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Salvaging soldiers, comforting men

On 2 September 1939, the eve of the Second World War, the *Nursing Mirror* declared that a nurse 'is not brought up to expect ease and comfort, but rather to learn to create ease and comfort for others'.[1] This chapter examines the role of military nurses in war zones across the globe in providing this 'ease and comfort' for their combatant patients, and doing so in increasingly confident and humanitarian modes. Preparations began for the mobilisation of the Queen Alexandra's Imperial Military Nursing Service (QAs), their Reserve and the Territorial Army Nursing Service (TANS)[2] from the mid-1930s as war seemed ever more inevitable. Orders then commenced on 1 September 1939, when at one o'clock the War Office in London contacted the QA Matron-in-Chief: 'Mobilisation orders received. Complete mobilisation of QAIMNS + QAIMNS Res came into effect. Matron-in-Chief QAIMNS to move her office from 3 Spring Gardens to 3 Thames House on 2.9.39.'[3] The first members of the QAs and their Reserve left for France on 10 September. By 25 September, 570 nurses had embarked for France. Nursing sisters of the British Army were eventually posted to all war zones of the Second World War to care for combatants.

The chapter maps the nursing practices on active service overseas that recovered men, including body care, feeding work, the management of pain and support for the dying. These four areas of nursing practice are commonly associated with nursing work, yet, in war zones, they demanded complex gendered brokery. The intimacy of body care, the moment when the single young female nurse meets the young male patient, required skilful negotiations in order to alleviate the spectre of unrestrained sexuality.[4] Feeding work was

quintessentially part of women's domestic role, but during the Second World War it took on political import as women fed the nation on rations and saved Britain from waste. Military nurses demonstrated that they too had the skills and ingenuity to scavenge, prepare and administer nutritious food to recover men for battle. The care of pain was crucial to patient recovery and yet, in the masculine space of war, the combatant was often reluctant to admit to it. Thus nurses needed to use skilful techniques of assessment and management in the face of the soldier's stoicism to provide him with adequate pain relief. As part of the formation of skills to manage their combatant patients in war zones overseas, nurses developed the artistry of their practice from task orientation to a humanitarian service that healed men physically, socially and emotionally, in order to prepare them for return to the battlefield, or support them in death.[5]

As men were laid waste across the globe by the destructive forces of modern weaponry, military nurses were posted to all war zones in unprecedented numbers, and contrary to gendered expectations. Cynthia Toman argues in regard to the Canadian military nursing service that 'It was gender, not nurses' abilities that constrained their work'.[6] But gender also was the key to their war work. Combatants in dangerous war zones had historically been cared for by male orderlies. By the Second World War, medical military authorities were armed with the knowledge that successful medical outcomes were more likely with earlier treatment. In order to provide prompt, expert care, trained nurses were needed close to the fighting. Despite the fact that some of the orderlies were themselves registered nurses, the decision was taken to post female nurses to front-line duty.[7] Although as Crew wrote, 'male and female nurses can be completely equal in response to professional knowledge and skill', he continued that the chief and most important difference was their gender. The ill or injured combatant 'is a child-like creature, often dependent and insecure, who sees in the female nurse a mother-figure, tender and compassionate'.[8] Nevertheless, nurses' training had not necessarily prepared them for the tender ministrations needed to salvage their soldier-patients.

Transforming nursing care

The testimonies of nurses acknowledged that their regimented and highly disciplined training was in many ways 'dehumanising'. For those who qualified as registered nurses and went on active service overseas, there was also an appreciation that this training toughened them and thus enabled them to manage the challenges of war nursing. The long hours, hard work and sometimes overly harsh regimes prepared them for war and its human tragedy as the skills they learnt as student nurses became embedded in their 'nursing-selves'. Writing in her diary after arriving in Normandy shortly after D-Day, Sister Ann Radloff stated, 'This was the moment for which I had prepared for four long years, and during which, as well as fun and friendship, I had suffered depersonalisation, despair, discipline and desolation.'[9] Sister Brenda McBryde landed in Normandy with the 81 British General Hospital also in June 1944. In her memoir she described 'the trauma' of her first day in the resuscitation department:

> Everything I had learned during four hard years of training suddenly made sense. My hands had a sure and certain skill and my brain was unflustered as I replaced dressings over gaping wounds, gave injections of morphia and the new wonder drug, penicillin, charted blood pressures. I began to see, for the first time, that the disciplines of the training school were a necessary part of the whole. That tent, full of men, whose clammy bodies overpowered me with the nauseous sweet smell of shock were my fulfilment, since they could no longer help themselves.[10]

The regimented training of nurses in British hospitals in the 1930s and early 1940s thus enabled those nurses who went on active service overseas to perform bodily care and clinical nursing work, despite the alien environments in which they found themselves. In a letter to her mother from active service in Italy, Sister Agnes Morgan described her elation at being able to engage in 'real war-nursing … bandaging, giving injections, washing, lifting, dressing – no red tape, no beds to make, no rules or regulations to observe', and with no supervision.[11] Here she offered a list of the same work that all nurses would have engaged in on wards in civilian hospitals in Britain, work that was the backbone of their duties. The lack of supervision and the new delights at a more autonomous mode of practice were novel experiences. Just like Hana in *The English Patient* who muses that 'She would not be

ordered again',[12] it was this autonomy that Morgan, like many of her Army nursing colleagues, welcomed as part of active service. Yet two years earlier, in a letter from Egypt, she had acknowledged the need to care not only for the bodies of the men, but also for their humanity.

> By night they came on convoys broken and maimed and what could we do but give them everything we had in the way of nursing skill and bodily comforts, and by day they came in walking (like the Welchmen from Benghazi), often maimed in mind, but only exhausted in body, and now what comforts had we for these? What wise council, what heroic words would sooth a haunted mind?[13]

Nurses' training had clearly prepared them to care of the 'broken and maimed' bodies of men. Morgan was not so sure how it prepared them for the emotional care required to recover men from the physical and psychological trauma of war and to see the patient as a person.[14] As Radloff argued, her posting to active service overseas was the 'beginning of involvement in such courage, patience, tragedy, torment and laughter that was to transform us all into different people'.[15]

Caring for bodies, recovering men

Sister Angela Bolton maintained that her nursing routines in India during the Second World War had been very similar to those in England before the war. The day started with sisters' and doctors' rounds, dressings, medicines and patients' meals.[16] Despite body care being the mainstay of nursing work, she does not list it in her daily duties. Over the past century areas of nursing practice have been transformed and transferred to other professions. Massage became the province of physiotherapists, nutrition the work of dieticians and X-rays that of radiographers.[17] Hygiene and elimination care stayed with nursing, yet are the least discussed areas of nursing practice in the personal testimonies, as the reference to Bolton's daily work above suggests. There are arguably three reasons for the hidden nature of this work, given censorship rules and nurses' self-censorship. One reason is body care's self-evidence as nursing work. Second, body and hygiene care are inextricably associated with dirt; third are concerns that the potential sexual undertones in the encounter between the

female nurse and her male combatant patient could not easily be nullified.[18]

War should be a masculine space,[19] and yet the status of being a patient is bound in dependency.[20] Dwelling on the weakness of the ill or injured soldier may have provided a safer narrative for the nursing sisters, but it did not render body care benign. Joanna Bourke argues that for those disabled from birth, a level of passivity surrounds their being. The injured soldier was, however, both mutilator and mutilated; he was a man whose passivity is contingent: 'He was the fit man, the potent man *rendered* impotent.'[21] The mobility of the Second World War meant that female nurses were often far away from the supervision of older nurses. Their work and relative autonomy carried with them dangers of impropriety and sexual frisson.[22] The patriotic duty of female nurses may have been to salvage men for the battlefield or to return them to their loved ones at home, but such unfettered closeness could carry with it public and private fears of sexual freedoms and a disruption of accepted social relations.[23]

Discussions on the difficulties that war created for anticipated female propriety fill texts on women's wartime work. According to Sonya O. Rose, with the advent of the war, concern over the behaviour of young women was brought into stark relief.[24] Even for those women on home soil there was a great deal of suspicion about women in uniform,[25] the wearing of which suggested gender bending[26] and women's active participation in the conflict.[27] The shifting of nurses' space from the hospital in Britain to the ward in a war zone transformed her from feminine home-maker to war worker. As Cynthia Enloe argues, military nursing sat on an 'ideological knife-edge',[28] exacerbated by nurses' proximity to naked male patients.

The care of the male body by young, single women thus placed nurses in a liminal place between the accepted face of femininity and the ambiguities of heterosexual touch.[29] The nurses themselves were clearly aware of this, although they rarely articulated their concerns explicitly. When Sister Mary Morris was posted with the 101 British General Hospital to Louvain in Belgium, the building that was destined to be their hospital was a converted convent of closed nuns. Morris stated that the nuns were 'delighted to have us', despite the fact that 'men have not been part of their lives'.[30] Later in her diary, on 16 October 1944, Morris admitted, 'The nuns here are an enormous

help to me, particularly Marie Anselma. It must be extremely difficult for her to cope with the nursing duties here – some of which are very intimate and difficult.'[31] In her semi-autobiographical book based on her war experiences, Sister Pamela Bright admitted to the confusion and embarrassment felt by her and her colleagues when 'our patients showed a frank consciousness of sex'.[32] Arguably, it is highly significant that this blunt admission occurs in a text that is only 'based' on her war experiences and not taken from a diary or letters. Whilst the full range of testimonies used in this book contains comprehensive descriptions of nursing work, detailed discussions of bodily care are often notable by their absence, and the two quotes above are the only places where the spectre of sex is recognised.

The work of the nurse in caring for people's bodily functions is such a truism that it neither needs to be nor should be discussed.[33] Furthermore, given nurses' privileged status as white female officers, they may not have wished to acknowledge body work, even to themselves. As nursing reform became embedded in the hospital services of nineteenth-century Britain, the engagement with patient hygiene meant that in the embodiment of the single, female nurse, 'women's purity and impurity were expressed at once morally and physically'.[34] Nurses were not only agents of reform, but also potentially suspect. In order to maintain a level of propriety they were advised to be quiet about the more unpleasant aspects of their work.[35] For, as Leonore Davidoff argued, those who engaged in 'dirty work' not only became defiled by the association with dirt, but also could themselves become the defiler.[36] In the nineteenth and early twentieth centuries the body work of nurses was imbued with a 'nursing-as-Christian-practice discourse' in order to circumvent impropriety and promote an ideology of middle-class morality.[37] Nurses needed to be symbols of Christian chastity in order to have the respect of male patients whilst they provided 'intimate ministrations'.[38] Florence Nightingale herself demanded that women who entered nursing should acknowledge that the work 'requires like every duty, if it is to be done right, the fear and love of God.[39]

By the Second World War, anxieties about nurses' body work with male patients had not abated, but exhortations to nursing as a Christian duty did not apply in the same way any more. As one nurse who trained at St Thomas' Hospital admitted, students in 1938 were

told to 'polish their brasses to the glory of God'; in 1941 such edicts had lost their power.[40] The Second World War therefore witnessed concerns regarding the behaviour of women in general and a reduction in the ideology of 'nursing-as-sacrifice'. It is likely that nurses felt injunctions to silence on body care were still worth obeying in order to reduce the potential for 'pollution' created by intimate access to the male body.[41]

Nursing may have been the epitome of women's work, but that did not make its involvement with naked men easy to manage. In her exploration of 'dirty' 'body care' that contributes to the most fundamental aspects of nursing work, Jocalyn Lawler demonstrates that it is body work in particular that is 'left behind' as one becomes more senior. The work therefore is perceived as neither skilled nor desirable even by the nursing profession itself.[42] Nor is this disgust at young women's body work with men confined to nurses themselves. Penny Starns maintains that Indian and African male staff regarded with incredulity the body work that female nurses on active service overseas performed.[43] Radloff admitted causing great offence in India when she carried out intimate care on a local man, commenting that she was told that white women could not be seen doing physical work. Bodily care was the province of the male orderly.[44]

Morgan's letters to her mother may be unusually frank in their reporting of the war, the misery and desperation it caused and her work within it, but her reflections on body care are both rare and brief. In a letter in May 1941 she lists 'dressings, blanket baths, admissions, talking, cheering, teasing, ordering, the day goes by until tea'.[45] Then in another letter, in July 1943, she wrote of the need to 'wash their sweaty faces'.[46] In August 1944 she described the very 'primitive' hospital, 'and at the moment there's the almost *usual* water shortage, but we get along very well and the boys never object to going dirty that's one blessing!'[47] Sisters Geraldine Edge and Mary Johnston's account of their experiences on the hospital carrier ship HMHS *Leinster* is just as careful in its description of the body care given to young men: 'We set to work on the wounded that had just come on; so far they had only field dressings and were badly in need of attention. Four days growth of beard and a corresponding accumulation of dirt had to be removed.'[48] In her diary written aboard HMS *Dorsetshire* off the coast at Tobruk, Sister Helen Luker's description of a convoy of patients admitted to

her ward is no more detailed, 'we feed, tuck them up for the night, not half of them get washed, some are very ill'.[49] Sister Jessie Wilson is equally brief in her narrative of the care given to Greek soldiers as they arrived from fighting in Albania. Moreover, she has a chaperone: 'Mac, the Australian orderly and I got them into bed, bathed and fed them.'[50] Yet this momentary description of bodily care is stark against the graphic description of one particular patient's head wound. Arguably, it is the nature of body care and not the horrors of war nursing per se that is problematic: 'We came to one old Cypriot, his head covered with blood. I started to cut away some of the hair, when I discovered a huge scalp wound and pieces of bone in his hair. A piece of shrapnel had pierced his tin hat, and the top of his skull had been smashed like an eggshell.'[51] Sister Mogg and an anonymous TANS sister who were both in the Middle Eastern desert war in 1942 provide similar succinct descriptions of bodily care. Mogg wrote: 'the minor cases who were tired and caked with sand, had their wounds dressed and were then washed, fed and rested'.[52] The anonymous TANS sister's testimony, whilst it is as brief in its allusion to bodily care, does begin to develop the understanding that the combatants needed a more supportive care regime and not just one built on efficiency:

> the patients were straight from the front line, and arrived tired, dirty, unshaven and very hungry, and some of them with very nasty wounds. They would come every day about lunch time, and we would feed and clean them as best we could … with such great numbers we were able to do very little for them apart from the bare necessities.[53]

During her posting to the Middle East, Wilson worked on a surgical ward: 'All walking wounded were sent to the bath whenever possible. How they appreciated their first hot bath for months! Stretcher cases were bed-bathed … Sometimes the men fell asleep as we were bathing them, just worn out.'[54] Many of the narratives of Second World War nurses' fundamental care practices are reminiscent of their trained nurse predecessors in the previous conflict. Personal hygiene care by nurses does not change. In *Containing Trauma*, Christine Hallett cites a British-trained nurse: 'You could not distinguish a feature, and he was caked in mud and blood.'[55] Like the TANS sister and Wilson above, the writings of trained nurses such as Kate Luard and Alice Fitzgerald articulate a non-romantic vision of the soldier-patient's

2 Italy 5th Army, assisting the helpless, 1944. Securing sufficient nutritious food for soldier-patients demanded nurses' ingenuity. Physical impairments caused by war injuries added to the burden of ensuring that men were well fed.

suffering. In her memoir, Fitzgerald wrote that she had not written her diary for propaganda purposes or publication, but to provide 'day by day account of events in a war mad world'.[56]

The best-known narratives of the First World War come from volunteer nurses, such as Vera Brittain, Mary Borden and Ellen La Motte, women who saw themselves as authors and as witnesses to war; they are far more poetic, more romantic.[57] In *The Backwash of War*, La Motte described the care of the dying soldier: 'The 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.'[58] Most of the Second World War nurses who wrote diaries, letters and other unpublished personal testimony were trained nurses before they were writers. Their narratives are therefore

quite different, more realistic and prosaic. There are, however, exceptions to this. McBryde's description of the care given to a soldier too badly wounded to move provides an unusually detailed narrative of intimate nursing care. Furthermore, as it was written for publication, many years after the end of the conflict, it is evocative of the writings of the volunteer nurses of the First World War – loving and elegiac. This vignette, as with Wilson's above, is also more detailed because both men were so ill that any image of sexual tension was voided:[59]

> Gently, we eased him out of his jacket and what was left of his trousers, still caked in mud … I cradled him firmly to me while Joan soaped and gently sponged his back, all reddened and pitted with bits of earth and grass. Then she rolled up the soiled blanket from underneath him and laid a clean one alongside. In this position, we drew on one sleeve of a pyjama jacket and rolled him smoothly over the hump of blankets to Joan. Swiftly now, because he was lying on his injured leg, I pulled away the dirty blanket straightened the clean one eased on the rest of his pyjama jacket, then let him slip back gently on to a cool, clean pillow.[60]

McBryde maintained that it took 40 minutes to provide the care for this one patient. Her memoir, originally published in 1979, 34 years after the end of the war, was clearly meant to create sympathy for the patient. The use of the word 'gently' three times in the recollection demands a sense of pathos from the reader and removes the spectre of impropriety. So too does the presence of two nurses at the bedside, providing as they do a chaperone for each other. Furthermore in the 30-year hiatus between the Second World War and the publication of the memoir, attitudes to women and their relations to men had changed substantially.

Despite the paucity of detailed descriptions of intimate care,[61] the testimonies do point to such care being proffered, but often when associated with more clinical aspects of nursing work.[62] Sister Catherine Hutchinson worked on a hospital ship transporting patients back to Britain, many of whom had been fighting in Italy. She recalled one sergeant who, she said, 'greatly aroused my sympathy because he gave me the impression that he knew the seriousness of his condition'.[63] He had a bladder infection which had given rise to a high fever and was incontinent of faeces. His extensive and distressing physical problems required three to four people to support his hygiene needs, necessitating the involvement of non-nursing staff to

help, including the Church of England padre. Not only is the bodily care of patients therefore passed on to others, in this case a minister, who were less likely to raise the spectre of impropriety, but also bodily care is subsumed into narratives of clinical work; work that appears to be less intimate and more professional.

The description by Radloff of treating scabies is perhaps the only time in the extensive primary sources used for the study that the 'naked' male is mentioned, and here it is not as part of washing and comfort care but as part of clinical nursing: 'As always one could only marvel at the patience of the patients with their acceptance of much ignomony [*sic*] and degradation. They had to stand completely naked while we sisters carried out this horrible procedure. I had been depersonalised – it must have been so much worse for them.'[64] What she apparently does not consider here is that the soldier has already also been dehumanised. As Emma Newlands argues, 'The very first step in the army's training regime was to establish control over the recruit's body.'[65] In a war, the purpose of which is to injure and destroy human beings,[66] the only purpose of the soldier is to 'fight even when the situation seemed hopeless'.[67] By recognising the ignominy of the treatment and the degradation the soldiers must have felt, rather than focusing on diagnosis and treatment regimes,[68] Radloff had already acknowledged the personhood of soldiers and was realising the potential for a more humanitarian nursing practice that could temper the destruction of war and recover men. If, in the narratives of body care, nurses constantly manoeuvred themselves around the desire to bear witness to men's suffering, expectations that nurses would be kindly and the ever-present fears of moral and physical pollution, other aspects of their nursing work were more simple. Feeding is mother-work; there are no ambiguities and no questions of suspect sexual knowledge by young single women. The ease with which the nurses identify this work in their testimonies is evidence of this.

Feeding work

The provision of nutritious food was the ideal of womanly care and gave nurses, as it did many women at home, a sense of worth. Julia Brock and colleagues argue that not only did the women themselves

take pride in this role, but the allied governments rapidly developed an appreciation of the 'power of women' in managing wartime rations and restricting waste.[69] In the difficult years of the 1930s, food and its price had become a political motive for women. Nineteen-thirties' feminism may have reasserted traditional family structures,[70] but many women were more aware of their position and their value in the home. The political import of food was so significant that, according to Julie Gottleib, Edith Summerskill changed her general election campaign to focus on women's issues, including the price of food, rather than on foreign policy. In this move Summerskill was to be vindicated, despite fears that the expectation that women would concern themselves with the domestic rather than global politics could be used to maintain the status quo.[71] It was Summerskill's campaign grounded in the ideology of separate spheres, one that located women in the domestic space, that won her her seat.[72] Health inequalities that arose from poor nutrition may have played into the hands of those who wished for working-class girls' and women's education to focus on domestic skills, but they also identified the importance of good nutrition to create a fitter, stronger soldier.[73] Like women in general, nurses were aware of the value of good nutrition for health and healing, and their essential role in its provision.

The interwar stress on the importance of motherhood and the virtues of organising the domestic space was used by nurses on active service overseas to legitimise their position and demonstrate both their thoughtful care and their ingenuity. Whilst there was substantial research into the nutritional status of foods and what type of foods were needed to maintain and restore health,[74] few medical officers would have had either the interest in or the knowledge about preparation and administration of food to the sick. It was left to the nursing staff to ensure that food appropriate for healing was created out of monotonous field army rations.[75] Mark Harrison considers the appalling diets that caused debility and deficiency diseases,[76] and Kevin Brown identifies the severe lack of food for those imprisoned in Japanese camps.[77] However, as patient feeding was not part of the medical officers' work, neither focuses on the practical matters of ensuring adequate nutrition.

As historians of nursing have become more interested in the fundamental aspects of nursing work, they have started to contribute

significantly to this crucial yet neglected study. The preparation and administration of food for the sick had been a part of nurse training since the developments of schools of nursing in the nineteenth century. Furthermore, nurses saw this work as involving skilled decision making, rather than being a simple domestic task.[78] In the absence of drug therapies, it was often the only method of supporting recovery.[79] As Charlotte Dale argues, during the Second Anglo-Boer War (1899–1902) the provision of 'food, fluids and palliatives'[80] was the only treatment regimen for typhoid.[81] Although by the Second World War, TAB (typhoid-paratyphoid A and B) vaccination against typhoid was given to all those on active service and there had been some success with using sulphaguanidine against the disease,[82] nursing staff were still required to be hypervigilant with the dietary regimes for those infected. Such care was not always easy with rations of 'bully beef and biscuits'.[83] Patient feeding had a dual role for nurses in war. It was understood as vital for their patients' physical and psychological recovery and it provided nurses with an area of autonomous practice.[84] Thus, despite advances in drug therapy, the feeding aspect of nursing work in the Second World War remained critical to nurses if they were to promote the well-being and recovery of those in their care.

Unlike the caution taken by nurses in their personal testimonies apropos body care, nutritional support and feeding work are frequent themes for discussion, including both the quantity and quality as well as where to access food and how to select and prepare appropriate food. Even after the advent of penicillin, there remained a firm belief in the absolute importance of patients receiving nutritious food in order to combat disease and injury. As late as February 1945 the Royal Air Force (RAF) was still laying stress on food to prevent illness and support recovery rather than reduce patients' 'vitality' with drugs.[85]

Access to nutritious food was, however, a recurring if not perpetual problem for nurses and their patients, especially in more mobile hospital units. One nursing sister recalled the people arriving in droves and the nurses having to forage for food to feed them during the evacuation from France in the summer of 1940.[86] Jean Bowden wrote of a Sister Leyland during the evacuation, who had a CCS with about 1,200 combatant patients and 'not much to give them except Bovril'. Allowing for artistic licence in her text, the limited access to food for the ill and injured was clearly severe.[87] According to Sister Leeming,

food in a tented desert hospital was 'scant and indifferent',[88] and Sister Nell Jarrett complained that instead of nursing, she spent her time trying to organise sufficient food.[89] Despite these problems, nurses, orderlies, quartermasters and the cooks with whom they worked were usually able to provide more nutritious and plentiful food-stuffs in hospital than had been available on the battlefield.[90] When stationed on HMHS *Leinster* off the coast of Iceland, Matron R.G. Moffat was impressed by the 'great deal of trouble [that] was taken by the chief steward to arrange meals', in spite of the hospital ship's being 'frozen in'.[91] Sister E. Alty commended the quartermaster sergeant during the evacuation from France in 1940 for not only procuring food, but also cooking it himself,[92] although such praise was not universal. Sister Emily Soper maintained that she experienced difficulties in obtaining food for their patients because the quartermasters would not allow them access.[93] It is not clear whether this refusal to support the nurses' patient feeding was gendered or part of military tribalism, but even though there were evidently many exceptions, historians of wartime nursing have identified it as a problem in all wars.[94]

Once in a base hospital with improved, if still sometimes restricted, access to food and water, nurses worked hard to encourage adequate nutrition to improve their soldier-patients' health.[95] Sister Travis's experiences in the desert were of reasonable food and well cooked, but monotonous and not always suitable for those who required special diets, such as in cases of jaundice.[96] Bolton, who nursed the Chindits in India, was only too aware of the difficulties of feeding those with dysentery when their stomachs could not cope with food: 'They would ask for a generous helping, start to eat avidly, then put their plate down with regret, their stomachs not able to cope with anything stronger than milk dishes and eggs.'[97] Sister Jessie Higgins of the Princess Mary's Royal Air Force Nursing Service (PMRAFNS) in Burma in 1944 described being confronted with:

> Nothing but sickness with us, really … We had awful problems getting ill boys to eat and drink because the food was absolutely ghastly and of course you couldn't get any oranges or lemons, the only thing you could get was limes, and that [*sic*] very few and far between, we used to barter them for pilchards in tomato sauce, with the villagers. The limes were very precious and these very ill boys … we had lots of boys with minor heart conditions, a result of dysentery or typhoid. Well we used to have two great big enamel

3 Wounded arriving back from Normandy on board a hospital train, 7 June 1944. Providing adequate nutrition for patients on moving hospital trains was not an easy task.

jugs, one was blue and one was white, and we used to make squash drink (*limeade*) – in one and keep that for the really ill boys that needed the vitamin C.[98]

In response to the needs of their soldier-patients, nursing sisters realised that the physical benefits of nutritious and varied food was only one aspect of patient feeding. They also appreciated the psychological benefits of food and meal-times as methods of rehabilitating men for the return to battle or civilian life. Sister Luker wrote of the joy of 'really spoiling our patients with extra supplies of drinks, food, chocolate'.[99] Sister Mary Bond was posted to the Middle East in the winter of 1940. In her memoir she maintained that one of the most important aspects of her work in supporting the healing of her combatant patients was to 'make their meals as enjoyable as I could, sometimes I would make extras from eggs bought from local people. A favourite was scrambled eggs with cheese cooked on a "Dixie" lid on a primus stove in the ward.'[100] Morgan had one very young soldier

in her care who would not eat any of the food they usually gave their sick patients, 'all the things we perjure our souls to procure for him, but mutters in a weak voice, "me [*sic*] mother makes OXO for me when I feel sick at home"'.[101]

The image of the nurse as mother feeding her 'flock' was a more palatable narrative than the hands of the nurse on the male body. Yet, as with the use of clinical nursing to identify scientific skills, some testimonies present feeding work as a clinical task as well as a homely one. This can be seen most particularly when considering those patients who had facial surgery. The data suggest not only dedicated care on the part of the nurses, but also considerable skill and improvisation:

> Great care is taken over the patient's diet. The calorie balance is carefully studied. Diet is varied as much as possible. Masks are worn during the treatment and while feeding the patients. The rubber protected spouted feeders are thoroughly cleansed and sterilised before and after use. Special attention is given to the hygiene of the mouth, strictly aseptic precautions are observed.[102]

The importance of patient feeding and the vital role that nurses played in this work was thus written into the lexicon of nursing in the Second World War. Whether appropriate medication was available or not, the acknowledgement that good nutrition was crucial to healing provided the military nurse with an area of practice that she could call her own.[103] Nursing sisters needed to use considerable skills of negotiation, improvisation and ingenuity to ensure that their patients received adequate and appropriate nutrition. These skills necessitated extensions of both their interpersonal skills and technological capabilities,[104] which were developed not only in response to feeding, but also in more clinical work, such as pain management.

Rehumanising men: healing skills in pain and death

Managing combatants' pain

The physical and mental trauma inflicted by the battles of the Second World War assaulted men's bodies.[105] Nurses' skills and humane responses to distress are seen in their ability to respond to this trauma, so that rapid detection of physical and emotional pain, or impending death, enabled appropriate and supportive care. Assistant Matron

Gillespie was posted to a hospital in Cairo just as the battle casualties from the Western Desert started arriving: 'Meanwhile, the Matron, divisional Sisters and I were giving the men tea and cigarettes. Often we picked out men who seemed especially sick or in great pain, and these we got through to the wards straight away.'[106] Whilst Gillespie demonstrates the important clinical role of nurses as part of a triage process,[107] she also showed awareness of the vital importance of the fundamental aspects of nursing care, most particularly the need for kindness, rest, nutrition and pain relief.

Santanu Das maintains that emotional and physical pain are almost impossible to discern as an outsider, as they 'stubbornly [resist] objectification in language'.[108] Yet nursing sisters were required to recognise, assess and manage their patients' pain in order to enable the healing process. Pain associated with the combatants' injuries and diseases therefore provided them with significant work. Bright's elegiac description of the damage physical pain does to recovery helps the reader to understand the importance of the provision of good pain relief:

> Pain made a patient self-absorbed, querulous, difficult, impatient, and unjust … Pain alters the very best of characters, and should not be tolerated. At night there is a greater deal of concentration on pain, because there is little to distract the mind, and by day it forbids the simple pleasures of eating, dozing, thinking; it pursues its own course so relentlessly that it leaves a stunted, perverted mind, and a longing to die.[109]

Given the centrality of pain to the experience of many soldiers, it seems odd that not more discussion is given to this aspect of care in histories of the Second World War. It may be that this is partly because the administration of analgesia is a nursing role and thus omitted from explorations of military medicine. Although there are more discussions of the administration of pain relief in wartime nursing histories, these are still not extensive.[110] It is possible that the absence from the historical canon was in response to soldiers' fears of being considered 'weak' or malingering, or fear of being a 'bad patient'.[111] Joanna Bourke maintains there was a concern amongst soldiers that admissions of pain would bring ridicule from the ward sister and increase the work of the nurse.[112] The point of war is to kill and destroy the enemy; in order for this to happen, 'the primary move

strove to reduce human agency to that of impersonal, mechanical "effectives" or "non-effectives"'.[113] In such a system pain can be seen only as the 'foe', something to be fought at all costs.[114] Certainly there were senior members of the military, such as Orde Wingate, who believed that pain could be blocked by the mind.[115] Such attitudes would have meant that some soldiers would have fought hard to deny their pain to their superiors.[116]

The transformation of the civilian male into a machine of war, coupled with an ideology that firmly maintained that the purpose of men in war was to protect women, demanded a similar stoicism when the soldier-patient came face to face with the female nurse as when he faced the military man.[117] Ana Carden-Coyne argues that to 'scream in pain, to express pain, was to act like a woman or child, and therefore invite feminization or infantilization'. Pain is bound with fear, and to express pain is to admit fear and therefore abandon the masculine self.[118] The gender dynamics in the relationships between the medical staff and patients in a military hospital in the First World War suggest a culture of manliness.[119] Twenty years later, in the Second World War, the gendered relationship between the female nurse and her combatant patient also appears to have required the soldier to retain his masculinity in order to perpetuate the belief in men's protective role.

In contrast to the limited discussions of pain in the histories of war, the frequency with which soldiers' pain is discussed in the nurses' own testimonies suggests that they placed significant importance on this aspect of nursing care. One sister wrote of the dreadful state of the Greek soldiers: 'mostly cases of frost-bite. They arrived from the hills of Albania in a terrible state, usually having travelled about seven days … drugs were administered to those in pain and the urgent cases of gangrenous limbs were operated upon. Most of the patients slept and slept and slept.'[120] Jean Bowden wrote of a train full of British and allied wounded. One RAF officer, 'was in a shocking state – severe burns', but his greatest concern was to keep his 'wings' as they cut him out of his uniform.[121] The nurses administered morphia and the pilot 'slept a little under Sister Davies' watchful eye'.[122] Another QA wrote to Dame Katharine Jones of her night on the casualty ward on Gibraltar: 'It was a never-to-be-forgotten experience, going from bed to bed re-packing wounds, applying tannic acid to burns, giving injections of morphia and laying out the dead.'[123] One of Hutchinson's

patients was described as being in 'considerable pain' that was so bad he was administered the barbiturate intravenous pentothal. Although Hutchinson described his death from the cumulative effects of the drug, there is no reference to his reactions to his pain.[124] Nevertheless, in this and other explorations of caring for combatants in pain, it is clear that such work exacted considerable emotional labour on the part of the nursing sisters.

The stoicism in the face of pain meant that its accurate assessment and management was problematic. McBryde recalled the 'ultimate challenge' of caring for Australian soldiers whose denial of pain created an additional complexity to the provision of pain relief: 'some of them suffered dreadful pain but never complained'. She described how Sister Joan Wilson would let the Australians brave their pain until she felt 'that things had gone far enough'; she would then insist that they receive analgesia, but even at that point they would often refuse.[125] Much of the primary data related to pain management is in fact about German patients' pain, although there is no indication of why this should be. The care of prisoners of war (POWs) could be a significant challenge to the nursing and medical staff and not all were keen to offer German POWs the same care that they provided to their allied patients.[126] Margaret Thomas recalled a sister who would not give her German patient sufficient morphia, despite his 'bad shoulder injury and his penis was shattered, he was an awful mess and she wouldn't give him any [morphia]. If she [the sister in charge] had gone off duty, I would have given him some, but she wouldn't give him any and she was in charge.'[127] Significantly, perhaps, Thomas was in a military hospital on the home front; on active service overseas nurses seemed to take a more sympathetic attitude to POWs. Narratives that consider the care of enemy patients' pain therefore offer a different dimension to nurses' work and suggest that for some, humanitarianism was just as important as patriotism, especially when the soldiers' responses to pain were similar to those of British and Dominion soldiers.

The belief that those of northern and western European stock were more able to manage pain was, as Joanna Bourke argues, part of the pseudo-science of racial difference prevalent in the middle years of the twentieth century.[128] Thus, even when patients were the enemy, their worth as northern Europeans meant that they were considered

morally superior and appreciated for their ability 'to restrain their emotions'. However, this, coupled with language difficulties, made the work of nurses challenging. Sister Evelyn Potter nursed German POWs towards the end of the war: 'I remember one German particularly and he was an ex-SS guard. He used to sit bolt upright in bed and he used to have bouts of severe pain and we only knew when his bed shook.'[129] Elizabeth Kyle's description of a nurse caring for a German general illustrates the nursing skills required to diagnose pain and provide relief without raising concerns of limited bravery. According to Kyle, the nursing sister 'knew better than to offer sympathy or ask irritating questions', as the general was clearly in pain, but would not admit to it. Instead she allowed the conversation to develop on common ground, discussing the nature of obligation by soldiers and their duties in war, whilst administering the required morphine.[130]

Not all soldiers', German or allied, responses to pain were stoic, nor was all pain physical. However, the identification of those who could and would cry out in pain is usually in descriptions of the very young, thus softening the need for manly behaviour. On 5 July 1944 a convoy of Canadian casualties arrived at Morris's hospital in Normandy: 'There were charred bodies everywhere', and although she acknowledged that some did indeed lie quietly dying, others were 'screaming with pain'. She continued, 'We gave them morphia and more morphia and watched helplessly as they died … they were all so young and frightened.'[131] Radloff recalled:

> Some died on stretchers … but a few could be rendered fit for active service. This was almost the worst part – that a young man who had been helped to recover was so terrified that he cried and begged to be spared a return to the slaughter and carnage. But back he went – and again I do not know what happened to him.[132]

The administration of morphia was a nursing duty in civilian hospitals in Britain. However, on active service overseas the need to both administer and prescribe became part of nurses' armoury of skills, with nurses making rapid decisions on the need for pain relief without recourse to medical support.[133] One TANS sister in the Middle East described the arrival of nearly 100 German POWs: 'I had to use morphia at my own discretion, there was nobody about to order and check all the time and many of them were in agony.'[134]

Having not been trained to prescribe and knowing that it was outside the remit of nursing work, this would have taken considerable risk and courage on her part. Furthermore, the uses of morphia in war zones were wider than in a civilian hospital. Luker recalled administering analgesia for pain and to support dangerously ill patients more generally. On 24 December she described how one patient 'nearly dies at 1am, but coramine, then later, morphia restore him somewhat, but his pulse is 160–176'.[135]

Death and dying

The exigencies of war meant that not all patients could be saved, and thus morphia was used not only to restore health but also to support a patient's dignified death. The development of more human-centred practices meant that nurses established a closeness to their combatant patients and then had to watch them die in what was considered 'the ultimate sacrifice'.[136] This personalisation of death was sometimes achieved at both personal and professional cost for nurses, realising as they did their impotence in its presence: 'surely three o'clock in the morning approaches the very bottom of time? To mourn seems the natural thing to do; a dying man dies … while the professional calm and dignity of a nurse become as nothing.'[137] Sister Iris Hooper was posted to a forward CCS in the latter months of the war. Writing for the *Medical Gazette* in June 1945 she stated: 'By far the greatest emotional strain was caused by being audience to the domestic and personal side of a life fast ebbing from one who seemed to have so much to live for, so much to hope for, so many ambitions to fulfil, but yet, wounded beyond repair, unable now to carry on the fight to live.'[138]

Sister Francie Brown wrote to her sisters in August 1944 of a patient she had 'specialed'.[139] His health had been improving and he was to be evacuated, then the night before his arranged departure, 'he woke at midnight – called me, + just died in three minutes. Oh I was upset – it was terrible + so unexpected. Since then I have heard from his wife + mother … It makes me feel I'll never write to relatives again.'[140] Hutchinson recalled one patient who was escorted home to Wales so that he could see his wife and home before he died. On arrival he was so ill that he was sent directly to the nearest military hospital:

> When they got there Sister S. watched helplessly as numerous American doctors descended on him and made rapid decisions to operate on him at once. A message had been sent to his wife when the ship docked, and she was on her way to see him. So Sister S. begged them to delay until she arrived. They told her the operation was too urgent … she heard he had died almost as soon as he was anaesthetised. We were all stunned.[141]

The sadness with which the full story of her Welsh patient is told contrasts with the final brief sentence. The process of caring for the very ill is a legitimate nursing narrative, but once death occurs nurses need to move on in order to manage their emotions. Despite the clear emotional trials of caring for the dying, nursing sisters would have been obligated to grieve silently and unobtrusively in a system that 'privileged stoicism in the face of loss'.[142] In a war zone where death was a common occurrence, to be incapacitated by it would have hindered nurses' abilities to care for the living.

Conclusion

The nurses who went to war between 1939 and 1945 took with them a lexicon of nursing skills and practices that enabled them to manage combatants' physical care. Yet many soon realised this was not sufficient to heal their soldier-patients; a more individual mode of nursing was needed that located their patient as a person, not an object for treatment. Body work, feeding, pain relief and support for the dying were central to the work of the nurse. They were also deeply gendered practices that required skilled negotiation on active service overseas, exacerbated by the closer relationships that were developed between nurse and patient. Body and hygiene work were the backbone of the nurse's day. Away from the close supervision of the civilian hospital system, they raised difficult questions in relation to the handling of male bodies by single young women. Nutrition and feeding were quintessentially linked to womanhood and the mother-role. However, the expertise required on active service demanded that nurses should have significant authority not only over their soldier-patients' feeding but also over access to the food-stuffs they deemed appropriate. The care of physical and emotional pain was rendered highly complex in a world where men should not admit to frailty – the masculine space of war. Military nurses therefore needed

to develop both tact and clinical awareness in order to determine pain and manage it, frequently without medical support. In the absence of medical colleagues, the development of clinical skills shifted these highly feminine nursing practices to a more masculine mode. This new manner of nursing meant that the nursing sisters increasingly worked autonomously and within the realms of scientific medicine. Furthermore, without senior support, the QAs needed to cultivate their skills of ingenuity and improvisation so as to manage the multiple challenges of active service.

Notes

1 Anonymous, 'War – what it means to the nurse', *Nursing Mirror and Midwives' Journal* (2 September 1939): 755.

2 This book is about the war work and experiences of the Army nursing service in the Second World War. Although the TANS had been its own nursing service since its inception in 1908, it was merged with the QAs for the duration of the war. Thus for the purposes of the work, the QAs, their Reservists and the TANS will all come under the auspices of the QAs, military or Army nursing service, as they did for the war. Nicola Tyrer, *Sisters in Arms: British Army Nurses Tell their Story* (London: Phoenix, 2008), 17. See Anne Summers for an analysis of the Haldane Reforms and the foundation of the Territorial Army and TANS. Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854–1914* (Newbury: Threshold Press, 2000), 206–8. Although Dame Katharine Jones was Matron-in-Chief of the QAs, it is clear that she considered the TANS as much a part of her responsibility as she did the QAs. In an article in *Nursing Times* on 27 January 1945, she stated, 'I have done my best to militarize the QAIMNS and the TANS'. Dame Katharine Jones, 'QAIMNS professional and military status', *Nursing Times* (27 January 1945): 60. For a full discussion of Dame Katharine Jones' militarising mission, see Penny Starns, 'Fighting militarism? British nursing during the Second World War', in Roger Cooter, Mark Harrison and Steve Sturdy (eds), *War, Medicine and Modernity* (Stroud: Sutton Publishing, 1998).

3 QAIMNS, 'War diary: Volume I' (1 to 30 September 1939), 1.9.39, The National Archives (hereafter TNA), WO 177/14.

4 For a useful and helpful discussion on the early difficulties regarding nurses' access to male bodies, see Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (Chicago: University of Chicago Press, 1988) and Alison Bashford, *Purity and Pollution: Gender, Embodiment and Victorian Medicine* (Basingstoke: Macmillan Press, 1998).

5 For a discussion on the difficulties in creating an artistry of nursing see 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 Nursing Wartime Practices, 1854–1953* (Manchester: Manchester University Press, 2015), 6.
6 Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War* (Vancouver: University of British Columbia Press, 2007), 52.
7 Male nurses were not entitled to relative rank or commissioned officer status after 1941 as their female colleagues were. Those that existed were employed in the other ranks.
8 F.A.E. Crew, 'The Army medical services', in Arthur Salusbury MacNalty and W. Frankin Mellor (eds), *Medical Services in War: The Principal Medical Lessons of the Second World War* (London: HMSO, 1968), 81.
9 Ann Radloff, "Going to Gooseberry Beach: Travels and adventures of a nursing Sister', 1, Imperial War Museum Private Papers (hereafter IWM) Documents.147
10 Brenda McBryde, *A Nurse's War* (Saffron Walden: Cakebread Publications, 1993), 86.
11 Agnes Kathleen Dunbar Morgan, 'My dearest mother', letter 57 (August 1943), Central Mediterranean Force (hereafter CMF), 4, in 'Still with the lamp: letters to my mother by an army nursing sister'. Egypt – North Africa – Sicily – Italy, 1941–1944, IWM Documents 16686.
12 Michael Ondaatje,*The English Patient* (London: Bloomsbury, 1992), 15.
13 Morgan, 'My dearest mother', letter 23: written and sent at a much later date for reasons of security, Middle East Force (hereafter MEF), 1.
14 Julie Fairman and Patricia D'Antonio have recently challenged nurses to see 'the patient beneath the machines', suggesting that this personal and humane aspect of nursing work retains its difficulties. Julie Fairman and Patricia D'Antonio, 'Reimagining nursing's place in the history of clinical practice', *Journal of the History of Medicine and Allied Health Sciences* 63, 4 (2008): 438.
15 Radloff, 'Going to Gooseberry Beach', 9.
16 Angela Bolton, *The Maturing Sun: An Army Nurse in India 1942–45* (London: Headline, 1986), 79.
17 Sheri Tesseyman, 'Complex alliance: A study of relationships between nursing and medicine in Britain and the United States of America, 1860–1914' [unpublished PhD] (Manchester: University of Manchester, 2013), 259; Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900–1990* (Toronto: Oxford University Press Canada, 1996), 54.
18 It should be noted that not all soldiers were heterosexual. Tommy Dickinson argues that the war was a liberating time for many homosexual men. It was, he maintains, a time when being camp could be both tolerated and enjoyed,

if it remained 'furtive'. Tommy Dickinson, *'Curing Queers': Mental Nurses and their Patients, 1935–74* (Manchester: Manchester University Press, 2015), 42.

19 Toman, *An Officer and a Lady*, 4.

20 Harrison, Mark, *Medicine and Victory: British Military Medicine in the Second World War* (Oxford: Oxford University Press, 2004), 212.

21 Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion Books, 1996), 38.

22 Ana Carden-Coyne argues that in the hospital wards in the First World War, the spectre of sexual frisson was ever present. Whilst attitudes had changed in the intervening years, anxieties had not completely abated. See Chapter 4, 'Provocative wounds: Sociality and intimacy in war hospitals', in Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford: Oxford University Press, 2014).

23 Phil Goodman, '"Patriotic femininity": Women's morals and men's morale during the Second World War', *Gender and History* 10, 2 (1998): 278–93.

24 Sonya O. Rose, *Which People's War? National Identity and Citizenship in Britain, 1939–1945* (Oxford: Oxford University Press, 2003, Kindle edition), loc. 2118.

25 Gerard J. DeGroot, '"Lipstick on her nipples, cordite in her hair": Sex and romance among British servicewomen during the Second World War', in Gerard J. DeGroot and Corinna Peniston-Bird, *A Soldier and a Woman* (Abingdon: Taylor and Francis, 2014), 110.

26 Martha L. Hall, Belinda T. Orzada and Dilia Lopez-Gydosh, 'American women's wartime dress: Sociocultural ambiguities regarding women's roles during World War II', *The Journal of American Culture* 38, 3 (2015): 237. There is a great deal written about women's wearing of trousers in the Second World War and the fears that it raised about 'gender-bending', in Britain and allied countries. See for example, Gail Braybon and Penny Summerfield, *Out of the Cage: Women's Experiences in Two World Wars* (London: Pandora, 1987); Deborah Montgomerie, 'Assessing Rosie: World War II, New Zealand women and the iconography of femininity', *Gender and History*, 8, 1 (1996): 108–32; Goodman, 'Patriotic femininity'; Jeremy A. Crang, '"Come into the Army Maud": Women, military conscription, and the Markham Inquiry', *Defence Studies* 8, 3 (2008): 381–95.

27 Corinna Peniston-Bird, 'Classifying the body in the Second World War: British men in and out of uniform', *Body and Society* 9, 4 (2003): 44.

28 Cynthia Enloe, *Does Khaki Become You? The Militarization of Women's Lives* (London: Pandora, 1988) 106–7.

29 Mary Sarnecky quotes one American officer who stated that 'the nurses know how to please them [the soldiers], how to turn them, how to fix their clothes, and then, too, I think that when a man is very sick he kind of looks to a female for comfort'. The ambiguities of the nurse 'pleasing' and

being a 'female for comfort' are not explored, but it is clear that the nurse's proximity to male combatants was one of motherliness, but imbued with questions of the sort of care she could and would provide; see Lieutenant Colonel Robert Smith, cited in Mary Sarnecky, *A History of the US Army Nurse Corps* (Philadelphia, PA: University of Pennsylvania Press, 1999), 223. In order to circumvent concerns in the civilian population, popular literature, such as the Cherry Ames books, created the image of a desexualised 'pin-up' nurse, whose purity was assured by her white uniform. Adrianne Finlay, 'Cherry Ames, disembodied nurse: War, sexuality, and sacrifice in the novels of Helen Wells', *The Journal of Popular Culture* 43, 6 (2010): 1189–206.

30 Mary Morris, 'The diary of a wartime nurse' (28 September 1944), 137, IWM Documents 4850; Mary Morris, *A Very Private Diary: A Nurse in Wartime*, ed. Carol Acton (London: Weidenfeld and Nicolson, 2014), 121.

31 Morris, 'The diary of a wartime nurse' (16 October 1944), 157; Morris, *A Very Private Diary*, 136.

32 Pam Bright, *Life in our Hands: Nursing Sister's War Experiences* (London: Pan Books, 1955), 80.

33 Kathleen Canning, 'The body as method? Reflections on the place of the body in gender history', *Gender and History* 11, 3 (1999): 500.

34 Bashford, *Purity and Pollution*, 36.

35 Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London: Routledge, 1996), 19.

36 Leonore Davidoff, *Worlds Between: Historical Perspectives on Gender and Class* (Cambridge: Polity Press, 1995), 77.

37 Bashford, *Purity and Pollution*, 54.

38 Rafferty, *The Politics of Nursing Knowledge*, 28.

39 Florence Nightingale, 'Subsidiary note as to the introduction of female nursing into military hospitals in peace and in war' (Thoughts submitted as to an eventual Nurses' Provident Fund), Presented to the Secretary of State for War (London: Harrison and Son, 1858): 7.

40 Anonymous military nurse, 'Frontline Females', BBC Radio 4 (11 April 1998), British Library Sound Archive H9872/2. This two-part radio programme, introduced by Claire Rayner, involved a number of Second World War nurses. It is not possible to identify individual women in the broadcast. For a full list of participants, see bibliography. This programme played a significant role in developing primary source material for Penny Starns, *Nurses at War: Women on the Frontline, 1939–45* (Stroud: Sutton Publishing, 2000).

41 Bashford, *Purity and Pollution*.

42 Jocalyn Lawler explores this in detail in *Behind the Screens: Nursing, Somology and the Problem of the Body* (Melbourne: Churchill Livingstone, 1991), 31.

43 Starns, *Nurses at War*, 55.
44 Radloff, 'Going to Gooseberry Beach', 23–4.
45 Morgan, 'My dearest mums', letter 16 (October 1941), MEF, 2–3.
46 Morgan, 'My dearest mums', letter 55 (July 1943), MEF, 2.
47 Morgan, 'My dearest mums', letter 85 (August 1944), CMF, 1.
48 Geraldine Edge and Mary E. Johnston, *Ships of Youth: The Experiences of Two Army Nursing Sisters on Board the Hospital Carrier Leinster* (London: Hodder and Stoughton, 1945), 60.
49 Esther Helen Audrey Luker, 'Diaries from 1940–45' (Monday 14 April), IWM Documents 1274. Luker's six diaries were catalogued at the Imperial War Museum in 1985. In the preface to the private papers that accompanied them is this information: 'these notes were found among the papers of Helen Luker A.R.R.C. some years after her death in 1957'.
50 Jessie Sarah Catherine Wilson, 'We also served, 1940 …', 18, UKCHN Archive, University of Manchester. I am indebted to Jessie Wilson's family for providing me with access to this war diary and for the following biographical information. Jessie was, according to her nephew, for some unknown reason also called Joan Katherine Wilson. She spent much of her childhood in care following the death of her mother in 1914, when Jessie was only 12. Despite her impoverished childhood, Jessie trained as a nurse at the Hull Royal Infirmary and joined the TANS shortly after the outbreak of the Second World War. She died aged 46 years, on 29 July 1949, of pneumonia brought on by kidney failure and anaemia.
51 Wilson, 'We also served, 1940 …', 18.
52 L.R. Mogg, 'My work and experiences in the Middle-East. No. 64 General Hospital, Alexandria', MMM QARANC uncatalogued archive.
53 Sister TANS, 'My adventures in a CCS in the Middle East', MMM QARANC/PE/1/320/World War II.
54 Wilson, 'We who also served, 1940 …', 47.
55 Anonymous, *A War Nurse's Diary: Sketches from a Belgian Field Hospital* (New York: Macmillan, 1918), 90. Cited in Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009), 43.
56 Alice Fitzgerald, 'Memoirs', 22. Cited in Christine E. Hallett, *Nurse Writers of the Great War* (Manchester: Manchester University Press, 2016), 112.
57 Christine E. Hallett, *Nurse Writers of the Great War* (Manchester: Manchester University Press, 2016), 8. This book contains detailed accounts of the First World War nurses who wrote of their experiences.
58 Ellen Newbold 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, 2016), 57.
59 Testimonies from nurses do suggest pathos associated with an unmanning through injury and disability. In the recently published war diary of

Sister Joyce Ffoulkes Parry, an Australian nurse who, having been born in Wales, joined the QAs in 1940: 'Graves, a New Zealander, died there last night. In the PM today they found a lung abscess and TB lesions and amoebic dysentery. The struggle was too much for him, which we could see at first, as he was a pathetic figure'; see Rhiannon Evans (ed.), Joyce Ffoulkes Parry, *Joyce's War: The Second World War Journal of a Queen Alexandra's Imperial Military Nursing Service Nurse* (28 November 1940) (Stroud: The History Press, 2015, Kindle edition), loc. 915.

60 McBryde, *A Nurse's War*, 95

61 In neither Anna Rogers nor Jan Bassett's books on the New Zealand and Australian Army Nursing Services does nursing work feature heavily. Although they both provide some discussions of clinical and comfort nursing care, the focus is mainly on bravery and adversity; see Jan Bassett, *Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War* (Oxford: Oxford University Press, 1992) and Anna Rogers, *While You're Away: New Zealand Nurses at War, 1899–1948* (Auckland: Auckland University Press 2003).

62 Nurses have, according to Brooks and Hallett, found it easier to articulate their practice as science rather than artistry. For a wider discussion of this see Brooks and Hallett, 'Introduction: The practice of nursing and the exigencies of war', 5–6.

63 Catherine Arnold Hutchinson, 'My war and welcome to it' (March 2001), 37, IWM Documents 11950.

64 Radloff, 'Going to Gooseberry Beach', 17.

65 Emma Newlands, *Civilians into Soldiers: War, the Body and British Army Recruits, 1939–45* (Manchester: Manchester University Press, 2014), 54.

66 Joanna Bourke, *The Second World War: A People's History* (Oxford: Oxford University Press, 2001).

67 Jonathan Fennell, 'Courage and cowardice in the North African Campaign: The Eighth Army and defeat in the summer of 1942', *War in History* 20, 1 (2013): 106.

68 Karen Buhler-Wilkerson's seminal text, *No Place Like Home: A History of Nursing and Home Care in the United States* (Baltimore, MD: Johns Hopkins University Press, 2001) offers an exposition of how community visiting nurses, working alone and with patients with complex, long-term conditions, developed a relatively autonomous practice in which they increasingly realised that it was the patient and their carers' needs that should be at the forefront of the care that should be given, not the medical diagnosis. The situation for community nurses in Britain was no different, and in the inter-war years the Depression led to an increased number of patients from wide social strata and with the complexity of problems associated with poverty, overcrowding, ill-health and multiple births. For district nurses in rural areas this could be exacerbated by what was called

double or triple duty nurses; those who were nurses and midwives and, in some cases, health visitors as well. Because of this expertise, the government sought to limit district nurses from volunteering for military service. Helen M. Sweet and Rona Dougall, *Community Nursing and Primary Healthcare in Twentieth-Century Britain* (New York: Routledge, 2008), 64.

69 Julia Brock, Jennifer W. Dickey, Richard J.W. Harker and Catherine M. Lewis (eds), *Beyond Rosie: A Documentary History of Women and World War II* (Fayetteville, AK: University of Arkansas Press, 2015, Kindle edition), loc. 592. See also Gail Braybon and Penny Summerfield, *Out of the Cage: Women's Experiences in Two World Wars* (London: Pandora, 1987), 247.

70 Caine, *English Feminism*, 174.

71 Pat Thane, 'What difference did the vote make? Women in public and private life in Britain since 1918', *Historical Research* 76, 192 (2003): 277.

72 Julie V. Gottlieb, 'Munich By-elections, 1938–1939', in Julie V. Gottlieb and Richard Toye, *The Aftermath of Suffrage: Women, Gender, and Politics in Britain 1918–1945* (Basingstoke: Palgrave Macmillan, 2013), 163.

73 Newlands, *Civilians into Soldiers*, 38. There is a wealth of literature on the gendered education for domesticity in the early twentieth century, following the realisation of the poor fitness of the working man in the Second Anglo-Boer War. See most especially, Anna Davin, 'Imperialism and motherhood', *History Workshop Journal* 5 (1978): 9–65; Dorothy Porter, Part 3: 'The obligations of health in the twentieth century', in Dorothy Porter, *Health, Civilization and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999); Jane Brooks, Chapter 3, 'Nursing the nation', in Jane Brooks, '"Visiting rights only": The early experience of nurses in higher education, 1918–1960' [unpublished PhD thesis] (London: London School of Hygiene and Tropical Medicine, 2005).

74 Arthur Salusbury MacNalty, 'Medical research', in Arthur Salusbury MacNalty and W. Franklin Mellor (eds), *Medical Services in War: The Principal Medical Lessons of the Second World War* (London: HMSO, 1968), 383–4.

75 Nicola Tyrer, *Sisters in Arms: British Army Nurses Tell their Story* (London: Phoenix, 2008), 155.

76 Harrison, *Medicine and Victory*, see particularly 54, 70.

77 Kevin Brown, *Fighting Fit: Health, Medicine and War in the Twentieth Century* (Stroud: The History Press, 2008, Kindle edition), loc. 5138.

78 Carol Helmstadter, 'Class, gender and professional expertise: British military nursing in the Crimean War', in Jane Brooks and Christine E. Hallett (eds), *One Hundred Years of Wartime Nursing Practices, 1854–1953* (Manchester: Manchester University Press, 2015). According to Jane Schultz, when white women took over the kitchens during the America Civil War, the importance and value of cooking 'gained prestige' through

their participation. Jane E. Schultz, *Women at the Front: Hospital Workers in Civil War America* (Chapel Hill, NC: University of North Carolina Press, 2004), 35.

79 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), 109.

80 Therese Connell Meehan, 'Careful nursing: A model for contemporary nursing practice', *Journal of Advanced Nursing* 44, 1 (2003): 100.

81 Charlotte Dale, 'Traversing the veldt with "Tommy Atkins": The clinical challenges of nursing typhoid patients during the Second Anglo-Boer War (1899–1902)', in Jane Brooks and Christine E. Hallett (eds), *One Hundred Years of Wartime Nursing Practices, 1854–1953* (Manchester: Manchester University Press, 2015). For further discussion of the nursing care required for those suffering from typhoid, see also Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854–1914* (Newbury: Threshold Press, 2000), 174–8.

82 E.H.R. Harries, Robert Swyer and Noel Thompson, 'Sulphanilamide in typhoid fever', *The Lancet* (10 June 1939): 1321–24; John F. Stokes, 'The present status of the sulphonamide drugs', *Nursing Times* (21 February 1942): 124–5. Penicillin was not effective against typhoid. Anonymous, 'Penicillin: Indications for its use and methods of administration', *The British Journal of Nursing* (April 1945): 39. It was not until the manufacture of chloramphenicol at the end of the 1940s that it was possible to cure both typhoid and typhus. Robert Bud, *Penicillin: Triumph and Tragedy* (Oxford: Oxford University Press, 2007), 108.

83 QAIMNS Reserve, 'The Departure of the British military hospital, Marseilles', in Ada Harrison (ed.), *Grey and Scarlet: Letters From the War Areas by Army Sisters on Active Service* (London: Hodder and Stoughton, 1944), 27.

84 Jane Brooks, 'Wartime nursing: Feeding as forgotten practice', in Sandra B. Lewenson, Annemarie McAllister and Kylie Smith (eds), *Nursing History for Contemporary Role Development* (New York: Springer, 2017); Jane Brooks, '"Uninterested in anything except food": Nurse feeding work with the liberated inmates of Bergen-Belsen', *Journal of Clinical Nursing* 21 (2012): 2963; Jane Brooks, '"The nurse stoops down for me": Nursing the liberated persons at Bergen-Belsen', in Jane Brooks and Christine Hallett (eds), *One Hundred Years of Nursing Wartime Practices, 1854–1953* (Manchester: Manchester University Press, 2015), 224.

85 J. Elsie Gordon, 'With the Nursing Sisters on the Western Front – 2. At RAF General Hospital in Brussels', *Nursing Mirror* (3 February 1945): 243, 250.

86 A Theatre Sister, 'A casualty clearing station in France, April 12th to May

29th, 1940', in Ada Harrison (ed.), *Grey and Scarlet: Letters From the War Areas by Army Sisters on Active Service* (London: Hodder and Stoughton, 1944), 52.

87 Jean Bowden, *Grey Touched with Scarlet: The War Experiences of Army Nursing Sisters* (London: Robert Hale, 1959), 402.

88 E.M. Leeming, 'My war years, 1939–1945', Wellcome Trust Collection, PP/Lee/1, 3.

89 Nell Jarrett, Diary of her desert experiences' (21 June 1942–13 January 1943) (17 October 1942), UKCHN Archive, University of Manchester.

90 There are many places in the personal testimonies where quartermasters, orderlies and cooks are praised by the nursing sisters. See for example, Catherine M. Butland, 'Army sisters in battledress or the chosen few or follow fate', 49, MMM, QARANC/PE/1/74/BUTL Box 8; E. Alty, 'Three Army sisters leave France', 5, MMM, QARANC/PE/1/321/France BEF, Box 68.

91 R.G. Moffat, 'Experiences on HMHS Leinster, November 1940-May 1941', 2, MMM, Envelope, three letters and reports, Box 68.

92 Alty, 'Three Army sisters leave France', 3.

93 Emily Soper, oral history interview by Jane Brooks on 6 September 2013.

94 See, for example, Helmstadter, 'Class, gender and professional expertise: British military nursing in the Crimean War'; 33; Harris, 'Health, healing and harmony', 111; Dale, 'Traversing the veldt with "Tommy Atkins"', 68.

95 Wilson, 'We also served', 29.

96 Mary Travis (TANS), 'General hospital in the desert: Middle East Forces', MMM QARANC, uncatalogued archive.

97 Bolton, *The Maturing Sun*, 147.

98 Jessie Higgins, oral history interview by Mary Mackie, 24 March 1999 at her home in Girton, Cambridge. Italics in the original. Jessie Higgins joined the PMRAFNS in 1939 and served with them until her retirement in 1968. For an extensive discussion of Jessie Higgins' life and work see Mary Mackie, *Sky Wards: A History of the Princess Mary's Royal Air Force Nursing Service* (London: Robert Hale, 2001).

99 Luker, 'Diaries from 1940–45', 15.

100 Mary Bond, *Wartime Experiences from the Midnight Sun to Belsen* (Cardigan: E.L. Jones and Son, 1994), 30.

101 Morgan, 'My dearest mother', letter 65 (October 1943), CMF, 1.

102 Anonymous, 'The adventures of a nursing officer (QAIMNSR) 1939–1945 and some highlights on nursing of some tropical diseases, also battle wounds. No. 9 GH, MEF', 14, MMM QARANC uncatalogued archive, MEF memoirs.

103 Penny Salter, 'Long ago and far away: A distant memory: A diary, c. 1938–1970', 124, personal archive and IWM Documents 17694.

104 Jillian MacGuire, 'Tailoring research for therapeutic nursing practice',

in Richard McMahon and Alan Pearson, *Nursing as Therapy* (2nd edn) (Cheltenham: Stanley Thorne, 1998), 157.

105 Newlands, *Civilians into Soldiers*, 17.

106 H.S. Gillespie, 'Some experiences in hospitals in the Middle East, 1939–1942', 2, MMM QARANC uncatalogued archive.

107 Triage is the process of sorting patients. At its most brutal, the process sorts patients into those who need immediate treatment to survive, those who will survive if treatment is delayed and those who will not survive despite treatment. More commonly it is the process of sorting patients who need treatment most urgently down to those who can wait. Traditionally this was a medical task, but on active service overseas it was frequently undertaken by nursing sisters.

108 Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press, 2005), 188–9.

109 Bright, *Life in our Hands,* 62.

110 Cynthia Toman does not provide a discussion of the nursing work of pain relief, although she acknowledges the importance placed on precise drug dosages by nursing leaders. Toman, *An Officer and A Lady*, 120; Jan Bassett's discussion is one that includes concern for pain alongside the concern of Australian nurses' required evacuation from their hospital before the battle for Tobruk; see, Bassett, *Guns and Brooches*, 120.

111 Joanna Bourke, *The Story of Pain: From Prayer to Painkillers* (Oxford: Oxford University Press, 2014), 133.

112 Bourke, *The Story of Pain*, 139.

113 Joanna Bourke, 'Disciplining the emotions: Fear, psychiatry and the Second World War', in Roger Cooter, Mark Harrison and Steve Sturdy (eds), *War, Medicine and Modernity* (Stroud: Sutton Publishing, 1998), 225.

114 Bourke, *The Story of Pain*, 21.

115 Harrison, *Medicine and Victory*, 212. Orde Wingate led the 'Chindits', a multi-national allied force that engaged in a type of guerrilla warfare behind Japanese lines. He has been summarily been described as both genius and fanatic. His methods did lead to the loss of over 1,000 men. However, as Harrison suggests, Wingate's admiration of the work of Matron McGreary and his determination to evacuate men whenever possible to her hospital in Sylhet demonstrate an interest in the well-being of his troops that is not always fully appreciated; see Harrison, *Medicine and Victory*, 204.

116 According to Anne Alwis, the admission of pain is 'a state at odds with cultural conceptions of masculinity, both modern and most particularly, ancient'; see Anne P. Alwis, 'Men in pain: Masculinity, medicine and the *Miracles* of St. Artemios', *Byzantine and Modern Greek Studies* 36, 1 (2012): 2. In the mid-nineteenth century the forbearance of pain was instilled through sport and the cadet system at the public schools of Britain; see, for example, Michael Roper, 'Between manliness and masculinity: The "war"

generation" and the psychology of fear in Britain, 1914–1950', *Journal of British Studies* 44 (2005): 343–62.

117 Newlands, *Civilians into Soldiers*.

118 Carden-Coyne, *The Politics of Wounds*, 335.

119 Carden-Coyne, *The Politics of Wounds,* 336.

120 A Sister TANS, 'Greece and the Middle East', in Ada Harrison (ed.), *Grey and Scarlet: Letters From the War Areas by Army Sisters on Active Service* (London: Hodder and Stoughton, 1944), 144.

121 Bowden, *Grey Touched with Scarlet*, 23.

122 Bowden, *Grey Touched with Scarlet*, 24.

123 Sister QAIMNS Reserve, 'Gibraltar: January 1940–January1942', in Ada Harrison (ed.), *Grey and Scarlet: Letters From the War Areas by Army Sisters on Active Service* (London: Hodder and Stoughton, 1944), 136.

124 Hutchinson, 'My war and welcome to it', 34.

125 Brenda McBryde, *Quiet Heroines: Nurses of the Second World War* (London: Chatto and Windus, 1985), 129.

126 The rights of POWs, including the right to medical treatment, were (and continue to be) safeguarded by the Geneva Convention of 1929. Crew, 'The Army Medical Services', 156. However, as Harrison argues, this obligation was not always followed by the Germans, who were, unlike the Japanese, signed up to the Convention. Harrison, *Medicine and Victory*, 53. It is not known how widespread poor treatment of POWs in British hands was, although there are incidences reported which demonstrate that parity with their own men was not always shown. For example, Hutchinson's memoir recalls a debacle she had with a medical officer over the care she wanted to give to her Italian POW patients, who he felt were 'only POWs after all'. Hutchinson, 'My war and welcome to it', 62–3.

127 Margaret Thomas, oral history interview via telephone by Jane Brooks, 17 February 2014. This part of the oral history interview was clearly a disturbing one. Thomas took time over the telling of this narrative, the tragedy being compounded by her inability to do anything because of the Sister's authority. Thomas said, 'Very difficult that … It plays on my mind, it was really one of the worst things that happened.' This oral history highlights the potential dangers of the method and the absolute requirement for the interviewer to be cognisant of the potential for distress. For a detailed discussion of the dangers of oral history, see Wendy Rickard, 'Oral history – "More dangerous than therapy"? Interviewees' reflections on recording traumatic or taboo issues', *Oral History* 26, 2, 'Memory, Trauma and Ethics' (1998): 34–48.

128 Bourke, *The Story of Pain*, p. 198.

129 Evelyn Potter (pseudonym), oral history interview via telephone by Jane Brooks, 16 September 2013.

130 Elisabeth Kyle, 'Hospital in the desert', MMM QARANC Box 18.

131 Morris, 'The diary of a wartime nurse' (5 July 1944), 121; Morris, *A Very Private Diary*, 103.
132 Radloff, 'Going to Gooseberry Beach', 12.
133 A Sister, Q.AIMNS, 'An ambulance train in the evacuation from France', in Ada Harrison (ed.), *Grey and Scarlet: Letters From the War Areas by Army Sisters on Active Service* (London: Hodder and Stoughton, 1944), 46.
134 Sister TANS, 'Experiences of an Army Sister in the Middle East'.
135 Luker, 'Diaries from 1940–45' (24 December 1940).
136 Noakes, *Women in the British Army*, 6.
137 Bright, *Life in our Hands*, 5.
138 Iris Hooper, 'Life in a forward CCS', *Medical Gazette, 21 Army Group, Second Army* 1, 3 (June 1945) Wellcome Trust Collection, RAMC/1218/2/18, 51.
139 'Specialing' is the term used by nurses who are appointed to care for just one patient over a protracted period of time, usually because of a patient's serious physical or psychological illness.
140 Francie E. Brown, 'My dearest Win + Moll' (4 August 1944), IWM Documents 12472.
141 Hutchinson, 'My war and welcome to it', 36.
142 Pat Jalland, 'A culture of silent grief? The transformation of bereavement care in 20th century England', *Bereavement Care* 32, 1 (2013): 19.