

Introduction

Nursing work and nurses' space in the Second World War: a gendered construction

The Second World War was a new type of war; it was a global, mobile and unpredictable war. It was 'among the most destructive conflicts in human history', in which over forty-six million people perished, often in the most frightening and inhuman conditions.¹ The latter years of the inter-war period witnessed a modernisation of the military technologies that had been used in the First World War. These developments created tanks, submarines and aeroplanes that could transport guns and bombs over vast areas of land and sea far more rapidly than their predecessors could, and with increasingly devastating results. These technologies along with the impulse to use them led the 'commonplace military requirement [to kill] to new depths'.²

Improvements in land, sea and airborne transport enabled mass mobilisation of forces into hostile environments such as the deserts of the Middle East and North Africa and the jungles of South-East Asia. Battles that were waged so far from Britain needed men, and even with ever more sophisticated modes of transport it took time to post new soldiers to these far-flung war zones. It was therefore critical to success that men already present in these theatres of war were 'fighting-fit'.³ The mobility of battles of the Second World War, brought on by 'technological advances in destructive capabilities' necessitated a complete transformation of the techniques needed to manage the injuries and illnesses of war.⁴ The frequency of injuries sustained by modern weaponry and the diseases developed in alien places needed a new type of medical service – one that was present near the battle zones and could recover men's bodies quickly to return them to combat. According to medical historian Mark Harrison, the Second World War was the first war in which the Army Medical

Services were understood as critical to the success of the battles; the service was literally 'vital in nursing its men [soldiers] back to health', in order for them to return to fight.⁵

The knowledge that early treatment led to greater success rates meant that for the first time a critical mass of Queen Alexandra's Imperial Military Nursing Service (QA) nurses were posted into these war zones alongside their medical colleagues to provide increasingly complex treatments for combatants.⁶ Questions regarding the limits and boundaries of nursing practice meant that the nature of nurses' work has always been contested. Yet on active service overseas the exigencies of war created crisis environments in which these boundaries could be dissolved, enabling more collaborative, less hierarchical work patterns.⁷ In *Sisters: Extraordinary True-Life Stories from Nurses in World War Two*, Barbara Mortimer has an image of a nurse and a wounded soldier climbing the gangplank onto the transport ship the *Arundel Castle*. Underneath the image she writes, 'Recovery was hard'.⁸ *Negotiating nursing* argues that the QAs, an entirely female force during the Second World War, were critical players in the care of combatants. By renegotiating what counted as nursing work and how nursing work could be performed, nursing sisters were able to support men's physical, emotional and spiritual recovery from illness and injury for the war effort.

The Army Medical Service was not well prepared for war: there was a deficit of over 300 medical officers and in the ranks the shortfall was nearly 3,000.⁹ The situation for the QAs was even worse. Santanu Das argues that the operating theatres of the First World War were spaces where the battle between medical science and industrial weaponry was fought by both nurses and doctors, thus nurses had garnered a range of clinical skills.¹⁰ The nursing sisters of the First World War had demonstrated the value of trained, professional nurses to 'contain' the 'trauma' of ill and injured combatants.¹¹ Yet these skills were lost to military nursing soon after the war ended. The majority of nurses returned to civilian practice or left paid work altogether for what the ideology of the early twentieth century deemed a suitable domestic life, that is, marriage.

Nursing in Britain had been awarded the rights of self-regulation as a registrable profession since 1919, supposedly validating nurses' professional status. However, the caveats to their self-regulation

meant it was a 'pyrrhic victory'¹² in which nurses' ability to self-govern were limited by the government.¹³ Despite this 'victory', the newly constructed nursing profession was not infiltrated by multitudes of Voluntary Aid Detachment (VAD) nurses, as the trained nurses had feared.¹⁴ Young women had been prepared to nurse as patriotic volunteers during the war, but they had no intention of continuing. According to Janet Watson, of the 120,000 members of the VAD, only 129 used their post-war scholarships to train as a nurse.¹⁵ Thus even those non-professional nurses with war experience were lost to nursing.

The end of the First World War was an anti-climax for most women,¹⁶ who found themselves once more returned to the hearth,¹⁷ although some did make some genuine inroads into public life. The Sex Disqualification (Removal) Act, 1919, theoretically enabled them to engage in civil office. The Representation of the People Act (Equal Franchise) in 1928 enabled 'women to feel that their presence in public life was legitimate'.¹⁸ In reality, although there were some improvements for the women of Britain, most remained liminal to public life and thus ill prepared for the challenges that the next war would bring.

For the nurses of the Second World War, these challenges would be profound. On the eve of the conflict there were only 624 regular nursing officers in the QAs.¹⁹ Hospital matrons had started to recommend certain members of their qualified nursing staff to the QA reservists from about 1933,²⁰ but the regular force was closed from the declaration of hostilities,²¹ something that would have ramifications at the end of the war. The vast majority of nursing sisters who went to war between 1939 and 1945 therefore had no military experience. Few had even been abroad, let alone worked overseas, and many had lived the sheltered lives of young respectable women who moved from the parental home to the hospital Nurses' Home.

The nurses themselves embraced the shift from the physically and psychologically safe spaces of the hospital and Nurses' Home to war.²² The military medical authorities' appreciation of the sort of hardships that nurses could and should manage was more cautious.²³ Following the declaration of war on 3 September 1939, the female nurses of the British Army were amongst the first contingent of medical services' personnel to enter France. One thousand and three hundred nurses



1 Portrait of Nell Jarrett as a student nurse before the war. Here she is shown as the picture of regimented discipline in a starched uniform, closeted into the Nurses' Home.

were evacuated with the British Expeditionary Force in the summer of 1940.²⁴ Nurses were posted to Africa and the Middle East between 1940 and 1943 and then followed the Army through Italy in 1943 and 1944. Nursing sisters landed in Normandy in June 1944 only days after the Second Front opened and shadowed the troops across Europe and into Germany in 1945. Civilian and Army nurses were present in Asia even before war was declared and were amongst those captured and interned as the Imperial Japanese Army invaded Hong Kong, Singapore and the Philippines in 1941 and 1942. Some internees were not released until September 1945; many died. Finally, nurses were posted to India and Burma to care for soldiers in the South-East Asian war.²⁵ Thus, despite any anxieties regarding the places to which female nurses could and should be posted, the British Army sent them into and across all war zones.

During the Second World War, the employment of female nurses alongside men of the Royal Army Medical Corps (RAMC) in front-line units engendered if not a transformation then at least a significant revision in the understanding of the roles and work of nursing sisters. The placing of female nurses en masse so close to the front line was a considerable shift in medical policy from previous wars and created a physical space in which to practise that had hitherto eluded them. Furthermore, the acknowledgement of their importance to the war effort that had led to their inclusion in front-line duty raised their confidence. As nurses were posted to ever more hostile places, they started to expect the space to develop their clinical practice and cultivate their position as professional women alongside their male medical colleagues. Space is thus a central concept to the understanding of the position of female nurses in the Second World War. Space denotes not only the physical environment of a war zone or hospital, but also the social space of women. Even into the latter half of the twentieth century, women were understood as occupying the domestic space as help-meet to their husbands and male colleagues.²⁶ This book examines how the female nurses of the British Army reconstituted women's place in war and nurses' position as the expert at the bedside.

By the last year of the war, what had once been considered inappropriate for female nurses was now expected by senior medical colleagues. Nurses were needed in the most dangerous places to

support the healing of men from the most serious and life-threatening conditions. Through their overseas wartime work nursing sisters of the British Armed Forces shifted the understanding of the significance of skilled trained nursing as part of the war effort, what nursing as a women's profession could achieve and attitudes to the participation of women in front-line theatres of war. Yet these women and their work have been largely ignored in histories of the medical services and the wider conflict.

Nursing spaces and nurses' place

Histories of war medicine and rehabilitation provide a critical positioning of nurses in war, although discussions of their work either are entirely absent²⁷ or tend to be marginalised in the analysis of medical officers and of male patients themselves.²⁸ In *Medical Services in War*, Francis Albert Eley Crew, the official historian of the Army Medical Services, acknowledged that nursing sisters were vital personnel in the medical services, who raised the standard of care where they were posted: 'The members of the Army Nursing Service would be the first to claim equality with those of the R.A.M.C., in respect to taking risks for the sake of the wounded and the sick. This claim is completely justified by the record of the Q.A.I.M.N.S., during the war.'²⁹ Nonetheless, he, like others after him, included nurses' work as a side-line to the important role of the medical officers. Both Harrison and Kevin Brown acknowledge the importance of the female nurses of the QAs, although their main focus is on the work of the male medical officers and their care of male soldiers, supported by male orderlies. Harrison's analysis of the nursing sisters is that although there had been some 'friction' between them and the medical officers, they were 'generally admired for their professionalism and technical competence',³⁰ whereas Brown maintains that female nurses had an important place in base hospitals, caring for ill and injured men under the supervision of medical officers.³¹ Therefore, although the professional space of female nurses is portrayed as one of safety and subordination, their work is understood as a vital adjunct to the work of the medical profession.

Where nurses have been considered in more detail, they have frequently been seen as collateral damage and victims to the whims of

the medical and military machine, or as heroines to be celebrated for their valour in the face of adversity. Julie Anderson, Emily Mayhew and Liz Byrski demonstrate that although nurses increased the range and complexity of their technical nursing work on the home front, such work did not alter the boundaries of practice.³² Nurses remained firmly subordinate to the medical profession and their well-being could be sacrificed for the greater good of the men.³³ It is this image of subordination that also alienated nursing from early feminist historians,³⁴ further hiding their war experiences and work in general.³⁵ Those celebratory texts that recognise the importance of the nursing sisters' wartime presence,³⁶ whilst valuable as books that write nurses back into the narrative of the war's medical provision, do not do full service to their essential work.

There are a range of more critical texts about nursing in war in general, but little on the Second World War specifically. Jan Bassett, Mary Sarnecky and Anna Rogers have written highly empirical monographs about Australian, US and New Zealand army nurses, but they cover over 100 years of service.³⁷ Over recent years there has been a proliferation of work on nursing in the First World War. Most significant of these for the British context are the three monographs by Christine Hallett.³⁸ These have been an invaluable resource and have been reviewed widely within this book alongside those by Ana Carden-Coyne and Santanu Das.³⁹ These texts have been further supplemented by works on Dominion nurses by Kirsty Harris and Cynthia Toman.⁴⁰ All these texts offer a measure of both continuities and changes between the two world wars.

There are two books that specifically focus on British nursing in the Second World War, but neither analyses the work of nurses. Penny Starns examines the militarisation of nursing during the conflict and the ramifications of that militarisation for nursing in the latter half of the twentieth century.⁴¹ Barbara Mortimer's *Sisters* is an anthology of oral history data taken from the Royal College of Nursing (RCN) archives.⁴² This text has proved most valuable for *Negotiating nursing* and is referenced throughout, as it provides additional personal testimony data and some conceptual commentary on the source material. Cynthia Toman's study of Canadian nurses in the Second World War is a particularly important monograph, focusing as it does on the nurses' status as officers and professionals, whilst maintaining

their ‘respectability as “ladies”’ and the contradictions inherent in these multiple identities.⁴³ There are many similarities in the work and experiences of British and Canadian nurses in the Second World War, but there are also some significant differences. Most notable of these was that Canadian nurses had not as a rule worked in hospitals as registered nurses, but had engaged in private duty nursing. Few Canadian nursing sisters therefore had any significant experience of acute hospital practice post-registration.

Finally, it is worth noting the value of those novels that explore nursing in the Second World War. Ian McEwan’s *Atonement*, Michael Ondaatje’s *The English Patient* and Monica Dickens’ semi-autobiographical *One Pair of Feet*⁴⁴ do not form a major part of the analysis in this book, but their focus on the work of nurses supports our understanding of the war and the nurse’s place in it. In the introduction to the 1937 edition of *A General Textbook of Nursing*, Evelyn Pearce places the patient at the centre of the nurse’s work. According to Pearce, the nurse’s only function, and that of the hospital in which she worked, was ‘the cure and care of the sick’.⁴⁵ By exploring the work of nurses, this book therefore not only provides a unique analysis of nursing sisters in the Second World War – alongside RAMC medical officers and orderlies – but also focuses attention on the military patient as he suffers pain, injury and disease and attempts to recover from the trauma of war to return to battle.

Gendering work

The engagement of female nurses in front-line duty in the Second World War created opportunities for British registered nurses that their peacetime work could not, and that were not present in the hospitals on the home front.⁴⁶ Nursing care placed the combatants in a dependent position to women, in direct contrast to the hyper-masculine space of battle from which they had just been removed.⁴⁷ In order to care for the more complex cases, female nurses required assistance from male orderlies for hygiene and comfort care, thus placing fit military men in the charge of women. For many men as combatant soldiers and as orderlies, their position as subordinate to women contravened the normal social constructions of gender.⁴⁸

Penny Summerfield and Corinna Peniston-Bird argue that ‘the

Second World War was one of the most contradictory periods in British history for the boundary between male and female roles'.⁴⁹ According to Juliette Pattinson it was more gender inclusive,⁵⁰ as it was the first war into which women were conscripted.⁵¹ Nevertheless, much of the work that women undertook as part of the war effort continued to be gendered.⁵² Even when women engaged in dangerous activities, such as espionage, their 'femaleness' was crucial to that work.⁵³ Some women certainly did move into male work roles such as engineering and welding, but these jobs remained constructed as 'men's jobs'.⁵⁴ However, many women simply moved from the kitchen in the home to the kitchen in the factory. Whatever work they did, for the most part it was 'for the duration only', and in war's wake they were returned to the home and hearth.⁵⁵

In many ways the position of female nurses on active service overseas exemplified these contradictions. Nursing was seen as the epitome of female work, yet from 1941 nursing sisters were commissioned officers in the British Army.⁵⁶ The highly feminised traditional nurses' uniform was replaced on active service with male battle-dress,⁵⁷ ironically in part to preserve female propriety as nurses worked around the stretchers of their male patients.⁵⁸ Nursing may have been considered the most female of work, yet nurses were often the only women allowed in the masculine space of a war zone, subverting the 'contract' that men make to protect their womenfolk.⁵⁹ Negotiating these sensitive gender boundaries, nurses on active service overseas worked to expand traditional nursing work, developed an autonomy that they had hitherto not known and brokered their place as women in a war zone, 'the one impregnable male bastion'.⁶⁰

Personal testimony and the nurses' war

This book uses a range of personal testimony material, including oral history, diaries, letters and memoirs to examine the work of nurses on active service overseas and their place within the Second World War medical services. Although nursing now, like all other professions, has a written foundation for practice, this is quite a recent phenomenon. Nursing was essentially a profession based on oral rather than written transmission of knowledge.⁶¹ The handover of patient information between shifts on a hospital ward was conducted

verbally. Nursing practices were learnt at the bedside, with a more senior nurse both demonstrating and describing the techniques they were using to provide patient care. Arguably, nurses themselves have been much more comfortable speaking of their work and experiences than writing. Given the paucity of written accounts by non-elite nurses, oral history has provided historians of nursing with access to ordinary nurses' working lives, and since the 1990s there has been a proliferation of oral history research on the profession.⁶²

The value of oral history over written testimony lies in its 'inter-subjectivity'⁶³ – that is, the relationship between the interviewer and the narrator that enables the asking of questions and clarification of ideas. This dialogue produces data that provides 'more complex and rounded pictures of the past', and can create an account that fits more specifically with a project's aims.⁶⁴ The use of oral history was integral to the research for this book. The fact that I am a nurse supported the development of a narrative that was framed by the interviewees' experiences and my knowledge of nursing and nursing work.⁶⁵ This was useful for the research for the book, as it enabled questions to be asked specifically about nursing work, about which non-nurses may struggle to identify and nurses themselves have remained silent.⁶⁶ Nurses may have spoken about the professional issues and their training schools, but their work was self-evident. As Elizabeth Bowring, one participant for the study, maintained, 'to care' was 'automatic, it was nursing'.⁶⁷

A key strategy of the project was to give a voice to the few nurses still able to talk about their war, all of whom were over 87 years of age during data collection. In spite of the challenges in accessing women who were approaching or beyond their 90s, over forty retired nurses were located. Most of them were excited about being given the opportunity to talk about their wartime nursing experiences. Unfortunately, there were only four who had been on active service overseas, and not all were able to give an account of their war work. It was therefore necessary to use a number of oral histories that were already in the public domain. The disadvantage of these is that, like written testimony, they do not allow for collaboration between the interviewer and the narrator, thus negating some of the value of the joint participation in an oral history interview.⁶⁸ There are also some ethical concerns regarding what Joanna Bornat has called 'revisiting interviews with a different purpose', as it cannot be known if the par-

ticipants would have consented to their words being used for other projects.⁶⁹ Nevertheless, the richness of the interviews has meant that not to include them in the primary source material would be to miss some important perspectives.

All the oral histories identify the war as being a significant point in the nurses' lives, often the most exciting. Being able to discuss their war experiences was an opportunity for catharsis and enabled them to find meaning in their lives, and this was especially so for the majority who after the war entered a traditional life of domesticity and motherhood.⁷⁰ Even for those who remained on home soil during the war, the chance to engage in the war effort was seen as amongst the most interesting work of their professional careers. Two participants explicitly voiced their disappointment that the war ended before they had the opportunity for overseas service. Bessie Newton enjoyed nursing soldiers as a student nurse and wanted very much to join the QAs and go overseas, but the war ended before that was possible.⁷¹ Rachel Slater did her tropical diseases training in order to go on active service overseas, but again the war ended and, she said, 'life just took a different course'.⁷²

Many research participants were able to remember vividly certain aspects of wartime nursing, especially caring for soldiers in the aftermath of the evacuation from Dunkirk in the late spring of 1940 and the Normandy landings four years later. These memories are framed within what Lynn Abrams refers to as episodic memories – that is, those memories that enable the participant to recall not only an event but also their place in that event.⁷³ There are potential pitfalls with the memories of Dunkirk and the Normandy landings, which are both overlaid with 70 years of national significance. Dunkirk – so often portrayed as a moment of national pride – was in reality an opportunistic retreat enabled by Hitler's military gaze being focused elsewhere.⁷⁴ Nevertheless, this should not be a reason to doubt the memories or their importance for the nurses themselves. Within their 'composed' narratives the nurses also had significant 'flash-bulb' memories of individual patients,⁷⁵ suggesting a deeper recollection of details and providing valuable data about the experiences and understandings they had of their work.

In addition to the oral histories, the book makes use of a wide range of personal written testimonies, including private diaries,

memoirs and letters.⁷⁶ Private correspondence is amongst the most revealing and spontaneous of documentary source material.⁷⁷ There is, however, concern that they, like other forms of written evidence, 'lack critical analysis' and are prone to the perceptions, perspectives and agenda of the writer. These personal biases can detract from the promise that they are a lens through which to view true feelings and experiences.⁷⁸ Although such material can place the historian close to the event, many documents of this kind are written to entertain, influence or inform.⁷⁹ The most sceptical reader of letters and diaries may wonder at the possibility of the authors' blind spots and normal biases or even their capacity for self-deception.⁸⁰ In her discussion of nurses' letters from the First World War, Hallett alerts the reader to the difficulties inherent in their interpretation, written as they were for specific audiences.⁸¹ These difficulties are compounded by the lack of replies in the archives and the problems of censorship.

The letters' spontaneity was neutralised by both military censorship and self-censorship. Nurses' letters, as was the case with the correspondence of all military personnel, were monitored to ensure national safety. Given that the 'military actively campaigned to prevent nurses, and indeed all troops, from speaking or writing about their experiences', it is not surprising that letters do not describe the trauma of war, or the nurses' engagement with its victims.⁸² Furthermore, most nurses tempered their letters home not only because of official censorship but also to prevent their families from fearing for them; they thus embellished their correspondence with details that made the war sound like 'fun'.⁸³ There are, however, some notable exceptions. Sister Agnes Morgan's letters home to her mother provide particularly intense descriptions of the horrors of war that both the nurses and the men had to face. It is not clear how Morgan's letters were passed by the censors, or received by her mother, but her stark descriptions of war nursing offer an unusual glimpse into nurses' active service.

Letters are influenced by their audience and require a level of composition that is often based on the anticipated recipient.⁸⁴ When that recipient was a family member the descriptions were frequently altered to protect those at home. When the recipient was a nurse herself, the correspondence offers a portrayal of war work that is not present in private correspondence. A key data source of personal

testimony for the book was an archive of correspondence, reports and recollections sent by military nurses on active service to the Matron-in-Chief of the British Army, Dame Katharine Jones. This highly valuable resource, because they were written nurse to nurse, contains details of professional practice, the challenges of war nursing and the attitudes of the nurses themselves to their presence in war zones.

The book also makes extensive use of diaries and memoirs, both published and unpublished. Joanne Cooper contends that diaries 'provide us with a map of women's consciousness by describing their daily reality'.⁸⁵ Sister Mary Morris's unpublished diary, written almost daily from her student days to the birth of her first child, offers one of the most detailed descriptions of active service life.⁸⁶ Morris's reflections on her daily life and work provide a 'template' for her professional development.⁸⁷ They suggest courageousness in her nursing practice, in which she was not afraid to develop skills outside the normal remit of nursing or to take risks for her combatant patients. Unlike some diaries that offer limited discussion of nursing work because of the lack of desire to relive the working day, or because nursing work was self-evident, Morris's diary is forthright in its descriptions of Army nursing, the war and her place in it.⁸⁸ Reading it, one can sense the unknown as she faces each day without awareness of the next,⁸⁹ not knowing whether the Allies would indeed win the war. As it was not written with the intention of publication Morris was able to 'confess' her innermost thoughts⁹⁰ without anxieties of impropriety, enabling her to 'relieve feelings aroused by stressful work'.⁹¹

Sisters Catherine Hutchinson, P.M. Dyer and Catherine Butland's unpublished memoirs are so detailed that they must have been composed from reflections written on active service. However, no original diaries have come to light. All three nurses, like Morris, offer stark descriptions of the mental and physical injury sustained by combatants in war, alongside more humorous and lively anecdotes of active service and social engagements. The memoirs written after the war, both those that were created for the general public and published and also those written for family and friends, notoriously embroider experiences to engender a more palatable war. Like autobiographies, certain memories dominate others, often ignoring the mundane for the more interesting and engaging.⁹² They are replete with humour and adventure. Whilst this renders them less empirically reliable,⁹³

as with oral histories, they demonstrate the composition of women's war experiences as meaningful and valuable, and enabled the writers to craft themselves as 'modern women'.⁹⁴

Chapter outline

Focusing on British Army nurses, this book explores how nurses on active service overseas recovered men within sensitive gender negotiations of what should and could constitute nursing work and where that work could occur. It argues that female nurses in the Second World War suffered similar gendered contradictions to women in general, but also that nursing constituted a special case. The gendered nature of much of nursing work, founded as it was in comfort care and creating homelike spaces, was essentially feminine, having its roots in housekeeping and mothering. On active service overseas, nurses needed to perform this and their more technical roles in hostile places, under fire and with limited human and material resources. These were environments that required skills more commonly associated with educated and professional and therefore, arguably more 'masculine' groups; that is, skills of independent judgement, innovation and critical thinking.⁹⁵

The book moves through an uneven trajectory of the developments of nurses' work, autonomy and the spaces they were allowed to inhabit, to cultivate an understanding of their experiences of caring for combatants. This trajectory should not be understood as one that all nurses followed, nor one that was linear. Rather individual nurses shifted practice as they developed skills and strategies to support their soldier-patients as demanded by the exigencies of war and the challenges that presented in various times and places.

Chapter 1 examines the fundamental nursing work of body and comfort care, feeding work and clinical nursing skills in the face of pain, distress and death. This was care work that all nurses learnt in their hospital training. On active service overseas this work was reformed to provide a more humane nursing service that enabled the healing and recovery of battle-scarred men. However, the development of more personal engagement with their patients was not without difficulty. As the chapter argues, comfort care was overlaid with the threat of sexual frisson, and their patients' pain

and death demanded considerable emotional labour from the nurses themselves. Chapter 2 explores challenges to nursing care within the highly mobile war. Many of the difficulties related to the need to create a secure healing space within the harsh environments in which hospitals and casualty clearing stations (CCSs) were situated. The construction of these spaces of safety demanded ingenuity and improvisation on the part of the nursing sisters as they developed wards into homelike places. The importance of the nurses' presence in war zones and the contradictions inherent in their position as women in places of danger are explored in Chapter 3. Military success depended on men sustaining a determination to fight. Persuading men to continue or returning men to combat after illness or injury depended on maintaining their morale. On active service overseas, the use of female nurses in upholding this resolve was integral to the war effort. Yet this posed problems in relation to the sexuality of nurses and raised the spectre of whether they were crucial to the war because they were skilled professionals or because they were women.

War is often understood as a period in which medical advances occur with greater rapidity than in peacetime, and nurses in previous wars had undertaken new and increasingly technological work.⁹⁶ In the Second World War nurses once again needed to take on new technologies and scientific work if they were to recover men – work that was conceived as essentially masculine. The rapid development of these technologies meant that often new skills were learnt alongside medical colleagues, and nurses participated in creating new regimes and treatments as members of a team rather than as the medical officers' 'helpmeets'. As Chapter 4 argues, these new skills and technologies became part of the lexicon of nursing work on active service overseas and altered the manner in which nurses and doctors worked to salvage their combatant patients for war. Nevertheless, it was often the autonomy with which they were able to execute the fundamentals of nursing care that provided nursing sisters with a sense of professional and personal pride; autonomy that was lost at war's end. As nurses were demobilised at the end of the war, most simply married. In Chapter 5 the reasons for the decisions not to maintain a professional life are examined, as are the options available to those who could not or would not marry. The testimonies demonstrate a complex interplay of gendered social expectations

and reduced professional opportunities which returned experienced military nurses to the domestic setting and precluded them from taking their highly developed nursing skills into the new National Health Service (NHS). Despite these professional disappointments, the nurses' testimonies bear witness to the impact that their overseas war service had on the understanding of what nursing could achieve. *Negotiating nursing* argues that in multiple ways, through fundamental care, the creation of homelike spaces, nurses' presence as women in a war zone and the development of scientific modes of practice, the nursing sisters of the British Army recovered combatant patients from the battlefield and for the war.

Notes

- 1 Martin Gilbert, *The Second World War: A Complete History* (London: Phoenix, 2009), 1.
- 2 Joanna Bourke, *The Second World War: A People's History* (Oxford: Oxford University Press, 2001), 1.
- 3 Kevin Brown, *Fighting Fit: Health, Medicine and War in the Twentieth Century* (Stroud: The History Press, 2008).
- 4 Susan Gubar, "'This is my rifle, this is my gun': World War II and the blitz on women", in Margaret Randolph Higonnet, Jane Jenson, Sonya Michel and Margaret Collins Weitz (eds), *Behind the Lines: Gender and the Two World Wars* (New Haven, CT: Yale University Press, 1987), 230.
- 5 Mark Harrison, *Medicine and Victory: British Military Medicine in the Second World War* (Oxford: Oxford University Press, 2004), 2.
- 6 Julie Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'* (Manchester: Manchester University Press, 2011), 76.
- 7 Jane Brooks and Christine E. Hallett, 'Introduction: The practice of nursing and the exigencies of war', in Jane Brooks and Christine E. Hallett (eds), *One Hundred Years of Wartime Nursing Practices, 1854-1953* (Manchester: Manchester University Press, 2015), 1.
- 8 Barbara Mortimer, *Sisters: Extraordinary True-Life Stories from Nurses in World War Two* (London: Hutchinson, 2012), 180.
- 9 Harrison, *Medicine and Victory*, 30. F.A.E. Crew argued that 'The fact that so small a body should have been capable of providing so firm a foundation for the superstructure it was subsequently called upon to maintain, merits some description of its nature and development'. F.A.E. Crew, *The Army Medical Services: Volume I: Administration* (London: HMSO, 1953), 3.
- 10 Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press, 2005).

- 11 Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009). See also Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford: Oxford University Press, 2014); Christine E. Hallett, “‘This fiendish mode of warfare’”: Nursing the victims of gas poisoning in the First World War’, in Jane Brooks and Christine E. Hallett (eds), *One Hundred Years of Wartime Nursing Practices, 1854–1953* (Manchester: Manchester University Press, 2015); Christine E. Hallett, *Nurse Writers of the Great War* (Manchester: Manchester University Press, 2016). For a wider review of the work of nursing sisters from Dominion countries, see also Cynthia Toman, *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps* (Vancouver: University of British Columbia Press, 2016); Kirsty Harris, “‘Health, healing and harmony’”: Invalid cookery and feeding by Australian nurses in the Middle East in the First World War’, in Jane Brooks and Christine E. Hallett (eds), *One Hundred Years of Wartime Nursing Practices, 1854–1953* (Manchester: Manchester University Press, 2015); Kirsty Harris, *More than Bombs and Bandages: Australian Army Nurses at Work in World War I* (Newport: Big Sky Publishing, 2011); Ruth Rae, *Scarlet Poppies: The Army Experience of Australian Nurses during World War I* (Burwood: College of Nursing, 2004).
- 12 Monica Baly, *Nursing and Social Change* (London: Routledge, 1995), 154.
- 13 Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London: Routledge, 1996), 93; Robert Dingwall, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 1988), 88.
- 14 Rafferty, *The Politics of Nursing Knowledge*, 78.
- 15 Janet S. Watson, ‘Wars in the wards: The social construction of medical work in First World War Britain’, *Journal of British Studies* 41, 4 (2002): 510. See also Janet S.K. Watson, ‘Khaki girls, VADs, and Tommy’s sister: Gender and class in First World War Britain’, *The International History Review* 19, 1 (1997): 32–50; Janet S.K. Watson, *Fighting Different Wars: Experience, Memory, and the First World War in Britain* (Cambridge: Cambridge University Press, 2007).
- 16 Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854–1914* (Newbury: Threshold Press, 2000), 249.
- 17 Adrian Bingham, “‘An era of domesticity’”: Histories of women and gender in interwar Britain’, *Cultural and Social History* 1 (2004): 227.
- 18 Pat Thane, ‘What difference did the vote make? Women in public and private life in Britain since 1918’, *Historical Research* 76, 192 (2003): 285. For detailed discussions regarding the changes to women’s lives following the franchise, see, for example, Maria DiCenzo, “‘Our freedom and its results’”: Measuring progress in the aftermath of suffrage’, *Women’s History Review* 23, 3 (2014): 421–40; Barbara Caine, *English Feminism, 1780–1980* (Oxford: Oxford University Press, 2001); Caitriona Beaumont, ‘Citizens not feminists: The boundary negotiated between citizenship and feminism by mainstream

- women's organisations in England, 1928–39', *Women's History Review* 9, 2 (2000): 411–29; Caitriona Beaumont, 'The women's movement, politics and citizenship, 1918–1950s', in Ina Zweiniger-Bargielowska (ed.), *Women in Twentieth-Century Britain* (Harlow: Pearson Education, 2001).
- 19 Katharine H. Jones, 'Introduction', in Ada Harrison (ed.), *Grey and Scarlet: Letters From the War Areas by Army Sisters on Active Service* (London: Hodder and Stoughton, 1944), 8. Reprinted in *The British Journal of Nursing* (March 1944): 29.
 - 20 Nicola Tyrer, *Sisters in Arms: British Army Nurses Tell their Story* (London: Phoenix, 2008), 17.
 - 21 Penny Starns, *Nurses at War: Women on the Frontline, 1939–45* (Stroud: Sutton Publishing, 2000), 13.
 - 22 According to the retired Second World War nurses interviewed for 'Frontline Females' on BBC Radio 4, some felt that nurses could be forgiven for seeing war as a golden opportunity not only to serve but to advance themselves professionally, 'so when war was declared, there was a stampede to join up'. The more prosaic amongst them maintained, 'nurses needed a job and this offered an excellent opportunity'. 'Frontline Females', BBC Radio 4, 11 April 1998: British Library Sound Archive H9872/2. In this programme Claire Rayner discussed their wartime nursing experiences with: Monica Baly, Mary Bates, Glenys Branson, Constance Collingwood, Gertrude Cooper, Ursula Dowling, Brenda Fuller, Anne Gallimore, Monica Goulding, Daphne Ingram, Anita Kelly, Margaret Kneebone, Sylvia Mayo, Kay McCormack, Anne Moat, Phyllis Thoms and Margot Turner. Individual nurses were not introduced as they spoke, so it is not possible to determine who held which views.
 - 23 F.A.E. Crew suggested that nursing sisters were needed for the Middle East, but that they should be volunteers who did not mind the hardships inherent in the campaign. In this Crew appears to be suggesting that women were different to men and should be treated more carefully. F.A.E. Crew, *The Army Medical Services: Volume II: Campaigns: Hong Kong, Malaya, Iceland and the Faroes, Libya, 1942–1943, North West Africa* (London: HMSO, 1957), 393.
 - 24 Katharine H. Jones, 'Introduction', in Ada Harrison (ed.), *Grey and Scarlet: Letters From the War Areas by Army Sisters on Active Service* (London: Hodder and Stoughton, 1944), 10.
 - 25 There are a vast number of texts on the Second World War and its battles. For a comprehensive and highly detailed account, see Gilbert, *The Second World War*. For a more abbreviated text, see Bourke, *The Second World War*.
 - 26 The idea that women occupy a 'separate sphere' to men is the subject of many texts on women's history. For a detailed and comprehensive analysis, see, for example, Amanda Vickery, 'Historiographical review: Golden age to separate spheres? A review of the categories and chronology of English women's history', *The Historical Journal* 36, 2 (1993): 383–414.

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- 27 Emma Newlands, *Civilians into Soldiers: War, the Body and British Army Recruits, 1939–45* (Manchester: Manchester University Press, 2014).
- 28 In his article on the growth of literature on medicine and war, Mark Harrison states that ‘there are signs that health and medicine are at last moving centre-stage in British military historiography’, although he does not mention nursing per se. Mark Harrison, ‘The medicalization of war – the militarization of medicine’, *The Society for the Social History of Medicine* 9, 2 (1996): 269.
- 29 F.A.E. Crew, ‘The Army Nursing Service’, in Arthur Salusbury MacNalty and W. Frankin Mellor (eds), *Medical Services in War: The Principal Medical Lessons of the Second World War* (London: HMSO), 80. Crew was attached to the War Office during the Second World War, and later held the Chair in Social and Preventative Medicine at the University of Edinburgh.
- 30 Harrison, *Medicine and Victory*, 32
- 31 Brown, *Fighting Fit*.
- 32 Emily Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, The Royal Air Force and the Guinea Pig Club* (Barnsley: Greenhill Books, 2010); Anderson, *War, Disability and Rehabilitation in Britain*; Liz Byrski, ‘Emotional labour as war work: Women up close and personal with McIndoe’s Guinea Pigs’, *Women’s History Review* 21, 3 (2012): 341–61.
- 33 Anderson, *War, Disability and Rehabilitation in Britain*; Byrski, ‘Emotional labour as war work’.
- 34 June Purvis, ‘Using primary sources when researching women’s history from a feminist perspective’, *Women’s History Review* 1, 2 (1992): 274. Martha Vicinus’ 1985 monograph, *Independent Women: Work and Community for Single Women, 1850–1920*, is a case in point. Whilst her explorations of women’s religious and academic communities are largely positive, her portrayal of the nursing profession and its members is highly critical. Martha Vicinus, *Independent Women* (London: Virago, 1985).
- 35 For example, Braybon and Summerfield do consider nursing in *Out of the Cage*, but only as an illustration of a ‘women’s profession’. Where they examine the war work of nurses, the reference to professional nurses is fleeting (p. 44), whereas the only detailed episode of war nursing work uses a quotation from a VAD nurse (p. 65). Gail Braybon and Penny Summerfield, *Out of the Cage: Women’s Experiences in Two World Wars* (London: Pandora, 1987).
- 36 Ian Hay, *One Hundred Years of Army Nursing: The Story of the British Army Nursing Services from the Time of Florence Nightingale to the Present Day* (London: Cassell, 1953); Juliet Piggott, *Queen Alexandra’s Royal Army Nursing Corps* (London: Leo Cooper, 1975); Brenda McBryde, *Quiet Heroines: Nurses of the Second World War* (London: Chatto and Windus, 1985); Eric Taylor, *Front-Line Nurse: British Nurses in World War II* (London: Robert Hale, 1997); Eric Taylor, *Wartime Nurse: One Hundred Years from the Crimea to Korea, 1854–1954* (London: Robert Hale, 2001); Tyrer, *Sisters in Arms*.

- 37 Jan Bassett, *Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War* (Oxford: Oxford University Press, 1992); Mary Sarnecky, *A History of the US Army Nurse Corps* (Philadelphia, PA: University of Pennsylvania Press, 1999); Anna Rogers, *While You're Away: New Zealand Nurses at War, 1899–1948* (Auckland: Auckland University Press, 2003).
- 38 Hallett, *Containing Trauma*; Hallett, *Veiled Warriors*; Hallett, *Nurse Writers*.
- 39 Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford: Oxford University Press, 2014); Das, *Touch and Intimacy*.
- 40 Harris, *More than Bombs and Bandages*; Toman, *Sister Soldiers*.
- 41 Starns, *Nurses at War*.
- 42 Barbara Mortimer, *Sisters: Extraordinary True-Life Stories from Nurses in World War Two* (London: Hutchinson, 2012).
- 43 Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War* (Vancouver: University of British Columbia Press, 2007), 93.
- 44 Michael Ondaatje, *The English Patient* (London: Bloomsbury, 1992); Ian McEwan, *Atonement* (London: Vintage Books, 2002); Monica Dickens, *Chronicle of a Working Life: One Pair of Feet* (Stroud: Sutton Publishing, 2004).
- 45 Evelyn Pearce, *A General Textbook of Nursing: A Comprehensive Guide to the Final State Examinations* (London: Faber and Faber, 1937), 1.
- 46 Mayhew, *The Reconstruction of Warriors*; Anderson, *War, Disability and Rehabilitation in Britain*.
- 47 Gubar, “‘This is my rifle, this is my gun’”; Harrison, *Medicine and Victory*; Mayhew, *The Reconstruction of Warriors*; Anderson, *War, Disability and Rehabilitation in Britain*.
- 48 The difficulties that men experienced with these gender reconfigurations were exacerbated by attitudes to the loss of manliness to both injury and illness and also the position of men in non-combatant roles. Anderson, *War, Disability and Rehabilitation in Britain*; Carden-Coyne, *The Politics of Wounds*; Lucy Noakes, “‘Serve to save’: Gender, citizenship and Civil Defence in Britain, 1937–41”, *Journal of Contemporary History* 47, 4 (2012): 737.
- 49 Penny Summerfield and Corinna Peniston-Bird, ‘Women in the firing-line: The Home Guard and the defence of gender boundaries in Britain in the Second World War’, *Women’s History Review* 9, 2 (2000): 232.
- 50 Juliette Pattinson, *Behind Enemy Lines: Gender, Passing and the Special Operations Executive in the Second World War* (Manchester: Manchester University Press, 2007), 13.
- 51 Sonya O. Rose, *Which People’s War? National Identity and Citizenship in Britain, 1939–1945* (Oxford: Oxford University Press, 2003).
- 52 Penny Summerfield, ‘Women and war in the twentieth century’, in June

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- 53 Pattinson, *Behind Enemy Lines*.
- 54 Susan R. Grayzel, "Fighting for the idea of home life": Mrs Miniver and Anglo-American representations of domestic morale', in Philippa Levine and Susan R. Grayzel (eds), *Gender, Labour, War and Empire* (London: Palgrave Macmillan, 2009).
- 55 Gail Braybon and Penny Summerfield, *Out of the Cage: Women's Experiences in Two World Wars* (London: Pandora, 1987); Deborah Montgomerie, 'Reassessing Rosie: World War II, New Zealand women and the iconography of femininity', *Gender and History* 8, 1 (1996): 108–32; Phil Goodman, "'Patriotic femininity": Women's morals and men's morale during the Second World War', *Gender and History* 10, 2 (1998): 278–93; Summerfield, *Reconstructing Women's Wartime Lives*; Sheila Rowbotham, *A Century of Women: A History of Women in Britain and the United States* (London: Penguin, 1999).
- 56 Katharine Jones, 'QAIMNS professional and military status', *Nursing Times* (27 January 1945): 60.
- 57 Katharine Jones, 'On active service with the Army', *Nursing Times* (25 September 1943): 719.
- 58 Geraldine Edge and Mary E. Johnstone, *Ships of Youth: The Experiences of Two Army Nursing Sisters on Board the Hospital Carrier Leinster* (London: Hodder and Stoughton, 1945), 18.
- 59 Christina Twomey, 'Australian nurse POWs: Gender, war and captivity', *Australian Historical Studies* 36, 124 (2004): 255–74.
- 60 John Laffin, *Women in Battle* (London: Abelard Schuman, 1967), 11.
- 61 Narelle Biedermann, 'The voices of days gone by: Advocating the use of oral history in nursing', *Nursing Inquiry* 8 (2001): 61.
- 62 Oral history is acknowledged by its protagonists as being instrumental in enabling the voice of the ordinary person to be heard. It is therefore highly valuable in researching working-class history, women's history and, in this instance, non-elite nurses. Lynn Abrams, *Oral History Theory* (London: Routledge, 2010), 27. It is not the intention here to discuss the variety of oral history research, but see, for example, Abrams, *Oral History Theory*; Paul Thompson, *The Voice of the Past: Oral History* (Oxford: Oxford University Press, 2000); Robert Perks and Alastair Thomson, *The Oral History Reader* (London: Routledge, 1998); Joan Sangster, "'Telling our stories": Feminist debates and the use of oral history', *Women's History Review* 3, 1 (1994): 5–28. For a discussion on methodological issues of oral history in nursing history, see Geertje Boschma, Erica Roberts, Ranjit Dhari, Gilda Mahabir, Susan Walter and Catherine Haney, "'Nobody ever asked me about my career": Public health nurses' oral histories preserved', *The Bulletin of the*

- UK Association for the History of Nursing* 4 (2015): 43–51; Geertje Boschma, Margaret Scaia, Nerrisa Bonifacio and Erica Roberts, 'Oral history research', in Sandra B. Lewenson and Eleanor Krohn Herrmann (eds), *Capturing Nursing History: A Guide to Historical Methods in Research* (New York: Springer, 2008); Olga M. Church and M.L. Johnson, 'Worth remembering: The process and products of oral history', *International History of Nursing Journal* 1, 1 (1995): 23–4.
- 63 According to Lynn Abrams this intersubjectivity is based on a 'three-way dialogue' that exists during the interview. First, the dialogue the participant has with themselves, second, the conversation between the participant and the interviewer and third, between the interviewer and their 'cultural discourses'. Abrams, *Oral History Theory*, 59. In written personal testimonies or in oral histories that are revisited by another researcher for a different reason, that central aspect of the dialogue is missing, thus the dialogue between the past and present is broken in away that does not happen in the oral history interview.
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- 65 Tommy Dickinson, *'Curing Queers': Mental Nurses and their Patients, 1935–74* (Manchester: Manchester University Press, 2015), 10.
- 66 David Justham, "'Those maggots – they did a wonderful job": The nurses' role in wound management in civilian hospitals during the Second World War', in Jane Brooks and Christine E. Hallett (eds), *One Hundred Years of Nursing Wartime Practices, 1854–1953* (Manchester: Manchester University Press, 2015), 190.
- 67 Elizabeth Bowring, oral history interview via telephone by Jane Brooks, 31 July 2012.
- 68 Sherna Berger Gluck and Daphne Patai, 'Introduction', in Sherna Berger Gluck and Daphne Patai (eds), *Women's Words: The Feminist Practice of Oral History* (London: Routledge, 1991), 2.
- 69 Joanna Bornat, 'A second take: Revisiting interviews with a different purpose', *Oral History* 31, 1 (2003): 47–53.
- 70 Mahua Sarkar, 'Between craft and method: Meaning and inter-subjectivity in oral history analysis', *Journal of Historical Sociology* 25, 4 (2012): 578–600; Lynn Abrams, 'Liberating the female self: Epiphanies, conflict and coherence in the life stories of post-war British women', *Social History* 39, 1 (2014): 14–35.
- 71 Bessie Newton, oral history interview at her home in Yorkshire by Jane Brooks, 21 April 2012.
- 72 Rachel Slater, oral history interview in the South of England by Jane Brooks, 20 October 2011.
- 73 Abrams, *Oral History Theory*, 83.
- 74 Harrison, *Medicine and Victory*, 52.

- 75 Penny Summerfield, 'Culture and composure: Creating narratives of the gendered self in oral history interviews', *Cultural and Social History* 1 (2004): 66. For a detailed analysis of 'composure' in oral history, see also Summerfield, *Reconstructing Women's Wartime Lives*.
- 76 I have been fortunate to receive a number of unpublished diaries, journals and essays of nurses from their family members, and I am most grateful for these accounts. Although the provenance of material that has not been validated by an archivist cannot be assured, several were handwritten, in clearly old notebooks and diaries. Those that were typed, such as the unpublished memoir from Jessie Wilson, came with a covering letter by her nephew, with details of Wilson's life and death.
- 77 John Tosh, *The Pursuit of History* (London: Longman Publishing, 2002), 70; Olga Kenyon, *800 Years of Women's Letters* (Stroud: Alan Sutton Publishing, 1992), vii.
- 78 Sandra B. Lewenson, 'Doing historical research', in Sandra B. Lewenson and Eleanor Krohn Herrmann (eds), *Capturing Nursing History: A Guide to Historical Methods in Research* (New York: Springer, 2008), 34.
- 79 Tosh, *The Pursuit of History*, 62.
- 80 Anthony Brundage, *Going to the Sources: A Guide to Historical Research and Writing* (Hoboken, NJ: Wiley Blackwell, 2017), 17.
- 81 Hallett, *Containing Trauma*, 11.
- 82 Toman, *An Officer and a Lady*, 72.
- 83 Toman, *An Officer and a Lady*, 73.
- 84 Joanne E. Cooper, 'Shaping meaning: Women's diaries, journals and letters – the old and the new', *Women's Studies International Forum* 10, 1 (1987): 96.
- 85 Cooper, 'Shaping meaning', 95.
- 86 Since commencing the book this diary has been published in an abridged form. Where the original diary and the published one correspond, both references are provided. Mary Morris, *A Very Private Diary: A Nurse in Wartime*, ed. Carol Acton (London: Weidenfeld and Nicolson, 2014).
- 87 Alison Twells, "'Went into raptures": Reading emotion in the ordinary wartime diary, 1941–1946', *Women's History Review* 25, 1 (2016): 144.
- 88 Carol Acton, "'Stepping into history": Reading the Second World War through Irish women's diaries', *Irish Studies Review* 18, 1 (2010): 43.
- 89 Cooper, 'Shaping meaning', 99.
- 90 Tosh, *The Pursuit of History*, 72. Joanne Cooper also identifies with this semi-confessional, almost prayer aspect of the daily diary. Cooper, 'Shaping meaning', 95.
- 91 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, 4 (2007): 322.
- 92 Lucy Noakes, *War and the British: Gender, Memory and National Identity* (London: I.B. Tauris, 1998), 80–1.

- 93 Hallett, *Containing Trauma*, 12.
- 94 Abrams, 'Liberating the female self', 19.
- 95 Michael Traynor, Maggie Boland and Niels Buus, 'Autonomy, evidence and intuition: Nurses and decision-making', *Journal of Advanced Nursing* 66, 7 (2010): 1584–91; Sylvia Walby and June Greenwell, *Medicine and Nursing: Professions in a Changing Health Service* (London: Sage, 1994).
- 96 Roger Cooter and Steve Sturdy, 'Of war, medicine and modernity', in Roger Cooter, Mark Harrison and Steve Sturdy (eds), *Medicine and Modern Warfare* (Amsterdam: Rodopi, 1998); Hallett, *Containing Trauma*; Jane Brooks and Christine E. Hallett (eds), *One Hundred Years of Nursing Wartime Practices, 1854–1953* (Manchester: Manchester University Press, 2015).