turk, a Mohammedan, who doesn’t know the word morals let alone practice [*sî*] or live a moral life.”¹⁵⁴

Ultimately since British Officers were implicitly connected with the inquiry, the Australian nurses

¹⁵⁰ Matron Davis’s Papers, Australian War Memorial Archives.

¹⁵¹ Ibid.

¹⁵² Stuart Hall, *Representation: Cultural Representations and Signifying Practices* (London: SAGE, in association with the Open University, 1997).

¹⁵³ Department of Defence correspondence files, 527/ 276/ 531, Australian Archives.

¹⁵⁴ Letter from Miss Davis to Miss E. Tracy Richardson, 26 May 1918. Department of Defence correspondence files, 527/ 276/ 531, Australian Archives.

were forced to reconsider their attitudes towards them: “How decent Britishers could resort to such low methods is beyond us.”¹⁵⁵

This incident reveals the management and control of white women’s sexual activities in the colonies, as a perpetuation of colonial control. These nurses had been conditioned to behave as moral guardians on their postings abroad, as laid down by the tenets of the C.N.A., and demonstrated by the actions of several Australian nurses in different Fronts. A nurse called Miss Wilson wrote:

Men came to the Sisters for safety among pressing temptations. In many instances they were kept from women they wished to avoid by spending time in the Sisters mess and by the Sisters going to dinner or to entertainments with them. I think there was a big field of influence exercised here — that cannot very well be put into print.¹⁵⁶

As long as the influence was asexual, the nurses were safe. As we have seen in the case of Enid Bagnold, sexual attraction between the nurse and her patient was a taboo, but attraction for a patient belonging to a different race carried with it fears of degeneracy and miscegenation. The allegations against the nurses in Deolali were especially scandalous because they did not fit in with the accepted discourse of innocent white women falling victim to the “primitive” sexual urges of the Other; in this case, the Other—Turkish men—were testifying against the alleged promiscuity of white women. This situation was also complicated because, as Stoler writes, “rape charges against colonized men were often based on perceived transgressions of social space”.¹⁵⁷ However, a wartime hospital in a colony contested the idea of “social space”, as here white women worked with men of colour, treating white patients as well as non-white patients. Besides, since “native” men had offered evidence against the morality of white women, male colonial

¹⁵⁵ Department of Defence correspondence files, 527/ 276/ 531, Australian Archives.

¹⁵⁶ Grace Wilson, “Problems of the Nursing Service,” Butler Papers, 5/46, Australian War Memorial Archives, 41.

¹⁵⁷ Stoler, *Carnal Knowledge and Imperial Power*, 59.

authorities were denied the excuse of flexing their power over the native population. Nevertheless, one thing that remained unchanged even in this instance was the blame accorded to white women for promiscuity. The A.A.N.S. had a long culture of covertly punishing its nurses for transgression of accepted moral codes, with transgressive members being made ‘C.B.’ or ‘Confined to Barracks’—the names of the nurses would not be recorded, but they would be “made an example of for the benefit of others.”¹⁵⁸ Some nurses would be sent home and given work only in Australia. Hence, when ultimately found innocent in Deolali, the A.A.N.S. members fiercely urged for a public apology from British and Australian authorities.

The unpleasant experience in Deolali however, achieved one of the primary motives of the colonial power. As evidenced by the nurses’ negative comments about the Turks, this incident only further “demarcated positions of power” and “prescribed the personal and public boundaries of race.”¹⁵⁹ The paymaster representing the A.I.F. in India and Mesopotamia, and a champion of the Australian nurses in India, Captain F. H. Wickham, noted the following in his scathing report at the end of the Deolali scandal:

The nurses have been lent to the Indian Government and naturally the Indian Government may locate them where they wish, but it is hardly fair to the girls who have enlisted in the service of their country, thereby making great sacrifices, that they should be further sacrificed merely for the financial gain of the Indian government.

[. . .]

¹⁵⁸ Bassett, *Guns and Brooches*, 81.

¹⁵⁹ Stoler, *Carnal Knowledge and Imperial Power*, 42.

In the history of India it is only during this war that Indian troops have been nursed by white women. Formerly the work was carried out by native orderlies.

General Fetherston might consider the advisability of probing into this point.¹⁶⁰

The narratives of race and nationhood gleaned from the writings of Australian nurses in India complicate discourses of Orientalism. Their knowledge of the Orient which was considerably influenced and nurtured by the 'White Australia' policy was also problematized by the heterogeneous space of wartime India, where they encountered multiple races. As Wickham's report states, they believed in racial segregation even when it came to administering medical care during war. That they perpetuated their lines of difference through their nursing work makes this encounter both controversial and poignant.

Any study of First World War nursing work is incomplete without reference to the nursing of the numerous colonised soldiers who were fighting in the various theatres of war along with their white colonial masters. However, as I show in this chapter, a straightforward study of nursing narratives recording treatment of colonised soldiers is not always possible. The beginning of this chapter shifts the focus from the nurses themselves to the men in power who orchestrated an erasure of female nursing care for colonial soldiers. Hence I have devoted the first section to critically read that silence. At points where contact did happen, such as ambulance trains, hospital ships, and hospitals in other Fronts, the narratives reveal a gamut of issues. When writing about the treatment of colonised soldiers, we work along intersections of race, imperialism and gender, alongside the usual concerns around the mutilated masculine body in combat. In certain instances, as I have shown here, there is also the added complexity of writing about the non-white male body of the enemy. While witnessing the wounded body of the colonised soldier, the medical gaze of the nurses change into a female imperial gaze, recording

¹⁶⁰ MS 610, 52/5, F. H. Wickham, "Report on A.A.N.S. and AAMC in India," Australian War Memorial Archives.

not only difference in physical appearance, but also difference in the articulation of pain. For nurses who travelled to the colonies, their perception of the non-white soldier-patient became entangled with their perceptions of the country. In the memoirs of these nurses, the British colony becomes a character, an Other, as they travel and write their perceptions of the country and its people, in a way that is completely absent from the memoirs of Anglophone nurses posted in France. Ultimately this chapter navigates through the representation of the wounded body of the colonised soldier in the private writings of nurses to unravel a complex interplay of whiteness, female imperial gaze, desire and othering. As I have stated earlier, this chapter progresses naturally from examining the representations of the mutilated body of the white soldier, to turning the focus on the representation of the non-white soldier's body. The decision to position this chapter as the final chapter in this thesis stems partly from that natural progression of argument, and partly from the political decision to uncover the silence around and erasure of this topic and project it as a piece of original, critical work before the end of the thesis.

Conclusion

This thesis has examined the life-writings of women who worked as nurses in hospitals or Casualty Clearing Stations or drove ambulances in various theatres of war or in Britain. In analysing their reasons to volunteer for war, it has reassessed most of the assumptions on patriotism, femininity, and pacifism to unravel a complex set of factors hinged on feminism and inferiority complex. As I suggested in the Introduction, while reading the representations of bodies in this thesis, the chapter divisions read like margins. I have read the representation of these women's own bodies in their life-writings, analysed their desires, uncovered instances of illnesses, and sought to understand their traumas. I have used medical humanities and theories of affect to understand how these women represent their sick bodies and witness pain in their writings, and have extensively used theories of the grotesque to analyse their representations of the mutilated soldier's body. While reading their representations of race, I reflected on the figure of the female orientalist in colonial spaces, showing how the focus of these women shifts from being maternal nurses to that of the imperial-ethnographer. By using such a diverse approach to read the physical effects of First World War combat and nursing care, this thesis offers a new and innovative perspective on First World War nurses' writings.

Although in this thesis I read these women's writings in isolation, each nurse's diary as a product of their solitary witnessing, there were several partnerships among trained nurses and V.A.D.s as well as between the V.A.D.s themselves. Of course, war nursing itself could never have been solitary work: Nurse Druisilla Bowcott held a "stump" while the Sister dressed the wound, V.A.D.s cleaned the instruments for the Sisters and doctors to use, often two pairs of hands probed into a wounded body to administer medicine, judge the rate of healing, or even to hold down a body shaking with pain for the effective administration of a syringe. However, the partnerships I imply here are textual and concerned with writerly influence and shared memory:

Mary Borden was the *directrice* of the *Hôpital Chirurgical Mobile* No. 1 near Rousbrugge in Flanders, where Ellen La Motte worked. Both nurses published books based on their experiences: while La Motte's harrowing *The Backwash of War* was published in the height of action in 1916, Borden's *The Forbidden Zone* appeared in 1929. The intervening thirteen years would have given Borden sufficient time to reflect on La Motte's presentation of cases in their hospital and to have her memory shaped by it. When the two texts are read simultaneously, one begins to notice some mirroring in the "fragments" (as Borden calls her short texts). For instance, Borden's 'Rosa' and La Motte's 'Heroes' are both about the same French soldier who was brought into their hospital after his failed attempt at suicide. La Motte wrote 'Heroes' while on leave in Paris in 1915, and her anger at the futility of war was palpable through her pages:

The journey was made in double-quick time, over rough Belgian roads. To save his life he must reach the hospital without delay, and if he was bounced to death jolting along at breakneck speed, it did not matter. That was understood. He was a deserter, and discipline must be maintained. Since he had failed in the job, his life must be saved, he must be nursed back to health, until he was well enough to be stood up against a wall and shot. This is War. Things like this also happen in peace time, but not so obviously.¹

La Motte ends her fragment with a reflection on the mechanism of war. Staring at the sleeping bodies of wounded soldiers, she decides that the demand of war and of governmental power was on the "collective physical strength"; while "individual nobility" was superfluous, "physical endurance" was all that mattered.² Writing a few years later, Borden was more composed than La Motte, but she too gave vent to her emotions on hearing about the fate of the suicidal soldier:

"He'll be court-martialled and shot, Madame, for attempted suicide."

¹ Ellen La Motte, *The Backwash of War: The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse* (New York: G. P. Putnam's and Sons), 3–4.

² *Ibid.*, 12–13.

They were strapping his iron arms and legs to the narrow table. Someone lifted his heavy head. Someone pulled his great bulk into position and bound him to the table with strong leather hands.

“Don’t do it!” I shouted suddenly. “Leave him alone.” I was appalled by his immense helplessness.

They went on with their business of getting him ready. They didn’t hear me. Perhaps I had not shouted aloud.

“You don’t understand,” I cried. “You’ve made a mistake. It wasn’t fear. It was something else. He had a reason, a secret. It’s locked there in his chest. Leave him alone with it. You can’t bring him back now to be shot again.”³

While La Motte’s observation on court-martial was embittered and ironic, Borden’s (retrospectively written) response was emotional. La Motte does not inform her readers of the fate of the suicidal soldier, she ends her fragment with a reflection on the nature of patriotism. Borden, perhaps because she published almost a decade after the end of the War, informs us that he had died in the hospital. In a fleeting scene, Borden and La Motte meet each other in the text:

I spoke to the nurse who was going on duty for the night.

“When Rosa pulls off his bandage tonight, leave it off,” I said abruptly.

She looked at me a minute hesitating. She was highly trained. Her traditions, her professional conscience, her honour of her calling loomed for a moment before her, then her eyes lighted.

“All right,” she said.⁴

³ Mary Borden, *The Forbidden Zone*, (London: Hesperus, 2008), 66.

⁴ *Ibid*, 69.

This passage is extraordinary not only because of the intertextuality, and the encounter of the two protagonists, the unnamed actors of the hospital, meeting each other. It is also astonishing because Borden hints at an attempt at assisted dying procedures that she and La Motte may have undertaken in this case, to help the soldier evade his death sentence. We do not know if the soldier's death two days later was a result of the two nurses deciding not to reapply bandages that he had removed from his head wound.

Elsie Knocker and Marie Chisholm were the famous collaborative pair of nurses in the Western Front, the most photographed women during the First World War. Each of them kept war diaries which were not published, and Knocker published a memoir in 1964 with a substantial section devoted to the First World War. Therefore their textual collaborations are artistically different from that of Borden and La Motte. As I have pointed out in the Introduction and Chapter Two, Chisholm appears sporadically in Knocker's memoir. However, in their war diaries, they feature prominently in each other's pages. Future work could extend in the direction of reading such textual collaborations of nurses' work, including instances of intertextuality. In their life-writings, these women wrote about the common spaces they inhabited and worked in. It would be interesting to identify these overlapping spaces and mutual bodies in their textual geographies. Borden and La Motte and Knocker and Chisholm were not the only collaborative pair of nurses, and it would be useful to look for similar partnerships in archives.

Although in this thesis I look for instances of physical illness and mental breakdown among nurses, detailed future research could be conducted on the kinds of illness the nurses were most susceptible to, and how and where they received treatment. Brittain was sent to a civilian hospital when she contracted German measles; Rathbone's fictional character Joan Seddon ended up in Bart's with septic poisoning. Florence Farmborough, who worked on the Eastern Front with the Russian Red Cross, was sent to the base hospital at Podgaytsy when she contracted paratyphoid. While there she writes in details about her convalescence, including being

looked after by a “lady-doctor” with “a sweet, serene face”.⁵ This record is also a footnote to women’s medical history, and it would be interesting to trace such cross-professional encounters. Farmborough was sent to a sanatorium in Crimea to recover; Brittain and other V.A.D.s who had contracted diarrhoea on a ship to Malta recuperated at Imtarfa Hospital. These were the only instances when these nurses received some rest; their texts marked by deaths and shell-shocked landscapes of the fighting Fronts are suddenly thrown into relief as they capture the beauty of their surroundings. Brittain describes Malta from her sick bed:

I dozed fitfully throughout the ride, and realised Malta only as a waking dream of brilliant white buildings against a bright blue sky. The scintillating air seemed to echo with the clang and clatter of half the bells in the world; I believed them to be imaginary noises ringing in my head until a Sister in the hospital told me that the day was a *fiesta*.⁶

The only time when Farmborough writes of the “exquisite fragrance” of roses “growing in profusion” are when she looks out of the window of her Sanatorium in the Crimea. A project on reflections of personal recovery read in comparison with their notes of observing sickness in wards would further extend our understanding of the sick nurse’s body.

In the thesis I very briefly write about nursing the lover’s body by proxy and in fantasy, as in the case of Brittain; and in the case of Enid Bagnold her patient (almost) becomes her lover. Personal letters in the archives reveal that many nurses went on to marry their patients, although that was a taboo. For instance, Doris Lessing’s mother, Emily McVeagh, nursed her father, Alfred Tayler, when he arrived badly wounded at the Royal Free Hospital in East London. He recuperated in the hospital for over a year, and they married straight after, before the end of the

⁵ Florence Farmborough, *Nurse at the Russian Front: A Diary 1914–18* (London: Book Club Associates, 1974), 240.

⁶ Vera Brittain, *Testament of Youth* (London: Penguin Books, 2005), 302.

War.⁷ Yet it is very difficult to find records of hospital romance—what remains are the afterlives: pressed flowers, small notes, a few words of affection. Pamela Butler, a character in Irene Rathbone’s semi-autobiographical novel *We That Were Young*, falls in love with her patient, the New Zealander Ian McLane. McLane is recovering from a head wound, but is fit enough to walk in the streets of London in his uniform. Their romance unfolds outside the hospital, and though Pamela is still McLane’s nurse for a few weeks longer until he gets sent to France, the references to their hospital encounter is brief:

Pamela had standards of the fitness of things, and to introduce the “engaged” element into hospital work did not accord with them. So in the mornings she was still merely his nurse (though with what different feelings!), and in the afternoon she was his sweetheart.⁸

Within those five words in parenthesis, followed by an exclamation mark, lies an entire oeuvre of emotions. There is still a great deal of work that remains to be done to explore war-time hospitals as sites of fulfilling (and unfulfilling) war romances between nurses and their patients, as well as comparing how nurse-patient relationship and intimacy was represented in fictions and life-writings published long after the end of the War.

In the Introduction I wrote about all the work that needs to be done in uncovering the encounters of nurses with soldiers-patients from Asia and Africa and understanding the dynamics of such inter-racial encounters. I address this issue to some extent in Chapter Five, but the richness of primary sources that remain untapped means that one chapter has barely begun to scratch the surface. Representations of race in the writings of these women can be a fraught topic and is definitely unexplored in contemporary scholarship. It is towards this direction that my future work will move.

⁷ Doris Lessing, *Under My Skin* (London: Flamingo, 1995), 6–7.

⁸ Irene Rathbone, *We That Were Young* (New York: the Feminist Press, 1989), 169.

It would be appropriate to end this thesis by contemplating and speculating about the afterlives of these nurses. Most of the V.A.D.s whose life-writings I read in this thesis, such as Vera Brittain, Enid Bagnold, and Irene Rathbone, become famous writers in the decade following the First World War. Elsie Knocker had an exciting post-war life: she set up a nursing station at Poplar during the 1926 General Strike and during the Second World War she worked as a radar operator for Women's Auxiliary Air Force (WAAF). In 1920 a resolution had been unanimously passed in the General Nursing Council by the Central Joint Committee (of the Red Cross and Order of Saint John of Jerusalem) stating that "V.A.D. members who served in military hospitals are not eligible for registration."⁹ It would thus be worthwhile to find out how many of these V.A.D.s enrolled in professional nursing courses after the end of the war, and to question what effect war nursing had on the post-war lives of the women who never took up professional nursing again.

In the vast and diverse field of First World War studies, this thesis contributes to the strands of women's war work and medical services. It focuses on the genre of life-writing and argues that Florence Nightingale invented the specific genre of war nurse's life-writing. By close-reading primary texts published both during and after the war, alongside theories of life-writing, this thesis uncovers myriad reasons separate from mere patriotism that motivated these nurses to volunteer for war in the first place. Once at war, it questions how these women represented bodies in ink, and moves first from the neurasthenic, sick body of the nurse, to the mutilated body of the white soldier, to finally the wounded body of the non-white soldier. It argues that nurses too suffered from war neuroses as a result of being in close proximity to or being victims of shelling. It focuses on the gaze of the nurse and demonstrates how as a witness, the nurse

⁹ Christine E. Hallett, "'Emotional Nursing': Involvement, Engagement, and Detachment in the Writings of First World War Nurses and VADs," in *First World War Nursing: New Perspectives* ed. Alison S. Fell and Christine E. Hallett (New York: Routledge, 2013), 98.

struggles with the wounded body of the (white) soldier. Ultimately it reveals how Anglophone nurses of the First World War practice racial discrimination in their administration of medical care.

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