

# Women and the Medical Services in World War One

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Vera Brittain was a young member of the Voluntary Aid Detachment (VAD) posted to a hospital receiving the wounded from an offensive at Cambrai. “The hospital is very heavy now”, she wrote in a letter to her mother, continuing:

The fighting is continuing very long this year, and the convoys keep coming down, two or three a night. . . . We have heaps of gassed cases at present; there are 10 in this ward alone. I wish those people who write so glibly about this being a holy War could see a case – to say nothing of 10 cases – of mustard gas in its early stages – could see the poor things burnt and blistered all over with great mustard-coloured suppurating blisters, with blind eyes all sticky and stuck together, and always fighting for breath, with voices a mere whisper, saying that their throats are closing and they know they will choke.

She fumed angrily about that fact that “people persist in saying that God made the War” (Brittain, 1933: 282-83)

Within what Brittain called an “evil” environment, the work of women as doctors, nurses, orderlies, ambulance drivers, and even “hand-holders” was essential. During the Great War, 100,000 men from the British and Dominion armies were killed or “missing” and over two million were wounded. Although male regimental medical officers accompanied the male-only fighting corps, women were needed to minister to millions of wounded men, ensure (when death occurred in hospital) that the dead were respectfully laid out and buried, and comfort the grieving comrades, family, and friends left bereft. In the midst of levels of maiming and slaughter never seen before in modern times, medical administration was crucial. To cope with the high levels of casualties at the front, and in recognition of the diagnostic, therapeutic, and psychological benefits of rapid treatment, carefully delineated “routes” of medical help had to be formalized. The “walking wounded”, as well as those collected by stretcher-bearers in the front lines, initially found themselves at Regimental Aid Posts. From there, they were taken to Dressing Stations, followed by Casualty Clearing Stations. The seriously injured were transported to Base Hospitals. For the lucky ones, a “Blighty wound” secured them a trip back to Britain and safety. Women worked at all these levels, except in the immediate front lines. They were the ones driving the motorized vehicles that were used to transport wounded men from the Casualty Clearing Stations to the hospitals and then to the Red Cross ships, which would take the wounded to hospitals in Britain or elsewhere. By

the end of the war, British women had served in medical capacities in France, Greece, Serbia, Malta, Egypt, and Mesopotamia, as well as in Britain itself.

The need for a regularised system of medical care for service-personnel, of which women were to play a large role, was a relatively new phenomenon. For all the hype, many of Florence Nightingale's organisational innovations during the Crimean War of 1854-1856 had fallen into abeyance. During the South African War of 1899-1902, the army's dependency on private medical philanthropy had proved inefficient and wasteful. In 1909, the War Office acted. According to its "Scheme for the Organization of Voluntary Aid in England and Wales", the Voluntary Aid Detachment were to become responsible for providing for the medical needs of the military. Initially, at least, neither the VAD officers, in charge of the administration of the hospitals, nor the VAD members, whose job description included anything and everything, were paid. This only changed after 1915, when they were given a perfunctory £20 a year. Nevertheless, by the time war was declared, VADs numbered over 55,000, over 60 per cent of whom were women. When they had been set up, their fundamental task had been to work with the Territorial Forces in the event of an invasion. In 1909, there was still no proposal to send them on an overseas expedition. Although most VADs during the war worked in military hospitals in Britain, the first VAD left for Boulogne as early as October 1914. [[The British Red Cross Society, 10/1-9; 11/1-9; 12/1-15](#)]

In hindsight, the establishment of the VAD was astute, but one that did not win everyone's approval. In his description of the medical and nursing services of the Imperial Army, Sir James Kingston Fowler, writing in 1917, revealed the prejudices of many pre-war Britons as well as, unwittingly, exposing his own. In his words:

A nurse in the Territorial nursing uniform located at the Royal Patriotic Schools, Wandsworth, was walking near the hospital when she was stopped by one of those female busybodies then much in evidence, who asked: "What are you doing here?" She replied: "I am a nurse at the Military Hospital" The busybody retorted: "You have no right to be here, you have no patients". (Fowler, 1917: 4)

However, even when there was a promise of an excess of patients, female doctors and nurses, as well as untrained yet keen female volunteers, sometimes found themselves pushed aside. The most notorious example involved Dr Elsie Inglis. In 1914, she founded the Scottish Women's Hospitals (SWH), an organisation with strong links with the women's suffrage movement in Scotland, and drawing financial support from the National Union of Women's Suffrage Societies (NUWSS). Members of the SWH were feminists who believed that women should play an active part in national life. In wartime, this primarily meant giving succour to the sick and wounded. However, they met

with severe setbacks. Inglis offered the services of the SWH to the British army but was rebuffed with the words, “My good lady, go home and sit still!”. In contrast, the French and Serbian armies welcomed their help. As a consequence, from the start of the worldwide conflict, the SWH set up field hospitals, dressing stations and other medical units in France and Serbia from 1914. Later, they moved into Russia, Romania, Corsica, and Salonica. Throughout the war, they provided doctors, nurses, ambulance drivers, orderlies, and cooks. [The British Red Cross Society, 24.]

There were a number of other influential women’s organisations involved in providing medical services to the troops. One of the earliest to be formed was the Queen Alexander’s Imperial Military Nursing Service. It was established during the Crimean War when, in 1854, Florence Nightingale chose 40 nurses to help in the base hospitals. By 1914, they numbered only 300, but by the end of the war, 2,223 had enrolled. Over 80 per cent served overseas. [The British Red Cross Society, 25/1.]

Another body was the First Aid Nursing Yeomanry (FANY), established in 1907. Their job was to “tend British soldiers on the field”. Members of FANY had to qualify in first aid, home nursing, horsemanship, veterinary work, signalling, and camp cookery. To enrol, they had to be between 17 and 35 years of age, at least 5 feet and 3 inches in height, and be able to afford an enrolling fee of 10 shillings. Like Inglis, however, when Mrs McDougall, organising officer, offered their services to the British army, they were turned away on the grounds that it was not “practical” to use women to drive ambulances. Although FANY was a small group – probably peaking at 450 members – their tenacious work, often carried out in dangerous situations, won them much acclaim. In the course of the First World War, members of FANY were awarded 19 Military Medals, 27 Croix de Guerre, 1 Légion d’Honneur, 5 Croix Civique (Belgium), as well as other prestigious honours. [The British Red Cross Society, 20.]

Finally, amongst the many women’s organisations, the Women’s Sick and Wounded Convoy Corps, founded by Mrs St. Clair Stobart in 1909, must be mentioned, as must the Women’s Hospital Corps. The latter was established by Dr Flora Murray and Dr Louisa Garrett Anderson, and was responsible for treating over 26,000 patients by the end of the war. They were also involved in developing medical innovations, such as the “Bipp” which was a thick antiseptic paste that could be spread over a wound to keep it free from infection until it could be dealt with by overworked medical and surgical staff.

These women dedicated themselves to medical work within the military sphere from a diverse range of motives, including feminism and militarism, nationalism and profound humanitarian sympathies. One of the most radical positions women could adopt during wartime involved donning nurses’ uniforms and setting off for the front lines. The image of the white-uniformed and angelic nurse paired with the

unshaven, filthy male straight from the trenches was powerful. Even better: not only was nursing patriotic and self-sacrificing, it was also feminine. For women who had been active in the suffrage movement prior to the war, the link between peacetime citizenship and the duty of defending the country in the event of war rendered the period between 1914 and 1918 absolutely crucial in their struggle for women's rights and equality [see Mayhall's essay on "Suffrage and Political Activity for more on this]. The fact that members of the VAD (for instance) were ranked as "officers" and were permitted to wear military decorations and badges on their uniforms, meant a great deal to many members. This was even more the case in their tussle with professional nurses, who often resented their presence on the wards. For professional, trained nurses, the presence of these untrained (yet often greatly experienced) VADs represented a threat for them in the post-war world. In the short-term, at least, the war had an opposite effect, particularly for female physicians. The work and responsibilities of female doctors increased dramatically during the war as their male colleagues left for service in the Royal Army Medical Corps. As a consequence, hospitals were increasingly prepared to offer women a wider range of jobs, albeit at longer hours. By 1918, 40 per cent of medical students were women.

The labour of these female medical personnel in Britain was arduous. Not only did it become worse each year of the conflict, but it did not stop with the armistice in November 1918. Many of the wounds suffered by the servicemen had long-time consequences, in the mental institutions, burns clinics, and artificial-limb fitting centres all over Britain. In a major innovation, women were also active in looking after the men having plastic surgery, a new technique aimed at enabling men who had suffered severe facial injuries to live their lives openly rather than behind painted masks.

Nevertheless, such demanding work paled into insignificance when compared with conditions overseas. On the western front, the geography of the war favoured complications. In a period before penicillin and other germ-killing drugs, nursing personnel had to watch carefully for any signs of that "sweet", "mouse-like" smell that characterised gas gangrene. In contrast, in places like Mesopotamia, mosquito-spread diseases and epidemics of dysentery were equally difficult to deal with. In any field, there was the risk of death. Lady Kennard, for instance, worked in Romania. In 1916, she was caught in the middle of a terrifying bombardment, immediately after which she ended up administering chloroform for wounded men on the operation table, for six and a half hours. In her words, "One couldn't be excited in the hospital, there was no time.... One just works without the faintest understanding of what one is doing. After it was all over we collapsed.... And drank hot tea... and tried to recover" (Kennard, 1918: 56-9). One of the unspoken aspects of these women's medical service was nervous breakdown.

Medical women's situation was not helped by continued tensions surrounding their position and function within the medical and the military establishments. Women nurses were always subordinate

to male physicians. Their sexuality was constantly monitored: how safe was it for a young woman to be in charge of a roomful of young, albeit debilitated, men? Racism also restricted their potential roles. For instance, there was great hostility within the army to British nurses looking after wounded Indian soldiers. One proposal for a mobile field hospital was criticised because of the “impossibility of Indian wounded being nursed by English ladies” (Pennington, nd: np). Indeed, when the *Daily Mail* published a picture of an English nurse standing behind an Indian soldier, there was an outcry, and the nurses were immediately withdrawn (Greenut, 1981: 73).

Despite all these hardships and prejudices, most of these women looked back with nostalgia for those days. Even when nursing seriously wounded German prisoners, the sense of gratitude was palpable. Vera Brittain remembered reaching out to hold the hand of a badly wounded Prussian Lieutenant who had murmured “I tank [sic] you, Sister”. “The world was mad”, she mused, “and we were all victims”: she ministered to those same Germans that her brother, lover, and male friends were trying desperately hard to kill (Brittain, 1933: 269). Even decades after the end of the war, these female medical personnel would remember their time in the blood and gore of war as a period where they had “made a difference”. In the words of one VAD, Dorothy Nicol, sixty years after the end of the war: “I left something of myself behind in Camiers that I never found again. What was it, youth, comradeship, abundant life?” (Nicol, nd: np).

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