

Conclusion

From the mid-1930s, with the growing inevitability of another war, civilian nurses clamoured to join the QAs and TANS.¹ Female nurses were keen to demonstrate their skills in healing men for the war effort and to create a space for themselves as an essential part of the military medical services. The impetus for their eagerness to join the war was as much about caring for the men as it was about their personal and professional development. Sister Penny Salter wrote of the 'remarkable men I had the privilege to nurse',² and Sister Brenda McBryde of the tent full of 'men, reeking with blood, [which] was where I was needed'.³ In a letter to her mother in July 1943, Sister Agnes Morgan wrote, 'Most of my love seems to be given to these men, what there is left is for you.'⁴ Emma Newland's study of the civilian-made-soldier highlights the depersonalisation of the process that turned ordinary men into the machines of war.⁵ *Negotiating nursing* establishes the work of nursing sisters in re-humanising these men, to support their recovery from injury and illness and remind them of why they were fighting.

This is the first book to analyse the engagement of British Army nursing sisters with their combatant patients in the Second World War. By focusing on the psychological tactics that the sisters employed in negotiating the care of their patients, it demonstrates the beginnings of a transformation of nurses from the obedient servants of the hospital to the experts by the bedside, and therefore critical to the healing of the sick. Through the examination of nursing work, this book also extends the historiography of the soldier, the critical cog in the machinery of war. The monographs of Julie Anderson and Emily Mayhew, historians of the medical war, place the soldier-patient

at centre stage in a manner that this book does not.⁶ Yet, although most of the personal testimonies used here come from the nurses themselves, their emphasis is invariably on the patient.

Through an uneven trajectory of developing confidence and evolving methods of patient engagement, the chapters have mapped the nurses' practices from fundamental nursing work involving body care and feeding, through the creation of homelike spaces for healing to occur, to the expansion of nursing practices into the realms of scientific medicine. In doing so, the book expands our understanding of the nature of nursing work and how medical and surgical care were successfully managed within the exigencies of limited equipment, harsh environments and inadequate medical staff. This book also honours the military nurse as a woman, often the only European woman in a war zone. It argues that far from her gender stymieing her access to the soldier-patient, it made her critical to the war effort and essential to overseas campaigns. As is argued in Chapter 3, this was not without its dangers to the nurse's professional and personal self. Furthermore, in war's wake it was their gender that forced them out of professional practice as they, along with most of their female compatriots, were encouraged back into the domestic sphere.⁷

Medical historian Mark Harrison argues that 'medicine and morale were mutually dependent', and good morale was critical for a successful military campaign.⁸ The nurses, as women, 'helped to improve efficiency and boosted the morale of the patients'.⁹ This dual role was not lost on the nursing sisters, who soon realised that their position on active service overseas depended upon both their clinical skills and their womanhood. However, the book argues that negotiations between gender and clinical acumen were more complex than this reductive representation of their worth. The nurses' clinical skills were a contested realm of traditional comfort care and more scientific medical roles such as the performance of anaesthesia and surgical interventions. Studies of nursing work have argued that as nurses were promoted into more senior roles, they moved away from fundamental care practices, work that was considered 'dirty', and took on more medical tasks, such as giving injections, engaging in doctors' rounds and co-ordinating care.¹⁰ This book demonstrates that on active service overseas nursing sisters, whilst willing and excited to take on new, more scientific work, considered funda-

mental care to be of equal importance and critical to their vision of themselves.

Female nurses, like all women wartime workers, were caught in the interstices of conflicting roles; indeed, arguably, nurses exemplified the contradictions of women's position in war.¹¹ For nurses, their womanhood was fraught with paradoxes of their image as mother figures, as those with sisterly interest and as sexually knowledgeable single women with unchaperoned access to naked male bodies.¹² The incompatibility of being feminine and taking on the more scientific masculine roles required by the exigencies of active service overseas only increased the contradictions in the boundaries of nursing practice.¹³ Despite the multiple anxieties surrounding the posting of female nurses into front-line areas, the needs of the soldier-patient were paramount. If the health outcomes for ill and injured combatants were improved through the intervention and presence of nursing sisters, it is also ironically the case that nurses were needed to recover them for battle and the war effort more widely.

Military success depended upon men fit to fight, and the war offered doctors the opportunity to develop their clinical skills.¹⁴ As Anderson argues, there may be debates surrounding the benefits or otherwise of war on medicine, but there is less debate that wartime medical practice was inextricably changed by the sheer volume of those requiring treatment.¹⁵ Cynthia Toman maintains that the Second World War was not a 'technological watershed' for nursing,¹⁶ nor was it the professional apotheosis that some of the more celebratory texts may suggest.¹⁷ However, as the book argues, the scale of men needing skilled nursing care and the numbers of nurses posted to active service overseas significantly revised the ways that nurses viewed their work and how they were viewed by those for whom they cared, the military authorities and their medical colleagues.¹⁸

There are of course limitations to this book. Whilst it has provided a comprehensive overview of the work of nursing sisters on active service overseas and examined the value that nurses and their colleagues placed on their work and participation in the war, it has not explored in detail the policy and macro-politics of their presence in war zones. By taking an original focus, specifically on personal testimony, this book has not included a quantitative analysis of British Army nurses. Of particular future interest would be studies on

specific hospitals, such as the No. 1 Mobile Military Hospital, the first one of its kind to post female nurses to its contingent. A more detailed study of the work of military nurses with the female civilian inmates of Japanese POW camps would also provide additional important knowledge, as would an exploration of nurses' work with psychiatrically damaged soldier-patients. Nevertheless, despite these limitations, the value of this book lies in its examination of the manner in which nurses engaged with their patients and the innovative methods they used to salvage sick and injured men for the war effort.

Negotiating nursing has identified the problems caused when a system subordinates the female to the male. Post-war propaganda, which favoured the rights of the returning soldier to paid work, encouraged women to return to the hearth and home. As part of a female-dominated profession, nurses were not required to give up their jobs to men. However, the ideology that sent women home to care for their husbands and families meant that demobilised married nursing sisters struggled to find meaningful positions in civilian hospitals. The nation, poised as it was for the establishment of a national health service, lost some of its most talented, innovative and able nurses. Arguably, this stifled developments in practice for some years to follow.

Although the aftermath of war may have augured professional disappointment for some nursing sisters, the ramifications of the manner in which they revised nursing practice and how these evolved methods of care were understood by medical colleagues were considerable. The female nurses of the British Army had demonstrated that they could care for their patients in hostile environments, frequently under fire. They had washed soldiers, fed them, provided them with pain relief and dignity and compassion in death. The nurses had supported the sick and injured combatants' healing and given them encouragement to return to battle. Finally, on active service in the Second World War, nurses developed their practice to include scientific and highly technical work. Some of these, such as complex wound care, blood transfusions and IV therapy, were then written into the lexicon of nursing work. Other roles, such as diagnosis and prescribing, would eventually become the realm of 'advanced practice'. The contribution to nursing knowledge and practice by the nurses of the Second World War was, and remains, significant.

Notes

- 1 'Frontline Females', BBC Radio 4, 11 April 1998 and 18 April 1998, British Library Sound Archive H9872/2 and H9890/2.
- 2 Muriel Kathleen (Penny) Salter, 'Long ago and far away: A distant memory': A diary, c. 1938–1970, 29. I am indebted to Penny's friends for providing me with full access to her diary and the various press reports of her wartime nursing experiences. There is also a copy of this diary in the IWM, Documents.17649.
- 3 Brenda McBryde, *A Nurse's War* (Saffron Walden: Cakebread Publications, 1993), 86.
- 4 Agnes Kathleen Dunbar Morgan, 'My dearest mums', letter 55 (July 1943), MEF, 199, 'Still with the lamp: letters to my mother by an army nursing sister. Egypt – North Africa – Sicily – Italy, 1941–1944', IWM Documents 16686.
- 5 Emma Newlands, *Civilians into Soldiers: War, the Body and British Army Recruits, 1939–45* (Manchester: Manchester University Press, 2014).
- 6 Emily Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, The Royal Air Force and the Guinea Pig Club* (Barnsley: Greenhill Books, Kindle edition, 2010); Julie Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'* (Manchester: Manchester University Press, 2011).
- 7 Most literature on women's work in the Second World War offers analyses of the post-war return to the home and hearth. See, for example, Gail Braybon and Penny Summerfield, *Out of the Cage: Women's Experiences in Two World Wars* (London: Pandora, 1987); Sonya O. Rose, *Which People's War? National Identity and Citizenship in Britain, 1939–1945* (Oxford: Oxford University Press, 2003); Lucy Noakes, *Women in the British Army: War and the Gentle Sex, 1907–1948* (London: Routledge, Kindle edition, 2006).
- 8 Mark Harrison, *Medicine and Victory: British Military Medicine in the Second World War* (Oxford: Oxford University Press, 2004), 199.
- 9 Harrison, *Medicine and Victory*, 219.
- 10 See the testimony of Lisbeth Hockey, 'People don't perceive hands-on nursing as being skilled nursing. The minute you gave them an injection ... I think your reputation rose.' Barbara Mortimer, *Sisters: Extraordinary True-Life Stories from Nurses in World War Two* (London: Hutchinson, 2012), 130. See also Jocalyn Lawler, *Behind the Screens: Nursing, Somology and the Problem of the Body* (Melbourne: Churchill Livingstone, 1991). For a useful discussion of the increase in professional prestige as nurses move away from the bedside, see Jean McIntosh and Robert Dingwall's analysis of the relationship between nursing and health visiting. Jean McIntosh and Robert Dingwall, 'Teamwork in theory and practice', in Robert Dingwall and Jean McIntosh (eds), *Readings in the Sociology of Nursing* (Edinburgh: Churchill Livingstone, 1978).
- 11 Penny Summerfield, *Reconstructing Women's Wartime Lives: Discourse*

- and Subjectivity in Oral Histories of the Second World War* (Manchester: Manchester University Press, 1998), 24; 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.
- 12 Noakes, *Women in the British Army*, 127.
 - 13 For a useful and erudite examination of the involvement of nurses in science and technology, see, for example, Julie Fairman and Patricia D'Antonio, 'Virtual power: Gendering the nurse-technology relationship', *Nursing Inquiry* 6, 3 (1999): 178-86.
 - 14 Newlands, *Civilians into Soldiers*.
 - 15 Anderson, *War, Disability and Rehabilitation in Britain*, 74.
 - 16 Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War* (Vancouver: University of British Columbia Press, 2007), 201.
 - 17 See, for example, Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, Leo Cooper, 1975); Eric Taylor, *Women Who Went to War, 1938-46* (London: Robert Hale, 1988); Eric Taylor, *Front-Line Nurse: British Nurses in World War II* (London: Robert Hale, 1997); Eric Taylor, *Combat Nurse* (London: Robert Hale, 1999); Eric Taylor, *Wartime Nurse: 100 years from the Crimea to Korea 1854-1954* (London: Robert Hale, 2001).
 - 18 Toman, *An Officer and a Lady*, 10. F.A.E. Crew, 'The Army medical services', 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), 77-81. There are numerous examples of the impact that individual nursing sisters had on their patients' recovery and the developing collegiality between nursing sisters and medical officers. For a range of these, see, for example, the testimonies of Sister Sheena Kilminster, Ward Sister Isobel Balmain and Sister Monica Baly in Mortimer, *Sisters*, 190-1, 193-4, 200.